Outstanding
Our journey continues

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Keele
UNIVERSITY
TEACHING TRUST

Annual Report and Accounts 20/21

Outstanding

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

In 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 - making Combined Healthcare 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 were far from complacent and that our journey of improvement would continue to deliver our vision **to be outstanding - in ALL we do and HOW we do it.**

Since making that commitment, we have been singled out by the Care Quality Commission as an example for others to follow in our ability to sustain improvement after being rated Outstanding.

This year we were proud and delighted to be the highest rated mental health trust in the NHS in the national NHS staff survey in a range of key areas including:

- support staff get from their work colleagues;
- amount of responsibility staff are given;
- opportunities staff have to use their skills;
- opportunities for flexible working patterns; and
- staff's ability to make suggestions to improve the work of teams / departments

We provide system-wide leadership for a range of key areas across Staffordshire and Stoke-on-Trent, as well as 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.

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Outstanding

Our journey continues...

WHAT WE DO, HOW WE DO IT
OUR PERFORMANCE REPORT

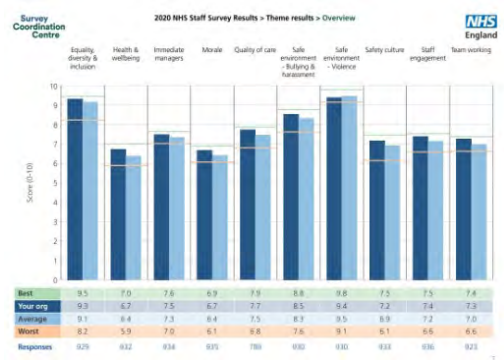
Outstanding - at a glance

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

22nd consecutive year of achieving financial surplus - making us one of the top financial performers in the region

Amongst the best performing mental health trusts in the NHS Staff Survey - including Top 10 scores in 9 out of 10 themes



The biggest investment in acute and community mental health services in our history

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

New Research and Innovation strategy to create a flexible and connected workforce responsive to service changes, which embrace and embeds research and innovation as part of practice

Dragons' Den @Combined

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

Transforming access to information, advice and help through unique CAMHS Digital Portal, including online self referral

Supported living units giving opportunities for service users to live independently with staff available for support 24/7.

First ever, dedicated service for Adult Eating Disorders, providing support and care that has simply not been available for our local residents previously

Transformative clinical model enabled Moorcroft Medical Centre to seamlessly enact changes required as part of the Covid-19 response, to ensure service user safety.

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

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.

Evidencing practice to support changes to ways of working,improving care, and getting services to think

All trust staff granted a Health and Wellbeing Day, an additional days leave specifically for staff to focus on their own health and wellbeing

One of the strongest Freedom to Speak Up infrastructures in the country, with every Directorate – as well as all of our Staff networks BAME, LGBT+, Neurodiversity and Disability - represented with a champion

Biggest ever REACH staff awards, recognising staff achievements and contribution, delivered entirely online for the first time

Leading 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

390 nursing students on placement over the past 12 months and new Apprentice Nurse pathway developed in partnership Derby University

The Inclusion Council making us truly inclusive and equal in the way we treat and support our staff and service users

Newly formed CASTT service launched to offer a pan-Trust service to those service users diagnosed with a personality disorder.

Outstanding

Our journey continues...

Our best ever NHS Staff Survey results aren't just Great....

The **only mental health trust in the Midlands** with Top 10 scores for 9 out of 10 survey themes

We are the **highest scoring mental health trust in the entire NHS** for:

- Support staff get from their work colleagues
- Amount of responsibility staff are given
- Opportunities staff have to use their skills
- Opportunities for flexible working patterns
- Ability to make suggestions to improve the work of teams / departments

They are OUTSTANDING

Chair and Chief Executive's statement

Welcome to our Annual Report for the year 2020/21. A year like no other for the nation and another truly Outstanding Year for Combined and its people.

In our introduction to last year's Annual Report, we said the following:

"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."

How right we were.

This Annual Report stands both as a public record and as a tribute to our staff, our partners, our volunteers and all those who have displayed, sometimes in the worst of times, the very best that the NHS and our local communities can be.

It is now just over 2 years since the Care Quality Commission 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.

At that time, we said we were far from complacent and our journey of improvement would continue. Our focus and aim was, and remains, to be Outstanding in ALL we do and HOW we do it, including continuing to strengthen integration with our partners and engagement with staff, service users, their families and communities.

We were proud at that time to be singled out 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.

This Annual Report demonstrates how that relentless pursuit of continued, sustained improvement and innovation burns as brightly as ever at Combined.

Of course, the bedrock of our success is our commitment to delivering Outstanding services that live up to our promise of being safe, personalised, accessible and recovery-focussed. We set out in detail how those services are organised, delivered and continue to achieve against that pledge.

We place on the record our pride at delivering an unprecedented 22nd consecutive year of achieving financial surplus, making us one of the strongest financial performers in our region.

This performance enables us to provide examples of our determination to deliver historic capital investment in the medium term future - the largest single investment in acute and community mental health services in the Trust's history - as well as introducing new services, such as our new Adult Eating Disorder Service and expanded CAMHS.

We continue to play a strong role in promoting and supporting system-wide transformation - through our leadership of the mental health, organisational development and diversity and inclusion 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 unveiled our new organisational strategy - based around our four themes of Quality, People, Partnerships and Sustainability. The initial launch of our new Trust strategy took place via an online event to which we invited both external and internal colleagues. This is the first time the Trust had published its strategy in this way and we were delighted that so many partners, stakeholders and colleagues were able to join us for the live launch. The coming year will see us engage in unprecedented fashion with our staff, service users and partners to help turn that strategy into a brilliant future.

Supporting and advancing research and innovation are things that are dear to our heart, and we are proud that this Annual Report is full of examples of our continuing success in this regard.

Peter Axon
Chief Executive

One thing we keep constantly in mind is that strategies, plans and aims are nothing without brilliant, talented, determined and compassionate people to make them a reality. If there is one major theme that has run throughout everything we have done throughout this year, it has been our unwavering commitment to protecting and promoting the health and wellbeing of everyone for whom we have responsibility - staff and service users.

In this regard, one of the most welcome things we saw this year was the results of the NHS Staff survey which showed us to be the highest scoring mental health trust in the NHS in a number of key areas of importance to staff.

One of the highlights of our year is our annual staff REACH Awards. This year's event was the biggest ever and, for the first time was delivered entirely by our in-house team as a hugely innovative online and digital event. One of its centrepieces was a specially commissioned tribute poem to our staff from local poet Gabriella Gay. We have reproduced this poem in full and we hope you enjoy it as much as we did.

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

David Rogers
Chair

About us

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 social care, learning disability, substance misuse and primary care services 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 hospital, GP practice and community-based premises, operating from approximately 30 sites to approximately 464,000 people of all ages and diverse backgrounds in our core area of 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. A number of our teams provide services across Staffordshire, the West Midlands and beyond.

In November 2020, we announced the the biggest investment in acute and community mental health services in our history .The £15 million investment dwarfs any previous single investment in acute and community mental health services across North Staffordshire and Stoke-on-Trent. The results of this record investment will began in 2021 year and will continue until 2025.

We provide services to people with a wide range of mental health, substance misuse and learning disability and/or autism 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) and psychological therapies, plus a range of clinical and non-clinical services to support University Hospitals of North Midlands NHS Trust (UHNM).

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).

Our Primary Care Directorate operates Moorcroft Medical Centre that has two sites and serves a population of just under 16,000 people. The Directorate will further cement the pivotal role that the Trust has within the North Staffordshire and Stoke-on-Trent Integrated Care Partnership, (ICP).

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 also work with partners in Substance Misuse services in We Are With You, BAC O'Connor, Humankind and The Forward Trust.

We employed an average of 1,411 permanently employed WTE and 166 other staff during 2019/20. 2020/21 was another strong year for the Trust financial achieving an adjusted financial performance surplus of £2.7m against income of £105.2m.

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 - making Combined Healthcare 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).

In November 2020, we unveiled our updated strategy which sets out our sustained commitment to continuously improve services and takes account of national requirements and local priorities. This strategy is built around four strategic themes:

- Quality - We will provide the highest quality, safe and effective services
- People - We will attract, develop and retain the best people
- Partnerships - We will actively promote partnership and integrated models of working
- Sustainability - We will increase our efficiency and effectiveness through sustainable development

The initial launch of our new Trust strategy took place via an online event to which we invited both external and internal colleagues. This was the first time the Trust had published its strategy in this way and we were delighted that so many partners, stakeholders and colleagues were able to join us for the live launch. The coming year will see us engage in unprecedented fashion with our staff, service users and partners to help turn that strategy into a brilliant future.

The Trust strategy does not stand alone. Delivery is supported by a series of enabling strategies that, together, form a statement of intent about the direction the Trust will take over the coming years as well as the aspirations we have for the future. These include our medical strategy, corporate and clinical recovery strategies, Digital Strategy and Communications and Engagement strategy.

Key risks

We will provide the highest quality, safe and effective services

- RISK: The Trust fails to collaborate with service user and carer involvement resulting in an inability to deliver responsive services.
- RISK: The Trust fails to deliver safe and effective services, resulting poor care, reputational harm and regulatory restrictions
- RISK: The Trust fails to exploit its potential in research and innovation, resulting in a loss of credibility and a failure to improve services.
- COVID-19 Risk - There is a risk to the quality of the Trust's services due to the COVID-19 pandemic which will impact on the safety, wellbeing and capacity of staff and patients

We will attract, develop and retain the best people

- RISK: The Trust fails to continually learn and improve resulting in poor staff and service user experience.
- RISK: The Trust fails to attract, develop and retain talented people resulting in reduced quality and increased cost of services
- COVID-19 Risk - There is a risk to the quality of the Trust's services due to the COVID-19 pandemic which will impact on the safety, wellbeing and capacity of staff and patients

We will actively promote partnership and integrated models of working

- RISK: The Trust fails to lead in partnership working resulting in an absence of system and clinical integration.
- COVID-19 Risk - There is a risk that the Trust cannot maintain business critical functions due to the impact of COVID-19

We will increase our efficiency and effectiveness through sustainable development

- RISK: The Trust fails to optimise its resources resulting in an inability to be sustainable.
- COVID-19 Risk - There is a risk that as a result of COVID-19 business as usual and financial arrangements are not in place for 20/21 and there is insufficient monies to ensure continued abilities to pay staff and suppliers and so ensure business continuity

Outstanding

Our journey continues...

Keele University Teaching Trust

NHS North Staffordshire Combined Healthcare NHS Trust

Our Vision

To be Outstanding

In ALL we do and HOW we do it

Our Values

Our Quality Priorities

Our Strategic Themes

People

We will attract, develop and retain the best people

Partnerships

We will actively promote partnership and integrated models of working

Quality

We will provide the highest quality, safe and effective services

Sustainability

We will increase our efficiency and effectiveness through sustainable development

People

We will attract, develop and retain the best people:

We want North Staffordshire Combined Healthcare NHS Trust to have a shared purpose with its people to provide clarity on what the Trust needs to achieve and how we need to behave in order to reach that achievement.

We want to promote understanding across the organization of how individuals roles fit into the bigger picture of enabling the delivery of high quality, safe and effective care. Staff should feel encouraged to challenge the norm so that we are able to identify improvements to the way we work and deliver care.

The Trust will continue to invest in our workforce so that they can develop their knowledge, skills and behaviours to reach and maintain a level of excellence in their role. Staff will be supported throughout their career by having open and honest conversations about career aspiration and the opportunities for personal and professional development.

Through engagement with our communities and partners we will ensure that our workforce development programme reflects the future needs of our local populations.

Executive Leads
Shajeda Ahmed

Non -Executive Leads
Janet Dawson

Partnerships

We will actively promote partnership and integrated models of working:

We want to continue to be a strong advocate for the development of place-based integrated models of care that reflect the needs of our local population and offer seamless service provision across partners

We want to broaden the horizons of our partnerships and go beyond our natural borders to promote wider community resilience and support a reduction in health inequalities rooted in the context the Sustainability Development Goals.

Through adopting an "Anchor Institution" approach we will focus on partnerships which improve life changes for people with mental health illness as well as the community in which we operate.

We want to be explicit in our recognition that partners are essential in ensuring there is a vibrant and pluralistic model of service provision including opportunities for regular engagement with NHS and Local Authority service providers, general practice and primary care and our third sector colleagues

We want to be the organization of choice for any partner, stakeholder or entity across Northern Staffordshire who is seeking to integrate services through collaboration and cooperation.

We want to strengthen the alignment between our mental health services and those of primary care to ensure there is a seamless connection between primary and secondary care services.

Executive Leads
Chris Bird

Non -Executive Leads
Joan Walley

Quality

We will provide the highest quality, safe and effective services:

We aim to be the provider of the highest quality mental health care services in the NHS

We will be relentless in our pursuit of identifying and reducing harm, including human, process and systemic errors which could cause harm to people. In mental health this will also include self-harm and suicide

We will have clear cycles for reviewing the effectiveness and responsiveness of our service provision with key partners across health and social care, including most importantly our service users and carers.

Our clinical staff will provide interventions and care which is evidence based and targeted to the population we serve. It will make use of the latest technology and innovation to ensure effectiveness

Executive Leads
Kenny Laing
Dr Buki Adeyemo

Non -Executive Leads
Patrick Sullivan

Sustainability

We will increase our efficiency and effectiveness through sustainable development:

Sustainability is about adopting a future-focused approach and we want to use the platform of the Sustainability Development Goals and the NHS commitment to a net zero health services to support the development our services and corporate functions become more economically, environmentally and socially sustainable.

We want to continue our proud record of financial success and support partners across our system to develop a new financial framework to support the emergence of Integrated Care Partnerships

Integral to this is our ambition to continue to develop our Research & Development capability and to empower staff to develop ideas in a structured way and provide more opportunities to share their innovative ideas.

We want to be at the forefront of digital transformation in mental health and will become "Digital by Choice" via the Trust's Digital Strategy which will focus on developing the "digital patient" and deployment of technologies designed to share information effectively and safety with our partners.

Executive Leads
Lorraine Hooper
Chris Bird

Non -Executive Leads
Russell Andrews
Joan Walley

How we provide care - our Teams

This Annual Report covers the period 1st April 2020 to 31st March 2021.

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

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) as follows:

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

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

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

In July 2020 the section 75 arrangement with Stoke-on-Trent City Council ceased and responsibility for the provision of social care services has returned to the Local authority.

The Directorate has continued to work closely with colleagues within the local authority and significant work has been underway to develop community led support within localities.

The Stoke Community Directorate holds the Strategic lead for Older People's services and facilitates both admission avoidance and early supported discharge through it's 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 across Stoke and North Staffordshire who 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 Parent and Baby also offer support to the partners of women utilising the service.

North Staffs Community

Clinical Director - Darren Carr
Associate Director - Josey Povey

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 Staffordshire wide Liaison and Diversion service work with all vulnerabilities in the criminal justice system and work in partnership across the 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 continues to lead the pan Staffordshire 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.

Mental Health Support Teams continue to support and work in partnership with 63 schools across North Staffordshire and Stoke on Trent, with a significant positive impact being demonstrated through early help initiatives.

Specialist Services

Clinical Director - Dr Hardeep Uppal
Associate Director - Ben Boyd

The 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
- Learning Disabilities and CAMHs Tier 4
- Substance Misuse & Prison Healthcare

Neuropsychiatry, Rehab & Psychology services

Adult Mental Health Rehabilitation

There has been a significant transformation programme initiated across these services. What was a "hospital ward" in the community with 8 beds has been redeveloped to operate as 8 supported living units. The unit remains within the NHS but there is now greater opportunities for service users to live independently with staff available for support 24/7. The unit has been renamed as Hilda Johnson House to honour the work of a long time service user advocate and member of the Trust's Service User Council.

Another new development is the formation of a Community Rehabilitation Team with capacity to support around 80 people. This new team will offer support focussed on keeping people in their existing accommodation or helping people transition to community from hospital placements. The team will further evolve along with the NHS 5 year plan where local discussions are centred on developing more intensive community support.

On April 1st 2021 Staffordshire and Stoke on Trent CCGs transferred responsibility to the Trust for day to day commissioning and monitoring of service users with Mental Health difficulties placed outside the NHS. The majority are with independent hospitals in the locality but some are placed a long way from home. The intention is for this to be managed from within the Rehab Pathway to find new ways to help bring these people back to their local communities.

Summers View remains a hospital ward in the community and is a 10-bed mixed gender unit offering intense rehabilitation for people who have complex needs. Additional funding has been identified to strengthen the MDT, with additional medical and psychology staff being recruited alongside the existing nursing and occupational therapy staff.

Neuropsychiatry

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 Acquired Brain Injuries. The service offers a complete pathway from community services, out-patient clinics and inpatient care.

Psychology services

Within the Directorate, we hold numerous contracts with other NHS providers such as UHNM, MPFT, CCGs and Probation services to provide highly specialist psychology services for people outside Mental Health services. These range from Cancer to Bariatrics to Probation to Paediatrics. The Psychologists have been heavily involved in supporting the care of Covid patients and NHS staff during the pandemic. In addition, we are seeing more and more people with so called "Long Covid" or Post Covid Syndrome being referred to the Trust for access to these highly specialist Psychology staff.

Learning Disabilities and CAMHS Tier 4

We create personalised care programmes for people 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 autism who have challenging behaviour. Staff are working with architects and our Estates Team to design a brand new unit within the main hospital building at Harplands.

The Specialist Children's Short Break Service at Dragon Square offers residential short breaks, including day visits, 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 Newcastle-under-Lyme, Staffordshire Moorlands and Stoke-on-Trent, the multidisciplinary Children's Community Learning Disability Team provides specialist assessment and treatment interventions to children with a diagnosed learning disability with associated complex health needs.

Intensive Child and Adolescent Mental Health services

The Darwin Centre is a 15 bedded ward 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 staff gate-keep and manage CAMHS admissions 24/7 across Staffordshire, Stoke on Trent, Shropshire and Telford whether this is to the Darwin Centre or finding a bed elsewhere in the area. The inpatient service offers a comprehensive assessment and a range of person-centred psychological therapies and approaches in line with NICE guidance.

Recent investment from CCGs has seen the development of an intensive community offer for children and young people with mental health difficulties. The new CAMHS Intensive Support Hub is being developed with the Darwin Centre to offer outreach and intensive support 7 days a week 8am to 8pm with the possibility of moving to a 24/7 service thereafter.

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. Edward Myers Unit also offers the Intoxication Observation Unit where local people can be brought to the unit by paramedics to a safe place where they can safely recover and be engaged in help strategies for substance misuse.

Recently developed is the Community and Hospital Alcohol Team or CHAT for short. This new team engages with people who have been admitted to Royal Stoke Hospital and are found to have issues with alcohol misuse. The team will support the wards and follow up individuals after discharge.

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

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 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 the secondary mental health and clinical substance misuse services within the prison

Acute & Urgent Care

Clinical Director - Dr Mohammed Rahman
Associate Director - Nicky Griffiths

We provide inpatient care to adults and older age adults via our inpatient wards at the Harplands Hospital. Wards 1,2,3 and Psychiatric Intensive Care Unit are for working age adults, Wards 4, 6, 7 for older adults.

PICU

The Psychiatric Intensive Care Unit (PICU) is a 6 bedded intensive unit designed to a high specification. We provide intensive nursing support for working age adults 18-65 both male and female, who are presenting in an acute phase of their illness. We work alongside a Trauma Informed Model of Care and treat patients individually delivering high standards of quality care and intensive nursing. Our team members are trained to deliver comprehensive mental state assessment and psychological evidence based interventions as well as de-escalation techniques.

The last 12 months have been difficult for all services across the Trust, however our team has been able to use alternative methods in order to maintain important aspects of a patients care, an example being communication with relatives and carer's. We have implemented new ways of working to ensure patients continue to have access to high standards of care whilst managing the challenges that the pandemic has faced us with.

Ward 1

Ward 1 is a 14 bed mixed gender acute admissions ward for patients between the ages of 18-65. It prides itself in being a dynamic, fast paced acute ward specializing in complex mental health needs. As a Multi Disciplnary Team, the ward strives to deliver high quality compassionate care that promotes independence and recovery for people with Mental Health needs.

The last year has been extremely challenging for the service, which has had to learn to adapt at a rapid pace to ensure patient care hasn't been effected, faced with challenges from all areas including isolating patients whilst awaiting Covid status, admission processes, wearing PPE constantly, colleagues attending reviews via technology such a MS Teams, working on how to support careers and virtual visiting. The ward has also had to consider the potential risks to staff and their families under whilst continuing to come to work.

Ward 2

Ward 2 is an acute ward for males of working age. It offers assessment and initial treatment for males with a variety of mental health needs, and work closely with other services to ensure ongoing recovery. It prides itself in offering intuitive, person centred interventions and keep people at the heart of everything we do.

Over the last year the ward has faced a number of challenges, managed a number of small Covid Outbreaks positively, without mass transmission and have adapted practices to ensure safety and consistency of service, despite the additional pressure the pandemic has caused.

The Ward has had significant involvement in a number of Quality Improvement (QI) projects to streamline and improve services and have employed an Exercise and Wellbeing Facilitator, who has been able to offer a different level of engagement and improve the quality of our service users lives.

The Ward has also embraced the safewards initiative, linking with the national suicide prevention strategy and giving messages of hope to those who use its services and this is its focus going forward.

Ward 3

Ward 3 is a 20 bed female acute ward within the Acute and Urgent Care Directorate. It provides person-centred and compassionate care for woman aged 18+ when experiencing a wide variety of mental illnesses.

It is a fast paced and forward thinking environment which aims to promote patient wellbeing, independence and recovery within an environment that is therapeutic promoting evidence based treatment options whilst being supportive and welcoming.

The staff team on Ward 3 pride themselves on their holistic and multi-agency approach offering Psychiatry, Psychology, Nursing, Finance advice, Housing advice, Exercise programmes, Occupational and Diversional Therapy encompassing the patient as a whole and recognising the additional stressors influencing our patients.

Ward 4

Ward 4 is a dual care Assessment unit commissioned for 15 beds. The service accepts patients with complex physical health needs and organic illnesses and supports them to reach their maximum potential before identifying the most appropriate discharge destination which best meets the patients needs.

The service supports timely discharge from Royal Stoke University Hospital (UHNM) and admission/transfer avoidance via the emergency portals. The service operates an MDT model with involvement from health, social care and independent agencies. Other agencies may be involved dependant on the individual's needs. Ward 4 prides itself on the close work with families and carers ensuring they are kept informed and involved from the point of admission to discharge.

From the April 2020, Ward 4 became a COVID positive cohort ward providing direct care to Covid positive patients admitted from the UHNM to support the extreme pressure they were under during both the first and second waves.

Ward 6

Ward 6 is a 15 bed mixed inpatient ward for patients with a diagnosis of dementia and associated complex health needs. It provides outstanding care, using a person-centred individualised approach based around the principles of the Newcastle Model. The Ward's aim is to make a positive difference to the lives of patients and support them to live well with dementia, and where possible return home or support them and their carers to find the appropriate 24 hour care setting for their on-going needs.

Ward 7

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 aid 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.

ECT

The ECT department comprises a small team of specialist doctors and nurses and offers both an in-patient and outpatient service.

Home Treatment Team

This is a team of experienced practitioners ranging from Nurses, Support Workers, Social Workers, Doctors and Psychologists.

Following a referral into the service by a mental health professional, it offers assessment and, if required, treatment for adults aged 18- 65 who are experiencing a mental health crisis that requires a short term intervention. This intervention starts with an assessment of needs and risk and then progresses with contacts that provide face to face appointments and telephone support, education, treatment, referrals into secondary services where necessary and sign posting to other agencies if required.

The Home Treatment Team also gate-keep and manage the acute ward beds. If staff arrive at the decision that an admission may be required, a conversation/clinical discussion advising of the assessment is had with the admitting ward.

High Volume Users Teams (HVU)

The HVU Team work holistically with service users who are regularly attending A&E. Its goal is to help reduce the individuals' need to attend A&E and attempt to get most if not all of their needs met within Primary services.

The team consists of Nurses, Social Workers and STR's. It also works in partnership with the British Red Cross.

All Age Access Team

The All Age Access Team offer a single point of contact for all mental health crisis for individuals of all ages. The service provides prompt and expert triage and/or assessment of individual's needs and signpost to appropriate services. It also provies advice and support to service users, families, carers and primary care with the use of collaborative working.

Crisis Care Centre

The Crisis Care Centre provides an all age- 24/7 service acting as a single point of access and a place to contact if in crisis. Our crisis care centre also includes our place of Safety, our High Volume User Service, and our Adult Crisis Resolution and Home Treatment Team.

Community Triage Team

Our Community Triage service is collocated with Staffordshire police and supports Police in the line of their duty to support individuals who may come in contact with the Police but have mental health needs

The Community Triage Team is a team of three very experienced nurses who are based with the Police and respond directly with a designated officer to any situation where it is thought that there is a concern regarding someone's mental health. Working every day 4pm – 2am this is a complex area of work that can mean responding to a wide range of difficult crisis situations.

Continued tirelessly throughout this most challenging year, the team have welcomed a new team member and have moved bases, now being sited alongside the Police at Hanley Fire Station.

Place of Safety

The Place of Safety, now part of the Crisis Care Centre provides a safe environment for people who have been detained under section 136 of the Mental Health Act. Its primary purpose is to care and support people, ensuring their safety whilst they wait for a comprehensive assessment under the Mental Health Act.

For the last few months of this financial year a second bed was commissioned meaning that it was able to have two service users in the suite at the same time.

Mental Health Liaison Team

The Mental Health Liaison Team (MHLT) is based at the Royal Stoke University Hospital (RSUH). The team is multi-disciplinary, comprising nurses, social workers, medical staff, a psychologist and an occupational therapist.

It supports people who attend A&E, or are admitted to a physical health ward. The team also provides an outpatient service which is community facing.

It provides psychiatric assessments and short term intervention to patients attending the emergency portals and in-patient wards at the Royal Stoke and at local Community Hospitals; Haywood, Cheadle and Bradwell.

The service deals with the interface between physical and psychological health. The RSUH is one of the largest hospitals in the country, caring for around 600,000 patients every year, 100,000 of whom come in through the emergency departments. Patients presenting with physical health problems may also have mental health problems which can be treated with psychological and/or pharmacological methods, and patients with chronic disease such as diabetes or asthma can benefit from Mental Health Liaison Team input if they are having difficulties managing their condition.

The Team also deliver training and education to general hospital colleagues in order to improve their knowledge, skills and confidence in the basics of management of the common mental health problems (depression, dementia, delirium, anxiety, CAMHS) that they encounter in their day-to-day practice.

Primary Care
Clinical Director - Mark Williams

The Primary Care Directorate is comprised of a Clinical Director for Primary Care, Clinical Lead and Business Transformation Lead. The executive leadership of the directorate has been transferred from the Executive Director of Business and Strategy to the Executive Director for Operations. The Directorate operates Moorcroft Medical Centre that has two sites, and serves a population of just under 16,000 people. The goals for the Primary Care Directorate continue to compliment those of the trust. The directorate will further cement the Trust's pivotal role within the North Staffordshire and Stoke-on-Trent Integrated Care Partnership (ICP). The Directorate's objectives are to:

Grow the directorate
- Expansion into local general practice
- Support local practices and Primary Care Networks
- Provide assistance and expertise to the trust when exploring new opportunities in healthcare provision

Be the driver for innovation and transformation across the North Staffordshire and Stoke-on-Trent health economy
- Continue to digitalise where possible and appropriate
- Utilise a more diverse workforce

Help the other directorates to engage with primary care
- Facilitate mutual understanding
- Support the clinical transformation plan
- Support collaboration and partnership working

Since the start of the COVID lockdown, Moorcroft has used remote consultations for a substantial proportion of patient contact, using software created by a company called AccuRx which allows video consultations and the ability to send from, and receive SMS messages directly into, the service user's notes. These can include advice and also photographs taken by service users to identify issues such as skin lesions.

Toward the end of 2020, the government advised practices to prioritise influenza vaccinations and tasked primary care networks (PCN), to rapidly mobilise their staff to provide COVID vaccinations. Moorcroft and the Hanley PCN have provided record levels of influenza and COVID vaccinations. The PCN has used Moorcroft's surgery in Bentilee Neighbourhood Centre as the vaccination site. The senior primary care service team developed a safe, one way system that reduced the risk of the spread of COVID during this process.

Moorcroft Medical Centre, as part of the Primary Care Directorate, has been at the forefront of general practice throughout lockdown. The practice had developed a clinical model in 2018 that was explicitly created to safely improve access when staffing levels were under pressure.

The senior management team knew that to be successful they would need to:

Triage all access to senior clinicians
- This ensured that the most senior clinicians, GPs, managed and treated the most complex medical problems, allowing less complex issues to be managed and treated by the service's allied health professional team.

Have a wide skill mix across the workforce
- This made the practice more resilient to GP shortages.
- This gave an opportunity for the development of advanced nurse practitioners and allied health professionals to develop their clinical consultations.

Increase remote access consultations for all patients
- This meant that all service users had a telephone consultation prior to be seen face to face.
- This significantly improved access and allowed for more proactive investigations of problems prior to face to face assessment.

Separate and triage both urgent and routine care.
- This allowed the practice to use a wider skill mix to deal with less complex urgent appointments and allow more proactive care for those with more complex, routine issues.

Have a Digital Plan
- This meant that the Directorate had already ordered and received extra laptops and had planned to implement video and online consultations.

It was due to the transformative clinical model that Moorcroft Medical Centre was able to seamlessly enact the changes required as part of the Covid-19 response, to ensure service user safety as requested by NHS England.

Outstanding

Our journey continues...

Transformative clinical model enabled Moorcroft Medical Centre to seamlessly enact changes to ensure service user safety during Covid.

How we measure performance

In line with updated guidance in the Group Accounting Manual 2020/21, we have not included a full performance appraisal in this year's Annual Report. However as part of our commitment to openness about how we operate and continue on our journey toward being Outstanding in ALL we do and HOW we do it, we set out in this section a description of how we continue to improve our approach to quality and performance monitoring.

Our Approach: Measuring for Improvement

The Trust implemented a new Improving Quality and Performance Report (IQPR) in 2019/ 20 as a key driver towards maintaining our outstanding services.

It adopted Statistical Process Control (SPC) methodology for our Board and Committee performance and quality reporting. SPC charts 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.

This method of measurement is very different to the way the Trust has previously reported and is becoming embedded across the Trust as Quality Improvement methodology is more widely used to transform services.

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

Performance Management Framework

A Performance Management Framework was approved in 2019 which describes the processes in the Trust to ensure appropriate management of its performance against strategic and operational goals.

This is in support of the IQPR and sets out the reporting and monitoring arrangements at every level of the organisation as well as the responsibilities and accountabilities of individuals.

It is supported by a Glossary to enable clear visibility of measure definitions and tolerances. This 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 Senior Leadership Team. These arrangements provide robust assurance across the Trust and to commissioners and regulators.

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 the Executive Team.

Clinical and Corporate Dashboards

Monthly Clinical and corporate dashboards have been further 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 where relevant, 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 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 consistent and transparent information about their data quality. The DQMI uses a set of core data items across key national datasets to create a composite indicator of data quality at a provider level.

The Trust's DQMI score was 98.2% against a national Average of 82.3% in the latest published national data (December 2020).

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.

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.

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
- A fundamental requirement of the operational planning is to have realistic and aligned understanding of a robust demand and capacity planning these should include extra capacity as part of winter resilience plans and arrangements for managing unplanned changes in demand this should also include Covid-19 responses to increased levels of acuity and demand. 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

The further development of 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

High value BI reports have been developed in 2020/21 to support daily bed monitoring, Covid-19 screening and caseload management.

Looking ahead

Health Equity Assessment (HEAs)

Health Equity Assessments are being developed at PCN level to support Mental Health Community Transformation in the Trust using a Population Health Management approach. These provide an analysis of the patient profile compared to national metrics as well as a focus on the wider determinants of demand for mental health services. The data and insight will assist in ensuring that interventions and services are focused on the greatest need within PCN areas.

Directorate IQPRs

Locality IQPRs will be rolled out replicating the Board report and including high value Locality/ Directorate KPIs using SPC methodology to further embed the QI approach.

Demand and Capacity planning

A fundamental requirement of operational planning is to have robust demand and capacity planning. This would include consideration of extra capacity as part of winter resilience plans, arrangements for managing unplanned changes in demand and responses to increased levels of acuity and demand in response to Covid-19.

A demand and capacity model is to be developed, consistent across services, to provide the Trust with a method of meeting expected demand with appropriate capacity to maintain desired performance and quality standards.

Finance and Quality

2020/21 was 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 2020/21:

- 22nd consecutive year of financial balance;
- Cash balance of £17.8m at the end of the financial year, which is in excess of plan;
- Achieved External Financing Limit (EFL);
- Achieved Capital Resourcing Limit (CRL); and
- Achieved Better Payment Practice Code of 95%.

The Trust achieved an overall surplus adjusted financial performance surplus of £2.7m against income of £105.2m.

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 progressed the roll out of Service Line Reporting (SLR).

The team have undertaken detailed reviews of a number of specific service lines during 2020/21 and have acquired both clinical and managerial input through engagement sessions to refine these reports. These reports provide essential information for well-informed management decision making by providing better understand of our costs and income streams. These now feature quarterly at the Finance and Resource Committee and will become regular features of the Directorate Business Meetings and the Directorate Performance Review Meeting going forwards.

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 2021/21 are summarised below:

Under Quality Priority 1 'Safe' we have:

- Continued to work towards our Zero Suicide ambition. We have continued participation in the countywide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide;
- Due to COVID-19 the 2020 suicide prevention conference unfortunately had to be postponed however, we are hoping that the conference will go ahead in 2021;
- 81.5% of registered staff completed face-to-face suicide awareness training. In 2021/22, this will change from an in-house programme to suicide prevention and mitigation training utilised across the whole STP, thereby standardising the approach across the wider public services;
- Maintained regular engagement meetings with the CQC throughout the COVID-19 period.
- Delivered the Trust Infection Prevention and Control Board Assurance Framework.
- continued to roll out environmental ligature improvements;
- continued on our journey Towards Smoke-free;
- achieved 100% with Infection Prevention and Control (IPC) audits;
- achieved 90% IPC training compliance;
- achieved 90.32% of patient facing staff that either had the flu vaccine with the Trust, elsewhere (GP, pharmacy) or declined;
- In 2020, Patient Led Assessment Care Environment (PLACE) was suspended due to COVID 19 restrictions. However, environmental and cleanliness standards continued to be monitored by the Facilities team with excellent standards been achieved.
- to navigate the clinical challenges presented by COVID-19 the Trust established its Clinical Professionals Advisory Group, which comprises of senior clinical professional leads who ensured complex issues relating to COVID-19 were considered in an MDT approach and all appropriate guidance was prepared, adopted and implemented swiftly
- 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;
- reduced the number of avoidable transfers between acute ward areas
- Continued to progress our Reducing Restrictive Practice Strategy;
- Continued to embed the 'Safewards' model within our mental health inpatient wards.
- Continued to be involved in the National Sexual Safety Collaborative as part of a wider Mental Health Safety Improvement Programme.
- Planning to implement 'Responding to Disclosures' training provided by Savana. Linked with the National Sexual Safety Collaborative.
- Developing affiliation to the Crisis Prevention Institute following their successful certification to the Restraint Reduction Network Training Standards.
- Developed an electronic learning package for Trauma Informed Care training.
- Continued to develop the use of the electronic rostering system across all inpatient areas including the development of bespoke performance reporting and an employee accessible shift booking system.
- Supported 390 nursing students on placement over the past 12 months;
- Developed an Apprentice Nurse pathway in partnership Derby University
- 48 student nurses were employed to support the Trust response to COVID-19
- Continued development of our supervision and support programme for all students, including specific support for BAME students during the COVID-19 pandemic;
- Academic pathway and placement development for MSc students with Keele University, commenced in April 2021 with planned development with Staffordshire University for September 2021;
- Commenced the development of a Learning Disabilities MSc pathway with Derby University;
- Continued support of Trainee Nursing Associate programmes alongside the successful recruitment 4 Registered Nursing Associates
- Increased safeguarding supervision across all clinical teams;
- We have received a reassuring increase in calls to our Safeguarding Team, highlighting that teams are accessing support and advice at the earliest opportunity;
- Training compliance for Safeguarding Children's Level 1 and 2 is 93%, Safeguarding Children's Level 3 is 86%, Safeguarding Adult's Level 3 is at 89% and Prevent is at 95% all above the target of 85%;

- The Safeguarding team has recently been involved in the Pathfinder project, which looked at improving practice around Domestic Abuse. As a result, relationships have developed with local Domestic Abuse services, GLOW and New Era and the Trust now has designated Domestic Abuse Champions that have received face-to-face training and are now involved in bi-monthly meetings to further develop practice and learning around Domestic Abuse.
- Modified our approach to implementing our SPAR Wards accreditation in response to COVID-19 restrictions;

Under Quality Priority 2 'Personalised' we have:

- Continued to implement the Restraint Reduction Strategy, focussing on service user experience and person centred care;
- Invested in the development of a dedicated Quality Improvement programme of support including the creation of a number of new roles to support this programme and the ongoing development of our learning culture
- Towards the end of 2020/21 we have developed a digital Friends and Family Test (FFT) to improve accessibility and increase service user engagement with the FFT.
- adopted the ReSPECT process which creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices.
- continued to increase the number of service users being offered the opportunity to participate in research studies through our consent to research initiative; and
- Commenced a programme of Service User and Carer (SUC) engagement sessions to support the development of the Trust SUC Strategy;

Under Quality Priority 3 'Accessible' we have:

- Embedded the electronic self-referral functionality for patient and carers to the CAMHS hub;
- Continued to strengthen our Diversity and Inclusion strategy;
- expanded the use of new technology to embed video consultations in our community teams;
- used video technology to advance MDT working
- we saw the Trust go-live with 'One Health & Care Record' – this system-wide forward thinking project seeks to provide a secure digital shared care record for people living in Staffordshire and Stoke-on-Trent to improve joined up care provision.

Under Quality Priority 4 'Recovery Focussed' we have:

- Produced a strong vision and secured funding to develop our Wellbeing And Recovery College; with core project groups established from April 2021;
- Successfully recruited Peer Support Workers and Experts by Experience to our CAMHS and Learning Disability Services.
- In partnership with CHANGES Staffordshire, we have secured three cohorts of Accredited Level 2 - Open College Network Volunteer Peer Mentor Training;
- Developed a video to raise awareness of the benefits of peer mentor support within clinical teams;
- Service users and carers involvement in the pathway development and service redesign for the Community Mental Health Framework transformation programme;
- Developing a phased return to work for our volunteers in line with NHSE recommendations and COVID-19 restrictions;
- Our Service User And Carer Council has continued to meet virtually and contribute throughout the COVID-19 pandemic;
- We have maintained virtual links with the Youth Council (hosted by CHANGES Staffordshire).

Our Innovation

Innovation at Combined is orientated around innovative approaches and forms one of the three key building blocks identified to making an organisation Outstanding. We are proud of our track record in innovation which, during 2020/21 including some of the following:

An NHS First - Cognetivity Neurosciences works with Combined Healthcare

In 2020, the Trust worked with Vancouver's Cognetivity Neurosciences Ltd to deploy its Integrated Cognitive Assessment (ICA) within our care pathway for patients with suspected dementia. The ICA is a five-minute computerised test of cognitive function, offering numerous advantages over traditional pen and paper examinations.

The development was overseen by Dr. Rebecca Chubb, Consultant Old Age Psychiatrist and the Trust's Clinical Lead for Older People's Services. Dr. Chubb highlighted that the team was "excited to be the first Trust using this technology outside a clinical trial, taking the lead on a fantastic piece of innovation that could one day be used in clinics up and down the country". A review of the implementation of the ICA commenced in 2020 and will be restarted again in summer 2021.

Showcasing and sharing innovation in practice

During 2020/21 clinicians and clinical teams shared some fantastic innovations and new ways of working during the COVID-19 pandemic. This included but was not limited to:

- New approaches to practice using video education to support neurological disorder,
- Donation of printing cameras to the wards for sharing pictures between the Royal Stoke and our wards, for those who did not have to access mobile phones for video consultations and;
- Staff wellbeing approaches with the Counselling and Psychology services creating flexible and supportive approaches for staff.

Some of the key areas of innovation in practice were showcased at the 2020 Innovation Nation event, to find out more and watch some of the fantastic innovations visit the Innovation Nation Event Page (see page 77 for more on Innovation Nation).

Exploring opportunities with the Innovation Hub (Keele University)

An opportunity arose to work across systems and boundaries, within the North Midlands, to create an Innovation hub. The hub aimed to identify, adopt and scale up innovations effectively, working in partnership, to create a hub that was responsive to local and system priorities.

Trust representatives, from the R&D team, form part of the working group which aims to support this initiative linking into the CORE working group of attendees tasked to develop the next steps. This work will progress into 2021/2022

Digital Aspirants Programme

Our Digital Aspirants programme has enabled the Trust to raise our digital maturity by supporting a set of core capabilities, reducing the gap between the levels of digitalisation across the NHS.

The Trust has delivered Phase one of the project and is now focused on delivering two key areas; Engagement and process mapping for Referral and Assessment Redesign, Business Intelligence and Integration and Observations project and Technical implementation and development activities for projects Referral and Assessment Redesign, Business Intelligence and Integration and Observations project

Innovation in Communications and Engagement

We are proud of our continuing track record of innovation and excellence in our Communications and Engagement/ Further details are provided on pages 42 to 48, including:

- our unique development of Digital Avatars (CARA and CHRIS) to maintain the impact of our communications around restoration and improvement to frontline staff during the Covid challenge;
- our biggest ever staff awards - REACH 2021 - delivered as an entirely online, social and digital event;
- our development of online support and channels to deliver our Trust Board commitments to openness and accountability - including Ask the Board Online and Patient Story Plus
- the continuing development of our 'Active Listening' and 'We Come to You' capabilities to maximise engagement with frontline staff, service users and stakeholders.

Key achievements by directorate

Stoke Community

Over the last 12 months the Directorate has continued to establish strong and effective relationships both internally and externally. This is demonstrated through the mobilisation of the IAPT contract in partnership with MPFT and leading on the delivery of the Community Mental Health Transformation Programme.

The Directorate 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 Community Mental Health Teams.

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

As part of the Transformation of Community Mental Health Services a comprehensive review of health inequalities within Primary Care Networks (utilising the HEAT tool) is underway across Staffordshire. This will then support the development of services in line with the local population need.

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. Whilst this has been challenging in a year of pandemic Stoke-on-Trent continues to excel with diagnosis rates in the West Midlands at 79 % against a National target of 66.7%. North Staffordshire sits just below the national target at 65.7 %.

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. During the pandemic the team have driven forward innovation and have piloted digital cognitive assessments to support dementia diagnosis.

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 Care Home Liaison team worked closely with our psychology/staff and wellbeing team to offer support to all care home staff across North Staffordshire during the pandemic with weekly "check-ins" with each care home.

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 year has seen the team be successful in securing additional funding from NHS England/Improvement to further develop their nationally recognised Trauma Pathway with additional emphasis on working with those from the BAME community who have experienced trauma which is impacting on their perinatal mental health. This investment will result in further expansion to the team, and as such they will moving to new premises which provide a bespoke environment to ensure a high quality service can be delivered to those that use the service.

The digital platform for CAMHS was launched in September which now provides the ability for self-referral and has information and resources for young people, parents and carers. MHST have embedded and developed their service to engage with 32 schools across the City o f Stoke-on-Trent. They are working closely with the LA to explore further development opportunities. The team have been recognised regionally and nationally for their whole school approach.

North Staffs Community

Whilst the last year has been extremely challenging in meeting the demands associated with the Covid-19 pandemic, the Directorate has continued to develop and innovate. In March 2020 teams moved out of building bases to support patients through a primarily digital offer including appointments offered through "Attend Anywhere". Services ensured regular contact with vulnerable patients and provided face to face support where clinically indicated.

The pandemic had an impact on staffing capacity as staff have been shielding, self-isolating and indeed, some staff have been off sick with COVID. For staff with young children, many have had support home-schooling and juggle child care with working from home. Despite this however, there has been a relatively low sickness rate in the North Staffordshire Directorate workforce, which has helped to maintain the operation of services.

The development of the community Adult Eating Disorder service has been developed providing an agile locality based service model that links into the existing community teams and primary care, providing education, early intervention and ongoing therapeutic support within localities, offering assessment and intervention for complex eating disorders including CBT-e, Psychodynamic therapy and guided self-help. This service is aligned to the current children and young person's eating disorder service creating a seamless pathway approach to care delivery, whilst retaining the skill set required for both services.

The collaboration with the CYP ED service supports the seamless transition into adult care that provides a care package based on need and not dictated by age. The service provides psychological time limited interventions and once stability has been achieved the service user, on a needs led basis is supported by generic mental health teams. The team have developed transitional protocols that are seamless and needs led.

The At Risk Mental State (ARMS) pathway has been introduced in the Early Intervention team to ensure seamless transitions where people develop psychotic symptoms and transition into a first episode of psychosis. There is evidence that there is an opportunity to intevene for the ultra high risk group of those presenting with an At Risk Mental State.

The newly formed CASTT service was launched on the 1st February 2021 and offers a pan trust service to those service users that are diagnosed with a personality disorder. The NHS Community Mental Health framework refers to the delivery of care to those individuals diagnosed with a personality disorder to include the provision of intensive and assertive support, long term care, and support for those who may be at risk of exclusion from their community. The team have implemented the Structured Clinical Management model and Specialist Psychological Therapy in the form of Mentalised Based Therapy (MBT).

The Directorate has continued to lead on the Start to Success programme, improving access to mental health services for students attending local colleges and universities. This 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.

The Directorate has led on the transformation of services to support the achievement of referral to treatment for all children and young people within 4 weeks.

There is an increased pressure and concerns in the numbers of children and young people presenting with eating disorders. The Directorate used additional allocated funding to expand the children's eating disorder service, the enhanced pathway will focus on avoiding admission where a community based alternative will meet the needs of the young person.

Specialist Services

During the Covid Pandemic Ward 5 Neuropsychiatry was able free up capacity on two occasions for several weeks and accepted patients from Royal Stoke Hospital to improve the flow of admissions and discharges in the face of unprecedented pressure.

Adult Mental Health Rehab services were transformed to replace 2 community wards with a Pathway Model that now features 1 community ward, 1 supported living project and a Community Rehab Team.

The Rehab Pathway was further enhanced with the transfer of commissioning responsibility from CCGs for specialist Mental Health placements with independent sector providers.

In a similar move the commissioning responsibility for people with Learning Disability/Autism in special placements was also transferred from CCGs.

The Darwin Centre CAMHs inpatient unit is now solely responsible for gatekeeping and bed-finding for the North of the West Midlands, previously there were 3 organisations involved so this will make it simpler for anyone seeking admission.

The Darwin Centre is also hosting the development of a new CAMHs Intensive Support Hub for increased community support in Stoke on Trent and North Staffordshire.

The Edward Myers Unit continued to offer hospital based detox and treatment for substance misuse throughout the Covid Pandemic and met increasing demand locally and from across England.

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

A recent review by the Quality Network for Psychiatric Intensive Care Units enforced all of the hard work the PICU staff have continued to provide, with some excellent feedback around the environment of the ward and the high standards of care provided.

Ward 1 has continued to work received an award from Keele University for Placement of the year, its Discharge Practitioner were shortlisted for the partnership award at the recent REACH awards, and a developmental review from QNWA, as well a CQC Mental Health Act remote monitoring review both resulted in positive feedback.

Ward 2 has worked tirelessly at raising its profile and recent feedback from the CQC was outstanding with its recovery book project being positively received and recognised by QNWA and CQC.

Ward 3 Assistant Practitioner Deborah Elson was shortlisted in the REACH Awards, acknowledging her hard work and commitment in ensuring placements / assessments and referrals for patients.

Ward 6 as a team feel proud and privileged that they have worked on the front line of the pandemic throughout and supported patients and carers both through the journey of recovery from coronavirus, but sadly also with end of life care where necessary, whilst supporting each other as a team consistently.

Stevan Thompson, Activity Worker has been nominated for a RITA award for the 'patient snapshots' he has sent to families during the times where there has been no visiting.

Ward 7 Older Persons Ward Manager, Jayne, was shortlisted for a Reach Award.

The Home Treatment Team had numerous nominations for a REACH awards:

- Team of the Year
- Learner of the year.
- Unsung Hero of the year.
- Claire Booth Highly Commended for Leading with Compassion a

There was a brief period when the Community Triage nurses worked out of their homes due to Covid but the team have vital work supporting the Police and improving outcomes for our service users, which was recognised by a number of nominations made by the Police themselves for the Reach Awards. The team was recognised when named one of the Reach 2021 Joint Winners of the Partnership Award.

Primary Care

The Primary Care Directorate has continued to achieve our objectives. Despite the pressures exerted by the COVID pandemic and the lockdown, the directorate has manage to sustain and build on the achievements of 2019/2020:

Further Development of the Primary Care Service Team.

- Led by the Executive Director for Operations
- Work with the Executive Director for Business and Strategy to influence and support the expansion of our directorate, further primary care developments and explore other opportunities for the trust.
- Clinical Lead and Business transformation Lead are well established and provide support to colleagues in other directorates

Transformation of the workforce

- Continued low use of locums
- Strengthened clinical diversity
- Good recruitment

Transformation of the Primary care Clinical Model

- Digitally enabled, remote access
- COVID-safe face to face consultations
- Home visiting Urgent Care Practitioner (UCP) team

Transformation of the Culture

- Improved clinical ownership within the practice
- Strengthened links to the trust

Further achievements during the last 12 months include:

Successful implementation of Influenza and COVID Vaccinations

The practice managed to provide influenza vaccinations to a greater proportion of patients than ever before. Soon afterwards in December 2020, the practice provided the Bentilee surgery site plus logistical support to allow practices within the Hanley Primary care Network to jointly provide the COVID vaccine. Thousands of patients have been vaccinated and hundreds continue to be vaccinated each week.

The COVID vaccinations has fostered greater inter-directorate working. The Clinical Lead played a major role in sourcing, organising and providing vaccinations to vulnerable inpatients within the Harplands hospital and residential sites.

Increased productivity of senior clinicians

The senior primary care service team have markedly improved productivity with in the senior clinical team, i.e. GPs, Advanced Nurse Practitioners and Allied Health Professionals. This has led to approximately 25% more appointments each day.

Good KMPG internal audit of the governance within the directorate

The KMPG auditors said that they had "significant assurance" when they reviewed the governance within the directorate. They found only "minor improvements opportunities". This is a great achievement for a small directorate with few administrators and a high number of key performance indicators for the practice and directorate objectives.

Financial review

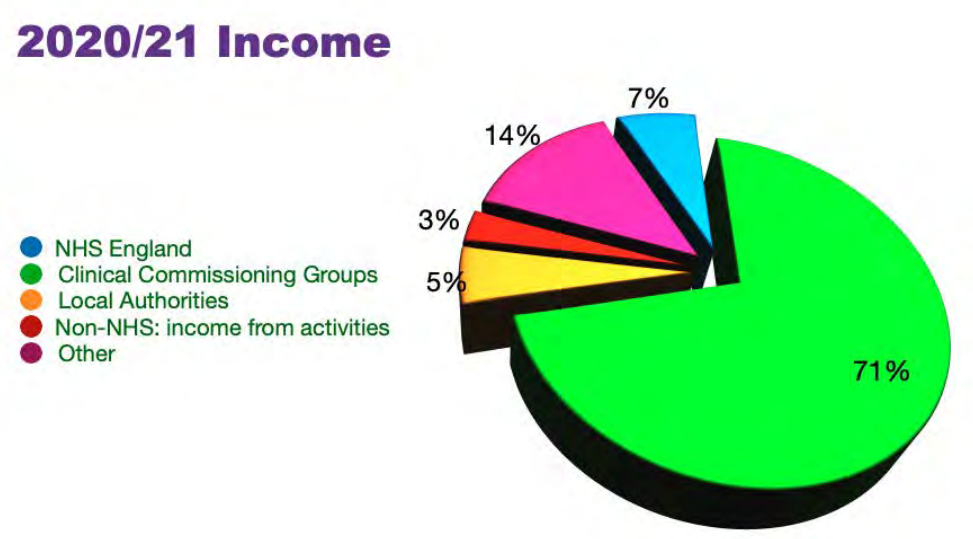
2020/21 was another strong year for the Trust financial achieving an adjusted financial performance surplus of £2.7m against income of £105.2m. This was the 22nd year the Trust has consecutively achieved a surplus position and exceeding the legal requirements to breakeven by delivering a surplus of 3%.

We are pleased to report that our financial results for the 2020/21 were better than our plan by £0.1m. 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.

Statement of Comprehensive Income	2020/21 £'000	2019/20 £'000
Income	105,222	98,340
Provider Sustainability Fund		700
Total Income	**105,222**	**99,040**
Expenditure	(99,799)	(95,195)
Operating Surplus	**5,423**	**3,845**
Net Finance Costs	(2,958)	(3,187)
Losses on Transfer Absorption	(232)	-
Other Gains/(Losses)	312	-
Surplus for Year	**2,545**	**658**
Impairment	319	955
Losses on Transfer Absorption	232	-
Pension Adjustment	(4)	(38)
Centre PPE stock adjustment	(86)	-
Less gains on disposal	(335)	-
Adjusted Financial Performance Surplus	**2,671**	**1,575**

There have been significant changes to the financial regime implemented nationally to support the response to COVID-19. Usual operational planning and contract negotiation processes were suspended nationally and a new interim regime was introduced for the period 1st April 2020 to 30th September 2020. This included a commitment to ensure that NHS Trusts financial breakeven for this period through a national "top up" process. Planning rounds commenced from 1st October 2020 to 31st March 2021 with the Trust planning to deliver a £2.6m surplus during this period which included a share of system allocated funding.

Income in 2020/21 totalled £105m. The majority of the Trust's income £82.6m (79%) was delivered from Clinical Commissioning groups and NHS England in relation to healthcare services provided during the year. Other income relates to services provided to other NHS bodies, primary care, training and education and other miscellaneous fees and charges.



During 2020/21, the Trust have continued to invest in our estate and assets through our capital programme. This includes investing in ICT systems, backlog maintenance and dormitory conversion which will continue into 2021/22.

We ended the year with a cash balance of £17.8m. 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 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 solely on the anticipated future provision of services in the public sector, the accounts have been prepared on a going concern basis. There has been guidance issued by The Public Audit Forum to this effect, approved by the Financial Reporting Council.

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

Outstanding

Our journey continues...

NHS
North Staffordshire
Combined Healthcare
NHS Trust

We make history

£15 million investment

in acute and community mental health services for North Staffordshire and Stoke-on-Trent

Outstanding financial performance giving us the strength to invest

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.

The impact of the COVID-19 pandemic has changed the landscape of delivery across healthcare services. This has resulted in an accelerated transition to alternate models of care for staff and patient interaction. Our Clinical Services Teams have actively embraced digital technology as an enabler to overcome social distancing challenges. The speed and agility of the digital response to the pandemic has raised the expectation of leaders and staff highlighting the continued importance of digital capability and infrastructure.

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.

We have continued the excellent work on our Digital by Choice strategy. During 2020/21 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.

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

COVID-19

Services have been actively embracing digital technology to support the ongoing delivery of high quality, safe and effective care during the COVID-19 pandemic. Using solutions such as video conferencing for multidisciplinary team meetings and direct patient interactions. Building upon the digital innovations delivered through the digital exemplar programme the Trust was able to react in a timely manner to this new care deliver model.

The Covid-10 pandemic has been a catalyst for a significant culture shift towards the use of Digital solutions. Staff are now eager to embrace new technology rather than being hesitant in changing their ways of working. It is essential that we maintain the momentum of the delivery of digital transformation to capitalise from this new perspective and support the delivery of new care models and working practices.

The Trust has recently embraced a more flexible working environment enabling remote and flexible working through digital collaboration and online interactions. Supporting improvements in productivity by limiting the need for physical travel between locations for staff and service users and has related benefits through reducing the expense and pollution of travel

Building upon existing digital partnerships the Trust has enhanced and solidified the relationships with partners to deliver cross organisational systems and improve the availability of service user information to clinical staff. This was essential in ensuring that the Trust was able to play a key role in the development of the initial regional digital response to COVID-19.

Strategic Relationship

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.

Digital Aspirants

The Trust has launched its Digital Aspirants Programme after being selected as part of the first wave of the organisations by NHSX. This programme will support the Trust in using digital technology to transform services. The programme enables 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 have are deployed 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 to provide better and safer care.

Dedalus

The Trust has developed a successful partnership with Dedalus as part of its digital journey and is a key relationship in supporting the Trust to implement the Digital Aspirant Programme and becoming 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. This work will be transitioned into an all age services as part of the Digital Aspirant programme of work.

Patient Access

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 consultations

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 clinician 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 Optimisation

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. The Trust is working with local partners and national agencies to implement appropriate measures and ensure the security of our systems.

Business Intelligence

To ensure we can 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 soptimises medical coding process, data and analytics modernisation & migration, clinical care management and coordination and population health management.

Knowledge Management

Closely aligned with our Business Intelligence approach, we are adopting a strategic approach to our knowledge management, beginning with mapping our Knowledge Landscape of key sources of information, datat and insights. This will be integrated with the Active Listening strand of our Communications and Engagement strategy.

Integration

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. We will move towards full digitisation across the Trust allowing the effective sharing of information with partners and establishing integration of systems to support the delivery of integrated care pathways. We will look to collaborate with our partners to share ideas and deliver technology effectively and efficiently.

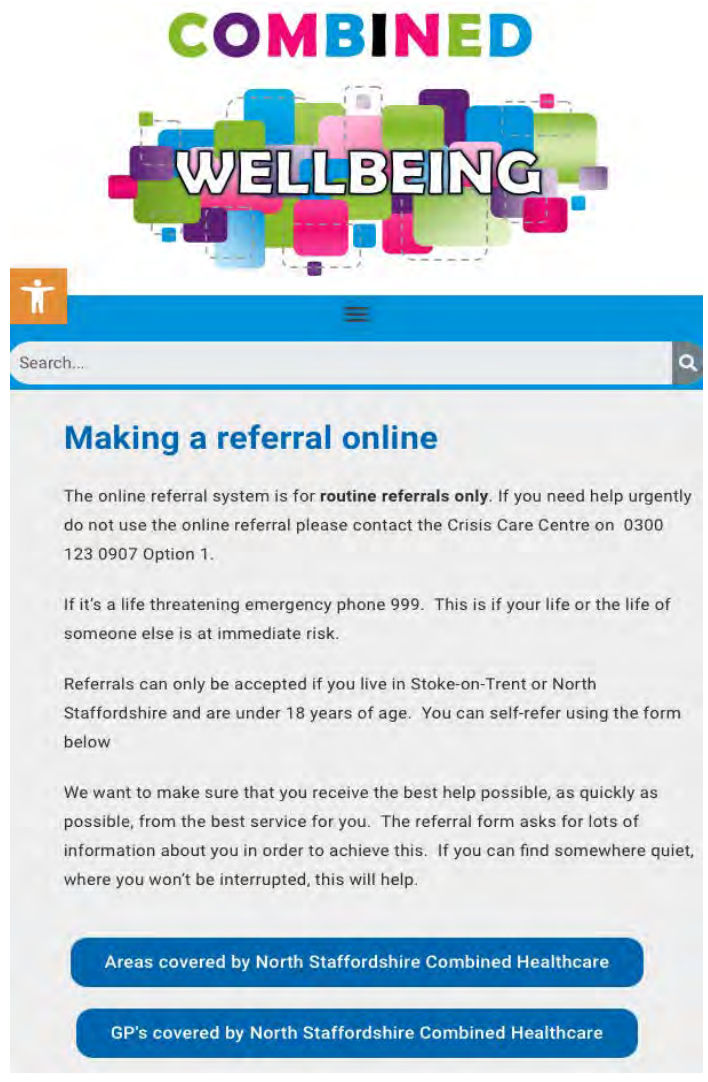
Information Collection

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.

We want to lead the way in using digital development to provide tools and technologies to support new and innovative ways of service delivery. Our digital future facilitates a dynamic care plan pathway, aiding communications, preventing duplication and supporting a more efficient patient journey. But our ambitions stretch beyond this to establishing a national reputation as a leader in the use of digital technology to deliver sustainable healthcare. This means our technology must be fit-for purpose today but future-proofed for tomorrow by achieving value in both use of resources but delivering value environmentally and socially.

Outstanding

Our journey continues...



Transforming access to information, advice and help through unique CAMHS Digital Portal, including online self referral

Our communications and engagement

As part of the Trust-wide review carried out early in the onset of the Covid crisis, Communications and Engagement was, quite rightly, confirmed as a critical service for the Trust. This would be the case in normal times. It has been even more the case in the context of Covid-19.

During the first wave of Covid, the Communications Function proved its ability not only to continue to deliver an outstanding service to the Trust in the most challenging of circumstances, but to innovate and support innovation by teams and functions across Combined – both corporate and clinical.

This was partly because the demands of new ways for working aligned perfectly with the strategic direction pursued and advanced consistently by the Comms Function ever since the appointment of the current Associate Director in December 2016.

Our success has been built on five foundations:

- looking to recruit people with the necessary knowledge, skills, experience and ambition to deliver a best of breed modern communications and engagement capability;
- investing in industry standard hardware, software services and equipment to enable the team to excel;
- encouraging and supporting all team members to deliver excellence, not settle for second best;
- wherever possible, eliminating reliance on external contractors or suppliers for services and outputs thereby delivering internally at a fraction of the cost; and
- always looking to continually improve, remain ahead of the curve and maintain our reputation for innovation and excellence.

Combined Healthcare's Communications and Engagement Team has always been smaller in headcount compared with other NHS Trusts in our region. Benchmarking carried out during 2020/21 showed we are also amongst the smallest Mental Health NHS Communications Teams in the country. But that hasn't stopped us from building and maintaining a reputation for being amongst the most innovative and effective.

In particular, we have been particularly successful in introducing new channels, tools and techniques that are highly innovative and unique amongst NHS frontline Trusts, but which rely for their continued success on having access to specialist digital communications experience and skills.

We recognised that the mainstreaming of these channels, tools and techniques will be unavoidable and essential if Combined is to be able to communicate and engage effectively in a Covid-19 and post Covid world.

An increasing number of teams across Corporate and Clinical divisions were able to see what we have been able to produce for the Trust at Executive level and for individual projects, events, teams or programmes. They have liked what they have seen and they want it too.

We have been working throughout the year to deliver it for them as well as, in the longer term, support and equip them with the necessary skills and confidence to be able to sustainably deliver themselves.

Over the course of 2020/21, we produced a number of demonstrator projects and individual outputs which proved that we possess the necessary technology, knowledge and ability to deliver what is required. Towards the end of the reporting period, the Trust agreed a Business Case to invest in further in-house resources and capacity to enable us to continue our trajectory of improvement and innovation.

Our vision

Our overall vision for Combined Healthcare's Communications and Engagement is simple, ambitious, unequivocal and perfectly aligned with the strategic direction and intention of the Trust. Our vision is to deliver Outstanding Communications and Engagement – in ALL we do and HOW we do it.

Strategic Shift and Active Listening

We are pursuing a coherent, integrated approach to achieve a Strategic Shift in how 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.

"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". Since then the podcast has attracted over 4,700 listens.

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.

Engaging with staff and stakeholders on our Trust strategy

As we announced our new medium term Trust strategy, we committed to one of the most extensive engagement exercises we have ever undertaken with staff, service users and stakeholders.

The initial launch of our new Trust strategy took place via an online event to which we invited both external and internal colleagues. This was the first time the Trust had published its strategy in this way and we were delighted that so many partners, stakeholders and colleagues were able to join us for the live launch.

We have created dedicated portal page on our website, where anyone is able to:

- Watch our Chief Exceutive's video introduction to the overall strategy;
- Watch introductory videos from our Executive Leads for each of the supporting strategic themes – Quality, People, Partnerships, Sustainability; and/or
- download full copies of each of our enabling strategies – Quality, People, Partnering, Digital – as well as our supporting Communications and Engagement strategy.

They can also access an easy to use initial feedback form to:

- ask a question about any or all of the overall strategy and/or themes;
- make a comment about any or all of the overall strategy and/or themes; and/or
- give us details of the contribution they think they and/or their organisation and their members can make to the successful implementation of any or all of the overall strategy and/or themes.

Initial roadshow events and new engagement groups were created for our staff across its four themes - Quality, People, Partnerships and Sustainability.

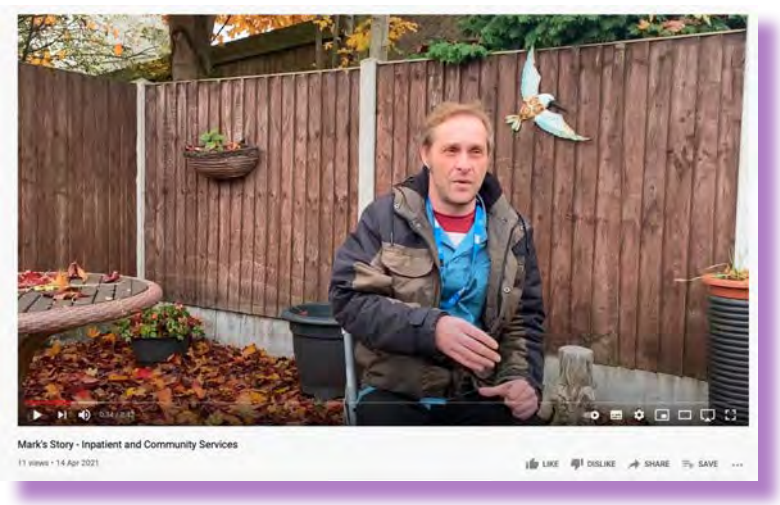
Externally, we have reached out to our stakeholders to confirm how we can make it as easy as possible for them to continue to give us their views, insights and contributions.

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:

- **Sara's Story** - Sara first accessed help from Combined Healthcare when she suffered from post-natal depression 18 years ago. She has since received support from a range of our services, including Lyme Brook, one of our adult mental health community teams;
- **Chloe's Story** - Chloe provides reflections, feedback and suggestions from her experience as a service user with cerebral palsy;
- **Daniels' Story**- Daniel pays tribute to the care from Greenfields, including how DBT Therapy has helped him develop to the point where he is now a care assistant on a high dependency unit;
- **Mark's Story** - Mark commenced work as a Healthcare Support Worker within the Rehab service in 2019, working across both units Florence House and Summers View. He shares his lived experiences of having a mental illness which helps those around him, both staff and patients understand and learn from his openness;
- **Lee's Story** - Army veteran Lee talks to us about his PTSD and mental health difficulties which led him to Combined Healthcare's Greenfield Centre. Lee tells us the kind of support he's received there, as well as what more he thinks can be done to engage with the veteran community;
- **Adele's Story** - Adele tells how diagnoses of ADHD transformed her life and that of her son.



Transforming our Trust Board Meetings

We have transformed our Trust Board meetings to make them more open and accessible Anyone can attend online and video recordings of key sections of the Board meeting are made permanently available shortly after the meeting has taken place.

Through our new online facility - Ask the Board - anyone can ask a question in advance of each Open Trust Board meeting and obtain a public answer without having to physically attend the Board meeting. This is particularly helpful to anyone who would find attendance difficult, either because of disability or other personal or work commitments.

"Patient Story Plus" is a further new innovation in our patient stories, whereby the contributor is given an additional opportunity to have a detailed, follow-up discussion with Kenny Laing, our Executive Director of Nursing and Quality, to receive feedback on the actions we intend to take to respond to their contribution and have a more in-depth discussion about any issues raised.

Harnessing the power of video

We are proud of our record over the past year of harnessing the power of video and animation to raise important issues, provide health and care messaging to our staff, service users and local communities, and to celebrate, support and engage with our staff.

Examples include:

- **NHS Save the Hero** - a heartfelt tribute to our own frontline staff. those back-office staff and functions who support them and all those who have given their lives combatting Covid-19;
- **You are not alone** - 36 organisations and individuals come together to let you know that they are all there for everyone across Staffordshire and Stoke-on-Trent and that you are not alone;
- **How and when to use the LFD Test** - our Infection Prevention and Control Team provide advice and guidance'
- **"We will get through this together"** - a hugely important message of support for our staff from our Chief Executive, Peter Axon
- **Clap out for Ward 7** - the single most watched video in our Trust history as staff from across Combined came together in a show of solidarity for colleagues faced with a Covid ward lockdown

Digital Avatars - a unique innovation

We know that using human presenters in films, presentations and videos massively increases their impact. This becomes a challenge when it is more difficult to be in situ to film the presenter and with greater numbers of staff working from home - as during Covid.
To address this problem, we developed animated characters Cara, (Combined Avatar for Recovery Action) and Chris (Combined Healthcare Recovery Information Specialist) embedded in films and presentations in exactly the same way as a human would be. This enabled us to continue to produce high impact films, presentations and videos without the need to physically be present to film the human.

Examples of our digital output using Cara and Chris can be seen on our YouTube channel:

- **Introducing Cara** - As part of our continuing commitment to digital innovation, we are proud to unveil our newest member of staff, Cara, to the world - our "Combined Avatar for Recovery Action" Find out more about our Corporate Recovery strategy at https://combined.nhs.uk/recovery/
- **Chris introduces the Clinical Recovery Programme** - Our second Digital Avatar explains how our approach to Clinical Recovery
- **Cara introduces the Programme Management Office** - Cara (Combined Avatar for Recovery Action) is delighted to set out our exciting plans for a Programme Management Office (PMO)
- **Chris - Our Covid message to our staff** - Chris sets out details of our guidelines on working from home and self-isolating
- **Cara explains the REACH shortlisting process** - Cara sets out details of the most open nominating and shortlisting process ever

REACH 2021

Our biggest online event ever

The winners of this year's REACH Awards were:

Category	Winner	Highly Commended
Diversity & Inclusion	Jenny Harvey	Tes Zaheer
		Amina Begum
Leading with Compassion	Sarah Mountford	Becky Chubb
	Richard Bagnall	Claire Booth
Learner of the Year	Jessica Fitzgerald	Abby O'Neill
		Harley James
Partnership	Community Triage Team	Liz Mellor
	Jan Summerfield/ Staff Support & Counselling Service	Sandra Storey
		Matt Johnson
Proud to CARE	Rob Sillito	Sarah Mountford
		Jan Summerfield
Research & Innovation	Kerri Mason / Research & Development Team	Fit for Frailty in Mental Health
		Dan Crick & Digital Team
		Matt Johnson/ Staff Support & Counselling Service
		Lyme Brook Adult Community Mental Health Team
Rising Star	Amina Begum	Rachael Birks
	Kim Stanyer	Sarah Vincent
Service User & Carer Council	Early Intervention Team	Jane Sheldon
Team of the Year	Infection Prevention & Control Team	Facilities Team
		Ward 4
		Digital Team
Unsung Hero	Andrea Hall	Chris McGinley
		Tes Zaheer
		Ben Boyd
Volunteer/ Service User Representative of the Year	Michelle Craggs/ PEGiS	Wendy Hanson
		Andrew Creswell

Throughout the history of the Trust, REACH has always been one of our annual highlights and for each of the past four years has broken the previous record for numbers of nominations and participants. With the onset of Covid, we could not hold REACH in its normal format, as a set-piece formal dinner and face-to-face events ceremony in a physical venue.

Faced with Covid, we took the decision to be bold and ambitious. For the very first time in our history, REACH 2021 was produced in-house as an entirely digital, online and social event. Not only was it our most biggest event ever, it was also our most popular - with more nominations and more nominees than ever before.

The event took place in a virtual digital venue and featured video contributions from all of our Executives and Non-Executives, a whole range of frontline staff nominating and paying tributes to their colleagues, plus a special guest appearance and message of thanks from the nation's favourite former mental health nurse - Jo Brand.

Covid-compliant filming and production was carried out using the very best, industry-standard tools and techniques, including recording participants separately against green screen and knitting them together into joint appearances in post-production. This even extended to having our digital avatars appear alongside our Medical Director, Dr. Buki Adeyemo and Non-Executive Director, Patrick Sullivan, to present the Innovation Award.

The evening culminated in an announcement from our Chair, David Rogers, that for the first time in the history of REACH, his personal award was to be given not to a single individual, but to every member of staff as a powerful recognition of the Trust's collective effort to be "Combined United" in supporting each other in rising to the Covid challenge.

One of the highlights of the evening was the premiere of a new poem specially commissioned for REACH 2021 from local poet Gabriella Gay, paying tribute to our staff for their heroic efforts combatting Covid - and using messages of solidarity and support submitted by the staff themselves throughout the year through an initiative we called 'Combined United".

As a permanent tribute to them at the end of an historic year, the full text of this poem is reproduced on the following pages.

A tribute

We raise our voices in tribute to you
who step forward daily to deliver
gold standard, person centred care.

To you who are driven by a clear vision
to make a brighter, fairer Trust
where everyone is equal and individual.

You talk from the heart at all times
giving your energy and your passion,
your tireless enthusiasm is infectious.

You who support patients with translation and BSL
behind the scenes you are working tirelessly
for vulnerable patients who need advocacy as much as care.

From the bottom of our hearts we beat in tribute
for everything that you do to make a kinder,
more caring, more sharing, inclusive world.

It is not enough to be compassionate. You act.
We clap our hands for you who lead with compassion
for you who don't hesitate to find a tunic, get stuck in

and work later as for you no task is too much trouble
when your work is a shining example of excellence.

Your leadership is kind, bold, thoughtful and humble
so, we clap you who are carving a path for others to follow
that is safe, clear, compelling and pebbled with laughter.
You lead right there from the front by example.

There's no apporting blame or stealing praise
you start each day with a 'Good morning'
and end by acknowledging a good day's work.

You, great generators of brilliant ideas,
we bow our heads in tribute, for your open and honest approach.
To you, the trainee who keeps us learning, shows dedication,

and shares your innovative ideas to improve quality,
efficiency, reducing cost and waste over lunch
over "brews and breathers" and delicious pakora boxes.

To you the teams who chisel and break down barriers,
you work well in partnership to better the lives of others.
We sing a song and stomp our feet in tribute to you -

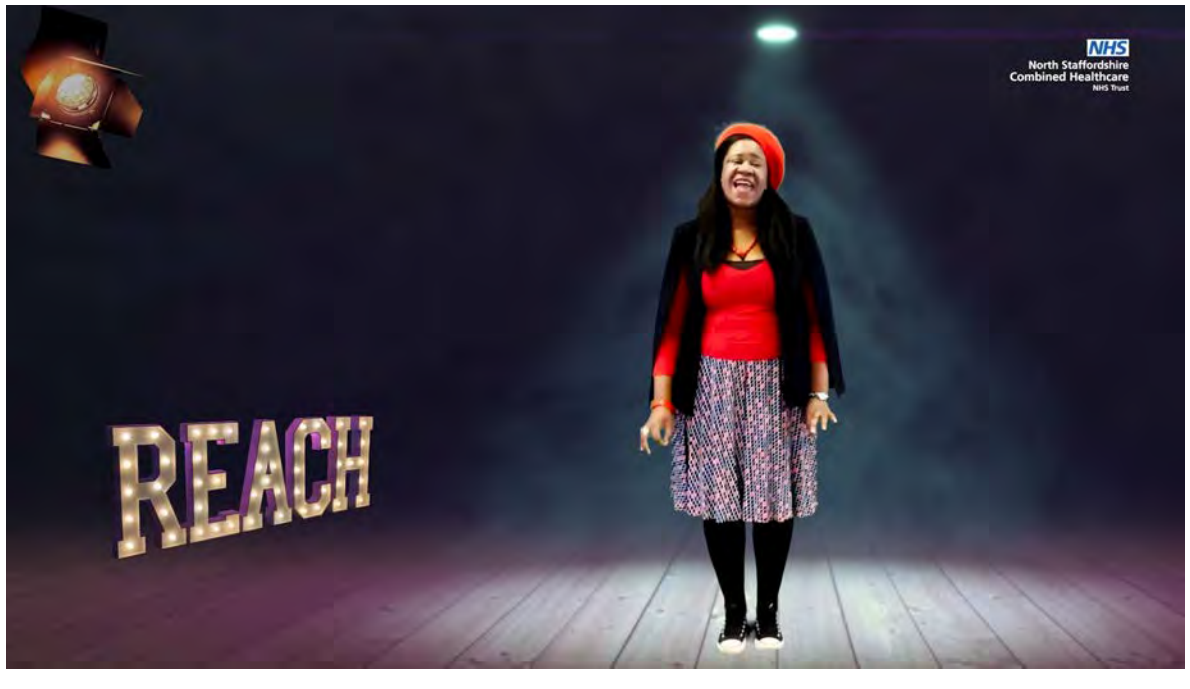
Compassionate, Approachable, Responsible, Excellence
exemplified in all who are Proud to Care.
You clear up the tea trolley and tidy up patient's wardrobes,

You who magic dog treat out of bags, come in early in a pinny
to help out or stay late to ensure that everyone is ok,
you create the virtual groups and a strong support network.

We hip-hooray for you who remembers everyone's birthdays
and special occasions; you who does all the collections
who will bring in food for colleagues, bake cakes and even cut hair.

You are having a positive impact on mental health care-
Your calmness in a crisis is something to be marvelled at
Your ability to intervene to ensure the safety of all is astounding.

This a tribute, to all of you making change happen.
You are the droplet that causes a chain reaction
whist keeping staff topped up with tea, coffee and ice lollies.



You who are the rising shining stars reaching out in our darkest times.
You keep spirits high and instill a culture of can do, that's not breezy.
Your door is always open - but we never have to go far to find you
helping out, approachable, enabling the best of people.

You who are the heartbeat, the glue that binds our groups together
and reminds us why we came to work for the NHS, a job you love to do.

This is a tribute to the teams standing out from the crowd
for being thoughtful, listening and responding to service users needs.
You are in a category of outstanding contributions we want to whistle for

as you pull together, again and again, a solid support bubble at times of pressure.
This is for a tribute to the teams who lead through their actions and approach
and use creativity to solve problems, to reach goals.

Your values shine through in how you speak and listen to everyone,
how you use your creative flare to help young people, remind staff you're there
with weekly mindful message cards, handmade gifts and remote gatherings.

I raise a glass in tribute to you who are keeping people alive,
to you who are a lifeline in these extremely difficult times.
You flow as the font of all knowledge through corridors.

You are the unsung heroes, who shines out from behind the scenes,
exceeds all expectations
and set up the Microsoft teams when we'd never used video calls before.

And you keep smiling positive through some of the hardest hours.
Sometimes, the most courageous extraordinary efforts are achieved
when nobody is looking, but we have noticed and want you under spotlight.

This is a tribute to you who are all improving the lives of others,
those who volunteer their time to make patients and staff experiences better,
with your admin eyes, customer care and fundraising.

You raise an eyebrow at the constant pace of change,
but produce the posters and videos, testing and swabbing,
sorting social distancing. You've not flagged or stopped.

You who took blood from our first Covid positive patient,
You who responded to the needs and fears of families unable to visit,
who filled recovery books and used banter to help all get through.

This tribute is for you who went the extra mile,
to repair & remove the broken beds from the wards.
To you who moved heaven, earth, and long shopping queues for Easter eggs.

You've raised funds, collected food and gifts to spend with Christmas Carol online,
a get-together with those shielding, isolated and alone.
Your actions speak of your kindness.

We raise our voices in tribute for all of you
who are making this Trust the best place to work,
with your gold standard, person centred care.

You have shown an amazing tenacity
during a morale sapping pandemic that continues to test us all.
You are hero in your ability to persevere and endure obstacles.

We raise a tribute to you - on our wards
and in our communities, our homes
our pharmacies and in our surgeries

You are evidence of a truly excellent service
that needs these awards more than ever, to show
how much we value each other and celebrate to the world

our NHS – Never-stop-smiling Home Treatment
that is making a historic long-lasting difference. This recognition,
is a tribute, a thank you, for all you have done and continue to do.

Gabriella Gay
First delivered at the REACH Awards
March 2021

Our response to Coronavirus

From the onset of the Covid-19 crisis, our Trust, its management and frontline staff rose magnificently to the challenge of Coronavirus.

Incident Management Group

The operational heart of our response was provided by the Incident Management Group (IMG). This brought together key senior directors and managers from across corporate and clinical divisions - meeting at least twice a week to share and assess emerging national and regional intelligence and guidance, together with frontline status reports and real-time feedback.

The IMG was superbly effective in combining strategic direction with flexible and responsive action to emerging issues and events.

In a submission to the Trust's 'Combined United' facility, one member said of the IMG:

"This team encompasses and brings together every area of Trust activity - clinical and corporate, frontline care and back office support and operations, management, HR, OD, Comms, IPC, finance, workforce, estates, logistics, pharmacy, facilities management, IT and digital, all directorates including Primary Care.

"This team has worked under enormous pressure and had to combine attention to detail and adherence to corporate and clinical rules and standards with the need sometimes to innovate and fly by the seat of their pants in real time. Despite this (or maybe even because of it) I cannot remember a single occasion when there has been the slightest degree of lack of respect, negativity, fear or failure to step up to the plate. In easy times, Trust values can simply be a 'nice to have' ornament. In difficult times, they are the bedrock on which success is achieved and outcomes delivered."

Clinical Professional Advisory Group

The Clinical Professional Advisory Group (CPAG) forms part of the Trust's Emergency Preparedness Resilience and Response (EPRR) to the COVID-19 pandemic and is the senior Clinical and Professional Advisory Group for the Trust in relation to COVID-19. It provided advice and responded to requests for advice from the Trust Incident Management Group.

This advice sought to use and disseminate the emerging evidence base for the management of COVID-19 in mental health and learning disability settings and to consider ethical decision making in the clinical care of our patients. It was chaired by Dr. Buki Adeyemo – Medical Director & Deputy Chief Executive. Small task and finish groups were set up to provide advice as required on specific clinical areas

Covid Staff Updates

At the core of our communications, we provided regular updates, guidance and advice to our staff from our Executive Director of Operations, Jonathan O'Brien and our Executive Director of People, OD and Inclusion. Shajeda Ahmed. We also used our Chief Executive's CEO Blog to reinforce our support and admiration for the fantastic efforts of our staff.

Recognising that many staff 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.

We provided detailed information on over 50 topics, which are listed below. They will remain permanently accessible as a public record of the actions we undertook at https://www.combined.nhs.uk/covid-staff-updates/

Covid Staff Updates - Keeping our people informed		
Annual Leave Flexibilities	Health and Wellbeing	School Closures & Key Worker Placements
Antibody Testing	Home working – risk assessments	Section 17 Patient Leave
Arrangements for raising concerns or issues	How to Stay Cool in the Heat	Second Vaccination Scheduling
Asymptomatic Staff Testing	Influenza vaccination programme	Service Continuity Arrangements
Car Sharing & Travel	Inpatient Guidance	Social Media
Carrying over Annual Leave	Invoice Approval / Authorisation	Staff Support / HR Measures
Categorisation on EASY/ESR	Isolation Procedures	Staffing Help Needed
Clinical Professional Advisory Group	Launch of video consultations	Student Nurse Recruitment
Clinically Extremely Vulnerable (CEV) Staff	Learning Disability Easy Read Documents	Supporting our junior doctors
Communications for Nursing and Midwifery Staff	Mobile Messaging	Telephone and Video Consultations
Consultant On-Call	New Lorenzo updates for recording patient informatio	Test and Trace Procedure
Covid-19 flowcharts	Patient Visiting Times / Restrictions	Uniforms and Workwear
CPR in COVID Confirmed or Suspected Patients	Payroll information	Vaccination Availability
Cyber Security	Personal Protective Equipment (PPE)	Video Conferencing
Fire Safety Guidance	Practice Education	Volunteer Responders Referral Process
Guidance for Medics on Coronavirus Act Excess Death provisions	Recording Absence	Working from home
Guidance for Pregnant Staff	Restoration and Recovery	Working Out of Hours

Trust website, social media and digital communications

We used our website and social media channels to provide our local communities with the most up to date advice and guidance from the Government, NHS England and Public Health England.

This included providing detailed advice and guidance on the specifics and timings of each stage of lockdown as they occurred.

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.

We also used our Digital Avatar, Chris, to reinforce the messages about isolating and working from home in an animated film for our staff, as well as filmed advice from our IPC team.

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 People, 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.

We continued to do everything we can to support our staff who have to be in the workplace. Our 'Rainbow Suite' was 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 didn't have access or feel comfortable using this technology, could also carry out sessions over the telephone.

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

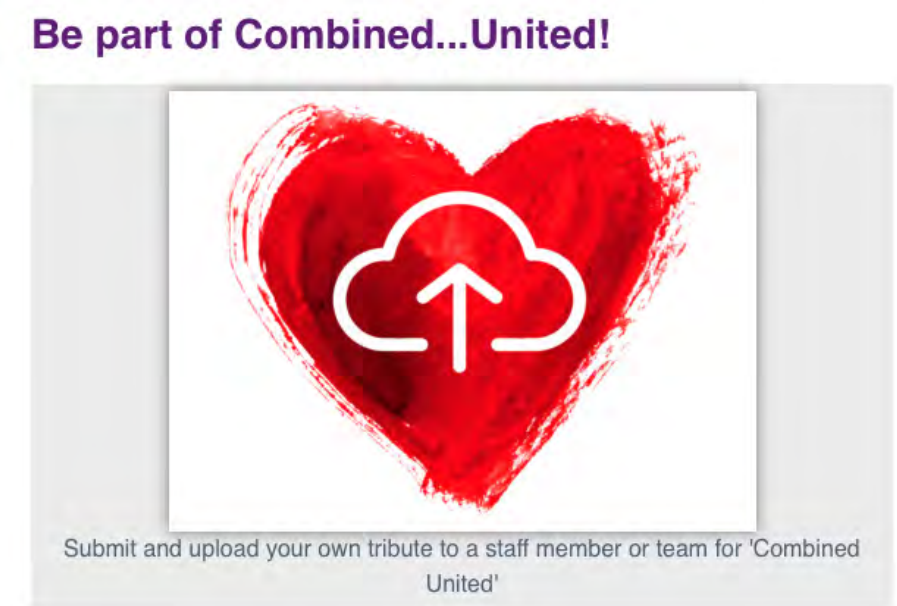
At the start of the Covid challenge, we launched our Combined United initiative with the aim that "over the coming days and weeks we hoped to build a lasting tribute and record of the extraordinary things we are doing and all we are going to do."

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 remains open to anyone – whether they work for Combined or not. Anyone who wants 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 Combined United Hall of Fame is permanently available as a searchable archive at https://www.combined.nhs.uk/combined-united-the-hall-of-fame/



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. Over the period covered by this Annual Report. 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 looking at what could be done to support BAME NHS workers and also BAME local communities.

We developed a digital solution for our COVID-19 risk assessment and requested that this be completed by our BAME colleagues and all staff to help inform continuing one to one conversations that managers are having with their staff to ensure that they are fully supported from a health, safety and wellbeing perspective.

We continued to implement interventions for our BAME staff based on the research from the Faculty of Occupational Medicine (FOM) (click here) and the Royal College of Psychiatrists (RCPsych) (click here), identifying a risk of greater susceptibility to COVID-19 infection, morbidity and mortality rates for BAME staff.

We offered the Trust vaccine to all of our people - at the time of writing this Annual Report, 78% of our BAME staff had received the first dose of the vaccine. Whilst respecting that the vaccine is about personal choice and a bid decision, we had one to one conversations with our BAME members of staff who had declined the vaccine to understand if there were any potential barriers, anxieties or concerns where we could offer support, including, for example, recognition of some of the challenges associated with receiving the vaccine during Ramadan.

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

Examples of our response to Coronavirus at team and service level

The Trust's response to Covid-19 wasn't just confined to action at the corporate or Trust-wide level. Across our teams and services, there were scores of examples of teamwork, innovation, quality and determination.

Ward 4 experienced a number of outbreaks on the ward due to the change in operation resulting in a large number of the nursing team having to isolate themselves following positive Covid results. This hugely affected the ward's ability to deliver the standards of care that the team pride themselves on and the team had to pull from other areas and services within the Trust to support the team.

Thankfully there were 4 or 5 volunteers who stepped forward who were working or working in other areas and support the team and without these staff members the team genuinely don’t think the ward would have been a safe environment.

Other wards experienced outbreaks around the same time and a daily Safer Staffing Meeting was set up so that all inpatient areas could identify who was most in need and prioritise support to that particularly area. Again the comradery shown by ward managers to support each other when in need was a really positive aspect to come out of such a challenging time.

The year was extremely challenging for **Ward 2**, which had to learn to adapt at a rapid pace to ensure patient care wasn't affected, faced with challenges from all areas including isolating patients whilst awaiting Covid status, admission processes, wearing PPE constantly, colleagues attending reviews via technology such as MS Teams, working on how to support careers and virtual visiting. The ward has also had to consider the potential risks to staff and their families under whilst continuing to come to work.

Ward 3 worked hard to employ the stringent IPC protocols required to limit the effects of Covid infection on ward whilst ensuring that patients continue to receive the care and assessments required from admission. Team reviews with CMHT, External agencies and Carers / Family continued via MS Teams. Assessments with Multi-Disciplinary Teams continued even if patients isolating by full PPE were worn. Patients received a Covid isolation pack including activities, information re available resources – Radio / Newspapers / IPad – more recently RITA package / Ward mobile to contact family.

Ward 6 paid particular tribute to how all three older persons wards worked together collaboratively to ensure as a whole service we have meet the ever changing needs of our patients together. They also paid tribute to staff who came to support ward 6 from other teams during the pandemic – these include the crisis care centre, mental health liaison team, AHTT and The Lymebrook Centre.

Senior managers stepped up to work within the clinical numbers ensuring patients' needs were met when the ward went through a significant Outbreak. Medics supported their initial anxieties of what was to come and then provided on-going support as we went through the pandemic journey.

Ward 7 were the first ward to have an outbreak of Coivd 19 in March 2020 when the pandemic first hit. From this time the team worked together in difficult circumstances to maintain the highest level of patient care. The ward adapted to new ways of working and both welcomed and worked with many staff from other areas of Combined. Also staff showed high levels of adaptability in fulfilling their duties. This has been highlighted by how well the team embraced new technologies, particularly Teams and FaceTime which they have used for staff communication and also with families.

The challenge of COVID saw a marked difference in how the **Home Treatment Team** operates, whilst still delivering a high standard of support to our patients. This team are a front line service and continued throughout the whole of COVID to offer face to face contacts to patients and their carers, be it in the Crisis Care Centre or patient homes. They provided a safe environment for staff, and patients providing adequate PPE and ensured social distancing measures have remained in place.

Staff worked a mix of working from base and working remotely and faced new challenges around technology and the amazing things it can do. The team describe it as a journey like no other to learn and adapt to such challenges. The team are proud to say they still maintained high standards of care and service delivery throughout these times, which also saw challenges with staffing levels and changes within teams, across the centre.

The **High Volume Users Team** continued to put the needs of the service user first and maintained regular contact whether that be Face to Face (if deemed safe and appropriate to do so) or via telephone/ video link. Some of their service users are extremely vulnerable so ensuring they have all their basic needs met was their main priority. They also supported other areas within the NHS such as Covid Testing Sites, Inpatient Wards and the Crisis Care Centre.

The **Place of Safety** has been operational throughout the pandemic. The team of Healthcare Support Workers and Site Managers continued to support service users in the Place of Safety often when there was no information regarding the person's health status and when the person themselves were not always able to comply with social distancing, wearing of masks etc. They feel very proud of how Crisis Care staff responded at this time.

Throughout the pandemic the **All Age Access team** continued to go above and beyond for service users and their families/carers. They continued to provide face-to-face crisis assessments and continued to operate two places of safety for Staffordshire. The majority of the qualified staff within team worked as Site Manager during the pandemic. Within this role practitioners worked closely with the wards to ensure patient safety and wellbeing, as well as staffing levels across the hospital and managing COVID related queries and concerns.

Working on the front line in a busy hospital and being based in A&E caused significant anxiety at times amongst the **Mental Health Liaison Team (MHLT)** staff group, especially during the 'first wave'. Staffing numbers were reduced due to some staff shielding and being deployed to other parts of the Trust, and associated increases in sickness/self-isolation.

Due to other services being closed or providing telephone contact only rather than face-to-face interventions, the MHLT saw service users presenting in more complex crises with heightened risk, who attended the acute hospital in the absence of other provision, knowing that they would be seen. At times the team felt that they were acting as 'care-coordinators' and it was very challenging at times to contact other community based staff. Despite this, the team has continued to work hard, meeting targets and supporting each other. They have prided themselves in continuing to provide compassionate interventions, quality assessments and face-to-face contact.

Since the start of the COVID lockdown, **Moorcroft Medical Centre** used remote consultations for a substantial proportion of patient contact, using software created by a company called AccuRx which allows video consultations and the ability to send from, and receive SMS messages directly into, the service user's notes. These can include advice and also photographs taken by service users to identify issues such as skin lesions.

Supporting the NHS vaccination programme

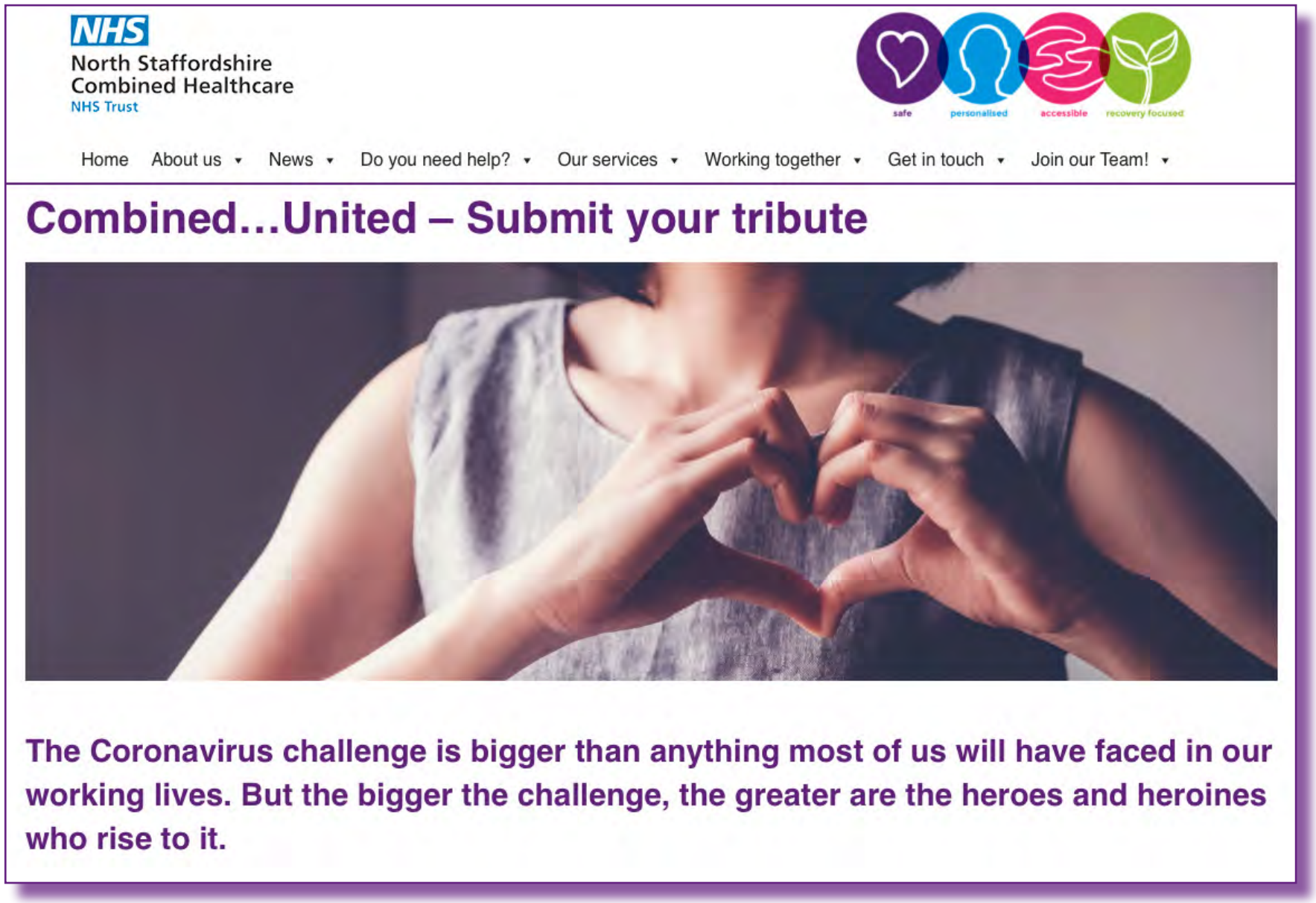
Toward the end of 2020, the government advised practices to prioritise influenza vaccinations and tasked primary care networks (PCN), to rapidly mobilise their staff to provide COVID vaccinations. Moorcroft and the Hanley Primary Care Network (PCN) provided record levels of influenza and COVID vaccinations. The PCN used Moorcroft's surgery in Bentilee Neighbourhood Centre as the vaccination site. The senior primary care service team developed a safe, one way system that reduced the risk of the spread of COVID during this process.

Moorcroft Medical Centre, as part of the Primary Care Directorate, has been at the forefront of general practice throughout lockdown. The practice had developed a clinical model in 2018 that was explicitly created to safely improve access when staffing levels were under pressure.

It was due to the transformative clinical model that Moorcroft Medical Centre was able to seamlessly enact the changes required as part of the Covid-19 response, to ensure service user safety as requested by NHS England.

Outstanding

Our journey continues...



Proud to be Combined
Proud to be United

Our people

Following the launch of our new Combined People Plan in 2020, we were faced with the challenge of the Covid-19 pandemic which delayed the launch of the National NHS People Plan.

Once the National NHS People Plan was launched on 30th July 2020, a review of our own internal People Plan was undertaken to ensure this still met the national Plan. The review found our People Plan was still current and our priorities did not require updating, albeit the focus of our activities naturally changed as a result of the pandemic. For example, staff health and wellbeing becoming our main focus and whilst inclusion was already a top priority for us, the health inequalities agenda further strengthened the need for maintaining a focus on this important topic.

The 4 key themes in the National NHS People Plan;

- Looking After Our People
- Belonging in the NHS
- Growing for the Future
- New ways of working and delivering care

As detailed by this short video

Staff health and wellbeing, developing a more inclusive culture, specifically addressing race inclusion and the importance of compassionate leadership are golden threads throughout the National NHS People Plan, which mirrors our own internal priorities in Combined.

In addition to our internal focus on supporting staff, Shajeda Ahmed, Director of People, OD and Inclusion, also has the role of Systems Executive Lead for the Shadow ICS OD and Systems Leadership workstream and System EDI lead, influencing our system agenda, also directly benefiting our people in Combined. The work in the system is focussed on Staff Health and Wellbeing, Culture/Inclusion and OD and Leadership development which aligns to our National People Plan and dovetails nicely with our internal Combined People Plan.

Workforce

We employed an average of 1,411 permanently employed (WTE) staff during 2019/20, 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 our people are our greatest asset and we continue to develop both our people 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 our workforce agenda.

We focus on:

Staff Psychological Wellbeing

This has been a major Trust priority over the last 12 months, proactively supporting our staff during the Covid-19 pandemic and the challenges this has brought our people personally and operationally.

Our focus has been on proactively supporting and developing psychologically safe working environments to protect and support our people. This involved 3 elements;

- Developing physical working environments
- Developing and promoting self-care and self-help resources and support
- Engaging with our people to understand their needs and ensure our support was having impact

We have been very proactive in developing and providing support for our people, not waiting for national guidance to be published, but instead developing and putting support measures in place because it was the right thing to do for our people.

Our people are such a valued and integral part of the Trust and their hard work, dedication and effort over the last 12 months has ensured we have been able to continue providing high quality care for our patients, local communities and general population, despite the huge challenges of the Covid-19 pandemic.

We very much see the quality of our approach to supporting the psychological wellbeing of our people as fundamental factor to success over the last 12 months.

Some of our activities have included;

- Regular communications through traditional channels and letters of thanks signposting of wellbeing resources sent to home addresses
- Internet page for staff to access a full range of resources and support from any device with an internet connection; https://www.combined.nhs.uk/supporting-our-people-through-covid-19/
- A range of staff support webinars adapted each month to the changing needs of our people
- Improvements projects to develop existing and create new kitchen, showering and staff relaxation facilities on our sites
- Created a safe space called the 'Rainbow Suite' on our main Trust site to aid staff relaxation and decompression, which also includes an outdoor garden area
- Developed a facility for psychology staff to support individuals and teams either virtually or safely face-to-face
- The ability for staff to speak to a qualified counsellor 24/7
- Providing meals, snacks and refreshments for staff working on Trust sites throughout the peaks of the pandemic
- Staff health and wellbeing boxes circulated regularly throughout the year to teams working on site
- Staff wellbeing packages sent to staff at their home addresses
- Gifted all trust staff (including bank staff) a Health and Wellbeing Day, an additional days leave specifically for staff to focus on their own health and wellbeing, along with a £20 gift voucher that can be used across over 120 organisations.
- Developed Covid-19 risk assessments, supported by MOT Health Checks with Occupational Health for those that had concerns. We particularly targeted people with a BAME heritage and those with existing health conditions, but the offer was available to all
- Rolled out Psychological First Aid training for staff to better support colleagues and staff
- Continued to build and develop our extensive network of CISM (Critical Incident Stress Management) training practitioners
- Developed the RESPOND conversation training tool in collaboration with colleagues at UHNM to better enable managers to have more skilled wellbeing conversations with their teams
- Staff engagement sessions and Schwartz rounds to support staff and shape developments in how we have worked throughout the pandemic
- Hugely successful Social Media Campaign #Take21in21, raising the profile and importance of staff self-care and self-help

Leadership and management development

Despite the Covid-19 pandemic, we have continued to develop and strengthen our leadership development pipeline, ensuring we are developing compassionate leaders for tomorrow.

Building on our successes of being identified as a pioneer system for our HPS (High Potential Scheme) work, we have seen this programme morph from a pilot to a proof of concept programme. Our HPS scheme identifies talented individuals based on their values and potential to develop and fast-track their careers to become our future executives and system leaders of tomorrow.

Supporting the HPS we previously delivered a Stepping-Up cohort specifically for our talented BAME leaders to accelerate their career progression. Our ongoing support through our alumni programme meant we saw 15% of participants taking steps in their career progression, securing new roles.

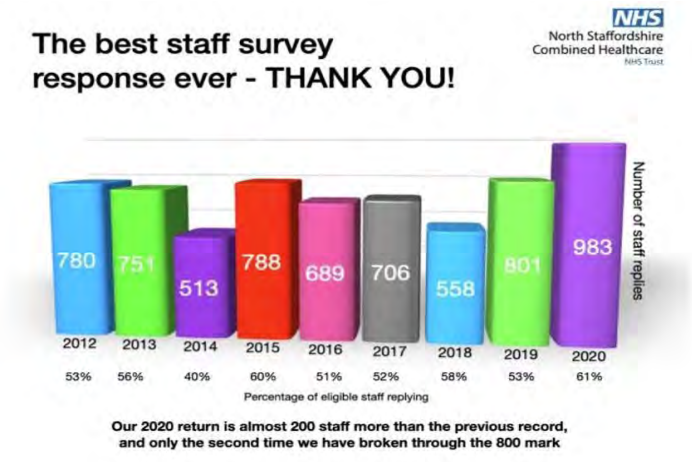
Working in collaboration with UHNM, we have also developed our CONNECTS platinum and gold leadership programmes with delivery starting in July 2021. This collaborative 12-month programme provides a range of learning opportunities with 1 development day per month, 360 assessments and behavioural insights, supported by action learning and providing the opportunity to transfer learning into practice through completion of an improvement project.

This unique approach to leadership development will provide a richer understanding of wider system challenges and the opportunity of cross-pollination of ideas, thinking and group learning between acute and mental health colleagues.

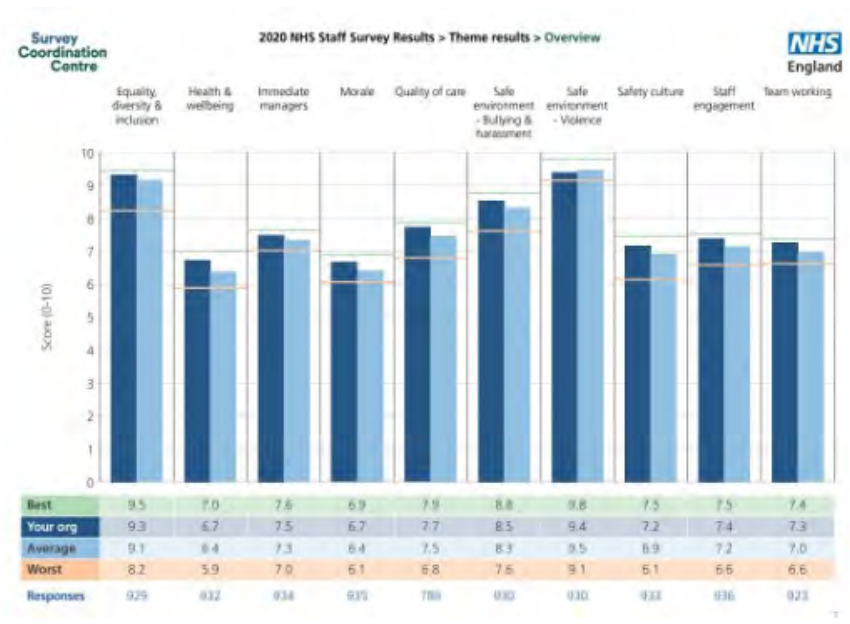
Providing specific support to our nursing colleagues, we have worked in partnership to help develop a nursing leadership development programme that will provide a clear development pipeline supporting nursing staff to progress into both specialist or managerial professional career routes.

Staff Survey

Our National Staff Survey received its best ever response rate this year, yielding a 61% response rate and demonstrating a significant 8% improvement when compared to 2019.



Our results were presented using 10 themed areas and showed an incredibly positive picture, with improvements in 8 out of the 10 themes with the remaining 2 themes scoring the same score as in 2019.



We are very proud to celebrate that Combined was 1 of only 2 Mental Health Trusts in the NHS nationally and the only Midlands Mental Health Trust to be in the top 10 performers across all but one of these themes. Some of our key improvements show the passion, care and commitment that our people demonstrate to help make Combined a great place to work.

Theme	Question	Result
Diversity & Inclusion	BAME staff reporting equal opportunity with career progression and promotion	22% improvement
Diversity & Inclusion	BAME staff experiencing harassment, bullying and abuse from service users and the public	15% Improvement
Health & Wellbeing	Recognition from staff that our organisation takes positive action on Health and Wellbeing	9% improvement
Leadership & Development	Conversations with managers have fulfilled staff potential at work	9% improvement
Health & Wellbeing	Staff appreciation for flexible working patterns opportunity	8% improvement
Diversity & Inclusion	BAME colleagues experiencing Harassment, bullying or abuse from staff	8% improvement
Leadership & Development	Staff Acknowledge that managers act on their feedback	8% improvement
Leadership & Development	Senior management acting on staff feedback	8% improvement
Leadership & Development	Effective communication between senior management and staff	8% improvement
Health & Safety	Senior managers promote a culture of patient/service user safety.	7% improvement
Health & Wellbeing	Staff recommending Combined as a place to work.	7% improvement
Health & Wellbeing	Provision of a comfortable work space for staff	7% improvement
Leadership & Development	Staff feeling the organisation values their work	7% improvement

Our great news continues when we compare ourselves to other NHS Trusts nationally and in the Midlands:

- Quality of Care - 3rd out of 52 NHS Mental Health NHS Trusts nationally, the best in the Midlands and the only Midlands Mental Health Trust to be in the top 10 nationally
- Health and Wellbeing - 3rd out of 52 NHS Mental Health NHS Trusts nationally, 2nd in the whole of the Midlands and the best in our local system
- Staff having a safe environment from bullying and harassment - 6th out of 52 NHS Mental Health NHS Trusts nationally, 2nd in the Midlands and the leader in our local system
- Teamwork - 5th out of 52 NHS Mental Health NHS Trusts nationally, 2nd in the Midlands and the leader in our local system
- Equality, Diversion and Inclusion - 7th out of 52 NHS Mental Health NHS Trusts nationally, with the 2 Mental Health Trusts in Staffordshire and Stoke-on-Trent achieving the top 2 places in the Midlands for Mental Health Trusts
- Safety culture - 7th out of 52 NHS Mental Health NHS Trusts nationally, 2nd in the Midlands and the leader in our local system
- Staff engagement - 7th out of 52 NHS Mental Health NHS Trusts nationally, 4th in the Midlands and the best in our local system

- Staff morale - 8th out of 52 NHS Mental Health NHS Trusts nationally, 4th in the Midlands and the best in our local system
- Treatment of staff by immediate managers - 9th out of 52 NHS mental health NHS Trusts nationally, 3rd in the Midlands and the leader in our local system

Our results have been quite incredible and show a real tribute to all of our staff demonstrating the positive and supportive relationships we have with each other as employees of Combined.

With such a positive outcome of results, we took opportunity to celebrate, which has been particularly important during the most challenging year we have ever experienced due to the Covid-19 global pandemic.

How equality of service delivery to different groups has been promoted through the organisation

The Trust is proud, not only to have continued to develop its approach to inclusion through the challenges of the past year, but to have significantly advanced how we grow inclusion throughout all our services.

We have delivered a series of Winter Inclusion Schools on behalf of the local health and care system, developing deeper understanding of inclusion matters on the themes of race, gender and LGBT+. These sessions have been well attended by leaders, colleagues and other stakeholders from across the system and beyond.

The Trust engaged with our local communities throughout the pandemic to ensure that our services continue to be accessible and inclusive to all, despite new ways of working which have involved far fewer traditional healthcare appointments and greater use of telephone and video conferencing facilities. We have also engaged with community groups to address matters directly and indirectly related to the pandemic such as communicating on COVID control measures, testing and vaccination, and with regard to developing a multi-agency anti-racist approach across the City of Stoke-on-Trent.

We have recruited to 4 new permanent 'Expert by Experience' roles to support the delivery and development of services for people with learning disabilities and are embedding these roles usual business.

Staff policies in relation to appointing, employment and training of disabled employees - our diversity and inclusion policies, initiatives and longer-term ambitions

The Trust's ambition with regard to developing diversity and inclusion is clear: to offer outstanding inclusion for all:

The Trust is working Towards Outstanding diversity and inclusion in its role as both an NHS service provider and as an employer. We are committed to continually improving our services and ensuring that these are safe, personalised, accessible and recovery focused for all our patients, service users, visitors and carers. We are also committed to providing excellent employment experiences for those who work within our services. In short, we aim to see that everyone using our services - or working within them - experiences our CARE Values: compassion, approachable, responsible and excellent. (Trust Diversity & Inclusion Statement)

Our ambition extends beyond the boundaries of our own organisation and encompasses how we work with and influence our system health and care partners, and wider regional and national network. As stated in our recent Health Service Journal Awards 'Finalist' shortlisted entry, we are 'Going for Gold' in our approach to inclusion. We firmly place inclusion as a 'golden thread' through how we operate at every level.

We take a positive action approach to developing our diverse and representative workforce at every level, and this includes specifically encouraging applications from under-represented groups, such as those with black, Asian and minority ethnic (BAME) heritage, those with disabilities and those who are LGBT+. We have developed our commitment to our Staff Networks and continue to develop the work of these groups as powerful vehicles for positive change through the organisation, to the benefit of staff and our service users. We support colleagues with disabilities to access equipment and adjustments within their role to optimise their experiences and to enable them to deliver their best for their service users.

This year more than ever, we have embraced flexible and agile ways of working and will seek to retain the best elements of this going forward, to improve accessibility, effectiveness, wellbeing and work-life balance for all. We were delighted that the reported experience of our BAME colleagues and colleagues with a disability improved substantially in the 2020 NHS Staff Survey. We will be seeking to continue to improve these experiences through the coming year.

Recruitment and Retention

Recruitment and retention continues to be a major focus for the Trust and in the last 12 months despite the significant and ongoing challenges our Services and People have experienced as a direct result of Covid-19 we're pleased to have maintained a stable performance in terms of our Turnover and Vacancy position.

However, along with many NHS Trust's, due to an ongoing national workforce shortage, Nursing and Medical recruitment remains a continued and ongoing challenge.

A number of strategies continue to be developed and enhanced including our Apprenticeship scheme and in particular our trail blazing Nursing Apprenticeship programme, our Return to Practice and Bring Back Scheme, the development of new roles within our services, development of our Agile working offer along with greater embedding of digital solutions all supporting greater flexibility along with enhanced social media recruitment campaigns, digital recruitment fayres which celebrate our outstanding service.

Furthermore, as a result of our enhanced electronic appointment system (Trac) and investment within our Recruitment Team, despite the many challenges the national lockdown has posed we're are delighted to have maintained safe recruitment practices whilst achieving a significant reduction in the time taken to recruit new staff as reported in quarter four position.

Learning Management

We launched our new Learning Management System (LMS) in 2017 and upgraded our system in 2018 to enable everyone; employees, volunteers, students etc to bable to access both what they need for their role and extra learninopportunities 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.

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.

This system continues to support our people and the services we deliver and as a result we are able to deliver high quality care to our service users and communities. As a result of the challenges that 2020 has afforded us, we have been able been able to fully utilise the system and its capabilities; building up our e-learning capabilities to ensure that the knowledge required specifically around Covid-19 has been there, immediately.

Additionally we have been able to develop our own packages through the LMS and by working with our subject specialists we have developed and delivered new and innovative e-packages in a variety of formats from traditional e-learning, to filmed classes, virtual delivery, risk assessment and interactive sessions.

As a consequence in addition to our statutory and mandatory education, we have new chapters on personal and organisation development, staff support & counselling, health & wellbeing and risk assessment. The catalogue is open to all people to enable them to enrol and attend increasing their development opportunities. Over 180 face to face, virtual and e-packages are delivered through the LMS

Coaching

We have further developed our internal pool of coaches, ensuring they were better skilled and able to support our people through covid-19 whilst coaching through in a virtual way.

We have also joined the West Midlands Employers Coaching network which will provide a broader range of skilled coaches across the multiple organisations, including other NHS trusts and strategic system partner organisations. Joining the network also further strengthens our approach to CPD development for our coaches and establishes clear quality standards.

Like many things, coaching has also 'gone virtual' over the last 12 months. Our dedicated pool of qualified coaches have embraced new ways of working to support the development needs of their clients in new and imaginative ways.

Recognising the importance of connection and building communities of practice, Combined commissioned a series of CPD events over the summer of 2020. This was on behalf partner NHS Trusts in the Staffordshire and Stoke-on-Trent STP. Those who attended found the content useful and valued the opportunity to network and share learning and best practice with other coaches across organisational boundaries.

Building on this, and recognising the value of coaching, Combined have conducted a great deal of work at a system level to realise our vision of one central coaching pool. As such, all NHS partner organisations within the STP are being inducted into the West Midlands Employers Coaching and Mentoring Pool from April 2021. This will afford our staff access to a vast coaching resource as they will be able to receive coaching from wider system partners like local council and the fire service. Alongside this, it will provide increased development and networking opportunities for our qualified coaches. The coaching portal will also enable us to report on and evaluate the uptake and impact of coaching so we look forward to examining this data in due course.

Apprenticeships and New Roles

2020/21 has been a bumper year for apprenticeships within the Trust, with more than double the number of new apprentice starts achieved than in 2019/20. We have continued to develop and expand our apprenticeship offer, despite the challenges posed by the pandemic. All apprentices on programme were able to continue with their learning despite having to adapt to changes in delivery models to virtual and distance learning environments. Some have been able to return to face to face learning but many continue to study and work remotely.

The Trust has identified funding, supplemented by monies from HEE to recruit to our first Nursing Degree Apprenticeships. Our first cohort of Mental Health nursing degree apprentices commenced in February and we are working towards a cohort of Learning Disabilities nursing degree apprentices starting in August. Once qualified, it is anticipated that these apprentices will move into registered nursing posts, which will more than halve our current nursing vacancy levels. These new roles are a mixture of 20 new recruits to the Trust and 6 posts for existing staff who have previously completed Assistant Practitioner and Nursing Associate apprenticeships. Apprenticeships enable the development of new skills, support talent management and are built into our workforce planning and training needs analysis processes to help address skills gaps and shape our future workforce.

We have expanded the numbers of leaders undertaking apprenticeships thus supporting managers in their current roles and preparing them for more strategic roles in the future. We have also increased the number of Nursing Associate apprentice roles and are seeing real benefits in the skills that they are developing and bringing to teams and the services. 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.

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 occupational therapy and social work and review new apprenticeship standards as they become available to ensure our apprenticeship offer remains current and relevant.

Diversity and Inclusion

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The Trust engaged with our local communities throughout the pandemic to ensure that our services continue to be accessible and inclusive to all, despite new ways of working which have involved far fewer traditional healthcare appointments and greater use of telephone and video conferencing facilities. We have also engaged with community groups to address matters directly and indirectly related to the pandemic such as communicating on COVID control measures, testing and vaccination, and with regard to developing a multi-agency anti-racist approach across the City of Stoke-on-Trent. We have recruited to 4 new permanent 'Expert by Experience' roles to support the delivery and development of services for people with learning disabilities and are embedding these roles usual business.

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We support colleagues with disabilities to access equipment and adjustments within their role to optimise their experiences and to enable them to deliver their best for their service users. This year more than ever, we have embraced flexible and agile ways of working and will seek to retain the best elements of this going forward, to improve accessibility, effectiveness, wellbeing and work-life balance for all.

We were delighted that the reported experience of our BAME colleagues and colleagues with a disability improved substantially in the 2020 NHS Staff Survey. We will be seeking to continue to improve these experiences through the coming year.

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 Workforce 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/ . We have retained and further strengthened our approach to inclusion throughout the period of the pandemic, and we have consciously responded to (and continue to respond to) the various equality challenges that this period has so clearly highlighted.

Throughout 2020-21, 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.

Our Diversity and Inclusion data for 2020-21 will be published in detail in due course as part of our reporting under the Equality Act 2010 and the Public Sector Equality Duty.

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.

The data in this Annual Report is the most up to date available at the time of writing. 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 2021 at https://www.combined.nhs.uk/working-together/trade-union-facility-time/

The information relates to five areas:
- Relevant Trade Union Officials
- Time spent on facility time
- Percentage of time spent on facility time
- Total cost of the pay bill in 2019-20
- Total cost of facility time

Reported Trade Union Facility Time (1 April 2019 to 31 March 2020

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	1.5

Time spent on facility time

What was the total amount of time representatives spent on facility time, broken down to include; a) paid union duties and activities, b) paid union activities, and c) unpaid union activities?

Total amount of time representatives spent on facility time	2,896 hours
Total amount of time representatives spent on facility time – paid union duties and activities	2,693 hours
Total amount of time representatives spent on paid union activities	203 hours (attending conferences and committees)
Total amount of time representatives spent on unpaid union activities	0 hours

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%	0
1%-50%	2
51%-99%	1
100%	1

Total cost of pay bill 2019-20

Provide the total cost of the pay bill for all employees.

Total pay bill for all employees, not just union representatives	
(This is the total gross amount for all employees spent on wages plus the total pension contributions plus total National Insurance contributions)	£64,144,000

Total cost of facility time

Provide the total cost of facility time and the percentage of the pay bill spent on facility time.

	Figures
Total cost of facility time	£57,735
Total cost of trade union duties	£54,644
Total cost of trade union activities	£3,091
Percentage of the total pay bill spent on facility time	0.09%
Percentage of total paid facility time spent on trade union duties	92.99%
Percentage of total paid facility time spent on trade union activities	7.01%

Definitions

Trade union duties and activities

Trade union duties are when an employee has paid time off during working hours to carry out recognised trade union duties. Working hours refers to any time when an employee has to be at work according to their employment contract. Trade union duties are paid. Trade union activities can be paid or unpaid. Trade union representatives are entitled to reasonable paid time off to carry out trade union duties. They are not entitled to paid time off for trade union activities but an employer can choose to pay for these.

Examples of trade union duties:

- Duties connected with collective bargaining – for example, on terms and conditions of employment, redundancy, allocation of work.
- Taking part in a negotiation or consultation process – including meeting and corresponding with managers and informing union member of progress and outcomes.
- Attending a disciplinary or grievance hearing, with trade unions, including allowing reasonable time to prepare.
- Attending training for the trade union representative role.

Examples of trade union activities:

- Discussing internal union matters.
- Dealing with internal administration of the union – for example, answering union correspondence meetings other than as part of the negotiation or consultation process.

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

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 2021/22

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, the KPMG LCFS has:

- Provided two fraud awareness newsletters to Trust communications highlighting instances of fraud particularly around COVID;
- Distributed three intelligence briefings on payment diversions and bed hoppers;
- Distributed three fraud prevention notices on payroll fraud, mandate fraud and procurement fraud;
- Undertaken a Fraud Awareness month aligned to international fraud awareness week. Anti-fraud related materials were circulated throughout the Trust during this month;
- Undertaken a risk and controls review to ascertain if the Trust controls remain appropriate in a COVID environment, particularly around, finance, procurement, IT and Human Resources;
- Reviewed the first draft of matches released as part of the 2020/21 NFI exercise; and
- Responded to three fraud referrals, none of which has resulted in full investigations.

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.

Outstanding

Our journey continues...

“They just made me feel like a human being, a person”

(Service User Feedback received)

Make a difference to people when they need it most

Develop your career at our Outstanding Team and love where you work

When care and talent are combined, outstanding happens

Workforce, diversity and inclusion

On top of our already ambitious plans for diversity and inclusion for 2020-21, the COVID-19 pandemic propelled the world into a new undeniable realisation about the impact of inequalities on some groups and protected characteristics. Most notably, 2020 threw racial inequity in stark relief. The disproportionate impact of the virus on people of colour, most distressingly in the form of deaths in the general population and in healthcare workers, was evident from early in the pandemic. Negative impacts on other groups (young people, older people, people who are LGBT+, people in low paid service industry work, those who live with domestic fear and abuse etc etc) became clear and it is likely that the full impact is yet unknown.

The Trust rose to the challenges of COVID-19 and 2020 by focussing more than ever before on inclusion and wellbeing for all our staff. More than ever, we were driven to be outstanding in our approach to diversity and inclusion for our workforce, knowing that it we can get it right and make improvements for our staff, we will get it right and make improvements for our service users.

We did not put our ambitious work programmes on inclusion on hold. Instead, we adapted. We converted to online methods of communicating and delivering learning and pushed ahead. We launched new programmes and pushed boundaries, whilst continuing with the good practise established over recent years.

Key progress in 2020-21 includes:-

- Throughout the pandemic, engaged directly with our BAME workforce specifically around undertaking and responding to COVID risk assessments, COVID communications, COVID vaccination programme and engaging with our local communities on COVID-related matters (including sharing information materials in a range of formats and languages).
- Arranged supportive COVID-19 health checks and other support for our BAME colleagues and other staff with COVID risk factors.
- Continued with bi-monthly Inclusion Council meetings and progressed our 4 Inclusion Projects (Inclusive Recruitment, Inclusive Development, Preventing and Responding to Abuse Incidents, and Culture of Inclusion
- Developed our approach to working at system-level on Diversity and Inclusion by establishing an EDI Expert Reference Group to support the ICS People Board, launching new system-wide Staff networks and unprecedented levels of working in partnership on a wide range of inclusion matters and work programmes
- Delivered 3 highly successful and strongly evaluated 'Winter Inclusion School' education sessions for leaders across the system and beyond, on behalf of the system
- Delivered very significant progress in our Trust staff survey inclusion measures, and particularly improved on the experiences as reported in the 2020 staff survey of colleagues with ethnic minority heritage and staff with disabilities
- Worked closely with frontline BAME staff to address workplace racism and to respond more effectively to incidents of racist abuse from patients and service users/the public
- Made progress in addressing our Gender Pay Gap
- Continued with our High Potential Scheme, supporting the development of aspirant senior leaders with a diverse range of protected characteristics and secured funding to deliver a further cohort over 2021-23
- Improved our workforce diversity significantly, to become more representative of the communities that we serve
- Continued to extend Trans Awareness development sessions to frontline workers from across the Trust
- Continued to track and support our Stepping Up BAME Leadership Programme Alumni group
- A number of our executive directors have spoken at national events and conferences on inclusion related topics
- Developed a highly diverse team of executive directors who are well-informed and growing in confidence on inclusion matters

- Continued, grew and further embedded our Trust Staff Networks as well as supporting new system-level Staff Networks
- We had a highly visible programme of communication on inclusion throughout the year, with Trust leadership communications frequently including or focussing on inclusion related topics.
- Recognised a wide range of religious and cultural occasions, with staff health and wellbeing boxes issued and other activities for example to mark Ramadan and Eid, Easter, Christmas, Diwali, Valentine's Day and more
- Delivered a programme of awareness raising and education in relation to a diverse range of inclusion-related events, including disability awareness, neurodiversity, religious and cultural events and other awareness days/weeks/months (Pride Month, Black History Month, LGBT+ History Month and many more).
- Developed the visibility of our support for inclusion with a large Pride flag displayed for LGBT+ History Month and new display boards for our Staff Networks at the Harplands.
- Recognised the contribution to advancing inclusion of a number of our colleagues at our REACH Awards, and were proud to be finalists in the prestigious Health Service Journal Workforce Race Equality Standard Award.
- Recruited an OD Talent Pool to facilitate even greater focus and development of inclusion, wellbeing and organisation development through 2021-22

The work of the Inclusion Council was recognised as Finalist in the Health Service Journal (HSJ) Workforce Race Equality Award 2020
The HSJ Awards 2020 were held on 17th March 2021 and the Trust was proud to have been shortlisted as a Finalist for the on the NHS Workplace Race Equality Award, for our entry 'Combined Race Forward'. We were delighted to have been shortlisted and recognised in this way for our outstanding contribution to advancing race inclusion in healthcare. With tough competition for the award, being shortlisted for our race inclusion journey is a huge achievement and something we should all be proud of. Whilst we have come a long way, we are conscious that 'ending workplace race inequality is a marathon, not a sprint' and will require our continued attention going forward.

Outstanding

Our journey continues...

Our partnerships

We know that working in partnerships is central to reducing health inequalities in order to do this we are working beyond our own organisation as part of a system and in some cases developing regional collaborations.

We are working with partners that are not all of equal stature but we recognise that one type of partnership will not fit all situations. We are looking for bespoke solutions with bespoke partners who meet local needs. This means we will continue to work with a range of partnerships across a broader landscape all of which will bring its own challenges and complexities, for example becoming commissioners of services is a new experience from our traditional role as a provider and entering into regional collaborative network structures.

We know that 'getting the structure right' is not the right focus and instead we are modelling partnerships and networks that can shift and change according to the issues and tasks that face us, therefore, we continue to be dynamic in our approach and more importantly at the forefront of leading partnerships as they shift into the new entities of Integrated Care Systems.

Through the transformation programs and collaborative partnerships we are already developing delivery models where partnerships are sharing and owning the targets and have levels of responsibilities in creating and establishing new contractual structures. Given sufficient time will believe this will yield those beneficial outcomes and results of joined-up working.

Our continued commitment and approach to partnership working is based on:

- 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.

A key factor of any transformation of services are to be co-designed and co-produced with direct involvement of those who have a lived experience of mental health service as the main stakeholder in anything we do.

We are therefore pleased to share with you some examples of partnership working that occurred in 2020/21 with our main stakeholder and other partners at the heart:

- The Digital Platform for CAMHS was launched in September 2020 which now provides the ability for self-referral and has information resources for young people, parents and carers. CAMHs is working with 32 schools across the City of Stoke on Trent.IAPT in March 2020 launched a new partnership with MPFT strengthening delivery of services across Staffordshire and Stoke on Trent
- Working with Track and Triage service at UHNM to enhance working relationships and patient flow
- CASTT service launched in February 2021 in partnership with MPFT delivering services to those diagnosed with personality disorder.
- West Midlands Regional New Care Model pathways for specialist services in 2020/21 had business cases approved to deliver CAMHS inpatient services. The approval to mobilise the delivery of eating disorder services across the region.
- We are hosting and commissioning services for Rehabilitation (project 86) and Learning Disability Services (Project TCP) mobilising the monitoring and delivery of these in April 2021.
- Community Transformation Program launched its mobilisation plan in February 2021 to develop integrated models piloting 4 PCNs in the North.

The NHS Long Term Plan (published January 2019) placed particular emphasis on the expansion and extension of mental health services over a ten-year period. We will have a continued focus on; quality, people, partnerships and sustainability to ensure we can achieve those commitments through safe and efficient services which will enable our communities to live their lives well.

The NHS Long Term Plan also has a strong focus on joining up primary, community, mental health and acute services together with new governance arrangements which will support providers to have greater influence on service improvement and integration.

The Trust's established partnerships with other NHS providers, commissioners, local authorities, police and third sector organisations, together with our proven success in collaborative working, puts us in a strong position to take a lead role in shaping the future design of services across Northern Staffordshire.

Central to our continued maturity as an Integrated Care System is the development of a place-based approach via Integrated Care Partnerships (ICPs). The Trust is a keen advocate for the continued development of the ICPs and has a leading role both coordinating place-based delivery across the County and in the Northern Staffordshire geography specifically.

The Trust will continue to dedicate Executive level commitment and focus to enhance the maturity of the ICPs beyond their current position as loose 'coalitions of the willing'.

Areas of focus will be to define a clear framework and guiding principles that can be tailored to local geographies together with strengthening local relationships and expanding leadership capacity.

The involvement of a wide range of system partners including local government, primary care, third & voluntary sector will be critical. The Trust will continue to promote an 'asset-based' approach to involving local citizens and communities to ensure the direct influence on service redesign by those who have first-hand experience of using them.

We want to continue to be a strong advocate for the development of place-based integrated models of care that reflect the needs of our local population and offer seamless service provision across partners

We want to broaden the horizons of our partnerships and go beyond our natural borders to promote wider community resilience and support a reduction in health inequalities rooted in the context the Sustainability Development Goals.

Through adopting an "Anchor Institution" approach we will focus on partnerships which improve life changes for people with mental health illness as well as the community in which we operate.

We want to be explicit in our recognition that partners are essential in ensuring there is a vibrant and pluralistic model of service provision including opportunities for regular engagement with NHS and Local Authority service providers, general practice and primary care and our third sector colleagues

We want to be the organization of choice for any partner, stakeholder or entity across Northern Staffordshire who is seeking to integrate services through collaboration and cooperation.

We want to strengthen the alignment between our mental health services and those of primary care to ensure there is a seamless connection between primary and secondary care services.

We continue to focus on joint ambitions in respect of teaching, training and research and development as a Keele University Teaching Hospital strengthening our ties with other academic institutions such as Staffordshire University, Health Education West Midlands and the Academic Health Science Network.

Looking forward to 2021/22 we will continue to focus on widening our range of partners that is fluid in nature but robust in delivery as we move the system into a newly formed Integrated Care System that will support delivery of services in a Northern Staffordshire Integrated Care Partnership footprint.

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 monthly basis. Meetings of the SUCC now take place virtually due to the restrictions of COVID. This has enabled the business of the council to continue. In addition, this has provided an opportunity to undertake a number of SUCC and patient experience development sessions. The purpose of the sessions is to support the development and co-production of the Trust's Patient, Service User and Carer Experience Strategy.

During the past 12 months the SUCC members have been involved in a number of key Trust developments. Notably, the redevelopment of the Wellbeing Academy. The SUCC will be the core group to take the actions forward to re-establish the Academy as an important part of patient recovery and education.

In addition the SUCC have assisted in provided valuable feedback on the Trusts Community Assessment Stabilisation & Treatment Team (CASTT) and the National Audit of Care at the End of Life (NACEL).

Following the successful implementation of last year's Observe and Act tool, the SUCC have had to suspend this year's work due to COVID-19 restrictions. There will be online training available from Shropshire Community Trust shortly to rebuild the team of service users and carers to carry out the visits

Further development for the continuation of support for carers available online in LMS for all staff, carers awareness training has been developed and is available based on the 6 principles of the Triangle of Care. Carers link meetings have continued quarterly to share good practice and updates on working and supporting carers . Additionally there continues to be 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 Quality, Finance, Performance and Digital and Business Development

Additionally we:

- Developed a digital solution to obtaining Friends and Family Test (FTT) feedback.
- Continued to progress our Restraint Reduction Strategy and Safe Wards agenda, focusing on service user experience and person centered care;
- Continued to engaged in National Sexual safety Quality Improvement Collaborative, working collaborative with members of the SUCC;
- Developed our Autism 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, an early warning system for emerging issues and concerns, and a time-limited opportunity to resolve low level concerns without recourse to the formal complaints process. During 2020/12, the Trust received 287 PALS contacts compared with 304 in 2019/20.

Each year, our staff receive compliments and praise from people they have cared for. During 2020/21, despite the pandemic the Trust received 1228 compliments, as direct compliments to teams or via Friends and Family Test responses.

Complaints – Overall, we receive a very low number of complaints, compared to NHS benchmarking data. During 2020/21, we received 31 formal complaints, compared to 39 in 2019/20, 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. Our focus continues to be on early resolution, and addressing of concerns via PALS, and front-line teams where possible. This past year, we have continued to strengthen our complaints procedure, to enhance the experience of those using the service, alongside ensuring timely and quality investigation and responses.

During 2020/21 our Complaints and PALS processes were reviewed by our external auditors, KPMG. This was a very useful exercise, areas of best practice were identified and the few recommendations made, once implemented will further enhance the service we provide to service users and their families.

Friends and Family Test (FFT) – This is an important national feedback tool, supporting the fundamental principle that people who use NHS services, should have the opportunity to provide feedback on their experience. During 2020/21, 1216 service users participated in the FFT process, giving us their views across all services, which is a decrease on 2019/20 when we received 2695 responses; this decrease can be attributed to the pandemic, which has resulted in fewer physical interactions with service users and less footfall at resource centres. We are pleased to report a continued rate of satisfaction, with 93% of patients who rated the Trust as good or very good, which is an increase on the 89% reported in 2019/20, 5% were undecided and only 2% rated the Trust as poor or very poor, which is a reduction on 2019/20 when 3% expressed dissatisfaction.

The new NHS England FFT process, was implemented from 1st April 2020. The major change was the questions changing from "would you recommend/not recommend the Trust" to asking service users to rate their care/experience from very good to very poor, and inviting them to give reasons for their rating.

The Trust has invested in new technology to offer new and wider opportunities for service users to feedback their experiences of our services. From April 2021 we have the functionality for service users to respond to text messages, complete the FFT questionnaire via a QR code, via a link on the Trust website or via a link which will be added to all correspondence distributed from Lorenzo.

Compliments - Each year, our staff receive compliments and praise from people they have cared for. During 2020/21, despite the pandemic the Trust received 1228 compliments, as direct compliments to teams or via Friends and Family Test responses.

Volunteers at Combined

Volunteering at the Trust

Due to Covid restrictions all Volunteers but 3 were stood down in March 2020

- Volunteers covered phone calls to book children into virtual clinics, collecting prescriptions from prescribers and taking these to local pharmacies.
- As restrictions have eased some volunteers, working in outdoor roles have returned.
- We cannot underestimate the value of being able to
- continue as a volunteer on people's mental health
- Volunteers will have a phased return starting later this year based on NHSE recommendations and approval of the plan in keeping with any ongoing Covid restrictions

Volunteer Peer Mentors

- volunteer peer mentors due to Covid restrictions and the stand down of volunteers both community and inpatient have not been working
- Accredited level 2 OCN training for volunteer peer mentors commenced in April 2021. This is being attended by service users, peer support workers and service users from neighboring Trusts and is being delivered in partnership with CHANGES who are providing to 3 training cohorts throughout the year
- A video is in production and will be targeted towards clinical areas to raise awareness of the benefits of having a peer mentor with in the team

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, has delivered excellent outcomes over a number of years. In 2020, Patient Led Assessment Care Environment (PLACE) was suspended due to COVID 19 restrictions. However, environmental and cleanliness standards continued to be monitored by the Facilities team with excellent standards been achieved.

Infection Prevention and Control

Our IPC Team have worked tirelessly during 2020/21 to ensure that e have had a robust and timely response to the challenges of the COVID-19 pandemic. Staff support and training and ensuring that our ward inpatient areas have remained as free as possible form COVID transmissions has been paramount. As well as these challenges, we have continued to deliver IPC assurance which is supported by the annual work plan which includes, training, audit, policy development and implementation and managing our most successful annual flu campaign to date.

Outstanding

Our journey continues...

Research and development

Reflecting on 2020/21

2020/21 saw a refresh for Research and Innovation across the Trust, with a reviewed Research and Innovation Strategy 2020 -2025, a new Research and Development (R&D) Director, Dr Ravi Belgamwar and exploring new ways of working.

The R&D team worked with clinicians and clinical teams, to deliver high-quality research and contribute to high-quality national studies within the Clinical Research Network West Midlands (CRN WM), supporting mental health, COVID-19, and Urgent Public Health (UPH) studies.

We worked closely with our corporate teams, such as the Performance Team and Clinical Audit Department, to evidence practice through evaluation and contribute to service developments and improvements. As an end to the year, the R&D team was recognised at the Trust 2021 REACH awards for their contribution to research and innovation – winning the Research and Innovation award for the first time.

We would like to thank all of our service users, carers, staff, and the Trust Board for their support and enthusiasm in research and innovation over the last 12 months. Here we reflect on three key areas of work; Research, Innovation, and Evidencing practice.

Refreshing of our Research and Innovation (R&I) Strategy

In 2020, our ambitious R&I strategy for research and innovation was developed and approved. The strategy set out our aspirations to create a flexible and connected workforce responsive to service changes, which embraced and embedded research and innovation as part of practice.

Our refreshed strategy explores four key ambitions for research and innovation:

- Create a 'Research and Innovation Front Door" which will provide access, support, and resources required to develop and deliver research and foster innovation;
- Develop a connected workforce, whereby staff feel inspired, to develop research, harness innovation, and evidence practice;
- Create a joint vision for research and innovation working closely with key collaborators and partners, and;
- Strengthen our research and innovation scale, scope, and reach through better use of digital mediums and virtual platforms.

Successful setup and delivery of Research

Supporting and ensuring successful delivery and set up of research in the Trust remained, during 2020/21, a key priority. The R&D team played an integral part in ensuring that Urgent Public Health and COVID-19 related research was rapidly assessed, approved, and delivered in line with local, regional, and national research guidance, alongside providing valuable support around study amendments and processing for re-starts. To support this process, a standard operating procedure on 'Gaining Trust authorisation of pandemic priority and expedited research' was created and added to the R&D suite.

In 2021/21 all National Institute for Health Research (NIHR) recruitment targets were paused. All adopted, student and home-grown research continued to be reviewed and considered against Trust and government guidance – with a shift in focus towards delivering COVID-19 and Urgent Public Health studies. During 2020/21 research-active clinicians and the R&D team worked together to recruit service users and staff into 19 NIHR studies, including nine restarts; studies that were suspended or paused due to COVID-19, three non-portfolio, and four student projects.

The Trust supported four NIHR COVID-19 related studies; UKREACH online study, ISRARIC CCP, a data collection study, the Psychological Impacts of COVID-19, an online survey, and Novavax, a COVID-19 vaccination study - acting as a Participant Identification Centre (PIC) site. The Trust further contributed to three non-portfolio COVID-19 research studies; NCMH COVID-19 online study, a database review for the Mental Health population during COVID-19, and a communications healthcare survey.

In 2020/21 the Trust recruited 227 participants to studies, with 174 recruits to COVID-19 and Urgent Public Health research and 53 to existing re-start mental health studies. Of the three non-portfolio research studies, the Trust reviewed 34 cases of COVID-19 to support mental health research across the West Midlands, supported the promotion of a survey for communications within healthcare during COVID-19, and supporting an online NCMH COVID-19 study, with four recruits to date.

Engaging service users and clinical teams

Engagement continued to be a top priority; ensuring research opportunities were readily available for both service users and staff. During 2020/21 we embraced the prospect of digital developments in research and are currently exploring how to better engage with service users and staff and inform them of research opportunities through a text messaging strategy.

Our R&D Steering Group (RDSG) remained a bi-monthly meeting between senior management, the core R&D team, representatives for specialities, and the Clinical Research Network West Midlands (CRN WM), to review performance, research activity, and any other arising matters that concern research. RDSG provides a platform to progress our refreshed research and innovation strategy – engaging with key stakeholders.

Engagement with directorates and senior staff was 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.

Empowering Opportunities for Research: Contact for Research

Contact for Research, our research register within the Trust that enables service users to give generic consent to being contacted about research, remains an integral part of how we engage with service users and inform them of relevant research studies.

During 2020/21 Contact for Research has developed through engagement with more services and the exploration of consent for research being received at different time points in an individual's care. This year further saw the implementation of an annual review, which ensures consent for research is checked on an annual basis and service users are discharged appropriately.

The next steps for Contact for Research include further work regarding implementing this model into specialist services with Contact for Research Enhanced, where the R&D team would liaise closely with clinicians prior to sending out any research material to ensure that it is appropriate.

Inspiring Innovation

Significant progress was made to support Innovation during 2020/21, with a number of developments and initiatives aimed to springboard Innovation. The R&D team, alongside our Innovation Collaborative and clinicians, successfully led, created space and opportunities to adopt innovative approaches into practice. Some of the fantastic examples of this included:

Establishing the Innovation Collaborative

Innovation Collaborative was established in 2019 as a forum to bring together existing Trust expertise, resources, and processes to drive forward, support, and facilitate the development and adoption of innovation. The Innovation Collaborative, led by the R&D and Digital teams, links departments and teams across the Trust, bringing together knowledge and expertise to review, triage, and support innovation ideas; both creation and adoption.

Hosting Virtual Innovation Nation 2020

Innovation Nation was developed as a response to clinicians sharing that they would like to find out more about what was going on across the Trust – thus creating a platform to share good practice. October 2020 saw Dr. Rebecca Chubb (Locum Consultant) and Kerri Mason (R&D Lead), supported by the R&D team, host the Trust's third Innovation Nation event. This fantastic virtual event enabled everyone the opportunity to share and find out more about the innovative changes and new ways of working during COVID-19.

Opened by Dr. Buki Adeyemo, Executive Medical Director, and Dr. Ravi Belgamwar, Consultant Psychiatrist and R&D Director sharing their thoughts, experiences, and ambitions for Innovation. Our fantastic speakers shared their insights and experiences during COVID-19, highlighting key challenges, new opportunities, and exciting new ways of working. The morning followed with a series of interactive breakout sessions, ranging from exploring digital ways of working to looking after our health and wellbeing.

The next Innovation Nation event is planned for autumn 2021, exploring the theme of JOY.

Evidencing practice

During 2020/21 the role of evaluation and the audit programme to support and evidence practice developed significantly, supporting changes to ways of working, improving care, and getting services to think about how they could be delivered in the future.

During the COVID-19 pandemic, some national audit requirements were suspended or stood down, nonetheless, the Clinical Audit Department continued to support a variety of local and national projects via the 2020/21 Clinical Audit Programme and provide audit data to Commissioners, such as the quarterly audit of physical health assessments for long-stay inpatients.

Audit and evaluation projects continued to be undertaken both independently by clinical staff and supported by the R&D Team, registered with the Clinical Audit Department, and reported via Directorates. Projects registered during 2020/21 included several evaluations relating to new ways of delivering services that were introduced during the pandemic.

Some examples of the audits and evaluations supported by the Research and Development and Clinical Audit Department included:

Implementing Attend Anywhere: Interim Insights from a review of the implementation of Attend Anywhere at North Staffordshire Combined Healthcare NHS Trust.

COVID-19 had a significant impact on the way we deliver services and engage with service users. During the pandemic, a review of the newly implemented Attend Anywhere (AA) platform was undertaken to review usage and satisfaction in using the platform and its usability.

Through the review, it was valuable to learn how flexible video consultation can be and the range of service users for whom it is suitable, including those from our specialist service, older adults, those undertaking psychological interventions, and many more. This has allowed us to learn more and refine our offering to service users.

Mental Health Crisis Care Centre: Interim insights and feedback on the Crisis Care Centre

A review was undertaken to provide an insight into Trust's Mental Health Crisis Centre, focusing on activity within Home Treatment, Access, High Volume Users, and the Children and Adolescent Mental Health Service (CAMHS) hub. The review explored changes in service delivery, captured activity over the last 18 months, and gained feedback from staff.

National Clinical Audit of Psychosis Early Intervention in Psychosis Spotlight

The Clinical Audit Department supported a variety of local and national projects via the 2020/21 Clinical Audit Programme, including participation in the National Clinical Audit of Psychosis Early Intervention in Psychosis Spotlight.

The Trust was placed in the "Top Performing" category for four key standards, including uptake of supported employment programmes and Cognitive Behavioural Therapy for psychosis (CBTp), and achieved the highest compliance nationally for physical health screening in this cohort, with 98% of service users audited having received a full physical health assessment and any relevant interventions in the past year.

Contact for Research: Findings and recommendations from a review of the Consent to Contact for Research initiative within Lorenzo

Our Consent to Contact for Research initiative, Contact for Research, was reviewed and developed over the last 12 months. This review describes developments that have occurred from initial implementation and optimising the efficient operative functioning of the process, including any obstacles that have been encountered.

To review the effectiveness of Contact for Research, various measures were explored, including a review of the impact on recruitment, a snapshot of how many service users have been contacted about research over three months, and gaining opinions of service users on being informed about future research studies. Throughout the review, further developments to the initiative are discussed, for example, a review of the most appropriate time to ask about research, to sensitively maximise the opportunity for service users to engage with research.

Local Priority Projects – Audit

- A review of rapid readmissions to acute inpatient services;
- Audits of physical health assessments and nutrition and hydration assessments and interventions on adult acute wards;
- An audit of NICE Guidance relating to bipolar disorder assessment and management and;
- Following participation in the National Clinical Audit of Anxiety and Depression Spotlight on Psychological Therapies in 2019/20, a local re-audit was undertaken to identify key areas for action.

Next Steps

We are committed to achieving our 2021/22 Board Assurance Framework (BAF) objectives and continue to be responsive and adapt to the needs of the Trust, our clinical teams, and the CRN WM. 2021/22 will bring further opportunities to strengthen our relationships with our clinical and corporate colleagues and externally with local organisations and Universities.

The passion and drive to support and develop innovation will be taken forward into 2021/22. Innovation platforms such as Innovation Nation will continue to be delivered virtually, alongside new and exciting events such as "The Combined Collective" and virtual 'Lunch and Learn'.

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 2020/21 were:

- The planning approval to create a new children's place of safety entrance and further our development of the Hazlehurst building;
- Creation of a new Inpatient Reconfiguration Programme to improve environments for services such as;
  - Eradication of Dormitories
  - Eradication of shared bathrooms
  - Learning Disabilities accommodations
- Completion of phase 2 ligature programme in Ward 3 doors. Innovation in this scheme also ensured improvements in reduced ligature, security and fire safety.
- Completion of the 20/21 backlog maintenance programme where the Trust invested over £400k to improve the environment for our service users. Elements of work included;
  - Electrical Safety at Dragon Square community units
  - Replacement door access programme
  - AT&T environment
  - Energy efficient and sustainable led lighting at the Bennet Centre
  - Fire safety improvements at Greenfield and Summersview

Although the pandemic has brought many challenges the determination and resilience of the team has seen significant changes in the delivery of services embracing new ways of working and new technologies. Delivering services through enhanced agility and mobile applications and driving new professional standards developments

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.

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.

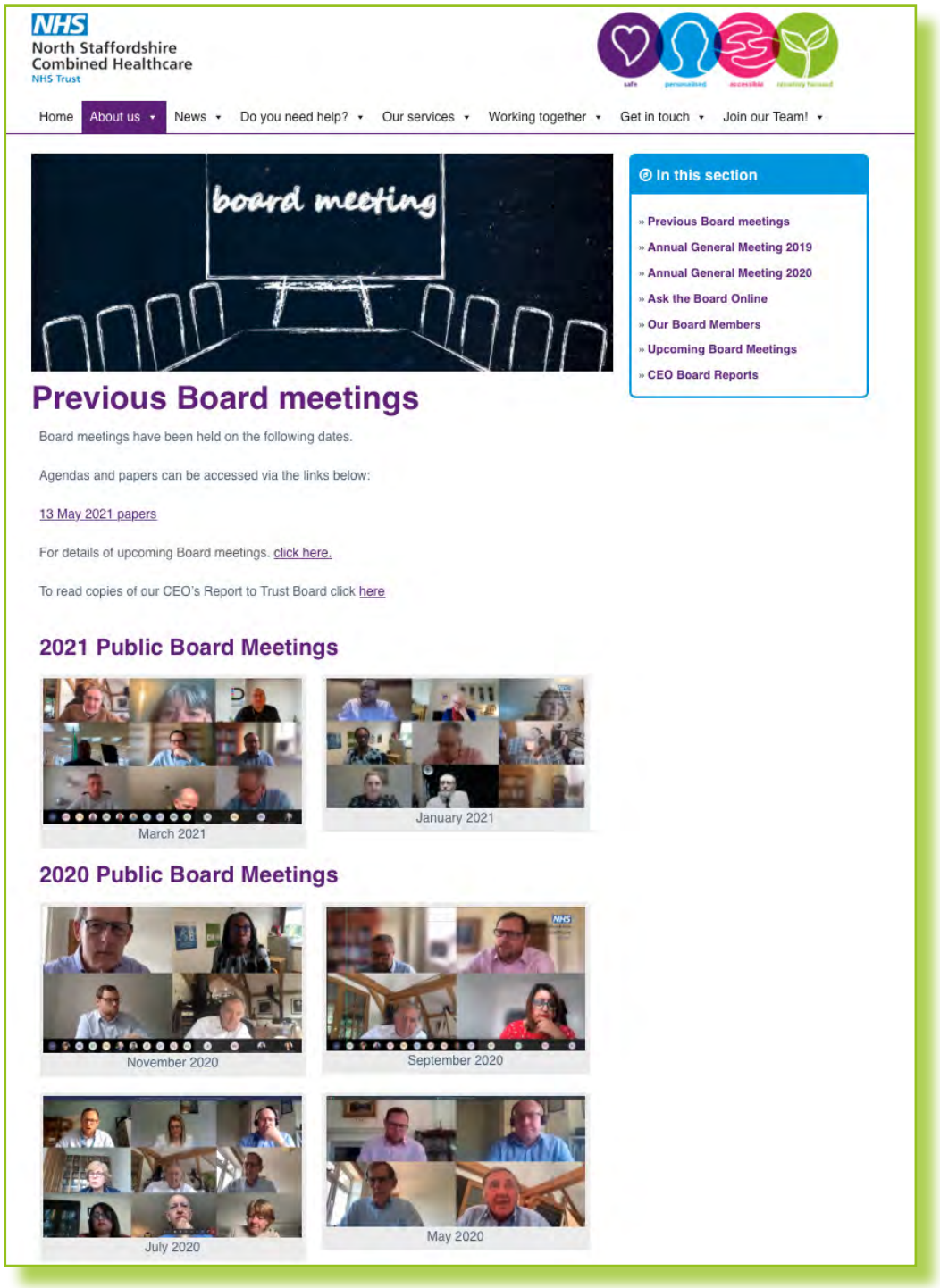
This group continues to develop strengthening the partnership and collaboration across the local system and NSCHT are leading the way in supporting the development of a system wide sustainable plan, seizing the opportunity presented by NHSE/I green plan funding.

Combined Healthcare and four other partner organisations are supporting a system level establishment of sustainability work streams to address the environmental and climate challenges across the whole of Stoke and Staffordshire region.

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 – Vice Chair

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 (non-voting)

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.

Prof. Pauline Walsh – Associate Non-Executive Director

Pauline is the Pro Vice-Chancellor and Executive Dean of the Faculty of Medicine and Health Sciences at Keele University.

After qualifying as a nurse in 1984, Professor Walsh practiced in a range of acute specialties before moving into education as a nurse tutor at Wolverhampton University where she developed interests in healthcare ethics and professional practice. Professor Walsh's experience in curriculum development, placement learning and clinical assessment led to her pioneering the role of placement facilitator to promote learning in clinical practice. She moved to Keele in 2007 as a Senior Lecturer to lead undergraduate programmes prior to taking over as Head of the School of Nursing & Midwifery in 2010.

Our Executive Directors

Peter Axon – Chief Executive (voting member)

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 (voting member)

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.

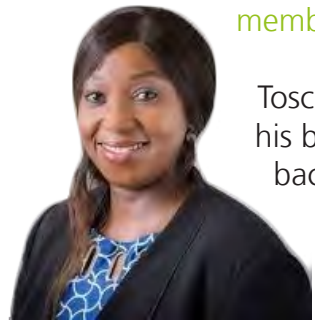
Jonathan O'Brien – Director of Operations and Deputy Chief Executive (voting member)

Jonathan is the Executive Director of Operations and Deputy Chief Executive Officer. 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.

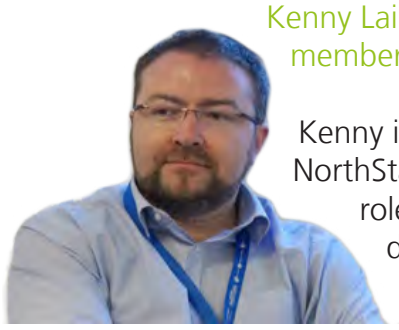
Throughout his career, Jonathan has maintained a keen interest in furthering his academic knowledge; he holds a Master of Business Administration (MBA) from Manchester Business School, an MSc in Healthcare Leadership and Management from the University of Birmingham and a BSc in Business Studies from 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 (non-voting member)



Tosca 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).S he 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.

Kenny Laing – Director of Nursing and Quality (voting member)



Kenny is Director of Nursing & Quality at NorthStaffordshire 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.

Shajeda Ahmed - Director of People, OD and Inclusion (non-voting member)

Shajeda is Director of People, 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. 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.

Chris Bird – Director of Strategy and Partnerships (non-voting member)

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.

Lorraine Hooper – Director of Finance, Performance and Estates (until 22nd February 2021)

Kimberli McKinlay – Acting Director of Finance, 23rd February to 31st March 2021)

Eric Gardiner – Director of Finance, Performance and Estates (from date 1 April 2021))

Eric joined the Trust from Betsi Cadwalar University Health Board where he was Finance Director – Provider Services. Eric has worked in a variety of roles in NHS organisations in the North West of England and has a broad range of financial experience including contracting, costing and all aspects of financial management. He is a CIMA qualified accountant and has over 20 years of experience in working in the NHS.

He is a keen supporter and advocate of staff development and holds a mentoring qualification with Lancaster University. He was previously Deputy Director of Finance at North Cumbria University Hospitals NHS Trust. Eric has worked with a number of mentees to improve their performance with a particular focus on supporting students to study and balance their working life, and also with individuals to progress their careers.

Additional non-voting 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 (until January 2021)

Sue Tams – Chair of Service User and Care Council (from January 2021)

Sue has been an active member member of SUCC since it was formed and chairperson for the past year, her interest into the needs of Service Users and Carers stems from the care Chris her husband and family received from the Trust over a period of thirty years until his death 3 years ago

She is also chairperson of the North Staffs Branch of Huntington's Disease Association and her professional background is Registered General Nurse and Health Visitor

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 nearly 25 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.

Billie Lam - Management Trainee

Billie Lam attended Trust Board meetings as part of her role as NHS Management Trainee

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.

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Declaration of directors' private interests (as of March 2021)

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 2021.

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 six 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 and Resource Committee
- Quality Committee
- Remuneration Committee
- People, Culture and Development Committee
- Charitable Funds Management and Scrutiny 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 and Resource

The Finance and Resource Committee monitors the performance and achievement of our financial performance, operational performance and implementation of the Trust's digital strategy. Since April 2020, the committee has also added business development into its cycle of business and Terms of Reference

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..

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.

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

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Peter Axon
Chief Executive
14th June 2021

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Eric Gardiner
Executive Director of Finance, Performance and Estates
14th June 2021

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 2021.

During 2021/21 the Trust completed its review of its corporate objectives and published a new Strategic Plan which set out four key themes; Quality, People, Partnerships and Sustainability. These are supported by four corresponding enabling strategies together with a Clinical Transformation Plan. This new strategy was launched in November 2020 through a virtual online event to which a wide range of partners were invited. This has been further supported through a targeted communication and engagement approach to ensure that our key partners have an opportunity to work with us in implementing our plans.

The inclusion of Partnership as one of only four key themes continues to show the weight of importance we place on our ability to collaborate with other organisations, both statutory and voluntary, to both improve the lives and health of our population as well as achieve our strategic ambitions. We firmly believe we can achieve so much more by working collectively rather than individually. Perhaps the most tangible example of this commitment is the drive and energy the Trust brings to the development of Integrated Care Partnerships across the Staffordshire and Stoke-on-Trent system and which provide an opportunity for coalitions of partners to come together with a new focus on integrating care pathways to increase the quality of health and care services and improve outcomes for local people.

The Trust has welcomed the Pro Vice Chancellor of Keele University onto its Trust Board as a further outward demonstration of our commitment to partnership working and continues to proactively engage in a wide range of partnership forums including the newly formed Primary Care Networks of local GP Practices, collaborative networks of voluntary sector organisations and other public agencies such as the Police & Crime Commissioner.

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 2020-21 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
- 22nd consecutive year of achieving financial surplus - making us one of the top financial performers in the region
- The only mental health trust in the Midlands to have a Top 10 score in 9 out of 10 NHS staff survey themes
- Announced the biggest capital investment in acute and community mental health services in our history
- Transforming access to information, advice and help through developing a unique CAMHS Digital Portal, including online self-referral
- First ever, dedicated service for Adult Eating Disorders, providing support and care that has simply not been available for our local residents previously
- Transformative clinical model enabled Moorcroft Medical Centre to seamlessly enact changes required as part of the Covid-19 response, to ensure service user safety
- 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
- Continued and further embedded the work of our Inclusion Council embedded in 'how we do things in the Trust', helping us to review, challenge and extend on the inclusive and equitable way we treat and support our staff and service users

A Well led Trust

As a Trust we undertake regular well led self-assessments in accordance with CQC KLOEs under the 8 well-les domains. Our last assessment was undertaken in February 2020 for our planned CQC inspection which was cancelled due to COVID and our next self-assessment is planned for you August Board development session.

Equality, Diversity and Inclusion

The Trust has challenged and further extended our approach to diversity and inclusion, particularly in view of the inequalities that have been very much spotlighted in 2020, including the challenging circumstances of the pandemic and the Black Lives Matter campaign, including:-

- Been recognised as a Finalist in the prestigious Health Service Journal Awards for our work on improving Workforce Race Equality
- Running a series of engaging action-oriented focus groups with BAME colleagues from our Harplands teams to prevent and respond more effectively to racist abuse on our wards
- Deliver a programme of 3 'Winter Inclusion School' educational sessions for leaders across the Trust and local system around core inclusion themes (race, gender, LGBT+)
- Developed and embedded the work of our Staff Networks at Trust and system level, including launching a new Trust Disability Staff Network and new system networks.
- Made very significant progress in improving the experience of colleagues with disability and colleagues with minority ethnic heritage, as measured in the NHS Staff Survey 2020 and other measures
- Maintained a continuous focus through the year on being an inclusive organisation, through our senior leader communications, the work of our clinical and non-clinical teams and in delivering a programme of recognition and education linked to inclusion and health and wellbeing related awareness days and key religious/ cultural occasions.
- 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.

The Trust continues to operate under the nationally defined definition of level 3 major incident, maintaining the Incident Co-ordination Centre (ICC) and Incident Management Group (IMG) to ensure a consistent and co-ordinated response to the pandemic. With a focus on the patient and staff vaccination programme, continuing infection prevention control measures across the organisation and regular staff testing we will mitigate and respond to further surge. The Trust continues to have an active role in all local system planning in response to the pandemic and wider challenges which may occur such as flu and other seasonal planning arrangements.

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 2021 and up to the date of approval of the annual report and accounts.

In January 2021 the Risk & Assurance Manager was successfully appointed to a new role within the Trust. Following a period of notice the Risk & Assurance Manager officially left the role on 28th February 2021, however as an interim measure until the post could be advertised and recruited to agreement was made that one day per week cover would be provided. During this time provision of risk management advise, guidance and support has been provided on a reduced basis. Key tasks have been prioritised and completed. This cover will end on 30th April 2021. Interviews for the Risk & Assurance Manager role are scheduled to take place on 30th April 2021. Although in a new role within the Programme Management Office there are clear links with risk and where required advice and support for colleagues will be available on an informal basis until the new post holder commences. A member of the governance team has taken on some of the duties of the Risk & Assurance Manager to provide support. In addition to this each Directorate has a Risk Lead who supports Clinical Directors, Associate Directors and Managers with the recording and updating of risks ensuring adherence to policy and process requirements.

TRUST BOARD

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 our enhanced Improving for Quality Improvement Plan (IQPR) reporting including performance improvement plans (PIP) 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 4th 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 4th 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 and have continued during the pandemic adapting to the national guidance as it was published.

COVID-19 Business Continuity Terms of Reference for Board and Committees:

a. The Terms of Reference and Membership, including quorum arrangements, for the Board and its Committees that had been temporarily suspended as of 23rd March 2020, were reinstated as we moved into phase 2.
b. Throughout the year, meetings were held via 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. Focus was also to maintain 'business as usual' however activity was based upon the existing business cycles / forward agendaThe Business Cycles were reviewed and updated within Corporate Governance

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.

Trust Board 2020/21 Attendance												
	9th Apr 20 Private	14th May 20	11th June 20 Private	9th July 20	Aug no meeting	10th Sept 20	15th Oct 20 Private	12th Nov 20	Dec no meeting	14th Jan 21	11th Feb 21 Private	11th Mar 21
Non-Executives												
David Rogers, Chair	√	√	√	√		√	√	√		X	√	√
Patrick Sullivan, Non-Executive Director	√	√	√	√		√	√	√		√	√	√
Tony Gadsby, Associate Non-Executive Director	√	√	√	√		√	√	√		√	√	√
Keith Tattum, GP Associate	√	√	√	√		X	X	X		√	√	√
Joan Walley, Non-Executive Director	√	√	√	√		√	√	√		√	√	√
Janet Dawson, Non-Executive Director	√	√	√	√		√	√	√		√	√	√
Russell Andrews, Non-Executive Director	√	√	√	√		√	√	√		√	√	√
Phillip Jones, Non-Executive Director	√	√	√	√		√	√	√		√	√	√
Pauline Walsh - Associate Non-Executive Director			√	√		√	√	X		√	√	X
Billie Lam, Non-Executive Director (NExT Director Programme)	√	√	√	√		√	√	√		√	√	√
Executive Members												
Peter Axon, Chief Executive Officer	√	√	√	√		√	√	√		√	√	√
Tosca Fairchild, Assistant Chief Executive Officer	√	√	√	√		X	√	√		√	√	√
Dr Buki Adeyemo, Executive Medical Director	√	√	√	√		√	√	√		√	√	√
Kenny Laing, Executive Director of Nursing and Quality	√	√	√	√		√	√	√		√	√	√
Jonathan O'Brien, Director of Operations	√	√	√	√		√	√	√		√	√	√
Chris Bird, Director of Partnerships and Strategy	√	√	√	√		√	√	√		√	√	√
Shajeda Ahmed, Director of Workforce, OD and Inclusion	√	√	√	√		√	√	√		√	√	√
Lorraine Hooper, Executive Director of Finance, Performance and Estates	√	√	√	√		√	√	√		√	√	
Kimberli McKinlay, Acting Director of Finance												√
In Attendance												
Jenny Harvey, Union Representative		√		√		√		√		√		√
Joe McCrea, Associate Director of Communications	√	√	√	√		√	√	√		√	√	√
Laurie Wrench, Associate Director of Governance	√	√	√	√		√	√	√		√	√	√
Sue Tams, Vice Chair Service User Carer Council	X	√	√	√		X	√	√		√	√	X
Lisa Wilkinson, Corporate Governance Manager (Notes)	√	√	√	√		√	√	√		√	√	√
Zoe Grant, Head of Nursing				√								

3.2 Trust Board Cycle of Business

The board has revised and agreed its structure to support the delivery of business, as outlined below:

Open and Closed Trust Board Meetings	Lead	9 April	14 May	11 June	9 July	10 September	15 October	12 November	14 January	11 February	11 March
		Board	Board	Board	Board	Board	Board	Board	Board	Board	Board
Standing Items		Private	Public / Private	Private	Public / Private	Public / Private	Private	Public / Private	Public / Private	Private	Public / Private
Chairs Report	Chairman	x	x	x	x	x	x	x	x	x	x
Chief Executive's Report	Chief Executive	x	x	x	x	x	x	x	x	x	x
Patient Story	Director of Nursing and Quality	x	x	x	x	x	x	x	x	x	x
REACH Recognition Individual Award	Corporate Governance Manager		x			x			x		
REACH Recognition Team Award	Corporate Governance Manager				x			x			x
Service User and Carer Council Update	Director of Nursing and Quality	x	x	x	x	x		x	x		x
Cyber Security	Director of Finance, Performance & Estates							x			
Quality & Governance Committee											
CQC - Compliance Review reports (when received)	Director of Nursing and Quality										
Complaints / PALS Annual Report included in Integrated Quality Report)	Director of Nursing and Quality				x						
DIPC Annual Report	Director of Nursing and Quality				x						
H & S Annual Report	Director of Nursing and Quality				x						
Legals Claims and Litigation (Monthly)	Executive Medical Director	x	x	x	x	x	x	x	x	x	x
Mortality Surveillance Quarterly Report	Executive Medical Director		x (Q4)			x (Q1)		x (Q2)			x (Q3)
Mortality Surveillance Annual Report	Executive Medical Director		x		x						
MHA Compliance Action Plan Quarterly Report - Closed	Executive Medical Director		x (Q4)			x (Q1)		x (Q2)			x (Q3)
Nurse Staffing Monthly Report	Director of Nursing and Quality		x		x	x		x	x		x
Annual Safe Staffing Review	Director of Nursing and Quality							x			
Quality Committee Assurance Report	Associate Director of MACE	x	x	x	x	x	x	x	x	x	x
Quality Committee Review of TOR	Assocaite Director of MACE										x
Quality Account (Progress update and final submission June)	Executive Medical Director			x							x (project plan)
Quality Strategy (as required)	Director of Nursing and Quality and Executive Medical Director					x					
Regulation 28	Executive Medical Director	x	x	x	x	x	x	x	x	x	x
Research and Development Annual Report	Executive Medical Director							x			
Safeguarding Quarterly Report	Director of Nursing and Quality			x (Q4)							
Safeguarding Annual Report	Director of Nursing and Quality				x						
Serious Incident Monthly Update (Closed)	Executive Medical Director	x	x	x	x	x	x	x	x	x	x
Serious Incidents Annual Report	Executive Medical Director				x						
Workforce											
Assurance Report from People and Culture Committee	Associate Director of HR		x		x	x		x	x Cancelled	Verbal	x
Being Open Report (Open Board)	Director of People, OD & Inclusion		x (Q4)			x (Q1)		x (Q2)		x (Q3)	
Equality and Diversity Annnual Plan	Director of People, OD & Inclusion				x						
Freedom To Speak Up Annual Report (with a 6 month update)	Chief Executive Officer				x					x	
Medical Workforce Strategy	Executive Medical Director										x
Medical Revalidation Annual Organisational (AOA) - Consent Item	Executive Medical Director					x					
OD and Development and People Strategy	Director of People, OD & Inclusion				x						
People and Culture Committee Annual Review of ToR	Director of People, OD & Inclusion										x
Staff Survey Results	Director of People, OD & Inclusion										x
World Mental Health Day	Associate Director of Commuications				x						
WDES Annual Report and Action Plan	Director of People, OD and Inlcusion										
WRES Annual Report and Action Plan	Director of People, OD & Inclusion					x					
Finance & Resource Committee											
Charitable Funds Summary	Deputy Director of Finance		x					x			
Charitable Funds TOR	Deputy Director of Finance										x
Commissioning Intentions	Director of Finance, Performance & Estates						x		x		
Finance and Budget Plan	Director of Finance, Performance & Estates	x									
Finance Report	Director of Finance, Performance & Estates	x	x	x	x	x	x	x	x	x	x
Finance & Resources Assurance Report	Director of Finance, Performance & Estates	x	x	x	x	x	x	x	x	x	x

Data Security and Protection Toolkit Annual Declaration	Director of Partnerships, Strategy and Digital		x		x Submission moved to June						
IQPR Report - (Open)	Director of Finance, Performance & Estates	x	x	x	x	x	x	x	x	x	x
Remuneration Committee Annual Report / TOR	Assistant Chief Executive										x
Audit Committee											
Annual Accounts (Draft to Closed - Delegated authroity - Open)	Director of Finance, Performance & Estates		x								
Annual Governance Statement	Assistant Chief Executive		x								
Annual Report & Summary Financial Statements - Closed	Director of Finance, Performance & Estates		x								
Annual Statement of Purpose (As required)	Assistant Chief Executive				x						
Audit Committee Assurance Report	Assistant Chief Executive	x	x	x			x		x		
Audit Committee TOR	Assistant Chief Executive										x
Charitable Funds Annual Accounts & Report	Director of Finance, Performance & Estates								x		
Declaration of Interests- Board Members	Assistant Chief Executive				x				x		
External Audit Annual Plan (part of summary)	Director of Finance, Performance & Estates	x									
External Audit Report (part of summary)	Director of Finance, Performance & Estates	x									
Gifts and Hospitality / Sponsorship Annual	Assistant Chief Executive										x
Risk Management Strategy & Policy (as required)	Assistant Chief Executive					x					
Self Assessment	Assistant Chief Executive					x					
Self Certification G6 & FT4	Assistant Chief Executive	x									
Standing Financial Instructions (as required) - 3 yearly	Director of Finance, Performance & Estates										
Standing Orders Annual (as requiired)	Director of Finance, Performance & Estates										
Governance											
Board & Committee meeting dates	Assistant Chief Executive						x				
Board Assurance Annual Report	Assistant Chief Executive						x				x
Board Assurance Framework Q1, Q2, Q3, Q4 Annual	Assistant Chief Executive	Annual	x (Q4)			x (Q1)		x (Q2)			x (Q3)
Board review of its cycle of business and TOR	Assistant Chief Executive										x
Board review of its effectiveness	Assistant Chief Executive				x						
Register of Sealed Documents	Assistant Chief Executive								x		
Scheme of Delegation (as required) - 3 yearly	Assistant Chief Executive										
Business and Strategy											
One Year Operational Plan to be submiited to NHSI mid April (Closed)	Director of Partnerships, Strategy and Digital	x	x								
Business Cases (As required)											

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 and Resources Committee

The Finance, Performance & Estates Committee became the Finance and Resources Committee in April 2020. The Committee is responsible for the oversight and scrutiny of the Trust's financial, estates and operational performance and from 1st April 2020 incorporated subject matter relating to Business Development and Digital taking action where necessary and making recommendations to the Trust Board.

The Finance & Resources 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 & Resources 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.

3.5 The Quality Committee

The Committee met monthly in accordance with its Terms of Reference and all meetings were quorate. Membership of the Committee is made up of three Non-Executive Directors, one of which acts as Chair, the Executive Medical Director, the Executive Director of Nursing and Quality, , Clinical Directors, Associate Director of Governance and Associate Director of Medical & Clinical Effectiveness, and Deputy Directors (Nursing, MACE/Medicines, Operations). A nominated Service User and Carer Council member also makes up the membership. The diverse membership ensures every opportunity is given for discussion and analysis in respect to all aspects of service quality and safety.. Examples include patient stories, Directorate performance, incidents, complaints and compliments, risks and their mitigations alongside sharing learning outcomes.

The Committee has responsibility for the Trust's Quality Strategy and Quality Account and in particular 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 compromises the quality of service provision.

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 membership, the Terms of Reference and proposed changes that will take effect from April 2021. Reports are aligned to the Trust's quality objectives giving assurance sought by the Committee. There will be a further effectiveness review during 2021/2022 in accordance with the Committee's new Terms of Reference and Quality Strategy with further adjustments made as required.

3.6 People, Culture and Development Committee

The principal aim of the Committee is to provide advice, assurance and management of associated risks to the Board on the achievement of the Trust's People Strategy and our underpinning enabling strategies as part of our four key People 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"

An internal review of the effectiveness of the Committee has taken place in order 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. The membership comprises Non-Executive Directors and Executive Directors with Associate/Deputy Directors from People , OD, Communications, Assistant Chief Executive Officer and other Associate Directorates (as and when required), as well as staff side representatives in attendance.

The Committee supported the development of our new Trust People strategy, which was developed through engagement with our people to help ensure we are focussing on activity that will further improve Combined as a place to work. All of our activity will focus on supporting these promises ensuring we make the Trust an even better place for our people to work. Updates will be provided to our People, Culture and Development Committee which is a sub-committee to the Board, ensuring progress and achievement and there will be an annual review to ensure our strategy and the underpinning activities are still meeting the needs of our people and the Trust.

3.7 The Charitable Funds Management and Scrutiny Committee

The Trust has administered Charitable Funds since its creation on 1 April 1994. This Committee ensures that the charitable funds are managed in line with agreed policies on investment, disbursement and fund raising. The Trust Board of North Staffordshire Combined Healthcare NHS Trust serves as the agent of the Corporate Trustee in the administration of funds held by the Trust. 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.

3.8 Remuneration and Terms of Service Committee

This Committee is responsible for determining the remuneration and condition of service of Executive Directors ensuring that these people properly support objectives of the Trust, represent value for money and comply with statutory and NHS/DH requirements. Meetings as well as virtual meetings have been arranged as required during the course of the year. The Chairman acts as the Chair of this Committee which is attended by Non-Executive Directors and supported by the Associate Director of Governance. The Chief Executive, Assistant Chief Executive Officer and Director People, Organisational Development and Inclusion are in attendance. During 2020/21 the Terms of Reference were reviewed and updated.

3.9 Senior Leadership Team (Risk)

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

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

3.10 Effectiveness Review

During the year our Board membership has been refreshed and further enhanced with the appointment of a new Associate Non-Executive Director who is the Pro Vice Chancellor and Executive Dean at the Faculty of Medicine and Health Sciences at Keele University. The Executive Director of Finance, Performance and Estates left the Trust in February 2021 and a replacement successfully appointed to who commenced in post from 1st April 2021. During March an Interim Director of Finance was appointed, whilst Executive support was provided by the Director of Partnerships, Strategy and Digital for Performance and the Executive Director of Operations for Estates. A GP Associate Board member continues to give strength and support to the Board from a primary care perspective. The Chair of the Service User and Carer Council is also a full member of the Board to help influence decisions made and ensure they are service user focussed.

The Board has a wide range of experience and skills to provide effective leadership. As part of our Board Development Programme we have undertaken a Board skills assessment and full review of Committee Effectiveness which has been undertaken in collaboration with the Good Governance Institute (GGI) and we expect the receive our report mid-May 2021. Initial feedback indicates our systems and process are robust.

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.

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.

3.11 Quality Account 2020/21

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 will commence in April 2021. 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 project plan will be discussed at the Quality Committee prior to implementation. 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 2020/21 was due to be published on 30 June 2021. However, in response to the continuing COVID-19 pressures NHS England and NHS Improvement (NHSEI) 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. Assurance will not be required from the lead NHS commissioner, local Healthwatch and Overview and Scrutiny Committees.
The Trust will continue to work towards the production of a Quality Account for 2020/21 as we recognise that this is a valuable document to all of our partners and stakeholders.

3.12 Board Assurance Framework

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

The Assurance Framework operates as follows:

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

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

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

Trust Internal Auditors, KPMG, undertook a review of the 2020/21 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 and 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 and Resource and Audit Committee).

As of 31st March 2021, the Trust has three risk 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	Monitoring and reporting of vacancy rate to SLT A number of Trust strategies are being implemented to recruit and retain staff. Monitoring of Time to Hire	During Q3/Q4 a number of new service transformations took place that increased the vacancy baseline. Month 11 = 10.9%. Active recruitment campaigns are ongoing. Digital campaigns have been held with further events planned. Time to hire for M11 = 55.8 days (against target of 60 days).
There is a risk that income will be uncertain and that national financing arrangements will change leading to an inability to deliver services to the standards required and breakeven.	5x4=20	4x4=16	4x3=12	Route to breakeven is currently being worked on Draft system and regulator financial plan for 2021/22. Refreshing internal long term financial plan based on assumptions as known now. Forecasting of costs for the remainder of this financial year as well as recurrent implications for 2021/22.	
There is a risk to the Trust in becoming the commissioner and therefore responsible for placing a cohort of patients with providers in relation to TCP and Project 86 from 1st April 2021. The Trust must be assured of quality standards of providers which could impact on patients and Trust reputation.	4x4=16	4x4=16	4x3=12	Develop and agree a standard operating procedure with MPFT and CCG around roles and responsibilities in the event of provider failure. Clear roles and responsibilities for quality of provision with independent providers will be agreed with the CCG. A part of the procurement of placements and the new arrangement to commission providers a set of standards will be agreed and form part of the contractual arrangements To ensure a mechanism for monitoring the quality of placements through contractual arrangements including KPI's and outcome reporting. Regular monitoring and assurance engagement with providers Clinical teams will have input into pathways and care plans Liaison with and assurance from CQC regulatory inspection outcomes via CCG. Contractual arrangements with providers in place that will make finance and quality requirements clear.	Discussions and meetings are taking place to establish this. Meeting scheduled for 21st April 2021. To be discussed during meeting on 21st April 2021. Initial work complete. CCG remain accountable. New contracts are in place with providers from 1st April 2021 and new providers will see a different level of assurance required through procurement arrangements.

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. Following a recent catastrophic incident a panel review serious incident investigation has been commissioned and will report the panel review findings in due course.	Patient Safety Team to provide 12months data [trend chart] around Directorate non ligature self harm incidents. Action plan has been to the December 2020 Quality Committee.
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	Vaccination programme roll out. Test and trace. Proactive review of risk assessments for staff taking place. 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.	Staff are now being offered the 2nd vaccination and uptake is monitored. Continues Ongoing review Still remains at level 4. IPC continue to complete fortnightly audits on the wards. High levels of compliance have been maintained across the areas. Staff continue to receive regular Communication.

Trust Internal Auditors, KPMG, undertook a review of the Risk Management Framework for 2020/21 and made an assessment of Significant Assurance with minor improvement opportunities for the design and operation of the system of control.

3.13.1 Board Assurance Framework

The Board Assurance Framework risks were discussed and agreed by the Board in May 2020 for the 2020/21 financial year. The Trust has 4 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).

3.13.2 Utilise Effective Technology

During 2020/21 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.

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.

The impact of the COVID-19 pandemic has changed the landscape of delivery across healthcare services. This has resulted in an accelerated transition to alternate models of care for staff and patient interaction. Our Clinical Services Teams have actively embraced digital technology as an enabler to overcome social distancing challenges. The speed and agility of the digital response to the pandemic has raised the expectation of leaders and staff highlighting the continued importance of digital capability and infrastructure.

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.

We have continued the excellent work on our Digital by Choice strategy. During 2020/21 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.

We want to lead the way in using digital development to provide tools and technologies to support new and innovative ways of service delivery. Our digital future facilitates a dynamic care plan pathway, aiding communications, preventing duplication and supporting a more efficient patient journey. But our ambitions stretch beyond this to establishing a national reputation as a leader in the use of digital technology to deliver sustainable healthcare. This means our technology must be fit-for purpose today but future-proofed for tomorrow by achieving value in both use of resources but delivering value environmentally and socially.

3.14 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 and Resources Committee receives a monthly finance report which monitors performance against the financial plan, capital plan, this would ordinarily include performance against the Cost Improvement Plan too, however, due to the pandemic the requirement this requirement was paused nationally. The committee monitors deviations to plan, providing assurance to Trust Board. Detailed information is also provided for assurance around Agency expenditure.

3.15 Compliance with the NHS Provider Licence

The Trust declared compliance with condition G6 and FT4 of the NHS Provider Licence and provided actions identified to mitigate risks as follows:

3.15.1 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

3.15.2 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

3.15.3 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 limits
- 1, 2 and 5 year business plan
- 2 year CIP plans and QIA processes

3.15.4 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 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.

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 BAF and Risk Management Audit report issued in March 2021 issued an assurance rating of Significant Assurance with minor improvement opportunities. The risk 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 4 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 4 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 2021, 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 Safeguards

The monitoring and reporting of safe staffing levels comprises of monthly reporting to the Board and NHS England and an annual strategic staffing review. This is followed 6 months later by a comprehensive review focused on safer staffing workforce plans. The National Quality Board Guidance (2016) advises that 'there should be individual and collective responsibility as an NHS provider board for deploying staff in ways that ensure safe, sustainable and productive services'.

To enable the Board to meet this requirement the Director of Nursing & Quality provides the Trust Board with assurance in relation to safer staffing over the past 12 months. This is facilitated via monthly reports setting out the monthly fill-rates, the impact of fill-rates on service user and staff experience, and outlining bed occupancy, staff vacancy levels and the mitigations that are in place to maintain safer staffing within the in-patient wards.

An annual safer staffing report was presented to the January 2021 Board. Annual safer staffing review discussions involving, Ward Managers and Quality Improvement Lead Nurses (Matrons), the Deputy Director of Nursing, AHP & Quality and the Head of Nursing for the 2020 commenced in January and February 2021.

Additionally the Trust has:

- Undertaken regular safer staffing review group meetings, which monitor the progress of the Safer Staffing Annual Work Plan.
- Undertaken daily safer staffing huddles to respond to increased staffing pressures resulting from the COVID-19 pandemic.
- Provided an enhanced preceptorship programme, facilitating additional support and supervision for our newly registered staff and ensuring that staff receive a thorough briefing regarding COVID-19 and the required Infection Prevention and Control (IPC) standards and expectations.
- Successfully recruited a number of year 2 and year 3 student nurses on fixed-term contracts to support our ward inpatient areas during the height of the COVID-19 pandemic.
- Reviewed Multi-disciplinary Team skill mix; exploring new roles and training requirements such as Nursing Associates, Physician Associates, Advanced Nurse Practitioners and Healthcare Support Worker Apprenticeships.
- Working in partnership with the University of Derby, we have resourced and recruited a student cohort for the Registered Nurse Degree Apprenticeship.
- Continued to support the development of Overseas Nurses, enabling registrations to be recognised by the NMC.
- Increased investment in our Clinical Placements Team with a specific focus on supporting the academic and professional development of our BAME workforce.
- Continued to engage with local universities, increasing clinical practice placements and offering a broader range of placement opportunities to all learners.
- Commenced a review of the safer staffing requirements of the Community Mental Health Teams.
- Strengthened our e-rostering practice and safer staffing systems, in response to an internally commissioned audit review. Provided staff with access to the Employee Online (EOL) shift booking system, enabling them to more efficiently book into vacant bank shifts using a mobile device such as a phone or tablet.
- Delivered a number of training and development sessions for end users of our e-roster system, which in turn provides increased efficiency in supporting safe staffing levels.

7. Care Quality Commission (CQC)

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

The Trust had the CQC Transitional Monitoring Approach (TMA) call on the 18th November 2020 for the Primary Medical Services and on the 10th February 2021 for the overall trust. We are delighted to have received positive verbal feedback however the CQC currently do not publish the outcome of the TMA calls. In the absence of routine CQC inspections the trust has continued to meet with CQC for monthly engagement meetings. The trust continues to maintain the overall 'Outstanding' rating from the CQC

The Trust has had two CQC Mental Health Act remote monitoring visits for wards 1 and 2, both with positive feedback.

8. Statements and Declarations

8.1 Pension

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

8.2 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 again substantially raised its game through 2020-21 with regard to developing a culture of inclusion throughout the organisation, with a view to outstanding 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' committee 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. The work of our Inclusion Council took on a new importance with the events of 2020 and we have continued and further developed our approach with a view to delivering tangible improvements in the experiences of people from under-represented and disadvantaged groups.

We have worked hard to be leaders in our approach to developing greater inclusion at system level and beyond and we have agreed new structures that will support us in taking inclusion to the next level through unprecedented levels of partnership working over the coming year and beyond. We are proud of our Winter Inclusion Schools delivered in 2020-21 to develop the confidence and skill of our leadership team in having conversations about diversity and developing greater inclusion. We are also excited about our plans to take this further in 2021-22 with our Summer School Inclusion Masterclasses and our Cultural Education Programme on race inclusion, along with a range of further positive action developments across a range of equality groups.

8.3 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.

As we are not an acute Trust we do not monitor elective waiting times but do monitor all national requirements for waiting times (RtT and RtA including internal stretch targets.

The Data Quality Forum reports to the Finance & Resource Committee and 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.

The Trust has adopted the Data Quality Assurance Framework designed for Providers by NHS Digital to assist in the governance processes and to provide Assurance

The framework aims to:

- Provide focal point for sharing of data quality assurance best practice across the NHS.
- Promote executive ownership of data quality and establish its place in each organisation's governance structure.
- Ensure that there is visibility and prompt resolution of data quality issues through regular reporting and monitoring.
- Ensure responsibilities for data quality are explicit across all roles within the organisation.
- Ensure that staff at all levels are provided with regular training on the necessity for high quality data and their responsibilities in achieving this.
- Ensure that clinical and administrative systems are configured to maximise data quality at point of capture and staff are suitably trained to meet this.
- Improve awareness of how data quality metrics can be best used to provide assurance and drive up improvement.
- Provide a simple self-assessment tool to determine the current level of data quality assurance and identify opportunities for improvement.

8.4 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 2021 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.

8.5 Declarations of Interest / Gifts and Hospitality

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, (in accordance with the Trusts Standards of Business Conduct Policy) 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.

8.6 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.

8.7 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.

9. 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.

The Trust achieved an adjusted financial performance surplus of £2.7m.

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 October 2020 The Terms of Reference will be reviewed annually and the next review must take place before 31 March 2022.

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.

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

Remuneration of senior managers – salaries (2020/21)

Name and Title	2020-21					
	Salary (bands of £5000) £000's	Expense payments (taxable) to nearest £100*	Performance Pay and bonuses (bands of £5000) £000's	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2500) £000's	Total (bands of £5000) £000's
P Axon - Chief Executive Officer	150 - 155	0	0	0	37.5 - 40	185 - 190
O Adeyemo - Medical Director	150 - 155	0	0	0	52.5 - 55	205 - 210
J O'Brien- Director of Operations	115 - 120	0	0	0	47.5 - 50	160 - 165
L Hooper - Director of Finance, Performance & Estates (until 28-Feb-21)	105 - 110	0	0	0	32.5 - 35	140 - 145
S Ahmed - Director of Workforce, OD and Inclusion	105 - 110	0	0	0	87.5 - 90	195 - 200
K Laing - Director of Nursing & Quality	110 - 115	0	0	0	180 - 182.5	290 - 295
C Bird - Director of Strategy	110 - 115	0	0	0	62.5 - 65	170 - 175
T Fairchild - Assistant Chief Executive (until 14-Feb-21)	105 - 110	0	0	0	0	105 - 110
K McKinlay - Acting Director of Finance (01-Mar-21 to 31-Mar-21)	5-10	0	0	0	2.5 - 5	10 - 15
L Wrench - Acting Assistant Chief Executive (from 15-Feb-21	5-10	0	0	0	0 -2.5	10 - 15
D Rogers - Non Executive Director	30 - 35	0	0	0	0	30 - 35
A Gadsby - Associate Non Executive Director	10-15	0	0	0	0	10-15
Prof. P Walsh - Associate Non Executive (from 01-Jun-20)	10-15	0	0	0	0	10-15
P Sullivan - Non Executive Director	10-15	0	0	0	0	10-15
J Walley - Non Executive Director	10-15	0	0	0	0	10-15
R Andrews - Non Executive Director	10-15	0	0	0	0	10-15
J Dawson - Non Executive Director	10-15	100	0	0	0	10-15
P Jones - Non Executive Director	10-15	0	0	0	0	10-15

Remuneration of senior managers – salaries (2019/20)

Name and Title	2019-20					
	Salary (bands of £5000) £000's	Expense payments (taxable) to nearest £100*	Performance Pay and bonuses (bands of £5000) £000's	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2500) £000's	Total (bands of £5000) £000's
P Axon - Chief Executive Officer (from 01-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	35 to 40
J Murray - Director of Nursing (from 01-Sep-19 until 31-Oct-19)	15 to 20	0	0	0	35 to 37.5	50 to 55
K Laing - Director of Nursing & Quality (from 01-Nov-19)	40 to 45	0	0	0	112.5 to 115	150 to 155
C Bird - Director of Strategy	100 to 105	0	0	0	222.5 to 225	325 to 330
T Fairchild - Assistant 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.

Remuneration of senior managers - pensions benefits

2020/21

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 2021 (bands of £5000) £000's	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5000) £000's	Cash Equivalent Transfer Value at 1 April 2020 £000's	Real Increase in cash Equivalent Transfer Value £000's	Cash Equivalent Transfer Value at 31 March 2021 £000's	Employer's contribution to stakeholder pension
P Axon - Chief Executive Officer	2.5 - 5	2.5 - 5	50 - 55	100 - 105	739	36	815	N/A
O Adeyemo - Medical Director	2.5 - 5	2.5 - 5	40 - 45	80 - 85	673	51	753	N/A
J O'Brien- Director of Operations	2.5 - 5	2.5 - 5	25 - 30	45 - 50	281	24	326	N/A
L Hooper - Director of Finance, Performance & Estates (until 28-Feb-21)	0 - 2.5	0 - 2.5	25 - 30	45 - 50	303	16	342	N/A
S Ahmed - Director of Workforce, OD and Inclusion	2.5 - 5	7.5 - 10	25 - 30	45 - 50	338	72	430	N/A
K Laing - Director of Nursing & Quality	7.5 - 10	2.5 - 5	20 - 25	35 - 40	195	102	315	N/A
C Bird - Director of Strategy	2.5 - 5	0	40 - 45	0	476	43	542	N/A
T Fairchild - Assistant Chief Executive (until 14-Feb-21)*								N/A
K McKinlay - Acting Director of Finance (01-Mar-21 to 31-Mar-21)	0 - 2.5	0	15 - 20	0	128	3	161	N/A
L Wrench - Acting Assistant Chief Executive (from 15-Feb-21)	0 - 2.5	0	20 - 25	35 - 40	268	2	292	N/A

T Fairchild (Assistant Chief Executive) has not been a member of the NHS Pension Scheme during her employment with the trust and as a consequence of this, the Trust has not been able to obtain pension information in the pension fund from previous employments. It is therefore not possible to disclose the information relating to the total accrued pension, lump and cash equivalent transfer values for T Fairchild.

Pension benefits and related CETVs do not allow for a potential future adjustment arising from the McCloud judgment

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)*								

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 2020/21 was £151,773 (2019/20 £157,956). This was 4.78 times (2019/20 5.16 times) the median remuneration of the workforce, which was £31,770 (2019/20 £30,583).

In 2020/21 four (2019/20 three) employees received remuneration in excess of the highest paid director. Ranging from £155,406 to £191,551 (2019/20 remuneration ranged from £163,482 to £192,943).

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	2020/21	2019/20
Band of highest paid Director's total remuneration (£'000)	150 - 165	155 -160
Median total (£)	31,770	30.583
Ratio	4.78	5.16

Off-payroll engagements

For all off-payroll engagements as of 31 March 2021, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2021	5
Of which, the number that have existed:	
- for less than one year at the time of reporting	0
- 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	0
- 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 2020 and 31 March 2021, 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 2020 and 31 March 2021.	0
Of which, the number of:	
- assessed as caught by IR35	0
- assessed as not caught by IR35	0
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	10

Staff report

We employed an average of 1,411 permanently employed WTE and 166 other staff during 2020/21. Our staff costs amounted to £72.9m, which represents 69% of the Trust's closing income for the year (£105.2m). As at 31st March 2021, 79% of the total workforce were female and 21% were male. The gender split of the Directors of the Trust were 50% female and 50% male.

Staff costs				
			2020/21	2019/20
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	54,415	945	55,360	52,534
Social security costs	5,261	-	5,261	5,086
Apprenticeship levy	250	-	250	243
Employer's contributions to NHS pension scheme	9,501	-	9,501	9,278
Pension cost - other	67	-	67	71
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff	-	2,535	2,535	2,426
Total gross staff costs	69,494	3,480	72,974	69,638
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	69,494	3,480	72,974	69,638
Of which				
Costs capitalised as part of assets	-	10	10	15

Average number of employees (WTE basis)				
			2020/21	2019/20
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	51	27	78	80
Ambulance staff	-	-	-	-
Administration and estates	173	8	181	190
Healthcare assistants and other support staff	520	85	605	599
Nursing, midwifery and health visiting staff	459	40	499	491
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	204	0	204	214
Healthcare science staff	-	-	-	-
Social care staff	-	2	2	1
Other	3	4	7	5
Total average numbers	1,411	166	1,577	1,581
Of which:				
Number of employees (WTE) engaged on capital projects	-	1	1	1

Staff Turnover

In line with reporting requirements under Covid-19, details of our staff turnover can be access via NHS Digital at

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/november-2020

The Report available via this link shows monthly numbers of NHS Hospital and Community Health Service (HCHS) staff working in NHS Trusts and CCGs in England (excluding primary care staff). Data is available as headcount and full-time equivalents and are available every month for 30 September 2009 onwards.

This data is an accurate summary of the validated data extracted from the NHS HR and Payroll system.

Sickness absence

In line with reporting requirements under Covid-19, details of our sickness absence rate can be access via NHS Digital at

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Staff Sickness Absence	2020/21	2019/20
Total Days Lost	13,893	17,341
Total Staff Years	1,288	1,334
Average working Days Lost	11	13

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.

Exit packages

Reporting of compensation schemes - exit packages 2020/21

During 2020/21 there were 4 contractual payments in lieu of notice and 2 compulsory redundancies.

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	4	4
£10,000 - £25,000	1	-	1
£25,001 - 50,000	1	-	1
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	**2**	**4**	**6**
Total cost (£)	£58,000	£21,000	£79,000

Reporting of compensation schemes - exit packages 2019/20

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

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£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 resource cost (£)	£0	£26,000	£26,000

Exit packages: other (non-compulsory) departure payments

	2020/21		2019/20	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£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	4	21	3	26
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	4	21	3	26
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

The Trust is committed to being a truly inclusive employer and to being exemplary in our good practise on developing greater equality, diversity and inclusion.

The Trust has an Inclusion at Work Policy (policy 3.12), which covers all stages of the employment relationship from recruitment, working practises, education and development and includes leadership responsibilities for inclusion. Inclusion is also a key principle embedded within our other People (Human Resources) policies.

We are committed to giving full and fair consideration to disabled people wishing to work for the Trust. Our recruitment webpages include a positive action statement about the Trust's desire to attract and recruit from under-represented groups, specifically people with minority ethnic heritage, people with disability, and people who are LGBT+. We train our recruiting managers in fair and inclusive recruitment and encourage diverse recruitment panels (and throughout 2020-21, this was mandated for posts at band 7 and above).

The Trust subscribes to the Disability Confident scheme and displays the Disability Confident logo on its recruitment adverts to show that applications from disabled people are encouraged and that any applicant that with a disability and meeting 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. On appointment, colleagues with disabilities are given the opportunity to access reasonable adjustments and equipment to most effectively support them in undertaking their work role. The Trust also offers a wide range of flexible working opportunities, designed to support the differing needs of our colleagues through their working lives, recognising the importance of healthy work-life balance, and that individual needs often change over time. Our Occupational Health Service provides specialised advice to managers regarding the reasonable adjustments required by any employee referred to them, and we also seek the advice and support of Access to Work and specialist organisations relevant to particular needs as required.

We have robust health and safety measures in place, including workstation risk assessments, stress risk assessments and COVID-19 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 takes a very active role on developing inclusion. This work is coordinated through our Inclusion Council and People and assured through our Cultural Development Committee. We annually participate in reviewing, reporting on and taking action in relation to a range of equality imperatives including workplace race equality, workplace disability equality, gender pay gap, and the NHS Equality Delivery System. The Trust operates and works to fully embed a number of staff networks (BAME, LGBT+, and Disability and Neuro Diversity) as well as encouraging attendance at our local system staff networks.

The annual Staff Survey asks employees questions about their experiences as employees, including a range of leadership, team, health and wellbeing, and inclusion related questions. This allows the employer to monitor the effectiveness of its anti-discriminatory practices and other undesirable experience (such as abusive behaviour from service users and the public).

The Trust aims to be Outstanding in all aspects of its role as an employer. We have continued to deliver on a range of projects including and actions designed to improve our people practices and our people's experience throughout 2020-21 such as further embedding of our restorative just culture work stream, despite the many and varied challenges of the pandemic, and we have ambitious plans to extend this throughout 2021-22 and beyond.

Consultancy expenditure

In 2020/21, the Trust had expenditure on consultancy of £858,000 (2019/20 - £369,000)

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 2021 under the Local Audit and Accountability Act 2014. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and the related notes 1 to 49. 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 2020/21 HM Treasury's Financial Reporting Manual (the 2020/21 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2020/21 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 2021 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 (as amended by the Health and Social Care Act 2012) and the Accounts Directions issued thereunder.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.
Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

Other information

The other information comprises the information included in the Annual Report and Accounts 2020/21, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report.

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. 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 course of 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 themselves. 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

Basis for qualification on the Remuneration Report

The Remuneration Report set out on pages 111 to 116, does not disclose the total accrued pension, lump sum at pension age and cash equivalent transfer value for the Assistant Chief Executive because the information could not be provided by NHS Pension Agency in respect of deferred members of the Scheme.

Qualified opinion on the Remuneration Report

Except for the reason set out in the basis for qualification on the Remuneration Report, in our opinion the part of the Remuneration Report subject to audit has been prepared properly in accordance with requirements of the National Health Service Act 2006.

Opinion on the Staff Report

In our opinion the part of the Staff Report subject to audit has been prepared properly in accordance with requirements of the Department of Health and Social Care Group Accounting Manual.

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 2021.

We have nothing to report in these respects.

Responsibilities of the Directors and Accountable Officer

As explained more fully in the Statement of the Directors' Responsibilities in respect of the Accounts, set out on page 91, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Directors are 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 they either intend to cease operations, or has no realistic alternative but to do so.

As explained in the statement of the Chief Executive's responsibilities, set out on page 90, as the Accountable Officer of the Trust, the Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State and 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.

rregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.
- We understood how North Staffordshire Combined Healthcare NHS Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes, through enquiry of employees to verify Trust policies, and through the inspection of employee handbooks and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance through improper recognition of revenue and expenditure and management override of controls to be our fraud risks.
- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Trusts manual year end non-nhs income and expenditure accruals, challenging assumptions and corroborating the income and expenditure to appropriate evidence.
- We tested year-end cut-of arrangements by selecting samples of income and expenditure from either side of the 31 March 2021 balance sheet date and reviewed supporting evidence to ensure these were recorded in the appropriate financial year. We also undertook journal testing of expenditure as at month 6 of the financial year to establish whether the Trust had incorrectly included expenditure relating to later months that would trigger reimbursement and top-up funding for that period of the financial year that it would otherwise not be entitled to.
- To address our fraud risk of management override of controls, we tested specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

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 reporting criteria issued by the Comptroller and Auditor General in April 2021, as to whether the Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria 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 2021.

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
21st June 2021

Part Three - Financial Statements and Accounts - 1 April 2020 - 31 March 2021

North Staffordshire Combined Healthcare NHS Trust

Annual accounts for the year ended 31 March 2021

Statement of Comprehensive Income

	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	4	89,592	89,594
Other operating income	5	15,630	9,446
Operating expenses	7, 9	(99,799)	(95,195)
Operating surplus/(deficit) from continuing operations		**5,423**	**3,845**
Finance income	12	6	111
Finance expenses	13	(2,731)	(2,720)
PDC dividends payable		(233)	(578)
Net finance costs		**(2,958)**	**(3,187)**
Other gains / (losses)	14	312	-
Gains / (losses) arising from transfers by absorption	36.2	(232)	-
Surplus / (deficit) for the year		**2,545**	**658**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(1,036)	(3,918)
Revaluations	19	244	897
Remeasurements of the net defined benefit pension scheme liability / asset	36	(429)	298
Total comprehensive income / (expense) for the period		**1,324**	**(2,065)**
Adjusted financial performance for the purposes of system achievement			
Surplus / (deficit) for the period		2,545	658
Remove net impairments not scoring to the Departmental expenditure limit	8	319	955
Remove (gains) / losses on transfers by absorption	36	232	-
Remove non-cash element of on-SoFP pension costs	36	(4)	(38)
Remove net impact of inventories received from DHSC group bodies for COVID response		(86)	
Less (gains)/losses on disposal of assets		(335)	0
Adjusted financial performance surplus/(deficit) for the purposes of system achievement		**2,671**	**1,575**

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

a) During the 2020/21 financial year the Trust has revalued it's 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 the reported financial position to NHS England/Improvement.

b) On 7th July 2020, the Stoke on Trent City Council s.75 agreement was transferred. The net impact of derecognising the asset is £232k, which is shown as a loss arising from transfers by absorption, as required by GAM 2021. This loss is also not considered part of the Trust's operating position and is adjusted within the financial performance for the year.

c) During 2020/21 a non-cash pension benefit has arisen following re-measurement of the Trust's LGPS defined benefit pension scheme. This benefit is adjusted from the in year financial performance.

d) During 2020/21 the Trust received centrally procured personal protective equipment (PPE). The net impact of this donated asset is removed for the adjusted financial performance.

e) During 2020/21 the Trust recorded a gain on disposal from the sale of an asset previously held for disposal. This gain of £335k is adjusted from the Trusts in year financial performance.

Statement of Financial Position

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets			
Intangible assets	16	459	184
Property, plant and equipment	17	29,526	29,264
Receivables	24	110	53
Other assets	25	-	657
Total non-current assets		**30,095**	**30,158**
Current assets			
Inventories	23	200	106
Receivables	24	3,512	7,235
Cash and cash equivalents	27	17,822	12,059
Total current assets		**21,534**	**19,400**
Current liabilities			
Trade and other payables	28	(9,359)	(8,901)
Borrowings	30	(591)	(628)
Provisions	32	(299)	(486)
Other liabilities	29	(704)	(361)
Total current liabilities		**(10,953)**	**(10,376)**
Total assets less current liabilities		**40,676**	**39,182**
Non-current liabilities			
Borrowings	30	(9,406)	(10,294)
Provisions	32	(1,281)	(783)
Total non-current liabilities		**(10,687)**	**(11,077)**
Total assets employed		**29,989**	**28,105**
Financed by			
Public dividend capital		8,847	8,287
Revaluation reserve		6,143	7,007
Income and expenditure reserve		14,999	12,811
Total taxpayers' equity		**29,989**	**28,105**

The notes on pages 131 to 178 form part of these accounts

Peter Axon
Chief Executive
14th June 2021

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**8,287**	**7,007**	**12,811**	**28,105**
Surplus/(deficit) for the year	-	-	2,545	**2,545**
Other transfers between reserves	-	(72)	72	**-**
Impairments	-	(1,036)	-	**(1,036)**
Revaluations	-	244	-	**244**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	(429)	**(429)**
Public dividend capital received	560	-	-	**560**
Taxpayers' and others' equity at 31 March 2021	**8,847**	**6,143**	**14,999**	**29,989**

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

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**7,787**	**10,122**	**11,761**	**29,670**
Prior period adjustment	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2019 - restated	**7,787**	**10,122**	**11,761**	**29,670**
Surplus/(deficit) for the year	-	-	658	**658**
Other transfers between reserves	-	(94)	94	**-**
Impairments	-	(3,918)	-	**(3,918)**
Revaluations	-	897	-	**897**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	298	**298**
Public dividend capital received	500	-	-	**500**
Taxpayers' and others' equity at 31 March 2020	**8,287**	**7,007**	**12,811**	**28,105**

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 up to 31 March 2021. In 2019/20 this reserve also included the net position of the Local Government Pension Scheme (LGPS) however this fund has been transferred to Stoke on Trent City Council during the year and no longer forms part of the balance.

Statement of Cash Flows

	Note	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus / (deficit)		5,423	3,845
Non-cash income and expense:			
Depreciation and amortisation	7.1	1,402	1,206
Net impairments	8	319	955
Non-cash movements in on-SoFP pension liability		(4)	(38)
(Increase) / decrease in receivables and other assets		3,672	845
(Increase) / decrease in inventories		(94)	(17)
Increase / (decrease) in payables and other liabilities		268	1,032
Increase / (decrease) in provisions		324	330
Net cash flows from / (used in) operating activities		**11,310**	**8,158**
Cash flows from investing activities			
Interest received		6	111
Purchase of intangible assets		(370)	(33)
Purchase of PPE and investment property		(2,163)	(2,539)
Sales of PPE and investment property		335	608
Net cash flows from / (used in) investing activities		**(2,192)**	**(1,853)**
Cash flows from financing activities			
Public dividend capital received		560	500
Capital element of PFI, LIFT and other service concession payments		(925)	(635)
Interest paid on PFI, LIFT and other service concession obligations		(2,744)	(2,721)
PDC dividend (paid) / refunded		(246)	(522)
Net cash flows from / (used in) financing activities		**(3,355)**	**(3,378)**
Increase / (decrease) in cash and cash equivalents		**5,763**	**2,927**
Cash and cash equivalents at 1 April - brought forward		**12,059**	**9,132**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**12,059**	**9,132**
Cash and cash equivalents at 31 March	27.1	**17,822**	**12,059**

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 2020/21 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

These accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents (as per the DHSC Group Accounting Manual chapter 5 annex 1 pg. 266).

The Directors of the Trust 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 Sustainability and Transformation Partnership (STP). The STP has published its Strategic Delivery Plan and 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. No circumstances were identified causing the Directors to doubt the continued provision of NHS services.

For 2021/22 the current financial funding arrangements will remain in place for the first half of the year (H1), with additional funding to support for Mental Health Services and transformation of Community Services post COVID. This plan is to deliver a breakeven position for H1 through the non-recurrent redistribution of system based allocations to allow all partners to breakeven. H1 includes a 1.1% efficiency target.

For the second half of the year (H2) the Trust has modelled a range of scenarios. The Trust has produced its internal financial annual budgets based on the assumption that the financial regime will revert back to pre-COVID shadow IFP arrangements agreed with the STP which has been approved by the Trust Board. The scenarios range from a minimum of breakeven through to a surplus of £3.4m based on the IFP assumptions for the 12 month period from when the accounts were signed in June 2021, but this remains subject to change as the Trust awaits the publication of national planning guidance.

The Trust has prepared a cash forecast modelled on the above expectations for funding during the going concern period to 30th June 2022. The cash forecast shows sufficient liquidity for the Trust to continue to operate during that period. As at 31st March 2021, the Trust had a cash balance of £17.8m giving a cash ratio (cash/current liabilities) of 1.6 times.

The Trust's going concern assessment is made up to 30th June 2022. This includes the first quarter of the 2022/23 financial year. NHS operating and financial guidance has not yet issued beyond 30th September 2021, and so the Trust has assumed the continuation of the 2021/22 H2 planning assumptions.

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of 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.

As at 31st March 2021 the unaudited charitable funds balances totalled £81,000. As a consequence the Trust considers these balances to be immaterial and not requiring full disclosure within the 2020/21 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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from commissioners. For the second half of the year, block contract arrangements were agreed at a Sustainability and Transformation Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust 's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20 the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as a variable consideration.

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.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

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 2020/21 the Trust accrued £1,291,000 in relation to untaken annual leave to be carried over into the 2021/22 financial year. The annual leave accrual for 2019/20 was £273,000. The increase in the accrual is as a consequence of the COVID pandemic, whereby staff have not been able to utilise their full annual leave entitlement and are therefore being permitted to carry forward up to 20 days annual leave to be taken in the next 2 financial years.

During 2020/21 the Trust also gave staff an additional 2 days annual leave totalling £438,000.

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'.

During 2020/21, Section 75 was transferred to Stoke on Trent City Council, including the Local Government Pension Scheme relating to those employees who transferred, with effect from 7th July 2020. The Trust's accounts reflect the pension costs and the transfer of the assets and liabilities to Stoke on Trent City Council at that date.

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;
- 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 the criteria in IFRS 5 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 and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. 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 and 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	69
Dwellings	-	-
Plant & machinery	1	17
Transport equipment	1	6
Information technology	1	10
Furniture & fittings	5	8

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 in IAS 38.

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**
Information technology	-	-
Development expenditure	-	-
Websites	-	-
Software licences	1	5
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.10 Inventories
Inventories are valued at the lower of cost and net realisable value.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

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.

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 amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

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 or assets measured at fair value through other comprehensive income, 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.

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 2021:

		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 0.95% 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 32 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 33 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 33, 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, with certain additions and deductions as defined by the Department of Health and Social Care. Relevant net assets are calculated as the value of all assets less the value of liabilities except for:

(i) donated and grant funded assets;
(ii) average daily cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable
(iv) approved expenditure on COVID 19 capital assets

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 Transfers of functions to local government bodies

For functions that the Trust has transferred to another local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss corresponding to the net assets transferred is recognised within expenses, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Section 75 transferred to Stoke on Trent City Council on 7th July 2020.

Note 1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.23 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 1st April 2022. 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 1st April 2022, 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 defined by HM Treasury. Currently this rate is 0.91% 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. No adjustments will be made on 1st April 2022 for existing finance leases.

For leases commencing in 2022/23, 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 Capital Asset Register (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 2022/23 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 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	3,684
Additional lease obligations recognised for existing operating leases	(3,684)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(496)
Additional finance costs on lease liabilities	(31)
Lease rentals no longer charged to operating expenditure	513
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2022/23	**(14)**
Estimated increase in capital additions for new leases commencing in 2022/23	**-**

From 1st April 2022, the principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to RPI. The PFI imputed lease liability will be remeasured when a change in the index causes a change in future imputed lease payments and that change has taken effect in the cash flow. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred. This is expected to increase the PFI liability on the statement of financial position upon transition to IFRS 16. The effect of this has not yet been quantified.

Other standards, amendments and interpretations

IFRS17 Insurance Contracts – issued but not yet adopted

Application of this standard is required for accounting periods beginning on or after 1st January 2021. The Standard is not yet adopted by FReM which is expected to be from April 2023. Early adoption is not permitted.

Note 1.24 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 accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

As at 31st March 2021, the unaudited Charitable Fund balance totalled £81k. As a consequence the Trust considers these balances to be immaterial and not requiring full disclosure within the 2020/21 accounts.

Note 1.25 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 desktop valuation of it's property assets during the year with a valuation date of 31st March 2021 resulting in an impairment to I & E of £318k.

Note 24.2 Allowances for credit losses

	2020/21		2019/20	
	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	**35**	**-**	**438**	**-**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**35**	**-**	**438**	**-**
Transfers by absorption	-	-	-	-
New allowances arising	91	-	20	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	(18)	-	(8)	-
Utilisation of allowances (write offs)	-	-	(415)	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2021	**108**	**-**	**35**	**-**

During the year, no allowances for impaired receivables were written off (£415k in 2019/20), and £18k were collected. New allowances for impaired receivables during the year total £91k.

Note 24.3 Exposure to credit risk

The Trust does not have any material exposure to credit risk.

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 19. Other operating income is analysed in note 5 to the financial statements on page 20 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 42 to the financial statements on page 51.

	2020/21 £000	2019/20 £000
Income	**105,222**	**99,040**
Surplus/(Deficit)		
Segment surplus/(Deficit)	-	-
Common Costs	(99,799)	(95,195)
Surplus/(Deficit) before interest	**5,423**	**3,845**
Net Assets:		
Segment net assets	**29,989**	**28,105**

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)	**2020/21 £000**	**2019/20 £000**
Mental health services		
Block contract / system envelope income*	77,610	72,326
Clinical partnerships providing mandatory services (including S75 agreements)**	1,067	4,347
Clinical income for the secondary commissioning of mandatory services	4,363	5,206
Other clinical income from mandatory services	-	2,372
All services		
Private patient income	64	51
Additional pension contribution central funding***	2,896	2,825
Other clinical income****	3,592	2,467
Total income from activities	**89,592**	**89,594**

* As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

** Section 75 ceased on 7th July 2020.

*** The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1st April 2019. Since 2019/20, NHS providers have 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.

**** Other clinical income in 2020/21 includes GMS Income in relation to the Moorcroft Medical Practice £2.4m (2019/20 £2.4m), funding for the movement in untaken annual leave accrual as a consequence of COVID £1m (2019/20 £nil) and Flowers accrual (holiday overtime pay) £0.2m (2019/20 £nil - this was included as a provision in 2019/20 accounts).

Note 4.2 Income from patient care activities (by source)

Income from patient care activities received from:	**2020/21 £000**	**2019/20 £000**
NHS England	6,619	6,316
Clinical commissioning groups	75,067	69,594
Other NHS providers	18	911
NHS other	-	1
Local authorities	4,771	6,592
Non-NHS: private patients	64	51
Non NHS: other	3,053	6,129
Total income from activities	**89,592**	**89,594**
Of which:		
Related to continuing operations	89,592	89,594
Related to discontinued operations	-	-

Note 5 Other operating income

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	100	-	**100**	117	-	**117**
Education and training	2,817	184	**3,001**	3,141	110	**3,251**
Non-patient care services to other bodies*	7,412		**7,412**	2,192		**2,192**
Provider sustainability fund (2019/20 only)			**-**	700		**700**
Reimbursement and top up funding**	811		**811**			**-**
Income in respect of employee benefits accounted on a gross basis	380		**380**	193		**193**
Charitable and other contributions to expenditure***		1,050	**1,050**		-	**-**
Other income****	2,876	-	**2,876**	2,993	-	**2,993**
Total other operating income	**14,396**	**1,234**	**15,630**	**9,336**	**110**	**9,446**
Of which:						
Related to continuing operations			15,630			9,446
Related to discontinued operations			-			-

* Non-patient care services to other bodies includes £5m relating to the IAPT contract which was included in CCG income from patient care activities in 2019/20

** Reimbursement top up funding relates to the reimbursement of top up funding received by the trust during the first half of the year (£200k) partly offset by £60k received to fund lateral flow testing

***Charitable and other contributions to expenditure is the value of inventories (personal protective equipment) donated to the trust by DHSC

**** Other income includes £1.8m digital aspirants (2019/20 £nil) £0.5m Section 75 transformation monies and support (2019/20 £nil), £0.2m Town Hospitals PFI rebate (2019/20 £nil), £0.1m ICS and OD system funding (2019/20 £nil)

Note 6.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	241	179
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 6.2 Transaction price allocated to remaining performance obligations

	31 March 2021	31 March 2020
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£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 6.3 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.

	2020/21	2019/20
	£000	£000
Income	-	-
Full cost	-	-
Surplus / (deficit)	**-**	**-**

Note 7.1 Operating expenses

	2020/21 £000	2019/20 £000
Purchase of healthcare from NHS and DHSC bodies	1,778	1,361
Purchase of healthcare from non-NHS and non-DHSC bodies	3,242	2,766
Purchase of social care	505	2,793
Staff and executive directors costs	72,885	69,597
Remuneration of non-executive directors	113	76
Supplies and services - clinical (excluding drugs costs)*	1,290	300
Supplies and services - general	219	189
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,703	3,399
Inventories written down	39	-
Consultancy costs**	858	369
Establishment	677	849
Premises***	5,608	3,585
Transport (including patient travel)	791	1,337
Depreciation on property, plant and equipment	1,307	1,114
Amortisation on intangible assets	95	92
Net impairments	319	955
Movement in credit loss allowance: contract receivables / contract assets	73	12
Change in provisions discount rate(s)	10	62
Audit fees payable to the external auditor		
audit services- statutory audit*****	103	50
other auditor remuneration (external auditor only)	12	-
Internal audit costs	89	88
Clinical negligence	244	188
Legal fees	45	78
Education and training	984	474
Rentals under operating leases	1,009	1,231
Redundancy	58	19
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	2,701	2,987
Car parking & security	41	27
Hospitality	6	54
Losses, ex gratia & special payments	21	26
Other services, eg external payroll	572	582
Other****	1,402	535
Total	**99,799**	**95,195**
Of which:		
Related to continuing operations	99,799	95,195
Related to discontinued operations	-	-

* 2020/21 Supplies and services clinical includes £0.9m relating to utilisation of DHSC donated inventories consumables (Personal Protective Equipment) during the year (2019/20 £nil).

** 2020/21 Consultancy costs includes £0.4m relating to the Digital Aspirants programme (2019/20 £nil).

*** 2020/21 Premises costs includes £1.3m IT costs relating to the digital aspirants programme (2019/20 £nil).

**** 2020/21 Other expenditure includes £0.5m dilapidations provision increase (2019/20 £nil), increase to injury benefits provision £0.1m (2019/20 £nil), £0.1m staff related provision (2019/20 £nil) Partial exemption VAT costs £0.2m (2019/20 £0.2m)

***** 2020/21 Audit services - statutory audit includes £17k relating to the 2019/20 audit

Note 7.2 Other auditor remuneration

	2020/21 £000	2019/20 £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 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2019/20: £1 million).

Note 8 Impairment of assets

	2020/21 £000	2019/20 £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	319	955
Other	-	-
Total net impairments charged to operating surplus / deficit	**319**	**955**
Impairments charged to the revaluation reserve	1,036	3,918
Total net impairments	**1,355**	**4,873**

In 2020/21 the Trust revalued all of its sites (land and buildings) resulting in an impairment of £1,708k of which £1,036k (£1,026k buildings and £10k land) was charged to the revalution reserve and £682k was charged to SoCI. Where some properties value increased, this resulted in a valuation increase of £483k on buildings of which £119k was recognised against the revalution reserve and £363k charged to SoCI as an impairment reversal, and £125k on land - all recognised against the revaluation reserve. The total impact on the SoCI in 2020/21 is £319k (£682k - £363k).

Note 9 Employee benefits

	2020/21 Total £000	2019/20 Total £000
Salaries and wages	55,360	52,534
Social security costs	5,261	5,086
Apprenticeship levy	250	243
Employer's contributions to NHS pensions	9,501	9,278
Pension cost - other	67	71
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	2,535	2,426
Total gross staff costs	**72,974**	**69,638**
Recoveries in respect of seconded staff	-	-
Total staff costs	**72,974**	**69,638**
Of which		
Costs capitalised as part of assets	10	15

Note 9.1 Retirements due to ill-health

During 2020/21 there was 1 early retirement from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £35k (£61k in 2019/20).

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

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. 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 accounting period.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 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% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

National Employment Savings Trust (NEST)

The National Employment Savings Trust (NEST) Corporation is the Trustee of the NEST occupational pension scheme. The scheme, which is run on a not-for-profit basis, ensures that all employers have access to suitable, low-charge pension provision.
The Trust is required to comply with workplace pension legislation and to auto enrol employees into a pension scheme. Where employees are ineligible to join the NHS Pension Scheme the Trust enrols the employee into NEST.
NEST is a defined contribution scheme

Note 11 Operating leases

Note 11.1 North Staffordshire Combined Healthcare NHS Trust as a lessor
The Trust is not a lessor.

Note 11.2 North Staffordshire Combined Healthcare NHS Trust as a lessee
This note discloses costs and commitments incurred in operating lease arrangements where North Staffordshire Combined Healthcare NHS Trust is the lessee.

The Trust's leases relate to contracts for lease vehicles, photocopiers and a number of leased properties.

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.

	2020/21 £000	2019/20 £000
Operating lease expense		
Minimum lease payments	1,009	1,231
Contingent rents	-	-
Less sublease payments received	-	-
Total	**1,009**	**1,231**

	31 March 2021 £000	31 March 2020 £000
Future minimum lease payments due:		
- not later than one year;	907	1,134
- later than one year and not later than five years;	1,891	2,605
- later than five years.	2,656	3,301
Total	**5,454**	**7,040**
Future minimum sublease payments to be received	-	-

Note 12 Finance income

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

	2020/21	2019/20
	£000	£000
Interest on bank accounts*	2	73
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	4	38
Total finance income	**6**	**111**

* On 19 March 2020 the Bank of England reduced the Bank Rate from 0.25% to 0.1%. This affects the rate of interest the National Loans Fund pays to Government Banking customers that have interest-bearing accounts. HM Treasury applied the margin of 0.11% which means the National Loans Fund will pay a new interest rate of 0.0% from 19 March 2020.

Note 13 Finance expenditure

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

	2020/21	2019/20
	£000	£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	1,151	1,172
Contingent finance costs on PFI and LIFT scheme obligations	1,593	1,550
Total interest expense	**2,744**	**2,722**
Unwinding of discount on provisions	(13)	(2)
Other finance costs	-	-
Total finance costs	**2,731**	**2,720**

Note 14 Other gains / (losses)

	2020/21	2019/20
	£000	£000
Gains on disposal of assets*	335	-
Losses on disposal of assets**	(23)	-
Total gains / (losses) on disposal of assets	**312**	**-**
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)	**312**	**-**

* Gains on disposals relate to Overage received in year as a consequence of the sale of Bucknall Land in 2016.

** Losses on disposal of assets is due to a number of vehicles with a total net book value of £23k being transferred to Stoke on Trent City Council as part of the transfer of Section 75. The trust received no income for these vehicles.

Note 15 Discontinued operations

	2020/21 £000	2019/20 £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 16.1 Intangible assets - 2020/21

	Software licences	Licences & trademarks	Internally generated information technology	Development expenditure	Websites	Intangible assets under construction	Other (purchased)	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**800**	**-**	**-**	**-**	**-**	**-**	**-**	**800**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	370	-	-	-	-	-	-	**370**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 31 March 2021	**1,170**	**-**	**-**	**-**	**-**	**-**	**-**	**1,170**
Amortisation at 1 April 2020 - brought forward	**616**	**-**	**-**	**-**	**-**	**-**	**-**	**616**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	95	-	-	-	-	-	-	**95**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	**-**
Amortisation at 31 March 2021	**711**	**-**	**-**	**-**	**-**	**-**	**-**	**711**
Net book value at 31 March 2021	**459**	**-**	**-**	**-**	**-**	**-**	**-**	**459**
Net book value at 1 April 2020	**184**	**-**	**-**	**-**	**-**	**-**	**-**	**184**

Note 16.2 Intangible assets - 2019/20

	Software licences	Licences & trademarks	Internally generated information technology	Development expenditure	Websites	Intangible assets under construction	Other (purchased)	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**779**	**-**	**-**	**-**	**-**	**-**	**-**	**779**
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2019 - restated	**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 - as previously stated	**524**	**-**	**-**	**-**	**-**	**-**	**-**	**524**
Prior period adjustments	-	-	-	-	-	-	-	-
Amortisation at 1 April 2019 - restated	**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 17.1 Property, plant and equipment - 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2020 - brought forward	**5,431**	**23,536**	**-**	**681**	**109**	**3,904**	**361**	**34,022**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	1,024	-	-	30	1,579	70	**2,703**
Impairments	(10)	(1,708)	-	-	-	-	-	**(1,718)**
Reversals of impairments	-	220	-	-	-	-	-	**220**
Revaluations	125	59	-	-	-	-	-	**184**
Reclassifications	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(27)	(85)	(16)	(1)	**(129)**
Valuation/gross cost at 31 March 2021	**5,546**	**23,131**	**-**	**654**	**54**	**5,467**	**430**	**35,282**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**1,573**	**-**	**423**	**87**	**2,574**	**101**	**4,758**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	708	-	46	5	515	33	**1,307**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	(143)	-	-	-	-	-	**(143)**
Revaluations	-	(60)	-	-	-	-	-	**(60)**
Reclassifications	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(26)	(64)	(16)	-	**(106)**
Accumulated depreciation at 31 March 2021	**-**	**2,078**	**-**	**443**	**28**	**3,073**	**134**	**5,756**
Net book value at 31 March 2021	**5,546**	**21,053**	**-**	**211**	**26**	**2,394**	**296**	**29,526**
Net book value at 1 April 2020	**5,431**	**21,963**	**-**	**258**	**22**	**1,330**	**260**	**29,264**

Note 17.2 Property, plant and equipment - 2019/20

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2019 - as previously stated	**5,604**	**25,620**	**299**	**614**	**150**	**3,105**	**331**	**35,723**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2019 - restated	**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	-	-	-	-	(41)	(133)	-	**(174)**
Valuation/gross cost at 31 March 2020	**5,431**	**23,536**	**-**	**681**	**109**	**3,904**	**361**	**34,022**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**928**	**-**	**388**	**118**	**2,346**	**68**	**3,848**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2019 - restated	**-**	**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	-	-	-	-	(41)	(133)	-	**(174)**
Accumulated depreciation at 31 March 2020	**-**	**1,573**	**-**	**423**	**87**	**2,574**	**101**	**4,758**
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 17.3 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021							
Owned - purchased	5,546	8,133	211	26	2,394	296	**16,606**
Finance leased	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	12,920	-	-	-	-	**12,920**
Off-SoFP PFI residual interests	-	-	-	-	-	-	**-**
Owned - donated/granted	-	-	-	-	-	-	**-**
NBV total at 31 March 2021	**5,546**	**21,053**	**211**	**26**	**2,394**	**296**	**29,526**

Note 17.4 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£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 - donated/granted	-	-	-	-	-	-	**-**
NBV total at 31 March 2020	**5,431**	**21,963**	**258**	**22**	**1,330**	**260**	**29,264**

Note 18 Donations of property, plant and equipment

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

Note 19 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 1st 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 desktop valuation was undertaken on the Trust's behalf by Cushman & Wakefield and compliant with RICS Valuation - Global Standards, with a valuation date of 31st March 2021.

Note 20 Investment Property

The Trust does not have any investment property

Note 21 Investments in associates and joint ventures

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

Note 21.1 Other investments / financial assets (non-current)

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

Note 21.2 Other investments / financial assets (current)

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

Note 22 Disclosure of interests in other entities

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

Note 23 Inventories

	31 March 2021 £000	31 March 2020 £000
Drugs	71	73
Work In progress	-	-
Consumables	127	31
Energy	2	2
Other	-	-
Total inventories	**200**	**106**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £2,222k (2019/20: £1,303k). Write-down of inventories recognised as expenses for the year were £39k (2019/20: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £1,050k of items purchased by DHSC.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 24.1 Receivables

	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables*	2,015	6,141
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(108)	(35)
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	1,362	990
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	6	-
VAT receivable	233	139
Corporation and other taxes receivable	-	-
Other receivables**	4	-
Total current receivables	**3,512**	**7,235**
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**	110	53
Total non-current receivables	**110**	**53**
Of which receivable from NHS and DHSC group bodies:		
Current	1,003	3,783
Non-current	110	53

*Contract Receivables includes £593k invoiced receivables and £1,422k accruals.

**Other receivables relates to funding from NHSE equal to the provisions made by the Trust for Clinicians Pension Tax payments.

Note 24.2 Allowances for credit losses

	2020/21		2019/20	
	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	**35**	**-**	**438**	**-**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**35**	**-**	**438**	**-**
Transfers by absorption	-	-	-	-
New allowances arising	91	-	20	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	(18)	-	(8)	-
Utilisation of allowances (write offs)	-	-	(415)	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2021	**108**	**-**	**35**	**-**

During the year, no allowances for impaired receivables were written off (£415k in 2019/20), and £18k were collected. New allowances for impaired receivables during the year total £91k.

Note 24.3 Exposure to credit risk

The Trust does not have any material exposure to credit risk.

Note 25 Other assets

	31 March 2021	31 March 2020
Current	**£000**	**£000**
Other assets	-	-
Total other current assets	**-**	**-**
Non-current		
Net defined benefit pension scheme asset*	-	657
Other assets	-	-
Total other non-current assets	**-**	**657**

On the 7th July 2020 the net defined benefit pension scheme asset transferred to Stoke on Trent City Council, in line with the transfer of Section 75, leaving a balance of £nil at 31st March 2021.

Note 26.1 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 26.2 Liabilities in disposal groups
The Trust does not have liabilities in disposal groups.

Note 27.1 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.

	2020/21 £000	2019/20 £000
At 1 April	**12,059**	**9,132**
Prior period adjustments		-
At 1 April (restated)	**12,059**	**9,132**
Transfers by absorption	-	-
Net change in year	5,763	2,927
At 31 March	**17,822**	**12,059**
Broken down into:		
Cash at commercial banks and in hand	8	10
Cash with the Government Banking Service	17,814	12,049
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**17,822**	**12,059**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**17,822**	**12,059**

Note 27.2 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 2021 £000	31 March 2020 £000
Bank balances*	18	83
Monies on deposit	-	-
Total third party assets	**18**	**83**

Third party assets in 2019/20 included £62k relating to social care accounts which were transferred to Stoke on Trent City Council during 2021/21. The balance remaining relates to patient monies.

Note 28.1 Trade and other payables

	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables	1,754	1,644
Capital payables	968	428
Accruals	4,408	4,642
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
Social security costs	759	749
VAT payables	-	-
Other taxes payable	578	550
PDC dividend payable*	-	7
Other payables	892	881
Total current trade and other payables	**9,359**	**8,901**

* The PDC dividend payable of £7k in 2019/20 was settled in September 2020. At 31st March 2021 the Trust has recorded a PDC dividend receivable of £6k.

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	467	928
Non-current	-	-

Note 28.2 Early retirements in NHS payables above

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

	31 March 2021 £000	31 March 2021 Number	31 March 2020 £000	31 March 2020 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 29 Other liabilities

	31 March 2021 £000	31 March 2020 £000
Current		
Deferred income: contract liabilities	704	361
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Total other current liabilities	**704**	**361**
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 30.1 Borrowings

	31 March 2021 £000	31 March 2020 £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	591	628
Total current borrowings	**591**	**628**
Non-current		
Loans from DHSC	-	-
Other loans	-	-
Obligations under finance leases	-	-
Obligations under PFI, LIFT or other service concession contracts	9,406	10,294
Total non-current borrowings	**9,406**	**10,294**

Note 32 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2020	**-**	**367**	**21**	**292**	**589**	**1,269**
Transfers by absorption	-	-	-	-	-	**-**
Change in the discount rate	-	10	-	-	-	**10**
Arising during the year	-	125	13	-	761	**899**
Utilised during the year	-	(72)	(11)	(122)	-	**(205)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	**-**
Reversed unused	-	-	(1)	(139)	(240)	**(380)**
Unwinding of discount	-	(9)	-	-	(4)	**(13)**
At 31 March 2021	**-**	**421**	**22**	**31**	**1,106**	**1,580**
Expected timing of cash flows:						
- not later than one year;	-	34	22	31	**212**	**299**
- later than one year and not later than five years;	-	99	-	-	**630**	**729**
- later than five years.	-	288	-	-	**264**	**552**
Total	**-**	**421**	**22**	**31**	**1,106**	**1,580**

Other provisions (£1,106k) relate to: the projected liabilities and charges arising in 2020/21 and beyond, in respect of provisions related to Trust properties £863k; projected liability in respect of tax charges on clinicians pensions £114k; projected liability for staff related issues £96k; projected liability for the tax charge relating to benefits received by staff attending staff awards events £33k .

Note 32.1 Clinical negligence liabilities

At 31 March 2021, £228k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Staffordshire Combined Healthcare NHS Trust (31 March 2020: £447k).

Note 33 Contingent assets and liabilities

	31 March 2021 £000	31 March 2020 £000
Value of contingent liabilities		
NHS Resolution legal claims	(19)	(9)
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	**(19)**	**(9)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(19)**	**(9)**
Net value of contingent assets	**-**	**-**

Note 34 Contractual capital commitments

The Trust has no contractual capital commitments at 31st March 2021.

Note 35 Other financial commitments

The Trust has no other financial commitments.

Note 36 Changes in the defined benefit obligation and fair value of plan assets during the year

The Trust held funds relating to the Local Government Pension Scheme up to 7th July 2020 at which date the value of the assets and liabilities held in the fund were transferred to Stoke on Trent City Council in line with the transfer of Section 75 and the Trust ceased participation in the fund.

The information below is relevant to the part of the year that the trust held the funds, showing the values of the obligations and plan assets transferring from the trust as a transfer by absorption, leaving £nil balance of funds held by the Trust as at 31st March 2021

	2020/21 £000	2019/20 £000
Present value of the defined benefit obligation at 1 April	**(5,848)**	**(6,836)**
Prior period adjustment		-
Transfers by absorption	7,108	-
Current service cost	(2)	(12)
Interest cost	(36)	(163)
Contribution by plan participants	-	(1)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	(1,265)	1,009
Benefits paid	43	155
Past service costs	-	-
Business combinations	-	-
Curtailments and settlements	-	-
Present value of the defined benefit obligation at 31 March	**-**	**(5,848)**
Plan assets at fair value at 1 April	**6,505**	**7,157**
Prior period adjustment		-
Transfers by normal absorption	(7,340)	-
Interest income	40	171
Remeasurement of the net defined benefit (liability) / asset:		
- Return on plan assets	-	-
- Actuarial gain / (losses)	836	(711)
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	-	-
Contributions by the employer	2	42
Contributions by the plan participants	-	1
Benefits paid	(43)	(155)
Business combinations	-	-
Settlements	-	-
Plan assets at fair value at 31 March	**-**	**6,505**
Plan surplus/(deficit) at 31 March	**-**	**657**

Note 36.1 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

	2021 £000	2020 £000
Present value of the defined benefit obligation	-	(5,848)
Plan assets at fair value	-	6,505
Net defined benefit (obligation) / asset recognised in the SoFP	**-**	**657**
Fair value of any reimbursement right	-	-
Net (liability) / asset after the impact of reimbursement rights	**-**	**657**

Note 36.2 Amounts recognised in the SoCI

	2020/21 £000	2019/20 £000
Current service cost	(2)	(12)
Interest expense / income	4	8
Past service cost	-	-
Gains/(losses) on curtailment and settlement	-	-
Total net (charge) / gain recognised in SOCI	**2**	**(4)**

The trust transferred the Local Government Pension Scheme net assets of £232k (£7,340 assets less £7,108 liabilities) to Stoke on Trent City Council on 7th July 2020.
The Trust holds no Local Government Pension Scheme Assets or Liabilities at 31 March 2021.

Note 37 On-SoFP PFI, LIFT or other service concession arrangements

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

Note 37.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2021 £000	31 March 2020 £000
Gross PFI, LIFT or other service concession liabilities	**16,341**	**18,077**
Of which liabilities are due		
- not later than one year;	1,675	1,736
- later than one year and not later than five years;	7,103	7,180
- later than five years.	7,563	9,161
Finance charges allocated to future periods	(6,344)	(7,155)
Net PFI, LIFT or other service concession arrangement obligation	**9,997**	**10,922**
- not later than one year;	591	628
- later than one year and not later than five years;	3,632	3,496
- later than five years.	5,774	6,798

Note 37.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

	31 March 2021 £000	31 March 2020 Restated* £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**63,119**	**71,229**
Of which payments are due:		
- not later than one year;	6,435	6,360
- later than one year and not later than five years;	26,522	26,563
- later than five years.	30,162	38,306

* The prior year comparator has been updated to reflect the inclusion of the contingent rental element of the payments to the operator as this was previously excluded in error. This has increased the prior year comparator relating to total future payments committed in respect of PFI arrangement committments by £14.250m

Note 37.3 Analysis of amounts payable to service concession operator

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

	2020/21 £000	2019/20 £000
Unitary payment payable to service concession operator	**6,370**	**6,344**
Consisting of:		
- Interest charge	1,151	1,172
- Repayment of balance sheet obligation	925	635
- Service element and other charges to operating expenditure	2,701	2,987
- Capital lifecycle maintenance	-	-
- Revenue lifecycle maintenance	-	-
- Contingent rent	1,593	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	**6,370**	**6,344**

Note 38 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust does not have any Off- SoFP PFI obligations.

Note 39 Financial instruments

Note 39.1 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 39.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2021	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	2,018	-	-	**2,018**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	17,822	-	-	**17,822**
Total at 31 March 2021	**19,840**	**-**	**-**	**19,840**

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**

Note 39.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	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	9,997	-	**9,997**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	8,023	-	**8,023**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2021	**18,020**	**-**	**18,020**

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**

Note 39.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2021 £000	31 March 2020 restated* £000
In one year or less	9,698	9,314
In more than one year but not more than five years	7,103	7,180
In more than five years	7,563	9,161
Total	**24,364**	**25,655**

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis. The maturity analysis for financial liabilites was previously validated against book values, however IFRS 7 paragragh B11D requires this analysis to be based on undiscounted future contractual cash flows (ie gross liabilities including future finance charges).

Note 39.5 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 40 Losses and special payments

	2020/21		2019/20	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	3	-	1	-
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	-	-	-	-
Total losses	**3**	**-**	**1**	**-**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	5	1	3	1
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**5**	**1**	**3**	**1**
Total losses and special payments	**8**	**1**	**4**	**1**
Compensation payments received		-		-

The Trust has no cases exceeding £300k.

Note 41 Gifts

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

Note 42 Related parties

During the year none of the Department of Health and Social Care 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		43,875	39	10
NHS North Staffordshire CCG		29,223	200	
Health Education England		2,590	145	21
Midlands Partnership NHS Foundation Trust	1,480	5,972	161	19
University Hospitals of North Midlands NHS Trust	2,198	849	17	
NHS Stafford and Surrounds CCG	76	3,371	335	268
Shropshire Community Health NHS Trust		757		
Greater Manchester Mental Health NHS Foundation Trust	32	24	32	
Birmingham and Solihull Mental Health NHS Foundation Trust		19		10
NHS England (including Sub entities)	407	4,577	49	625
NHS Cheshire CCG		369		2
Mid Cheshire Hospitals NHS Foundation Trust	31			
NHS Improvement	14			
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT		114		28
The Royal Wolverhampton NHS Trust		101		6
The Christie NHS Foundation Trust	1		1	
NHS Shropshire CCG			10	
Lancashire and South Cumbria NHS Foundation Trust		77		
University Hospitals of Derby and Burton NHS Foundation Trust	1	18	4	
NHS East Staffordshire CCG				3
Care Quality Commission	77		18	
Public Health England (PHE)	6			1
NHS Digital	3			
NHS Business Services Authority	3			
Community Health Partnerships			11	
NHS Resolution	292			
West Midlands Ambulance Service University NHS Foundation Trust	96		15	
NHS Knowsley CCG				1
St Helens and Knowsley Hospital Services NHS Trust			10	
NHS Property Services	150		38	

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	528	5,180	169	423
Staffordshire County Council	61	2		1

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 43 Prior period adjustments

The Trust has not made any prior period adjustments.

Note 44 Events after the reporting date

The Trust has no non-adjusting events after the end of the reporting period to disclose.

Note 45 Better Payment Practice code

	2020/21	2020/21	2019/20	2019/20
Non-NHS Payables	**Number**	**£000**	**Number**	**£000**
Total non-NHS trade invoices paid in the year	9,453	45,262	9,820	39,301
Total non-NHS trade invoices paid within target	9,206	44,299	9,193	38,394
Percentage of non-NHS trade invoices paid within target	97.4%	97.9%	93.6%	97.7%
NHS Payables				
Total NHS trade invoices paid in the year	430	7,998	603	7,481
Total NHS trade invoices paid within target	406	7,406	567	7,201
Percentage of NHS trade invoices paid within target	94.4%	92.6%	94.0%	96.3%

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 46 External financing limit

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

	2020/21	2019/20
	£000	**£000**
Cash flow financing	(6,128)	(3,062)
Finance leases taken out in year	-	-
Other capital receipts	-	-
External financing requirement	**(6,128)**	**(3,062)**
External financing limit (EFL)	(5,050)	467
Under / (over) spend against EFL	**1,078**	**3,529**

Note 47 Capital Resource Limit

	2020/21	2019/20
	£000	**£000**
Gross capital expenditure	3,073	2,500
Less: Disposals	(23)	-
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**3,050**	**2,500**
Capital Resource Limit	3,141	2,500
Under / (over) spend against CRL	**91**	**-**

Note 48 Breakeven duty financial performance

	2020/21
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	3,006
Remove impairments scoring to Departmental Expenditure Limit	-
Add back non-cash element of On-SoFP pension scheme charges	4
IFRIC 12 breakeven adjustment	88
Breakeven duty financial performance surplus / (deficit)	**3,098**

Note 49 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		449	698	891	1,671	31	768
Breakeven duty cumulative position	1,300	1,749	2,447	3,338	5,009	5,040	5,808
Operating income		90,589	86,321	83,063	79,487	87,471	75,502
Cumulative breakeven position as a percentage of operating income		1.9%	2.8%	4.0%	6.3%	5.8%	7.7%

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	1,297	2,051	4,060	3,904	1,979	3,098
Breakeven duty cumulative position	7,105	9,156	13,216	17,120	19,099	22,197
Operating income	78,588	81,883	85,079	89,112	99,040	105,222
Cumulative breakeven position as a percentage of operating income	9.0%	11.2%	15.5%	19.2%	19.3%	21.1%

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.

● 2020/21 - The Trust was required to deliver a control total of £2574k surplus (excluding IFRIC 12 adjustments). The Trust over performed against this target by £97k due to non-recurrent benefits. 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 email communications@combined.nhs.uk or write to the FREEPOST address below:-

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