Outstanding
Our journey continues

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Keele
UNIVERSITY
TEACHING TRUST

Annual Report and Accounts 2019/20

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.**

At the start of our year 2019-20, 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

But we made clear we are far from complacent and want our journey of improvement to continue. This includes continuing to strengthen integration alongside our partners as we develop and advance the NHS vision for integrated care and new models of delivery towards a strong North Staffordshire and Stoke-on-Trent Integrated Care Provider.

This Annual Report sets out how we have successfully continued on our Improvement journey, 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.

What's in this Report?

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

HOW WE ARE LED AND GOVERNED - OUR ACCOUNTABILITY REPORT

FINANCIAL STATEMENTS AND ACCOUNTS

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

21st 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

Mental Health Crisis Access Centre - unique in the NHS in bringing together under one roof a whole range of teams offering a service to people of all ages, 24/7, 365 days a year.

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

Praised by CQC for our ability to sustain improvement after receiving an Outstanding rating

Proud to prioritise, encourage and celebrate Innovation as one of 3 key pillars that make an organisations Outstanding

Dragons' Den @Combined

Helping drive transformation of services and service delivery towards a vision of truly integrated care

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

CareQuality Commission
Outstanding

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 create the "Rainbow Suite" to provide support to staff having to be at the workplace during COVID

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

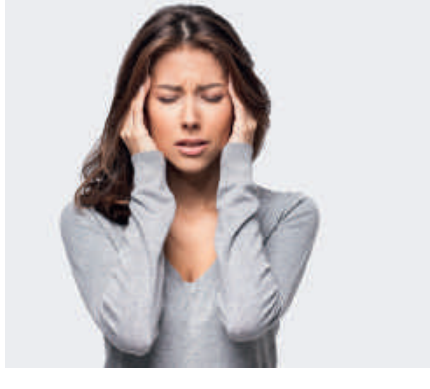
Led national pilot for the 'High Potential Scheme' to attract, select and develop talented senior members of staff into the leaders of tomorrow.

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 2019/20. Another truly Outstanding Year.

As our year began, 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 confirmed Combined Healthcare as 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. To have achieved this Outstanding rating is rare and a real testament to our excellent staff who aspire to deliver true person centred care in partnership with service users and carers.

But we made clear we were far from complacent and we wanted our journey of improvement to continue. Our relentless focus and aim is to be Outstanding in ALL we do and HOW we do it. This includes continuing to strengthen integration alongside our partners and our engagement with staff, our service users, their families and communities.

We believe there are three key building blocks to make an organisation Outstanding:

- the **people** of the organisation - the fabric of the organisation that makes us tick. Their ability to be self-motivated, enjoy what they and want to do more;
- the ability to operate effectively **as a team**, supporting one another and enabling each other to be the best that we can be - an inclusive organisation and with a culture that's compassionate to each other and to our service users; and
- **innovation** - the ability to not be complacent and to strive to improve and do better, but specifically orientated around innovative approaches.

Those are the three absolutely critical elements to an organisation being successful and at the heart of why we've been able to continually improve over a number of years.

We are delighted that this reputation for being outstanding and rejecting complacency has continued to be recognised externally, including by our regulators and leaders in the NHS.

We were proud to be singled out during the year by the Care Quality Commission as an example for others to learn from in how to sustain improvements in high quality care and performance after receiving an Outstanding rating - in its Report – "Sustaining Improvement".

In particular, the CQC said:

- at the heart of our success has been our continued focus on strong and accessible leadership;
- we invested in staff through training and support; and
- sustaining and improving in the long term is only possible through working in partnership.

It was also a pleasure to be able to welcome to the Trust the national Director for Mental Health services, Claire Murdoch, to officially open our unique 24x7, all-age Mental Health Crisis Care Centre - one of the jewels in our crown and a perfect embodiment of our three key building blocks - people, team and innovation.

We continue to play a strong role in promoting and supporting system-wide innovation and transformation - through our leadership of the mental health and organisational development workstreams of the Staffordshire and Stoke-on-Trent "Together We're Better" Sustainability and Transformation Partnership.

We have continued to develop and advance the NHS vision for integrated care and new models of delivery towards a strong North Staffordshire and Stoke-on-Trent Integrated Care Provider.

During the course of the year, we began the process of refreshing our aims and organisational strategy. Partnerships and Sustainability will be a key area of focus and development as this work continues.

In developing this new approach, we were greatly aided by making a number of fantastic new appointments to our Executive Team and Trust Board. We would like to place on record our gratitude and best wishes for those existing Executive and Board members who departed for pastures new. The foundations they laid for Combined Healthcare are the bedrock on which we build.

Of course, at the end of the period covered by this Annual Report, the whole world encountered the unprecedented events of Covid-19, which is still ongoing as we write this statement. Whilst none of us can be certain of how these extraordinary times will end, the one thing we can confidently predict is that the remarkable people and teams who make up Combined Healthcare will continue to rise to whatever challenge is thrown at them with talent, dedication and a passionate commitment to caring for the population and communities it is our continuing privilege to serve.

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

Peter Axon
Chief Executive

David Rogers
Chair

Outstanding

Our journey continues...

About us

North Staffordshire Combined Healthcare NHS Trust North Staffordshire Combined Healthcare NHS Trust (the Trust) is a statutory body which came into existence on 1 April 1994 under The North Staffordshire Combined Healthcare National Health Service Trust (Establishment) Order 1993 No [2635], (the Establishment Order).

We provide 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 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.

We employed an average of 1,402 permanently employed WTE and 179 other staff during 2019/20.

The Trust achieved an overall surplus (Control Total) of £1.575m against income of £99.040m, which includes £0.7m of Provider Sustainability Funding (PSF).

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.

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 have continued to support the STP's objectives of:

- Focused prevention;
- Enhanced primary and community care;
- Effective and efficient planned care;
- Simplified urgent and emergency care; and
- Reduced cost of services through the STP 'sprint' programmes designed to bring about efficiency whilst alsc increasing quality.

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

This year we have reviewed our strategic objectives plan to take these refreshed objectives to Board in the New YearKey challenges and risks

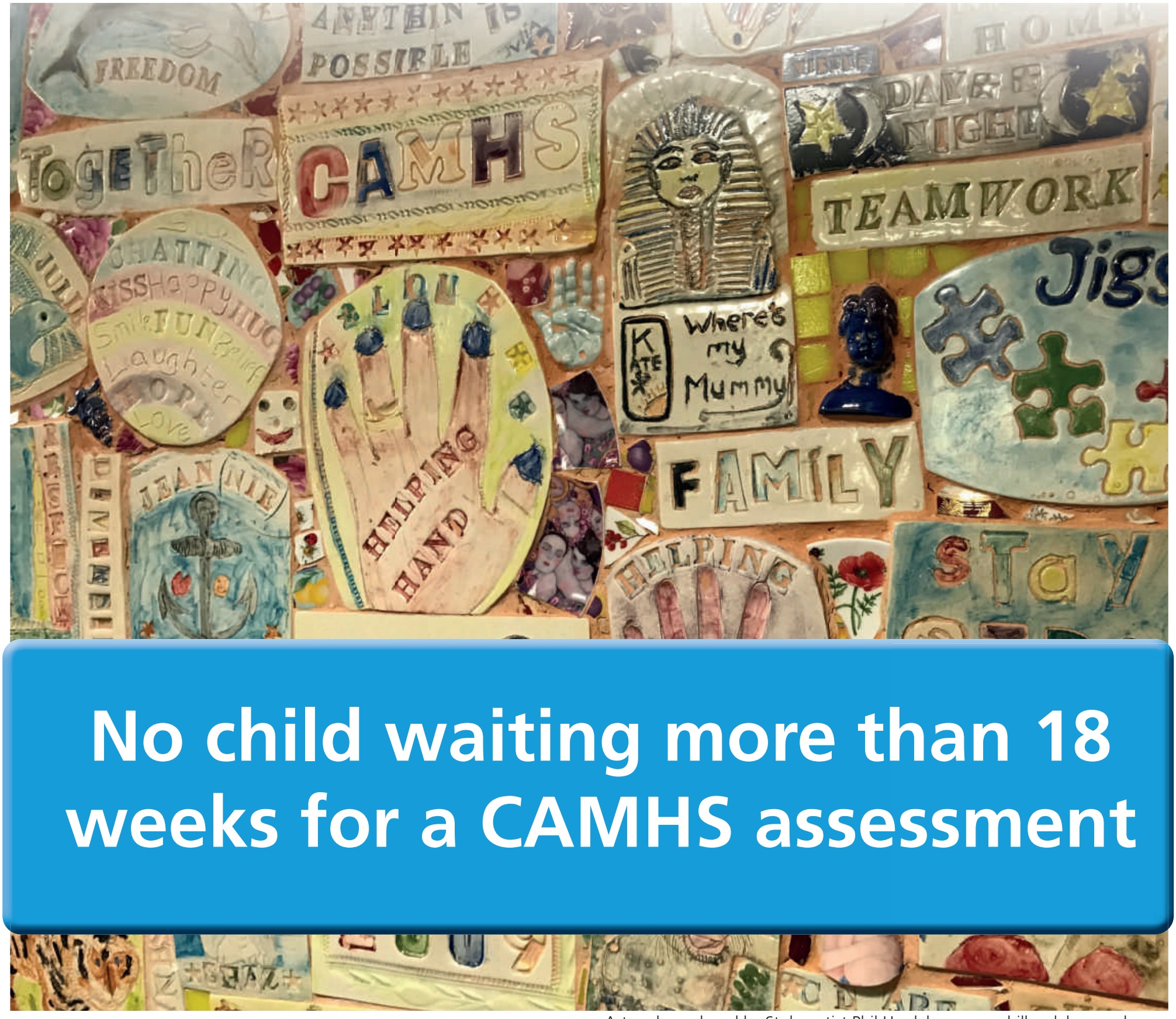
Key challenges and risks

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

- 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.
- There is a risk that 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 Trust's ability to ensure the continued delivery of financial balance and high quality services, whilst also fulfilling obligations to support system-wide priorities.
- There is a risk that additional system savings requirements lead to the Trust being unable to deliver the control total, either via resource availability or because savings do not deliver when working in conjunction with partners.
- There is a risk that contract values for services provided by the Trust will be reduced due to the Stoke-on-Trent City Council 2020/21 budget pressure which could result in a reduction in available funding for service provision.

Outstanding

Our journey continues...



No child waiting more than 18 weeks for a CAMHS assessment

Artwork produced by Stoke artist Phil Hardaker www.philhardaker.co.uk

How we provide care - our Teams

This Annual Report covers the period 1st April 2019 to 31st March 2020.

Over this period, our services have been delivered from within a locality structure with an Associate Director and Clinical Director formally responsible for each Directorates.

Our five directorates are:

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

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

Stoke Community

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

DOLS/BIA/Stoke AMPH Team
ASD Assessment
Growthpoint
Parent & Baby
Co-operative Working

North Staffs Community

Adult CMHT
Older People
CAMHS
IAPT

Liaison & Diversion
Criminal Justice Team
IPS / Step On
Early Intervention
Dual Diagnosis

Adult CMHT
Older People
CAMHS
IAPT

CAMHS Yellow House
Schools Psychology
Eating Disorders
ASD School Age
Sustain (CAMHS)
MH Youth Offenders Team

Specialist Services

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

Acute and Urgent Care

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

Primary Care

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 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) :

- 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 women 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

The Teams within the North Staffordshire Community Directorate support people and their families affected by complex mental health needs to live safe and healthy lives. The promotion of social inclusion and independent living through engagement with services and support in local communities is paramount to the teams in helping to promote individual recovery and resilience.

The locality Community Mental Health Teams provide mental health assessment and treatment to children, adults and older people.

- Lymebrook - Adult Community Mental health Team
- Ashcombe - Adult Community Mental health Team Community
- Older Peoples Community Mental Health Team
- Children and Young People Community Mental health Team

The Criminal Justice Mental Health Team works with frontline police officers to provide support to courts involving people with a mental health issue, promoting service user engagement with health, social care and third sector services, assisting offending reduction and a court diversion service. The new Staffordshire wide Liaison and Diversion service was launched on 18th September 2019. The service is in line with the national framework are working with all vulnerabilities in the criminal justice system and demonstrating effective partnership working and collaboration across health and justice setting including probation, police and court colleagues.

The Early Intervention in Psychosis Team offers assessment, treatment and interventions for people who have been identified as developing a first episode of psychosis, aiming to improve the outcomes and opportunities to support the recovery of those affected.

The Step On team supports vulnerable people affected by Mental Health issues to return to meaningful employment through collaboration with the local community and employers .

The Directorate has successfully taken the lead for the pan Staffordshire expansion of the Step on service, providing support for individuals to return to meaningful employment and have exceeded their annual performance targets on both engagements and supporting people into work.

The North Staffordshire 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 Directorate are delighted to be leading on the start to Success pilot, focused upon improving access to mental health services for students attending local colleges and universities. This pilot supports collaborative working with our local education institutions, developing pathways that support timely and meaningful access and treatment by the right person at the right time.

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:

- Neuropsychiatry,Rehab & Psychology services
- LD and CAMHs Tier 4
- Substance Misuse & Prison Healthcare

Neuropsychiatry,Rehab & Psychology services

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 community services in Stoke on Trent 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. Our hospital ward at Harplands, the Edward Myers Unit follows the same philosophy but offers detox and treatment for local communities and to communities across England.

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 tostress 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.

A five-year contract for the delivery of health services at Stoke Heath Prison– 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 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 (UHNM) 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 offera wide range of treatments and interventions.,

The Crisis Care Centre provides and all age 24/7 provides a single point of contact for all mental health crisis related referrals providing an assessment, advice and signposting service.
The service provides an timely response for all crisis/urgent type referrals operating both face to face and telephone assessmentsincluding requests for assessments under the Mental Health Act.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 referr 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 referaals 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 provides an all age service to our community 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 4hours and referrals from wards within 24hrs.

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

The Primary Care Directorate was established to support both the long term stability of local primary care and the creation of a North Staffordshire Integrated Care Partnership. It is currently under the leadership of the Executive Director for Business and Strategy, Chris Bird and up until March 2020, oversight was provided by the Primary Care Committee. The directorate currently has one practice; Moorcroft Medical Centre which has two sites, a building in Hanley and another in Bentilee. The practice serves a population of just fewer than 16,000 and there are high levels of social deprivation.

Our key priorities linked to the Trust Operational Plan for 2019/20 were to:

- Lead the creation of an Integrated Care Partnership (ICP)
- Form level 2 relationships within the local health economyRapidly improve the SPAR values in primary care

Prior to the Coronavirus pandemic, the local Clinical Commissioning Group and the regional NHS England team were interested in our model with regards to the future of primary care within an ICP. Our Business Transformation Lead and Clinical Lead were invited by NHS England to present the clinical model at multiple regional events. Since the Coronavirus pandemic, the central NHS England Primary Care Directorate has asked all practices to work in similar way to our model, i.e. all patient consultation requests to be triaged and remote consultations to be the preferred mode of patient: clinician interaction.

The Primary Care Services Team takes a strong role within the Hanley Primary Care Network (PCN). NSCHT was chosen by the PCN to hold the PCN funding and to employ the PCN Clinical Pharmacist. The Northern Staffordshire GP federation was chosen to employ the PCN Social Prescriber. The current challenge for the PCN is to provide regular care and support for all the care homes within their boundary.

The directorate places a strong emphasis on safety in primary care. We have strengthened in-practice, clinical governance by appointing a Clinical Lead and by implementing many of the trusts clinical governance reporting methods within a primary care setting. This is unique within the local health economy. Another action that sets the practice apart is the constant, objective analysis of demand and capacity. This allows short, medium and long term planning for the eventual increase in demand for non-coronavirus consultations.

The practice has implemented an innovative shift system for all staff to allow safe social distancing measures with the buildings. Clinical and admin staff members have been split into two teams and work in the practice or remotely on alternative days. This has led to more productivity, improved staff morale and a safer work environment.

Prior to the pandemic, the practice had improved personalised care, continuity and access. Clinicians were given appointment slots specifically to follow up patients and were also encouraged to use remote consultations to follow up patients. Appointments were still available into the afternoon and an on call GP and Advanced Nurse Practitioner were able to triage consultation requests after the capacity had been reached. There was increased access to routine appointments as requests were treated proactively, for instance blood tests might be performed prior to their appointment.

During the coronavirus pandemic, the practice has managed to meet demand. All patients have been able to access advice or support from the practice during routine hours. The practice mainly provides telephone consultations, but is now also providing video and online consultations. Face to face consultations are completed according to a strict protocol and personal protective equipment is used appropriately.

As we plan for the recovery and restoration of the local health economy, we believe that the coronavirus pandemic and the subsequent forced transformation of primary care have allowed greater efficiency within the primary care directorate. We will continue to consider how clinicians and administrative staff can be used in and outside of Moorcroft Medical Centre and also pursue opportunities for growth and collaboration.

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: Measuring for Improvement

The Trust implemented a new Improving Quality and Performance Report (IQPR) in June this year as a key driver towards maintaining our outstanding services. This method of measurement is very different to the way the Trust has previously reported.

The IQPR is designed to report traditional measures using a RAG or met/ unmet rating at Trust and Locality Directorate level and also provides a mean of measuring for improvement via the use of Statistical Processing Charts (SPC).

SPCs measure variation and establish, by using statistical techniques, whether this variation is within normal expectations or outside of them. This allows the Trust to move to improvement measurement, to demonstrate quality improvement and describe the process changes that have resulted in it. It also enables the early detection of any issues which can then be worked on and resolved.

The IQPR serves both as a Quality Improvement and performance tool to support Board, Committee, Performance Review and Directorate performance meetings. It 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.

Assurance

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

The IQPR 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 and Resource Committee, Quality Committee, People and Culture Development.

It is supported by a Glossary to enable clear visibility of measure definitions and tolerances that describes the indicator calculation formulae, standard/ target and teams and wards included and excluded. There is also a clear Change Control Process, formalised through a quarterly review of the metrics and standards reported to the Board. 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. SPC methodology enables 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 continued during the year, with results being used to drive improvements in the quality of the services provided to patients.

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.

Data Quality

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; analysing (potential and actual) data quality issues; defining key data quality performance measures; and agreeing tolerance thresholds (beyond which issue are escalated).

Data Quality CQUIN

The launch of the Data Quality CQUIN for 2019/20 put the focus on two key areas, DQMI for MHSDS submission together with the increased use of Snomed Intervention codes. The Trust continues to exceef the CQUIN targets for 2019/20.

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 Trusts with timely and transparent information about their data quality. The DQMI useS 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 97.2% in the latest published national data (December 2019).

Data Quality Forum

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.
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.

Actions include:

- On the job training and induction programmes to ensure that data is entered correctly onto systems and system champions to support clinicians
- Regular audits to check the quality of data items to ensure that data is recorded accurately, completely and kept as up to-date as possible.

Data Quality Assurance Framework

The Trust has signed up to and participates in the Data Quality Assurance Framework devised and operated by NHS Digital. This will support the Trust to build on our existing data quality assurance processes and practices. This includes our plans for providing assurance around our MHSDS submissions given the increasing use of the published data.

Looking ahead

Implement the Business Intelligence (BI) Strategy

The implementation of the BI Strategy continues working towards integrating Business Intelligence and Insight into all aspects of decision making to 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

The further 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

How we performed

2019/20 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 2019/20:

- 21st consecutive year of financial balance;
- Cash balance of £12.059m at the end of the financial year, which is in excess of plan;
- Achieved External Financing Limit (EFL);

The Trust achieved an overall surplus (Control Total) of £1.575m against income of £99.040m, which includes £0.7m 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 cost improvements, 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 as the team were part of the HFMA pilot for the roll out of their EVO (Engagement Value Outcome) Programme. This involved supporting a number of clinical areas to utilise patient level data to assess patient outcomes and highlighting areas to consider efficiencies and adding value to the services provided. At the end of the pilot phase the Trust were awarded the accolade of "EVO Bronze Accredited Trust & EVO Ambassador", being the MH Trust in the country to achieve this.

We were delighted that our Finance Team was acknowledged by PQ Magazine at their Annual Awards as "Accountancy Team of the Year", having been nominated by CIPFA in recognition of the excellent work in the ongoing development of our full Patient Level Information Costing System (PLICS) system and the contribution this made to the development of the HFMA EVO Programme.

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; and
- How we have involved service users, staff and others with an interest in our organisation in determining these priorities for improvement.

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 2019/20 are summarised below:

Under Quality Priority 1 'Safe' we have:

- worked towards our Zero Suicide ambition continued participation in the countywide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide;
- hosted a regional Suicide Prevention Conference in November 2019, helping to raise the profile of suicide prevention and bereavement support;
- 84% of registered staff in face to face suicide awareness training;
- more accessible information made available via the Trust's website regarding bereavement and how to seek support following a suicide;
- continued to roll out environmental ligature improvements;
- focussed on improving physical health by strengthening physical health monitoring for service users through updating the National Early Warning Score NEWS to NEWS2 for inpatient services and the Lester Tool for community services;
- introduced a non-contact physical observations assessment;
- continued on our journey Towards Smoke-free;
- increased compliance with Infection Prevention and Control (IPC) audits from 90 to 95%;
- achieved 81.76% uptake of Flu vaccination for patient facing staff;
- improved our rating for safe services from requires improvement to good across Adult Community Services and Wards for Older People;
- further refined the Falls Reduction Quality Improvement Project to reduce falls on older people's wards;
- fully embedded the Community Safety Matrix across all teams;
- maintained safer staffing in line with the National Quality Board (NQB);
- achieved 99.47% compliance with the Patient Led Assessment Environment (PLACE) which audits environments and cleanliness, remaining in the top performing quartile of Trusts nationally;
- embedded an electronic system for the daily monitoring of fridge temperatures;
- improved compliance with Mental Health Law following the introduction of the Inpatient Safety Matrix and provision of additional bespoke training for staff;
- improved consent policy training focussing on a multi-disciplinary approach;
- developed and implemented a best practice cyber security system;
- reduced the number of avoidable transfers between acute ward areas
- continued to progress our Reducing Restrictive Practice Strategy;
- embedded the 'Safewards' model within our mental health inpatient wards;
- lead participant in the National Sexual Safety Collaborative as part of a wider Mental Health Safety Improvement Programme;
- aunched the 'Observe & Act' initiative across our ward inpatient areas; strengthening patient engagement to improve standards;
- implemented our SPAR wards accreditation framework to enhance the quality of care on in-patient wards; and
- provided Trauma Informed Care training to all Acute Ward areas.

Under Quality Priority 2 'Personalised' we have:

- strengthened person centeredness by co-producing a Person Centeredness Framework with service users, carers and staff;
- continued to implement the Restraint Reduction Strategy, focussing on service user experience and person centred care;
- expanded the NHS Improvement Therapeutic Observation and AQuA Trauma Informed Care Quality Improvement projects across all acute wards;
- collaborated with the Service User and Carer Council (SUCC, using service user feedback (e.g. friends and family test) themes to influence the Trust's Quality Improvement agenda;
- increased the number of service users being offered the opportunity to participate in research studies through adoption of consent to research initiative; and
- hosted an Open Space Event in November 2019, in partnership with the Service User and Carer Council to enable service users and carers to influence and agree our quality priorities for 2020/21.

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;
- strengthened our Diversity and Inclusion strategy as acknowledged by the CQC;
- increased capacity within the Psychiatric Intensive Care Unit (PICU) to reduce the need for service users to be cared for 'out of area';
- worked with health and social care commissioners to reduce delays in transfers of care;
- piloted video consultations in our community teams; and
- worked towards improving access to records by progressing the PatientAide protocol which will improve patient engagement by enabling service users to control access to their own electronic patient record.

Under Quality Priority 4 'Recovery Focussed' 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; and
- appointed10 volunteer peer mentors and 5 peer support workers; supporting their knowledge and skills development through a bespoke 10 week education programme.

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
Staff Flu Vaccinations: (Initiative 2) Improving the uptake of flu vaccinations for frontline clinical staff.	✓			✓
Alcohol and Tobacco Screening and Interventions: (Initiatives 3a, b &c) Improving the identification of inpatients who smoke or drink and ensuring that they receive appropriate interventions		✓		✓
72 Hour Follow Up Post-Discharge: (Initiative 4) Improving the timeliness and quality of support for inpatients post-discharge	✓	✓		✓
Mental Health Data Quality: (Initiatives 5a &b) Improving mental health data quality to enable our systems to use data in a more efficient and reliable way and ensure that patients receive appropriate treatment.	✓	✓		✓
Use of Anxiety Disorder Specific Measures in IAPT: (Initiative 6) Improving the use of outcome measures for IAPT service users with anxiety disorders to enable us to provide the most appropriate care and treatment		✓		✓

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 from referral. During 2019/20 the Trust achieved 94.2% against a target of 92%
- Children and Young People with an Eating Disorder – in 2019/20 75% of urgent referrals received a first contact in one week and 98.8% of routine referrals received a contact in 4 weeks
- Early Intervention in Psychosis - 87.7% of people experiencing a first episode of psychosis were treated with a NICE-approved care package within two weeks (target 57%)
- Mental Health Liaison targets – 1 hour, 4 hour and 24 hour targets all above the target level of 95%

Our Innovation

Innovation - the ability to not be complacent and to strive to improve and do better, but specifically orientated around innovative approaches - is one of the three key building blocks we have identified to making an organisation Outstanding.

We are proud of our track record in innovation which, during 2019/20 included the following:

24x7, 365 days a year, all age mental health access centre.

In October, we unveiled our our brand new £1.1 million Mental Health Crisis Centre, based at the Harplands Hospital.

The new service is unique in the NHS in bringing together under one roof a whole range of teams offering a service to people of all ages, 24/7, 365 days a year.

Anyone feeling they are in distress – or needing advice or reassurance – can ring 0300 123 0907 to speak to a mental health professional, who will be able to direct them to the most appropriate and accessible service to meet their individual needs.

Innovation Nation

Innovation Nation was developed in response to clinicians sharing that they would like find out more about what was going on in the Trust – thus creating a platform to share good practice. September 2019, saw Dr Rebecca Chubb (Locum Consultant) and Kerri Mason (R&D Lead), supported by the R&D team, host Combined's second Innovation Nation event. Innovation Nation 2019 built on the previous year's success, giving staff an opportunity to find out more about the fantastic innovations and work taking place across the Trust.

Through a series of presentations, with presenters sharing their experiences, journeys of the failures and successes of Innovation, the audience learned ways to motivate, keep trying new things, ideas on improving patient care, and many simple yet inspiring ways to bring new ways of thinking into daily work.

Dragon's Den @ Combined

We are proud to prioritise, encourage and champion innovation through initiatives such as Dragon's Den @ Combined, where individuals and teams can pitch innovative ideas and approaches for funding and piloting.

Ward 4 pitched to purchase a MOTOmed bike, a system of virtual reality video walk and cycle routes for service users to explore distant locations while exercising, at the 2019 Dragons' Den. The pitch was successful and the panel agreed to fund the rental of one bike and the virtual reality system, for a period of six months. The Ward team are completing an evaluation on the implementation of the bike to review its effectiveness and to generate evidence to support purchasing the bike.

Transformation of the Primary Care Clinical Model

We have transformed primary care by triaging all requests to consult with senior clinicians, (GPs, Advanced Nurse Practitioners and Allied health Professionals) and we have successfully separated urgent and routine care. Prior to the emergence of the coronavirus 2019 pandemic, many of our consultations were remote; telephone, online. When NHS England demanded that to reduce the risk of spreading the infection, primary care must change its clinical model to total triage and a preference for remote consultations, we were more prepared than most practices. Our staff were already skilled in triage and remote consultations and the primary care services team understand how to judge demand and capacity to avoid the service becoming overwhelmed.

Maternity services

The Stoke Community Directorate have led on the expansion of our perinatal services to improve mental health and wellbeing for all women of child bearing age and their families, preconception to 12 months post-delivery. This has been achieved through innovation and enhanced partnership working with the local hospital maternity unit.

Partnership with schools and CAMHS

The Mental Health Support Teams have developed close working partnerships with schools across the city, and in addition to 1:1 sessions have developed drop-ins, jointly delivered school assemblies, provided teacher training and been involved in summer schemes and parents evenings. In relation to CAMHS services within the City, wait times for Referral To Treatment have reduced significantly with 95% of children being seen before 18 weeks and 100% of children being assessed before 18 weeks.

The CAMHS Trailblazer pilot has enabled the development of the Mental Health Support teams who are supporting 63 schools across North Staffordshire and Stoke on Trent, with a significant positive impact being demonstrated through early help initiatives.

Alongside this the directorate has led on the transformation of services to support the aspiration of referral to treatment for all children and young people within 4 weeks

Digital Aspirants

The Trust has been selected as part of the first wave of the pilot sites for the new digital aspirant programme, run by NHSX. This programme is designed to help providers and systems use digital technology to transform services. The programme will enable the Trust to develop new systems and rollout innovations across several projects including, Clinical Readiness and Mobilisation, Referral and Assessment Redesign (Combined Care System), Business Intelligence and Integration and Optimisation and Transformation.

Virtual consultation between patient and clinician

The Trust implemented a virtual consultation solution called Attend Anywhere 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 that every patient will be able to access a clinicians digitally, and where appropriate, opt for a 'virtual' outpatient appointment.

High Potential Scheme

Through our role leading the Organisational Development and Leadership enabling workstream of the STP, we also launched the first national pilot for the 'High Potential Scheme' which aims to attract, select and develop talented senior members of staff into the leaders of tomorrow. This scheme resulted in 2 members of our Trust being selected and enrolled onto the programme following the intensive application and assessment centre process. This scheme further strengthens our talent pipeline for leadership development.

Combinations Podcast

Our Combined Healthcare Podcast – called 'Combinations' is accessible for free at https://soundcloud.com/nhscombinations and free subscription on iTunes and Spotify. It remains unique in being a podcast delivered by a NHS mental health provider, specifically dedicated to providing a platform for frontline staff and service users to share their stories, insights and experiences.

The first Episode was launched in February 2019 to coincide with national mental health "Time to Talk Day" and since then has attracted over 3,500 listens.

Key achievements by directorate

Stoke Community

Over the last 12 months the Directorate has worked to establish strong and effective relationships both internally and externally. This is demonstrated through the recent award of the IAPT contract to MPFT and ourselves as a partnership arrangement.

The Directorate now has the lead strategic role in mobilising the IAPT contract across Northern Staffordshire and looks to continue its excellent track record for Stoke-on-Trent as one of the highest performing IAPT services in the Country.

The Directorate has excellent links with a number of external organisations, for example, working 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 financial capability advisor (provided by the Citizen's Advice Bureau) working with the adult CMHT's.

The Directorate supports innovation and integrated practice through participation in local groups such as The Homeless Reduction Board.

The Stoke Community Directorate hold the Trust lead role in relation to Older People's services and are proud to continue to have excellent diagnosis rates across North Staffordshire. Stoke-on-Trent currently has the best diagnosis rates in the West Midlands at 88.5% against a National target of 66.7%. North Staffordshire also exceeds the national target at 75.6%.

Much of this was achieved due to the excellent team working within the MSNAP accredited memory services. These services provide assessment, diagnosis and treatment for people with a number of conditions, including dementia. Additionally there is 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. The service has responded readily to increased demand from our local care home market and has expanded its support accordingly.

The Directorate have led on the expansion of our perinatal services to improve mental health and wellbeing for all women of child bearing age and their families, preconception to 12 months post-delivery. This has been achieved through innovation and enhanced partnership working with the local hospital maternity unit.

In relation to CAMHS services within the City, wait times for Referral To Treatment have reduced significantly with 95% of children being seen before 18 weeks and 100% of children being assessed before 18 weeks.

The Mental Health Support Teams have developed close working partnerships with schools across the city, and in addition to 1:1 sessions have developed drop-ins, jointly delivered school assemblies, provided teacher training and been involved in summer schemes and parents evenings.

North Staffs Community

The Directorate has the strategic responsibility for the mental health service delivery provided to our children and young people and as a result are proud to share the amazing transformational work that has been achieved to date which includes leading the transformation of children's services across Staffordshire.

The redesign of pathways has supported the continual compliance with the national access and waiting time standards.

The Trailblazer pilot has enabled the development of the Mental Health Support teams who are supporting 63 schools across North Staffordshire and Stoke on Trent, with a significant positive impact being demonstrated through early help initiatives.

Alongside this the directorate has led on the transformation of services to support the aspiration of referral to treatment for all children and young people within 4 weeks.

The Directorate are proud to share that our organisational NHSI Service Review of children's services commended the Trust in the following areas;

- All age;
- 24/7 Crisis Hub;
- Digital exemplar work to structure referral management; and
- the ADHD clinical pathway including the shared care and interface with primary care.

The Early Intervention in Psychosis team received a very positive NHSI review into the quality of service delivery particularly in regard to adherence to access and waiting time standards that are consistently achieved. The team has been instrumental in developing the peer support offer, enabling positive outcomes for hard to engage groups.

The fidelity review conducted by the Centre for Mental Health on the 25th October 2019 identified that the Step On team had successfully maintained their exemplary level of fidelity to the prescribed model.

Specialist Services

There are 2 key organising principles for the Specialist Services Directorate:

- Manage contracts where services are provided out-with the "block" contract held with NHS CCGs and seek opportunities to bid for new contracts as they are tendered.
- Currently contracts are with NHS England, NHS Trusts and Local Authorities among others.
- Manage those services funded by NHS CCGs "block" contract that operate beyond the North Staffordshire and Stoke on Trent Locality Directorate boundaries.

These are services that are not rooted in place or would be less viable if broken down into Locality teams, such as, Learning Disabilities, Adult Mental Health Rehab and Neuropsychiatry

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 We Are With You, 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 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. The Trust has committed £2m capital investment to developing a new inpatient facility at the Harplands Hospital site. This will replace the current Assessment & Treatment Unit and aims to be a regional if not a national centre of excellence for supporting people with significant challenging behaviour.

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. As this new community based service offer develops the Darwin Centre will increasingly be expected to admit young people with higher levels of challenging behaviour. To better meet this new demand the Trust is exploring options to reprovide the service on the main Harplands Hospital site which would improve access to rapid response from other wards, senior nursing staff on site and the 24/7 medical rota.

A review of Neuro[sychiatry Services 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 resultant service plan suggests a reduction in the number of inpatient facilities to improve the range of staff within one unit and allow the remaining staff to be available for work in the community. This development will result in a better staffed service that focusses more on helping service users reach their maximum independence as a tenant with their own house rather than the limiting environment of an NHS Inpatient ward.

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. The Team are working closely with CCGs and MPFT to further develop alternative solutions to out of area and out of NHS placements.

Acute & Urgent Care

We welcomed the opening of 4 operational beds in our state-of-the-art Psychiatric Intensive Care Unit (PICU) in October 2018. We have continued to develop this service and in line with the STP mental health work stream priorities and collaboration with Midlands Partnership Foundation Trust (MPFT) provide a Staffordshire wide approach to PICU provision to meet the population need. In July 2019 NSCHT successfully opened a further 2 PICU beds and have developed Staffordshire wide partnership arrangements and bed management protocols to significantly reduce the need for out of area admission.

The Trust Capital Investment Plan supported our vision to develop our existing Access Team to extend an all age assessment and we invested to develop a purpose built Crisis Care Centre to further improve our Outstanding CQC rated crisis service delivery to the population of Stoke on Trent and North Staffordshire. The Centre provides an easily accessible, recovery focussed care provided to people in crisis at any time of day or night, 365 days a year.

We have utilised the innovative approach taken by our Mental Health Liaison Service in aspiring to and achieving an all age assessment service acquiring the necessary child assessment competencies supporting our Access Team staff to deliver an all age crisis assessment service. The reputation of the Crisis Care Centre received an endorsement within the first 6 months of opening when it was included in the Report from the Positive Practice in Mental Health Collaborative - on leading practice in "All Age Crisis Care Pathways." This important report highlights the very best examples of crisis care across the age groups from Children and Young People´s Mental Health, through Adult Services to Older People´s Mental Health. It talks of the importance of equal and inclusive access, person centred care, and getting the right help at the right time in the right way. The Report was published at an event on February 4th 2020 at the House of Commons.

The Directorate has expanded the current High Volume Users (HVU) service which has an excellent track record on service delivery and performance. The expansion creates potential savings for the local Acute Trust Provider, specifically Accident and Emergency Department reducing multiple attendances where mental health concerns are the driver for attendance.

There is early work on driving forward further crisis prevention through the Crisis Café/Sanctuary Spaces service. The service will strengthen closer working with the providers of alternative crisis services such as Brighter Futures and Richmond Fellowship. Together they will work in close partnership to deliver Crisis cafes/ Sanctuary Spaces as a least restrictive option and to support early intervention to prevent crisis, the service adds value to services already in operation in communities.

We believe that adding additional resource to services already in place (to greater / lesser degree) enhances the crisis pathway for service users rather than establishing stand alone, new services that are disparate and not integrated into already established crisis services in our communities. The service will offer support time and recovery interventions to help support service users to develop and design their own recovery driven goals/ambitions. In line with National Policy and to ensure the provision of appropriate mental health services to meet the needs of the local population

Furthermore The NHS Long Term Plan and Five Year Forward View for Mental Health identified the need to eliminate inappropriate out of area placements for non-specialist acute care by March 2021.The overarching aim is to support timely access to appropriate treatment in the least restrictive setting for a person's needs and as close to home as possible. We are pleased to report an ongoing zero out of area admission position in 2019/20 and ongoing robust care models and processes to support effective gatekeeping, purposeful admission and effective discharge planning in partnership with our Home Treatment and Community Team colleagues.

We have maintained a focus on embedding evidence based approaches within the our Adult Inpatient Wards based on the Acute Care Model methodology, promoting care and treatment in the least restrictive environment in line with NICE guidelines.. Consultant psychiatrists, psychology and the wider ward MDT work closely together with community teams, gatekeeping teams and home treatment teams to provide the most effective service for our population. All Acute Wards have achieved their AIMS re-accreditation status and to date two wards have undergone SPAR accreditation, both achieving a Gold rating. The nationally recognised SafeWards methodology continues to be developed across all wards and both PICU and Ward 1, our mixed sex wards have joined the national collaborative for the sexual safety programme.

Ward 7 have joined the National collaborative for sexual safety programme.

Ward 6 are part of the Stoke on Trent and North Staffordshire Dementia steering group, which is led by integrated commissioning from Stoke on Trent Council.

Ward 4 pitched to purchase a MOTOmed bike, a system of virtual reality video walk and cycle routes for service users to explore distant locations while exercising, at the 2019 Dragons' Den. The pitch was successful and the panel agreed to fund the rental of one bike and the virtual reality system, for a period of six months. The Ward team are completing an evaluation on the implementation of the bike to review its effectiveness and to generate evidence to support purchasing the bike.

Ward 4 introduced a recognised frailty tool which subsequently informed our decisions in regards to formalising our criteria for medication rationalisation. The focus of this improvement was to provide an integrated approach to frailty management within a mental health trust.

Older Persons wards have a frailty simulation suit to improve the understanding and empathy of healthcare staff when managing frail older people. The suit was purchased in July 2019 and is now available for all staff to use as part dementia, frailty or other relevant training.

All older person wards have achieved their AIMS re accreditation.

Primary Care

We managed to achieve our plans to:

Create a core Primary Care Service Team.
We employed Kim Stanyer as the Business Transformation Lead and Kate Lilley as the onsite Clinical Lead. Along with the Senior Operations Manager Gail Stanyer, they have created stable and effective primary care leadership that has replaced the previously unstable traditional GP partner model.

Transformation of the workforce

- We have dramatically reduced the number of locum staff employed. Prior to integration the practice relied on regular locum GPs. Now locums will only be used for unplanned absences if the remaining staff cannot cover this.
- We have increased the clinical diversity. We have a Clinical Pharmacist, Physicians Associate, Advanced Nurse Practitioners with backgrounds in district nursing and Clinical Nurse Speciality and Urgent Care Practitioners. We will also have access to the PCN social prescriber.
- We are fully staffed and we have managed to attract increasing numbers of clinicians to apply for vacant roles.

Transformation of the Primary care Clinical Model
We have transformed primary care by triaging all requests to consult with senior clinicians, (GPs, Advanced Nurse Practitioners and Allied health Professionals) and we have successfully separated urgent and routine care. Prior to the emergence of the coronavirus 2019 pandemic, many of our consultations were remote; telephone, online. When NHS England demanded that to reduce the risk of spreading the infection, primary care must change its clinical model to total triage and a preference for remote consultations, we were more prepared than most practices. Our staff were already skilled in triage and remote consultations and the primary care services team understand how to judge demand and capacity to avoid the service becoming overwhelmed.

Transformation of the Culture

- We have demolished the previous hierarchal structure among senior clinicians, with each clinician working to their ability and able to rely on colleagues for support.
- We have emphasised clinical ownership and we have an increase in individual staff following through on their own tasks rather than handing these over.
- Our staff, particularly the non-clinical administrative staff , have taken to the SPAR values and are delighted to have these.
- The Coronavirus pandemic, our preparedness and the actions taken by the Primary Care Services Team has also seemed to improve morale among clinical and administrative staff. The crisis has demonstrated that this model is not only patient centred but protects the physical and mental health of primary care staff.

Financial review

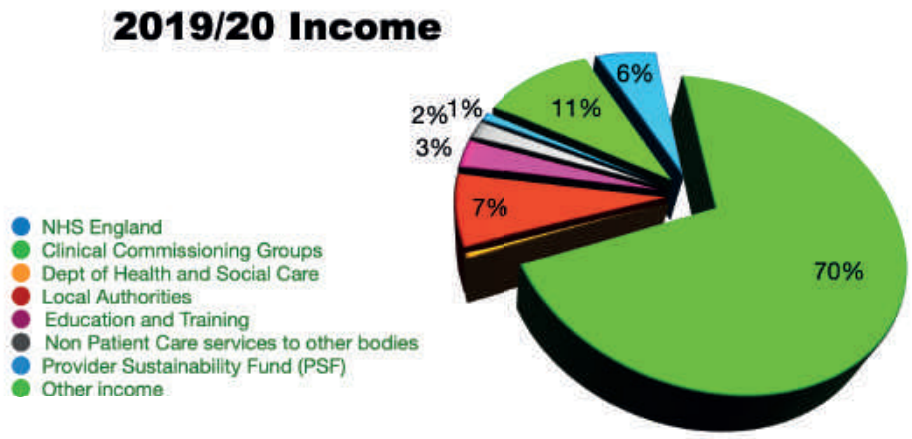
2019/20 was another strong year for the Trust financial achieving a control total surplus of £1.575m against income of £99.040m. This was the 21st year the Trust has consecutively achieved a surplus position and exceeding the legal requirements to breakeven by delivering a surplus of 2%.

Of the surplus, £0.7m (44%) was earned through the allocation of the Provider Sustainability Funding (PSF), which is given to providers who deliver or exceed their Control Total. This can be used to support the purchase of capital in future years.

This reflects the hard work and dedication from all of our staff to ensure we deliver quality services in an efficient and effective way. Good financial management is vital for the success of the Trust and to deliver high quality care for our patients and service users.

	2019/20 £'000	2018/19 £'000
Income	98,340	86,488
Provider Sustainability Fund	700	2,624
Total Income	**99,040**	**89,112**
Expenditure	(95,195)	(83,898)
Operating Surplus	**3,845**	**5,214**
Net Finance Costs	(3,187)	(1,715)
Losses on Transfer Absorption	0	(1,227)
Surplus for Year	**658**	**2,272**
Impairment	955	93
Losses on Transfer Absorption	0	1,227
Pension Adjustment	(38)	(16)
Adjusted Retained Surplus	**1,575**	**3,576**

We are pleased to report that our financial results for the 2019/20 were better than our plan by £0.537m (including £0.463m Mental Health Investment funding not included in the plan). This is against the backdrop of a tightening of the public purse.



We have continued to invest in our estate through our capital programme for 2019/20. This includes the conclusion of the new Mental Health Crisis Care Centre which opened on 4th October 2019. We ended the year with a cash balance of £12.059m. This is an increase on the previous year and reflects the in-year surplus as well as good debtor control practices.

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 Trust's and Foundation Trust's 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. Trusts 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 2 in March 2020 which represents low risk.

Use of Resources	2018/19 Actual	2019/20 Plan	2019/20 Actual
Capital Service Cover Rating	1	3	3
Liquidity Ratio Rating	1	1	1
I&E Margin Rating	1	1	1
Variance from Control Total Rating	1	1	1
Agency Expenditure	1	1	2
Overall Risk Rating	**1**	**1**	**2**
Overal RAG Rating			

Our digital strategy - Digital by Choice

One of the most important components of our future success will be how well we embrace the challenge of digital, and over recent years that there has been a significant improvement in our technology, but there remains a long way to go.

We have continued the excellent work on our Digital by Choice strategy. During 2019/20 As a Digital by Choice organisation developing a national reputation as a leader in the use of digital technology, that enables; The delivery of excellent care services to help people who use our services and carers to recover and improve their wellbeing. Staff and partners to work together easily and effectively using innovation and interoperability to support the delivery of excellent care services and recovery.

During the year we have 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.

The Trust's Digital by Choice Strategy does not exist as a separate entity and is aligned within the wider objectives of the Trust, region and national strategies and plans. The scope of the digital strategy encompasses a wide range of stakeholders who are integral to the successful delivery of our ambition. Service users, carers and their representatives – who will be able to use digital services to access services, learn more about their care and interact with clinicians. Trust colleagues - who will use our digital services to enhance care delivery and partner organisations with whom we will continue to develop new opportunities for digital transformation.

The following key priorities underpin our delivery across the digital programme:

- Strategic Relationship – Maximise value from our partnership our strategic change partner who can provide transformation capacity and capability to enhance our ability to move at pace
- Channel Shift - develop digital platforms as an alternative to traditional models of service delivery which will increase resilience and create new opportunities
- Data Driven – to recognize the strategic asset value of Data & Information and derive maximum value for our service users and support the proactive management of health and care across our population

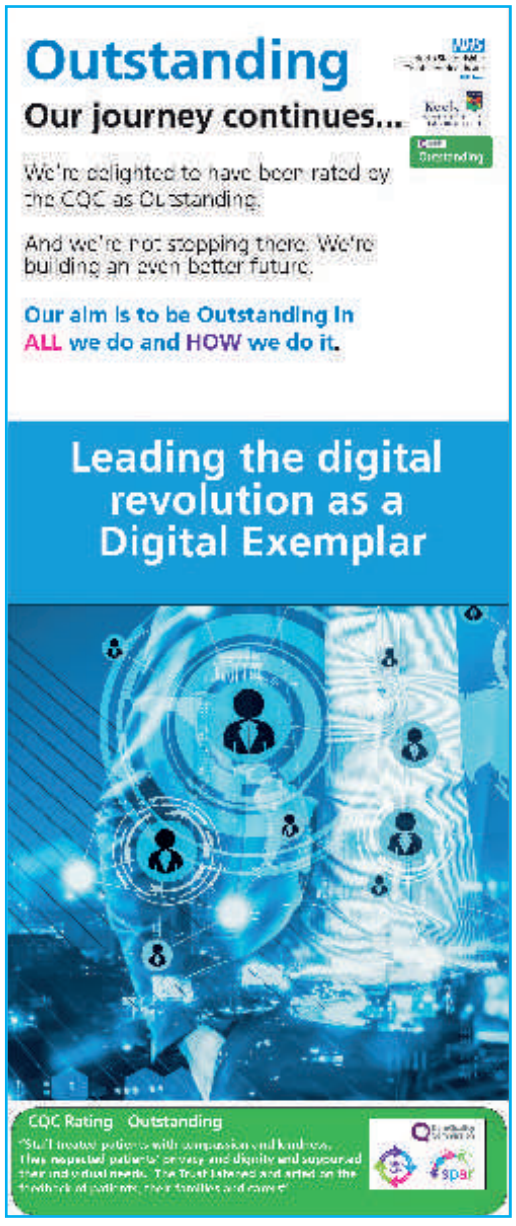
Strategic Relationship

Digital Aspirants – The Trust has been selected as part of the first wave of the pilot sites for the new digital aspirant programme, run by NHSX. This programme is designed to help providers and systems use digital technology to transform services. The programme will enable the Trust to develop new systems and rollout innovations across several projects including, Clinical Readiness and Mobilisation, Referral and Assessment Redesign (Combined Care System), Business Intelligence and Integration and Optimisation and Transformation.

Integrated Care - 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 internal Digital developments, continue to take a lead role in developing digital across health and carer in Staffordshire.

One Health and Care - Working with local health and care partners the Trust are deploying 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 health and care settings. It allows doctors, nurses and other registered health and social care professionals directly involved in patient/client care to view relevant information in order to provide better and safer care.

DXC Technology - The Trust has developed a successful partnership with DXC Technology as part of the Lorenzo Digital Exemplar (LDE) programme and this is a key relationship in supporting the Trust to become a Digital by Choice organisation, with a national reputation as a leader in the use of digital technology to improve services for the whole population.



Channel Shift

Combined Care System - Following the establishment of the Trust as a national exemplar through the Lorenzo Digital Exemplar programme we have implemented the Combined Care System supporting our vision to deliver a future where young people and their families are empowered to use technology to revolutionise their care. The solution supports service users throughout their care journey providing access to information, signposting to services and referrals into the Trust and supporting their treatment and self-management requirements.

Patient Aide – Enhancing the capabilities of the Combined Care System the Patient Aide application has been deployed within our children's services. Patient Aide is designed to be used on Android or Apple devices or within a web browser session. It provides a number of features that the Patient will find useful in the management of their health and their relationship with the Trust

Virtual consultation between patient and clinician - The Trust implemented a virtual consultation solution called Attend Anywhere 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 that every patient will be able to access a clinicians digitally, and where appropriate, opt for a 'virtual' outpatient appointment.

Collaboration – Supporting staff to communicate and share information the Trust has rolled out the Microsoft Teams platform to all staff allowing them to attend meetings both clinical and non-clinical and work together from any location.

Lorenzo Developments - 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. The Trust has implemented developments and optimisations of the Lorenzo EPR in addition to working with NHS Digital to deliver innovations including GP Connect, Nurse Aide, Clinic Aide, Enhanced eRS, Session and Context Management and Community Aide

Data Driven

Data Protection and Cyber Security - The Trust has taken a proactive approach to data protection and cyber security engaging Trust wide 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 is its Cyber Essentials Plus accreditation Journey and working with national agencies to ensure the security of our systems.

Business Intelligence and Integration – To ensure we are able to fully benefit from the information we collect the Trust is evaluating and developing solutions enable us to use data more effectively, supporting real time / near time operational reporting and data modelling. Supporting advance data tools including Machine learning solution optimises medical coding process, data and analytics modernisation & migration, clinical care management and Coordination and population health management.

Communication - The Trust is continuing to develop new processes to ensure we continue to work as effectively as possible transferring and receiving information from partners directly into the patient record and making it available to clinicians through solutions such as Docman and eReferrals.

Information Collection - 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. The Trust continued the deployment of mobile infrastructure providing additional equipment and connectivity for staff to support clinicians accessing and interacting with patient records and care plans wherever they are. Additionally, tools such as speech recognition and integrated mobile applications are being used by our clinicians.

Our digital future facilitates a dynamic care plan pathway, aiding communications, preventing duplication and supporting a more efficient patient journey. The groundwork for pursuing an accessible digital future, had been already established with investments made in our people, technology and transformational change.

Our communications and engagement

A Strategic Review of Communications and Engagement at North Staffordshire Combined Healthcare NHS Trust was carried out during Summer 2019. The Strategic Review continued the consistent trajectory and built on the foundations laid by:

- The Communications Strategy agreed by the Trust Board in May 2016, which:
  - proposed 10 strategic communications and engagement objectives;
  - used a SWOT analysis to prioritise areas for improvement;
  - analysed the Trust's audiences using Mendelow's power-interest matrix; and
  - recommended an enhanced in-house capability (now achieved)
- The Communications Delivery Plan 2018-20 agreed by the Trust Board in April 2018, which:
  - set out 15 SMART service-user orientated goals and outcomes aligned to our organisational SPAR Quality Priorities;
  - recommended new infrastructure and tools to build capacity, quality and effectiveness (now implemented); and
  - described new roles and partnerships to build reach and profile.

The Communications Delivery Plan 2018-20 responded to the clear and consistent feedback obtained from a range of the Trust's communications and engagement activities and structures during 2017-18, including:

- views expressed by the Service User and Carer Council;
- feedback from events such as Open Space events and Team events;
- feedback from staff through liaison with the Communications Team;
- conversations and experience gleaned through joint working with stakeholders throughout 2016-18; and
- comments and interaction on social media.

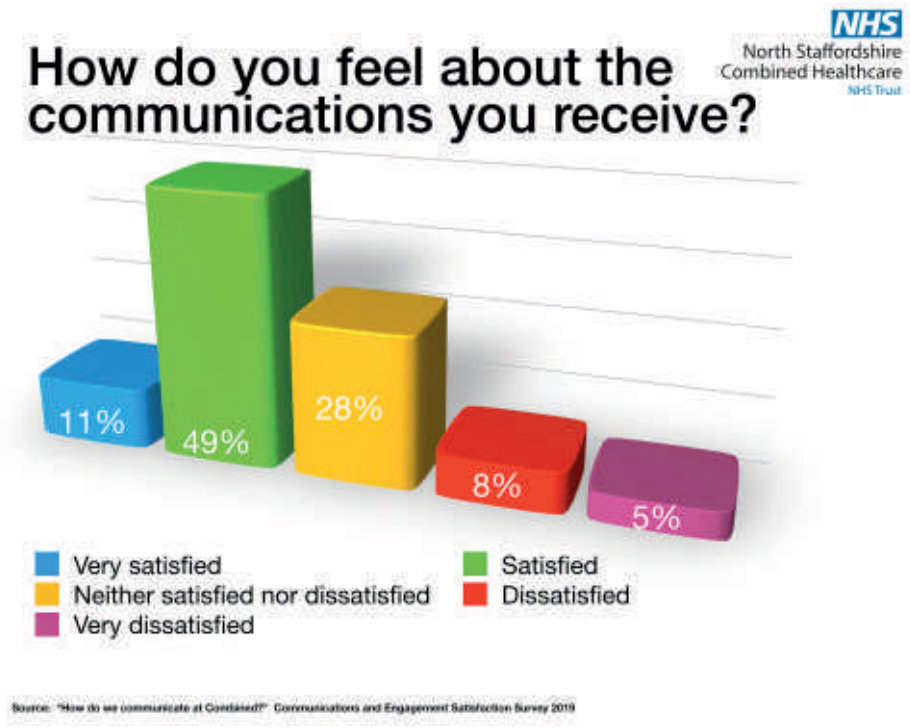
These showed:

- the fundamentals of the Trust's existing communications and engagement approach as set out in the Communications Strategy were sound and fit for purpose;
- there were areas of particular strength that are valued by stakeholders and partners, in particular support and promotion for the role of the Service User and Carer Council and the Youth Council;
- the improvements made during 2017-18 had been welcome, in particular an improved public website, introduction of e-newsletters and greater use in-house of video and social media; and
- some aspects of the communications infrastructure were in need of urgent attention, in particular a need for a new Intranet.

Combined Communications Satisfaction Survey

The Strategic Review built upon these insights, particularly through the results of a Combined Communications Satisfaction Survey involving staff, service users and stakeholders and carried out during July 2019.

There were high levels of overall satisfaction with communications received from Combined Healthcare:



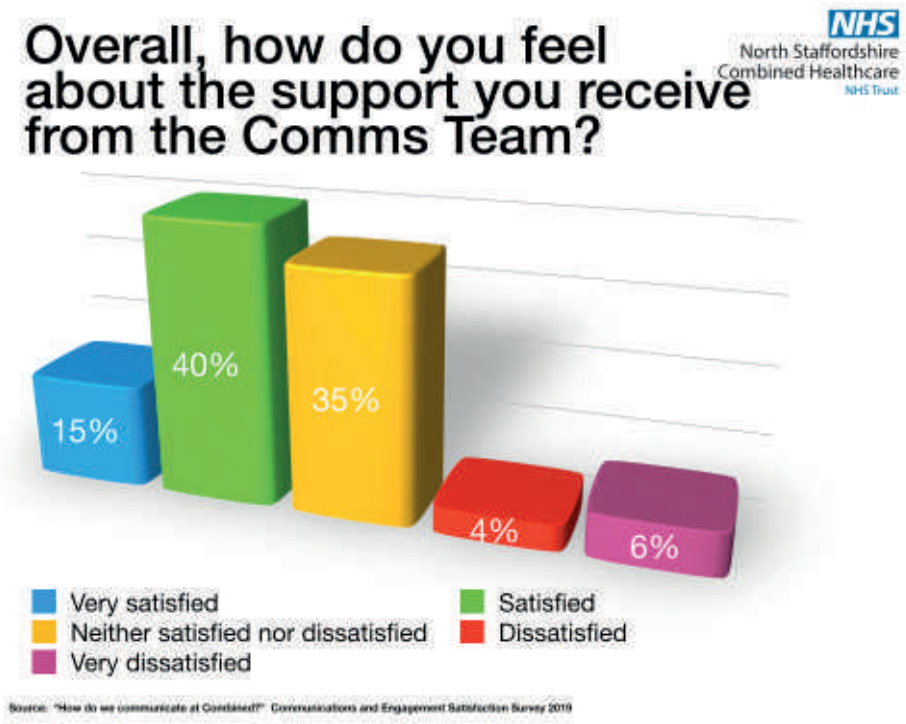
"The team are very responsive and supportive" Care Home Liaison Team

"The Combined Comms Team are the most approachable, helpful, innovative, passionate and forward-thinking communications team I have worked with" OD and Education Team

"We work with Combined to ensure consistent shared messages about services are delivered to the public, when responding to press enquiries or promoting services. We find the communications team responsive and helpful" Stoke City Council Pubic Health

"I think that there are a lot of comms that could go out centrally but often response has been slow due to demand / resource issues...I would like more clinical/front line information shared rather than just Top Down" Harplands Acute Wards

There were high levels of overall satisfaction with support from the Communications Team:



"Good selection of ways of communication both internally and externally and good use of social media"Service Manager

"Relevant information is received where necessary. It is also good to see representation from communications at some meetings to facilitate what is shared as outcomes from those meetings e.g. the recent power outage" Intensive Support Team

"The comms team are often relying on staff giving them content for any comms to go out which takes time.. .so Twitter often seems to provide better snapshot info re what's happening in the Trust as its quicker for staff" Patient Safety Manager

"You can never tell us everything but I like the positive vibe that comms have adopted. It's good for morale" Mental Health Liaison Team

There was a strong theme that came through of the value that is particularly attached to products and services that provide information and celebrate achievements about frontline teams.

The need and desire for greater information and support relating to content and operations of frontline teams - as well as an ever greater focus on surfacing and celebrating achievements and activities at the team and directorate level - also came through strongly in the ranking of future ideas in the pipeline.

Which of these ideas in the pipeline would be of most interest/use to you?

NHS
North Staffordshire Combined Healthcare
NHS Trust

Pipeline idea	Weighted average score
Greater information about teams on Intranet and Website	3.88
Staff Directory	3.78
Wider range of templates / guidance to enable Teams to create their own materials	3.65
Greater access to Trust corporate policies / procedures	3.63
Events Calendar	3.49
Desktop messaging to Trust laptops	3.29
Greater use of videos to promote Teams and Trust	3.17
Greater use of Podcast to promote Teams and Trust	2.98
Easy read versions of Annual Report and Quality Account	2.98
Social Media Training / Support	2.87
Stakeholder Mapping / Engagement support	2.81
Digital versions of Annual Report and Quality Account	2.56

Source: "How do we communicate at Combined?" Communications and Engagement Satisfaction Survey 2019

Having:

- reviewed and reaffirmed that the existing Objectives, SMART Goals and Outcomes remain fit for purpose;
- taken stock of the continuous process of improvement in capabilities and outcomes achieved over the past 3 years;
- been prescient of the significantly changed future landscape and context in the light of the successful achievement of CQC Outstanding rating and the arrival of a new Executive Team; and
- considered the views of staff, service users and stakeholders contained in the Satisfaction Survey

the Strategic Review therefore proposed:

- keeping what works;
- prioritising areas needing attention; and
- identifying where a small measure of recalibration could be beneficial.

Keeping what works

The Strategic Review avoided proposing change for change's sake and kept what has been proven to work, specifically by:

- reaffirming the overall strategic objectives set out in the 2016 Communications Strategy;
- confirming the SMART goals and outcomes contained in the 2018-20 Delivery Plan; and
- noting the overall positive endorsement by frontline staff, service users and stakeholders of the Communications Team function, support and performance.

Priority areas for attention

Reviewing progress in implementing the 2018-20 Delivery Plan, and taking into account the findings of the Satisfaction Survey, the Strategic Review suggested the following areas needed priority attention and have been actioned during the year:

- introduce a new staff directory and events calendar on CAT;
- a particular focus on supporting recruitment and retention;
- increase promotion and profile of contribution made to Combined by our consultants and medics, partnership with universities, student placements and research activities;
- improve the current function on CAT for supporting Trust Policies and Procedures;
- improve profile and promotion of the overall Trust's overall commitment and actions to being open, including Freedom to Speak Up Guardians and Dear Peter;
- improve the quality and currency of information available about Trust Teams and the new locality structure on both CAT and the Trust public website;
- increase the use of video, digital and social media friendly material and content;
- develop a comprehensive set of core templates, style guides and support materials to enable Teams to be more self-sufficient within brand guidelines;
- complete implementation of active listening and engagement, via a LEAP Programme underpinned by MOOD;
- support Trust senior leadership in their role and activities in system-wide integration; and
- develop the potential of the MOOD solution to support key aspects of Trust operations (in particular the new Partnerships Strategy).

Recalibrating where beneficial

Taking into account the changing landscape and organisational context within which Combined is operating compared with 2016-2018, together with the findings of the July 2019 survey, the following recalibrations would suggest themselves to be beneficial:

- an even greater emphasis on promoting and celebrating team and directorate level activities and achievements;
- a higher profile amongst locations other than Lawton House and (to a lesser extent) Harplands Hospital, using them to reinforce key messages, values and behaviours, involvement in initiatives such as NHS staff survey, flu campaign and others;
- a greater emphasis on the role of the Communications Team in supporting self-sufficiency and developing proficiency and activity by frontline teams and individuals, compared with centrally producing material - including greater understanding and use by frontline staff of video, social and digital media and content;
- an increased emphasis on the role of the Trust Intranet and public website for day to day news promotion, augmenting social media activity;
- a greater exploitation of existing material through making them available by default via social and digital channels (e.g. introducing Slideshare into our channel portfolio and more use of livecasting/ recording);
- a greater emphasis on the day to day stakeholder management, public affairs and engagement elements of the Communications Team's function; and
- a particular focus on building up audiences and take-up of "push notification" channels (e.g. Twitter, Facebook, LinkedIn, Podcast, Slideshare and e-newsletter)

Content and Channels

We deliver regular content via a range of channels and services. These have grown in number, popularity and use as they have been introduced, but to date the Trust had not taken a step back and taken a look at them in their entirety or developed channel-wide strategic improvements and approaches. The Strategic Review gave us the opportunity to do so, resulting in four channel-wide proposals:

- greater use of striking digital content
- greater ownership and content suggestion from frontline teams
- analytics and audience
- 'Event-triggered' communications

Trust Board Meetings

We have introduced the following innovations to improve impact and visibility of our Trust Board meeting and provide concrete evidence of our continuing commitment to promoting openness and participation.

- record the opening sections - Chair's Report, CEO Report and REACH Awards - and then make them available as video content across our channels
- "Ask the Board" - introduce a facility for the public to ask a question of the Board via a webform or dedicated e-mail address up to 48 hours before the Board meeting. This would give the Trust the opportunity to prepare a response that can be provided in writing and also read out in the video section of either the Chair's Report or CEO Report.

Strategic Shift

The overall thrust and intent of the Strategic Review went beyond specific goals and outcomes. It provided a coherent, integrated approach which is designed to achieve a Strategic Shift in the way we approach our communications and engagement. We believe the starting point for this Strategic Shift is to adopt a whole new mindset towards communications and engagement. And we believe social media is particularly well suited to driving this changed mindset. We call it changing from Broadcasters to Communitarians.

At the heart of our strategy lies the concept of Active Listening. This can also be described as "listening and engaging for a purpose".

A key plank of our updated Communications Strategy is a determination to ensure that people shouldn't be forced to come to us to find out information, give their views and opinions, nor to make their voice heard. Instead, we will make strong efforts to go to them and enable them to proactively receive communications from us.

We have begun to increase both the depth and the width of our engagement reach. In particular, we are pursuing two aims:

- increase the number of people with whom we engage within those organisations with whom we are already engaged; and
- increase the range of organisations and individuals with whom we engage, in particular going beyond the normal NHS 'family' to engage people in their wider lives and activities.

The very best at NHS social media

An ambition to be the very best at NHS Social Media is a key part of our Communications and Engagement Strategy. As part of our Strategic Review, we objectively assessed our current social media capability and maturity against the NHS more widely using a specialist tool - the Social Media Capability Assessment. Our benchmarking results assessed us favourably against the average as being at Medium Maturity. We are implementing detailed plans to reach the highest rating - Exemplar

LEAP and CHASE

We continue to develop two key programmes - LEAP and CHASE - to transform our engagement with stakeholders, service users and partners - at local, regional and national levels.

Listening & Engagement Active Partnerships (LEAP) are a tool and an approach to help make a reality of Active Listening. There are two aspects to LEAP:

- a formalised agreement between Combined Healthcare and relevant local, regional and national stakeholder organisations committing to inform and involve each other in campaigns, research activities, communications and social media activity; and
- a disciplined business process - building on the traditional 'You said, We did' approach - whereby each item of listening or feedback is analysed to identify whether or not something specific is being suggested or requested and - if so - adoption or rejection of each suggestion is logged in the Trust's MOOD tool, tracked and fed back to the original proposer upon completion or rejection.

The Commmunications Team is working together with the Trust's Partnerships and Strategy Team to jointly deliver a Partnering Strategy as part of our new **Combined Healthcare Active Stakeholder Engagement (CHASE)** programme, with the aim of:

- having all our key partner and stakeholder knowledge and information held securely in one place, reusable at the same time in different contexts or campaigns, many times over and accessible to all who need it;
- ensuring our campaign, partner and stakeholder intelligence is integrated across the Trust and easily understood;
- ensuring we hold only the specific targeted information about only the people or organisations we are interested in; and
- ensuring that our partner and stakeholder intelligence is clearly and intelligently mapped to specific desired results and multiple contexts and campaigns.

Staff, Service User and Carer Stories

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

Examples over the year included:

- **Volunteer Peer Mentors** - The Volunteer Peer Mentor Scheme is for anyone with a lived experience of mental health issues who can use their personal experiences to develop meaningful and trusting relationships with people, acting as a mentor and role model;
- **Thea's Story** - Following a suicide attempt, Thea was supported to access appropriate voluntary sector mutual support services and went on to then volunteer in supporting others;
- **Clare's Story -** her experience of North Staffordshire Combined Healthcare's Autism Spectrum Assessment Service;
- **Observe and Act**- a programme enabling us to engage service users in observing and providing insight on our services and facilities, leading to agreed actions that frontline teams can take to improve; and
- **Martha's Story** - Martha has Williams Syndrome, a developmental disorder that affects many parts of the body.

"Combinations" Podcast

Our Combined Healthcare Podcast – called 'Combinations' and accessible for free at https://soundcloud.com/nhscombinations and free subscription on iTunes and Spotify. It remains unique in being a podcast delivered by a NHS mental health provider, specifically dedicated to providing a platform for frontline staff and service users to share their stories, insights and experiences.

The first Episode was launched on 7th February 2019 to coincide with national mental health "Time to Talk Day" and since then has attracted over 3,500 listens.

During the past year, episodes have included:

- **Cristian Montaño tells fans "it's ok not to be ok"** - On the eve of the biggest game of his life, as Port Vale prepare to take on Manchester City at the Etihad Stadium, one of the Vale's biggest stars, Cristian Montaño, talks candidly about the pressures of the game and how he overcame his own issues with mental health by being brave enough to talk to his family about the problems he was facing;
- **Freedom to Speak Up Champions** - To sign off national Speak Up Month 2019, we hold a conversation with Zoe Grant, our Freedom to Speak up Guardian and our Freedom to Speak Up Champions. By having Freedom To Speak Up 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;
- **Matt Johnson and the Trust's vision for Psychology** - the Trust's Head of Psychology talks about our plans for psychological services, the vital role our psychological professions play across the whole of Combined Healthcare, our valuable and valued partnership with Staffordshire University and our vision for the future;
- **Talking about suicide - World Mental Health Day 2019** - Lesley Whitaker and Sue Slater from Combined Healthcare discuss the particular risk factors and demographics relating to suicide in Stoke-on-Trent and Staffordshire. They also talk of the STP's plans to introduce trainers across the whole of Stoke-on-Trent and Staffordshire using a "train the trainer" approach, to equip people working in mental health, the wider NHS, local government, primary care and education to spot suicide risk factors and help prevent suicide; and
- **World Alzheimer's month** - To celebrate and raise awareness of World Alzheimer's Month this September, we spoke to Debbie Scragg and Emma Daniels from the Memory Clinics Service about the invaluable work they do and they tell us a little bit more about what Alzheimer's is.

Our response to Coronavirus

Towards the very end of the reporting period for this Annual Report, the Trust, its management and frontline staff rose magnificently to the challenge of Coronavirus.

Covid Staff Updates

From 11th March, we provided regular updates, guidance and advice to our staff from our Executive Director of Operations, Jonathan O'Brien. We also used my CEO Blog to reinforce our support and admiration for the fantastic efforts of our staff.

Recognising that many of them would be working remotely or may not always be in a position to access the internal network or e-mails, we made them available on our public website as well, so they would always be accessible and available. This also maximised our openness and transparency to our local community. The updates in many cases linked to underlying material on our CAT Intranet. Any member of staff not able to access them from their device could e-mail the Covid Team to request a copy. Amongst the items on which we provided information, advice and guidance, were:

- Recording Absence
- Inpatient Guidance
- Categorisation on EASY/ESR
- Covid-19 flowcharts
- Communications for Nursing and Midwifery Staff
- Isolation Procedures
- Personal Protective Equipment (PPE) Availability
- Staff Support / HR Measures
- Patient Visiting Times / Restrictions
- Mobile Messaging
- Video Conferencing
- Telephone and Video Consultations
- Working from home
- Cyber Security
- Service Continuity Arrangements
- Home working – risk assessments
- Payroll information
- Uniforms and Workwear
- Personal Protective Equipment (PPE)
- Consultant On-Call
- Working From Home and Out of Hours
- Carrying over Annual Leave
- Section 17 Patient Leave
- Supporting our junior doctors
- Clinical Professional Advisory Group
- Practice Education

We also used our website to provide our local communities with the most up to date advice and guidance from the Government, NHS England and Public Health England. We published guidance and resources for our local communities to enable them to understand Covid and how they can keep themselves safe, with specific advice for older people, parents, children and young people, and those with a learning disability or autism.

Service Assessment

We undertook an assessment via line managers and team leaders of all services of the caring responsibilities of staff, the ability to work flexibly and alternative solutions that staff may be able to offer to ensure that services can keep running for our service users. This assessment exercise was undertaken through the Directorate structures and all staff worked with their line managers to complete this assessment.

Where it was possible and appropriate for staff to do so, we supported them to work remotely or from home. However, we recognised there are many of our services or elements of services that we must keep running for our service users and the wider health economy. We deemed these "critical services" and the maintenance of these was the Trust's priority in terms of resources and staff deployment.

Staff health and wellbeing

Protecting the health and wellbeing of our staff is one of the most important duties of the Trust. That is true in normal times, and even more important in these uniquely challenging times.

Our Executive Director of Workforce, OD and Inclusion, Shajeda Ahmed, was supported by her team, our Communications Team and the Trust's Head of Psychology, Matt Johnson, to produce a whole range of advice and resources to enable our staff to support themselves and those in their teams who they line manage.

In addition, for those staff without easy access to our Intranet, we highlighted the further advice, support and links to resources available via the national NHS England People portal.

We continued to do everything we can to support our staff who have to be in the workplace. Our 'Rainbow Suite' was a fantastic new resource, made available at our Harplands Hospital site, includes a relaxing lounge, with a wonderful outside garden, showering facilities and kitchen, including a large freezer, fully stocked with frozen ready meals and ice cream and lollies to help during hot weather.

We recognised that sometimes, our staff might simply need to speak to someone. We flagged up that the NHS had introduced a confidential staff support line, operated by the Samaritans and free to access from 7am–11pm, seven days a week.

We set up a specific COVID Support Helpline so staff could speak to members of the staff counselling team as and when they require. During lockdown, the counselling service followed social distancing guidance and conducted counselling sessions virtually through video calls. Those that don't have access or feel comfortable using this technology, could also carry out sessions over the telephone.

We were proud to stand alongside each other as we lined the reception and corridor at Harplands Hospital to deliver a "Clap Out" tribute to our colleagues on Ward 7. Our amazing video of this very special moment received over 7.600 views on our YouTube channel, which makes it by far the most popular piece of social media we have ever produced.

Innovation in times of crisis

Innovation is one of the three key building blocks that we believe make up an Outstanding organisation. So it was no surprise that we concentrated on harnessing innovation in these times of crisis. This included

- moving significant parts of our business from a largely buildings- and desk-based operation to virtual and cloud-based;
- replacing staff face-to-face meetings with online and digital;
- introducing video consultations between service users and clinicians;
- equipping scores of teams with the most up-to-date laptops and mobile devices to facilitate federated working;
- significantly reducing our carbon footprint through slashing the number of car journeys needed to get our people to work;
- introducing Exec Drop-Ins Online to maintain the momentum and welcome for our new Exec Drop-In face to face sessions; and
- introducing enhanced service user risk assessment processes to ensure we maximise the effectiveness of our service offer.

Doing all of the above was a massive undertaking and gave us the opportunity to really 'think big' about what we can achieve when we combine confidence with determination. We remained conscious that these ideas were being trialled and piloted and we made clear we would wish to learn from what works and adjust where necessary. We were also aware that coming out of the current situation and returning to a "new business as usual" would not be without significant risk.

Combined...United

Our health and wellbeing approach is directly linked to staff morale, as there is no better way to boost morale than to recognise and celebrate our amazing achievements during difficult times.

At the start of the Covid challenge, we launched our Combined United initiative with the aim that "over the coming days and weeks we hoped to build a lasting tribute and record of the extraordinary things we are doing and all we are going to do."

After just the first six weeks, there were over 100 tributes available on the Combined United Hall of Fame, received from frontline staff, managers, stakeholders and service users.

'Combined…United' was made freely available on our public website and open to anyone – whether they worked for Combined or not. Anyone who wanted to do so can use an online form to provide their own message of appreciation for something being done by an individual or a team. It could be anything they like, big or not so big. It could be that they simply want to say "I really value what you do and how you do it". Or a message of support and encouragement. Or maybe they might want to give a public profile for something being done that otherwise might go unnoticed.

We had great traction on social media, in particular Twitter, the Trust Facebook Page and LinkedIn, where staff and service users were able to further share and amplify their admiration and support for one another. The words of support and admiration for each other on Combined United is a continuing testament to what a great place Combined Healthcare is. The Communications team produced an analysis that summarised the key words and phrases people were using to each other. Not surprisingly, amongst the highest appearing words were:

- NHS;
- team;
- staff;
- support;
- patients;
- care;
- ward;
- service;
- working; and
- challenging.

Support for BAME colleagues

We applied additional measures to protect our staff from BAME (Black, Asian and Minority Ethnic) backgrounds during the coronavirus pandemic, in response to reports from Public Health England which show that these groups of people are more likely to be adversely affected by COVID-19.

The Trust implemented various changes to support and protect all staff, and strengthened its infection prevention procedures, including offering single-use prayer mats and disposable religious headwear. We also offered Risk Assessments to identify any potential factors which may increase their risk, free health check appointments with occupational health, and dedicated health and wellbeing resources on the intranet.

Our aim was to do whatever we could to ensure our staff felt safe, healthy and supported during this challenging time. We also worked closely with the national NHS work stream, which is specifically looking at what can be done to support BAME NHS workers and also BAME local communities.

Our Assistant Chief Executive, Tosca Fairchild, headed a new charity campaign highlighting the racial abuse suffered by NHS staff. Show Racism the Red Card – of which Tosca is the national Chair – is launched a video on 1st May which followed the stories of frontline NHS staff as they recounted their experience of racial discrimination at work.

Support for our local community

We responded to the challenges that different groups of society may have been facing during the coronavirus pandemic by creating a support guide, providing tailored advice to adults, children and people with learning disabilities, recognising their varying needs.

The thoughtful guide was carefully prepared to provide safety advice, tips on maintaining health and wellbeing and useful support services available for each group. Matt Johnson, Head of Psychology, led on the production of the guide, entitled 'Looking After Your Health And Wellbeing: Support Through The COVID-19 Crisis'.

The digital document was split into three main sections, with a combination of information and resources for the following groups:

- Parents, children and young people
- Adults and older people
- People with a learning disability or autism
- General resources for updates at both local and national level

Ask the Board Online

We were proud to go live with a new online facility as part of our ongoing commitment to openness, transparency and innovation The new facility is called "Ask the Board Online" and was a key recommendation of the Trust Strategic Review of Communications, agreed by the Trust Board in October 2019.

Using this new facility anyone can use the webform to make a comment or suggestion or ask a question in advance of each Open Trust Board meeting. A response is provided as part of the Chair's Report to the Board meeting. From January, a video recording of this section of each Open Trust Board meeting had been made available shortly after the meeting has taken place.

By combining the new "Ask the Board Online" facility and video archive of Board proceedings, anyone can obtain a public answer without having to physically attend the Board meeting. This will be particularly helpful to anyone who would find attendance difficult, either because of disability or other personal or work commitments.

This will build over time an archive of previously asked questions and responses, together with a link to the relevant filmed response. Anyone can search all responses or filter by the name of the person asking the question – the "Your Name" field and/or the Board meeting where the question was asked and responded to.They can also do a full word search of any comments, questions or suggestions.

The first questioner to use the new facility was local health campaigner Ian Syme, who asked the Board about mental health support for local health and social care staff. Welcoming the new initiative, Ian said:

"I really welcome this initiative. Openness, transparency and accountability are fundamental in creating and maintaining trust between institutions that provide our public services and those whose duty it is for them to serve and who may need now or in the future to use those services.

"As a publicly funded service through general taxation, it is also fundamentally correct that every one of us who funds the NHS is able to ask questions of it and be seen to get an answer.

"This is true in normal times. It is even more important at times of extreme crisis and unprecedented challenge that we are living through today."

Our people

Building Capacity and Capability.

In 2019 we focused on refreshing our people strategy and undertook extensive engagement with our staff to ensure that we were maximising our impact We moved towards creating a vision which all in the organisation has a part in and can see their contribution. We reviewed our strategy and have now re-launched our new Combined People Strategy (2020-2025).

We engaged with our staff to shape our people strategy, mindful of the link to national people strategy delivery to make sure we are moving collectively towards a streamlined overarching NHS approach. We took a more innovative approach, creating an interactive online version of our strategy to strengthen engagement and connection between the strategy and our people.

We open the strategy by making an overarching commitment to our people:

OUR COMMITMENT TO YOU….We will strive to provide every person working in our Trust an understanding of the following….

Shared Purpose	Clarity of what we need to achieve and how we need to behave. Clear understanding of how your role fits into the bigger picture of supporting the delivery of excellent care and achieving our Trust vision
Autonomy	You feel empowered to make decisions based on your knowledge and skill level. You are encouraged and supported to challenge the norm and identify improvements you can make to the way you work and deliver care
To be Excellent	You are encouraged to develop your knowledge, skills and behaviour to reach and maintain a level of excellence your role You are supported throughout your career journey by having open, honest and compassionate conversations about your career aspirations, exploring your suitability, potential development areas and potential support required to develop yourself professionally and personally

Instead of priorities, we make the following 4 promises;

1. Inclusive Culture; "We will create an inclusive and empowering culture"
2. Health and Wellbeing; "We will support your health and wellbeing"
3. Engagement; "We will listen to you"
4. Sustainable Workforce; "We will support you to be excellent"

All of our activity now focuses on supporting these 4 promises, ensuring we are making Combined an even better place for our people to work.

Achieving our strategic goals in our People Strategy will help us to build our capacity and capability. An important element is addressing inequalities and developing a more diverse workforce by creating a more inclusive culture.

Another important element is strengthening our relationships with strategic partners across the system to explore more opportunities for collaboration, utilising more knowledge, expertise and resources across the system in a more efficient way.

Workforce

We employ 1,402 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

We introduced our Inclusion Council, chaired by our Chief Executive, Peter Axon. This forum provides a voice for each of our staff networks, who we support and work closely with.

Some of the activities that have come from the inclusion council and our various staff networks include; changes to policy, unconscious bias training for all staff, reverse mentoring programmes and numerous conferences.

These networks are invaluable for helping us to further develop our inclusive culture and realise our ambitions of equality and a workforce that represents our local communities, throughout all levels of the organisation.

We have been on a journey of staff engagement for 6 years, building, developing and strengthening our engagement culture each year.

We started by introducing Listening into Action (LiA) which was a Trust wide approach to engagement, creating fantastic demonstrable results, helping to influence staff engagement culture at an organisational level.

We built on this by running a 'Towards Outstanding Engagement' cohort of 16 teams which 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 primed the organisation for the next stage in our journey, which saw the appointment of 6 Quality Improvement Matrons as a result of an organisational restructure to develop our teams and services around locality based areas.

Our Quality Improvement matrons have been leading a number of quality improvement projects and initiatives across the Trust resulting in improvements to services and improved quality of care, whilst also helping to improve team engagement and performance of teams.

With the support of the Organisational Development team, the Quality Improvement matrons have developed and strengthened the leadership offer across the Trust through their activities and developing a quality improvement approach across the Trust.

During this journey of engagement, we have seen our national NHS staff survey engagement scores move from one of the lowest scoring Mental Health Trusts to above average, with year on year improvements showing a rising trajectory.

We now score above average in all of the 11 staff survey domains and we are either the highest scoring (or joint highest scoring) in our benchmark group for 3 of these domains, which include;
Equality, diversity and inclusion
Safe environment (Bullying and harassment)
Team working

We recognise the importance our cultural development and engagement activity has played in these vast improvements and continue to value and invest in these activities to improve the working environments for our people and the quality of care we provide to our local communities.

Leading with Compassion

This award winning scheme provides 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 receives a Trust designed personalised badge and card. Our nominations are then themed into the different ways in which compassion was shown.

We have an NHS compassion website 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 a total of 1,768 nominations from across the Trust.

This recognition scheme really helps to create awareness and reinforcement necessary to keep our continued development of a compassionate culture at Combined.

Proactive stress management and resilience approach

Our Staff Support and Counselling Service provide a comprehensive range of services in addition to traditional counselling/therapy. This enhanced range of services are designed to foster resilience, reduce the negative impact of stress and include preventative measures and developing self-care plans to support stress. The service provides psychological first aid and psychological debriefing support following distressing, stress or untoward incidents. Our Critical Incident Stress Management programme of training for staff involves training staff in how to offer early interventions and support to colleagues with an emphasis on fostering resilience and self-care.

Leadership and management development

Following the launch of our new People Strategy, we reviewed our talent management approach, our leadership development offers at each stage in our talent pipeline and we are revamping and strengthening these further for 2020/21, whilst working with system partners for collaborative opportunities and making full use of apprenticeships.

Through our role leading the Organisational Development and Leadership enabling workstream, we also launched the first national pilot for the 'High Potential Scheme' which aims to attract, select and develop talented senior members of staff into the leaders of tomorrow. This scheme resulted in 2 members of our Trust being selected and enrolled onto the programme following the intensive application and assessment centre process. This scheme further strengthens our talent pipeline for leadership development.

Through this same work stream we have delivered Stepping Up cohorts to nearly 100 BAME aspiring leaders across the system and we are continuing to provide support to this group through our system-wide alumni with bi-annual events.

During 2019-20, we delivered 2 cohorts of a new co-designed 12 month long In-Place leadership programme, tailored to the needs of our new senior leadership cadre, following our organisational restructure to a locality based model. Participants received monthly support over the 12 months through bi-monthly workshops with alternating bi-monthly facilitated action learning sets. The purpose of the programme was to develop the skills and expertise required to lead and manage teams in new ways to support the successful transition to locality based working.

To provide further support to our senior leadership cadre, we strengthened our Leadership Academy offer, expanding membership, focussing more on self-directed group development and engagement, inviting external speakers who are leaders in their fields. An example includes Professor Marlow Rowle, who inspired us to develop our approach to diversity and inclusion.

We also introduced a new set of talent metrics into our electronic appraisal system that will enable us to more effectively identify and manage talent more effectively and strengthen our succession planning.

We continued delivering our People Management Programme which is a modular scheme that develops our managers and aspiring managers in multiple aspects of their management competency.

Recruitment and Retention

Recruitment and retention continues to be a major focus for the Trust and in the last 12 months we are delighted to have seen a significant reduction in both our vacancy and turnover position.

However, 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, one stop shop recruitment campaigns and Assessment Centre approaches. As a result of our enhanced electronic appointment system -TRAC and continued service developments we have also seen a significant reduction in 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.

Coaching

We have an internal pool of 17 qualified coaches. Our coaching community access regular CPD and supervision to maintain and develop their coaching skills. Our coaches provide development support to managers and staff across the Trust to help them increase their performance and achieve their goals.

In addition to providing internal coaching support to staff at Combined, a few of our coaches have undertaken development on behalf of Together We're Better Staffordshire and Stoke-on-Trent STP to train as careers coaches to support participants of the first national cohort of the High Potential Scheme. This system-wide coaching community is a valuable move towards further collaboration in OD and Leadership between our partner organisations in Staffordshire.

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 afforded by the ability to link into other learning platforms.

In 2019 we added an Appraisal Module to the LMS, which means that every staff member has an annual Appraisal and regular updates throughout the year which is now recorded and accessed through their own LMS account. Through their account they can now easily access and complete e learning and book onto classes to complete their Statutory and Mandatory education as well as a large number of other educational and development opportunities.

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.

Apprenticeships and New Roles

In 2019/20 we have continued to develop our apprenticeship offer. 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 an additional 7 different types of apprenticeships being undertaken in 2019/20 including those in finance, clinical areas, estates and leadership and management. We now offer apprenticeships at all levels, from a level 2, which is the equivalent to GCSE's through 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 also explored different delivery models, with our first apprentices commencing who are undertaking apprenticeships primarily through virtual classrooms to enable greater flexibility to the apprentices learning experience. The BKSB e learning package for functional skills has been introduced to enable staff who wish to apply for higher apprenticeships to work towards the necessary maths and English entry qualifications where they do not already hold them, to enable them to progress further within their careers.

We continue to have apprentices in shared cohorts with partner organisations. This maximises apprentice learning experiences and supports enhanced understanding and networking across organisations within the health economy. We have appointed 2 HCSW apprentices as part of the STP Health and Social Care Graduate rotational scheme, with apprentices undertaking placements in a variety of health and social care settings across the health economy. Additionally, we are supporting 2 organisations with their apprenticeship offer through the Levy Transfer scheme, promoting the implementation of apprenticeships in smaller organisations locally.

The continued focus on apprenticeships supports the implementation of new roles and helps to develop career pathways, enabling staff to progress further within their chosen field. We continue to explore the implementation of new apprenticeship routes into registered posts including physiotherapy and occupational therapy and review new apprenticeship standards as they become available to ensure our apprenticeship offer remains current and relevant.

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 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 Workforfce Disability Standard (WDES), 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/diversity-and-inclusion/.

Throughout 2019-20, the Trust has have been working to raise the profile and reduce stigma in relation to disability, and to encourage our staff to declare when they have a disability (whether hidden or otherwise).

We have successfully increased the number of staff reporting a disability from 34 (March 2019) to 96 (March 2020) and have attracted sufficient interest to now establish a Positive About Disability Staff Network in addition to our Neurodiversity Staff Network (established in May 2019) for staff with an interest in autism, Asperger's, dyslexia, dyspraxia, stammering and other neurodiverse conditions.

Our HR team work closely with individuals and their line managers who have or develop disability and/or ill health, to ensure that they have access to appropriate assessments and workplace modifications as may be indicated to support them in carrying out their roles. This support might include: training, equipment, flexible working, role adjustment, redeployment, or other adjustments.

Gender distribution of staff

Executive Directors and NEDs.

Female	7 (46.6%)
Male	8 (53.3%)

Senior Managers (includes Associate Directors, Clinical Directors, Chief Information Officer, Heads of Service, Deputy Directors, Quality Improvement Leads (NEDs and Executive Directors excluded)

Female	22 (75.9%)
Male	9 (24.1%)

Others (excluding all the above)

Female	1295 (79.3%)
Male	338 (20.7%)

Trade Union Facility Time

The Trade Union (facility time publication requirements) Regulations 2017 came in to force on 1 April 2017. In line with regulation, all employers must publish information on facility time, which is agreed time off from an individual's job to carry out a trade union role on an annual basis.

The Trust has worked closely with our staff side Trade Union colleagues who have been providing this information on a quarterly basis.

This report details North Staffordshire Combined Healthcare NHS Trust's position in accordance with the new legislation in order for this information to be published on the Trust's website by 31st July 2019.

The information relates to four points:
– Relevant Trade Union Officials
– Percentage of time spent on facility time
– Percentage of pay bill spent on facility time
– Total paid facility time spent on paid trade union activities

Reported Trade Union Facility Time

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

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
4	3.17

Percentage of time spent on facility time

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

Percentage of Time	Number of Employees
0%	1
1%-50%	1
51%-99%	1
100%	1

Percentage of pay bill spent on facility time

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

First Column	Figures
Provide the total cost of facility time	£ 41,714
Provide the total pay bill	£ 55,947m
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x 100	0.07%

Total paid facility time spent on paid trade union activities

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours) x 100	13%

North Staffordshire Combined Healthcare NHS Trust's Response to the Requirements of the Modern Slavery Act 2015

Definition of Offences

SLAVERY, SERVITUDE AND FORCED OR COMPULSORY LABOUR

A person commits an offence if:
- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or;
- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

HUMAN TRAFFICKING

A person commits an offence if:
- The person arranges or facilitates the travel of another person (victim) with a view to being exploited.
- It is irrelevant whether the victim consents to travel and whether or not the victim is an adult or a child.

EXPLOITATION

A person is exploited if one or more of the following issues are identified in relation to the victim:

- Slavery, servitude, forced or compulsory labour
- Sexual exploitation
- Removal of organs
- Securing services by force, threats and deception
- Securing services from children, young people and vulnerable persons
- North Staffordshire Combined Healthcare NHS Trust ('the Trust')

The Trust's Statement of Response:

In accordance with the Modern Slavery Act 2015, the Trust makes the following statement regarding the steps it has taken in the financial year 2019/20 to ensure that Modern Slavery (i.e. slavery and human trafficking) is not taking place in any part of its supply chains.

The Trust is committed to ensuring that there is no Modern Slavery or Human Trafficking in our supply chains or in any part of our business.

We are committed to social and environmental responsibility and have zero tolerance for Modern Slavery and Human Trafficking.

Any identified concerns regarding Modern Slavery and Human Trafficking are escalated as part of the organisational safeguarding process working in conjunction with our partner agencies.

This statement confirms that:

- The Trust adheres to the National NHS Employment Checks / Standards (this includes employees UK address, right to work in the UK and suitable references)
- The Trust has systems to encourage the reporting of concerns and the protection of whistle-blowers
- A review is undertaken of all safeguarding referrals via the Trust incident reporting system and presentation of data is shared at Trust Safeguarding Governance and Patient Safety Committee
- The Trust Safeguarding Adult Policy 1.12b identifies and defines human trafficking and the response, which will be coordinated under the Safeguarding Adults process and the led by the police who are the lead agency. (A national framework is in place to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism
- The referral process for adults/ children at risk would be the appropriate safeguarding referral process. Our recruitment and payroll systems comply with NHS employment checks and Asylum and Immigration Act (1996 and 2016) requirements (i.e. people bought into the country illegally will not have a National Insurance number)

During 2019/20

The Trust aims to be as effective as possible in ensuring that Modern Slavery and Human Trafficking is not taking place in any part of its business or supply chains, and in addition to the above actions, measure its performance against the following indicators:

- The Trust endeavors to build long standing relationships with our suppliers and make clear our expectations of business behaviour.
- Where national or international supply chains are used, we expect these suppliers to have suitable anti-slavery and human trafficking policies and procedures and where there is a risk of Slavery and Human Trafficking taking place, steps have been taken to assess and manage that risk.
- Develop a level of communication with the next link in the supply chain and their understanding of, and compliance with, our expectations in relation to the NHS terms and conditions. These conditions relate to issues such as bribery, slavery and other ethical considerations.
- Working in partnership with Multi-Agency partners leading on this agenda in Staffordshire, the Trust is represented on the Staffordshire Safeguarding Adult Partnership Board (SSAPB).
-

This statement is made pursuant to Section 54(1) of the Modern Slavery Act 2015 and constitutes our organisation's Modern Slavery and Human Trafficking statement for the financial year 2018/19.

Counter fraud, bribery and corruption

The Trust has in place effective arrangements to ensure a strong counter fraud and corruption culture exists across the organisation and to enable any concerns to be raised and appropriately investigated.

These arrangements are underpinned by a dedicated Local Counter Fraud Specialist and a programme of counter fraud education and promotion. The fit for purpose of these arrangements is overseen by the Audit Committee which has confirmed them as being effective and proportionate to the assessed risk of fraud.

In the last 12 months, KPMG LCFS have:

- continued to support the Trust's monthly induction programme;
- undertaken a further fraud awareness session with finance staff;
- followed up the recommendations made in their Fraud Risk Assessment issued last year noting that the recommendations have been implemented;
- reviewed the Trust's conflicts of interest and the level of declarations of interest received. This was as a result of further companies house matches being released through the NFI exercise. The Trust has an excellent level of compliance in this area.
- distributed one intelligence briefings to relevant Trust staff which is an update on the payment diversion fraud ;
- met with Recruitment staff to go through the sample we selected for pre-employment checks. We have not identified any issues;
- facilitated the visit by NHS CFA who interviewed the LCFS, the Audit Committee Chair and the Director of Finance. We have received the report which is positive with one action required.
- prepared the 2020/21 LCFS plan which will be aligned to any fraud risks that the Trust faces.

KPMG have investigated one positive match through the NFI exercise. This involved an employee working at the Trust whilst off sick from their substantive position at another Trust. This is being pursued by the substantive employer.

On behalf of the Trust, the Chief Executive is able to confirm the Trust's commitment to ensuring that all staff are aware of their responsibilities in relation to the prevention of bribery and corruption.

Workforce, diversity and inclusion

2019-20 has been another year where we have really focussed on building-in diversity and inclusion throughout our organisation and all our services, as well as working with our partner organisations to extend this on a system-wide basis.

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 and preferences. 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, ethnicity, gender identity, religion and sexual orientation.

Under the direction of our Director of Workforce, Organisation Development and Inclusion, we have led several key work programmes designed to develop greater inclusion through our Trust and local healthcare system. A key area of focus for us throughout this 12 month period has continued to be on Black, Asian and Minority Ethnic (BAME) inclusion, and the COVID-19 pandemic taking hold towards the end of the financial year has provided compelling evidence of the need for NHS and other organisations to do much more to bring about a step change in race inclusion which will be a key priority in the coming year. 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.

The section below provides a flavour of some of our work over 2019-20 to further develop diversity and inclusion.

Throughout the year:

- Our Inclusion Council, chaired by our Chief Executive, Peter Axon, has continued to meet bi-monthly to champion diversity and inclusion and provide challenge and scrutiny on our work in this area. The Inclusion Council broadened its remit in November 2019 from having a majority focus on BAME inclusion, to include all of the protected characteristics;
- Our Staff Networks (BAME, LGBT+ & Neurodiversity networks) have been developing their role and membership and our Network Leads have a place on our Inclusion Council;
- Our Senior Leadership Team have been participating in a programme of Reverse Mentoring designed to give them exposure and enhanced insight into the experiences of people with living with 'difference', focussing on BAME and LGBT+ experience in the first round;
- We appointed colleagues to internal secondments to support and develop BAME inclusion, specifically a BAME Inclusion Facilitator and a BAME Education Practise Facilitator;
- We trained 55% our leaders across the Trust in Inclusion and Unconscious Bias, with plans to reach 90% in 2020;
- We worked with our clinical directorates to develop diversity and inclusion in their services and saw a significant increase in BAME representation within the Trust, to help us in being more representative of our local population and communities;
- We worked to develop Trans Inclusion for staff and service users through our Trans Inclusion Interest Group and through delivery of Trans Awareness Training to a number of our services; and
- We tackled our Gender Pay Gap and raised the profile of disability inclusion.

In quarter one:

- We held a well-attended celebration event for our Staff Networks with engaging and inspiring external speakers from Stonewall and the British Transport Police; and
- We delivered our first BAME Conference on behalf of the Strategic Transformation Partnership (STP), with a fantastic range of local and national speakers and creative forms of learning. This event also served as an alumni event for our 3 cohorts of 'Stepping Up' (BAME Leadership Programme) Participants from across the STP who completed the programme in 2018-19.

In quarter two:

- We built on the success of our BAME Conference to hold a Leadership Academy Masterclass session on Addressing Racial Inequality, with Professor Mala Rao who gave a most compelling presentation to leaders from across the organisation;
- We were successful in our bid to host a new High Potential Development Scheme, with key objectives around developing greater inclusion in leadership roles, on behalf of the STP; and
- We again delighted in participating in Stoke Pride, engaging with not only the local LGBT+ community but wider communties around mental health and inclusion.

In quarter three:

- We developed the High Potential Scheme programme and successfully recruited to its 20 places, including over-reaching the equality targets we set for ourselves on BAME, LGBT+ and disability inclusion;
- We engaged with service users, carers and staff in an Open Space Event to gain feedback and views to help form the development of our 2020-21 Trust Objectives;
- We hosted a second highly successful Suicide Prevention Conference on behalf of the local health and care system (STP);
- We established a new Autism Strategy Group to take develop and take forward an action plan on improving inclusion for people with all forms of autism or learning disability; and
- We launched a collaborative process of reviewing our Service environments to enhance experience of visiting Trust services for all, called Observe and Act.

In quarter four:

- The High Potential Scheme was launched and our celebration event delivered a strong and compelling message of inclusion from a high profile speakers;
- Our first ever LGBT+ Conference 'All Sorts of Love' was held to huge success, with attendance from healthcare and other sectors from across the region and further afield as well as service user and community representatives; and
- COVID-19 changed the way we work almost overnight and shone a light exposing the remaining structural, institutional and interpersonal inequalities that have contributed to the heartbreaking differential impact of the pandemic on BAME communities. We will emerge from COVID-19 resolved to take our work on diversity and inclusion to a whole new level in 2020-21 and beyond, to create a fairer NHS for all people, both as a place of work and as a place to receive care and treatment.

Outstanding

Our journey continues...

Our partnerships

Partnerships are the cornerstone to delivering a truly integrated place-based care system and we have continued to demonstrate our commitment to partnership working through a range of collaborations with key stakeholders.

A tangible example of this commitment is found in the support we provide to the emergent Northern Staffordshire Integrated Care Partnership. This will act as a catalyst for local providers to develop integrated models of care which will reduce health inequalities and improve outcomes for local people

In our commitment to partnership working we follow a four-track approach:

- Principles – adopt a meaningful and inclusive approach to partnership working
- Purpose – to clearly articulate and communicate the benefits of partnership working
- Presence – to proactively engage with partner organisations
- Process – to ensure that partnership working is embedded in our approach

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

- Staffordshire Police for our criminal justice and crisis-care mental health services
- Brighter Futures for our rehabilitation and resettlement services
- 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
- University Hospitals of North Midlands NHS Trust for our Rapid Assessment
- Stoke Community Drug and Alcohol Services with BAC O'Connor and Addaction
- Midlands Partnership NHS Foundation Trust for Early Intervention and Staffordshire and Stoke on Trent Wellbeing Services.

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.

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.
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 2019/20 we successfully partnered with our colleagues at Midlands Partnership NHS Foundation Trust (MPFT) on a range of service integration opportunities:

- Staffordshire wide Early Intervention Services working collaboratively to identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come in to contact with the criminal justice system as suspects, defendants or offenders
- NSCHT and MPFT alongside our third sector partners successfully bid and won the contract for the Staffordshire and Stoke-on-Trent Wellbeing Services.
- NSCHT and MPFT delivered system wide savings for Mental Health and Learning Disabilities Services across the region of circa £1million.
- Developing Regional New Care Models Pathways for specialist services delivered in the West Midlands.

We continue to explore the opportunities available through the devolution of specialised commissioning services as set out on the NHS Long Term Plan working in collaboration with Mental Health service providers from across the West Midlands.

Looking forward to 2020/21 we will adopt an "Anchor Institution" approach to help us focus on partnerships which improve life changes for people with mental health illness as well as the local community in general.

Our service users and carers

Service Users and Carers

Our clinical services deliver models of care and reflect the needs of people who use our services 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.

Our Service User and Carer Council

The Service User and Carer Council (SUCC) continue to hold business meetings on a bimonthly basis with the alternative monthly meeting being held as an education and information opportunity. This provides service users and carers the opportunity to partake in more in depth work and ask questions contributing to various aspects of Trust services. During the past year this forum has been used to inform care planning templates, letters, information leaflets and the CAHMS trailblazer project. The Council are also in the process of developing new material and information to encourage service users and carers from all communities to increase diversity.

The SUCC have actively supported the training and rollout of the nationally recognised Observe and Act tool within ward inpatient areas. They have continued to work in collaboration with the Trust to support our Triangle of Care developments. Additionally there is representation from service users and carer's across a wide range of Trust business developments and activity; including interviewing new recruits, co-facilitating events, attending various committees including People, Culture and Development, Quality, Finance, Performance and Digital and Business Development.

Additionally we:

- Held an open Space Event took place in November 2019 to enable service user and carers to influence and agree our quality priorities for 2020/2021 in partnership with the SUCC who will collaborate on improvement initiatives;
- Used Service User feedback on Friends and Family Test (FTT) themes to help influence our quality improvement agenda;
- Continued to promote our 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 to progress our Restraint Reduction Strategy focussing on service user experience and person centred care;
- Piloted video consultations within our Memory Services;
- Implemented our SPAR ward accreditation programme to further enhance quality and safety on inpatient ward areas;
- Engaged in National Sexual safety Quality Improvement Collaborative, working collaborative with members of the SUCC;
- Successfully launched an electronic document management system which supports safe transfer and discharge summaries to primary care services;
- Co-produced a Person Centeredness Framework with service users, carers and staff; and
- Developed and launched our Autism Strategy and commenced a strategy steering group in partnership with service users and carers.

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 we have continued to receive a high number of compliments which, when combined with Friends and Family Test feedback have increased from 244 in 2016/17 to 2063 in 2017/18, 2,434 in 2018/19 and 2,251 in 2019/20.

Complaints - Overall the Trust receives a very low number of complaints compared to NHS benchmarking data. During 2019/20 the Trust received 39 formal complaints compared to 43 in 2018/19 which when set against the circa 300,000 face to face and telephone clinical patient contacts equates to 0.01% of the clinical activity undertaken. We continue to focus on early resolution and the addressing of concerns via PALS and front-line teams where possible. This year we have further strengthened our complaints procedure to enhance the experience of those using the service by ensuring a timely and high quality investigation and response. 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 rate of satisfaction with 89% of patient who would recommend the Trust. Over 2,600 patients participated in the FFT giving us their views across all services. Developments for 2019/20 have been service user involvement in designing new FFT cards in preparation for the new NHS FFT process from the 1/4/20 and online FFT question via the Trusts website.

The Wellbeing Academy – Our Wellbeing Academy is continuing to grow and we are building together with our partners, an offer of a wide range of courses, workshops and activities to support people to discover interests and develop their skills on their mental health recovery journey. The Wellbeing Academy is delivered as a virtual as well as a physical academy providing people with education and learning experiences as a means of supporting personal and social recovery. During the past year we have continued to complement traditional rehabilitation approaches by providing over 30 short courses in non-stigmatising community venues.

Volunteers at Combined

Volunteers play a very important part at Combined. They bring valuable skills and enthusiasm to our patients, service users, carers, visitors and staff. Volunteers report this as a positive and satisfying role. Volunteering provides an opportunity to learn new skills and meet new people. It helps individuals gain useful experience, find out whether working in healthcare is for them, experience being part of a team and really importantly builds confidence and self-esteem.

Our volunteers come from all walks of life with a wide range of life experiences whether they are students, service users, carers, unemployed, in paid work or looking for change of career regardless of age.

People volunteer for a range of reasons including looking to gain experience in a healthcare environment or want to give a little back to the Trust. We work to identify a volunteer role that suit skills, life experiences and what they would like to get out of the opportunity.

Trust Volunteers work in a variety of inpatient and community settings including Acute and Older Persons wards at the Harplands Hospital. We have volunteer gardeners, admin and reception staff. We also have Volunteers who work alongside our Activity Workers and Physiotherapy Team. The Learning Disability Community and Health and Wellbeing Teams have volunteers who co facilitate their health and wellbeing sessions and raising awareness of learning disabilities. The learning disabilities Talk and Change Group take part in various aspects of Trust life including interview panels, attending events and sharing their experiences with other professionals. They also comment on service change, environment of service provision, leaflets, and information used for services.

The Youth Council is hosted by CHANGES (now Stay Well Project) and whenever possible comment on service provision and change, environment of service provision, leaflets and information for young people.

Volunteer Peer Mentor Training

There have been 2 cohorts training for Volunteer Peer Mentors June and December 2019. Training was developed and delivered in house and a video was made with participants from cohort 1 to share what had attracted them to become a volunteer peer mentor and what they had learnt from the training. Our December 2019 cohort included volunteers from Brighter Futures and NSCHT staff, including Peer Support Workers from our Parent and Baby Unit.

Teams provide a named person to support the mentor. We have an organised community support group which not only builds trust but importantly represents the value of someone demonstrating recovery.

We currently have Volunteer Peer Mentors placed at Ward 1; Growthpoint, The Observatory (women's and men's group), Carers Group Tunstall, Sutherland Centre, New Beginnings Peer support at the Edward Myers Unit. Our Peer Support (paid) Workers work at Step On, Parent and Baby Unit, Florence House, Summers View and the Crisis Carer Centre.

Supporting Carers

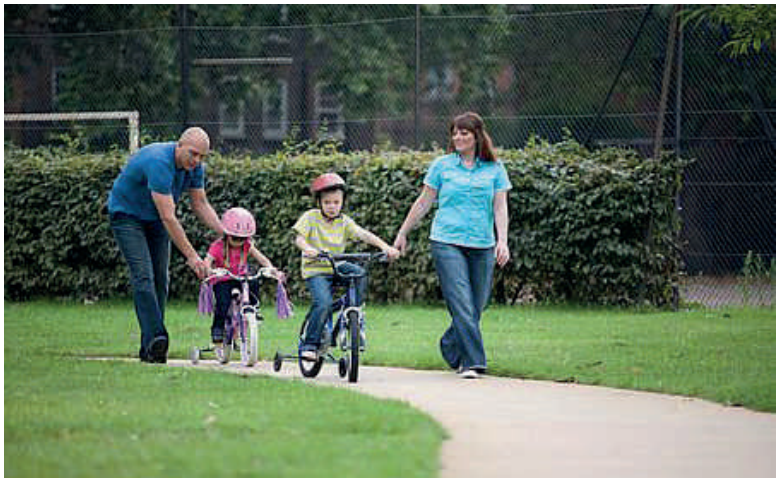
There are carers links are in each trust team who attend training updates on working with carers. The carers links continue to attend network meetings to continue to develop their knowledge and share good practice of working with carers. As a trust we aim to work within the 6 principles as identified in the Triangle of Care. An online training package is being developed to support all teams to work collaboratively with carers.

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. We received very positive feedback from our patient assessors who were actively engaged in the process. The Trust's overall score for cleanliness was 99.33% which continues to be a fantastic achievement. Our programme of work will continue during 2020/2021.

Infection Prevention and Control

We continue to develop and implement Infection Prevention and Control which is supported by the annual work plan which includes, training, audit, policy development and implementation and managing the annual flu campaign. The Annual work plan is approved and monitored by the Board.



Outstanding

Our journey continues...

Research and development

Research and Innovation @ Combined

2019/20 saw the Research and Development (R&D) team, along with our research-active clinicians; continue to contribute to high-quality national portfolio research. R&D continued to work with the Clinical Research Network West Midlands (CRN WM) supporting our High Level Objectives (HLO's) and meeting our obligation to report on research initiation and delivery activity to the Department of Health, via the National Institute for Health Research (NIHR).

Significant progress was made to support Innovation, with a number of developments and initiatives aimed to springboard Innovation across Combined. The R&D team successfully led and supported Innovation across the Trust by forming partnerships with various teams to give innovation a platform and opportunity to thrive and further adopting innovative approaches in their own practice to increase engagement with service users, carers and staff for research.

Research Management and Governance

During 2019/20, the R&D team updated the Research Management and Governance (RM&G) policy in light of the new UK Policy Framework for Health and Social Care Research and began an implementation process for the new suite of Standard Operating Procedures (SOPs) for R&D. R&D implemented a more streamlined process around study feasibility and capacity and capability (C&C) assessment, with the C&C process now fully managed electronically via the EDGE database; a local research database to support management and reporting of research performances and metrics.
The R&D team continued to support staff undertaking research as part of an educational qualification at local Universities of Keele and Staffordshire. This support assisted staff and an additional 10 student projects through the University and NHS approvals process.

Research Achievements 2019/20

Supporting National Institute for Health Research (NIHR) Delivery
During 2019/20 research-active clinicians and the R&D team worked together to recruit patients, carers and staff into 18 National Institute for Health Research (NIHR) studies on the research portfolio. The NIHR set a recruitment target of 298 for 2019/20, for the Trust to achieve to contribute to our wider NIHR recruitment target. Due to an emphasis on engagement with clinicians and clinical teams, we saw a 49% (n=102) increase, from 2018/19, in the number of participants recruited into research studies.

Recruitment rose from 207 in 2018/19 to 309 participants in 2019/20 (Figure 1), the highest number of recruits in the last five years – enabling the Trust to meet its NIHR target.

Figure 1. Recruitment into studies during 2019/20

This achievement was complemented on an individual study basis, as 2019/20 saw Combined become the top recruiting site for the 'Saccadic Eye Movements as an early indicator of impairment in patients with Alzheimer's disease' (MODEM) study, with Lancaster University.

Working closely with our clinicians and clinical teams has been key to the successful delivery of our 2019/20 NIHR portfolio studies, achieving our NIHR research recruitment target and contributing to our R&D Strategy. The R&D team would like to thank all our service users, carers, clinical teams and partners for their ongoing support and enthusiasm for research over the last 12 months.

Engaging our service users, carers and staff in Research

Engagement in research has gained momentum over this past year, utilising digital platforms to reach a vast audience across the Trust and engaging further with our clinical teams, to develop positive relationships that maximises the profile of research.

During 2019/20 our R&D Forum evolved into the R&D Virtual Forum, sent out to all staff on a monthly basis to showcase research, evaluation and innovation that is taking place across the Trust. The aim was to give more staff the opportunity to showcase their work and learn more about what is happening across the Trust, to inspire and motivate each other.

Our R&D Steering Group remained a bi-monthly meeting between senior management, the core R&D team, representatives from each directorate and the Clinical Research Network West Midlands (CRN WM), to review performance, research activity and any other arising matters that concern research. The steering group provides a platform to be able to progress the research strategy and engage with key stakeholders.

Engagement with directorates and senior staff has been maintained through bi-monthly reports for each directorate summarising research delivery and performance compares to their recruitment target. It further provides an overview of research development within each directorate, focusing on student projects, innovations and evaluations.

Optimising the use of Contact for Research

During 2018, the R&D team developed 'Contact for Research', an initiative that enables service users to give generic consent for research at their core assessment. Acting as an additional recruitment method to support activity and engagement with clinicians and service users, the initiative was implemented during 2018/19.

During 2019/20, 'Contact for Research' has been routinely reviewed and developed to improve its effectiveness and processes and with future developments planned to expand this initiative to engage with more service users and teams across the Trust into 2020/21.

Summary of Findings
1000 service users have consented to be contacted for research;
An increase in overall recruitment was identified that can be attributed to Contact for Research;
A 3-month snapshot revealed that information regarding research is sent to 65 service users on average per month.

Summary of Recommendations
Explore opportunities to include the research question at other time points in care, e.g. at discharge;
Engage further with specialist services to be able to offer research opportunities to their service users, e.g. Learning Disability services;
Change research question to reflect transparency of how information is used and add in 'not appropriate' option as a response.

Innovation Achievements 2019/20

Creating opportunities to develop ideas and supporting staff to be innovative

April 2019 saw the Trust host a successful relaunch of Dragons' Den. The event was the Trust's second Dragons' Den event, taking forward successful applicants from the review process and enabling an opportunity to present and pitch their idea to "Combined "Dragons" (pictured left).

Led by the R&D team, the focus of the 2019 Dragons' Den relaunch was to support and develop small-scale projects within practice, requesting financial and/or project support. Dragons' Den linked in with the Trust's successful Valuemakers Programme, aiming to maximise the use of resources intelligently and efficiently through innovative ideas.

This positive event saw six of the ideas a (two showcased below) agreed to be taken forward. Pitches were well-presented and demonstrated a real commitment to improve service user care and experiences.

Dr Becky Chubb – Frailty Simulation Suit

Dr Becky Chubb, Locum Consultant pitched for a frailty simulation suit to improve the understanding and empathy of healthcare staff when managing frail older people. The suit was purchased in July 2019 and is now available for all staff to use as part dementia, frailty or other relevant training. The suit is stored on Ward 4, with staff completing a login order to review how often it is been used and provide feedback if the suit has been effective.

Katie Lear-Thompson - Video Rehab and Movement Therapy

Katie pitched to purchase a MOTOmed bike and Spoteee a system of virtual reality video walk and cycle routes for patients to explore distant locations while exercising on the MOTOmed bike. Katie's pitch was successful and the panel agreed to fund the rental of one bike and the virtual reality system, for a period of six months. It was also agreed an evaluation of the bike and system was to be completed, which further funding was secured to support. An evaluation is currently in reporting writing stage.

Creating a platform to showcase Innovation at Combined

Innovation Nation was developed in response to clinicians sharing that they would like find out more about what was going on in the Trust – thus creating a platform to share good practice. September 2019, saw Dr Rebecca Chubb (Locum Consultant) and Kerri Mason (R&D Lead), supported by the R&D team, host Combined's second Innovation Nation event. Innovation Nation 2019 built on the previous year's success, giving staff an opportunity to find out more about the fantastic innovations and work taking place across the Trust.

Through a series of presentations, with presenters sharing their experiences, journeys of the failures and successes of Innovation, the audience learned ways to motivate, keep trying new things, ideas on improving patient care, and many simple yet inspiring ways to bring new ways of thinking into daily work.

Dr Amie Burbidge, Consultant Acute and General Medicine at University Hospitals Coventry and Warwickshire NHS Trust, opened the event as our key note speaker with an honest account of "How to fail successfully". Dr Burbridge shared her experiences of innovation - highlighting that only through failure can we recognise success.

The day further comprised of a networking lunch and breakout sessions exploring the themes around collaborations and creativity within innovation. Poster presentations, showcase stalls and interactive sessions were delivered throughout the day, with staff given the opportunity to take part in the "Get Networking and Be Creative "competition.

New ways of working to develop and support Innovation.

Dragons' Den inspired the R&D and Digital teams to review how Innovation is embraced across the Trust and how to support innovation further. Building on existing work and developments, Combined, supported by the West Midlands Academic Health Science Network (WM AHSN), undertook a process-mapping exercise to review and evaluate existing innovation practices and processes.

Subsequently, the Innovation Collaborative was established as forum to bring together existing Trust expertise, resources and processes to drive forward, support and facilitate development and adoption of innovation. The Innovation Collaborative aim is to link departments and teams across the Trust, bringing together knowledge and expertise to review, triage and support Innovation ideas; both creation and adoption.

A dedicated space for Innovation was further created on our intranet page, CAT, to share initiatives, communication, training and events and information about Innovation across the Trust.

Next Steps for 2020/21

The R&D team look forward to progressing research and innovation engagement, projects and initiatives into 2020/21. Supported by clinician engagement and recruitment initiatives the R&D team are committed to ensuring that all service users, carers and staff have an opportunity to participate in and develop research and innovation.

Our estate and facilities

The Trust recognises the importance of having high quality, fit for purpose, and safe Estate to facilitate the delivery of quality care and promote the health & well-being of all staff, patients and service users. The Estate is maintained and supported by the Trusts Estates, Capital & Facilities teams providing a holistic support service to all our clinical and corporate services both in inpatient and community location settings.

The Estates & Capital teams also including collaborative support to our partner organisations and neighbouring Trusts through participation of a multidisciplinary emergency on call service as well as active participation in forums such as the One Public Estate (OPE) and Local Estates Forum (LEF) in the Stoke on Trent and North Staffordshire region.

Key elements of the services delivered for the Trust in 2019/20 were:

- The completion of the Hazlehurst Crisis Care Centre at the Harplands Hospital;
- Relocation of the CDAS (Community Drug & Alcohol Service) from a premise that was not fit for purpose to Hope Street, where an internal refurbishment was required and to the Edward Myers Unit. A considerable amount of enabling works was requird in order for the team to move into Edward Myers which included the relocation of the Keele University Medical School relocating to Harplands Hospital management suite (Although not a purely technical project in the strictest sense, Estates still led the project to relocate and the associated works required);
- Continuation of the environmental reduced ligature programme which saw the doors at the Darwin Centre replaced and the design and tender element of phase 2 on Ward 3;
- As part of the backlog maintenance reduction programme Dragon Square Community Unit received significant investment and the following schemes were undertaken:
    - the radiators in Dragon Square Bungalows 4 and 5 were replaced due to the existing ones being over 25 years old, and not meeting the current HBN requirement to have a maximum surface temperature of 43C;
    - Dragon Square Bungalows 4 and 5 each have water tanks which are circa 35 years old and showing signs of staining which will lead eventually to water quality issues. Whilst the routine water quality samples that are taken are still within limits they are getting closer to the acceptable lower limit each year and the condition of the tanks has been picked up by the Trust's independent water quality inspectors during their visual inspections;
    - Security fencing was installed;
- Clinic room sockets at the Harplands Hospital were added to the emergency supply;
- Roof and skylight replacement at the Darwin Centre; and
- Following CQC recommendations a number of intermediate works were also undertaken at A&T including new doors, redecoration and bathroom refurbishments.

Further to this our Estates & Capital teams have too embraced the changes and challenges that the 2020 Pandemic has brought upon us all. Their new found focus has resulted in significant ambition to be leaders in their field through the following key values;

- The Estate will be functionally suitable, fit for purpose, compliant with regulatory standards as well as adhering to healthcare standards and codes of practice.
- Be bold in ensuring the Estate is an 'Enabler' as well as a 'Driver' in supporting Trust service delivery.
- Ensure the Estate is in the right locality for the Trusts needs and its service delivery.
- Maximise and optimise our Estate warranting flexibility and adaptability in the design to ensure sustainability and economic value for money for the public and population it serves.

Patient Led Assessment Care Environment 2019 (PLACE)

During 2018 a comprehensive national review of the PLACE assessment was conducted which was started in 2018 and concluded in 2019 to ensure the collection and outputs remain fit for purpose, delivers its aims and continues to meet user needs. The review resulted in a significant revision and refinement of the question set: the 2019 results establish a new baseline and are not comparable with previously published figures.

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

All assessments were completed by at least 50% representation from Health Watch, Community, Service User Care Council (SUCC) or Patient representative on each team.

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

It was noted throughout the assessments 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 2019

- Cleanliness - 99.33 %
- Food and Hydration - 98.26%
- Organisation Food - 95.74 %
- Ward Food - 99.67%
- Privacy, Dignity and Well-Being - 94.69%
- Condition, Appearance and Maintenance - 96.80%
- Dementia -96.23%
- Disability - 91.35%

Cleanliness - The cleanliness scores which included hand hygiene and equipment cleanliness are excellent. Dragon Square, Assessment & Treatment (A&T), Unit, Darwin Centre and Florence House 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

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

Privacy, Dignity and Wellbeing - The Privacy, Dignity and Wellbeing scores ranged between 82.93% at Summers View and 97.16% at the Harplands Hospital. These scores reflect the changes made to the questions this year.

Condition, Appearance and Maintenance - The Condition, Appearance and Maintenance scores were excellent and demonstrate our commitment to maintain the areas with scores ranging between 96.05% and 100%. Dragon Square, Summers View and Florence House each scored 100%. This is a real credit to the Estates Team, PFI partners and our Hospital Maintenance assistant.

Dementia - This section was assessed on WD 4, WD 5, WD 6, WD 7 and the Communal areas on the Harplands site, with an overall Trust Score of 96.23%.

Disability - As an organisation we achieved a score of 91.35%. The scores ranged between 84.62% at Florence House and 92.68% been achieved at Harplands Hospital.

These scores reflect the changes made to the questions this year.

Many favourable comments were received throughout the PLACE Assessments by our Patient Representatives.

Florence House
Main entrance very welcoming, clean, bright and staff responded with a smile. Lovely bunting in the entrance , makes the unit feel homely

Dragon Square
A very well maintained environment. Very clean, it is clear that all staff take pride and this is reflected by the standards being achieved A vast improvement noted following the refurbishment, new bedroom doors and purpose built storage cupboard enhances the décor in the rooms. A credit to the team

Assessment & Treatment Unit
A warm welcoming atmosphere was noted by the team. A clean bright unit. A credit to the team

Summers View
Evidence of good team work and engagement with service users. Each bedroom personalised and service users were very proud to show their rooms. Very clean and well maintained. Gardens well maintained, the service user who has recently been assigned to Summers View has made a real difference to improve the overall appearance

Darwin
A very pleasant, bright, clean and welcoming unit. Good use of art work

Harplands Hospital

Many favourable comments were noted about the cleanliness, décor in the recently refurbished areas by REMPOD the dementia specialists, the quality of the food and the overall condition of the site both internally and externally. The patient assessors concluded by stating" this assessment leaves us feeling happy, more than impressed with the level of staff commitment to service users care, working hard to deliver best practice in a supportive manner as possible. Felt supported and welcomed by all staff, both clinical and administrative. We found everyone open and honest."

PLACE 2019	Cleanliness	Food and Hydration			Privacy, Dignity and Well Being	Condition, Appearance and Maintenance	Dementia	Disability
	%	Food and Hydration %	Organisation Food %	Ward Food %	%	%	%	%
Harplands Hospital	99.21	98.66	95.83	100.00		Condition, Appearance and Mainte-nance	96.23	92.68
Dragon Square	100	N/A	N/A	N/A	%	Dementia	N/A	85.71
A&T Unit	100	94.90	91.12	100	%	Disability	N/A	86.54
Darwin Centre					%			
	100	98.88	97.83	100				
Florence House	100	92.93	93.38	92.55	85.37	100	N/A	84.62
Summers View	98.57	97.94	95.94	100	82.93	100	N/A	88.46
NSCHT Organisation score	99.33	98.26	95.74	99.67	94.69	96.80	96.23	91.35
National Average Score	98.62	92.51	91.37	93.67	87.52	96.38	83.47	83.92
National Average score per MH/ LD site	98.48	92.23	89.67	94.40	91.74	95.40	89.29	87.01

Outstanding

Our journey continues...

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

Sustainability and climate change

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 wholly endorses the focus on sustainability set out in the NHS Long Term Plan and is bringing forward a range of programmes to reduce its carbon footprint and levels of air pollution as well as improve water quality and energy efficiency. The Trust has refreshed its Strategic Plan for the five years ahead and this will be built around four key strategic themes, one of which is Sustainability.

As a tangible commitment to sustainability the Trust has signed up to the NHS pledge to eliminate avoidable single-use plastics by 2021.

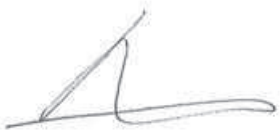
The Trust has ambitions to establish a national reputation as a leader in the development of sustainable healthcare. We aim to work in ways that add social value to our communities such that when we commission or procure services from other organisations we act in a way that is environmentally responsible and maximizes the potential benefit and positive impact on our communities.

In order to develop a cohesive and coordinated approach to sustainability, a new Sustainability Group has been established led by the Director of Partnerships, Strategy & Digital. This Group will lead the development of a Sustainable Development Management Plan which will set out a range of actions to progress the Sustainable Development Goals.

In recognition of the scale of the challenge and our commitment to working in collaboration with others we will establish local partnerships to improve the resilience of our services and the built environment to respond to challenges of environment and climatic change

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.

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.

Janet Dawson – Non-Executive Director (Vice Chair from 9 March 2020)

Janet is Vice Chair and an independent director. Her role is to gain assurance that the Trust meets all its governance, clinical, corporate, legal and statutory obligations, as well as ensuring it remains financially sustainable and delivers excellent service.

Prior to joining the Board in 2019, Janet had retired from an executive career in human resources and occupational pensions, most recently holding the position of Group HR Director at a large multinational organisation. With a particular interest in facilitating diverse, inclusive and engaging cultures and championing women to fulfil their potential, Janet also acts as the Trust's Chair of the People, Culture and Development Committee, as well as and Deputy Chair of the Trust's wider board of directors.

Since 2015, Janet has also been an independent Governor at Manchester Metropolitan University, and a member of both their Remuneration Committee and Finance & Resources Committee.

Tony Gadsby – Associate Non-Executive Director (Vice Chair to 31st January 2020)

Tony is an Associate Non-Executive Director for North Staffordshire Combined Healthcare Trust. His role is to provide independent oversight and constructive challenge to the executive directors through Committees of the Board and visits to services.

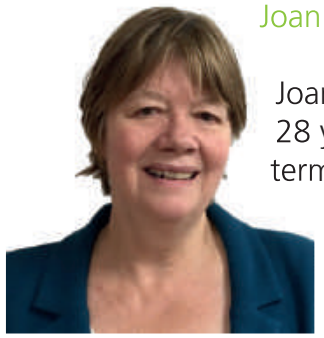
Alongside this role, Tony has an extensive background in engineering. As a Chartered Mechanical Engineer and member of The Institute of Mechanical Engineers, he's been closely involved in the design and manufacture of construction equipment over 40 years, most recently as a divisional Managing Director at JCB Excavators. Throughout his career, Tony has maintained a continuous involvement in leading and supporting innovative design and production teams to create world class products; experience he applies to his role at NSCHT.

Tony was previously Chair of The Council of Governors for the British Isles and Ireland of Lions Clubs International - the largest service organization in the world - as well as Chair of the Trustee Board of The MedicAlert Foundation of The British Isles and Ireland.

Patrick Sullivan – Non-Executive Director

Patrick is a Non-Executive Director at North Staffordshire Combined Healthcare Trust. Along with other directors, he is responsible for decisions made by the Board and for ensuring that the organisation provides high quality mental health services for local people.

Having worked in the NHS for over 30 years, Patrick has held a number of clinical and managerial roles in mental health nursing across Cheshire, Derbyshire and Lancashire. Prior to joining NSCHT, he was Executive Director of Nursing at Lancashire Care NHS Foundation Trust, which provided mental health and community services throughout Lancashire. With a PhD in Bioethics and Medical Jurisprudence from a nursing background, Patrick has particular interests in medical ethics, legal issues, risk, governance and patient safety. He has previously acted as a Mental Health Reviewer for the Care Quality Commission, and continues to work as a specialist lay member of Mental Health Review Tribunals, alongside a voluntary role as Chair of an Independent Monitoring Board at a local prison.



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.

Russell Andrews – Non-Executive Director

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.

Phil Jones – Non-Executive Director

Phil is a Non-Executive Director at North Staffordshire Combined Healthcare Trust. His role is to oversee the production and finalisation of the Trust's annual accounts, as well as ensuring its financial and operational governance is effective.

Phil has worked as an adviser and external auditor for NHS organisations for over 30 years. Originally a qualified chartered accountant, he ran the Audit Commission's West Midlands regional office and was previously employed at Monitor, then known as the regulator of NHS Foundation Trusts.

Prior to joining NSCHT, Phil was a Director at Grant Thornton UK LLP, a Top 6 accounting firm, where he was involved in delivering audit and advisory services to NHS organisations and local authorities. Passionate about governance and long-term sustainability, Phil has implemented a number of change management projects throughout his career, including major IT developments, resource management systems, workforce restructurings and staff transfers.

Our Executive Directors

Peter Axon – Chief Executive

Peter is the Chief Executive Officer for North Staffordshire Combined Healthcare Trust. His role is to oversee the delivery of high-quality health services to residents throughout Stoke-on-Trent and North Staffordshire, as well as heading up the Trust's Executive Team.

Originally from an accounting background, Peter joined the NHS as a graduate as part of their National Financial Training Programme. He subsequently worked as a Qualified Accountant in both the public and private sectors, where he managed the financial and commercial aspects of major acquisitions and capital developments.

With 10 years' experience at Board level across the NHS, Peter previously held the roles of Chief Financial Officer and Deputy Chief Executive at Birmingham Community Healthcare NHS Foundation Trust, working across both the Community Physical and Mental Health Foundation Trusts.

As Chief Executive Officer, Peter leads on two system-wide programmes, including the Organisational Development & Leadership Programme and the Mental Health Programme, which aims to deliver world-class mental health care where it's needed most.

Dr Buki Adeyemo – Medical Director and Deputy Chief Executive

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.

Jonathan O'Brien – Director of Operations and Deputy Chief Executive

Jonathan is the Executive Director of Operations and Deputy Chief Executive Officer at North Staffordshire Combined Healthcare Trust. His role is to oversee operational delivery, performance achievement and transformation programmes across the Trust.

Prior to his current role, Jonathan held a number of senior operational positions within the NHS, having joined initially as an NHS General Management Trainee in 2004. In that time, he has worked in operations management across acute hospital Trusts throughout Greater Manchester, and most recently was Director of Operations at Mid Cheshire Hospitals NHS Foundation Trust.

Throughout his career, Jonathan has maintained a keen interest in furthering his academic knowledge; 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. As Executive Director of Operations, Jonathan is passionate about service improvement and development through engagement with staff and partner organisations. He is also STP Programme Director for Mental Health across Staffordshire and Stoke-on-Trent.

Tosca Fairchild - Assistant Chief Executive (from 1 November 2020)

Tosca is the Assistant Chief Executive for North Staffordshire Combined Healthcare Trust. Her role directly supports the CEO; acting for and on his behalf as required. Originally from a banking background, Tosca brings 15 years' experience working within the NHS, 11 of which have been at Board Director level. Prior to joining the Combined Healthcare Trust, she was Director of Governance and Communications at University Hospitals of Derby and Burton NHS. Passionate about governance, public accountability and transparency, Tosca has led on a number of major governance and restructuring projects, including the merger and acquisition of Derby and Burton hospitals, creating one of the largest NHS trusts with 12,500 staff and an annual turnover of £750 million for which she received a prestigious award from the Chartered Institute of Company Secretaries (ICSA).

She is also the Chair of the UK's leading anti-racism educational charity, Show Racism the Red Card, which provides educational training for the purpose of tackling and eliminating racism in society and utilises the high-profile status of football and football players to publicise its message. One of its key campaign strategies is the national Wear Red Day usually held in October.

Maria Nelligan – Director of Nursing and Quality (until 1 September 2019)

Julianne Murray – Acting Director of Nursing and Quality (1 September 2019 to 31 October 2019)

Kenny Laing – Director of Nursing and Quality (from 1 November 2019)

Kenny is Director of Nursing & Quality at North Staffordshire Combined Healthcare Trust. His role is to ensure the Trust effectively trains, develops and retains nursing, AHP and social work staff to deliver high quality care and treatment to its users.

Having initially trained as a Mental Health Nurse at the University of Nottingham, Kenny joined the NHS in 1995 and has worked clinically in a number of innovative teams. Since then, he's held a range of senior nursing, management and leadership roles, both for the NHS and for private sector organisations throughout the UK.

Prior to joining Combined, he was Deputy Chief Nurse at Midlands Partnership NHS Foundation Trust and recently led a national project around safe staffing in mental health settings.

Kenny is passionate about innovation in mental health clinical practice, and as a qualified Rugby Union Coach, volunteers his spare time to coach children at a local rugby club.

Linda Holland - Director of Workforce and Organisational Development (until 31 October 2019)

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.

Shajeda Ahmed - Director of Workforce, OD and Inclusion (from 14 October 2019)

Shajeda is Director of Workforce, Organisation Development and Inclusion at North Staffordshire Combined Healthcare Trust. Her role covers a broad spectrum of responsibilities, including cultural change, diversity and inclusion, staff health and wellbeing, employee engagement, leadership development and workforce sustainability.

Having worked in the public and private sectors for over 20 years, Shajeda has significant senior-level experience in human resources and operational development. Prior to joining NSCHT, she was an Associate Director of Workforce & Organisational Development at Coventry & Warwickshire Partnership NHS Trust.

Passionate about mentoring, coaching, professional development and apprenticeships, Shajeda has been involved in a number of projects including the delivery of a Cultural Change Programme and Service Redesign Programme, as well as acting as National Speaker on diversity and inclusion at the 2019 NHS Confederation Event.

As well as her role at the Trust, Shajeda is HRD Midlands & East Representative for the national CIPD Policy Forum, Assessor for the Aspirant Director of Workforce Programme and an Accredited Feedback Facilitator for the Healthcare Leadership Model.

Lorraine Hooper – Director of Finance, Performance and Estates

Lorraine is Director of Finance, Performance and Estates at North Staffordshire Combined Healthcare Trust. Lorraine's role is varied and includes a range of responsibilities across the Trust's financial, performance and estates functions.

These include ensuring appropriate control of Trust finances, monitoring Trust spending, ensuring the accuracy of all financial reporting, overseeing performance reporting and ensuring the provision of appropriate buildings throughout the Trust's estate in line with legal, regulatory and service needs.Lorraine joined Combined in early 2019, having previously been Deputy Chief Financial Officer at Sherwood Forest Hospitals NHS Foundation Trust, which runs three hospitals in Nottinghamshire.

Since joining the NHS in 2004, Lorraine has held a number of roles, including supporting services in Acute hospitals throughout Birmingham and working as Head of Financial Management & Planning at University Hospitals of Leicester NHS Trust.

Chris Bird – Director of Strategy and Partnerships

Chris is Director of Partnerships, Strategy & Digital at North Staffordshire Combined Healthcare Trust. His role is to oversee the development of the Trust's organisational strategy and ensure its plans reflect national policy and local priorities.

He also works alongside the Trust's strategic partners to enhance its reputation and profile throughout the local community, as well as acting as Board Level Lead for Digital and Senior Information Risk Owner for the Trust.

An accountant by trade, Chris worked in finance and social care for local government before joining the NHS over 10 years ago in a range of senior posts, operating at Board level for the past five years. Prior to joining Combined, he was Director of Contracting at Staffordshire & Stoke-on-Trent Clinical Commissioning Group.

Passionate about tacking equality across public services, Chris has led on a number of major projects and is currently leading an initiative to develop a system-wide Integrated Intelligence Hub to enhance the delivery of Population Health Management.

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 is Staff Side Chair at North Staffordshire Combined Healthcare Trust. Her role is to represent and organise UNISON members at the Trust, and act as lead co-ordinator for all matters relating to trade unions across the Trust.

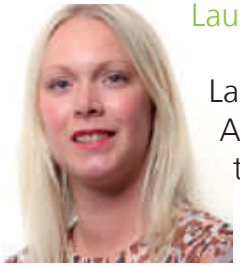
Initially joining the Trust as a Healthcare Support Worker in Learning Disability Services, Jenny has worked in the NHS since 1988. She is currently also Chair of UNISON West Midlands Regional Health Committee and a Member of the UNISON National Health Service Group Executive.

Her chief areas of interest are around staff engagement, equality and inclusion, and she has led on a number of key projects including the implementation of Agenda for Change at local level, as well as developing and delivering Trans-inclusion training.

Jenny has also received regional recognition for her achievements in maintaining strong relations between employers and trade unions. She was awarded Stonewall North West Role Model of the Year in 2018, and UNISON West Midlands Representative of the Year in 2019..

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 2020)

We maintain a register of directors' declared private interests, which is available on our website - 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 2020 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 2020.

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 Estates 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

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 Estates

The Finance, Performance & Digital Committee became the Finance, Performance and Estates Committee in April 2019 and monitors the performance and achievement of our financial performance, operational performance and implementation of the Trust's digital strategy. From the 1st April 2020 the Committee will be renamed the Finance and Resources Committee and will report on Business Development as well as business as usual

Quality

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

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

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.

The Business Development Committee was disbanded on the 31st March 2020 and from the 1st April 2020, business development will be reported through the newly named, Finance and Resources Committee

People, Culture and Development

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.

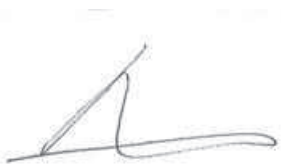
Charitable Funds Management and Scrutiny

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

Primary Care

The Primary Care Committee was disbanded on the 31st March 2020. During 2019/20 the Committee on behalf of the board, provided advice and assurance on the performance, quality and safety, financial management, workforce management and risk management of Primary Care Services, the integration of 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.

From the 1st July 2020 Primary Care will become a Directorate in its own right and performance for the Directorate will be reported through monthly Performance Meetings as per the other four directorates



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.

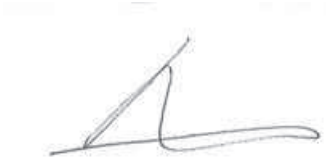
These include ensuring that:

- 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 in respect of the accounts

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 HM 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, other items of comprehensive income and cash flows for the year.

In preparing those accounts, the 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; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 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

24th June 2020

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Peter Axon
Chief Executive

24th June 2020

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Lorraine Hooper
Executive Director of Finance, Performance and Estates

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 England / Improvement (NHSEI) up to 31 March 2020.

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 had an Integrated Business Plan 2015/16 – 2019/20 however, during 2019/20, the Trust Board led a process to review and reaffirm the Trust's Vision, Quality Priorities and Values and a review of our Strategic Objectives. This in turn informed a refresh of our Operational Plan, Strategic Plan and Enabling Strategies which we will deliver during 2020/21 pending the issuing of national guidance following the challenges faced by the NHS as a result of COVID-19.

The plans have been written during a year of real continued progress and achievement for the Trust following our fourth CQC inspection in March 2019 – where the CQC rated Combined Healthcare NHS Trust as an 'Outstanding' organisation – at the time, 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.

Our 'Towards Outstanding' improvement programme has been centred on taking us on the next stage of our journey, encompassing and bringing 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 continue to improve even further.

During 2019/20 some key achievements include (further can be seen in the full Annual Report):

- 1 of only 2 specialist mental health Trusts in England with an overall 'Outstanding' rating from the Care Quality Commission - praised by CQC for our ability to sustain improvement after receiving an Outstanding rating
- Crisis Teams' CQC rating transformed from Inadequate to Outstanding in just four years
- 21st consecutive year of achieving financial surplus - making us one of the top financial performers in the region
- Mental Health Crisis Access Centre - unique in the NHS in bringing together under one roof a whole range of teams offering a service to people of all ages, 24/7, 365 days a year
- Our Dementia diagnosis rates for over-65s are the highest in the West Midlands
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- Led national pilot for the 'High Potential Scheme' to attract, select and develop talented senior members of staff into the leaders of tomorrow.
- The Inclusion Council set up to make us truly inclusive and equal in the way we treat and support our staff and service users
- We scored above average in all 11 domains and we were either the highest scoring (or joint highest scoring) in our benchmark group for the following 3 domains;
  - Equality, diversity and inclusion
  - Safe environment (Bullying and harassment)
  - Team working
- Successful integration of primary care services' - one of very few organisations to provide both mental health and general practice services

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 2020 and up to the date of approval of the annual report and accounts.

Trust Board 2019/20 Attendance

	29th April 19	23rd May 19	27th June 19	29th July 19	Aug no meeting	26th Sept 19	24th Oct 19	28th Nov 19	Dec no meeting	16th Jan 20	13th Feb 20 Closed only	12th Mar 20
Non-Executives												
David Rogers, Chair	√	X	√	√		√	√	√		√	√	√
Patrick Sullivan, Non-Executive	√	√	√	√		√	√	√		√	√	√
Tony Gadsby, Non-Executive	√	√	√	√		√	√	√		√	√	√
Keith Tatlum, GP Associate	√	√	√	√		X	X	√		√	√	X
Joan Walley, Non-Executive	√	√	√	√		√	X	√		X	√	√
Janet Dawson, Non-Executive Director	√	√	√	√		√	√	√		√	√	√
Russell Andrews, Associate Non-Executive Director	√	√	√	√		√	√	X		√	√	√
Philip Jones, Non-Executive Director											√	√
Billie Lam, Non-Executive Director (NExT Director Programme)											√	√
Executive Members												
Peter Axon, Chief Executive Officer	√	√	√	√		√	√	√		√	√	√
Tracie Fairchild, Assistant Chief Executive Officer								√		√	√	√
Dr Bukl Adeyemo, Executive Medical Director	√	√	√	√		√	√	X		√	√	√
Maria Neligan, Executive Director of Nursing and Quality	√	√	√	√		X						
Kenny Laing, Executive Director of Nursing and Quality								√		√	√	√
Jonathan O'Brien, Director of Operations	√	√	√	√		√	X	√		X	√	√
Linda Holland, Director of Workforce, OD and Inclusion	√	√	√	√		√	X					
Chris Bird, Director of Partnerships and Strategy	√	√	√	√		√	√	√		√	√	√
Shajeda Ahmed, Director of Workforce, OD and Inclusion							√	√		√	X	√
Lorraine Hooper, Executive Director of Finance, Performance and Estates	√	√	√	√		√	√	√		√	X	√
In Attendance												
Jenny Harvey, Union Representative	√	√	X	√		√	√	√		X	X	√
Joe McCrea, Associate Director of Communications	X	√	√	√		√	√	√		√	√	√
Wendy Dutton, Chair of Service User Carer Council	√	X	X	√		√	X					
Laura Wrench, Associate Director of Governance	√	√	√	√		√	√					
Sue Tams, Vice Chair Service User Carer Council	X	X	X	√		X	X	X		X	√	√
Lisa Wilkinson, Corporate Governance Manager (Notes)	√	√	√	√		√	√	√		√	√	√
Julie Anne Murray, Deputy Director of Nursing						√	√					
Dennis Okoko, Associate Medical Director								√				
Darren Carr, Associate Medical Director								√				
Liz Mellor, Deputy Director of Operations							√			√		
Justine Scotcher, Executive PA (Notes)			√									

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 known as out enhanced Improving for Quality Improvement Plan (IQPR) reporting including performance rectification improvement 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 for the 3rd year received an opinion of 'significant assurance with minor improvement opportunities'.
- There is a well-designed and effective Risk Management process which is embedded across the Trust. It is independently audited on an annual basis and again for the 3rd year has received an assurance rating of 'significant assurance with minor improvement opportunities'.
- All committees of the Board are chaired by a Non-Executive Director and committee terms of reference have been significantly updated 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 Board skills assessment.
- 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 2020/21.
- A robust Board Development Programme; aligned to strategic objectives
- Confirmation of compliance with conditions FT4 and G6 under the NHS Provider Licence

3.1 Trust Response to COVID-19 – Governance Arrangements

In anticipation of guidance issued by NHS England / Improvement on 29th March 2020, the Trust adopted the following principles to reduce the burden and increase capacity as an NHS Provider to deal with the COVID-19 pandemic. The new arrangements were agreed 18th March 2020 with effect from 23rd March 2020.

a. The Terms of Reference and Membership, including quorum arrangements, for the Board and its Committees were temporarily suspended as of 23rd March 2020, until further notice.

b. During this period, if meetings were to be held, then this was done through the use of telephone / digital technology – the preferred method being Microsoft Teams.

c. The primary focus of communication with the Board was the organisation's response to COVID- 19, including the safety of patients and the wellbeing of staff.

d. Effort was made to continue aspects of 'business as usual' however activity was based upon the existing business cycles / forward agenda: All matters for approval were either:

i.Deferred if not urgent or,

ii.Circulated to Board / Committee members via email for approval, whilst allowing sufficient time for review / response or,

iii.Discussed via telephone / digital technology with the decision recorded or,

iv. Discussed between the Chief Executive or nominated Executive Director with the Board / Committee Chair for Chairs Action and duly recorded

v.In these circumstances the quorum will be 1 Executive Director and 2 Non-Executive Directors

e.In these circumstances the quorum was 1 Executive Director and 2 Non-Executive Directors

f. The Business Cycles were reviewed and updated within Corporate Governance, to maintain an accurate record of items considered / approved or deferred.

In addition, guidelines were drafted to ensure meeting etiquette was maintained during the alternative arrangements to ease pressure on the telephone system whilst ensuring that governance was still managed and maintained.

3.2 Trust Board Cycle of Business

The Board has revised and agreed its structure to support the delivery of business. Changes were made to the Trust Board meetings and Committees during 2019/20 to strengthen governance arrangements and to ensure the Board received as close to real time data as possible. From January 2020 Public Boards moved to bi-monthly.

3.3 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, Assistant Chief Executive Officer, 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.

3.4 The Finance Performance and Estates Committee

The Finance, Performance & Digital Committee became the Finance, Performance and Estates Committee in April 2019. The Committee is responsible for the oversight and scrutiny of the Trust's financial and operational performance estates taking action where necessary and making recommendations to the Trust Board.

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

The Finance, Performance & Estates 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, Assistant Chief Executive Officer, Associate Director of Governance, Associate Director of Estates 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.

From the 1st April 2020 the Committee will be renamed the Finance and Resources Committee and will report on Business Development as well as business as usual

3.5 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.

3.6 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.

3.7 The Business Development Committee

The Business Development Committee was disbanded on the 31st March 2020. During 2019/20 the Committee on behalf of the board, aligned the strategic intentions with business decisions for the organisation. The Committee led on responding to the external health and social care environment, and provided recommendations to the board on risks and opportunities and implementation of the Trust digital strategy. The Committee ensured that lessons were learnt from both successful and unsuccessful bids for new contracts and that this learning was reflected into future bids to maximise the chances of success.

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

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

The Committee reviewed risks associated with high risk investments and provided the Trust Board with assurance of due diligence and risk management. It also reviewed the Trust risk register and ensured it reflected the agreed risk profile of the Trust ensuring risks were identified and manged effectively.

The Committee met bi-monthly and was chaired by a Non-Executive Director with membership comprising one other Non-Executive, Assistant Chief Execuive Officer, Director of Partnerships and Strategy, Director of Finance, Performance and Estates, Director of Operations and Medical Director.

Business Development from the 1st April 2020 will be reported through the Finance and Resources Committee.

3.8 Primary Care Committee

The Primary Care Committee was disbanded on the 31st March 2020. During 2019/20 the Committee on behalf of the board, provided advice and assurance on:

- The performance, quality and safety, financial management, workforce management and risk management of Primary Care Services
- The integration of 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.

The Committee on behalf of the Trust aligned the strategic intentions with business decisions of the organisation and provided sufficient flexibility in terms of governance oversight for Primary Care Services, which was a new business area for the Trust.

The Committee ensured the effective management of Primary Care Services.

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

The Committee met monthly and was chaired by a Non-Executive Director with membership comprising one other Non-Executive, Assistant Chief Executive Officer, Director of Partnerships and Strategy, Director of Finance, Performance and Estates and Executive Director of Nursing and Quality.

From the 1st April 2020 Primary Care became a Directorate in its own right and performance for the Directorate will be reported through monthly Performance Meetings as per the other four directorates.

3.9 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) formerly Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) The transfer of former Staffordshire and Stoke on Trent Partnership NHS Trust charitable Estates and nominated representative from MPFT. On 30th September 2019 funds, administered by the Trustand held on behalf of MPFT were transferred to the Midlands Partnership Foundation Trust wa approved on the 5th July 2019 and the transfer of funds took place on the 1st October 2019. 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, Assistant Chief Executive Officer and nominated representative from MPFT (until the 30th September 2019).

3.10 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, Assistant Chief Executive Officer and Director Workforce, Organisational Development and Inclusion are in attendance. During 2019/20, the Committee's cycle of business and Terms of Reference were reviewed and updated.

3.11 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.

3.12 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, a new Executive Director of Nursing and Quality, Assistant chief Executive and one Non-Executive Director. Our Chief Executive was also made substantive in February 2020. A GP Associate Board member continues to give strength and support to the Board from a primary care perspective. The Interim 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 and full review of Committee Effectiveness resulting in the disbanding of the Business Development Committee and Primary Care Committee with the transfer of the work of Business Development to Finance, Performance and Estates and the transfer of the work of Primary Care to an operational directorate; both effective from1st April 2020.

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.

3.13 Quality Account 2019/20

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.

Planning for the Annual Quality Account commenced in early 2020. 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 to the Quality Committee 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. The Trust Quality Account for 2019/20 was due to be published on 30 June 2020. However, in response to the coronavirus pandemic NHS England have advised Trusts that the usual arrangements for the provision of the Annual Quality Account will be amended. Trusts will no longer be subject to the 30 June deadline. Auditor assurance will not be required for 2019/20 Quality Accounts and provider organisations will no longer be required to produce hard copy documents.

The Trust has continued to work towards the production of a Quality Account for 2019/20 as we recognise that this is a valuable document to all of our partners and stakeholders.

3.14 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 2019/20 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 has been combined into one document that is reviewed and refreshed every 3 years and discussed by the appropriate committees with endorsed by the Board. This has created 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 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 Policy defines 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 Policy sets 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 September 2022.

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, a dedicated risk management page on the staff intranet system and the circulation and availability of guidance documents. Support is given at all levels (Trust, Directorate and Team). 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 and Development, Finance, Performance and Estates , Business Development, Primary Care Committee and Audit Committee).

As of 31st March 2020, the Trust has four risks with a residual score of 16 (impact 4 x likelihood 4) as follows:

Risk title	Gross score	Residual score	Target score	Action	Progress
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.	4x4=16	4x4=16	4x4=12	A number of Trust strategies are being implemented to recruit and retain staff. Time to hire is currently under Trust target. The Trust is part of the national NHS retention programme. It has been acknowledged at WMids HRD Meeting 27.09.19 that the top 3 hard to recruit to roles are 1. LD Nurses, 2. MH Nurses, 3. AHP's (apart from Physio). Work at national levels is on-going to provide incentives to train.	Recruitment remains ongoing where possible utilising digital tools however the Recruitment and Retention action plan has been impacted on by Covid-19 as open days cannot be held. The Trust are utilising national schemes such as the Bring Back Scheme. Q4 Time to Hire position remains less than the 60 day KPI across all posts (with some improvement noted). Working to retain student nurses with early offers of employment.
There is a risk that 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 Trust's ability to ensure the continued delivery of financial balance and high quality services, whilst also fulfilling obligations to support system-wide priorities.	4x4=16	4x4=16	4x4=12	Long term system plan draft complete - Trust CIP ask is challenging but achievable level - however the system wide financial gap remains large. Operational plan for 2020/21 process underway based on a number of assumptions both contractual and regulatory.	Financial planning put on hold due to COVID-19. Awaiting national guidance to support revenue and capital planning. Once received the system will work together to deliver revised targets and expectations. Financial management activities internally have confirmed that we remain financially viable for the first four months of 2020/21 (this is the period that latest national guidance covers).
There is a risk that additional system savings requirements lead to the Trust being unable to deliver the control total, either via resource availability or because savings do not deliver when working in conjunction with partners.	4x4=16	4x4=16	4x1=4	Score reduction from 16 to 8 requested and subsequently approved. OOA project being undertaken, at scoping phase, led by Director of Operations. Continued system discussions about allocation of savings and risk share arrangements. Ongoing work within system to identify opportunities via programme budgeting, led by NSC Director of Finance.	The national revised interim framework during Covid-19 reduces this risk and national interim guidance pauses the need to CIP / efficiencies. On-going system savings planning in place system wide. Savings workshop scheduled for 25.02.2020.

Risk title	Gross score	Residual score	Target score	Action	Progress
There is a risk that contract values for services provided by the Trust will be reduced due to the Stoke-on-Trent City Council 2020/21 budget pressure which could result in a reduction in available funding for service provision.	4x4=16	4x4=16	4x1=4	The Trust have sent a response to the council regarding budget plans which address S75.	Trust Board updated on progress of service changes.

A risk mapping exercise is undertaken and refreshed on a regular basis to map the highest scoring risks (residual of 12 and above) at BAF, Trust and Directorate level and aligned to their respective committee. The Trust currently has 2 directorate level clinical risks sitting at a residual score of 15 and considers these to be the highest scoring clinical risks. The table below describes the risk, gross, residual and target risk score, mitigations and updates in progress:

Risk title	Gross score	Residual score	Target score	Action	Progress
There is a risk to patient safety in inpatient areas due to non-anchored ligature self-harm incidents which could result in serious patient harm.	5x4=20	5x3=15	5x2=10	The Directorate will collect incident data to assure that non anchored ligature incidents are decreasing as a result of the actions. All staff aware of risk. An assessment of all patient observation level required to manage risk. Environmental reviews of ward conducted weekly. Patient property minimised per individual risk assessment Care plan regarding patient access to ligatures and personal risk assessment. Following a recent catastrophic incident a panel review serious incident investigation has been commissioned and will report the panel review findings in due course.	Reports received, analysed by Matron and Weekly Incident Review Group, confirmed that patient risk assessments and care plan reflect appropriate evidence based interventions based on incident analysis. Efficacy of actions monitored on an ongoing basis by the ward manager and team utilizing incident reporting and post incident review. Draft report returned to author with Directorate comments, author has confirmed final report will be sent to Medical Director on the 20th April 2020 for approval, feedback has been provided to the Clinical Teams and early learning actions have been implemented. Comprehensive Action Plan currently being completed by Quality Improvement Lead Nurse.

Risk title	Gross score	Residual score	Target score	Action	Progress
There is a risk that the Directorate cannot maintain business critical functions due to the impact of Covid-19 which could have a negative impact on service provision, patient and staff wellbeing.	5x4=20	5x3=15	5x2=10	In support of system wide flow NSCHCT have opened 15 MFFD beds [Ward 5]. Establish Senior Directorate Management rota to work in conjunction with Silver Command and to support Critical Service business continuity 7 days per week. Maintain daily reporting through Command and Control of all COVID-19 symptomatic related clinical and workforce reporting to ensure central point of recording and monitoring. Daily ward manager/ Matron review meetings for to support safer staffing and escalation of pressure points. Utilise all IPC policies and procedures to ensure patient and staff safety in partnership with IPC Team. Staff will receive consistent and regular communications in line with national guidance and local policy from the Director of Operations. Undertake a scoping exercise with CD/ AD and Exec Team to prioritise critical, essential and non-essential service in line with Business Continuity and Emergency Planning principles.	We have established an Operational Policy for Ward 5, current demand for beds is low from the Royal Stoke, however, we have a full complement of staff and medical leadership to receive patients as and when needed taking into account IPC guidelines. Established to the end of May 2020 with the Exec Director of Operations. Daily Command and Control SiTREP in place. This action is ongoing. We have got additional Band 4 due to commence during April and May 2020. All direct functions have continued through robust oversight of safer staffing and ensuring IPC principals are implemented. Daily interface with IPC continues. Ward 7 and Ward 4 identified as Cohort Wards of COVID-19 positive patients. Patient and staff testing in accordance with PHE Guidance. Regular briefings received Trust wide through Exec Director of Operations, twice weekly COVID Incident Group Team Meetings, CPAG established to support national guidance approval and to support ethical issues raised. Acute and Urgent Care Directorate Services classified as critical in line with BC Principals.

Trust Internal Auditors, KPMG, undertook a review of the Risk Management Framework for 2019/20 and made an assessment of Significant Assurance with minor improvement opportunities for the design and operation of the system of control.

3.14.1 Board Assurance Framework

The Board Assurance Framework risks were discussed and agreed by the Board in May 2019 for the 2019/20 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).

3.14.2 Utilise Effective Technology

During 2019/120 the Trust continued it 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.

3.15 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 retenders 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 Estates 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. Detailed information is also provided for assurance around Agency expenditure and Cost Improvement delivery.

For the NHS Metric "Use of Resource" score, the Trust achieved a Level 2.

3.16 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:

3.16.1 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

3.16.2 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

3.16.3 Submission of timely and accurate information

Risk is mitigated through:

- Financial balance
- Finance Performance and Estates 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 and QIA processes

3.16.4 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 including Observe and Act visits
- Quality Impact Assessment on Cost Improvement Plans
- Quality Account
- Quality Committee reports to Board
- Scrutiny of the Performance Management Framework (IQPR) at committee and Board
- Performance Improvement Rectification plans for metrics where target not achieved, including actions and trajectory for improvement
- Quality priorities – Safe, Personalise, 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 2020, 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.
- The 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 rating 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 2020, the Head of Internal Audit opinion for North Staffordshire Combined Healthcare NHS Trust is as follows:

'Significant assurance with minor improvements' can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control'

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 2019. 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 was due to receive our next 'Well-Led' siecption this year however this was temporarily postpones due to COVID-19.

8. Primary Care Services

The integration of the Moorcroft Medical Centre and Moss Green Practice was enacted as planned on the 1st December 2018 and reports on the clinical and operational performance of services, together with a range of associated reports, has been provided to the Primary Care Committee since that time on a monthly basis. Following the dissolution of the Primary Care Committee oversight of the primary care function will be aligned with other Directorates to ensure consistency of approach.

The new clinical model introduced as part of the integration programme splits routine and urgent care appointments across the two practice sites. One site offers urgent care and the other routine, this is alternated between the sites to ensure an equitable service is offered across the patient geography. This has allowed the service to recover vital routine access for patients. Appointment lengths have been increased from 10 to 15 minutes for both acute and routine appointments ensuring both patients and clinicians have adequate time to address all pertinent matters. The clinical team are very positive around the clinical session model that has been introduced as they can see the tangible improvement it has made to the time needed to effectively manage and treat the patient.

In headline terms, patients now have increased access to a more stable and diversified workforce allowing the right clinician to assess/treat the right patient as well as offering greater continuity of care for those patients with co-morbidities &/or long term conditions. The workforce has reacted positively to the changes in the clinical model and the harmonisation of the service into the Trust has gone well including an offer of harmonisation onto Agenda for Change terms and conditions for those staff who TUPE transferred at the point of integration. The financial position has settled into a steady pattern following an in-depth review of the key variables and there has been a consistency of forecast outturn over recent months.

The Primary Care Development Team has been established and has quickly developed an external profile with invitations from the NHS England Primary Care Commissioning Team to deliver presentations on the new clinical model to a range of audiences.

The Trust will continue to seek opportunities to expand its primary care service through further integration opportunities over the next year.

9. Statements and Declarations

9.1 Pension

As an employer with staff entitled to membership of the NHS 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.

9.2 Diversity and Inclusion

The Trust continues to have a highly visible approach to developing greater diversity and inclusion, closely linked to our CARE Trust Values and our 'SPAR' Quality Priorities. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with and the Trust has published reports on our website providing our annual equality monitoring data and progress in developing greater equality, diversity and inclusion

- Diversity and Inclusion Annual Report
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Equality Delivery System (EDS)
- Gender Pay Gap

The Trust continues to develop how we provide accessible information and communication to our patients and service users who speak international languages and/or who require special formats due to disability or health-related reasons and we continue to improve on the data we hold on our service users so that we can more appropriately understand and meet their needs as individuals for person-centred experiences. This includes working to improve our data held on ethnicity, religion and sexual orientation.

The Trust has further raised its game through 2019-20 with regard to developing a culture of inclusion throughout the organisation, with a view to diversity and inclusion being increasingly recognised as 'how we do things round here' and a key part of everyone's role.

Our Inclusion Council, established in November 2018, is now fully embedded as part of our 'business as usual' committees structure. Chaired by our Chief Executive, we have widened membership of this committee and broadened the remit to cover the full range of diversity and inclusion groups and issues. The Inclusion Council still has an important focus on developing BAME inclusion across the Trust, but also works to develop all forms of inclusion.

9.3 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 that 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.

9.4 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 2020 requiring any action from the Information Commissioners Office.

Managing and controlling risks related to information is a key element on the risk and control framework. The 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 prior to submission.

9.5 Declarations of Interest / Gifts and Hospitality

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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

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

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

9.6 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.

9.7 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.

10. 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 £1.6m against an income of £99.04m which includes £0.7m 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

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 2020. The Terms of Reference will be reviewed annually and the next review must take place before 31 March 2021.

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 Workforce, Organisational Development and Inclusion 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.

Executive Director Pay is managed in accordance with NHSI guidance. https://improvement.nhs.uk/documents/758/Updated_guidance_on_pay_for_VSMs_FINAL.pdf

The tables in this section are auditable and have been audited by our external auditors, Ernst and Young LLP.

Remuneration of senior managers – salaries (2019/20)

Name and Title	2019-20					
	Salary (bands of £5000) £000's	Expense payments (taxable) to the nearest £100* £00's	Performance Pay and bonuses (bands of £5000) £000's	Long term performance pay and bonuses (bands of £5000) £000's	All pension-related benefits (bands of £2500) £000's	Total (bands of £5000) £000's
P Axon Chief Executive Officer (from 1-Apr-19) *	155 to 160	0	0	0	0	90 to 95
O Adeyemo - Medical Director	140 to 145	0	0	0	210 to 212.5	350 to 355
J O'Brien- Director of Operations	105 to 110	0	0	0	135 to 137.5	240 to 245
L Hooper - Director of Finance, Performance & Estates	110 to 115	0	0	0	220 to 222.5	330 to 335
L Holland - Director of Workforce (until 31-Oct-19)	60 to 65	0	0	0	57.5 to 60	120 to 125
S Ahmed - Director of Workforce, OD and Inclusion (from 14-Oct-19)	45 to 50	0	0	0	22.5 to 25	70 to 75
M Nelligan - Director of Nursing (until 01-Sep-19)	45 to 50	0	0	0	0	45 to 50
J Murray - Director of Nursing (from 01-Sep-19 to 31-Oct-19)	15 to 20	0	0	0	35 to 37.5	50 to 55
K Laing - Director of Nursing and Quality (from 01-Nov-19)	40-45	0	0	0	112.5 to 115	150-155
C Bird - Director of Strategy	100 to 105	0	0	0	222.5 to 225	325 to 330
T Fairchild - Asst Chief Executive (From 01-Nov-19)	40 to 45	0	0	0	0	40 to 45
D Rogers - Non Executive Director	30 to 35	0	0	0	0	30 to 35
A. Gadsby - Non Executive Director	5 to 10	0	0	0	0	5 to 10
P Sullivan - Non Executive Director	5 to 10	0	0	0	0	5 to 10
J Walley - Non Executive Director	5 to 10	0	0	0	0	5 to 10
R Andrews - Non Executive Director	5 to 10	0	0	0	0	5 to 10
J Dawson - Non Executive Director	5 to 10	0	0	0	0	5 to 10
P Jones - Non Executive Director (from 01-Feb-20)	0 to 5	0	0	0	0	0 to 5

* P Axon was recharged to the Trust by Birmingham Community Healthcare NHS Foundation Trust and became employed by the Trust on 22nd February 2020. The figures above include both the recharges and salary for the period 1st April 2019 to 31 March 2020.

P. Axon total remuneration compared to salary shows an overall decrease in value due to all-pension related benefits being negative. This is due to the 2018/19 pension, lump sum and CETV calculations that were provided are based on 12 months rather than 9 months. The trusts auditors have validated the pension information that has been disclosed in the tables; external audit have agreed the pension disclosures to payslips for the period P. Axon has been working for NSCHT.

**2019/20 pension and CETV figures are based on existing scheme benefits and 2015 scheme benefits. Comparative 2018/19 pension and CETV figures are based on existing scheme benefits.

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Remuneration of senior managers – salaries (2018/19)

Name and Title	2018-19				
	Salary (bands of £5000) £000's	Performance Pay (bands of £5000) £000's	Taxable Expense Payment (Rounded to the nearest £100) £00's	All pension-related benefits (bands of £2500) £000's	Total (bands of £5000) £000's
C. Donovan - Chief Executive Officer (until 31-Mar-19)	145 to 150	0	0	100 to 102.5	245 to 250
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
J Walley - Non Executive Director	5 to 10	0	0	0	5 to 10
L Barber - Non Executive Director (until 30-Nov-18)	0 to 5	0	0	0	0 to 5
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

Remuneration of senior managers - pensions benefits

2019/20

Name and Title	Real Increase in pension at pension age (bands of £2500) £000's	Real increase in pension lump sum at pension age (bands of £2500) £000's	Total accrued pension at pension age as at 31 March 2020 (bands of £5000) £000's	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5000) £000's	Cash Equivalent Transfer Value at 1 April 2019 £000's	Real Increase in cash Equivalent Transfer Value £000's	Cash Equivalent Transfer Value at 31 March 2020 £000's	Employer's contribution to stakeholder pension
P Axon - Chief Executive Officer (from 01-Apr-19)	0	0	45 to 50	95 to 100	763	0	739	N/A
O Adeyemo - Medical Director	10 to 12.5	0 to 2.5	35 to 40	75 to 80	504	141	673	N/A
J O'Brien- Director of Operations	5 to 7.5	0	20 to 25	40 to 45	206	56	281	N/A
L Hooper - Director of Finance, Performance & Estates	10 to 12.5	7.5 to 10	20 to 25	45 to 50	176	107	303	N/A
L Holland - Director of Workforce (until 31-Oct-19)	2.5 to 5	0 to 2.5	5 to 10	5 to 10	42	46	130	N/A
S Ahmed - Director of Workforce, OD and Inclusion (from 14-Oct-19)	0 to 2.5	0 to 2.5	15 to 20	35 to 40	278	22	338	N/A
M Nelligan - Director of Nursing & Quality (until 01-Sep-19)	0	0	45 to 50	145 to 150	1,116	7	1,165	N/A
J Murray - Director of Nursing & Quality (01-Sep-19 until 31-Oct-19)	0 to 2.5	2.5 to 5	30 to 35	95 to 100	451	38	695	N/A
K Laing - Director of Nursing & Quality (from 01-Nov-19)	2.5 to 5	12.5 to 15	10 to 15	30 to 35	0	81	195	N/A
C Bird - Director of Strategy	10 to 12.5	0	35 to 40	0	322	132	476	N/A
T Fairchild - Assistant Chief Executive (from 01-Nov-19)								

* P Axon was recharged to the Trust by Birmingham Community Healthcare NHS Foundation Trust and became employed by the Trust on 22nd February 2020. The figures above include both the recharges and salary for the period 1st April 2019 to 31 March 2020.

2018/19 pension, lump sum and CETV calculations provided for P Axon were based on 12 months rather than 9 months, which inflated the figures. Based on this the 2019/20 real increase for pension, lump sum & CETV calculations show a decrease rather than an increase, these figures have therefore been excluded from the report to avoid distortion.

**2019/20 pension and CETV figures are based on existing scheme benefits and 2015 scheme benefits. Comparative 2018/19 pension and CETV figures are based on existing scheme benefits.

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 In-crease 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 in-crease 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 In-crease in cash Equiv-alent 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	203	N/A
O Adeyemo - Medical Director	25 to 30	0 to 2.5	75 to 80	0 to 2.5	504	432	44	N/A
J O'Brien- Director of Operations	10 to 15	5 to 7.5	40 to 45	15 to 17.5	206	102	87	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	76	N/A
L Hooper - Director of Finance, Per-formance & 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	30	N/A
L Holland - Director of Workforce (from 19-Nov-18)	0 to 5	0	5 to 10	0	42	24	5	N/A
M Nelligan - Director of Nursing	45 to 50	5 to 7.5	145 to 150	20 to 22.5	1,116	845	230	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

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.

The banded remuneration of the highest-paid director in North Staffordshire Combined Healthcare NHS Trust in the financial year 2019/20 was £157,956 (2018/19 £153,564). This was 5.16 times (2018/19 5.36 times) the median remuneration of the workforce, which was £30,583 (2018/19 £28,651).

In 2018/19 three (2018/19 three) employees received remuneration in excess of the highest paid director. Ranging from £163,482 to £192,943 (2018/19 remuneration ranged £163,245 to £178,324).

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.

The ratio decreases between years because of the agenda for change pay award in place, which raises the pay of the lowest paid more proportionately

Year	2019/20	2018/19
Band of highest paid Director's total remuneration (£'000)	155 - 160	150 -155
Median total (£)	30,583	28,651
Ratio	5.16	5.36

Off-payroll engagements

For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2020	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	3
- for between 2 and 3 years at the time of reporting	0
- 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 2019 and 31 March 2020, 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 2019 and 31 March 2020.	
Of which, the number of:	
- assessed as caught by IR35	0
- assessed as not caught by IR35	1
Engaged directly (via PSC contracted to department) and are on the department payroll	0
Engagements reassessed for consistency / assurance purposes during the year	0
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	11

Staff report

We employed an average of 1,402 permanently employed WTE and 179 other staff during 2019/20. Our staff costs amounted to £69.6m, which represents 70% of the Trust's closing income for the year (£99.1m).

Staff costs	Permanent	Other	2019/20 Total	2018/19 Total
	£000	£000	£000	£000
Salaries and wages	51,945	589	52,534	48,680
Social security costs	5,086	-	5,086	4,733
Apprenticeship levy	243	-	243	223
Employer's contributions to NHS pension scheme	9,278	-	9,278	6,048
Pension cost - other	71	-	71	34
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	49
Temporary staff	-	2,426	2,426	1,987
Total gross staff costs	**66,623**	**3,015**	**69,638**	**61,754**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**66,623**	**3,015**	**69,638**	**61,754**
Of which				
Costs capitalised as part of assets	15	-	15	-

Average number of employees (WTE basis)	Permanent	Other	2019/20 Total	2018/19 Total
	Number	Number	Number	Number
Medical and dental	56	24	80	76
Ambulance staff	-	-	-	-
Administration and estates	183	7	190	204
Healthcare assistants and other support staff	493	106	599	525
Nursing, midwifery and health visiting staff	454	37	491	478
Nursing, midwifery and health visiting learners	213	0	214	-
Scientific, therapeutic and technical staff	-	-	-	211
Healthcare science staff	-	-	-	-
Social care staff	-	1	1	-
Other	2	3	5	7
Total average numbers	**1,402**	**179**	**1,581**	**1,501**
Of which:				
Number of employees (WTE) engaged on capital projects	1	-	1	-

Staff Turnover

Our turnover figure decreased within 2019/20 to a FTE rate of 11.8%. 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 slightly increased during 2019/20 to a rolling average of 4.95% – (as reported in accordance with Department of Health guidance) this is an increase over the 2018/19 average of 0.7%.

Staff Sickness Absence	2019/20	2018/19
Total Days Lost	17,341	14,209
Total Staff Years	1,334	1,306
Average working Days Lost	13	11

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 Support and Counselling Service continues to provide excellent support to individuals and teams alike via a robust training programme covering stress coping topics, personal development and wellbeing awareness topics. The Service has continued to roll out the critical incident stress management programme which equips staff with the framework and skills to offer psychological first aid, psychological defusing and debriefing and emotional decompression support to staff affected by incidents within the workplace. The service continues to respond to the needs of the workforce by utilising relevant data and information to ensure that support that is offered is timely, topical and relevant in particularly health and wellbeing support.

There has been a continued investment and development in our Staff Health and Wellbeing offer (H&W). In January 2020 the Trust lunched a Health and Wellbeing event which was open to all staff and featured many aspects from Health MOTs, Health advice and guidance to mindfulness sessions. A number of engagement activities have also been held to ensure our Health and Wellbeing offer is meeting our staff needs. This led to a number additional aspects being offered including supporting staff with the menopause, which has been greatly received. We have also refreshed our Health and Wellbeing section on the Trust's intranet to ensure our comprehensive offer is easily accessible and widely communicated including initiatives such as our lunch time walking programme which provides accessible routes around our sites encouraging our staff to get fit and take a break.
.
We have also joined forces with a national H&W provider Vivup. Vivup provides a wide range of employee benefits for our staff to access which, focuses around physical, financial and mental health and wellbeing in the workplace. Included as part of this offer is access for all our staff to a 24hr, 7 day a week Employee Assistance helpline.

These initiatives have 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 2019/20

During 2019/20 there were 3 contractual payments in lieu of notice.

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	-	3	3
£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	-	3	3
Total cost (£)	£0	£26,000	£26,000

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 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 resource cost (£)	£70,000	£49,000	£119,000

Exit packages: other (non-compulsory) departure payments

	2019/20		2018/19	
	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	3	26	7	49
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**3**	**26**	**7**	**49**
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.

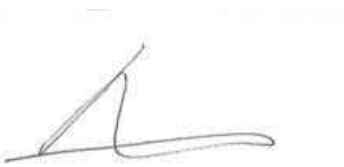
We have robust health and safety measures in place, including workstation risk assessments and stress risk assessments that aim to highlight and quantify any risk to employees and bring measures into place to mitigate the risk as much as possible. All Trust policies and service changes are subject to 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 2019/20, the Trust had expenditure on consultancy of £369,000 (2018/19 - £459,000).



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 2020 under the Local Audit and Accountability Act 2014. The financial statements comprise the Trust Statement of Comprehensive Income, the Trust Statement of Financial Position, the Trust Statement of Changes in Taxpayers' Equity, the Trust Statement of Cash Flows and the related notes 1 to 53. 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 2019/20 HM Treasury's Financial Reporting Manual (the 2019/20 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2019/20 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 2020 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.

Emphasis of matter – Disclosures in relation to the effects of COVID-19 and sources of estimation uncertainty

We draw attention to Note 1.2 Going Concern of the financial statements, which describes the financial and operational consequences the Trust is facing as a result of COVID-19 which is impacting funding arrangements.

We also draw attention to Note 1.24 Sources of estimation uncertainty of the financial statements, which describes the valuation uncertainty the Trust is facing as a result of COVID-19 in relation to property valuations.

Our opinion is not modified in respect of these matters.

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 1- 111, 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 2020.

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 [x], 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 April 2020, 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 2020.

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.

Helen Henshaw (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Birmingham
Date - TBC

Part Three - Financial Statements and Accounts - 1 April 2019 - 31 March 2020

North Staffordshire Combined Healthcare NHS Trust

Annual accounts for the year ended 31 March 2020

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	4	89,594	78,104
Other operating income	5	9,446	11,008
Operating expenses	8, 10	(95,195)	(83,898)
Operating surplus/(deficit) from continuing operations		**3,845**	**5,214**
Finance income	13	111	88
Finance expenses	14	(2,720)	(1,234)
PDC dividends payable		(578)	(553)
Net finance costs		**(3,187)**	**(1,699)**
Other gains / (losses)	15	-	-
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		**658**	**2,288**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		**-**	**-**
Surplus / (deficit) for the year		**658**	**2,288**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	9	(3,918)	(100)
Revaluations	20	897	374
Share of comprehensive income from associates and joint ventures	22	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	23	-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset		298	427
Gain / (loss) arising from on transfers by modified absorption		-	-
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		**(2,065)**	**2,989**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		658	2,288
Remove net impairments not scoring to the Departmental expenditure limit		955	93
Remove (gains) / losses on transfers by absorption		-	1,227
Remove I&E impact of capital grants and donations		-	-
Prior period adjustments		-	-
Remove non-cash element of on-SoFP pension costs		(38)	(32)
Remove 2018/19 post audit PSF reallocation (2019/20 only)		-	
Adjusted financial performance surplus / (deficit)		**1,575**	**3,576**

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

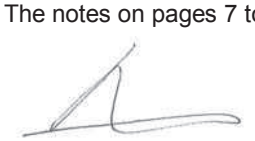
a) During the 2019/20 financial year the Trust has revalued its property assets. This has resulted in a net impairment which is included within the Retained Surplus for the year. An impairment charge or reversal of impairment is not considered part of the organisation's operating position and is adjusted within the financial performance for the year, against control total reported to NHSI.

b) During 2019/20 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 variance employer pension contributions.

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	17	184	255
Property, plant and equipment	18	29,264	31,875
Investment property	21	-	-
Investments in associates and joint ventures	22	-	-
Other investments / financial assets	23	-	-
Receivables	26	53	-
Other assets	27	657	321
Total non-current assets		**30,158**	**32,451**
Current assets			
Inventories	25	106	89
Receivables	26	7,235	8,790
Other investments / financial assets	23	-	-
Other assets	27	-	-
Non-current assets for sale and assets in disposal groups	28	-	-
Cash and cash equivalents	29	12,059	9,132
Total current assets		**19,400**	**18,011**
Current liabilities			
Trade and other payables	30	(8,901)	(7,999)
Borrowings	32	(628)	(635)
Other financial liabilities	33	-	-
Provisions	35	(486)	(386)
Other liabilities	31	(361)	(296)
Liabilities in disposal groups	28	-	-
Total current liabilities		**(10,376)**	**(9,316)**
Total assets less current liabilities		**39,182**	**41,146**
Non-current liabilities			
Trade and other payables	30	-	-
Borrowings	32	(10,294)	(10,921)
Other financial liabilities	33	-	-
Provisions	35	(783)	(555)
Other liabilities	31	-	-
Total non-current liabilities		**(11,077)**	**(11,476)**
Total assets employed		**28,105**	**29,670**
Financed by			
Public dividend capital		8,287	7,787
Revaluation reserve		7,007	10,122
Financial assets reserve		-	-
Other reserves		-	-
Merger reserve		-	-
Income and expenditure reserve		12,811	11,761
Total taxpayers' equity		**28,105**	**29,670**

The notes on pages 7 to 58 form part of these accounts.



Peter Axon
Chief Executive
24th June 2020

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**7,787**	**10,122**	**-**	**-**	**-**	**11,761**	**29,670**
Surplus/(deficit) for the year	-	-	-	-	-	658	**658**
Gain/(loss) arising from transfers by modified absorption	-	-	-	-	-	-	**-**
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	-	(94)	-	-	-	94	**-**
Impairments	-	(3,918)	-	-	-	-	**(3,918)**
Revaluations	-	897	-	-	-	-	**897**
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 through OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	298	**298**
Public dividend capital received	500	-	-	-	-	-	**500**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2020	**8,287**	**7,007**	**-**	**-**	**-**	**12,811**	**28,105**

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

	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**7,648**	**9,944**	**-**	**-**	**-**	**9,032**	**26,624**
Prior period adjustment	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2018 - restated	**7,648**	**9,944**	**-**	**-**	**-**	**9,032**	**26,624**
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-	**-**
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-	(82)	**(82)**
Surplus/(deficit) for the year	-	-	-	-	-	2,288	**2,288**
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)	-	-	-	-	**(100)**
Revaluations	-	374	-	-	-	-	**374**
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 through OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	427	**427**
Public dividend capital received	139	-	-	-	-	-	**139**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2019	**7,787**	**10,122**	**-**	**-**	**-**	**11,761**	**29,670**

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 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 position of the defined benefit Local Government Pension Scheme (LGPS)

Statement of Cash Flows

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		3,845	5,214
Non-cash income and expense:			
Depreciation and amortisation	8.1	1,206	971
Net impairments	9	955	93
Non-cash movements in on-SoFP pension liability		(38)	(32)
(Increase) / decrease in receivables and other assets		845	(1,598)
(Increase) / decrease in inventories		(17)	(10)
Increase / (decrease) in payables and other liabilities		1,032	862
Increase / (decrease) in provisions		330	(133)
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
Net cash flows from / (used in) operating activities		**8,158**	**5,367**
Cash flows from investing activities			
Interest received		111	88
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(33)	(43)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(2,539)	(1,308)
Sales of PPE and investment property		608	713
Receipt of cash donations to purchase assets		-	-
Prepayment of PFI capital contributions		-	-
Investing cash flows from discontinued operations		-	-
Cash from acquisitions / disposals of subsidiaries		-	-
Net cash flows from / (used in) investing activities		**(1,853)**	**(550)**
Cash flows from financing activities			
Public dividend capital received		500	139
Public dividend capital repaid		-	-
Movement on loans from DHSC		-	-
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		-	-
Capital element of PFI, LIFT and other service concession payments		(635)	(633)
Interest on loans		-	-
Other interest		-	-
Interest paid on finance lease liabilities		-	-
Interest paid on PFI, LIFT and other service concession obligations		(2,721)	(1,239)
PDC dividend (paid) / refunded		(522)	(585)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
Net cash flows from / (used in) financing activities		**(3,378)**	**(2,318)**
Increase in cash and cash equivalents		**2,927**	**2,499**
Cash and cash equivalents at 1 April - brought forward		**9,132**	**6,633**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**9,132**	**6,633**
Cash and cash equivalents transferred under absorption accounting		-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	29.1	**12,059**	**9,132**

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 2019/20 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.

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

The Trust Board are required to make an assessment as at the balance sheet date as to whether the Trust remains a going concern.

It is acknowledged that due to the impact of COVID-19 the NHS is currently operating in a different environment however it is clear that NHS services will continue to be funded, and government funding is in place for this as detailed in the statement published by NHS England and NHS Improvement on 27th May 2020 (https://improvement.nhs.uk/documents/6615/Statement_to_support_forecasting.pdf). This states that “the financial statements of all NHS providers and CCGs will be prepared on a going concern basis unless there are exceptional circumstances where the entity is being or is likely to be wound up without the provision of its services transferring to another entity in the public sector.” It also states that “Providers can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned.”

The directors have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the Staffordshire and Stoke-on-Trent STP. Comprised of all the statutory healthcare organisations, clinical commissioning groups and local authorities in Stoke-on-Trent and Staffordshire, providing health and social care services to 1.1 million people. The STP is continuing to develop its NHS Long Term Plan response for the five year period 2020/21 - 2024/25. This plan includes the continued provision of services by the Trust.

The actions taken by the NHS to respond to the COVID-19 pandemic included the suspension in March of operational planning for 2020/21. Contract negotiations and financial plans for the 2020/21 financial year were not concluded and an interim financial framework, with simplified contracting and funding arrangements, was introduced for the period April 2020 - July 2020. The financial framework that will apply beyond July 2020 is not yet clear. The directors have considered a range of scenarios, including a downside scenario, to understand the impact of different funding arrangements and funding levels may have. These scenarios have considered cash flows for a period of 12 months from the date of approval of the annual accounts i.e. until June 2021. In each of these scenarios the Trust is in a positive cash position at the end of the review period.

Taking into account these planning scenarios and the robust financial framework and governance structures in place within the Trust, the directors have a reasonable expectation that the Trust will have adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

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).
In the reporting year Charitable Funds relating to Midland Partnership NHS Foundation Trust transferred from the North Staffordshire Combined Healthcare NHS Charitable Fund. This transfer was with effect from 30 September 2019.

As at 31st March 2020 the unaudited charitable fund balances totalled £84,000. As a consequence the Trust considers these balances to be immaterial and not requiring full disclosure within the 2019/20 accounts.

Note 1.4 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).

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 performance obligations are satisfied. In practical terms this means that treatment has been given, 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.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)
The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.5 Other forms of income

Apprenticeship service income
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 from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 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 2019/20 the Trust accrued £273,000 in relation to untaken annual leave to be carried over into the 2020/21 financial year. The annual leave accrual for 2018/19 was £182,000
Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

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 1.7 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 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

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.

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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. 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.

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 has 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 expenditure.

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.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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.

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.

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 HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

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 use.

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.

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).

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 Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	70
Plant & machinery	1	18
Transport equipment	2	5
Information technology	1	6
Furniture & fittings	6	9

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 1.9 Intangible assets

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 where it meets the requirements set out

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

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 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.

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.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	1	5

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value.

Note 1.11 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 1.12 Financial assets and financial liabilities

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 (Office for National Statistics).

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.

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 liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

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.

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 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a 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 implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

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.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position 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.

The Trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

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 35.1 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 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 36 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 36, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:
• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

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 and grant 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 calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts.. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.19 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.

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 1.20 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 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases
IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2021 for For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust is in the process of updating the CARs software system which is currently used to record Non-Current Assets, to include Right of Use Assets. This will allow the calculation of a liability and asset for existing leases as well as accounting for new leases as they are implemented. 5 year capital plans will include Capital Resource cover for new leases at the value of the lease liability.

The trust has estimated the impact of applying IFRS 16 in 2021/22 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2021 statement of financial position	
Additional right of use assets recognised for existing operating leases	4,635
Additional lease obligations recognised for existing operating leases	(4,635)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2021	**-**
Estimated in-year impact in 2021/22	
Additional depreciation on right of use assets	(641)
Additional finance costs on lease liabilities	(56)
Lease rentals no longer charged to operating expenditure	672
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2021/22	**(25)**
Estimated increase in capital additions for new leases commencing in 2021/22	**87**

The discount rate used in the calculations above is assumed at 1.27%. Where a fully signed lease document is not in place assumptions have been made on the length of the lease based on the Trust's expectation of continuing to use the property.

Note 1.23 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 2020, the unaudited Charitable Fund balance totalled £84k. As a consequence the Trust considers these balances to be immaterial and not requiring full disclosure within the 2019/20 accounts.

Note 1.24 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 undertook a full valuation of its property assets during the year resulting in an impairment and reduction in asset lives. The full valuation was as at 1st April 2019, with a valuation of the Mental Health Crisis Care Centre as at 4th October 2019 when it came into use.
A further desk top valuation was done as at 31st March 2020 to reflect any changes in market price since the full valuation at the beginning of the year.

The desktop valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), valuers have issued a standard clause that has declared a 'material valuation uncertainty' in valuation reports, however, the Trusts valuers have confirmed that it is their opinion that the uncertainty associated with valuing the Trust's property assets is significantly lower than for other asset classes for the following reasons:

- All property inspections were completed in advance of the COVID-19 lockdown
- 92% of the value of the Trust's properties are specialised properties and are therefore valued on a Depreciated Replacement Cost basis
- COVID-19 will not impact NHS Property values as it will other property sectors as there is no associate reduction in the occupancy/use /demand for NHS property
- The valuation was based on a BCIS 'All in' TPI for quarter 1 of 2020 of 335, which equates very closely to the provisional TPI of 336 for quarter 1 published on 27 May 2020.
- The value of the Land and non-specialised assets was reviewed in late March 2020, and therefore represents the valuers opinion of the valuer as at 31 March 2020.

On this basis the Trust does not consider there to be material uncertainty in the valuation of the Trusts properties.

Note 2 Pooled Budgets

North Staffordshire Combined Healthcare NHS Trust has a pooled budget arrangement with City of Stoke on Trent Council and is the host for the pooled budget.

2019/20 Memorandum Account - City of Stoke on Trent Council Pooled Budget

Delegated Budgets	Total	North Staffs Combined Healthcare NHS Trust Contribution	City of Stoke on Trent Council Contribution
	£'000	**£'000**	**£'000**
Expenditure			
Pay	6,387	4,431	1,956
Non-Pay	2,355	361	1,994
	8,742	4,792	3,950
Income	(328)	(14)	(314)
Total Delegated Budgets	8,414	4,778	3,636
Overhead Contribution	-	-	-
Contribution to the Pool	8,414	4,778	3,636

2018/19 Memorandum Account - City of Stoke on Trent Council Pooled Budget

Delegated Budgets	Total	North Staffs Combined Healthcare NHS Trust Contribution	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
	8,081	4,131	3,950
Income	(329)	(15)	(314)
Total Delegated Budgets	7,752	4,116	3,636
Overhead Contribution	-	-	-
Contribution to the Pool	7,752	4,116	3,636

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 17. Other operating income is analysed in note 5 to the financial statements on page 18 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 47.

	2019/20 £000	2018/19 £000
Income	**99,040**	**89,112**
Surplus/(Deficit)		
Segment surplus/(Deficit)	-	-
Common Costs	(95,195)	(83,898)
Surplus/(Deficit) before interest	**3,845**	**5,214**
Net Assets:		
Segment net assets	**28,105**	**29,670**

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

Note 4.1 Income from patient care activities (by nature)	**2019/20 £000**	**2018/19 £000**
Mental health services		
Cost and volume contract income	3,326	2,797
Block contract income	69,000	64,241
Clinical partnerships providing mandatory services (including S75 agreements)	4,347	4,527
Clinical income for the secondary commissioning of mandatory services	5,206	3,699
Other clinical income from mandatory services	2,372	1,461
All services		
Private patient income	51	15
Agenda for Change pay award central funding*		840
Additional pension contribution central funding**	2,825	
Other clinical income***	2,467	524
Total income from activities	**89,594**	**78,104**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** 2019/20 Other clinical income includes GMS income in relation to Moorcroft Medical Practice. This was included in Other Operating Income in 2018/19.

Note 4.2 Income from patient care activities (by source)

Income from patient care activities received from:	**2019/20 £000**	**2018/19 £000**
NHS England	6,316	2,804
Clinical commissioning groups	69,594	65,770
Department of Health and Social Care	-	840
Other NHS providers	911	-
NHS other	1	1
Local authorities	6,592	7,165
Non-NHS: private patients	51	15
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	-	-
Non NHS: other*	6,129	1,509
Total income from activities	**89,594**	**78,104**
Of which:		
Related to continuing operations	89,594	78,104
Related to discontinued operations	-	-

Note 4.3 Overseas visitors (relating to patients charged directly by the provider)

	2019/20 £000	**2018/19 £000**
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-
Total income from Overseas visitors	**-**	**-**

Note 5 Other operating income

	2019/20			2018/19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
Other operating income from contracts with customers:	£000	£000	£000	£000	£000	£000
Research and development	117	-	**117**	99	-	**99**
Education and training	3,141	-	**3,141**	2,168	-	**2,168**
Non-patient care services to other bodies	2,192	-	**2,192**	2,260	-	**2,260**
Provider sustainability fund (PSF)	700	-	**700**	2,624	-	**2,624**
Income in respect of employee benefits accounted on a gross basis	193	-	**193**	334	-	**334**
Other contract income*	2,993	-	**2,993**	3,470	-	**3,470**
Other non-contract operating income						
Education and training - notional income from apprenticeship fund**	-	110	**110**	-	53	**53**
Total other operating income	**9,336**	**110**	**9,446**	**10,955**	**53**	**11,008**
Of which:						
Related to continuing operations			**9,446**			**11,008**
Related to discontinued operations			**-**			**-**

* Other contract income includes £0.9m (2018/19: £1.4m) in respect of the Improving Access to Psychological Therapies services, £0.3m in respect of CYP Trailblazer (2018/19 £0), £0.5m (2018/19: £0.3m), Long Term Conditions £0.5m (2018/19 £0.5m), £0.1m (2018/19: £0.1m) relates to social care residents, £0.1m (2018/19: £0.1m) to lease car contributions and £0.6m (2018/19: £0.9m) 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 6.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20 £000	2018/19 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	179	58
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 6.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2020 £000	31 March 2019 £000
within one year	-	-
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	**-**	**-**

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 7.1 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2019/20 £000	2018/19 £000
Income	-	-
Full cost	-	-
Surplus / (deficit)	**-**	**-**

Note 8.1 Operating expenses

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,361	1,377
Purchase of healthcare from non-NHS and non-DHSC bodies	2,766	1,331
Residential Payments	2,793	2,102
Staff and executive directors costs	69,597	61,646
Remuneration of non-executive directors	76	64
Supplies and services - clinical (excluding drugs costs)	300	275
Supplies and services - general	189	188
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,399	2,500
Consultancy costs	369	459
Establishment	849	797
Premises	2,341	1,939
Information Technology	1,244	974
Transport (including patient travel)	1,337	1,485
Depreciation on property, plant and equipment	1,114	894
Amortisation on intangible assets	92	77
Net impairments	955	93
Movement in credit loss allowance: contract receivables / contract assets	12	247
Increase/(decrease) in other provisions	-	6
Change in provisions discount rate(s)	62	(9)
Audit fees payable to the external auditor		
audit services- statutory audit	50	50
other auditor remuneration (external auditor only)	-	12
Internal audit costs	88	87
Clinical negligence	188	269
Legal fees	78	75
Education and training	474	484
Rentals under operating leases	1,231	905
Early retirements	-	59
Redundancy	19	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	2,987	4,311
Car parking & security	27	22
Hospitality	54	32
Losses, ex gratia & special payments	26	49
Other services, eg external payroll	582	572
Subscriptions	282	177
Other*	253	349
Total	**95,195**	**83,898**
Of which:		
Related to continuing operations	95,195	83,898
Related to discontinued operations	-	-

* Other expenditure includes £0.1m (2018/19: £0.1m) relating room hire and £0.2m (2018/19: £0.1m) other expenditure. Partial exemption VAT costs were also included in 2018/19 £0.2m (2019/20 £nil)

Note 8.2 Other auditor remuneration

	2019/20 £000	2018/19 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	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	-	-
Total	**-**	**12**

Note 8.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2018/19: £1m).

Note 9 Impairment of assets

	2019/20 £000	2018/19 £000
Net impairments charged to operating surplus / deficit resulting from:		
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	955	93
Other	-	-
Total net impairments charged to operating surplus / deficit	**955**	**93**
Impairments charged to the revaluation reserve	3,918	100
Total net impairments	**4,873**	**193**

In 2019/20 the Trust revalued all of its sites (land and buildings) resulting in an impairment of £5,188k of which £3,918k was charged to the revalution reserve and £1,270k was charged to SoCI. Where some properties value increased, this resulted in a valuation increase of £1.212m of which £897k was recognised against the revalution reserve and £315k charged to SoCI as an impairment reversal. The total impact on the SoCI in 2019/20 is £955k (£1,270k - £315k).

Note 10 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	52,534	48,680
Social security costs	5,086	4,733
Apprenticeship levy	243	223
Employer's contributions to NHS pensions	9,278	6,048
Pension cost - other	71	34
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	49
Temporary staff (including agency)	2,426	1,987
Total gross staff costs	**69,638**	**61,754**
Recoveries in respect of seconded staff	-	-
Total staff costs	**69,638**	**61,754**
Of which		
Costs capitalised as part of assets	15	-

Note 10.1 Retirements due to ill-health

During 2019/20 there was 1 early retirement from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £61k (£59k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 11 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care 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

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 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 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 to 20.6%, and the Scheme Regulations were amended accordingly.

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.

Note 12 Operating leases

Note 12.1 North Staffordshire Combined Healthcare NHS Trust as a lessor

The Trust is not a lessor.

Note 12.2 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.

	2019/20 £000	2018/19 £000
Operating lease expense		
Minimum lease payments	1,231	905
Contingent rents	-	-
Less sublease payments received	-	-
Total	**1,231**	**905**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease payments due:		
- not later than one year;	1,134	804
- later than one year and not later than five years;	2,605	1,178
- later than five years.	3,301	-
Total	**7,040**	**1,982**
Future minimum sublease payments to be received	-	-

Note 13 Finance income

Finance income represents interest received on assets and investments in the period.

	2019/20 £000	2018/19 £000
Interest on bank accounts	73	56
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	38	32
Total finance income	**111**	**88**

Note 14.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2019/20 £000	2018/19 £000
Interest expense:		
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	1,172	1,239
Contingent finance costs on PFI and LIFT scheme obligations	1,550	-
Total interest expense	**2,722**	**1,239**
Unwinding of discount on provisions	(2)	(5)
Other finance costs	-	-
Total finance costs	**2,720**	**1,234**

Note 14.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2019/20 £000	2018/19 £000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 15 Other gains / (losses)

	2019/20 £000	2018/19 £000
Gains on disposal of assets	-	-
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**-**	**-**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	**-**	**-**

Note 16 Discontinued operations

	2019/20 £000	2018/19 £000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Gain on disposal of discontinued operations	-	-
(Loss) on disposal of discontinued operations	-	-
Corporation tax expense attributable to discontinued operations	-	-
Total	**-**	**-**

Note 17.1 Intangible assets - 2019/20

	Software licences £000	Licences & trademarks £000	Patents £000	Internally generated information technology £000	Development expenditure £000	Goodwill £000	Websites £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2019 - brought forward	**779**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**779**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Additions	21	-	-	-	-	-	-	-	-	**21**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 31 March 2020	**800**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**800**
Amortisation at 1 April 2019 - brought forward	**524**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**524**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Provided during the year	92	-	-	-	-	-	-	-	-	**92**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	-	**-**
Amortisation at 31 March 2020	**616**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**616**
Net book value at 31 March 2020	**184**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**184**
Net book value at 1 April 2019	**255**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**255**

Note 17.2 Intangible assets - 2018/19

	Software licences £000	Licences & trademarks £000	Patents £000	Internally generated information technology £000	Development expenditure £000	Goodwill £000	Websites £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	**724**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**724**
Prior period adjustments	-	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2018 - restated	**724**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**724**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Additions	55	-	-	-	-	-	-	-	-	**55**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 31 March 2019	**779**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**779**
Amortisation at 1 April 2018 - as previously stated	**447**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**447**
Prior period adjustments	-	-	-	-	-	-	-	-	-	**-**
Amortisation at 1 April 2018 - restated	**447**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**447**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Provided during the year	77	-	-	-	-	-	-	-	-	**77**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	-	**-**
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 18.1 Property, plant and equipment - 2019/20

	Land £000	Buildings excluding dwellings £000	Dwellings £000	under constructio n £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2019 - brought forward	**5,604**	**25,620**	**-**	**299**	**614**	**150**	**3,105**	**331**	**35,723**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	-	695	-	755	67	-	932	30	**2,479**
Impairments	(267)	(4,903)	-	-	-	-	-	-	**(5,170)**
Reversals of impairments	-	307	-	-	-	-	-	-	**307**
Revaluations	94	763	-	-	-	-	-	-	**857**
Reclassifications	-	1,054	-	(1,054)	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	(133)	-	**(133)**
Valuation/gross cost at 31 March 2020	**5,431**	**23,536**	**-**	**-**	**681**	**150**	**3,904**	**361**	**34,063**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**928**	**-**	**-**	**388**	**118**	**2,346**	**68**	**3,848**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	675	-	-	35	10	361	33	**1,114**
Impairments	-	18	-	-	-	-	-	-	**18**
Reversals of impairments	-	(8)	-	-	-	-	-	-	**(8)**
Revaluations	-	(40)	-	-	-	-	-	-	**(40)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	(133)	-	**(133)**
Accumulated depreciation at 31 March 2020	**-**	**1,573**	**-**	**-**	**423**	**128**	**2,574**	**101**	**4,799**
Net book value at 31 March 2020	**5,431**	**21,963**	**-**	**-**	**258**	**22**	**1,330**	**260**	**29,264**
Net book value at 1 April 2019	**5,604**	**24,692**	**-**	**299**	**226**	**32**	**759**	**263**	**31,875**

Note 18.2 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Dwellings	under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**5,604**	**23,205**	**-**	**1,980**	**552**	**180**	**2,792**	**232**	**34,545**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2018 - restated	**5,604**	**23,205**	**-**	**1,980**	**552**	**180**	**2,792**	**232**	**34,545**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	-	752	-	300	98	-	313	99	**1,562**
Impairments	-	(224)	-	-	-	-	-	-	**(224)**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(94)	-	-	-	-	-	-	**(94)**
Reclassifications	-	1,981	-	(1,981)	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(36)	(30)	-	-	**(66)**
Valuation/gross cost at 31 March 2019	**5,604**	**25,620**	**-**	**299**	**614**	**150**	**3,105**	**331**	**35,723**
Accumulated depreciation at 1 April 2018 - as previously stated	**-**	**914**	**-**	**-**	**405**	**138**	**2,017**	**45**	**3,519**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2018 - restated	**-**	**914**	**-**	**-**	**405**	**138**	**2,017**	**45**	**3,519**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	513	-	-	19	10	329	23	**894**
Impairments	-	15	-	-	-	-	-	-	**15**
Reversals of impairments	-	(46)	-	-	-	-	-	-	**(46)**
Revaluations	-	(468)	-	-	-	-	-	-	**(468)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(36)	(30)	-	-	**(66)**
Accumulated depreciation at 31 March 2019	**-**	**928**	**-**	**-**	**388**	**118**	**2,346**	**68**	**3,848**
Net book value at 31 March 2019	**5,604**	**24,692**	**-**	**299**	**226**	**32**	**759**	**263**	**31,875**
Net book value at 1 April 2018	**5,604**	**22,291**	**-**	**1,980**	**147**	**42**	**775**	**187**	**31,026**

Note 18.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020									
Owned - purchased	5,431	8,066	-	-	258	22	1,330	260	**15,367**
Finance leased	-	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	13,897	-	-	-	-	-	-	**13,897**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	-	-	-	-	-	-	-	-	**-**
NBV total at 31 March 2020	**5,431**	**21,963**	**-**	**-**	**258**	**22**	**1,330**	**260**	**29,264**

Note 18.4 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	5,604	8,255	-	-	226	32	759	263	**15,139**
Finance leased	-	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	16,437	-	299	-	-	-	-	**16,736**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	-	-	-	-	-	-	-	-	**-**
NBV total at 31 March 2019	**5,604**	**24,692**	**-**	**299**	**226**	**32**	**759**	**263**	**31,875**

Note 19 Donations of property, plant and equipment

The Trust has not received any donations of property, plant and equipment during the year

Note 20 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.

In the reporting year a full independent valuation, undertaken on the Trust's behalf by Cushman & Wakefield and compliant with RICS Valuation - Global Standards , with a valuation date of 1 April 2019. The Valuers provided an update to this full valuation as at 31 March 2020.

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 many of the Trusts assets 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.

Note 21.1 Investment Property

The Trust does not have any investment property.

Note 22 Investments in associates and joint ventures

The Trust does not have any investment in associates or joint ventures.

Note 23 Other investments / financial assets (non-current)

The Trust does not have any other investments / financial assets (non-current)

Note 23.1 Other investments / financial assets (current)

The Trust does not have any other investments / financial assets (current)

Note 24 Disclosure of interests in other entities

The trust does not have an interest in unconsolidated subsidiaries, joint ventures, associates or unconsolidated

Note 25 Inventories

	31 March 2020 £000	31 March 2019 £000
Drugs	73	55
Work In progress	-	-
Consumables	31	32
Energy	2	2
Other	-	-
Total inventories	**106**	**89**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,303k (2018/19: £1,328k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

Note 26.1 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	6,141	7,456
Contract assets	-	-
Capital receivables	-	608
Allowance for impaired contract receivables / assets	(35)	(438)
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	990	922
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	-	49
VAT receivable	139	191
Corporation and other taxes receivable	-	-
Other receivables	-	2
Total current receivables	**7,235**	**8,790**
Non-current		
Contract receivables	-	-
Contract assets	-	-
Capital receivables	-	-
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	53	-
Total non-current receivables	**53**	**-**
Of which receivable from NHS and DHSC group bodies:		
Current	3,783	4,695
Non-current	53	-

Contract Receivables includes £4,388k invoiced receivables and £1,736k accruals. Capital receivables of £608k in 2018-19 related to the final instalment for the Bucknall land sale which was settled in April 2019.

The PDC dividend receivable was settled in September 2019. As at 31st March 2020, the trust is reporting a £7k PDC dividend payable

Note 26.2 Allowances for credit losses

	2019/20		2018/19	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**438**	**-**	**-**	**109**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**438**	**-**	**-**	**109**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018			191	(109)
Transfers by absorption	**-**	**-**	-	-
New allowances arising	20	-	259	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	(8)	-	(12)	-
Utilisation of allowances (write offs)	(415)	-	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2020	**35**	**-**	**438**	**-**

During the year, £415k of allowances for impaired receivables were written off, the majority of which related to Staffordshire County Council, and £8k were collected. New allowances for impaired receivables during the year total £20k

Note 26.3 Exposure to credit risk

The Trust does not have any material exposure to credit risk

Note 27 Other assets

	31 March 2020	31 March 2019
Current	**£000**	**£000**
EU emissions trading scheme allowance	-	-
Other assets	-	-
Total other current assets	**-**	**-**
Non-current		
Net defined benefit pension scheme asset	657	321
Other assets	-	-
Total other non-current assets	**657**	**321**

Note 28.1 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.

Note 28.2 Liabilities in disposal groups

The Trust does not have liabilities in disposal groups.

Note 29.1 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.

	2019/20 £000	2018/19 £000
At 1 April	**9,132**	**6,633**
Prior period adjustments		-
At 1 April (restated)	**9,132**	**6,633**
Transfers by absorption	-	-
Net change in year	2,927	2,499
At 31 March	**12,059**	**9,132**
Broken down into:		
Cash at commercial banks and in hand	10	9
Cash with the Government Banking Service	12,049	9,123
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**12,059**	**9,132**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**12,059**	**9,132**

Note 29.2 Third party assets held by the trust

North Staffordshire Combined Healthcare NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020 £000	31 March 2019 £000
Bank balances	83	68
Monies on deposit	-	-
Total third party assets	**83**	**68**

Note 30.1 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	1,644	1,674
Capital payables	428	500
Accruals	4,642	3,742
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
Social security costs	749	714
VAT payables	-	-
Other taxes payable	550	534
PDC dividend payable	7	-
Other payables	881	835
Total current trade and other payables	**8,901**	**7,999**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	928	1,149
Non-current	-	-

Note 30.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2020 £000	31 March 2020 Number	31 March 2019 £000	31 March 2019 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 31 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	361	296
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Total other current liabilities	**361**	**296**
Non-current		
Deferred income: contract liabilities	-	-
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Net pension scheme liability	-	-
Total other non-current liabilities	**-**	**-**

Note 32.1 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Bank overdrafts	-	-
Drawdown in committed facility	-	-
Loans from DHSC	-	-
Other loans	-	-
Obligations under finance leases	-	-
Obligations under PFI, LIFT or other service concession contracts	628	635
Total current borrowings	**628**	**635**
Non-current		
Loans from DHSC	-	-
Other loans	-	-
Obligations under finance leases	-	-
Obligations under PFI, LIFT or other service concession contracts	10,294	10,921
Total non-current borrowings	**10,294**	**10,921**

Note 32.2 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2019	**-**	**-**	**-**	**11,556**	**11,556**
Cash movements:					
Financing cash flows - payments and receipts of principal	-	-	-	(635)	**(635)**
Financing cash flows - payments of interest	-	-	-	(1,171)	**(1,171)**
Non-cash movements:					
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	-	-	-	1,172	**1,172**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Early terminations	-	-	-	-	**-**
Other changes	-	-	-	-	**-**
Carrying value at 31 March 2020	**-**	**-**	**-**	**10,922**	**10,922**

Note 32.3 Reconciliation of liabilities arising from financing activities - 2018/19

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2018	**-**	**-**	**-**	**12,190**	**12,190**
Prior period adjustment	**-**	**-**	**-**	**-**	**-**
Carrying value at 1 April 2018 - restated	**-**	**-**	**-**	**12,190**	**12,190**
Cash movements:					
Financing cash flows - payments and receipts of principal	-	-	-	(633)	**(633)**
Financing cash flows - payments of interest	-	-	-	(1,240)	**(1,240)**
Non-cash movements:					
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	-	-	-	-	**-**
Early terminations	-	-	-	-	**-**
Other changes	-	-	-	-	**-**
Carrying value at 31 March 2019	**-**	**-**	**-**	**11,556**	**11,556**

Note 33 Other financial liabilities

	31 March 2020	31 March 2019
	£000	£000
Current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total current other financial liabilities	**-**	**-**
Non-current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total non-current other financial liabilities	**-**	**-**

Note 34 Finance Leases

The Trust has no finance lease obligations as a lessee or a lessor

Note 35 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	**-**	**247**	**26**	**-**	**-**	**338**	**330**	**941**
Transfers by absorption	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Change in the discount rate	**-**	**61**	**-**	**-**	**-**	**-**	**1**	**62**
Arising during the year	**-**	**86**	**7**	**-**	**-**	**81**	**313**	**487**
Utilised during the year	-	(28)	(4)	-	-	(64)	(20)	**(116)**
Reclassified to liabilities held in disposal groups	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Reversed unused	**-**	**-**	**(8)**	**-**	**-**	**(63)**	**(32)**	**(103)**
Unwinding of discount	**-**	**1**	**-**	**-**	**-**	**-**	**(3)**	**(2)**
At 31 March 2020	**-**	**367**	**21**	**-**	**-**	**292**	**589**	**1,269**
Expected timing of cash flows:								
- not later than one year;	-	28	21	-	-	158	**279**	**486**
- later than one year and not later than five years;	-	339	-	-	-	134	**257**	**730**
- later than five years.	-	-	-	-	-	-	**53**	**53**
Total	**-**	**367**	**21**	**-**	**-**	**292**	**589**	**1,269**

Other provisions (£589k) relate to: the projected liabilities and charges arising in 2019/20 and beyond, in respect of provisions related to Trust properties £355k; projected liability as relating to pay provisions £148k; projected liability in respect of tax charges on clinicians pensions £53k; projected liability for the tax charge relating to benefits received by staff attending staff awards events £33k .

Note 35.1 Clinical negligence liabilities

At 31 March 2020, £447k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Staffordshire Combined Healthcare NHS Trust (31 March 2019: £54k).

Note 36 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	(9)	(27)
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	**(9)**	**(27)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(9)**	**(27)**
Net value of contingent assets	**-**	**-**

Note 37 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	-	734
Intangible assets	-	-
Total	**-**	**734**

The Trust has no capital commitments at 31st March 2020. In 2018/19 capital commitments of £734k were in relation to the construction of the Mental Health Crisis Care Centre which concluded in October 2019.

Note 38 Other financial commitments

The Trust has no other financial commitments

Note 38 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 2020. 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 2019/20 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 2018 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 2.3% up to the period ending 31 March 2020.

- 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:

	2019/20 % P.A.	2018/19 % P.A.	2017/18 % P.A.	2016/17 % P.A.	2015/16 % P.A.	2014/15 % P.A.
Pension Increase Rate	1.90%	2.50%	2.40%	2.40%	2.20%	2.40%
Salary Increase Rate	2.30%	2.90%	2.80%	2.80%	4.20%	4.30%
Discount Rate	2.30%	2.40%	2.70%	2.60%	3.50%	3.20%

Mortality Assumptions

Life expectancy is based on the Fund's Vita Curves with improvements in line with the CMI 2018 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 67 are:

	Male	Female
Current Pensioners	21.2 years	23.6 years
Future Pensions	22.1 years	25.0 years

Historic mortality

The following life expectancies are based on the Fund's Vita Curves:

Period Ended	Prospective Pensioners	Pensioners
31-Mar-19	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

	Period Ended 31 March 2020			
Asset Category	**Quoted prices in active markets £000**	**Quoted prices not in active markets £000**	**Total £000**	**Percent-age of Total Assets %**
Equity Securities:				
Consumer	244		244	4%
Manufacturing	264		264	4%
Energy & Utilities	88		88	1%
Financial Institutions	233		233	4%
Health & Care	206		206	3%
Information Technology	160		160	2%
Other	6		6	0%
Corporate Bonds	530		530	8%
Private Equities		274	274	4%
Real Estate - UK Properties		649	649	10%
Investment Funds & Unit Trusts:				
Equities	2,808		2,808	43%
Bonds	553		553	8%
Hedge Funds		117	117	2%
Other		340	340	5%
Cash & Cash Equivalents	111		111	2%
Totals	**5,203**	**1,381**	**6,584**	**100%**

	Period Ended 31 March 2019			
Asset Category	**Quoted prices in active markets £000**	**Quoted prices not in active markets £000**	**Total £000**	**Percent-age of Total Assets %**
Equity Securities:				
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%
Corporate Bonds	551		551	8%
Private Equities		253	253	4%
Real Estate - UK Properties		652	652	9%
Investment Funds & Unit Trusts:				
Equities	3,145		3,145	44%
Bonds	544		544	8%
Hedge Funds		130	130	2%
Other		281	281	4%
Cash & Cash Equivalents	224		224	3%
Totals	**5,840**	**1,317**	**7,157**	**100%**

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 2020	**Approximate % increase to defined benefit obligation**	**Approximate monetary value £000's**
0.5% decrease in Real Discount Rate	10%	557
0.5% increase in the Salary Increase Rate	0%	2
0.5% increase in the Pension Increase Rate	9%	554

Note 38.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2019/20 £000	2018/19 £000
Present value of the defined benefit obligation at 1 April	**(6,836)**	**(11,408)**
Prior period adjustment		-
Present value of the defined benefit obligation at 1 April - restated	**(6,836)**	**(11,408)**
Transfers by absorption	-	5,129
Current service cost	(12)	(46)
Interest cost	(163)	(236)
Contribution by plan participants	(1)	(8)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gain / (losses)	1,009	(416)
Benefits paid	155	149
Past service costs	-	-
Business combinations	-	-
Curtailments and settlements	-	-
Present value of the defined benefit obligation at 31 March	**(5,848)**	**(6,836)**
Plan assets at fair value at 1 April	**7,157**	**12,497**
Prior period adjustment		-
Plan assets at fair value at 1 April -restated	**7,157**	**12,497**
Transfers by normal absorption	-	(6,356)
Interest income	171	257
Remeasurement of the net defined benefit (liability) / asset:		
- Return on plan assets	-	-
- Actuarial (losses) / gain	(711)	843
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	-	-
Contributions by the employer	42	57
Contributions by the plan participants	1	8
Benefits paid	(155)	(149)
Business combinations	-	-
Settlements	-	-
Plan assets at fair value at 31 March	**6,505**	**7,157**
Plan surplus/(deficit) at 31 March	**657**	**321**

Note 38.2 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

	31 March 2020 £000	31 March 2019 £000
Present value of the defined benefit obligation	(5,848)	(6,836)
Plan assets at fair value	6,505	7,157
Net defined benefit asset recognised in the SoFP	**657**	**321**
Fair value of any reimbursement right	-	-
Net asset after the impact of reimbursement rights	**657**	**321**

Note 38.3 Amounts recognised in the SoCI

	2019/20 £000	2018/19 £000
Current service cost	(12)	(46)
Interest income	8	21
Past service cost	-	-
Gains/(losses) on curtailment and settlement	-	-
Total net (charge) / gain recognised in SOCI	**(4)**	**(25)**

Note 39 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has one on-Statement of Financial Position PFI obligation, Harplands Hospital.

Note 39.1 On-SoFP PFI arrangement obligations

The following obligations in respect of the PFI arrangements are recognised in the statement of financial position:

	31 March 2020 £000	31 March 2019 £000
Gross PFI, LIFT or other service concession liabilities	**18,077**	**19,883**
Of which liabilities are due		
- not later than one year;	1,736	1,806
- later than one year and not later than five years;	7,180	7,111
- later than five years.	9,161	10,966
Finance charges allocated to future periods	(7,155)	(8,327)
Net PFI, LIFT or other service concession arrangement obligation	**10,922**	**11,556**
- not later than one year;	628	635
- later than one year and not later than five years;	3,496	3,097
- later than five years.	6,798	7,824

Note 39.2 Total on-SoFP PFI arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2020 £000	31 March 2019 £000
Total future payments committed in respect of the PFI arrangements	**56,979**	**74,213**
Of which payments are due:		
- not later than one year;	4,724	6,165
- later than one year and not later than five years;	19,706	25,025
- later than five years.	32,549	43,023

Note 39.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2019/20 £000	2018/19 £000
Unitary payment payable to service concession operator	**6,344**	**6,183**
Consisting of:		
- Interest charge	1,172	1,239
- Repayment of balance sheet obligation	635	633
- Service element and other charges to operating expenditure	2,987	4,311
- Capital lifecycle maintenance	-	-
- Revenue lifecycle maintenance	-	-
- Contingent rent	1,550	-
- 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	-	-
Total amount paid to service concession operator	**6,344**	**6,183**

Note 40 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust does not have any off-Statement of Financial Position PFI obligations.

Note 41 Financial instruments

Note 41.1 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 2020 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 41.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	6,092	-	-	**6,092**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	12,059	-	-	**12,059**
Total at 31 March 2020	**18,151**	**-**	**-**	**18,151**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	7,625	-	-	**7,625**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	9,132	-	-	**9,132**
Total at 31 March 2019	**16,757**	**-**	**-**	**16,757**

Note 41.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	10,922	-	**10,922**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	7,578	-	**7,578**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2020	**18,500**	**-**	**18,500**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	11,556	-	**11,556**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	6,749	-	**6,749**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2019	**18,305**	**-**	**18,305**

Note 41.4 Maturity of financial liabilities

	31 March 2020 £000	31 March 2019 £000
In one year or less	8,206	7,384
In more than one year but not more than two years	633	628
In more than two years but not more than five years	2,863	2,469
In more than five years	6,798	7,824
Total	**18,500**	**18,305**

Note 41.5 Fair values of financial assets and liabilities

The Trust believes that book value (carrying value) of financial assets and liabilities is a reasonable approximation of fair value.

Note 42 Losses and special payments

	2019/20		2018/19	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	1	-	3	-
Fruitless payments	-	-	1	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	-	-	-	-
Total losses	**1**	**-**	**4**	**-**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	3	1	1	-
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**3**	**1**	**1**	**-**
Total losses and special payments	**4**	**1**	**5**	**-**
Compensation payments received		-		-

Note 43 Gifts

The Trust has no gifts over £300k that require disclosure.

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.

Organisation name	Payment to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
NHS Stoke on Trent CCG	0	40,993	0	1,417
NHS North Staffordshire CCG	0	26,590	0	502
Health Education England	0	3,106	19	28
NHS England - West Midlands Specialised Commissioning Hub	0	2,628	22	0
Midlands Partnership NHS Foundation Trust	1,308	2,221	224	107
University Hospitals of North Midlands NHS Trust	2,106	1,381	395	58
NHS Stafford and Surrounds CCG	5	1,014	291	677
NHS England Midlands Regional Office	0	824	14	401
Shropshire Community Health NHS Trust	4	758	23	0
NHS England - Core	0	736	0	245
NHS South Cheshire CCG	0	282	0	46
NHS Improvement	40	113	19	23
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	0	102	0	0
The Royal Wolverhampton NHS Trust	0	98	0	16
NHS Shropshire CCG	0	95	0	35
NHS Eastern Cheshire CCG	0	89	0	29
NHS England - East Midlands Specialised Commissioning Hub	0	46	0	0
NHS Birmingham and Solihull CCG	0	44	0	6
Lancashire and South Cumbria NHS Foundation Trust	0	38	0	38
NHS Cannock Chase CCG	0	37	0	1
University Hospitals of Derby and Burton NHS Foundation Trust	65	34	0	16
NHS East Staffordshire CCG	0	32	0	3
Care Quality Commission	56	2	0	0
Community Health Partnerships	5	2	11	2
NHS Midlands & Lancashire Commissioning Support Unit	289	0	55	0
NHS Resolution	230	0	3	0
Birmingham Community Healthcare NHS Foundation Trust	160	0	23	0
West Midlands Ambulance Service University NHS Foundation Trust	81	0	0	0
NHS Property Services	50	0	1	0
Salford Royal NHS Foundation Trust	40	0	0	0

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.

Organisation name	Payment to Related Party	Receipts from related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Stoke-on-Trent City Council	820	6,238	731	1,040
Staffordshire County Council	7	453	18	0

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

Non-NHS Payables	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Total non-NHS trade invoices paid in the year	9,820	39,301	10,935	35,113
Total non-NHS trade invoices paid within target	9,193	38,394	9,914	33,819
Percentage of non-NHS trade invoices paid within target	93.6%	97.7%	90.7%	96.3%
NHS Payables				
Total NHS trade invoices paid in the year	603	7,481	625	6,449
Total NHS trade invoices paid within target	567	7,201	581	6,100
Percentage of NHS trade invoices paid within target	94.0%	96.3%	93.0%	94.6%

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 limit

The Trust is given an external financing limit against which it is permitted to underspend

	2019/20 £000	2018/19 £000
Cash flow financing	(3,062)	(2,993)
Finance leases taken out in year		-
Other capital receipts		-
External financing requirement	**(3,062)**	**(2,993)**
External financing limit (EFL)	467	(1,255)
Under / (over) spend against EFL	**3,529**	**1,738**

Note 49 Capital Resource Limit

	2019/20 £000	2018/19 £000
Gross capital expenditure	2,500	1,617
Less: Disposals	-	-
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**2,500**	**1,617**
Capital Resource Limit	2,500	2,142
Under / (over) spend against CRL	**-**	**525**

Note 50 Breakeven duty financial performance

	2019/20 £000
Adjusted financial performance surplus / (deficit) (control total basis)	1,575
Remove impairments scoring to Departmental Expenditure Limit	-
Add back income for impact of 2018/19 post-accounts PSF reallocation	-
Add back non-cash element of On-SoFP pension scheme charges	38
IFRIC 12 breakeven adjustment	366
Breakeven duty financial performance surplus / (deficit)	**1,979**

Note 51 Breakeven duty rolling assessment

	1997/98 to 2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000
Breakeven duty in-year financial performance		449	698	891	1,671	31	768	1,297	2,051	4,060	3,904	1,979
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	19,099
Operating income		90,599	86,321	83,063	79,487	87,471	75,502	78,588	81,883	85,079	89,112	99,040
Cumulative breakeven position as a percentage of operating income	0.0%	1.9%	2.8%	4.0%	6.3%	5.8%	7.7%	9.0%	11.2%	15.5%	19.2%	19.3%
In-year breakeven position as a percentage of operating income	0.0%	0.5%	0.8%	1.1%	2.1%	0.0%	1.0%	1.7%	2.5%	4.8%	4.4%	2.0%

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 performed 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.

● 2019/20 - The Trust was required to deliver a control total of £338k surplus (excluding IFRIC 12 adjustments). The Trust over performed against this target by £537k due to non-recurrent benefits. By delivering the control total the Trust received a total of £700k 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:-

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