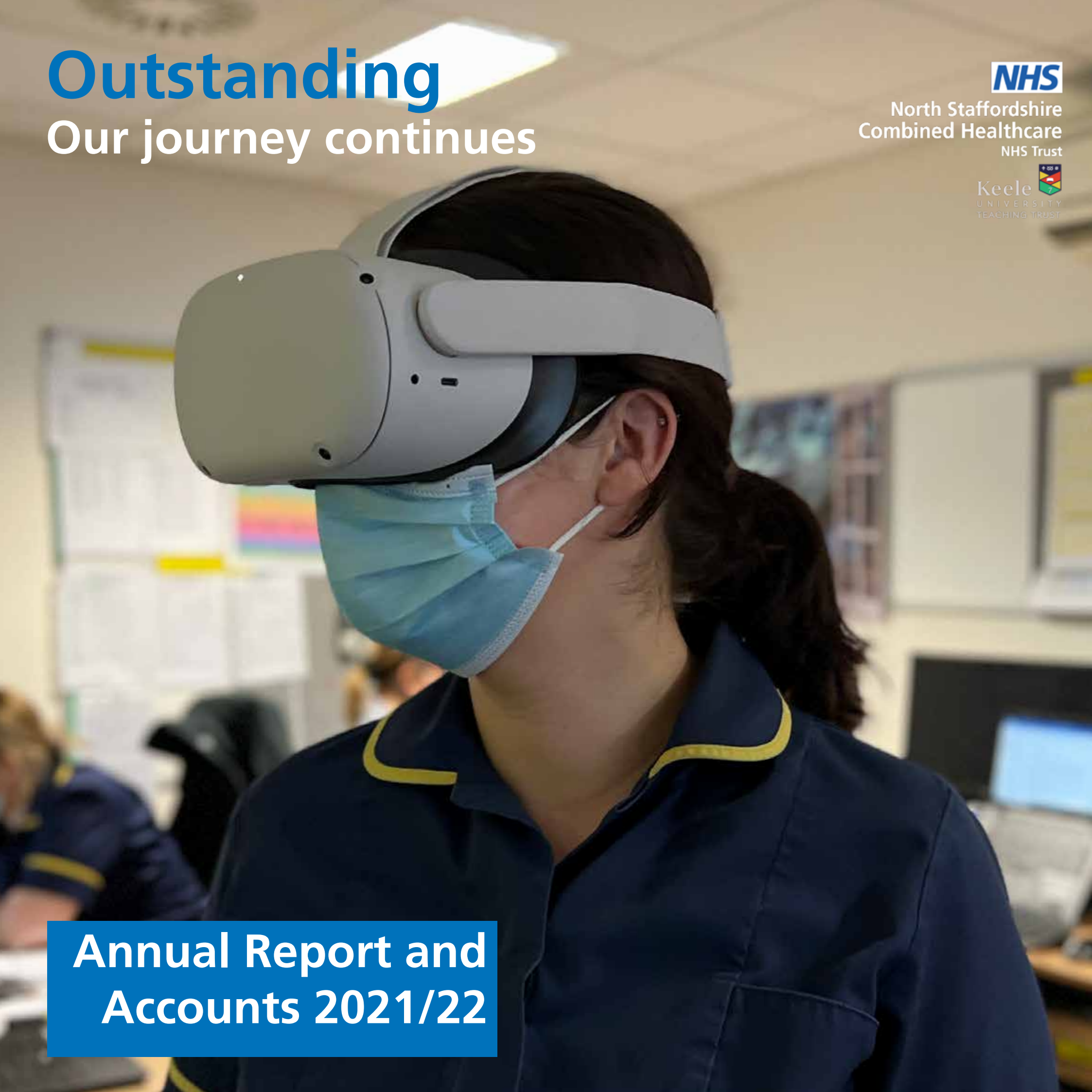
Outstanding
Our journey continues

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Keele
UNIVERSITY
TEACHING TRUST



Annual Report and Accounts 2021/22

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.

We were delighted and proud that in this latest year covered by this Annual Report our primary care leadership in our surgeries at Moorcroft and Moss Green was rated Outstanding by the Care Quality Commission.

This is proof positive that our determination to deliver our vision burns as strong and bright as ever.

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 Staffordshire and Stoke-on-Trent Integrated Care System.

We are also delivering huge innovation and partnership through our joint delivery across Staffordshire and Stoke-on-Trent of the Community Mental Health Transformation Programme.

This Annual Report sets out how we have successfully continued on our Improvement journey, what we do and how we work, the major improvements we've made this year, the people who've delivered them, and our ambitions and partnerships for the future.

What's in this Report?

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

Our Primary care Leadership of Moorcroft Medical Centre and Moss Green Surgery rated Outstanding by CQC in November 2021

The best performing Trust in the NHS Staff Survey across the 9 NHS People Promises and Themes

23rd consecutive year of achieving financial surplus - making us one of the top financial performers in the region

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 - year after year - following receiving an Outstanding rating

Proud of our record in innovation in research, digital, communications and engagement - including groundbreaking Virtual Reality training

CVR Combined Virtual Reality

National Gold Award winners of the Lived Experience Charter, with peer mentors at the heart of our strategy

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

CMHT Programme transforming community mental health provision across Staffordshire and Stoke-on-Trent

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

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

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

Eradicating dormitory inpatient and shared bathroom facilities as part of major capital improvements at Harplands Hospital

Supported 330 nursing students on placement and employed 38 student nurses to support the Trust during 2021/22

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 Staff networks Black, Asian and Minority Ethnic, LGBT+, Neurodiversity and Disability - represented with a champion

Biggest ever REACH staff awards, recognising staff achievements and contribution, delivered entirely online

Newly appointed Quality Improvement (QI) team providing expertise to our clinical teams, service users and carers focusing on "what matters to them"

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

Apprentice Nurse pathway developed in partnership with Derby University

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

Fantastic CASTT service offering a pan-Trust service to those service users diagnosed with a personality disorder.

Expanded perinatal services improving mental health and well-being for all women of childbearing age and their families, preconception to 12 months post delivery, including new Maternal Mental Health Pathway.

Trust Greener NHS Plan unveiled, as part of a system-wide greener agenda on which we are proud to be the local system lead

Early Interventions Team awarded level 4 – "Top Performing" - status in the annual Royal College of Psychiatrists National Clinical Audit of Psychosis (NCAP).

Electronic Patient Medication and Administration (EPMA) deployed to deliver efficient and safe electronic prescribing and medicines administration to inpatient wards

Step On Team successfully supporting over 300 secondary care service users into work, enhancing their quality of life and recovery journey.

Winners of HPMA Awards 2021 for Equality, Diversity a Inclusion

Learning Disability Service's new role – Experts by Experience - finalists in the Recruitment Industry Disability Initiative Awards in 2021

Celebrated in national case study for rethinking ADHD care

Outstanding

Our journey continues...

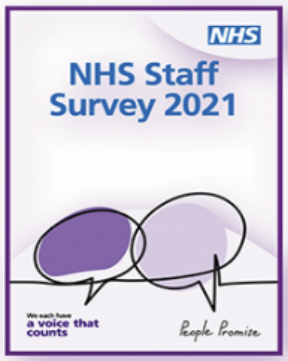
Outstanding
Our journey continues

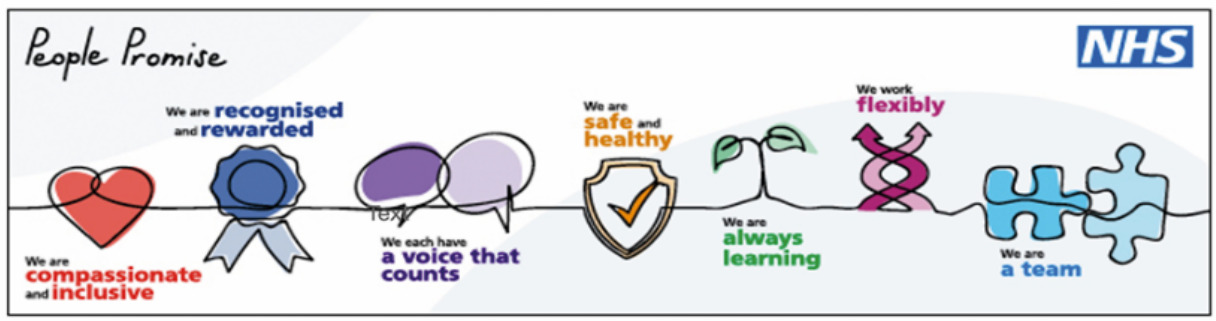
NHS
North Staffordshire Combined Healthcare NHS Trust

Keele University Teaching Trust

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

We are the **highest scoring Trust in the NHS** across the NHS People Promises and Themes





1st average across all People Promise scores and themes

3rd 1st 2nd 4th 2nd 1st 1st

2nd in Morale Theme

7th in Engagement Theme

Source: NHS Benchmark_report_excel_data_2017-2021 - Scores for all 217 organisations in the following categories:
(Acute and Acute & Community Trusts - Acute Specialist Trusts - Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts - Community Trusts - Ambulance Trusts)

They are OUTSTANDING

Chair and Chief Executive's statement

Welcome to our Annual Report for the year 2021/22. Another truly Outstanding Year for Combined and its people.

Halfway through the year just past, as we welcomed a new Interim Chief Executive into post, we reflected that we have seen huge changes over the history of Combined Healthcare.

Good times, great times and not so good times. Success and challenge.

We've seen innovation and new ways of working that we couldn't have imagined could be done. We've been fortunate enough to meet people who have inspired us and people who we hope we have in some small way inspired.

We've seen triumph against the odds and we've seen tragedy.

But amidst all of that change – over all of that time – there is ONE thing that has never changed at all. And that is the spirit, the dedication and the sheer, naked talent and commitment that runs like marrow through the bones of Combined Healthcare and its people.

Together, we have been on a journey. A quite remarkable journey whose destination we used to call "Towards Outstanding" and which, for the past three years, we have called towards being Outstanding in ALL we do and HOW we do it.

This Annual Report provides the latest testament of the continuing progress of Combined Healthcare on that remarkable and continuing journey. It stands once again 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 3 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 are particularly delighted and proud that in this latest year covered by this Annual Report our primary care leadership in our surgeries at Moorcroft and Moss Green was rated Outstanding by the Care Quality Commission, accompanied by a Good rating for all other domains – Safe, Effective, Caring and Responsive.

We place on the record our pride at delivering an unprecedented 23rd 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 – including eradicating dormitory accommodation and shared bathroom facilities as part of a major capital upgrade at Harplands Hospital - as well as introducing new services, such as our new Maternal Mental Health Pathway, and the transformation of Adult Mental Health Rehabilitation services to offer a new Rehab Pathway Model with community inpatient ward, new supported living unit and new Community Rehab Team.

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 Staffordshire and Stoke-on-Trent Integrated Care System. We considered the appointment of our then Chief Executive, Peter Axon, to lead the ICS to be in part a recognition of Combined's strong support for system-wide working alongside the Trust's own achievements, values and success. It is also a reflection on the positive contribution made by a range of our senior management to the development of the ICS vision.

Dr Buki Adeyemo was appointed as Interim Chief Executive of Combined Healthcare in Peter's place.

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, including the roll out of Electronic Patient Medication and Administration (EPMA) deployed to deliver efficient and safe electronic prescribing and medicines administration to inpatient wards.

We were also proud to continue our nationally leading innovation in communications and engagement by choosing World Delirium Awareness Day to launch Combined Virtual Reality (CVR) with a VR delirium training offering that was stunning in its imagination and impact. And not content with that, we followed up by launching our very own digital television station – Combined Television (CTV).

Over the course of the year, as well as welcoming Peter Axon's appointment, we said farewell and best of luck to our long serving and hugely popular Director of Operations, Jonathan O'Brien and welcomed Ben Richards to take up the Operations mantle.

We also welcomed one of Combined's longest serving senior clinicians, Dr Dennis Okolo to the role of Interim Medical Director.

This continued our track record of welcoming fantastic talent – from within our ranks and without – to our Executive Team.

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 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 – yet again - to be the highest scoring Trust in the entire NHS across the NHS People Promises and Themes.

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

Dr Buki Adeyemo
Interim Chief Executive

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.

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), 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 further cements the pivotal role that the Trust has within the North Staffordshire and Stoke-on-Trent Integrated Care System, (ICS). In November 2021, we were proud to announce that our primary care leadership of Moorcroft Medical Centre and Moss Green Surgery had been rated as Outstanding by the Care Quality Commission – the highest leadership rating it is possible to achieve.

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 1,504 employed WTE and 226 other staff during 2021/22. 2021/22 was another strong year for the Trust financial achieving a surplus for the year from continuing operations of £1.5m against income of £149.9m.

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-focussed. 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 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, Communications and Engagement strategy. During 2021, we were also delighted to unveil our Service User, Carers and Families 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 Risk - There is a risk to the quality of the Trust's services due to the Covid 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 Risk - There is a risk to the quality of the Trust's services due to the Covid 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 Risk - There is a risk that the Trust cannot maintain business critical functions due to the impact of Covid

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 Risk - There is a risk that as a result of Covid business as usual and financial arrangements are not in place for 2021/22 and there is insufficient monies to ensure continued abilities to pay staff and suppliers and so ensure business continuity

Our Programme Management Office.

The Progammre Management Office (PMO) was launched in February 2020, to support this a PMO Charter was developed in April 2020. Since this time the PMO Team have strived to embed PMO functions and processes, providing governance and support to a number of programmes and projects throughout the Trust, working with both corporate and clinical teams in what has been the most difficult two years due to the impact of Covid. We have successfully delivered against the charter and in 2021 we developed a Trust wide register of programmes and projects delivered against a set of approved processes and standards.

To ensure good governance and visibility of programmes and projects within the Trust, progress/status is monitored by the Programme Management Group and reported to the Senior Leadership Team. During 2021/22 the Programme Management Group have successfully monitored on average 32 projects and programmes in various stages of their development from proof of concept, business cases to project plan, highlight reports, risk registers to lessons learnt and closure reports

A flavour of these projects include:

- Vaccination Project Plan
- Trust Vacancy Management Project Plan
- CYP Community Transformation Programme
- Community Mental Health Transformation Programme
- Dormitories Development (Project Chrysalis)
- Corporate Recovery
- Rehabilitation Review
- TCP and Project 86
- Digital Patient Monitoring System
- Physical Health Project
- LD Pathways

During 2022/23 we aim to ensure the continued embedding and running of the PMO function into the Trust. We strive to ensure continual learning and improvement and to support this, we have developed a PMO Framework and self-assessment maturity tool from HEE Best Practice guidance to ensure:

- We understanding the key practices that are part of effective portfolio, programme and project management processes.
- We focus on PMO specific areas of the business and assessing the relationships between their portfolios, programmes and projects in order to achieve strategic advantage.
- We identify the key practices that must be embedded within the PMO to achieve the next maturity level.
- We understanding and improving capability to manage programmes and projects more effectively in the future.
- We provide a road-map for continual progression and improvement.
- We help to decide what level of performance capability is needed to meet the programme's/Trust/System's needs.

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

safe • personalised • accessible • recovery focused

spar

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:

The Trust has ambitions to establish a national reputation as a leader in the development of sustainable healthcare. This means a focus on research, innovation and the application of digital technology to ensure that services are both fit for purpose today and future proofed for tomorrow.

Through a focus on sustainable healthcare, we believe we can blend the benefits of strong financial management with a culture that embraces innovation to derive value both in the efficient use of resources and also environmentally and socially.

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

We want to continue to support the delivery of high quality, safe and effective care by being as lean as possible by rationalizing our estate, whilst maintaining a presence in geographical locations as appropriate.

Executive Leads
Eric Gardiner
Chris Bird

Non -Executive Leads
Russell Andrews
Joan Walley

How we provide care - our Teams

This Annual Report covers the period 1st April 2021 to 31st March 2022.

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 (Interim) - Darren Carr
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 (CMHTs) as follows:

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

The Directorate has a place based approach which enables holistic assessment; responding to the broader determinants of mental health. Services have been working closely with partners to deliver community-led support, drawing upon the strengths and assets of the individual and their local community.

The Stoke Community Associate Director leads on the Community Mental Health Transformation programme across the Trust. This is an extensive programme of work over a three-year period and involves system-wide engagement to deliver improvements across the ICS.

The Stoke Community Directorate holds the strategic lead for older peoples services and facilitates both admission avoidance and early supported discharge through its Outreach, Care Home Liaison and Dementia Primary Care teams.

The Memory Service is based at Marrow House and provides a diagnostic service to older people with dementia.

The Parent and Baby Unit is a specialist perinatal mental health service based in the City Centre. They provide support to women across Stoke-on-Trent and North Staffordshire who are aged 16 years and above, from a confirmed pregnancy until baby is 12 months of age, where the woman is experiencing a moderate to severe mental health condition. They also offer preconception advice for women who have a history of severe and enduring mental illness or who have had a previous puerperal psychosis. The Parent and Baby Unit also offer support to the partners of women using the service.

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 Early Intervention Team also offer an At Risk Mental State (ARMS) pathway enabling intervantion for the ultra high risk group presenting with an At Risk Mental State.

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.

The Adult Eating Disorder Service provides 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 Children and Young People (CYP) Eating Disorder Service provides pyschological time limited interventions.

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.

The newly formed Community Assessment Stabilisation & Treatment Team (CASTT) offers a pan-Trust service to those service users that are diagnosed with a personality disorder to include provision of intensive and assertive support, and support for those who may be at risk of exclusion from their community. The team offer the Structured Clinical Management model and Specialist Psychological Therapy in the form of Mentalised Based Therapy (MBT).

The Looked After Children's CAMHS Team is a specialist service supporting young people and their professional care networks where children and young people have experienced complex and developmental trauma as a result of their early experiences. The team utilises a consultation model alongside direct and systemic therapeutic intervention which is supported by and reflects the evidence base of the "Looked After Children Guidance" published by the National Institute for Clinical Excellence (NICE).

Specialist Services

Clinical Director - Dr Hardeep Uppal
Associate Director - Fiona Platt

The Specialist Directorate provides a diverse range of services with pathways of community services operating across localities and inpatient units for Substance Misuse, Learning Disability, Neuropsychiatry and Children and Adolescent Mental Health (CAMHS) as well as Short Breaks Respite bed service for children with complex needs.

The Directorate has 3 service areas:

- Neuropsychiatry, Adult Mental Health Rehabilitation & Psychology services
- Learning Disabilities and CAMHS Inpatient Beds.
- Substance Misuse & Prison Healthcare

Our Neuropsychiatry services is one of only 4 such services in the UK. It provides a highly specialist treatment pathway for people with neurological conditions that not only impacts physically but has a 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.

Following the transformation of Adult Mental Health Rehabilitation services over the last 18 months the service now offers a Rehab Pathway Model that includes a community inpatient ward (Summers View – 10 beds), a new supported living unit (Hilda Johnson House - 8 beds) and a new Community Rehab Team.

This new team offers support focussed on keeping people in their existing accommodation or helping people transition to community from hospital placements working closely with CMHTs and Early Intervention Team. This pathway is also supporting those returning to the locality from out of area inpatient units and has a single referral process.

From April 2021 we have supported CCGs across the wider Staffordshire footprint in managing those people with complex needs who have been placed outside of the NHS for their care. The Trust is now responsible for commissioning of these and as part of its commissioning role we are looking to reduce the reliance on, and length of stay within, independent hospital settings for people with complex mental health needs.

To do this we need the right support and accommodation locally. The Trust has commissioned an independent review of the current specialist accommodation provision and to identify any market development and gaps across Staffordshire.

In addition to this role the Trust and Specialist Directorate have also taken on the responsibility for commissioning and contracting placements and extremely specialised accommodation/support arrangements for those services users who have a learning disability and/or autism who have complex needs.

The Specialist Directorate continue to manage a range of contracts to provide highly specialist psychology services to other providers. This includes specialist psychology provision from Spinal Injuries to Stroke, Probation to Paediatrics, Cancer to Cystic Fibrosis and a range of other services. This recognises the Directorate's ability to recruit to these specialist posts by offering comprehensive supervision, leadership structure and embedding research into our team cultures.

Over the last year we have been requested to provide additional contracts in Spinal Injuries, Neuro Oncology, Major Trauma and Critical Care.

Partnership working is a key element to the Specialist Directorates business. The Directorate continues work with partners across the whole health economy developing relationships with a variety of commissioners and providers.

The Directorate provides a range of services to clients with a Learning Disability. 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 bedded Assessment and Treatment Unit, where we design individual packages of care leading to discharge and successful placements close to their homes. This inpatient unit links closely with the Intensive Support Team. This 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 discharges from inpatient services.

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 works closely with our local mainstream and specialist health services to reduce the overall health inequalities experienced by people with learning disabilities

The Specialist Children's Short Break Service at Dragon Square offers residential short breaks, including day visits, for children and young people between the ages of 4-19 years with severe learning disabilities and other complex needs. The service is registered with Ofsted as a children's home that can support children with learning disabilities, physical disabilities and sensory impairments and is rated as Good.

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.

New services this year include:

- Partnership working with MPFT to develop a Dynamic Support Register for those children and adults with a learning disability and/or autism who are at risk of placement breakdown and admission to hospital.
- Children and Young People (CYP) Learning Disability and Autism (LDA) Key Workers - as part of the NHS Long Term Plan it was identified children and young people with a learning disability, autism or both with the most complex needs will have a designated key worker.
- Experts by Experience roles - successfully recruited to these posts this year.

The Darwin Centre (Children and Adolescent Mental Health) inpatient unit continues to be responsible for the gatekeeping and bed-finding for the North of the West Midlands.

In addition in the last year the Trust are now commissioned to provide an Intensive Support Hub which is directly linked to the Darwin Centre and operates 7 days a week. This team supports young people locally at risk of admission to an inpatient bed intensively and where possible reducing the need for admission. From March 2022 this team was enhanced by integrating CATCH 22 practitioners into their service, this will further enhance the work to keep the most vulnerable young people safer in Stoke–on–Trent.

The Edward Myers Unit continues to offer hospital based detox and treatment for substance misuse and supporting the demand locally and across England.

Health promotion remains an important part of health services and the Directorate continues to engage with this recent example:

Stoke Community Drug and Alcohol Service (SCDAS) - Promoting awareness around World Hepatitis Day.

The Community Hospital Alcohol Team (CHAT) support the UHNM with patients who require alcohol detoxification, attend emergency portals reguarily or require support to reduce alcohol prior to surgery.

Following a significant reduction in funding into the community alcohol and drug service provision has undergone a review over the last 12 months. The team have successfully adopted new ways of working and embedded a recovery ready ethos into the workforce and wider, benefiting the service users of CDAS.

Combined deliver the secondary mental health and clinical substance misuse services within Stoke Heath Prison. The service has teamed up with Shropcom and The Forward Trust to form the Stoke Heath Integrated Care partnership (SHIC). The partnership brings together three exceptionally experienced, passionate and proven healthcare providers with extensive experience, safely and seamlessly transitioning services.

Across the Directorate 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.

Acute & Urgent Care

Clinical Director - Dr Mohammed Rahman
Associate Director - Rachael Birks

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 and 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.

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.

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.

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.

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 dependent 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.

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 wherever 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 offers mixed gender accommadation for short-term assessment and treatment, supporting service users on an informal basis or those requiring support 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 a 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.

ECT

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

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.

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.

ommunity 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 made up of three experienced nurses, the team is 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. The team work every day from 4pm – 2am. This is often a complex area of work that can mean responding to a wide range of difficult crisis situations

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 STRs. 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 provides advice and support to service users, families, carers and primary care with the use of collaborative working.

Our service has continued to grow in relation to the amount of contacts that we are supporting within the local area for both adult and young people work streams. Year on year we are seeing a significant increase in demand, the team continue to review processes and pathways In order to support this and ensure that we offer a safe and effective service.

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.

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 acute 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 a Senior Services Lead. The executive leadership of the directorate sits with the Executive Director for Operations.

The directorate includes Moorcroft Medical Centre, which is situated in both Hanley and Bentilee, and serves a population of just under 16,000 people.

In January 2022, we welcomed Holmcroft surgery into the directorate. This surgery is located in Stafford and serves a population of just under 11,000 people.

Both practices provide general medical services to people who live within their catchment area and who have registered with them. Both practices employ salaried GPs, Advanced Nurse Practitioners, Allied Health Professionals (AHP), a Nursing team plus a Management, Administrative and Reception team.

The practices also work with their own local grouping of practices called a Primary Care Network (PCN). The PCN employs AHP staff to provide greater capacity within primary care.

Over the past 2 years, the Primary Care Directorate has prioritised the safety and wellbeing of our staff and our service users.

We have made sure that our buildings are Covid safe and our staff have consulted with patients in an environment that protected them and their patient. Moorcroft, in partnership with their PCN, has administered tens of thousands of Covid vaccinations.

The Trust donated extra nurses at the start of the vaccination effort and the directorate clinical lead helped the trust to vaccinate inpatients at the Harplands.

Moorcroft was inspected by the CQC during the summer of 2021. As a result, Moorcroft maintained the overall rating of "Good" and they achieved the rare achievement of being rated as "Outstanding" for leadership. This is an amazing achievement during a very difficult time in general practice.

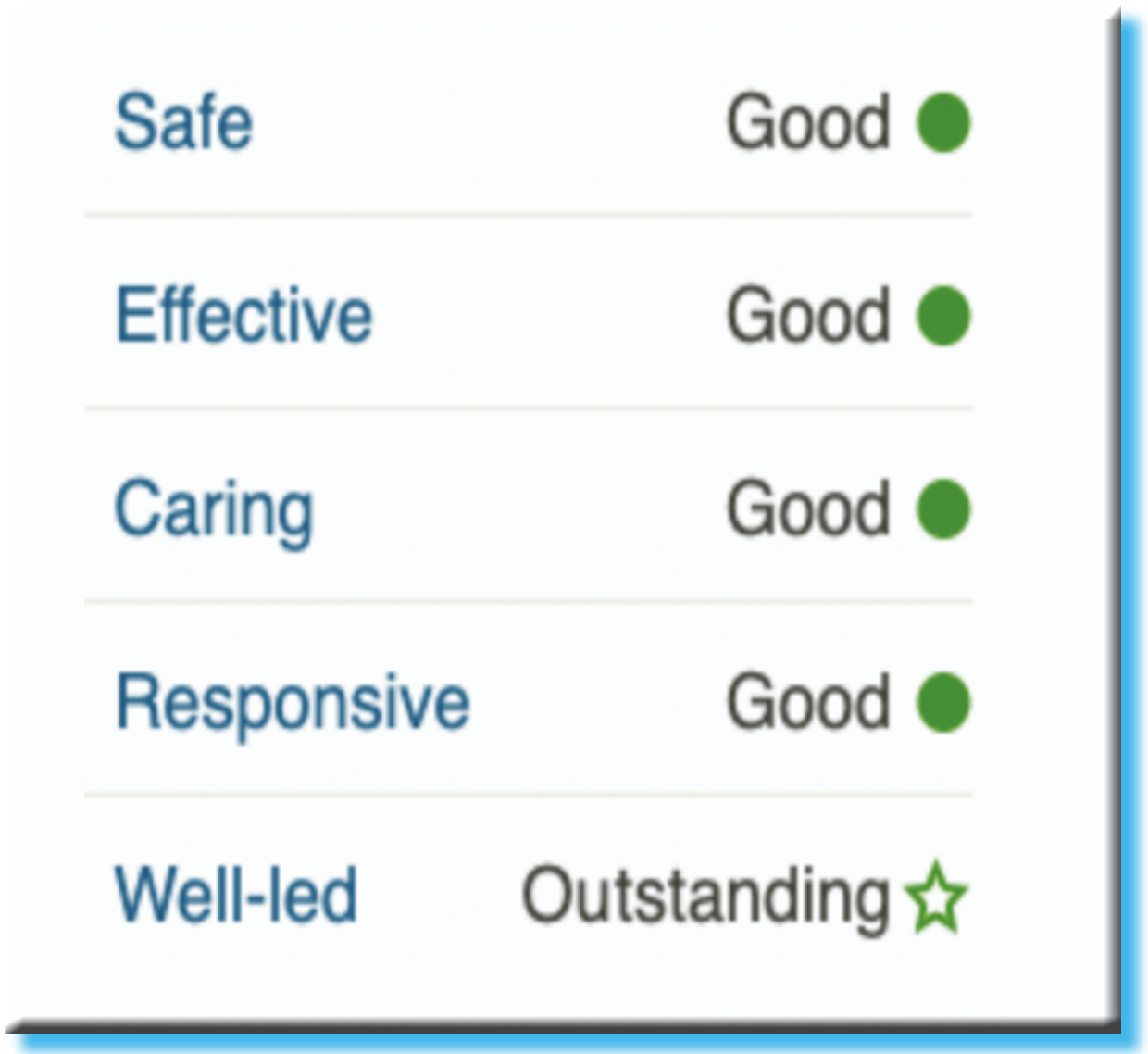
The period of preparation prior to the inspection highlighted the high level of dedication and skill within Moorcroft and the senior directorate team, plus the positive contribution that the trust can provide to general practice. The senior leadership team worked closely with the associate director for governance and their colleagues.

The Directorate also provides support and advice to other directorates within the trust. The senior leadership team have worked with colleagues to help to design new services, provide expert advice on how mental health services could best work with primary care and we have helped the trust to Improve communication with primary care.

The Primary Care Directorate continues to play an important role for Combined within the North Staffordshire and Stoke-on-Trent Place-Based Partnership and the Staffordshire Integrated Care System.

Outstanding

Our journey continues...



Primary Care Leadership officially rated "Outstanding" by Care Quality Commission

How we measure performance

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 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 and is in place that 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

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

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. Reports are provided to the Senior Leadership team analysing the findings and making recommendations for action.

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 97.7% in the latest published national data (November 2021) putting the trust in the top 10 mental health providers nationally.

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

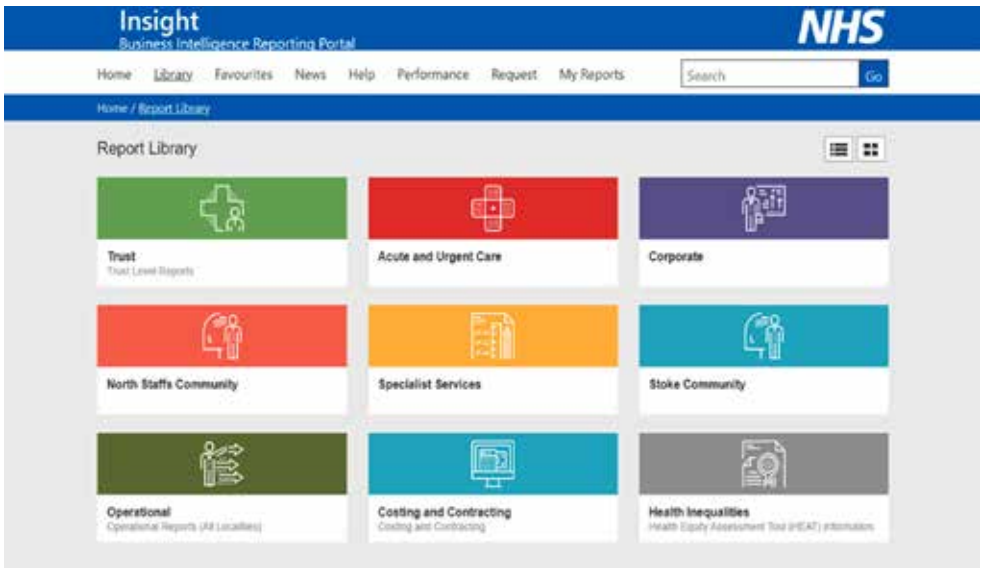
The implementation of the BI Strategy continues working towards integrating Business Intelligence and Insight into all aspects of decision making to enable the Trust to become a truly data-driven organisation. It will:

- Improve accuracy, availability and accessibility of organisational reporting;
- Move from Information to Insight, using the data to drive;
- Responding to Covid, supporting the Trust's response to increased levels of acuity and demand;.
- Provide more analysis, and platforms for analysis, including predictive analysis; and
- 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; and
- Support with clinical decision making and service transformation

The Insight Business Intelligence Portal, a self service repository for performance reports has been implemented.



Health Equity Assessment (HEAs)

Health Equity Assessments have been 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 is helping to ensure that interventions and services are focussed on the greatest need within PCN areas.

Looking ahead

Data Warehouse

A new data warehouse will be delivered in 2022/23. This will be optimised to collect data from disparate sources and will be the foundation for more sophisticated analytics. It will support the Trust's Business Intelligence initiatives, accelerate clinical decision-making and support service transformation.

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 events such as the Covid pandemic.

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.

Overall performance

In the financial year 2021/22, North Staffordshire Combined Healthcare NHS Trust had...

69,906
Referrals

1,086
Inpatients

62,653
Calls to Crisis Care Line

35,149
Patients open to the Trust

National Mental Health Priorities and Targets

The Trust met key national standards in 2021/22:

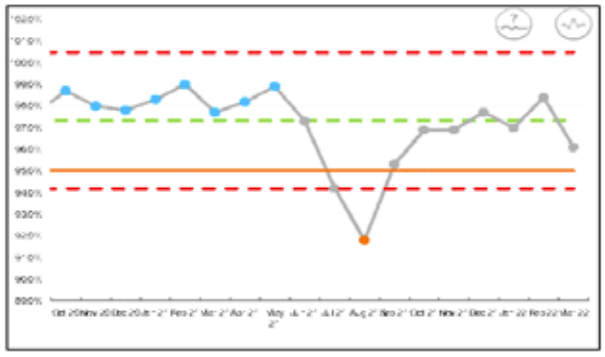
Area	Measure	Target	12 Month Performance
Mental Health Services Dataset	Data Quality Maturity Index (DQMI)	70%	97%
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Eliminate inappropriate OAP bed days	0	0
CYP Eating Disorders	The proportion of routine cases that wait 4 weeks or less from referral to start of NICE-approved treatment	95%	100%
CYP Eating Disorders	The proportion of urgent cases that wait one week or less from referral to start of NICE-approved treatment	95%	100%

Performance 2021/22 - Community

Met-Referral to Assessment within 4 weeks

Trust indicator to ensure that service users referred receive a timely assessment and access to services – based on time between referral and first successful contact for current service users in an incomplete pathway

Actual (12 month average) 96.5% **Target 95%**



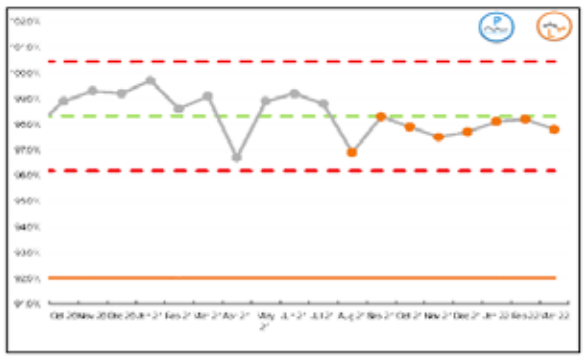
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
98.2%	98.9%	97.3%	94.2%	91.8%	95.3%	96.9%	96.9%	97.7%	97.0%	98.4%	96.1%

Met - Referral to Treatment within 18 weeks

CCG and Trust indicator to ensure that service users referred receive timely treatment - based on time between referral and 2nd successful contact in current service users with an incomplete pathway.

Actual (12 month average) 98% **Target 92%**



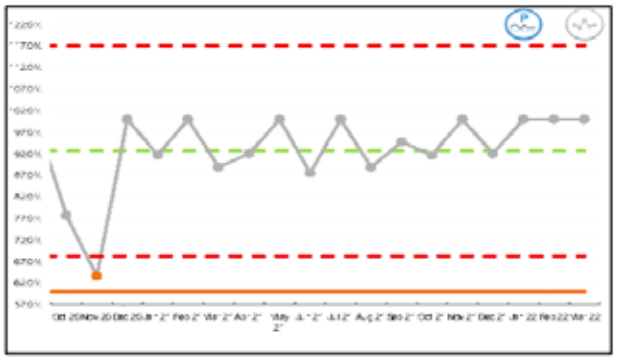
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
96.7%	98.9%	99.2%	98.8%	96.9%	98.3%	97.9%	97.5%	97.7%	98.1%	98.2%	97.8%

Met - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment

National target - 2 weeks or less from referral to entering a NICE compliant course of treatment under EIP is considered the benchmark due to the time sensitive nature of the service and the link between clinical outcomes and timeliness of service. Treatment is classed as second successful contact.

Actual (12 month average) 95.6% **Target 60%**



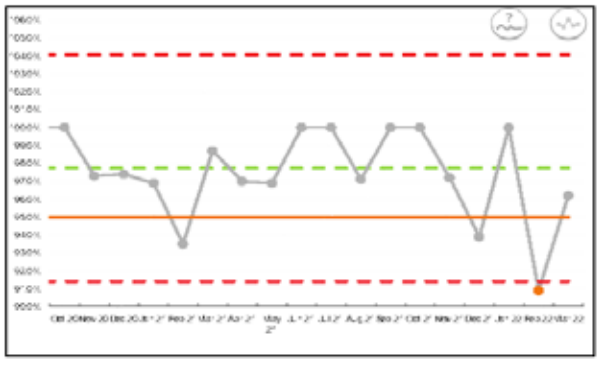
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
92.0%	100.0%	87.5%	100.0%	88.9%	94.7%	91.7%	100.0%	92.0%	100.0%	100.0%	100.0%

Met - Care Programme Approach (CPA) 7 day follow up

National target - This is an important safety measure, showing the link between inpatient and community teams, as the immediate period after discharge is a time of significant suicide and self-harm risk.

Actual (12 month average) 97.4% **Target 95%**

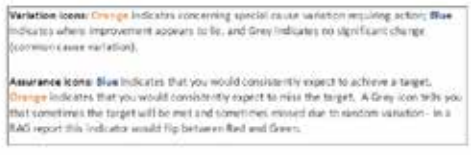


12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
97.0%	96.9%	100.0%	100.0%	97.1%	100.0%	100.0%	97.2%	93.9%	100.0%	90.9%	96.2%

Key

UCL – Upper control limit
LCL – Lower control limit

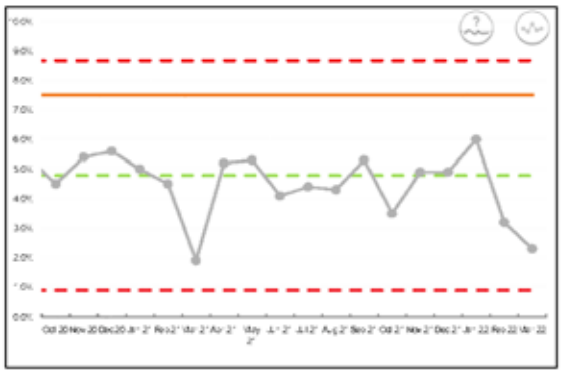


Performance 2021/22 - Inpatient

Met - Emergency Readmissions rate (30 days)

CCG and Trust indicator - to measure the prevalence of emergency readmissions - linked to patient outcomes and use of resources.

Actual (12 month average) 4.45% **Target 7.5%**



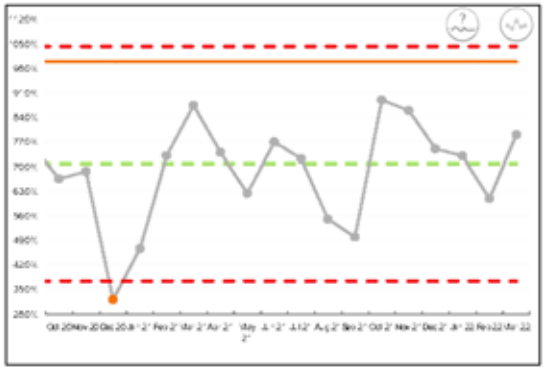
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
5.2%	5.3%	4.1%	4.4%	4.3%	5.3%	3.5%	4.9%	4.9%	6.0%	3.2%	2.3%

Not Met – Place of Safety assessment carried out within 3 hours (where clinically appropriate)

Trust aspirational indicator - the recommendation that PoS assessments are carried out within 3 hours is driven by service user experience and clinical outcomes, as well as availability of PoS for other service users.

Actual (12 month average) 71.1% **Target 100%**



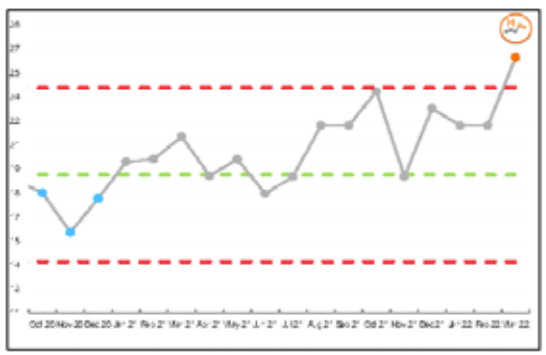
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
74.0%	62.5%	77.0%	72.2%	55.0%	50.0%	89.0%	86.0%	75.0%	73.0%	61.0%	79.0%

Average Length of Stay - Adult

CCG and Trust indicator - reducing the length of stay aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay

Actual (12 month average) 26.3 **National average 35 days**



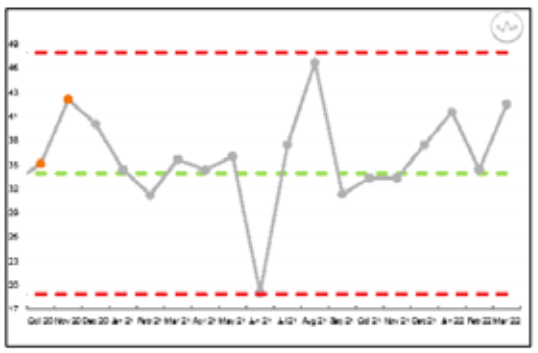
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19	20	18	19	22	22	24	19	23	22	22	26

Average Length of Stay - Older Adult

CCG and Trust indicator - reducing the length of stay aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay

Actual (12 month average) 35.3 **National average 74 days**



12 Month Trend

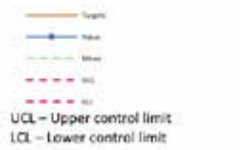
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
34	36	19	37	47	31	33	33	37	41	34	42

Special cause (unexpected) variation - Improvement.

Special cause (unexpected) variation - Concern

Common cause (expected) variation

Key



UCL – Upper control limit
LCL – Lower control limit

Finance and Quality

Introducing FRED

We've always strived to be imaginative in the way we explain our finances to the outside world and to those for whom financial rules and regulations can appear daunting or complicated.

In previous years, this has included creating an animated financial review of the year for our AGM. In 2021, we went one step further by unveiling a new addition to our Trust family of Digital Avatars - FRED (**F**inance and **R**esources **E**xpert in **D**elivery).

FRED presented our AGM animated financial review of the year 2020/21 in a way that was engaging and accessible - explaining the meanings behind key financial and accounting terms, as well as accompanying graphics and the key financial facts and figures which it is our legal duty to provide to our AGM as well as in our Annual Report.

During the year to come, we will be expanding the use of FRED within the Trust to provide engaging digital training and advice to our staff across a whole range of financial processes and procedures.

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 2021/22 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; in addition we have refreshed our Suicide Prevention Strategy;
- a virtual suicide prevention conference was held using digital technology to bring people together to showcase the progress made towards the Stoke-on-Trent and Staffordshire wide suicide prevention partnership strategy;
- the Trust implemented an evidence based approach to suicide prevention and mitigation training which is utilised across the whole STP, thereby standardising the approach across the wider public service;.
- 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;
- The Trust has continued to maintain regular engagement meetings with the CQC during 2021/22 and throughout the Covid period;
- Delivered the Trust Infection Prevention and Control Board Assurance Framework;
- Achieved 100% of generic Infection Prevention and Control (IPC) audits with supplemental audits being completed for Covid during declared outbreaks;

- Achieved 90.2% IPC training compliance;
- Patient Led Assessment Care Environment (PLACE) continued to be suspended in 2021/22 due to Covid 19 restrictions. However, environmental and cleanliness standards continued to be monitored by the Facilities team with excellent standards been achieved;
- The Trust Clinical Professionals Advisory Group, consisting of senior clinical and professional leads continued to review complex issues relating to Covid to ensure that all appropriate guidance was prepared, adopted and implemented as efficiently as possible;
- Reducing restrictive Practice Strategy recently reviewed and updated to meet current ambitions;
- Continued to embed the 'Safewards' model within our mental health inpatient ward;.
- Completed National Sexual Safety Collaborative as part of a wider Mental Health Safety Improvement Programme;
- Implemented the Royal College of Psychiatrists Sexual Safety Standards Recommendations (2021);
- Recognition of work by ward 1 on the sexual safety collaborative is to be published by CQC;
- Gained affiliation with the Crisis Prevention Institute (CPI), confirming that the CPI training that the Trust provides is certified against the Restraint Reduction Network (RRN) training standards;
- Commenced a 'catch up' programme for MAPA training, following face to face training not taking place for period through 2021;
- To support safe use of physical holds whilst face to face training not taking place, videos were produced by reducing restrictive practice team guiding staff how to use physical holds safely;
- Review of the recently published Use of Force Act, with plans in place to implement the recommendations into clinical practice;
- Continued to develop the use and functionality of the electronic rostering system across all inpatient areas including a planned relaunch of the Safe Care module which uses software to match nursing staffing levels to patient acuity in real time, allowing informed decision making on staffing levels across the hospital;
- Supported 330 nursing students on placement over the past 12 months;
- 38 student nurses were employed to support the Trust;
- Continued the development of our supervision and support programme for all students, including specific support for Black, Asian and Minority Ethnic students and 2 weekly masterclasses;
- 21 students have commenced on the new MSc Mental Health Nursing programme and a further 3 completing the LD MSc via the apprenticeship route;
- 15 apprentices have been externally recruited and employed by the Trust and are completing the BSc MH Nursing training programme;
- Continued support of Trainee Nursing Associate programmes, with a further 5 Trainee Nurse Associates commencing their programme;
- 13 band 5 and 3 band 6 registered nurses have successfully completed the Trusts Leadership programme. And a further 13 are commencing in 2021/22;
- Increased engagement with 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 92%, Safeguarding Children's Level 3 is 85%, Safeguarding Adult's Level 3 is at 89% and Prevent is at 94%;
- The Safeguarding Teams from MPFT and NSCHT have worked together to organise a weeklong event to promote current key messages in Adult Safeguarding Practice for Safeguarding Adult's week;
- The Safeguarding team also helped deliver a session for practitioners' forum for the Safeguarding Adult Board, open to all staff to attend, that looked at Stalking, the impact of and responses to Stalking and links to Adult Safeguarding;
- There has been an audit into the Domestic Abuse that has reflected positively that we are asking about Domestic Abuse at initial assessment; and
- We have trained 12 Professional Nurse Advocates and are enhancing out Restorative supervision offer for our Nurses.

Under Quality Priority 2 'Personalised' we have:

- Continued to implement the Restraint Reduction Strategy, focusing 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 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; and
- Developed our Service User and Carer Engagement Strategy. The strategy was co-produced with the support of the Service User and Carer Council and was shaped through engagement events, patient stories, complaints and concerns, compliments, national and local surveys, and feedback from key stakeholders and comments on social media.

Under Quality Priority 3 'Accessible' we have:

- Continued to strengthen our Diversity and Inclusion strategy;
- Continued to embed the use of new technology to embed video consultations in our community teams and to advance MDT working;
- Provided virtual solutions for patients to maintain contact with family and friends during the Covid-19 pandemic; and
- Our newly appointed QI team are providing expertise to our clinical teams' service users and carers focusing on "what matters to them". The team will continue to give the people closest to the issues affecting care the time, skills, and resources to solve them to bring about a measurable improvement.

During 2022/23 our QI team will support reliable design and reducing waste to improve the experience of service users and delivering efficiencies for teams which will release time to care.

Under Quality Priority 4 'Recovery Focussed' we have:

- Relaunched our Wellbeing College, bringing together the expertise of professionals and those with lived experience to develop expert patient programmes that are proven to be useful in supporting the management of a range of long term health conditions;
- Continued to successfully recruit Peer Support Workers and Experts by Experience to our CAMHS and Learning Disability Services.
- Service users and carers involvement in the pathway development and service redesign for the Community Mental Health Framework transformation programme;
- Our Service User and Carer Council has continued to meet virtually and contribute throughout the Covid pandemic; and
- We have maintained virtual links with the Youth Council (hosted by CHANGES Staffordshire).

Our Innovation

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 2021/22 included some of the following:

Innovation Nation

Innovation Nation is the Trust's yearly celebration of innovation, held since 2018. In 2021 Innovation Nation focussed on the theme of joy, and how we can bring this to the workplace, spread joy through projects, and support wellbeing. The session was held virtually with a range of external and internal guest speakers, followed by a fantastic joy and happiness workshop, hosted by Creative Well Lives.

Innovation Projects

Staff are encouraged to explore new ways of working and thinking innovatively creating a wide range of projects and initiatives. In 2021/22 to note these include but were not limited to:

- Piloting a six lead ECG machine; exploring the use of a remote six lead ECG machine and evaluate how well this was implemented into practice; Led by Dr. Rebecca Chubb, Consultant Psychiatrist;
- Using Youtube to teach coping skills in acute Psychology. Led Dr Rebecca Hutton, Principal Psychologist, Jessica Head, and Olivia Taylor, Assistant Psychologist;
- Snap Shot's initiatives; photo initiative developed during Covid at a time when no visitors and/or relatives were allowed into the Harplands. Led by Stevan Thompson, Activity Coordinator;
- Postcard Project; is a postcard for every month, for 12 months, that aims to support developing knowledge of physical health for mental health staff. Led by Dr Rebecca Chubb; and
- An NHS First: Cognetivity Neurosciences works with Combined Healthcare to explore whether the ICA app was an acceptable clinical diagnostic tool within Memory Services. Led by Dr Becky Chubb and Memory Assessment Service.

Key achievements by directorate

Stoke Community

Over the last 12 months, the Directorate has risen to the challenge of delivering outstanding services through the constraints of the global pandemic. This has been achieved through embracing new ways of working and consistently delivering standards of patient care.

Community Mental Health Transformation Programme

The primary focus for the Directorate over the last year has been the delivery of the Community Mental Health Transformation Programme.

As the Trust approaches the close of the first year of a three-year transformation journey, there is much to celebrate and still more to do.

A number of new roles have been developed through the Community Mental Health Transformation Programme. These include roles supporting people with multiple disadvantage, co-occurring needs and a dedicated Community Engagement Lead. The new Preparing for Adulthood role will ensure that we deliver against the needs of children who transition from children's to adult services with clear links to partner organisations.

The Directorate has excellent links with a number of external organisations, and has committed to delivering the transformation of agenda in partnerships with the VCSE. In the first year, contracts have been awarded to voluntary sector providers to support the financial well-being of service users and enhance our peer support offer across the adult community teams.

The Directorate supports innovation and integrated practice through participation in local groups such as the Homeless Reduction Board. In addition to this, we have conducted detailed analysis of health inequalities (utilising the HEAT tool) in the local community.

Older People's services and Memory Services

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 the year of pandemic, we continue to excel with diagnosis rates nearly 70% for Staffordshire and 80% for Stoke-on-Trent, against the national target of 66.7%.

Much of this was achieved due to the excellent team working within the Memory Services National Accreditation Programme (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 a pilot additional cognitive assessment to support dementia diagnosis.

Outreach Service

The Directorate recognises the role 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.

Care Home Liaison Team

The Care Home Liaison Team worked closely with our psychology/ staff health 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.

Maternal Mental Health

The Directorate have led on the expansion of our perinatal services to improve mental health and well-being for all women of childbearing age and their families, preconception to 12 months post delivery. This year, the team has been successful in securing additional funding to set up and implement the Maternal Mental Health Pathway. This involves working with women who have experienced trauma and loss during previous pregnancies and has focussed on early intervention. There will be further expansion of roles in the coming year, including midwifery.

CAMHS

CAMHS services continue to go from strength to strength and have begun to develop systemic famly therapy including new roles and training opportunities for existing staff. CAMHS services work closely with external partners such as PEGiS and other VCSE organisations across the City.

Mental Health Support Teams have embedded and developed their service to engage with 63 schools across the Stoke-on-Trent and North Staffordshire areas. The team have been recognised regionally and nationally for their whole school approach.

North Staffs Community

Whilst the last two years have been extremely challengin in meeting the demands associated with the Covid pandemic, the Directorate has continued to develop and innovate. Teams continue to offeer a flexible model by offering support to patients through a digital offer including appointments offered through "Attend Anywhere".

The pandemic continued to have an impact on staffing capacity as staff were self-isolating and, indeed, off sick with Covid. Despite this, however, there was a relatively low sickness rate in the North Staffordshire Directorate workforce, which helped maintain services.

Over the last 12 months, the Directorate continued to establish strong and effective relationships with its Primary Care Networks (PCNs). This was demonstrated through the collaborative approach in implementing Mental Health Practitioners into Primary Care settings through the Additional Roles Reimbursement Scheme (ARRS). The Mental Health Practitioners are now able to work with other PCN-based roles to help address the biopsychosocial needs of patients with Mental Health needs providing consultation, adivce, triage and liaison as well as supporting seamless pathways into secondary mental health services.

Looked After Children's CAMHS team

The Looked After Children's CAMHS team is a specialist service supporting young people and their professional care networks where children and young people have experienced complex and developmental trauma as a result of their early experiences. The team utilises a consultation model alongside direct and systemic therapeutic intervention which is supported and reflects the evidence base of the recently published 'Looked After Children Guidance' produced by NICE (NG205). The team have been able to adapt their working practices to operate in accordance with all Covid related safety measures and has continued to operate the consultation model and training throughout the year.

The comments below from a Supervising Social Worker are an example of the positive comments received by the service:

"I am involved in regular Network Support meetings for six children placed with various carers and I can truthfully say that every one of these children has made remarkable progress since the start of the Network meetings."

"The Network meetings involve all the agencies surrounding the child, so information is gathered from all areas as to how the child is behaving, including education, the foster home, at family time and in the community. It is then possible for everyone to see where the child is making progress and where they might need extra support."

"For the foster carers, having knowledgeable therapists on hand to analyse what the child might be feeling and how best to handle the behaviour they present is an invaluable resource. It gives them insight and a source of therapeutic strategies to use so that they are rarely short of ideas when things become stressful."

"I consider myself very fortunate to have such a system operating in my locale and I cannot praise the therapists highly enough for the support given to my carers and the children they care for."

Ashcombe Centre

Staffing – Over the last 12 months, the team has continued to be proactive with recruitment and retention, with staff survey results highlighting that staff feel supported by colleagues and management. They are happy with the current team morale and feel that they can approach team members and management for support when required. Over time, the team has struggled to recruit to posts, often due to its rural locality, therefore it has utilised alternative methods such as apprenticeships to enable the team to reach capacity with staffing.

A team away day highlighted that staff wellbeing is paramount in ensuring that individuals feel they can manage the work life balance. To encourage this we agile working is adopted for all staff members within the team where suited. It has also incorporated guided mindfulness during two weekly catch ups and encourage lunch time breaks and where possible include a walk.

Locality working – Due to the geographical area of Staffordshire and the Staffordshire Moorlands it was identified that at times service users under CAMHS' and older person community mental health teams were required to travel to appointments in the Newcastle area which could often take up to an hour in travel time, therefore the team has worked closely with the two other teams to provide appointments in appropriate clinical space. This has enabled service users to be seen within their own locality - in turn improving patient experience and ease of access to support. This will remain an ongoing project for all three teams. The Ashcombe Centre will thereby provide an all age service for the Staffordshire Moorlands.

CASTT

The newly-formed Community Assessment Stabilisation & Treatment Team (CASST) service was launched on 1st February 2021 and offers a pan Trust service to those service users that are diagnosed with a personality disorder.

In January 2022, CASTT were able to start Structured Clinical Management Treatment Groups. The Treatment Groups are an integral part of the treatment and intervention offer to Service Users. Service Users come along to learn problem solving and skills to support with managing their emotions. The Groups are run via MS teams and both attendance and feedback has been good.

Autism Spectrum Disorder Team

The Trust successfully negotiated contracts with independent providers to deliver Autism Spectrum Disorder assessments for 300 children and young people awaiting assessment. This will significantly reduce waiting times for children and young people with suspected ASD and their families to receive diagnostic assessment, and access support sooner.

Lymebrook

Lymebrook welcomed the SMI team and continue to work collaboratively with them to ensure evidence based access to physical health monitoring. To further improve clinic and physical health pathways, Lymebrook successfully appointed an Advanced Nurse Practitioner (ANP) and trainee ANP, who have set up MMC clinics with a view to streamlining processes around lithium, antipsychotic and ADHD medication monitoring and opening up availability within out-patient clinics.

The Psychology Team are working collaboratively with the core team, using a consultation model to ensure that all allocations and psychological interventions are evidence based and clinically indicated. Supervision, teaching and guidance is available to all practitioners, upskilling the work force and ensuring that all intervention are of high standard. Nurses and Occupational Therapists work alongside psychology to offer a multitude of psychological based interventions, both via virtual groups and 1:1.

North Staffs CAMHS

North Staffs CAMHS have been able to further develop their Physical Health Clinic. This enables the completion of physical observations including: height, weight, BP, Pulse, Blood tests and ECGs. They have received great verbal feedback that during these appointments advice is also offered around healthy eating, meal plans and exercise that young people and parents have found very useful. This has been a vital part of the service to monitor the physical health of their young people especially during the pandemic.

The team are delighted that they have their first Apprentice Social Worker Student and are supporting the placements of others on the programme. Having students from a variety of disciplines supports the learning environment and the longer term hope is to support recruitment and retention of staff within the team.

Early Interventions Team and Early Intervention Detection and Engagement (EDIE) team

The evidence shows that if we provide evidence based interventions for those at ultra-high risk of developing a psychosis, we can prevent them from developing psychosis and if they do intervene earlier providing the best possible longer term prognosis for that individual. We have successfully developed its At Risk Mental States (ARMS) service and are now proactively working to prevent psychosis developing.

Our Early Interventions Team achieved a level 4 – "Top Performing" status in the annual National Clinical Audit of Psychosis (NCAP).

Liaison and Diversion

Due to having a strongly embedded peer mentor pathway, which recognises the importance of including those with lived experience of the criminal justice system in our offender health pathways, the Trust has been selected as 1 of 6 pilot sites to trial the "Lived Experience Charter."

Specialist Adult Eating Disorders Team

The SAEDS team has reached its first birthday. During the year, the team developed its staff to deliver NICE concordant evidence based care to our clients. They have developed a strong transition pathway to ensure a seamless transition between our youth and adult teams. They have developed and delivered eating disorder awareness training and steadily increased our client group. They are piloting carer support packages via the Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance.

The team have developed a model to enhance the service based on the year 2 transformation funding to expand its offer, including more intensive support to reduce the need for specialist hospital admission and expand and strengthen our service offer.

Children and Young People (CYP) Eating Disorders

CYP eating disorders has seen a significant increase in referrals over the past 12 months. The team have successfully recruited to new vacancies identified as essential to meet the growing demands for the service and expand its service offer in order to include those with an Avoidant/ restrictive food intake disorder (ARFID) diagnosis. The team have secured training to upskill staff in order to improve its offer and ensure we are providing NICE concordant evidence based interventions.

The service has been showcased in The Daily Telegraph, highlighting the positive impacts the service has on families.

Step On

Step On continues to go from strength to strength, working collaboratively with Midlands Parnership Foundation Trust to provide a Staffordshire wide service. Step On epitomises the values of lived experience and recovery and has presented in multiple forums to demonstrate this including the National Occupational Therapy Show, to the Trust Boards and to the People, Culture and Development committee.

The team have successfully supported over 300 secondary care service users into work, enhancing their quality of life and recovery journey.

Older Persons CMHT North Staffs

A nurse prescriber post has been successfully recruited to in order to strengthen our physical health offer and SMI physical health clinics are now embedded into practice. The team are focusing on its care pathways including an under development, pre-discharge pathway to support clients in transitioning successfully out of secondary care.

The team manager represents older adults as a group who may experience health inequalities to support recognising and meeting the needs of older adults.

Youth Offending Service (YOTS)

The YOTS team continue to provide health interventions into the Newcastle-Under-Lyme youth offending team. The team have successfully completed training in trauma focussed CBT in order to increase the support and interventions it can offer to this highly vulnerable client group.

Criminal Justice Mental Health Team

The team have adapted well to the Covid pandemic and now offer our probation clinic predominantly via remote assessments. This has increased the timeliness of assessment appointments and reduced time lost to DNAs. The team maintain flexibility in order to offer face to face assessments when clinically necessary.

Specialist Services

During the continued Covid pandemic the Specialist Directorate services have continued to provide assessment and treatment to those under their care. This has involved adopting new ways of delivering services including improved use of technology. This flexibility and adaption of services has been recognised as a benefit by our service users and will be very much part of the future offer. The teams continue to provide face to face appointments where clinically indicated or as per patient choice.

The Directorate have developed a specialist Psychology service for those suffering with Post Covid Syndrome also known as 'Long Covid' to aid recovery and adjustment to this new condition.

In the last year the Directorate has seen significant growth in activity and contracted services, notably in commissioning Independent Sector Placements for LD and Mental Health and in Psychology contracts. The Directorate Services continues to be recognised for their commitment to innovative practice.

Neuropsychiatry service provides both inpatient and community service. Over the last 12 months the Neuropsychiatry service has moved towards a more integrated approach to provide consistency to service users. Alongside the medics a number of other professionals work across both the ward and community including the Senior Nurses, Psychologist and Occupational Therapists with the ambition to further develop this over the next 12 months.

The Learning Disability service introduced a new role – Experts by Experience and successfully recruited to these posts this year. The Experts by Experience role was recognised by the Recruitment Industry Disability Initiative Awards in 2021 achieving a finalist place. These roles continue to develop service user engagement in the development of services for the future.

The Specialist Children's Short Breaks Service that provides overnight short breaks for children and young people between the ages of 4-19 years with severe learning disabilities and other complex needs such as complex health, physical disabilities and behaviours that challenge achieved GOOD rating following an Ofsted inspection in November 21.

Many individuals and teams were nominated for the Combined Healthcare REACH Awards with a number of winners:

- Leading with Compassion – Sarah Mountford – Team Lead Community Learning Disability Team
- Learner of the Year - Jessica Fitzgerald – Consultant Nurse in Learning Disabilities. Jessica was also shortlisted a the Student Nursing Times Award alongside student nurse – Jessica Sinden.

Acute & Urgent Care

PICU

The pandemic impact has raised a number of challenges across all services and the PICU Team have managed a number of Covid outbreaks. However the PICU team have continued to maintain positive relationships with service users and carers, implementing innovative ways of keeping in touch and supporting care planning. The team have implemented new ways of working to ensure patients in isolation have activities and continue to have access to high standards of care.

Ward 1

Ward 1 have continued to strive to support safe and effective care for their service users whilst also managing the changing landscape relating to Covid.

Ward 2

Over the past two years the ward has faced a number of challenges and managed a number of Covid outbreaks, we have adapted practices to ensure safe and consistent services despite the additional pressures.

The ward continues to be Involved In a number of Quality Improvement projects to support Improvements across the pathway for service users. Staff wellbeing has continued to be a high priority for the team with a number of events/initiatives supported including a virtual rowathon etc.

Ward 3

The ward is fast paced and is one of the busiest wards within the Trust. The team seek to promote patient wellbeing, independence and recovery within an environment that is therapeutic and offer 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 has continued to adapt and work flexibly due to the continued pressures arising from Covid. Ward 4 have continued to maintain effective system partnership working to support patient flow across the system.

Ward 6

Over the past 12 months the ward has been challenging from many perspectives. The Covid pandemic was extremely difficult due to the patient group and their understanding of the importance of Infection Prevention, however the team worked collaboratively and effectively and this ensured early identification and safe quality care in accordance with Trust and National Guidelines.

Lack of community care such as care packages and nursing home placements has also been a major challenge, this has in turn increased the number of complex admissions into hospital and increased the length of stay, which has added pressures to the ward and the capacity for inpatient beds.

Safe staffing levels and staff morale has also pictured as a major challenge, however the teamwork within Ward 6 has continued to strive for outstanding and each and every one of the MDT has played their part in ensuring that the patient journey was an experience of safe, high quality and compassionate care.

Ward 7

The last 12 months have been challenging due to the Covid pandemic as ward 7 have experienced several Covid Outbreaks. Each outbreak has come with its own challenges however all have been well managed due to early identification, IPC compliance and safe delivery of care.

Ward 7 have worked collaboratively with the Outreach Team on a Quality Improvement Project , which aims to support early facilitated discharge, the initial outcomes have been very positive.

ECT

The last 12 months have been both challenging and enjoyable. Over the last 2 years we have had to develop new ways of working because of the pandemic and some of those changes have been easier to implement than others. As ECT is an aerosol generating procedure, we are still wearing full PPE, which on a warm day is tricky. We have implemented a number of different ways to mitigate against the risk of Covid within the department.

We were also very proud to gain the ECTAS accreditation.

Crisis Care Centre

The Crisis Care Centre has continued to provide 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.

Home Treatment Team

The team has continued their relentless support to prevent admission in order to support service user choice and where treatment at home is a clinically viable option as well as supporting safe discharge. The Home Treatment Team has been flexible in order to meet the challenges of Covid and to ensure safe patient care is delivered. The Home Treatment Team support the gatekeeping of beds and have supported significant pressures in obtaining appropriate support for service users.

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 made up of three experienced nurses, the team is 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. The team work every day from 4pm – 2am this is often a complex area of work that can mean responding to a wide range of difficult crisis situations.

High Volume Users Teams (HVU)

The High Volume Users Team have worked closely this year with system partners to support service users who are frequently attending our emergency portals, the team have integrated the service within the local emergency department to help the diversion of service users where clinically appropriate and to support a safer expedited discharge.

All Age Access Team

Our service has continued to grow in relation to the amount of contacts that we are supporting within the local area for both adult and young people work streams. Year on year we are seeing a significant increase in demand, the team continue to review processes and pathways In order to support this and ensure that we offer a safe and effective service.

Mental Health Liaison Team

The team has faced unprecedented challenges this year especially during the winter pressures period, with the hospital being a major trauma centre they also can face the added complexities of supporting those that maybe out of area and then linking them back into local services.

Working in a host hospital brings its own challenges and pressures, however the team has rose to every challenge that they have faced and delivered crisis support to all of those that require support in addition to the community hospitals that are also under our care.

Place of Safety

There has been a number of challenges over the past 12 months however we have been able to support our colleagues across the system to continue to deliver a safe service for those who require it.

Primary Care

The Primary Care Directorate has continued to achieve our objectives.

The Directorate's objectives are to:

- Continue the growth of the primary care directorate
- Improve or develop relationships with stakeholders such as other NHS/private health care providers
- Utilise our economy of scale

Growth of the Directorate means further integration of appropriate practices who wish to integrate plus greater provision of support and new services within the wider trust. We will find greater opportunities to grow when we develop greater relationships with our stakeholders and we will find this process far easier once we utilise our new economy of scale.

We intend to continue to improve our service to our populations by:

- Further improving and diversifying access
- Maintaining the consistency and harmonising protocols to achieve performance targets all practices

The Covid pandemic accelerated the use of remote consultations. Following easing of restrictions we have increased the proportion of face to face appointments. We must prioritize high quality consultations and utilize all of our digital resources to guarantee and improve access.

We must also ensure that there is equitable performance across practices that are integrated within the directorate. This will require harmonization and consistent use of protocols and practices, where this does not affect the practices ability to relate and interact with their population and local stakeholders.

Our successful recruitment and retention will be protected by:

- Developing attractive, innovative clinical and non-clinical roles
- Further promoting training and self-development
- Empowering local clinicians and managers to lead teams in each practice to implement strategy and lead local innovation

Moorcroft Medical Centre was inspected by the CQC during the summer of 2021. As a result, Moorcroft maintained the overall rating of "Good" and they achieved the rare achievement of being rated as "Outstanding" for leadership. This is an amazing achievement during a very difficult time in general practice.

The CQC said

"We rated well-led as Outstanding because:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was a demonstrated commitment to best practice performance and risk management systems and processes.
- Leaders were dedicated to reducing risk and protecting patients from harm, the service had made the decision to appoint external consultants to ensure the service was as safe as it could be
- Practice leaders were innovative and openly shared with others.
- Staff views and suggestions were actively used to make improvements to services within the practice."

The CQC also reported

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the Covid pandemic.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- One of the practice nurses had set up a series of videos for staff which demonstrated donning and doffing of personal protective equipment for infection prevention and control measures. These had been well received by the whole practice team.
- it was clear that the practice derived learning from events and used this to improve practice
- We saw examples of actions taken on recent alerts for example, regarding sodium valproate and that this search was regularly reviewed. Where actions related to guidance the senior operations lead for the practice in collaboration with the practice pharmacist ensured these were recorded and cascaded to staff.

The CQC commented on the good morale of our staff at Moorcroft Medical Centre. Over the years we have encouraged our staff to pursue continuous professional development. This in turn has led to better trained staff with greater loyalty and gratitude to the trust. We intend to continue this trend by creating new roles within our directorate that will create further opportunities for career advancement and/or diversification.

There are also many clinical and managerial leaders in our directorate who could lead Innovation at a local level. As the directorate grows, these leaders will be empowered to take new leadership roles.

Financial review

Financial Review

2021/22 was another strong year for the Trust financial achieving a surplus for the year from continuing operations of £1.5m against income of £149.9m. This was the 23rd year the Trust has consecutively achieved a surplus position.

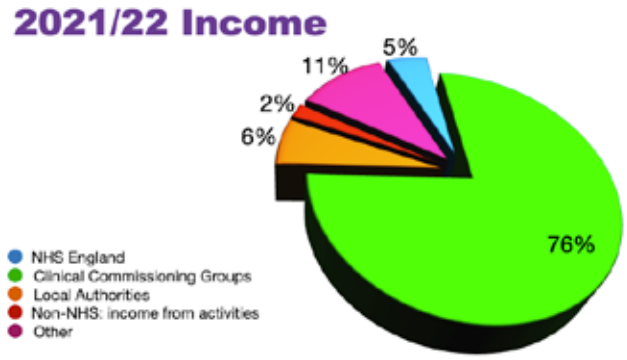
We are pleased to report the Trust has an adjusted financial of £895k surplus against a breakeven plan. This was mainly due to Covid cost reimbursement from the CCGs. This reflects the hard work and dedication from all our staff to ensure we deliver quality services in an efficient and effective way. 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 - Summary

	2021/22	2020/21
	£'000	£'000
Operating income from patient care activities	134,160	89,592
Other operating income	15,766	15,630
Operating expenses	(145,861)	(99,799)
Operating Surplus/(deficit) from continuing operations	**4,065**	**5,423**
Finance income	12	6
Finance expenses	(2,654)	(2,731)
PDC dividends payable	(370)	(233)
Net finance costs	**(3,012)**	**(2,958)**
Other Gains/(Losses)	408	312
Gains / (losses) arising from transfers by absorption	-	(232)
Surplus / (deficit) for the year from continuing operations	**1,461**	**2,545**
Adjusted Financial Performance		
Surplus / (deficit) for the year from continuing operations	1,461	2,545
Add back all I&E impairments/(reversals)	(135)	319
Adjust (gains/losses on transfers by absorption	-	232
Adjust I&E impact of capital grants and donations	(62)	-
IAS19 - Removal of Non cash Pensions on SOFP	-	(4)
Remove net impact of consumables donated from other DHSC bodies	45	(86)
	1,309	**3,006**
Adjusted Financial Performance for Purpose of System Achievement		
Adjusted Financial Performance	1,309	3,006
Less gains in disposal of assets	(414)	(335)
	895	**2,671**

2020/21 saw significant changes to the financial regime implemented nationally to support the response to Covid which continued through the year esulting in two planning rounds for the year for the first 6 months and second 6 months of the year. Usual operational planning and contract negotiation processes were suspended nationally and the interim regime that was introduced for the period 1st October 2020 to 31st March 2021 continued into 2021/22 which included a share of system allocated funding.

Total Trust Income for 2021/22 was £150.0m.



Most of the Trust's income £120.8m (81%) 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 income.

During 2021/22, we have continued to invest in the Trust's estate and assets through our capital programme. This includes commencing a major capital investment in the main inpatient facility at Harplands for the eradication of dormitories, ICT software and hardware and backlog maintenance.

We ended the year with a cash balance of £25.9m. 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.

The accounts have been prepared under a going concern basis based on the anticipated future provision of services in the public sector. The Trust Directors have not identified any material uncertainties relating to events or conditions that individually or collectively cast doubt on the Trust's ability to operation as a going concern entity.

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

Outstanding

Our journey continues...

40 schemes developed to recruit and retain staff ...BY 2023

Flexible working

Role Rotation

200 newly qualified staff working across the Trust between 2022 and 2024

Social Workers · Registered General Nurses · Registered Mental Health Nurses · Registered Learning Disability Nurses · Qualified Well-Being Practitioners

Introduce a Friend

Grow our Own

Work / Life balance

Health and Wellbeing

Talent Development

SUCCESS · KNOWLEDGE · SKILLS

Serious about inclusive recruitment

EXCLUSION · INTEGRATION · INCLUSION

The most ambitious Vacancy Management Plan in our history

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 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, 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

Services have been actively embracing digital technology to support the ongoing delivery of high quality, safe and effective care during the Covid 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.

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.

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 care in Staffordshire.

One Health and Care

Working with local health and care partners the Trust has 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 focussed 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 continued to implement 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 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 optimises medical coding process, data and analytics modernisation & migration, clinical care management and coordination and population health management.

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.

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, data and insights. This is being integrated with the Active Listening strand of our Communications and Engagement strategy.

During 2021/22, we gained approval for our Business Case for a Unified Knowledge Layer for Combined Healthcare. When fully developed, this will enable teams involved in different business processes to see and combine knowledge from a wider perspective:

- Performance seen side by side with financials;
- Listening and Engagement seen side by side with actions and outcomes;
- Risks and Strategies seen side by side with programmes and projects;
- Insights and knowledge from a wider range of activities, teams and colleagues than those simply involved with existing day-to-day networks and business interactions; and
- Reduce the risk of loss of corporate 'memory' if key individuals leave the Trust or are absent from work for any extended period of time.

It will also enable Directors and Leaders – including Committee Chairs and Board Members - to:

- See, navigate and interrogate a unified view of activity across the Trust as a whole, not just those for which they are directly responsible;
- Have personalised and filtered 'birds eye' dashboards of those items and areas most critical to them and their role – with 'management by exception' alerts for items of concern or importance;
- Drill down and/or back up to the level of detail most useful at any time; and
- Instantly and automatically see and build up knowledge of areas of relevance and importance to them if their role assumes new responsibilities or areas of activity.

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.

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.

As part of the Digital Aspirant Programme, the Trust has achieved the ambition of becoming "a nationally recognised NHS care provider with aligned cultural, organisational and technological models that deliver exceptional care, efficiently." Through this programme we have the opportunity to lead the way in using digital technology and new ways of working in mental health, building on our investment in Digital.

The programme enables the Trust to develop new systems and roll-out innovations across several projects including, Clinical Readiness and Mobilisation, Referral and Assessment Redesign (Combined Care System), Business Intelligence and Integration and Optimisation and Transformation.

Digital Aspirant objectives were agreed with key stakeholders and ultimately seek to enable:

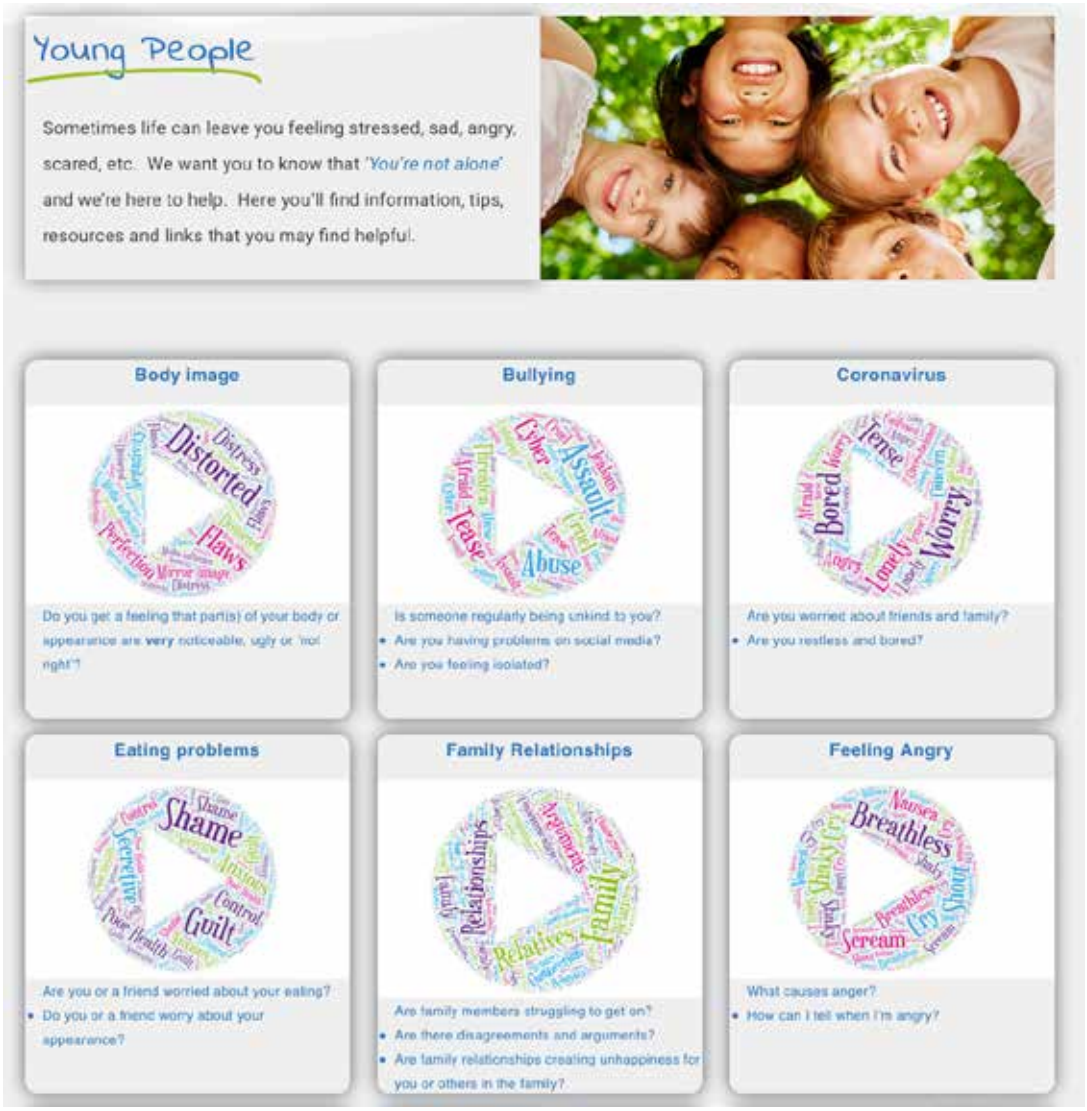
- Provide health and care professionals with the tools they need to efficiently deliver safe and effective patient care;
- A single source of reliable information to inform service users
- A smoother, faster sign-posting and referral process, with self-referral as the norm;
- Joined-up information to the care network, including improving quality of GP referrals;
- Apps and resources for self-management during treatment and after discharge, to improve their experience and outcomes
- A feedback loop with data analysis tools to inform planning and improve services;
- Improvements to Lorenzo usability and configuration to the Trust's needs;
- Enhanced analytical and integration capability across Trust and external systems; and
- Deploy clinical management and efficiency tools including applications, alternate consultation methods and expansion of the Electronic Prescribing and Medicines Administration implementation across inpatients.

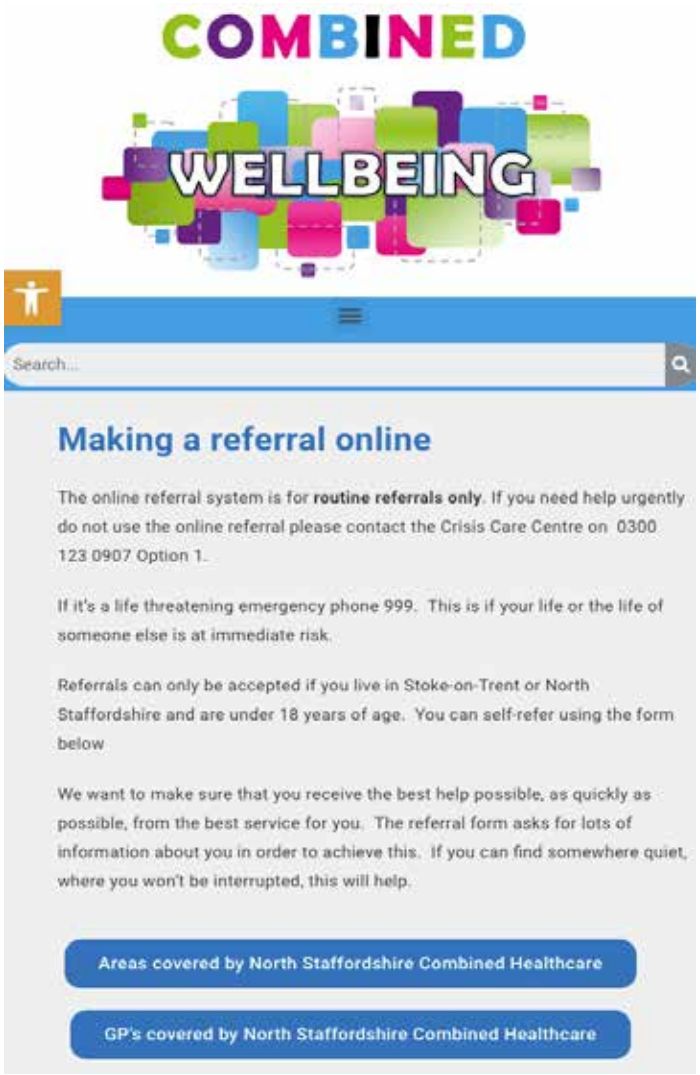
The Digital Aspirant Programme encompassed a range of individual projects targeted to deliver the core objectives and to improve the experience of trust staff, service users and partner organisations:

- Wellbeing Portal - development of an all-age portal to provide services for service users, carers and professionals;
- Smart Documentation – develop improvements and optimisations the core assessment, risk assessment and care plan to collect the right information and avoid duplicate entry;
- Handheld and mobile working solutions – deploy digital technology that supports clinicians and service users at the point of care in the community or by the bedside;
- Clinical Insights – provide the ability to analyse and dashboard patient information direct from the clinical system;
- Electronic Patient Medication and Administration (EPMA) deploy Lorenzo EPMA delivering efficient and safe electronic prescribing and medicines administration to inpatient wards;
- CAMHS optimisation – expand and enhance the current CAMHS Wellbeing Portal;
- Referral Strategy review – options appraisal and recommendations for change;
- Discharge process digitisation – improve the discharge process and the support given to service users after discharge; and
- Smart Communications review - review the current communication methods and define better ways of engaging with service users.

Outstanding

Our journey continues...





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

Our communications and engagement

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.

Investment and innovation

Over the past year, the Trust has continued to demonstrate its commitment to invest in our Comms and Engagement function, enabling us to recruit highly specialist digital editing and production skills into the team and to introduce a slew of innovations and improvement in our operations and offerings.

These have included:

- a beautiful new upgrade to our CAT Intranet, delivering a modern staff directory, events calendar and searchable Policies and Procedures section;
- design of an accompanying new public website, with significantly upgraded details of our services and locations;
- a fully digital AGM created entirely in-house, with filmed contributions from all Exec Directors, beginning with a 'heart flyover' of all our locations across Stoke-on-Trent and Staffordshire and culminating in a 'roll-call' tribute to every single person who worked at Combined throughout the Covid period;
- the launch of Combined Virtual Reality (CVR); and
- a new tool called the ACE Grid (Announcements, Communications, Engagement, Awards, Campaigns, Events) a highly sophisticated capability to track and analyse our communications and engagement outputs and activity.

As the year ended, we embarked on our most ambitious innovation yet - investment in trust-wide digital screens to underpin the launch of our own digital news channel - Combined Television (CTV). Next year's Annual Report will provide full details of its first year of operation.

Supporting strategic transformation

We have continued to play a crucial role, providing communications and engagement support and advice in a number of important strategic projects and programmes across the Trust and at system level. These include:

- Community Mental Health Transformation;
- Incident Management Group;
- Lawton House Hub;
- Project Chrysalis;
- Recruitment and Vacancy Management Programme;
- NHS Staff Survey;
- A Greener NHS; and
- Primary Care mobilisation.

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

Since its launch in 2019, our Podcast 'Combinations' has been accessible for free at https://soundcloud.com/nhscombinations, iTunes and Spotify and has attracted over 7,200 listens. In October 2021, we were delighted to be come in at number 9 in an independently produced list of the top UK healthcare podcasts overall – and the ONLY one in the top 30 to be produced by a frontline NHS Trust.

Episodes over the year include:

- **Community Mental Health Transformation Programme** - Community mental health services in Stoke-on-Trent and Staffordshire are being transformed as part of a multi-million pound investment programme. North Staffordshire Combined Healthcare NHS Trust is leading the work across Stoke-on-Trent and North Staffordshire, and in a series of podcasts we talk to some of the key leads at the Trust about what it means for our local communities and the people we serve.
- **Black History Month** - Tanisha Simpson, Hector Musonza and Sarah Wanjiku, North Staffordshire Combined Healthcare NHS Trust, discuss Black History Month 2021 and #ProudToBe
- **Digital Exemplars** - Combined Healthcare is proud to be a national Digital Exemplar. Over a number of podcast, we shone a light on some specific digital innovations in the support we are giving to frontline staff and the service users whose care they deliver - talking directly with the clinical and digital staff working hand in hand to deliver them - including our Community Aide app and Electronic Prescribing and Medicines Administration (EPMA).
- **Jacqui's Story - Wards 4 and 6** - we published an amazing carer story that showcases the level of compassion at Combined. Jacqui, the mother-in-law of a patient on Wards 4 and 6, tells us her experience of Combined Healthcare's service during a difficult time for her and her family. Humbling, but SO Proud of Wards 4 and 6
- **The world of QI** - The Trust's QI Lead, Jayne Beasley explains the fundamentals of the QI approach, the tools and techniques available to Trust staff and teams via the Trust's Learning Management System, and sets out the QI Team's vision for driving quality improvement across everything we do.

Transforming our Trust Board Meetings

We have continued to 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 - via the **Previous Board Meetings page** on our public website.

Our unique and highly innovative online facility - **Ask the Board Online** - allows anyone to 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.

After the Board meeting has taken place our **Ask the Board Questions Archive** allows anyone to

- search all responses or filter by the name of the person asking the question or a date range of Board meetings
- do a full word search of any comments, questions or suggestions.
- read the details of our response to any particular question; and
- click on a link to view our Board's video response and any subsequent discussion

Over the past year, service users and members of the public have used the Ask the Board facility to ask questions about a whole range of topics and issues, including:

- the future of the Kniveden site;
- dealing with the Covid backlog;
- CAMHS waiting times;
- transfer of ADHD services from children to adults;
- digitisation of services;
- long term community Covid clinics;
- autism and ADHD diagnosis; and
- meeting unmet need in children's services.

Staff, Service User and Carer Stories

We continued to develop the 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 include:

- **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;
- **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;
- **Chiara's Story** - Chiara first accessed us in 2017 after losing a baby in pregnancy and was subsequently helped for the birth of her child;
- **Jacqui's Story** - Jacqui, the mother-in-law of a patient on Wards 4 and 6, tells us her experience of Combined Healthcare's service during a difficult time for her and her family;
- **Adam's Story** - Adam has accessed Combined Healthcare's services for a number of years, especially benefiting from support from the Early Intervention Team and Step On. He has also attended Changes and Growthpoint over the years. Adam is now using his lived experience to help others, volunteering at Changes, and is about to begin a role as Peer Support Worker with Step On; and
- **Natalie's Story** - Natalie is a Carer and gives a powerful insight into the experience of working with our frontline teams as a carer – with particular praise given to the Edward Myers Unit, but also challenging examples of where information has not been as good as it could be.

The Summer Celebration of Long Service

On the 73rd Birthday of the NHS, Shajeda Ahmed, our Executive Director of People, OD and Inclusion, introduced our Summer Celebration of Long Service. Delivered online over a 3 week period, our Summer Celebration of Long Service celebrated and highlighted the contribution of over 400 members of our current staff who have devoted literally decades of their working lives to the NHS.

We grouped them into six strands – those who have worked at least 20 years in the NHS, or 25, 30, 35, 40 or incredibly 45 years. Each of these six groups was represented by someone who gave us a brief snapshot insight into their personal story and individual history with the NHS – why they joined, what it was like, what the NHS means to them and what it has enabled them to do. Just these short vignettes are fascinating on their own – so they only hint at the treasure trove of memories and experience held by our people:

- **45 years - Moira Salt** - in 1976, we were dancing and having the time of our lives, the first commercial Concorde flight took off, the Queen opened the new National Exhibition Centre in Birmingham and a record heatwave saw a ladybird invasion;
- **40 years - Jill Taylor**- in 1981, we were all SO charming, the first London Marathon took place, we said Hello to Hitchhikers, and goodbye to a Ford classic car, the Cortina;
- **35 years - Judy Littlehales** - in 1986, the nation greeted a new gameshow called Catchphrase, rodent fans were in shock as comedian Freddie Starr ate a hamster (allegedly) and there was a new face in the manager's seat at Man Utd;
- **30 years - Andy Powell** - in 1991, we were just too sexy, John McCarthy was released after 1,943 days as a hostage, the Big Issue hit the streets and a mother made a fateful prediction;
- **25 years - Claire Lamb** - in 1996, we were on fire, Dolly the Sheep was unveiled to the world on the NHS 48th birthday, a massive 4% of the UK had internet access with astonishing speeds of up to 56kbps, and Nelson Mandela went dancing in Brixton; and
- **20 years - Mel McNair** - in 2001, we couldn't get Kylie out of our heads, Wikipedia was launched, NASA became the first space agency to successfully land a spaceship on an asteroid, and Steve Jobs launched a revolutionary product - iPod - and changed the music industry forever.

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:

- **Why work at Combined?** - Dr Becky Chubb, Old Age Psychiatrist and Locum Consultant, North Staffordshire Combined Healthcare NHS Trust, talks about her career and why she works at Combined Healthcare;
- **Combined's video Christmas Card** - a simple message of thanks and appreciation on behalf of the Trust Board and our staff. And, with promoting health and wellbeing being at the top of our priorities, the video card ends with a link and QR code that will take you to the host of wellbeing advice and resources available via the main Combined website;
- **Everything anew** - a message to our staff from our Interim Chief Executive, Dr Buki Adeyemo;
- **Early Intervention Team - Contact** - exploring the experiences of Karl and understanding the early signs for first episode of psychosis;
- **Towards Net Zero - Our Outstanding Commitment** - Sustainability is one of our four Trust strategic themes. We're inviting all staff to give us their ideas and become our Sustainability Champions. For us, sustainability isn't an add-on...It's part of what makes us Outstanding.

Combined Virtual Reality (CVR)

In March 2022, we were proud to launch a new addition to our portfolio of communications products and channels - Combined Virtual Reality (CVR) - harnessing the latest innovations in communications tools and techniques. Virtual reality is an experience that can be similar to or completely different from the real world. Applications of virtual reality include entertainment, education, medical training and business (such as virtual meetings). Other distinct types of VR-style technology include augmented reality and mixed reality, sometimes referred to as extended reality or XR.

Virtual reality systems use either virtual reality headsets or multi-projected environments to generate realistic images, sounds and other sensations that simulate a user's physical presence in a virtual environment. A person using virtual reality equipment is able to look around the artificial world, move around in it, and interact with virtual features or items.

The effect is commonly created by VR headsets consisting of a head-mounted display with a small screen in front of the eyes, but can also be created through specially designed rooms with multiple large screens. Virtual reality typically incorporates auditory and video feedback, but may also allow other types of sensory and force feedback through haptic technology.

To mark international World Delirium Awareness Day on 16th March 2022, our first CVR output was a highly innovative training VR film to help frontline healthcare staff create conversations, increase understanding and empathy towards those with delirium and encourage us all to 'think delirium'.

The film places the viewer inside the head of a patient with delirium in a hospital bed. We see what the patient sees, hear the thoughts in her head and experience some aspects of what delirium causes her to see. This includes delusions that staff are conspiring to poison her and fellow patients and dispose of their bodies, that the building is under attack and that air raid sirens are going off.

The staff caring for this patient are unaware of these thoughts and perceptions and they struggle to understand why the patient is behaving as she does, so they respond in a less than helpful way. They also forget to place back her glasses or to turn on her hearing aide, adding to her distress. Eventually, a member of staff DOES recognise her distress and comes to her help.

You can watch the training video on our YouTube channel either through a VR headset (such as Oculus Quest) or in a normal web browser, using drag and move to experience the 360 degree effect.

Our people

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

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 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 1,504 permanently employed (WTE) staff during 2021/22, 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 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 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;
- A range of staff support webinars adapted each month to the changing needs of our people
- Continue 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
- Hugely successful social media campaingn #Take21in21 raising the profile and importance of staff self care and self help
- 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 risk assessments, supported by MOT Health Checks with Occupational Health for those that had concerns. We particularly targeted people with a Black, Asian and Minority Ethnic 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

Leadership and management development

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

High Potential Scheme

We are delighted to see the first cohort of participants reach a conclusion of their two-year HPS development journey. The scheme's ambition is to grow a more diverse leadership pipeline and help participants fast track their careers to become our future executives and system leaders of tomorrow.

So far, 40% of participants have progressed into more senior leadership roles since their commencement on the programme in January 2020.

Receiving national recognition for the success of the first pilot, which continued throughout the pandemic, the National leadership Academy have endorsed us to lead on the early adopter rollout of the scheme using a buddymodel approach working with Shropshire, Telford and Wrekin ICS.

We have been supporting #cohort1 participants to successfully transition off the HPS and progress their career ambitions into senior leadership positions within the system. Preparation and planning has also taken place for the assessment and launch in the autumn of the first early adopter model (towards a regional footprint) in partnership with Shropshire, Telford and Wrekin ICS.

Partnership working has enabled the delivery of the HPS which has been a catalyst for system-wide culture transformation; supporting greater collaboration and the introduction of an inclusive talent management approach and ambition to develop a system talent pool and succession planning.

Scope 4 Growth

We were successful in an application to be a pilot site for the scope for growth create conversation too. Conversation uses a coaching approach and support individual to take ownership of their development. It could increase the talent management, by enabling us to make the aspirations of our people more visible And advance succession planning within Combined and across the system.

CONNECTS

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

A detailed analysis of the national NHS Staff Survey data confirmed Combined Healthcare is the best rated Trust in the entire NHS.

We were delighted that this year, more of our staff responded to the survey than at any time in our history. It's great that so many of our people feel willing, able and enthusiastic to tell us their experience and their views.

This year, the centrepiece of the staff survey was a series of questions asking all NHS staff across the country how their Trust is performing against the 7 promises and 2 themes in the national NHS People Promise.

Across those crucial promises and themes in the NHS People Promise – to coin a phrase – Combined Healthcare is "simply the best".

Combined is the number one, best performing Trust out of all 217 Trusts in the NHS Staff Survey across the People Promises and Themes - not just mental health trusts:

- We are the best performing Trust in the entire NHS for recognition and reward;
- We are the best performing Trust in the entire NHS for flexible working;
- We are the best performing Trust in the entire NHS for staff saying "We are a team";
- We are in the Top 2 Trusts in the entire NHS for staff saying they have a voice that counts;
- We are in the Top 2 Trusts in the entire NHS for staff saying "We are always learning";
- We are in the Top 2 Trusts in the entire NHS for staff morale;
- We are in the Top 3 Trusts in the entire NHS for compassion and inclusion; and
- We are in the Top 4 Trusts in the entire NHS for staff saying "we feel safe and healthy."

These are quite incredible results and a real tribute to all of our people. And in particular how they all treat each other as colleagues and managers.

We could not have been prouder to be able to congratulate and thank them all on what they have told us.

At Combined Healthcare our continuing mission is to be outstanding in ALL we do and HOW we do it. These Outstanding results tell us that in so many areas we collectively and individually are succeeding in that overall mission. But we ALSO say – again and again – that we are NEVER complacent. And we know that in the details of what our people have told us, there are still some areas of concern for some of our staff and teams.

As we celebrated our amazing overall achievement, we reassured all of our people that we will be studying those detailed results. listening to everything we have been told and producing a Trust-wide action plan to address those areas where we need to do more. We were really pleased to see they have enabled their voice to be heard. And we promised to listen to you and will continue to support their wellbeing.

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 focussed 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 (Black, Asian and Minority Ethnic) 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 Black, Asian and Minority Ethnic 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 and significant clinical service expansion we're pleased to have improved our Vacancy position maintained a stable performance in terms of our Turnover.

However, along with many NHS Trust's, due to an ongoing national workforce shortage, Nursing and Medical recruitment remains a continued and ongoing significant challenge. A number of strategies continue to be developed and enhanced as part of the Trust's Vacancy management and Retention Plan, including our Apprenticeship scheme and in particular our trail blazing Nursing Apprenticeship Degree and Masters programme, and increase in newly qualified Nursing preceptorship programme.

We've also developed national recruitment campaigns with a more engaging and inclusive offer, developed new roles, expanded our clinical placements provision, offered greater flexible retirements and continued our digital recruitment fair which celebrate our outstanding services.

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 ongoing safe and timely recruitment practices.

Learning

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.

In 2021, we have added further chapters and courses to support our people's health and wellbeing and continuing professional development. We have more planned for 2022, including a chapter specifically for non-clinical staff.

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 2021 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 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.

The prospectus catalogue is open to all people to enable them to enrol and attend increasing theirdevelopment opportunities. Over 180 face to face, virtual and e-packages are delivered through the LMS.

Coaching

Membership of the West Midlands Employers Coaching and Mentoring Pool has been a great development resource for all staff over the last year providing access to free coaching both internally within Combined or by accessing a coach via the wider West Midlands Pool. Pool membership has not only been advantageous to our staff but our coaches have also benefitted by gaining access to accredited external CPD and supervision along with a library of coaching resources.

As part of the WME pool of coaches we continue to access CPD events and meet supervision requirements to ensure our coaches are supported and up to date. In addition coaching style conversations and skills are delivered at team level to continue to develop and embed a coaching culture at Combined.

We are delighted to have continued to grow our qualified coaching pool, with a particular focus on developing coaches from a diverse background, and are currently supporting 10 trainee coaches ranging from ILM L5 to ILM L7.

Our commitment to developing a coaching culture and approach with Combined has been strengthened through the development and delivery of a short training session for all staff on how to hold everyday coaching conversations. This has been well received and valued by those who attended. This foundation will be further built upon in the year ahead as we work with Coaching Cultures to provide all staff with access to a digital platform

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.

Apprenticeships and New Roles

2021/22 has been another busy year for apprenticeships within the Trust, with the high level of new starts meaning we have exceeded our apprenticeship Public Sector target for the second year in a row.

We have continued to develop and expand our apprenticeship offer, despite the ongoing challenges posed by the pandemic and we're pleased that we were able to offer our first Social Work apprenticeship programme as well as implement our first MSc Apprentice Nurse cohort within Learning Disabilities.

The Trust has identified funds to support a second cohort of 20 apprentice nurses who will be undertaking BSc and MSc programmes commencing in February and September '22. These will be across both the Mental Health and Learning Disability pathways.

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 built on the number of leaders undertaking apprenticeships thus supporting managers in their current roles and preparing them for more strategic roles in the future. We have apprentices in shared cohorts with partner organisations' which maximises apprentice learning experiences and supports enhanced understanding and networking across organisations within the health economy.

Our 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 aim to have our first Occupational Therapy apprenticeships in September '22. We review new apprenticeship standards as they become available to ensure our apprenticeship offer remains current and relevant and are exploring the development of the Clinical Associate in Psychology role, Physician Associate and Enhanced Clinical Practitioner.

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.

Leadership Development

Our bi-monthly virtual Leadership Academy provides our Leaders the opportunity to connect, learn and network whilst gaining CPD hours. These events are now recorded to share the learning more widely across the Trust and the content highlights our Trusts strategic aims. Our Leadership Academy provides a platform to provide regular updates from across our ICS & Trust, to showcase good news stories, discuss a leader topic of choice and provide opportunities for questions and answers with representation from across the Board.

Inclusive Talent Management

We have launched our Inclusive Talent Management and Leadership Development approaches with workstreams including;
Reviewed and developed the Combined Talent and Leadership Strategy to: develop the potential of all, succession plan for the future and identify the golden thread of Inclusion Talent Management throughout Combined.

Introduction of Quality Potential & Development Conversations

We have delivered career coaching conversations to support the aspirations and growth of our people. Upon reviewing our Appraisals we will be introducing Quality Potential and Development Conversations into our Appraisal module, which will also include training for both appraisee's and appraisers.

Our Combined Leadership Journey includes providing a plan on a page providing signposting to a range of quality assured & relevant development learning opportunities for our people from pre NHS employment, career changers through to our Executive Leaders. We've grown internal capability to support more of our people with personality profiling, psychometrics or 360 feedback to support ongoing leadership development programmes.

The Mental Health Virtual Career Experience in Staffordshire and Stoke-on-Trent (springpod.com)

Due to Covid, all face-to-face work experience opportunities across the system were stood down.

Keen to get on the roadmap back to "normality," and with the current legislation around the workforce of the NHS People plan: "growing for the future," we were keen to pick up through the widening participation agenda and as part of our recruitment drive, new and exciting opportunities to explore new ways of working.

Combined embraced a fabulous opportunity for system working on widening participation in February 2022 alongside colleagues from MPFT and UHNM. This collaboration was to provide a virtual work experience offer that showcased the system career opportunities to our cornerstone schools across all localities.

A number of staff across the system made videos and facilitated live webinars, but as a Trust, our staff really got behind the initiative, and we had a great representation across the directorates in both the career stories and the live webinar sessions. The result was delivering a system-wide 'Work Experience' week to schools/colleges across the Stoke and Staffordshire ICS.

The initial report identified 137 young people enrolled, with 87 completing certification. This gave us a higher than average 60% overall completion rate (the average for Springpod is 43%). Of the 87, 65% identified as Black Asian and Minority Ethnic and 31% identified as White with 4%prefering not to say. 86.3% identified as female, 8.7% male, 1.5% identified as transgender, 2.3% non-binary and 1.1% preferred not to say.

Feedback scores were above average 9/10 for the question "would you recommend the programme" and an 8.8/10 enjoyment rating. 51% following the programme stated that they were very likely to pursue a career in mental health compared to just 36% before the programme.

The Trust plans to invest in re-runs of this event and the development of other programmes over the next year alongside our system colleagues

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 2022.

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 2021/22
- Total cost of facility time

Reported Trade Union Facility Time (1 April 2020 to 31 March 2021

Relevant union officials

What was the total number, and full-time equivalent number, of trade union representatives your organisation employed, for the full 12 months?

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	2,947 hours
Total amount of time representatives spent on facility time – paid union duties and activities	2,842 hours
Total amount of time representatives spent on paid union activities	195 hours (attending conferences and committees)
Total amount of time representatives spent on unpaid union activities	0 hours

Percentage of time spent on facility time

What was the percentage of working hours each representative spent on facility time, in the categories of; a) 0%, b) 1% to 50%, c) 51% to 99%, or d) 100%?

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)	£70,189,000

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	£60,734
Total cost of trade union duties	£58,570
Total cost of trade union activities	£2,164
Percentage of the total pay bill spent on facility time	0.09%
Percentage of total paid facility time spent on trade union duties	96.4%
Percentage of total paid facility time spent on trade union activities	3.6%

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 Internal Audit LCFS has:

- Responded to four reactive fraud referrals, none of which has resulted in full investigations;
- Delivered two proactive reviews this year for Conflicts of Interest, Gifts & Hospitality review, and a Cyber Fraud Risk review.
- Provided the Trust with a series of workshops and training on key fraud risks in medical staffing, workforce, accounts payable and NHS, phishing and smishing scams;
- Provided guidance on fraud risks and key points to consider on vaccination as a condition of deployment;
- Organised a cybercrime webinar held by West Midlands Police Cyber Crime Unit;
- Undertaken a Fraud Awareness month aligned to international fraud awareness week. Held two virtual drop-in sessions so staff can raise any concerns or referrals;
- Provided the Trust with fraud awareness promotional materials on NHS asset fraud, sickness absence fraud, timesheet and expense fraud and general fraud awareness; and
- Produced the quarterly fraud focus newsletter.

On behalf of the Trust, the Chief Executive can 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

Working to advance diversity and inclusion has continued to be a high priority for the Trust throughout the second year of Covid, despite the many and severe operational challenges the pandemic has imposed on our health and care systems and services. We have not relented in our pursuit of a more equitable and inclusive organisation, system and society, taking a high-profile and multifaceted approach as outlined below.

We are extremely proud to have been recognised for excellence in our approach to growing workforce diversity and inclusion throughout this period, being credited with the following national awards received during 2021-22. These awards recognise our unique approach and absolute commitment to the inclusion agenda:

- Winner of the HPMA Mills and Reeve Award for Leading In Equality, Diversity and Inclusion 2021;
- Finalist In the HSJ Staff Engagement Award 2021; and
- Finalist In the HSJ Workforce Race Equality Award 2021 (awarded In March 2021).

A key element of our approach to advancing workplace Inclusion is the delivery of our Inclusion Schools programme on behalf of Staffordshire and Stoke-on-Trent Integrated Care System. Inclusion School aims to influence and change behaviours through a 'show not tell' approach, based on powerful personal stories and conversation. These sessions have been delivered online as a consequence of the context of the pandemic. However, this medium has enabled us to reach a much wider audience for these Important and engaging sessions.

In 2021-22 we delivered a series of Inclusion School Summer Masterclasses, well-attended across the system and beyond and still reaching new participants through our shared recordings. Our Summer Masterclasses addressed a range of core inclusion concepts, as below:

- Unconscious Bias and Micro Aggressions;
- Authenticity, True Self and Imposter; and
- Privilege and the Power of Allyship .

We then returned to our more In-depth story and conversation-based sessions with our Autumn Inclusion School entitled The Colour Purple: Mind the Gap (Understanding and Supporting People with Disability and Neurodiversity). More than the sessions themselves, our Inclusion Schools have become a genuine and growing learning community and movement for positive change on inclusion. Our Inclusion School journey will continues Into 2022-23.

Another Important element of how we have been changing the culture towards greater inclusion throughout 2021-22 is with our 'Comfortable Being Uncomfortable with Race' cultural education programme. This initiative has been led by the Trust on behalf of the system to challenge institutional and individual biases and micro-aggressions and incivility and encourage leaders particularly to have challenging conversations on race and difference to aid genuine culture change. This powerful approach to educating on racism and race Inclusion uses immersive, drama-based, interactive learning to place participants in a range of uncomfortable scenarios, based on real life events in the NHS.

In a third key element, the Trust has worked hard to establish a fourth local positive action development programme for aspirant leaders with ethnic diverse heritage from across the system. Hosted by the Trust, 'New Futures' works with an external provider with a track record of delivery on this type of learning to deliver a 5-day programme to 40 Individuals. The core programme is supplemented with a range of additional development offers, all geared at supporting participants to be 'ready now' when progression opportunities arise.

Our New Futures programme began In February 2022, with the additional elements running over a 6-month period. All participants will become part of our 'Stepping Up' alumni and, as such will receive access to information and development opportunities over the years to come, as well as tracking of their onwards development and career progression.

In addition to these key elements, we are delighted to report the following progress through 2021-22, all despite the very significant operational pressures of the pandemic:

- Placing a strong emphasis on supporting workforce physical and psychological health and wellbeing throughout the ongoing pandemic, including launching a new Psychological Wellbeing Hub for the system, hosted by the Trust;
- Delivered throughout the year a celebratory and awareness-raising programme of diversity and inclusion-themed days, weeks and months, including representing the Trust at Stoke Pride, in a united effort together with local health and care system partners and delivering inclusion-themed Wellbeing Boxes to workforce teams across the Trust on several occasions through the year ;
- Continued to develop and embed the role and impact of our Trust staff networks as well supporting and contributing to the development of our system level networks;
- Continuing to hold bi-monthly Inclusion Council meetings and progressing our four Inclusion Projects (Inclusive Recruitment, Inclusive Development, Preventing and Responding to Abuse Incidents, and Culture of Inclusion);
- Begun our journey to being accredited and benchmarked under the Phase 2 of the NHS Rainbow Badge scheme;
- Made significant progress in our Trust staff survey inclusion measures, Including specifically on the race and disability measures in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), Including quarter-by-quarter Improvements in our workforce representation in relation to ethnic diverse heritage and disability;
- Continued to make progress in addressing our Gender Pay Gap
- Continued with our High Potential Scheme, supporting the development of a diverse cohort of aspirant senior leaders through the first 2 cohorts of this flag-ship programme;
- Launched our New Futures development progamme, with 40 places across the system to aspirant leaders with ethnic diverse heritage (a proportionate 4 places allocated to colleagues from this Trust) as well as continuing to engage with, share offers with, track and support our 'Stepping Up' Black, Asian and Minority Ethnic Leadership Programme Alumni group;
- A number of our executive directors have spoken at online national events and conferences on inclusion-related topics, including our People Director and our Medical Director / currently Acting Chief Executive;
- Developed a highly diverse team of executive directors who are well-informed and growing in confidence on inclusion matters and are engaged and Invested In Inclusion and the work of our staff networks;
- Commenced implementation of an exciting new programme, AccessAble, to Improve accessiblity across our services to service users, carers and staff with a wide range of disabilities and neurodifference; and
- Won a £15K application for a WDES Innovation Fund Award to Improve Staff Retention with our Differently Abled Buddy Scheme proposal to better support new workers with disability, long-term health conditions and neurodifference to settle Into the organisation and to access reasonable adjustments and supportive equipment and facilities to assist them In becoming effective and empowered In their new roles.

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

The Trust works hard to meet and exceed its obligations under the Public Sector Equality Duty. This includes the objectives to (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In 2021-22, key supporting programmes of work have been:

- Inclusion School learning sessions;
- 'Comfortable Being Uncomfortable with Race and Difference' programme delivery; and
- 'New Futures' positive action development programme;
- Workforce Health and Wellbeing programme, including our new Psychological Wellbeing Hub;
- Work of our Inclusion Council and Trust committees;
- Launching of AccessAble preparations to improve accessibility in our Trust buildings;
- NHS Rainbow Badge Phase 2 Assessment Process;
- Developing the role and impact of our Staff Networks;
- Our Observe and Act process; and
- System transformation work on health inequalities.

Outstanding

Our journey continues...

Our partnerships

Working in partnerships is central to reducing health inequalities and we continue to be a key partner in the newly formed Staffordshire and Stoke-on-Trent Integrated Care System (April 2022). Regional Collaborations and partnerships continue to gather pace as the partnerships boards have shadowed run for 2021/22 by delivering those specialised regional services and will continue to transform pathways in the West Midlands Region.

The ICS and West Midlands Collaborative 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 to commissioning of partners.

As the ICS and West Midlands partnerships shift into more formal entities we and our partners do not lose sight of the continued challenges to develop and deliver sustainable models with shared targets and have levels of responsibilities in creating and establishing new contractual structures and objectives which will yield those beneficial outcomes and results of joined-up working.

We are pleased to be able to describe how we are also hosting and leading partnerships across the system and region to deliver the ICS Greener Plan. Through this partnership we will be working closely with our services and local communities to reach our targets of net zero that supports the wider health inequalities objectives and the wider regional network engagement.

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.

The Transformation Programmes that are developing models of care ensure a critical and core partnership with service users and carers who help to co-design our care pathways.

We are therefore pleased to share with you some examples of partnership working that occurred in 2022/23 with our main stakeholder and other partners at the heart:

- West Midlands Regional New Care Model pathways for specialist services in 2021/22 shadow delivering CAMHS inpatient services and the delivery of eating disorder services across the region.
- Community Transformation Program working towards a further 4 PCNs to be launched in the integrated models piloting in the North.

The NHS Long Term Plan (January 2019) defines the expansion of mental health services, joining up with primary care we will continue to use our networks and both our formal and informal partnership that support the delivery of these objectives. The community transformation programme continues to develop a further 4 PCNs in the North Staffordshire and Stoke-on-Trent area, we have successfully integrated Holmcroft GP Practice into our Primary Care Directorate and continue to offer our primary care offer to other GP practices in the system. We have in 2021 formalised Dynamic Purchasing Frameworks that continues to support third sector partners in commissioning these local services.

We 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 to our services users and carers.

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 will 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.

We look forward to 2022/23 with a continued inner strength to Looking forward to widening our pool of partners and nurture those that we have already established as we operate in the ICS structure we have a commitment to developing the Northern Staffordshire and Stoke-on-Trent Integrated Partnership Delivery Board.

Community Mental Health Transformation

The Community Mental Health Framework for Adults and Older Adults aims to realise the NHS Long Term Plan objective to develop "new and integrated models of primary and community mental health care which will support adults and older adults with severe mental illnesses". The framework allows for a shift to a new model of community mental health provision, designed on an asset-based view of communities and integrated working across agencies, rather than a traditional Community Mental Health Team (CMHT) model.

The programme outcomes for Staffordshire and Stoke-on-Trent are;

- Improve access to psychological therapies for those with SMI
- Deliver support that is personalised and within a person's community
- Take an asset-based approach with an emphasis on self-management and recovery
- Increase the number of people receiving SMI physical health checks
- Increase the number of adults who have access to Individual Placement and Support (IPS)
- Provide integrated models of support configured around the PCNs
- Implement a whole systems pathway supported by Structured Clinical Management for people with a 'personality disorder'
- Reduce occupied bed days within Acute Settings and a reduction in crisis contacts for people with a 'personality disorder'
- Ensure Eating Disorder provision that meets commissioning guidance across the age span

During 2021/22 Trust completed the first year of a three year transformation journey. There is much to celebrate and still more to do.

In the planning and mobilisation stages of the Transformation Programme it was agreed via governance structures that the focus in the first year would be to further build on the success of existing services such as Individual and Placement Support (IPS) and Early Intervention Psychosis (EIP) but also to invest in the development of a system pathway for personality disorder and a community rehab team.

A new Specialist Adults Eating Disorder (SAED) team was part of a wider Trust development plan and has seen a great deal of development over the past 12 months.

Personality Disorder

The objectives to improve access to specialist services with regards personality disorder have been realised. Despite initial recruitment challenges the Community Assessment Stabilisation & Treatment Team (CASTT) is open to referrals and delivering an effective hub and spoke model with CMHTs. This can be demonstrated in the following ways:

- Consultant Psychologist for CMHT and Consultant Psychologist for CASTT meet monthly regarding CMHT CASTT links.
- CASTT offer Complex Emotional Needs supervision to CMHTs.
- CASTT offer bi-monthly Family / Carers workshop open to CMHTs.
- Development of a streamlined pathway that supports a needs-based approach from CMHT community intervention to this specialist team.

Importantly, CASTT achievements to date also deliver against the vision and requirements outlined in engagement sessions with service users, individuals with lived experience and partners that took place at the outset of Year 1.

Community Rehab Team

The second agreed area of investment and focus in Year 1 was the community rehabilitation pathway. Engagement told us that a responsive service, plus a holistic assessment of need and approach to support were key elements for the Trust to realise. This has been achieved to date through:

- Additional staff resource.
- Established links between CASTT and the Trust's Community Rehabilitation Team (CRT) to offer a combined service to individuals who require this.
- Close linkage with the Complex Case Team in supporting transition, associated with the ambition to reduce out of area placements for individuals who have severe and enduring mental health difficulties.

Testament to the impact of the changes is the positive feedback from individuals who are and have been supported within the CRT in the last year. One service user who recently provided feedback told us "I now have my life on track, I cannot thank them enough for what they have helped me to achieve".

Eating Disorders

The SAEDS service has been successfully operating for the past 12 months. During this time it has:

- Developed relationships both with the Acute Trust, local primary care providers and its sister, youth ED team.
- Defined referral pathways and criteria.
- Began successfully treating those with the greatest need within the local community.

SMI Physical Health Checks

Throughout Year 1 there has also been a consistent focus on delivering SMI physical health checks to the SMI population both within the Trust and more broadly within PCNs. The Trust has focussed on delivery of health checks to individuals in receipt of community mental health services, with 450 delivered by mid-February 2022.

Early Intervention Psychosis

Continuing to build on the success of the EIP service there has been the introduction of the Early Intervention At Risk Mental State (EI ARMS) pathway that sees the team reaching out to CAMHS/Well-being and diverting those with at risk mental states for developing psychosis into this specialist service. More broadly, the Trust EIP service works towards maintaining its NCAP Level 4 status whilst exceeding the 60% within 2 weeks referral to treatment standard.

Individual and Placement Support

The IPS service has continued to develop over the last year in line with ambition of the Transformation Programme. Developments include:

- Dedicated IPS workers in each,supporting service users into employment.
- Delivery of vocational forums, engaging with partners and Job Centre Plus.
- Engagement with IPS Grow to support fidelity reviews and maintain centre of excellence status.
- Lived Experience pathways strengthening via support from IMROC.

Support from Trust Corporate Teams

Besides the fantastic work happening every day within our operational community and specialist teams there is a great deal of corporate support that has enabled us to achieve the developments we have in the first year.

This includes close work with communication colleagues to share updates, produce newsletters, develop podcasts and co-ordinate how we share key messages with our partners.

It also includes support from HR colleagues to facilitate swift recruitment to new roles, performance expertise to understand our outputs and digital know-how to ensure we can operate efficiently and explore new ways of supporting our service users and carers.

ICS Partnership working

Additionally, working across the ICS footprint the Transformation Programme has seen significant developments in a number of shared work-streams. These have each taken a partnership approach and seek to build on existing relationships.

The key themes for each of these include;

- Health Inequalities
- VCSE commissioning
- Involvement
- Performance reporting, Outcomes and Evaluation
- Digital
- Communications

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 continue to take place virtually due to ongoing Covid restrictions as well as the reconfiguration of our estate. Business of the council has continued with service developments and resources have been shared and discussed. The Trust's Patient, Service User and Carer Experience Strategy has been approved and the council will be working now to develop an action plan as part of the strategy.

During the past 12 months, the SUCC members have been involved in a number of key Trust developments. Including being members of the steering group in co-producing development of The Wellbeing College. There will be a week's summer school in July followed in September by the official launch of the prospectus. Some members are also part of the CMHF transformation work across the ICS

Observe and Act was suspended but is now in process of being reintroduced and the first part of the online training has been carried out followed by several visits happening as part of the training. This will continue to be rolled out across the trust with in confines of any Covid restrictions. The trust is also linked in with HEE who are supporting the training and development on a national basis 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

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 2021/22, the Trust received 280 PALS contacts compared with 287 in 2020/21. The highest category was Safe, High Quality Co-Ordinated Care at 58% followed by Access & Waiting 25%, Information & Choices 9% with Building Relationships and Environment both at 4%.

Complaints

Overall, we receive a very low number of complaints, compared to NHS benchmarking data. During 2021/22, we received 46 formal complaints, compared to 31 in 2020/21, which when set against the circa 300,000 face to face and telephone clinical patient contacts equates to 0.015% 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.

The complaints process was audited by KPMG during 2021/22 and there were only 3 moderate recommendations. An action plan was put into place to ensure that the recommendations are embedded into our processes to offer further assurance that the Trust welcomes complaints and sees them as a opportunity to learn from patient's experiences of our services.

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. We are pleased to report a continued increase in the number of responses received during 2021/21 to 1588 from 1216 in 2020/21. The rate of satisfaction remains high with 91% of patients who rated the Trust as good or very good, which is a slight decrease on the 93% reported in 2020/21, 6% were undecided and only 3% rated the Trust as poor or very poor, which is slightly higher than 2020/21 when 2% expressed dissatisfaction.

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. The functionality has been implemented which is part of the reason for the increase in FFT responses.

Compliments

Each year, our staff receive compliments and praise from people they have cared for. During 2021/22, despite the pandemic the Trust received 1504 compliments, as direct compliments to teams or via Friends and Family Test responses compared with 1228 in 2020/21.

Examples of these compliments:

- Ward 4 - To all the Staff on Ward 4. I would like to thank everyone involved in looking after my mum while she was a resident at the Harplands Hospital, you did a brilliant job. I would like to thank you all from the bottom of my heart.
- Lymebrook Centre - Considerate of Mum's feelings whilst managing professionally obtain information. Helpful when I telephoned previously and appointment came quickly and was on time.
- Ashcombe Centre - Excellent ,dependable, professional and friendly. The best and doing a brilliant job Thank you.
- Ward 1 - Consultant listened and gave great support along with support in the community arranged, Nurses, healthcares super. Activities are brill.

Volunteering at the Trust

With Covid restrictions still affecting the wards and venues, the volunteers where possible are having a phased return based on NHSE recommendations and approval of the plan that went to CPAC in keeping with any ongoing Covid restrictions. The close down of Volunteer opportunities has had an impact on the volunteer service with people not returning as being closed down for 2 years
The interviews for prospective volunteers have restarted and we will continue to build a pool of volunteers to support both inpatient and community staff. We cannot underestimate the value of being able to continue as a volunteer on people's mental health

We also continue to have service users and carers who are involved in supporting the CMHF transformation work. Including; evaluation, procurement, pathways, involvement collaborative work streams.

Supporting Carers

As part of Triangle of Care, the carers' link meetings have continued quarterly to share good practice and updates on working and supporting carers, the updates and sharing of good practice is really helpful for the teams when working with people who access services as well as carers directly. An online training package is available on LMS based on the 6 principles as to support all teams to work collaboratively with carers as identified in the Triangle of Care. Carers have also coproduced information for carers on the trust website with the digital team.

Infection Prevention and Control

During 2021/22 Covid remained the focus of IPC. With the ever changing landscape of Covid guidance the IPC team worked hard with all the trust staff to ensure a safe environment to reduce risk and keep patients, staff and visitors safe. Sitting alongside of this usual IPC work continued. Auditing supported the assurance required from an IPC and outbreak management perspective. Everyone has contributed to maintaining IPC requirements which has helped us manage Covid particularly in the most support way we were able to achieve.

Outstanding

Our journey continues...

Research, Evidence and Innovation

Reflecting on 2021/22

2022/21 saw a year of collaborations, working with our clinicians and clinical teams, to deliver and contribute to high-quality research studies within the Clinical Research Network West Midlands (CRN WM) and evidence practice through evaluations and contribute towards service developments and improvements.

Successful setup and delivery of NIHR research

Supporting and ensuring successful delivery and set up of research in the Trust during 2021/22 continued to be a key priority. 2021/22 saw a shift in focus, from supporting Urgent Public Health (UPH) and Covid research to the National Institute for Health Research (NIHR) managed research recovery process - enabling rapid recovery of selected studies and the restart of other non-Covid related studies.

The Research and Development (R&D) team played an integral part in assuring local compliance and ensuring rapid assessment of selected studies in line with local, regional, and national guidance, alongside providing valuable support around feasibilities, set up, and delivery.

During 2021/22 the Trust hosted 25 research studies (18 NIHR portfolio, and seven non-portfolio (four students) and recruited 153 participants - 90 related to UPH/Covid studies.

The Trust met the set up target for all 11 research studies opened and met or exceeded recruitment targets in seven of the nine research studies closed during this period. The number of staff acting as a Principal Investigators slightly increased from 2020/21 by 20% from 10 to 12, with a further increase, 21%, in the number of staff completing Good Clinical Practice (GCP) training, the minimum training requirement for involvement in research. Research engagement with Directorates continued to be maintained via the Clinical Effectiveness Group, Directorate updates, Newsround, and Team Brief.

Engaging with our service users and clinical teams

Engagement remained a priority for 2021/22 to ensure that opportunities and information were readily available for both service users and staff. During 2021/22 we further embraced digital developments - creating opportunities to better engage with staff via our R&D Outreach sessions, developing a new Evidence platform (see more below), and scoping out to expand the Contact for Research initiative; exploring a new platform for the public and better ways of working. The R&D team worked with Dedalus to develop a platform for reporting, as part of the wider Trust 'Clinical Insights' work.

SPOTLIGHT: Child Anxiety Treatment in the context of Covid (Co-CAT)

Congratulations to the Children and Adolescent Mental Health services (CAMHs) and School-based teams on reaching their recruitment target early for the CoCAT study - a randomised controlled trial evaluating new online parenting interventions. The teams were involved with the identification and referral of participants and supporting families on the intervention. The teams worked hard during these challenging times to reach the site recruitment target ahead of schedule - 8th place, out of 16 participating sites. Well done and our thanks to Dr. Bindu Poornamodan, our local Principal Investigator, for leading on the research.

Academic and publications

During 2021/22 two appointments; a Senior Clinical Lecturer and Clinical Lecturer were created to support our vision to develop our academic capabilities and capacity - linking in with Keele University. These roles will support future scoping and work towards our academic ambitions.

Several publications were shared in 2021/22, to note these included:

- Trends on referrals to liaison psychiatry teams from UK emergency departments for patients over 65 - Dr Rebecca Chubb (Wiley Online Library);
- Book: Helping your Child with Worry and Anxiety - Ann Cox, Consultant Nurse (Sheldon Press);
- Improving the quality of Neuropsychological assessment in practice: The development of a self-assessment audit tool - Lorraine King and Abigail Methley (Archives of Clinical Neuropsychology);
- An evaluation of intellectual disabilities intensive support team's interventions. – Jason Lines, Senior Clinical Psychologist, and Shaun Crank, Assistant Psychologist (International Journal of Positive Behavioural Support).

SPOTLIGHT: Evidence Platform

New to 2021/22 was the development of the Evidence Platform; launched in August 2021. This connected platform aimed to support and guide our staff to develop, share, and showcase their research, evaluation, and improvement projects. Each page of the platform provides staff with information on how to develop their ideas, offering a space to share what they have done, gain support, and also find out more about what is going on across the Trust.

Inspiring Innovative working

Innovation Nation

Innovation Nation is the Trust's yearly celebration of innovation, held since 2018. In 2021 Innovation Nation focussed on the theme of joy, and how we can bring this to the workplace, spread joy through projects, and support wellbeing. The session was held virtually with a range of external and internal guest speakers, followed by a fantastic joy and happiness workshop, hosted by Creative Well Lives.

Innovation Projects

Staff were encouraged to explore new ways of working and thinking innovatively creating a wide range of projects and initiatives, to note these included but were not limited to:

- Piloting a six lead ECG machine; exploring the use of a remote six lead ECG machine and evaluate how well this was implemented into practice; Led by Dr. Rebecca Chubb, Consultant Psychiatrist;
- Using Youtube to teach coping skills in acute Psychology. Led Dr Rebecca Hutton, Principal Psychologist, Jessica Head, and Olivia Taylor, Assistant Psychologist;
- Snap Shot's initiatives; photo initiative developed during Covid at a time when no visitors and/or relatives were allowed into the Harplands. Led by Stevan Thompson, Activity Coordinator;
- Postcard Project; is a postcard for every month, for 12 months, that aims to support developing knowledge of physical health for mental health staff. Led by Dr Rebecca Chubb, and;
- An NHS First: Cognetivity Neurosciences works with Combined Healthcare to explore whether the ICA app was an acceptable clinical diagnostic tool within Memory Services. Led by Dr Becky Chubb and Memory Assessment Service.

Evidencing practice

The Combined Collective
Combined Collective forms one of the many platforms, the Trust supports to increase awareness and showcase fantastic developments and projects. May 2021 saw the first Combined Collective event held in the Trust - an informative session sharing and learning about projects in practice such as initiatives on the ward supporting families during Covid, developments to support recovery and outcomes, and actions from recent audits.

Projects

Over the last 12 months, we have seen an increase in the number of requests for the R&D team to support staff to evidence practice and have led on several evaluations and service developments, which included, but were not limited to:

- Developing physical health roles on Ward 6 and 7; the project created insights into the needs of service users, training needs with staff, and explored how these roles could support and have a positive impact on future care;
- A review of the Mental Health Practitioners (MHP) role within Primary Care aimed to provide an overview of MHP processes across the 13 PCNs;
- Exploring GP's Perception of CAMHs; A GP feedback survey to help explore feedback about our new referral process and overall satisfaction with the CAMHs services;
- Development of the Community Mental Health Transformation Evaluation Framework; began scoping out a joint framework to deliver a three-year evaluation plan to explore service user, carers, staff, and stakeholders views.

Next Steps

2022/23 is exciting for research and evidence as we continue on our roadmap to achieving our Research and Innovation Strategy ambitions. We are committed to achieving our 2022/23 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. 2022/23 will bring further opportunities to strengthen our relationships with both our clinical and corporate colleagues and externally with local organisations and Universities.

In 2022/23 we plan to re-open for face-to-face research activity, resume student research activity, build on our successes, and develop our processes and expertise to work with Universities.

The passion and drive to support and develop innovation will continue into 2022/23. Innovation platforms such as Innovation Nation, Lunch and Learn, and The Combined Collective will continue to be delivered virtually, alongside new and exciting events such as the Dragons' Den relaunch.

Our estate and facilities

The Trust recognises the importance of having high quality, fit for purpose, safe estate to facilitate the delivery of quality care whilst promoting the health and well-being of all staff, patients and service users.

The estate is maintained and supported by the Trust Estates, Capital & Facilities teams providing a holistic support service to all our clinical and corporate services both in inpatient and community environments. We also provide essential estate & capital 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 2021/22 were:

- The successful delivery of a new children's place of safety entrance and further our development of the Hazelhurst building;
- Creation of a new Inpatient Reconfiguration Programme to improve environments for services such as;-
    - Eradication of dormitories
    - Eradication of shared bathrooms;
- Completion of phase 2 ligature programme in Ward 3 by changing doors, this is an innovative scheme by also delivering improvements in security and fire safety; and
- Completion of the 2021/22 backlog maintenance programme where the Trust invested over £135,000 to improve the environment for our service users.

Some of the backlog maintenance included;-

- Electrical Safety at Dragon Square community units
- Replacement door access programme
- AT&T environment
- Energy efficient and sustainable LED lighting at the Bennett Centre
- Fire safety improvements at Greenfield and Summersview
- Hope Centre Boiler replacement and insulation upgrade

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 aligned with the introduction of new technologies. Implementation of a new CAFM system to aid compliance and a detailed reporting platform to show real time effectiveness.

The Trust has started to develop a 5-year Estates Strategy which is planned to be complete by summer 2022 and will focus on the following key values;

- The estate will be functionally suitable, fit for purpose, complaint 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 deliver; and.
- 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

During the year, we were delighted and proud to publish our Trust Greener NHS Plan, as part of a system-wide greener agenda on which our Director of Partnerships and Strategy, Chris Bird, is the system lead and to fulfil our responsibilities under the Climate Change Act and adaption reporting requirements.

The NHS has an ambitious target to become the world's first net zero healthcare service by 2045. It is clear that left unabated climate change will disrupt care with poor environmental health contributing to major diseases including mental health. This is a clarion call for all NHS Trusts to act now to support the entire NHS reaching net zero carbon emissions for the emissions it controls directly by 2040 and 2045 for those it can influence.

To support the co-ordination of carbon reduction efforts our Green Plan details our approach to reducing our emissions in line with national trajectories. In developing our Green Plan, the Trust followed a structured methodology to:

- review the progress made in introducing green measures;
- consider the national targets for the NHS carbon footprint and carbon footprint plus;
- engage with stakeholders and partners to inform our priorities and identify areas for collaboration;
- develop focussed actions to build momentum in directly reducing carbon emissions; and
- establish systems and processes to measure and report on progress.

The Green Plan was published in the continuing shadow of the global Coronavirus pandemic. Just as we must learn to live with and respond to this pandemic, we must also act now for the longer term in the fight against global climate change.

We know there is positive learning available from our experience of responding to the Coronavirus pandemic – the mutuality of support across organisations, the rediscovery of the power of nature and the rekindling of community spirit and resilience.

As an anchor institution, we recognise the responsibility we have to improve the health of our local population as well as generating social value and community prosperity. We want to harness the positive learning from the Coronavirus pandemic and apply it directly this challenge of responding to these ambitious targets.

The delivery of our Green Plan is everybody's business – it cannot be delivered by one team alone or by the Trust working in isolation. We will work in partnership across teams and in collaboration with partners to inspire and empower staff to join this collective call for action.

The Trust published a new strategy in 2020 and of four key themes, identified Sustainability as a core component. The Trust will build on its stated ambition to use the platform of the UN Sustainability Development Goals to accelerate the development of our services to becoming more economically, environmentally and socially sustainable.

To achieve this aim we will:

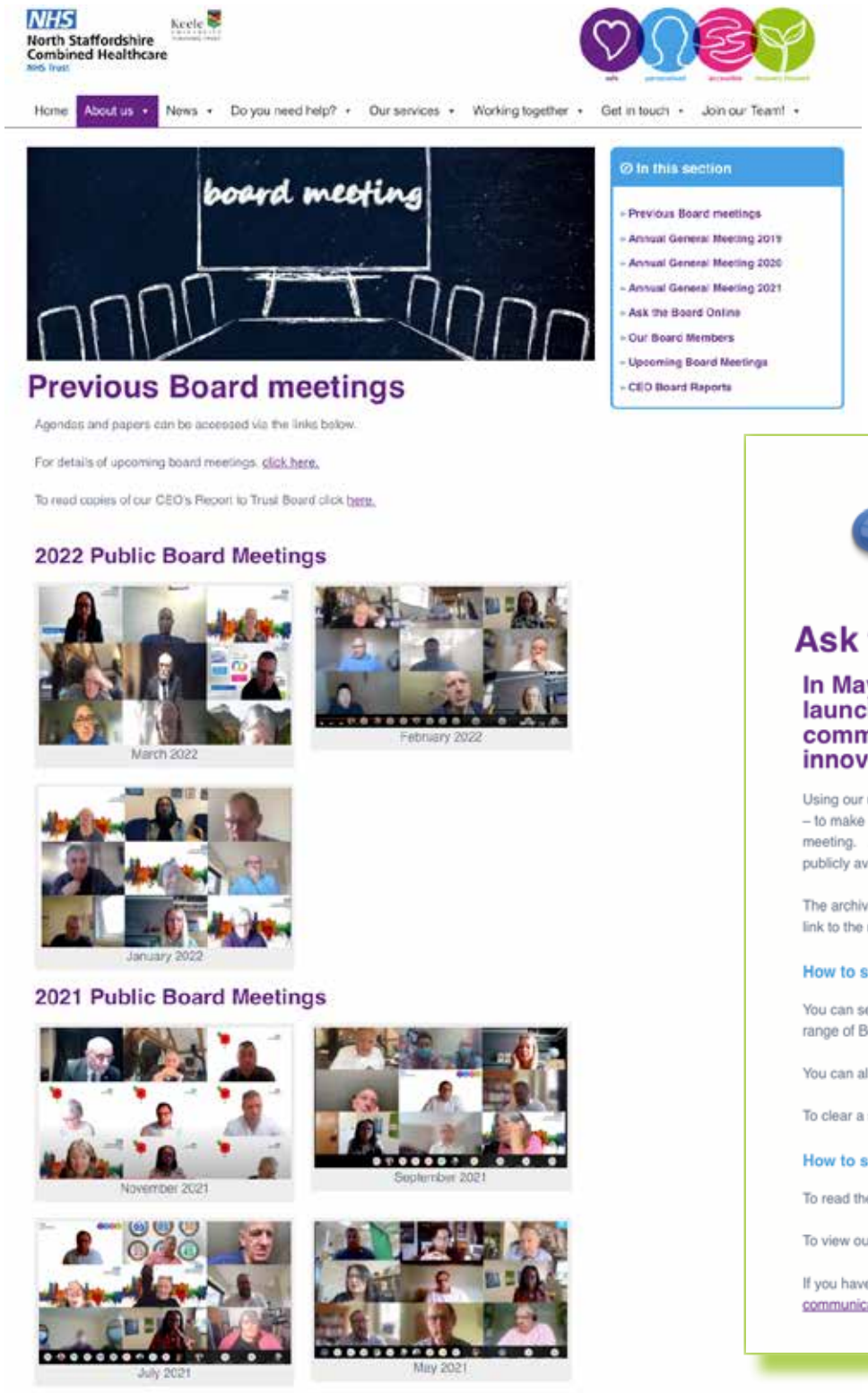
- embed a Trust-wide approach to sustainability;
- reduce our carbon emissions in line with national targets and trajectories;
- consider the social and environmental impact of our decisions; and
- work with partners to deliver long-term and wide-reaching change.

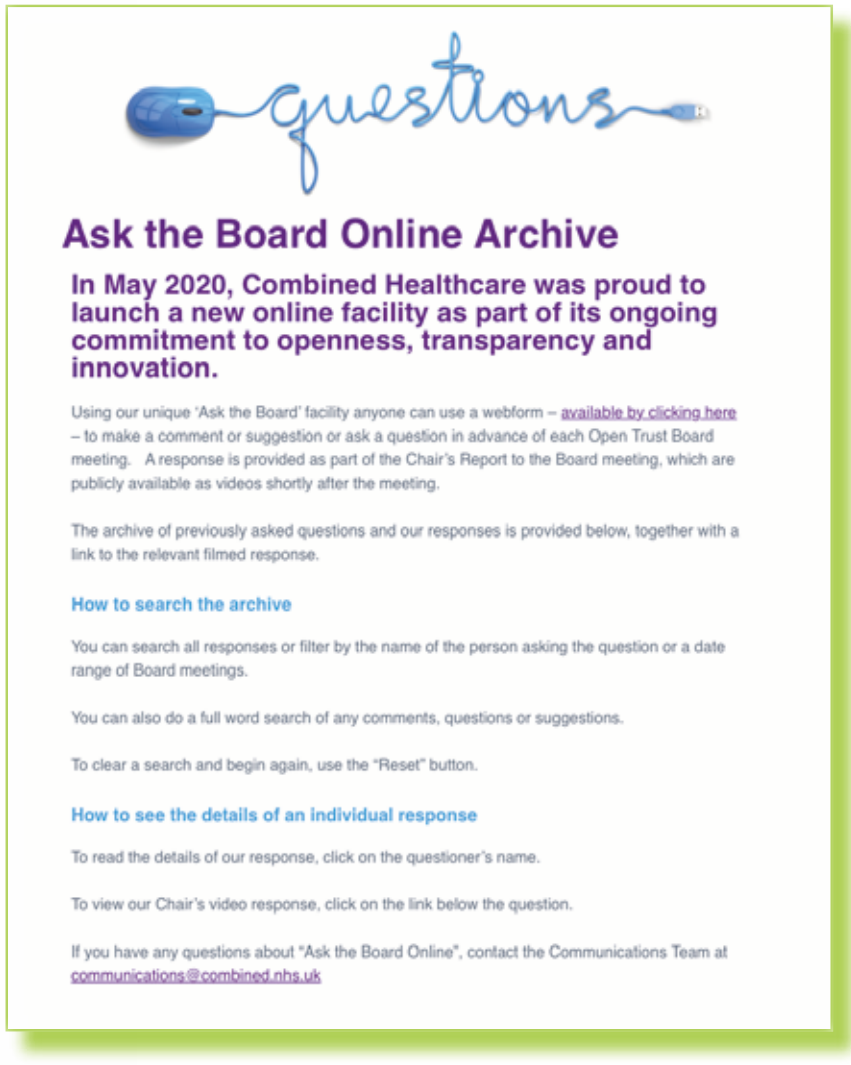
The Trust has established a Sustainability Group to better coordinate the activity that will be required to deliver the national ambitions at local level. All Directorates of the Trust are included within the memberships and the objectives of the Group are set out below:

- Coordinate the design, development and delivery of the Greener NHS ambitions across the Trust;
- To lead the production of the 3 Year Green Plan;
- To translate national policy and advise the Trust on the practical implications for local service provision; and
- To promote greater awareness and understanding of sustainable healthcare environments across our colleagues and partners.

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 working towards Net Zero.

Dr Buki Adeyemo
Interim 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 (tenure runs to Mar 2023)

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 (tenure runs to Feb 2025)

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.

Patrick Sullivan – Non-Executive Director (tenure runs to Dec 2023

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 (tenure runs to Nov 2023)

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 (tenure runs to Nov 2023)

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 (tenure runs to Feb 2023)

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.

Tony Gadsby – Associate Non-Executive Director

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.

Our Executive Directors

Dr Buki Adeyemo – Interim Chief Executive from Dec 2021

From 1st December 2021, Buki served as Combined Healthcare's Interim Chief Executive, having been Medical Director since 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.

Peter Axon served as Chief Executive to Dec 2021

Dr Dennis Okolo – Interim Medical Director from Dec 2021

Dennis has been with North Staffordshire Combined Healthcare Trust for over 20 years, having trained in and around the Staffordshire area before moving to Cheshire & Wirral Partnership NHS Trust for his first consultant post.He has been a consultant in General Adult Psychiatry in the Trust since 2007. More recently he has been Clinical Director for the Stoke Community Directorate and Associate Medical Director.

He holds 2 Masters Degrees in Psychiatry and Business Administration and a Fellow of the Royal College of Psychiatrists.

In addition, Dennis has a passion for Medical Education and has been the lead for coordinating all Undergraduate psychiatry teaching and placements at North Staffordshire Combined Healthcare for over 8 years. He is currently one of the Hospital Deans at Keele University Medical School and Honorary Senior Lecturer.

His clinical interests are in assessments and treatment of bipolar disorder which was the subject of his Master's thesis and Attention Deficit Hyperactivity Disorder.

Dr Buki Adeyemo served as Medical Director to Dec 2021

Ben Richards – Executive Director of Operations from 1st March 2022

Ben joined the Trust from Birmingham Community Healthcare NHS Foundation Trust, where he was Deputy Chief Operating Officer. Ben has worked in a variety of roles in NHS organisations across England and has a broad range of operational experience across a number of clinical fields since he joined the NHS in 2004. Ben holds a Masters Degree in Healthcare Leadership, issued jointly from the University of Birmingham and the University of Manchester, in addition to holding Fellowships in a number of learned societies, including the Royal Society of Medicine, the Royal Society of Public Health and Royal Society of Arts. Ben is a Chartered Manager with the Chartered Management Institute, the highest status that can be achieved in the management and leadership profession.

Jonathan O'Brien served as Director of Operations to Dec 2021
Liz Mellor served as Interim Director of Operations from Jan to March 2022

Kenny Laing – Executive Director of Nursing and Quality

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

With people at the heart of all she does, Shajeda Ahmed has used her passion and experience of over 20 years in both public and private sectors. An advocate for cultural transformation and inclusivity, Shajeda is the Executive Director Lead responsible for Leadership, Inclusion and Organisational Development for the Staffordshire & Stoke-on-Trent ICS.

As Executive Director, Shajeda has responsibility for our people's experience at Combined. Under Shajeda's leadership and direction, the People Team commit to delivering key actions to achieving improvements by focusing on our people and their development, growth and experience at work. We innovate and improve the way we deliver care to our patients, service users, carers and our local communities. Collaborative in her nature, Shajeda's successes both internally and across the Staffordshire and Stoke-on-Trent ICS has been complimented by her sharing contemporary best practice approaches, and our recipe of success, at Regional and National events.

Chris Bird – Director of Strategy and Partnerships

Chris is Director of Partnerships, Strategy & Digital at North Staffordshire Combined Healthcare Trust. His role is to oversee the development of the Trust's organisational strategy and ensure its plans reflect national policy and local priorities. He also works alongside the Trust's strategic partners to enhance its reputation and profile throughout the local community, as well as acting as Board Level Lead for Digital and Senior Information Risk Owner for the Trust.

An accountant by trade, Chris worked in finance and social care for local government before joining the NHS over 10 years ago in a range of senior posts, operating at Board level for the past five years. Prior to joining Combined, he was Director of Contracting at Staffordshire & Stoke-on-Trent Clinical Commissioning Group. Passionate about tacking equality across public services, Chris has led on a number of major projects and is currently leading an initiative to develop a system-wide Integrated Intelligence Hub to enhance the delivery of Population Health Management.

Eric Gardiner – Executive Director of Finance, Performance and Estates

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.

Laurie Wrench – Trust Board Secretary

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. She joined the Executive Team in February 2021

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.

Sue Tams – Chair of Service User and Care Council

Sue has been an active member member of SUCC since it was formed and chairperson for the past 2 years, 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 4 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

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.

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: https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf

Declaration of directors' private interests (as of March 2022)

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 2022.

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-focussed 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

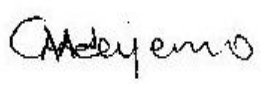
This is a non-executive director only committee that determines the terms and conditions of employment for executive directors and very senior managers.

People, Culture and Development

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

Charitable Funds Management and Scrutiny Committee

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



Dr Buki Adeyemo
Interim 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.

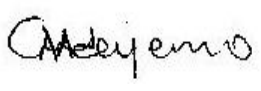
These include ensuring that:

- 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.



Dr Buki Adeyemo
Interim 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.

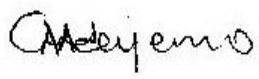
In preparing those accounts, the directors are required to:

- 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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Dr Buki Adeyemo
Interim Chief Executive
Date 21st June 2022

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Eric Gardiner
Executive Director of Finance, Performance and Estates
Date 21st June 2022

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 2022.

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 2022 and up to the date of approval of the annual report and accounts.

3. Capacity to Manage Risk

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).

4. 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 5th 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 2021/2022.
- A robust Board Development Programme; aligned to strategic objectives
- Confirmation of compliance with conditions FT4 and G6 under the NHS Provider Licence and approved by the Board

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 2022 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 defined 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.

Trust Response to Covid – Governance Arrangements

Covid Business Continuity Terms of Reference for Board and Committees:

1. Throughout the year, meetings continued to be held via Microsoft Teams.
2. 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.
3. Focus was also to maintain 'business as usual' however activity was based upon the existing business cycles / forward agenda
4. The Business Cycles and Terms of Reference were reviewed and updated within Corporate Governance

In addition, guidelines were refreshed to ensure meeting etiquette was maintained during the alternative arrangements whilst ensuring that governance was still managed and maintained.

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 Non-Executive Directors of the Trust Board with the Director of Finance, Performance and Estates, Associate Director of Governance 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. A Committee effectiveness exercise was also completed (to be reported April 2022).

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 2022, 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'

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, digital and operational performance.

The Finance & Resources Committee met monthly and all meetings were quorate. Membership of the meeting is made up of Non-Executive Directors, Executive Directors, and Deputy Director of Finance, Associate Director of Performance, Associate Director of Governance, Associate Director of Estates, Chief Information Officer.

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, Director of Operations, 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 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.

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 2022.

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.

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, Associate Director of Governance Officer and other Associate Directorates (as and when required), as well as staff side representatives in attendance.

The Charitable Funds Management and Scrutiny Committee

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, and Associate Director of Governance.

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. During 2021/2022 the Terms of Reference were reviewed and updated.

Senior Leadership Team (Oversight of 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.

Effectiveness Review

During the year our Board membership has been refreshed and further enhanced with the appointment of a new Director of Operations who commenced in March 2022. A GP Associate and an Academic Associate Board member continues to give strength and support to the Board from a Primary Care and Higher Education perspective. The Chair of the Service User and Carer Council is also a full member of the Board (both public and private) 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.

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.

A Well-led Trust

As a Trust we undertake regular well led self-assessments in accordance with CQC KLOEs under the 8 'well led' domains. Our last assessment was undertaken in August 2021 and planned again for 2022/2023.

Quality Account 2021/22

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. The Trust will continue to work towards the production of a Quality Account for 2021/2022 as we recognise that this is a valuable document to all of our partners and stakeholders.

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 Risk Management Framework for 2021/2022 and made an assessment of Significant Assurance with minor improvement opportunities for the design and operation of the system of control.

Highest Scoring Risks - As of 31st March 2022, the Trust has five risks with a residual score of 15 or above as follows:

Risk title	Gross score	Residual score	Target score	Action	Progress
There is a risk to the quality of the Trust's services due to the Covid pandemic which will impact on the safety, wellbeing and capacity of staff and patients.	5x4=20	5x4=20	5x2=10	Business continuity plans activated for non-critical areas to be reduced across the Trust and staff redeployed to support criti-cal services areas Quality Impact Assessments undertaken to support business continuity decisions Infection Prevention and Control measures reinforced and overseen by Outbreak meetings chaired by DoN Staff Counselling offer a range of support available to all staff. Lateral flow tests are available to all patient facing staff. The Covid vaccination programme roll out commenced December 2020. All staff have had individual risk assess-ments to support decision making around working practices. Clinical recovery plans continue to be im-plemented across all Directorates. Monitoring of complaints and FFT returns. Clinical Professional Advisory Group (CPAG) commenced on 30.3.20, offering expert clinical and professional advice to the Incident Management Group Working practices reviewed and changed, new equipment provided, new operating procedures designed. Covid intranet page set up. The Trust is working with the National Command and Control Centre. The Trust is following advice issued by Government, NHS England and Public Health England. Covid questions email facility established for staff. Regular communications/briefings to staff.	BCP implemented form 10th - 31st January 2022All actions are currently ongoing. All below actions are ongoing.
There is a risk of self-harm due to ligature anchor points within the environment which could cause patient harm..	5x4=20	5x3=15	5x1=5	New approach developed - Understanding our approach to self-injury - aims to provide a structured and consistent approach for those who self-injure. Therapeutic contract developed covering: Goal of admission Expectations of the ward/ward staff Expectations of Service Users Behaviour during admission Also includes working with staff to identify safe alternatives to self-harm and suicidal be-haviours. All areas undertake an annual Environ-mental Ligature Risk Assessment. All clinical staff are training in the manage-ment of ligature anchor points and the management of patients who pose this type of risk. The inpatient reconfiguration programme has now been established which will in-clude refurbishment of a significant propor-tion of inpatient estate, all of which will pro-vide reduced ligature specifications.	All actions are currently ongoing.
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	Staff training commenced in March 2021 `Connecting with People - Suicide Mitigation Framework' New approach developed - Understanding our approach to self-injury - aims to provide a structured and consistent approach for those who self-injure. Therapeutic contract developed covering: Goal of admission Expectations of the ward/ward staff Expectations of Service Users Behaviour during admission Also includes working with staff to identify safe alternatives to self-harm and suicidal behaviours	All actions are currently ongoing.
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	Recruitment and Retention Premia in de-velopment for inpatient areas A number of Trust strategies are being im-plemented to recruit and retain staff.	Going to JNCC this month with implementation April 22, this will help to stabilise the vacancy position in Acute Vacancy position as at month 11 has reduced to 10.5% this is still slightly over the target of 10%. This is the lowest the staffing vacancy has been since October 2021. Still pressure points Stoke, AUCD and Primary Care :- Percentage Vacancy Rates Corporate 6.5%, Nth Staffs 5.6%, Specialist 10%, Stoke 11.7%, Specialist 10% Acute & Urgent Care 15.6% Primary Care 15.1%
There is risk in providing continuity of medication to some patients with severe mental illness due to GP's refusing to pick up prescribing in the community. The consequence is a potential deterioration in mental health.	3x4=12	3x5=15	3x3=9	To develop an appropriate ESCA for antipsychotics that fits the needs of the patient and defines clear responsibilities for clinicians.	First meeting held to discuss MH ESCA priorities. The service specification for monitoring has gone out to PBP, response expected April

Utilise Effective Technology to follow

During 2021/22 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 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 our Chief Information Officer and Chief Clinical Information Officer.

We have continued the excellent work on our Digital by Choice strategy. During 2021/2022 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.

5. 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, and Cost Improvement Plan. The committee monitors deviations to plan, providing assurance to Trust Board. Detailed information is also provided for assurance around Agency expenditure.

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.

6. Care Quality Commission (CQC)

We retain our overall rating of 'Outstanding.'

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

In the absence of routine CQC inspections the trust has continued to meet with CQC for monthly engagement meetings.

The Trust has had three CQC Mental Health Act remote monitoring visits for PICU, Darwin Unit and Assessment and Treatment during 2021/2022.

7. Statements and Declarations

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.

Diversity and Inclusion

TThe 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)
- 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, neurodiversity 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 2021-22 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. Increasingly, we have worked very closely with our (shadow) ICS partner organisations on developing equality, diversity and inclusion (EDI) and this is set to increase further as we move forward as a fully-fledged ICS, enhancing our ability to deliver united programmes of work and shared ambitions and objectives on EDI.

Under the personal leadership of our Acting Chief Executive and Executive Director of People, OD and Inclusion, our Trust Inclusion Council has continued to be a vital form of discussion, debate and development activity on Inclusion throughout the period of the Covid pandemic. The Inclusion Council takes a wide inclusion lens across protected characteristics and different equality groups. Race inclusion remains a key focus, and an intersectional approach is also important. The Inclusion Council supports the Trust in continuing to develop and deliver tangible improvements in the experiences of people from under-represented and disadvantaged groups whether in relation to our clinical services or our role as a major local employer, long with health and care partner organisations.

We have worked hard to be leaders in our approach to developing greater inclusion at system level and beyond and were delighted in 2021 to be awarded the HPMA Mills and Reeve Award for Leading in Equality, Diversity and Inclusion. We are proud of our continuing high profile work in this area and the plans we have to create greater inclusion through 2022-23 and beyond.

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 focussed 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 2022 Board. 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 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 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 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 Black, Asian and Minority Ethnic 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

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 review 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.

Information Governance Disclosures

All NHS organisations are required to ensure confidentiality of patient and staff data is an integral part of their operations. This includes having a robust framework of key policies, procedures and processes that all staff adhere to, that align with relevant data protection legislation. Any personal data breach, as defined under Article 4(11) of UK GDPR must be risk assessed and investigated, with those breaches deemed to be significant being reported to the Information Commissioner's Office via the Organisation's Data Security and Protection Toolkit. The information required for this report will cover the number of reportable data breaches generated from the Trust, with a separate reference to the number of reportable data breaches that relates to our Primary Care sites of Moorcroft Surgery and Holmcroft Surgery, within the reporting period.

North Staffordshire Combined Healthcare NHS Trust have had 2 reportable data breaches during the year ending March 31st 2022 both relating to inappropriate access to clinical records.

Breach 26021 – a report was made to the ICO following a case of inappropriate access and subsequent disclosure of a service user's records, made by a NSCHT-employed staff member. The ICO asked us to take the following action:

- Monitor the incident and the impact on the data subject so that any risk can be identified. Provide any necessary support to the data

subject to help mitigate any potential detriment.
- Continuing with your investigation in line with your policies. Should any further information become available that would affect the circumstances of the case, please forward this quoting the above case reference number.
- Reviewing the training and guidance provided to staff to ensure that it makes it clear to all levels of staff what they can and cannot do with the personal data they handle. You should make any improvements or changes to these where necessary. These should then be reissued to staff and should be easily accessible.
- Conducting periodic audits to monitor to monitor staff adherence to data protection and information governance policies and procedures.
- Identifying any other staff who require refresher training on your processes or data protection. Training should be tailored to specific job roles and on completion employee's knowledge should be assessed. You should also address incidents of this nature as part of your organisations data protection training.
- Reminding all staff of the importance of having a legitimate reason for accessing medical records.

Breach 26313 - a report was made to the ICO following a case of inappropriate access to a service user's records, made by a NSCHT-employed staff member. The ICO asked us to take the following action:
- As proposed, ensuring all staff who are due to refresh their GDPR training complete this as a priority and regularly monitoring adherence to your policies and procedures;
- Continuing to raise awareness around data security and confidentiality standards and ensuring staff are aware of how to report potential incidents
- Offering support and guidance to the affected data subject, where possible, mitigating the risk from further detriment;
- Reviewing your IT controls to ensure, where feasible, that staff members access to records is limited to that which they are required to view for organisational purposes;
- Confirming that you have a clear pathway which allows patients to raise potential data protection concerns with the organisation, as this should ensure that any future incidents are identified and addressed swiftly
- Reviewing the ICO's personal data breach guidance.

All requirements as advocated by the ICO have been incorporated into the ongoing data protection framework with a particular focus on raising awareness via the monthly IG and Data Protection Newsletter on inappropriate access.

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.

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.

The Trust also received a Local Counter Fraud Audit review undertaken by KPMG

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.
Carbon Reduction Delivery Plan / Sustainability 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. One of our four strategic themes is 'Sustainability.'

8. 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 has been maintained.

2021/22 was another strong year for the Trust financial achieving a surplus for the year from continuing operations of £1.5m against income of £149.9m.

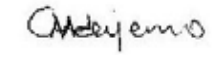
The Board and its Committees consider and take action on the effectiveness of the system of internal control. Each level of management, including the Board and its sub committees regularly reviews the risks and controls for which it is responsible and takes action on the recommendation of assurance providers. 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 and GGI 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.



Dr Buki Adeyemo
Interim Chief Executive Officer

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 November 2021. The Terms of Reference will be reviewed annually, and the next review must take place before 31 March 2023.

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; and
- 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 the Trust's external auditors, Grant Thornton UK LLP.

Remuneration of senior managers – salaries (2021/22 – subject to audit scrutiny)

Name and Title	2021-22					
	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 (until 01-Dec-21)	100 - 105	0	0	0	25 - 27.5	125 - 130
O Adeyemo – Executive Medical Director (to 30-Nov-21) & Interim CEO	160 - 165	0	0	0	145 - 147.5	305 - 310
D Okolo - Interim Executive Medical Director (from 01-Dec-21)	105 - 110	0	0	0	0	105 - 110
J O'Brien - Executive Director of Operations (until	85 - 90	0	0	0	22.5 - 25	110 - 115
L Mellor - Acting Director of Operations (04-Jan-22 to	15 - 20	0	0	0	0 - 2.5	15 - 20
B Richards - Executive Director of Operations (from 01-Mar-22)	5 - 10	0	0	0	0 - 2.5	10 - 15
E Gardiner - Executive Director of Finance, Performance & Estates	120 - 125	0	0	0	240-242.5	360 - 365
K Laing - Executive Director of Nursing & Quality	110 - 115	0	0	0	27.5 - 30	140 - 145
S Ahmed - Director of People, OD and Inclusion	110 - 115	0	0	0	25 - 27.5	140 - 145
C Bird - Director of Partnership Strategy and Digital	110 - 115	0	0	0	25 - 27.5	135 - 140
L Wrench - Associate Director of Governance	95 - 100	0	0	0	112.5 - 115	205 - 210
D Rogers - Non-Executive Director (Chair)	40 - 45	0	0	0	0	40 - 45
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	0	0	0	0	10 - 15
P Jones - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
A Gadsby - Associate Non-Executive Director	10 - 15	0	0	0	0	10 - 15
Prof. P Walsh - Associate Non-Executive	10 - 15	0	0	0	0	10 - 15
K Tattum - GP Associate Director	10 - 15	0	0	0	0	10 - 15

Note: L Mellor acted up as Director of Operations from 4th January 2022 to 28th February 2022. O Adeyemo became the Interim Chief Executive Officer on the 1st December 2021. D Okolo became the Interim Medical Director on the 1st December 2021.
O Adeyemo performed 5 clinical sessions per week whilst in the Medical Director role and 2 clinical sessions per week whilst in the Chief Executive Officer role.
D Okolo performed 3 teaching sessions per week whilst in the Medical Director role.

Remuneration of senior managers – salaries (2020/21 – subject to audit scrutiny)

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 – Executive Medical Director	150 - 155	0	0	0	52.5 - 55	205 - 210
J O'Brien - Executive Director of Operations	115 - 120	0	0	0	47.5 - 50	160 - 165
L Hooper - Executive Director of Finance, Performance & Estates (until 28-Feb-21)	105 - 110	0	0	0	32.5 - 35	140 - 145
K McKinlay - Acting Director of Finance (01-Mar-21 to 31-Mar-21) K Laing - Executive Director of Nursing and Quality	5 - 10	0	0	0	2.5 - 5	10 - 15
S Ahmed - Director of People, OD and Inclusion	105 - 110	0	0	0	87.5 - 90	195 - 200
C Bird - Director of Partnership Strategy and Digital	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
L Wrench - Associate Director of Governance (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
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
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
K Tattum - GP Associate Director	10 - 15	0	0	0	0	10 - 15

Note: K McKinlay acted up as Director of Finance from 1st March 2021 until 31st March 2021.
O Adeyemo performed 5 clinical sessions per week whilst in the Medical Director role.

Remuneration of senior managers - pension benefits 2021/22 – subject to audit scrutiny

Name and Title	Real Increase in pension at pension age (bands of £2500) £000	Real increase in pension lump sum at pension age (bands of £2500) £000	Total accrued pension at pension age as at 31 March 2022 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2021 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2022 £000	Employer's contribution to stakeholder pension
P Axon - Chief Executive Officer (until 01-Dec-21)	0 - 2.5	0	50 - 55	100 - 105	815	28	869	N/A
O Adeyemo – Executive Medical Director (to 30-Nov-21) & Interim CEO (from 01-Dec-21)	7.5 - 10	12.5 - 15	45 - 50	95 - 100	753	137	913	N/A
D Okolo - Acting Executive Medical Director (from 01-Dec-21)								N/A
J O'Brien - Executive Director of Operations (until 03-Jan-22)	0 - 2.5	0 - 2.5	25 - 30	45 - 50	326	13	357	N/A
L Mellor - Acting Director of Operations (04-Jan-22 to 28-Feb-22)	0 - 2.5	0	0 - 5	0	0	4	37	N/A
B Richards - Executive Director of Operations (from 01-Mar-22)	0 - 2.5	0 - 2.5	20 - 25	35 - 40	265	2	292	N/A
E Gardiner - Executive Director of Finance, Performance & Estates (from 01-Apr-22)	10 - 12.5	27.5 - 30	40 - 45	85 - 90	515	196	731	N/A
K Laing - Executive Director of Nursing & Quality	0 - 2.5	0	20 - 25	35 - 40	315	16	348	N/A
S Ahmed - Director of People, OD and Inclusion	0 - 2.5	0	25 - 30	45 - 50	430	20	468	N/A
C Bird - Director of Partnership Strategy and Digital	0 - 2.5	0	45 - 50	0	542	21	581	N/A
L Wrench - Associate Director of Governance	5 - 7.5	10 - 12.5	25 - 30	50 - 55	292	75	382	N/A

Note: D Okolo chose not to be covered by the pension arrangements during the reporting year 2021/22

Remuneration of senior managers - pension benefits 2020/21 – subject to audit scrutiny

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 – Executive Medical Director	2.5 - 5	2.5 - 5	40 - 45	80 - 85	673	51	753	N/A
J O'Brien – Executive Director of Operations	2.5 - 5	2.5 - 5	25 - 30	45 - 50	281	24	326	N/A
L Hooper - Executive Director of Finance, Performance & Estates (until 28-Feb-21)	0 - 2.5	0 - 2.5	25 - 30	45 - 50	303	16	342	N/A
K McKinlay - Acting Director of Finance (01-Mar-21 to 31-Mar-21) K Laing - Executive Director of Nursing and Quality	0 - 2.5	0	15 - 20	0	128	3	161	N/A
S Ahmed - Director of People, OD and Inclusion	2.5 - 5	7.5 - 10	25 - 30	45 - 50	338	72	430	N/A
C Bird - Director of Partnership Strategy and Digital	2.5 - 5	0	40 - 45	0	476	43	542	N/A
T Fairchild - Assistant Chief Executive (until 14-Feb-21)								N/A
L Wrench - Associate Director of Governance (from 15-Feb-21)	0 - 2.5	0	20 - 25	35 - 40	268	2	292	N/A

Note: T Fairchild chose not to be covered by the pension arrangements during the reporting year 2020/21.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Pay multiple disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, 50th percentile (median) and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, 50th percentile (median) and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director / member in North Staffordshire Combined Healthcare NHS Trust in the financial year 2021-22 was £242,500 (2020-21, £152,500). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Total Remuneration - subject to audit scrutiny

Year	25th Percentile Pay Ratio	50th Percentile Pay Ratio	75th Percentile Pay Ratio
2021/22			
Mid-point highest paid Director	242,500	242,500	242,500
Percentile of employee remuneration	24,318	32,306	42,121
2021/22 Ratio	**9.96**	**7.51**	**5.76**
2020/21			
Mid-point highest paid Director	152,500	152,500	152,500
Percentile of employee remuneration	24,305	31,770	40,474
2020/21 Ratio	**6.27**	**4.80**	**3.77**

Salary Component of Total Remuneration - subject to audit scrutiny

Year	25th Percentile Pay Ratio	50th Percentile Pay Ratio	75th Percentile Pay Ratio
2021/22			
Mid-point highest paid Director	107,500	107,500	107,500
Percentile of employee remuneration	21,777	31,534	40,057
2021/22 Ratio	**4.94**	**3.41**	**2.68**
2020/21			
Mid-point highest paid Director	152,500	152,500	152,500
Percentile of employee remuneration	21,142	30,615	37,890
2020/21 Ratio	**7.21**	**4.98**	**4.02**

In 2021/22 zero (2020/21 four) employees received remuneration in excess of the highest paid director. Remuneration ranged from £8,065 to £242,142 (2020/21 remuneration ranged from £7,566 to £220,000).

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 increases between years due to personnel change for the highest paid Director during the year.

Year	Highest Paid Director Remuneration	Percentage change for employees as a whole
2021/22	242,147	37,078
2020/21	151,773	36,348
Percentage Change %	**59.5**	**2.0**

The percentage change increase for the highest paid Director is due to personnel changes during the year. The percentage change increase for employees as a whole represents pay awards during 2021/22

Off-payroll engagements

For all off-payroll engagements as of 31 March 2022, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2022	3
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	0
- for between 2 and 3 years at the time of reporting	2
- for between 3 and 4 years at the time of reporting	0
- for 4 or more years at the time of reporting	1

For all new off-payroll engagements or those that reached six months in duration, between 1 April 2021 and 31 March 2022, 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	11

Staff report

We employed an average of 1,504 employed WTE and 226 other staff during 2021/22. Our staff costs amounted to £79.6m, which represents 53% of the Trust's closing income for the year (£149.9m). As at 31st March 2022, 79% of the total workforce were female and 21% were male. The gender split of the Directors of the Trust were 25% female and 75% male (excluding NEDs).

Staff costs			2021/22	2020/21
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	57,197	1,358	58,555	55,360
Social security costs	5,921	-	5,921	5,261
Apprenticeship levy	280	-	280	250
Employer's contributions to NHS pension scheme	10,284	-	10,284	9,501
Pension cost - other	76	-	76	67
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff	-	4,443	4,443	2,535
Total gross staff costs	**73,758**	**5,801**	**79,559**	**72,974**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**73,758**	**5,801**	**79,559**	**72,974**
Of which				
Costs capitalised as part of assets	55	-	55	10

Average number of employees (WTE basis)			2021/22	2020/21
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	56	31	87	78
Ambulance staff	-	-	-	-
Administration and estates	186	18	204	181
Healthcare assistants and other support staff	557	105	662	605
Nursing, midwifery and health visiting staff	486	51	537	499
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	216	7	223	204
Healthcare science staff	-	-	-	-
Social care staff	-	3	3	2
Other	4	10	14	7
Total average numbers	1,504	226	1,730	1,577
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	-	1

Staff Turnover

Details of our staff turnover can be accessed via NHS Digital at

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/november-2021

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, 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	2021/22	2020/21
Total Days Lost	15,577	13,893
Total Staff Years	1,417	1,288
Average working Days Lost	11	11

The People 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 advice and guidance to line managers to ensure early intervention so that staff can maintain and also improve their health and wellbeing.

Our People, Culture and Development Committee meets six times a year and has a transformational approach to the people agenda. Our Occupational Health provider, TP Health 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 2021/22

During 2021/22 there were 5 contractual payments in lieu of notice.

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of Compulsary Redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£s	Number	£s	Number	£s	Number	£000s
<£10,000	-	-	5	28,851	5	28,851	-	-
£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	**-**		**5**		**5**		**-**	
Total cost (£)		**-**		**28,851**		**28,851**		**-**

Reporting of compensation schemes - exit packages 2020/21

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

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of Compul-sary Redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£s	Number	£s	Number	£s	Number	£000s
<£10,000	-	-	4	20,886	4	20,886	-	-
£10,000 - £25,000	1	21,660	-	-	1	21,660	-	-
£25,001 - 50,000	1	36,235	-	-	1	36,235	-	-
£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 (£)		**57,896**		**20,886**		**78,782**		**-**

Exit packages: other (non-compulsory) departure payments

Type of Other Departures	Payments agreed Number	Payments agreed £	Payments agreed Number	Payments agreed £
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	5	28,851	4	20,886
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**5**	**28,851**	**4**	**20,886**
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 since 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 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.

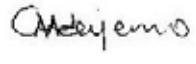
The Trust takes a very active role on developing inclusion. This work is coordinated through our Inclusion Council and People and assured through our Cultural Development Committee. We annually participate in reviewing, reporting on and taking action in relation to a range of equality imperatives including 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 (Black, Asian and Minority Ethnic, 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 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 2022 and beyond.

Consultancy expenditure

In 2021/22, the Trust had expenditure on consultancy of £553,000 (2020/21 - £858,000)



Dr Buki Adeyemo
Interim Chief Executive

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

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of North Staffordshire Combined Healthcare NHS Trust (the 'Trust') for the year ended 31 March 2022, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2022 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. 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 we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group accounting manual 2021 to 2022 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

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 at least twelve months from when the financial statements are authorised for issue.
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.

The responsibilities of the Directors with respect to going concern are described in the 'Responsibilities of the Directors and Those Charged with Governance for the financial statements' section of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; 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 make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Directors and Those Charged with Governance for the financial statements

As explained in the Statement of the Directors' responsibilities in respect of the accounts set out on page 88, the Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, 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.

In preparing the financial statements, 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 have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

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

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

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022).
- We enquired of management and the Audit Committee, concerning the Trust's policies and procedures relating to:
    - the identification, evaluation and compliance with laws and regulations;
    - the detection and response to the risks of fraud; and
    - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit, and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and presumed risk of fraud in revenue recognition. We determined that the principal risks were in relation to:
    - journal entries posted by senior members of the finance team
    - unbalanced journal entries
    - journals that altered the Trust's financial performance for the year
    - potential management bias in determining accounting estimates, especially in relation to:
    - the valuation of the Trust's land and buildings

- accruals of income and expenditure at the end of the financial year
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on journal entries posted by senior members of the finance team, unbalanced journal entries, and significant journal entries at the end of the financial year which impacted on the Trust's financial performance;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and buildings valuations and accruals of income and expenditure at the end of the financial year;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to the valuation of the Trust's land and buildings and accruals of income and expenditure at the end of the financial year.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates
  - understanding of the legal and regulatory requirements specific to the Trust including:
  - the provisions of the applicable legislation
  - NHS England's rules and related guidance
  - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - the Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement; and
  - the Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, they will be reported by exception in a further auditor's report. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2022.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's responsibilities set out on page 87, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(3)(c) and 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. 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.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for North Staffordshire Combined Healthcare NHS Trust for the year ended 31 March 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2022.

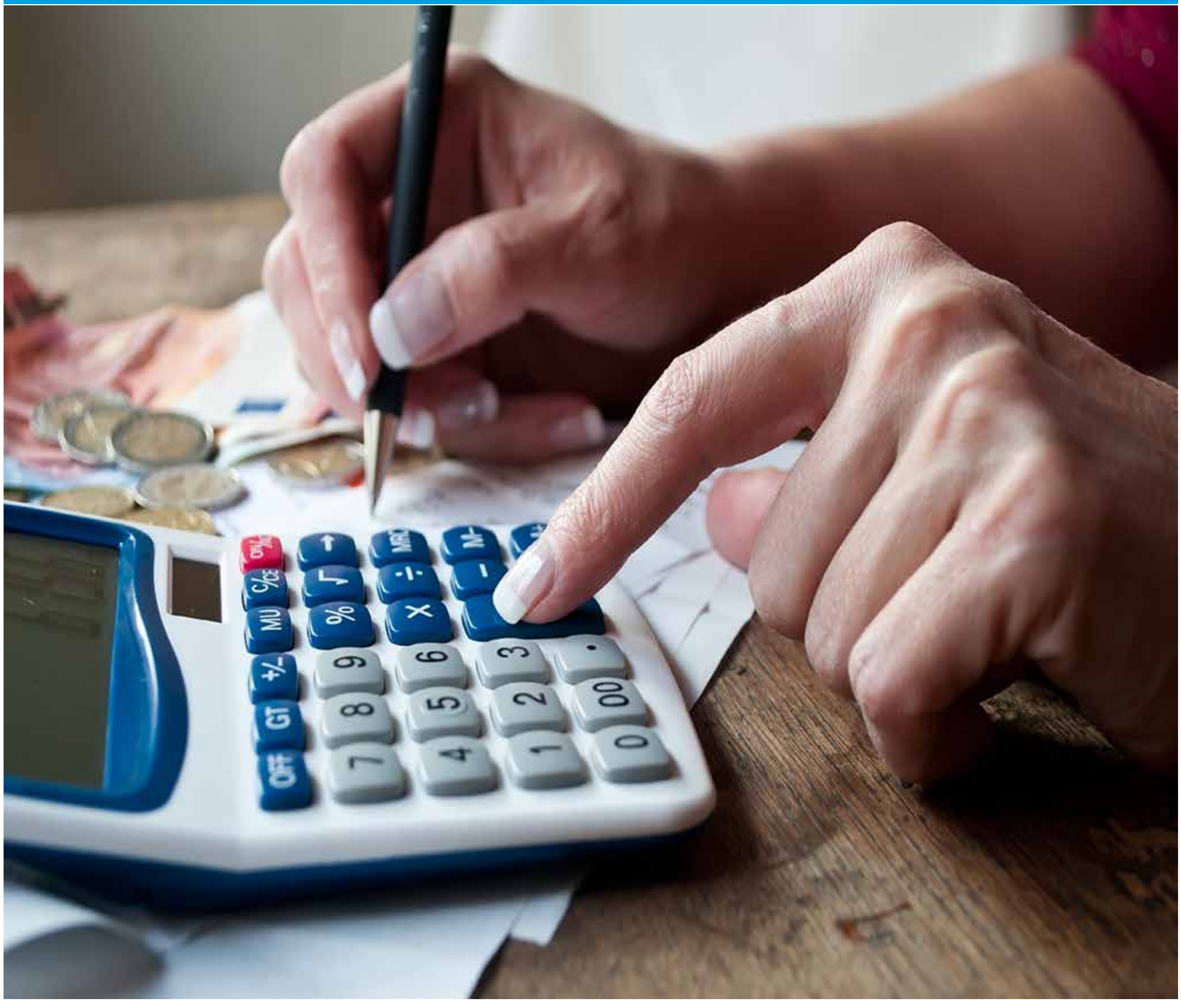
Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors 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 Trust and the Trust's Directors as a body, for our audit work, for this report, or for the opinions we have formed.

Laurelin Griffiths

Laurelin Griffiths
Key Audit Partner
for and on behalf of Grant Thornton UK LLP
Local Auditor
Birmingham
22 June 2022

Part Three - Financial Statements and Accounts - 1 April 2021 - 31 March 2022



North Staffordshire Combined Healthcare NHS Trust

Annual Accounts for the year ended 31 March 2022

Statement of Comprehensive Income

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	4	134,160	89,592
Other operating income	5	15,766	15,630
Operating expenses	7	(145,861)	(99,799)
Operating surplus/(deficit) from continuing operations		**4,065**	**5,423**
Finance income	12	12	6
Finance expenses	13	(2,654)	(2,731)
PDC dividends payable		(370)	(233)
Net finance costs		**(3,012)**	**(2,958)**
Other gains / (losses)	14	408	312
Gains / (losses) arising from transfers by absorption	42	-	(232)
Surplus / (deficit) for the year		**1,461**	**2,545**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(33)	(1,036)
Revaluations	19	648	244
Remeasurements of the net defined benefit pension scheme liability / asset		-	(429)
Total comprehensive income / (expense) for the period		**2,076**	**1,324**

Statement of Financial Position

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	16	1,850	459
Property, plant and equipment	17	33,029	29,526
Receivables	24	190	110
Total non-current assets		**35,069**	**30,095**
Current assets			
Inventories	23	149	200
Receivables	24	13,034	3,512
Cash and cash equivalents	27	25,926	17,822
Total current assets		**39,109**	**21,534**
Current liabilities			
Trade and other payables	28	(25,925)	(9,359)
Borrowings	30	(755)	(591)
Provisions	31	(279)	(299)
Other liabilities	29	(1,771)	(704)
Total current liabilities		**(28,730)**	**(10,953)**
Total assets less current liabilities		**45,448**	**40,676**
Non-current liabilities			
Borrowings	30	(8,651)	(9,406)
Provisions	31	(1,642)	(1,281)
Total non-current liabilities		**(10,293)**	**(10,687)**
Total assets employed		**35,155**	**29,989**
Financed by			
Public dividend capital		11,937	8,847
Revaluation reserve		6,706	6,143
Income and expenditure reserve		16,512	14,999
Total taxpayers' equity		**35,155**	**29,989**

The notes on pages 124 to 173 form part of these accounts

Name
Position Interim Chief Executive
Date 22 June 2022

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**8,847**	**6,143**	**14,999**	**29,989**
Surplus/(deficit) for the year	-	-	1,461	**1,461**
Other transfers between reserves	-	(52)	52	**-**
Impairments	-	(33)	-	**(33)**
Revaluations	-	648	-	**648**
Public dividend capital received	3,090	-	-	**3,090**
Taxpayers' and others' equity at 31 March 2022	**11,937**	**6,706**	**16,512**	**35,155**

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**

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.

Statement of Cash Flows

	Note	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating surplus / (deficit)		4,065	5,423
Non-cash income and expense:			
Depreciation and amortisation	7.1	1,765	1,402
Net impairments	8	(135)	319
Income recognised in respect of capital donations	5	(64)	-
Non-cash movements in on-SoFP pension liability		-	(4)
(Increase) / decrease in receivables and other assets		(9,608)	3,672
(Increase) / decrease in inventories		51	(94)
Increase / (decrease) in payables and other liabilities		15,196	268
Increase / (decrease) in provisions		363	324
Net cash flows from / (used in) operating activities		**11,633**	**11,310**
Cash flows from investing activities			
Interest received		12	6
Purchase of intangible assets		(1,532)	(370)
Purchase of PPE and investment property		(1,963)	(2,163)
Sales of PPE and investment property		413	335
Net cash flows from / (used in) investing activities		**(3,070)**	**(2,192)**
Cash flows from financing activities			
Public dividend capital received		3,090	560
Capital element of PFI, LIFT and other service concession payments		(591)	(925)
Interest paid on PFI, LIFT and other service concession obligations		(2,676)	(2,744)
PDC dividend (paid) / refunded		(282)	(246)
Net cash flows from / (used in) financing activities		**(459)**	**(3,355)**
Increase / (decrease) in cash and cash equivalents		**8,104**	**5,763**
Cash and cash equivalents at 1 April - brought forward		**17,822**	**12,059**
Cash and cash equivalents at 31 March	27.1	**25,926**	**17,822**

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 2021/22 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. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Consolidation

NHS Charitable Fund
The Trust has been 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 2022 the unaudited charitable funds balances totalled £67k. As a consequence the Trust considers these balances to be immaterial and not requiring full disclosure within the 2021/22 accounts.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Sustainability and Transformation Partnership level. For the first half of the 2020/21 (the comparative year) these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. 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 also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as 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. Some research income alternatively falls within the provisions of IAS 20 for government grants.

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 disepancies 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.

Education and Training

The Trust receives income from Health Education England (HEE) in relation to medical and non medical trainees. Revenue is in respect of training provided and is recognised when performance obligations are satisfied when training has been performed. Where performance obligations are undertaken within the financial year, this is agreed and invoiced to HEE. Where training occurs across the financial years the income is deferred to match the expenditure.

General Medical Services

The Trust receives General Medical Services (GMS) Income in relation the the two GP practices run by the Trust. Revenue is in respect of GMS activity in the practicies and is recognised when the performance obligations are satisfied when the activity has been performed. As the Trust is not permitted to hold a GMS contract, the income is transferred to the GP Practices and is agreed and invoiced by the Trust.

Improving Access to Psychological Therapies

The Trust receives income relating to Improving Access to Psychological Therapies (IAPT) Income in relation to the service provided by the Trust. Revenue is in respect of IAPT services is recognised when the performance obligations are satisfied and is paid on a block contract basis. 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.

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 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 2021/22 the Trust accrued £1,192,000 in relation to untaken annual leave to be carried over into the 2021/22 financial year. The annual leave accrual for 2020/21 was £1,291,000. The high level of accrual is as a consequence of the COVID pandemic, whereby staff have not been able to utilise their full annual leave entitlement. The Trust have permitted up to 10 days carry forward.

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.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

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

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

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

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

This includes assets donated to the Trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with 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 Statement of Financial Position 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
Buildings, excluding dwellings	1	46
Plant & machinery	1	16
Transport equipment	5	7
Information technology	1	9
Furniture & fittings	4	7

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

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

	Min life Years	Max life Years
Software licences	1	7

Note 1.10 Inventories

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

In 2020/21 and 2021/22, 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 and financial liabilities are classified as subsequently measured at amortised cost.

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.

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, with the expecption of balances with government bodies. Expected credit losses are not recognised against government bodies as per the GAM which states: *balances with core central government departments (including their executive agencies), the Government's Exchequer Funds, the Bank of England and Government Banking Service are excluded from recognising stage-1 and stage-2 impairments. In addition, any Government Exchequer Funds' assets where repayment is ensured by primary legislation are also excluded from recognising stage-1 and stage-2 impairments.*

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 from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	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 from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

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.

This policy is available on the Government website. The policy excludes the following from the calculation:

(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

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

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

Note 1.18 Third party assets

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

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

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

IFRS 16 Leases
IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 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 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. 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 1 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 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	8,454
Additional lease obligations recognised for existing operating leases	(8,454)
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(756)
Additional finance costs on lease liabilities	(81)
Lease rentals no longer charged to operating expenditure	797
Estimated impact on surplus / deficit in 2022/23	**(40)**
Estimated increase in capital additions for new leases commencing in 2022/23	**901**

From 1 April 2022, the principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to the Retail Price Index. The PFI liability will be remeasured when a change in the index causes a change in future repayments 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. Additional guidance on the impact of IFRS16 on PFI will follow in the autumn of 2022 to allow the Trust to calculatethe PFI liability, which will then be disclosed in the 2022/23 accounts.

Other standards, amendments and interpretations

IFRS 17 Insurance Contracts – issued but not yet adopted
Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be from April 2023: early adoption is not permitted. The impact of adoption of this standard cannot yet be quantified.

Note 1.23 Critical judgements in applying accounting policies

The Trust has no critical judgements to disclose.

Note 1.24 Sources of estimation uncertainty

The Trust has no material sources of estimation uncertainty to disclose.

Note 2 Pooled Budgets (for comparator puposes only)

North Staffordshire Combined Healthcare NHS Trust had a pooled budget arrangement with City of Stoke-on-Trent Council which ceased on 7th July 2020. The Trust was the host for the pooled budget. As host the Trust received income from Stoke-on-Trent City Council, with gross income and expenditure being shown in the Trust's accounts.

2020/21 Memorandum Account - City of Stoke on Trent Council Pooled Budget

Delegated Budgets	Total	North Staffs Combined Healthcare NHS Trust Contribution	City of Stoke-on-Trent Council Contribution
	£'000	**£'000**	**£'000**
Expenditure			
Pay	(1,840)	(1,315)	(525)
Non-Pay	(635)	(100)	(535)
	(2,475)	(1,415)	(1,060)
Income	92	8	84
Total Delegated Budgets	(2,383)	(1,407)	(976)
Overhead Contribution		-	-
Contribution to the Pool	(2,383)	(1,407)	(976)

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 24. Other operating income is analysed in note 5 to the financial statements on page 25 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 41 to the financial statements on page 53 and 54.

	2021/22 £000	2020/21 £000
Income	**149,926**	**105,222**
Surplus/(Deficit)		
Common Costs	(145,861)	(99,799)
Surplus/(Deficit) before interest	**4,065**	**5,423**
Net Assets:		
Segment net assets	**35,155**	**29,989**

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)	2021/22 £000	2020/21 £000
Mental health services		
Block contract / system envelope income[1]	86,028	77,610
Clinical partnerships providing mandatory services (including S75 agreements)[2]	-	1,067
Clinical income for the secondary commissioning of mandatory services	4,624	4,363
All services		
Private patient income	44	64
Additional pension contribution central funding[3]	3,118	2,896
Other clinical income[4]	40,346	3,592
Total income from activities	**134,160**	**89,592**

[1] Block contract income has increased by £8.4m in 2021/22 as a result of investments from £2.0m Service Development Fund (SDF), £2.3m non-recurrent Spending Review (SR) funding, £1.7m Mental Health Investment Standard (MHIS), £1.4m inflation and pay award, £0.5m infrastructure costs for TCP and community rehabiliation placements, £0.5m other investments from Staffordshire and Stoke-on-Trent CCGs.

[2] Section 75 ceased on 7th July 2020.

[3] The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 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.

[4] Other clinical income includes £37.4m relating to TCP and Project 86, a new service from 1st April 2021 and also £0.3m additional GMS income relating to Holmcroft GP Surgery from 1 January 2022.

Note 4.2 Income from patient care activities (by source)

Income from patient care activities received from:	2021/22 £000	2020/21 £000
NHS England	6,759	6,619
Clinical commissioning groups[1]	114,052	75,067
Other NHS providers	277	18
Local authorities[1]	9,552	4,771
Non-NHS: private patients	44	64
Non NHS: Other [2]	3,476	3,053
Total income from activities	**134,160**	**89,592**
Of which:		
Related to continuing operations	134,160	89,592

[1] Income of £31.7m relating to TCP and Project 86 is included in clinical commissioning groups in 2021/22 (2020/21 £nil) and £5.7m relating to TCP is included in local authority income in 2021/22 (2020/21 £nil).

2 Income of £2.8m relating to GMS (General Medical Services) is included in Non NHS Other in 2021/22 (2020/21 £2.4) plus £0.5m relating to Substance Misuse income in 2021/22 (2020/21 £0.4m).

Note 5 Other operating income

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	110	-	**110**	100	-	**100**
Education and training	3,909	342	**4,251**	2,817	184	**3,001**
Non-patient care services to other bodies[1]	8,061	-	**8,061**	7,412	-	**7,412**
Reimbursement and top up funding[2]	-	-	**-**	811	-	**811**
Income in respect of employee benefits accounted on a gross basis	218	-	**218**	380	-	**380**
Receipt of capital grants and donations	-	64	**64**	-	-	**-**
Charitable and other contributions to expenditure[3]	-	111	**111**	-	1,050	**1,050**
Other income[4]	2,951	-	**2,951**	2,876	-	**2,876**
Total other operating income	**15,249**	**517**	**15,766**	**14,396**	**1,234**	**15,630**
Of which:						
Related to continuing operations			15,766			15,630
Related to discontinued operations			-			-

[1] Non-patient care services to other bodies includes £5.2m relating to the IAPT contract (£5.0m 2020/21).

[2] The Trust has not received any reimbursement top up funding in 2021/22 (£0.8m 2020/21).

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

[4] Other income includes £1.5m digital aspirants (2020/21 £1.8m), £0.5m Regional Health and Wellbeing income (2020/21 £nil), Moorcroft Medical Practice income £0.2m (2020/21 £0.02m), £0.2m ICS and OD system funding (2020/21 £0.1m), £0.1m Psychology wellbeing hub income (2020/21 £nil).

Note 6 Other Operating Income

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

	2021/22	2020/21
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	630	241

Note 6.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2022 £000	31 March 2021 £000
within one year	-	-
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	**-**	**-**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 7 Operating expenses

Note 7.1 Operating expenses

	2021/22 £000	2020/21 £000
Purchase of healthcare from NHS and DHSC bodies	1,606	1,778
Purchase of healthcare from non-NHS and non-DHSC bodies[1]	40,851	3,242
Purchase of social care	(580)	505
Staff and executive directors costs	79,475	72,885
Remuneration of non-executive directors	166	113
Supplies and services - clinical (excluding drugs costs)[2]	414	1,290
Supplies and services - general	208	219
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,642	2,703
Inventories written down	6	39
Consultancy costs[3]	553	858
Establishment	674	677
Premises[4]	5,498	5,608
Transport (including patient travel)	879	791
Depreciation on property, plant and equipment	1,624	1,307
Amortisation on intangible assets	141	95
Net impairments	(135)	319
Movement in credit loss allowance: contract receivables / contract assets[5]	2,696	73
Change in provisions discount rate(s)	75	10
Fees payable to the external auditor		
audit services- statutory audit [6]	80	103
other auditor remuneration (external auditor only)	(12)	12
Internal audit costs	90	89
Clinical negligence	264	244
Legal fees	168	45
Education and training	1,630	984
Rentals under operating leases	1,157	1,009
Redundancy	-	58
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	3,330	2,701
Car parking & security	26	41
Hospitality	11	6
Losses, ex gratia & special payments	29	21
Other services, e.g. external payroll	1,154	572
Other [7]	1,141	1,402
Total	**145,861**	**99,799**
Of which:		
Related to continuing operations	145,861	99,799

[1] 2021/22 Purchase of Healthcare from Non NHS and Non DHSC Bodies includes £37.3m relating to TCP and Community Rehabilitation Placements, £1.7m relating to CDAS payments to partners (2020/21 £1.9m) and £1.2m relating to Healthy Minds (2020/21 £801k).

[2] 2021/22 Supplies and services clinical includes £0.2m relating to utilisation of DHSC donated inventories consumables (Personal Protective Equipment) during the year (2020/21 £0.9m).

[3] 2021/22 Consultancy costs includes £0.1m relating to the Digital Aspirants programme (2020/21 £0.4m), £0.1m relating to estates project support (2020/21 £0.1m).

[4] 2021/22 Premises costs includes £1.2m IT costs relating to the digital aspirants programme (2020/21 £1.3m).

[5] Movement in credit loss allowance includes TCP invoices raised to Stoke on Trent City Council £2.674m and Section 75 settlement invoices raised to Stoke on Trent City Council £0.1m which are currently in dispute.

6 Audit services statutory fees are shown gross and includes a credit relating to 2020/21 previous auditors charge of £12k.

[7] 2021/22 Other expenditure includes £0.2m dilapidations provision increase (2020/21 £0.5m), subscriptions £0.3m (2020/21 £0.2m) room hire charges £0.1m (2020/21 £nil).

Note 7.2 Other auditor remuneration

	2021/22 £000	2020/21 £000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	(12)	12
Total	**(12)**	**12**

In 2020/21 the quality account audit fees were over accrued resulting in a credit of £12k in 2021/22.

Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £5 million (2020/21: £1 million).

Note 8 Impairment of assets

	2021/22 £000	2020/21 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(135)	319
Total net impairments charged to operating surplus / deficit	**(135)**	**319**
Impairments charged to the revaluation reserve	33	1,036
Total net impairments	**(102)**	**1,355**

In 2021/22 the Trust revalued all of its sites (land and buildings) resulting in an impairment of £354k of which £33k (£33k buildings and £0k land) was charged to the revalution reserve and £322k was charged to SoCI. Where some properties value increased, this resulted in a valuation increase of £1,045k on buildings of which £588k was recognised against the revalution reserve and £456k was credited to SoCI as an impairment reversal, and £60k on land - all recognised against the revaluation reserve. The total impact on the SoCI in 2021/22 is (£135k) (£456k - £322k).

Note 9 Employee benefits

	2021/22 Total £000	2020/21 Total £000
Salaries and wages	58,555	55,360
Social security costs	5,921	5,261
Apprenticeship levy	280	250
Employer's contributions to NHS pensions	10,284	9,501
Pension cost - other	76	67
Temporary staff (including agency)*	4,443	2,535
Total gross staff costs	**79,559**	**72,974**
Of which		
Costs capitalised as part of assets	55	10

Note 9.1 Retirements due to ill-health

During 2021/22 there was 1 early retirement from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £57k (£35k in 2020/21).

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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially 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 benefits and related CETVs do not allow for potential future adjustment for some eligible employees arising from the McCloud judgement.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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.

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	1,157	1,009
Total	**1,157**	**1,009**

	31 March 2022 £000	31 March 2021 £000
Future minimum lease payments due:		
- not later than one year;	664	907
- later than one year and not later than five years;	1,716	1,891
- later than five years.	2,287	2,656
Total	**4,667**	**5,454**
Future minimum sublease payments to be received	-	-

Future minimum lease payments due includes estimated extensions to the current leases for Lawton House, Ashtenne and Victoria Surgery in 2021/22. These leases have been assumed at a 10 year extension to the current lease resulting in the increase in future minimum lease payments.

Note 12 Finance income

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

	2021/22	2020/21
	£000	£000
Interest on bank accounts[1]	12	2
Other finance income	-	4
Total finance income	**12**	**6**

[1] On 24 March 2022 the Bank of England increased the Bank Rate from 0.5% to 0.75%. 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 paid a new interest rate of 0.64% from 17 March 2022.

Note 13 Finance expenditure

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

	2021/22	2020/21
	£000	£000
Interest expense:		
Main finance costs on PFI and LIFT schemes obligations	1,084	1,151
Contingent finance costs on PFI and LIFT scheme obligations	1,592	1,593
Total interest expense	**2,676**	**2,744**
Unwinding of discount on provisions	(22)	(13)
Total finance costs	**2,654**	**2,731**

Note 14 Other gains / (losses)

	2021/22	2020/21
	£000	£000
Gains on disposal of assets[1]	414	335
Losses on disposal of assets[2]	(6)	(23)
Total gains / (losses) on disposal of assets	**408**	**312**

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

[2] Losses on disposal of assets is due to various items of furniture scrapped during the year.

Note 15 Discontinued operations

The Trust has no discontinued operations.

Note 16 Intangible assets

Note 16.1 Intangible assets - 2021/22

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	**1,170**	**1,170**
Additions	1,532	**1,532**
Valuation / gross cost at 31 March 2022	**2,702**	**2,702**
Amortisation at 1 April 2021 - brought forward	**711**	**711**
Provided during the year	141	**141**
Amortisation at 31 March 2022	**852**	**852**
Net book value at 31 March 2022	**1,850**	**1,850**
Net book value at 1 April 2021	**459**	**459**

Note 16.2 Intangible assets - 2020/21

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**800**	**800**
Transfers by absorption	-	**-**
Additions	370	**370**
Valuation / gross cost at 31 March 2021	**1,170**	**1,170**
Amortisation at 1 April 2020 - as previously stated	**616**	**616**
Provided during the year	95	**95**
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 17 Property, plant and equipment

Note 17.1 Property, plant and equipment - 2021/22

	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 2021 - brought forward	**5,546**	**23,131**	**-**	**654**	**54**	**5,467**	**430**	**35,282**
Additions	-	418	2,392	213	91	1,268	-	**4,382**
Impairments	-	(355)	-	-	-	-	-	**(355)**
Reversals of impairments	-	68	-	-	-	-	-	**68**
Revaluations	60	(583)	-	-	-	-	-	**(523)**
Reclassifications	-	-	-	70	-	-	(70)	**-**
Disposals / derecognition	-	-	-	(28)	-	(3)	(11)	**(42)**
Valuation/gross cost at 31 March 2022	**5,606**	**22,679**	**2,392**	**909**	**145**	**6,732**	**349**	**38,812**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**2,078**	**-**	**443**	**28**	**3,073**	**134**	**5,756**
Provided during the year	-	712	-	57	7	813	35	**1,624**
Reversals of impairments	-	(389)	-	-	-	-	-	**(389)**
Revaluations	-	(1,171)	-	-	-	-	-	**(1,171)**
Reclassifications	-	-	-	2	-	-	(2)	**-**
Disposals / derecognition	-	-	-	(28)	-	(3)	(6)	**(37)**
Accumulated depreciation at 31 March 2022	**-**	**1,230**	**-**	**474**	**35**	**3,883**	**161**	**5,783**
Net book value at 31 March 2022	**5,606**	**21,449**	**2,392**	**435**	**110**	**2,849**	**188**	**33,029**
Net book value at 1 April 2021	**5,546**	**21,053**	**-**	**211**	**26**	**2,394**	**296**	**29,526**

Note 17.2 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**5,431**	**23,536**	**-**	**681**	**109**	**3,904**	**361**	**34,022**
Additions	-	1,024	-	-	30	1,579	70	**2,703**
Impairments	(10)	(1,708)	-	-	-	-	-	**(1,718)**
Reversals of impairments	-	220	-	-	-	-	-	**220**
Revaluations	125	59	-	-	-	-	-	**184**
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 - as previously stated	**-**	**1,573**	**-**	**423**	**87**	**2,574**	**101**	**4,758**
Provided during the year	-	708	-	46	5	515	33	**1,307**
Reversals of impairments	-	(143)	-	-	-	-	-	**(143)**
Revaluations	-	(60)	-	-	-	-	-	**(60)**
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 17.3 Property, plant and equipment financing - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022								
Owned - purchased	5,606	8,494	2,392	373	110	2,849	188	**20,012**
On-SoFP PFI contracts and other service concession arrangements	-	12,955	-	-	-	-	-	**12,955**
Owned - donated/granted	-	-	-	62	-	-	-	**62**
NBV total at 31 March 2022	**5,606**	**21,449**	**2,392**	**435**	**110**	**2,849**	**188**	**33,029**

Note 17.4 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£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**
On-SoFP PFI contracts and other service concession arrangements	-	12,920	-	-	-	-	-	**12,920**
NBV total at 31 March 2021	**5,546**	**21,053**	**-**	**211**	**26**	**2,394**	**296**	**29,526**

Note 18 Donations of property, plant and equipment

The Trust has received 10 patient monitors donated by DHSC during the year at a value of £64k.

Note 19 Revaluations of property, plant and equipment

HM Treasury determined that NHS Trust's must value their assets to depreciated replacement cost value on a Modern Equivalent Asset basis by 1st April 2010 at the latest. This is the basis used by the Trust since 2009/10.

In order to ensure that the Trust's Land and Building assets are carried at current value as at the Statement of Financial Position 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 2022.

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 investments in associates and 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 have an interest in the unconsolidated charity, North Staffordshire Combined Healthcare NHS Trust Charity (registration number 1057104)

Note 23 Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	65	71
Consumables	79	127
Energy	5	2
Total inventories	**149**	**200**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,305k (2020/21: £2,222k). Write-down of inventories recognised as expenses for the year were £6k (2020/21: £39k).

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 2021/22 the Trust received £111k of items purchased by DHSC (2020/21: £1,050k).

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 Receivables

Note 24.1 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables[1]	13,954	2,015
Allowance for impaired contract receivables / assets	(2,803)	(108)
Prepayments (non-PFI)	1,677	1,362
PDC dividend receivable	-	6
VAT receivable	206	233
Other receivables	-	4
Total current receivables	**13,034**	**3,512**
Non-current		
Other receivables[2]	190	110
Total non-current receivables	**190**	**110**
Of which receivable from NHS and DHSC group bodies:		
Current	7,407	1,003
Non-current	190	110

[1] Contract Receivables includes £9,924k invoiced receivables and £4,030k accruals. The increase in contract receivables in 2021/22 is as a result of the TCP and Community Rehabilitation Placements new services and relates to debtors with the CCGs and Local Authorities.

[2] 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

	2021/22		2020/21	
	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	**108**	**-**	**35**	**-**
New allowances arising	2,785	-	91	-
Reversals of allowances	(89)	-	(18)	-
Utilisation of allowances (write offs)	(1)	-	-	-
Allowances as at 31 Mar 2022	**2,803**	**-**	**108**	**-**

During the year, £1k allowances for impaired receivables were written off (£0k in 2020/21), and £81k were collected. New allowances for impaired receivables during the year total £2,785k.

Note 24.3 Exposure to credit risk

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

Note 25 Other assets

The Trust does not have any other assets.

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 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.

	2021/22	2020/21
	£000	£000
At 1 April	**17,822**	**12,059**
Net change in year	8,104	5,763
At 31 March	**25,926**	**17,822**
Broken down into:		
Cash at commercial banks and in hand	9	8
Cash with the Government Banking Service	25,917	17,814
Total cash and cash equivalents as in SoCF	**25,926**	**17,822**

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 2022	31 March 2021
	£000	£000
Bank balances	15	18
Total third party assets	**15**	**18**

Third party assets bank balances relates to patient monies.

Note 28 Payables

Note 28.1 Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables[1]	6,558	1,754
Capital payables[2]	3,323	968
Accruals[3]	13,306	4,408
Social security costs	920	759
Other taxes payable	734	578
PDC dividend payable[4]	82	-
Other payables	1,002	892
Total current trade and other payables	**25,925**	**9,359**

[1] Trade payables includes £3.6m TCP and Community Rehabilitation Placements payables to residential care homes.

[2] Capital payables includes £1.9m relating to the stage 1 payment accrual for Project Chrysalis and £1m payable for the Data Warehouse scheme.

3 Accruals includes £6.9m relating to TCP and Community Rehabilitation Placements accruals.

[4] The PDC dividend receivable of £6k in 2020/21 (see note 24.1) was settled in September 2021. At 31st March 2021 the Trust has recorded a PDC dividend payable of £82k.

Of which payables from NHS and DHSC group bodies:		
Current	3,719	467
Non-current	-	-

Note 28.2 Early retirements in NHS payables above

The payables note above includes no early retirements.

Note 29 Other liabilities

	31 March 2022 £000	31 March 2021 £000
Current		
Deferred income: contract liabilities	1,771	704
Total other current liabilities	**1,771**	**704**
Non-current		
Deferred income: contract liabilities	-	-
Total other non-current liabilities	**-**	**-**

Note 30 Borrowings

	31 March 2022 £000	31 March 2021 £000
Current		
Obligations under PFI, LIFT or other service concession contracts	755	591
Total current borrowings	**755**	**591**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	8,651	9,406
Total non-current borrowings	**8,651**	**9,406**

Note 31 Provisions for liabilities and charges analysis

	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2021	**421**	**22**	**31**	**1,106**	**1,580**
Change in the discount rate	32	-	-	43	**75**
Arising during the year	12	30	5	409	**456**
Utilised during the year	(34)	-	(20)	(25)	**(79)**
Reversed unused	-	(6)	(12)	(71)	**(89)**
Unwinding of discount	(12)	-	-	(10)	**(22)**
At 31 March 2022	**419**	**46**	**4**	**1,452**	**1,921**
Expected timing of cash flows:					
- not later than one year;	34	46	4	195	**279**
- later than one year and not later than five years;	97	-	-	10	**107**
- later than five years.	288	-	-	1,247	**1,535**
Total	**419**	**46**	**4**	**1,452**	**1,921**

Other provisions (£1,452k) relate to: the projected liabilities and charges arising in 2021/22 and beyond, in respect of provisions related to Trust properties £1,067k; projected liability in respect of tax charges on clinicians pensions £190k; projected liability in respect of property rates charges £125k; projected liability for staff related issues £42k; projected liability for the tax charge relating to benefits received by staff attending staff awards events £33k .

Note 32 Clinical negligence liabilities

At 31 March 2022, £403k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Staffordshire Combined Healthcare NHS Trust (31 March 2021: £228k).

Note 33 Contingent assets and liabilities

	31 March 2022 £000	31 March 2021 £000
Value of contingent liabilities		
NHS Resolution legal claims	(4)	(19)
Gross value of contingent liabilities	**(4)**	**(19)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(4)**	**(19)**
Net value of contingent assets	**-**	**-**

Note 34 Contractual capital commitments

The Trust has no contractual capital commitments.

Note 35 Other financial commitments

The Trust has no other financial commitments.

Note 36 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has one on-Statement of Financial Position PFI obligation, Harplands Hospital. The scheme covers the Harplands Hospital buidling and land. The main PFI contract ends in September 2030. A monthly unitary payment will be paid up to that point. The unitary payment is subject to annual increases in line with RPI.
The arrangement requires the operator to deliver services to the Trust in accordance with the delivery specification. Non delivery of quality or performance can lead to a reduction in the service charge being paid by the Trust.
Under IFRIC 12 the asset is treated as an asset of the trust. The substance of the contract is that the trust has a finance lease and payments comprise 2 elements – imputed finance lease charges and service charges. Details of the imputed finance lease charges are included in the table below.

Note 36.1 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 2022	31 March 2021
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**14,666**	**16,341**
Of which liabilities are due		
- not later than one year;	1,776	1,675
- later than one year and not later than five years;	6,846	7,103
- later than five years.	6,044	7,563
Finance charges allocated to future periods	(5,260)	(6,344)
Net PFI, LIFT or other service concession arrangement obligation	**9,406**	**9,997**
- not later than one year;	755	591
- later than one year and not later than five years;	3,783	3,632
- later than five years.	4,868	5,774

Note 36.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

	31 March 2022	31 March 2021
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**83,301**	**63,119**
Of which payments are due:		
- not later than one year;	7,218	6,435
- later than one year and not later than five years;	34,767	26,522
- later than five years.	41,317	30,162

Note 36.3 Analysis of amounts payable to service concession operator

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

	2021/22	2020/21
	£000	£000
Unitary payment payable to service concession operator	**6,597**	**6,370**
Consisting of:		
- Interest charge	1,084	1,151
- Repayment of SoFP obligation[1]	591	925
- Service element and other charges to operating expenditure	3,330	2,701
- Contingent rent	1,592	1,593
Total amount paid to service concession operator	**6,597**	**6,370**

The future obligations discloses the total payments the Trust is committed to paying in respect of the on SOFP PFI, the future payments are inflated at the inflation rate included within the operators model. The actual payments may change as they are based on actual inflation.

[1] Following a review of the PFI model in 2020/21 an adjustment of £340k was made to the repayment of the Statement of Financial Position obligation resulting in a higher repayment in 2020/21 of £925k (previously the model recorded this at £585k). No further adjustments have been made in 2021/22.

Note 37 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust does not have any Off- SoFP PFI obligations.

Note 38 Financial instruments

Note 38.1 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 2022 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 38.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2022	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	11,340	-	-	**11,340**
Cash and cash equivalents	25,926	-	-	**25,926**
Total at 31 March 2022	**37,266**	**-**	**-**	**37,266**

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**
Cash and cash equivalents	17,822	-	-	**17,822**
Total at 31 March 2021	**19,840**	**-**	**-**	**19,840**

Note 38.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through	Total book value
	£000	£000	£000
Obligations under PFI, LIFT and other service concession contracts	9,406	-	**9,406**
Trade and other payables excluding non financial liabilities	24,189	-	**24,189**
Total at 31 March 2022	**33,595**	**-**	**33,595**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through	Total book value
	£000	£000	£000
Obligations under PFI, LIFT and other service concession contracts	9,997	-	**9,997**
Trade and other payables excluding non financial liabilities	8,023	-	**8,023**
Total at 31 March 2021	**18,020**	**-**	**18,020**

Note 38.4 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 2022 £000	31 March 2021 £000
In one year or less	25,967	9,698
In more than one year but not more than five years	6,846	7,103
In more than five years	6,044	7,563
Total	**38,857**	**24,364**

Note 38.5 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 39 Losses and special payments

	2021/22		2020/21	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	1	9	3	-
Total losses	**1**	**9**	**3**	**-**
Special payments				
Ex-gratia payments	16	4	341	161
Total special payments	**16**	**4**	**341**	**161**
Total losses and special payments	**17**	**13**	**344**	**161**
Compensation payments received		-		-

The 2020/21 comparator for Ex-gratia payments disclsure note has been restated to reflect the nationally funded agreed corrective payments made to staff for backdated holiday pay following the result of the Flowers Court case (£336k classified as 1 case). These payments are considered special payments for which HMT approval was sought nationally by NHS England on Trust's behalf. As the losses and special payments note is prepared on an accruals basis (excluding provisions), these amounts should have been disclosed in the 2020/21 accounts.

Note 40 Gifts

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

Note 41 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

Birmingham and Solihull Mental Health NHS Foundation Trust
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Midlands Partnership NHS Foundation Trust
Northamptonshire Healthcare NHS Foundation Trust
Northumbria Healthcare NHS Foundation Trust
Nottinghamshire Healthcare NHS Foundation Trust
Oxford Health NHS Foundation Trust
South London and Maudsley NHS Foundation Trust
Tavistock and Portman NHS Foundation Trust
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
West Midlands Ambulance Service University NHS Foundation Trust
Shropshire Community Health NHS Trust
The Royal Wolverhampton NHS Trust
University Hospitals of North Midlands NHS Trust
Herefordshire and Worcestershire Health and Care NHS Trust
NHS Cannock Chase CCG
NHS Cheshire CCG
NHS East Staffordshire CCG
NHS England
NHS North Staffordshire CCG
NHS South East Staffs and Seisdon Peninsula CCG
NHS Stafford and Surrounds CCG
NHS Stoke on Trent CCG
Public Health England
UK Health Security Agency
NHS Digital
Health Education England
NHS Business Services Authority (incl ESR transactions and student bursaries)
NHS Resolution
NHS Improvement (TDA legal entity)
Care Quality Commission
NHS Property Services
Community Health Partnerships
Department of Health and Social Care

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.

The Trust has also received revenue payments from a number of charitable funds. Certain Trustees 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 42 Transfers by absorption

There have been no transfers by absorption during the year. The transfer by absorption for 2020/21 relates to the transfer of the LGPS following the termination of the s.75 contract with Stoke on Trent City Council.

Note 43 Prior period adjustments

The Trust has not made any prior period adjustments.

The Trust has restated disclosure note 39 which were restrospectively agreed to be considered as a special payment of £336k classified as 1 case for the Trust. HMT approval was sought nationally by NHS England on Trust's behalf.

Note 44 Events after the reporting date

The Trust has no events after the end of the reporting period to disclose.

Note 45 Better Payment Practice Code

	2021/22	2021/22	2020/21	2020/21
Non-NHS Payables	**Number**	**£000**	**Number**	**£000**
Total non-NHS trade invoices paid in the year	13,882	76,244	9,453	45,262
Total non-NHS trade invoices paid within target	13,314	70,245	9,206	44,299
Percentage of non-NHS trade invoices paid within target	95.9%	92.1%	97.4%	97.9%
NHS Payables				
Total NHS trade invoices paid in the year	455	6,849	430	7,998
Total NHS trade invoices paid within target	427	6,483	406	7,406
Percentage of NHS trade invoices paid within target	93.8%	94.7%	94.4%	92.6%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later. The target is to pay 100% of valid invoices by the due date or within 30 days of receipt of the inovice, however the compliance target is set at 95%.

Note 46 External financing limit

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

	2021/22	2020/21
	£000	**£000**
Cash flow financing	(5,605)	(6,128)
External financing requirement	**(5,605)**	**(6,128)**
External financing limit (EFL)	5,013	(5,050)
Under / (over) spend against EFL	**10,618**	**1,078**

Note 47 Capital Resource Limit

	2021/22	2020/21
	£000	**£000**
Gross capital expenditure	5,914	3,073
Less: Disposals	(5)	(23)
Less: Donated and granted capital additions	(64)	-
Charge against Capital Resource Limit	**5,845**	**3,050**
Capital Resource Limit	6,195	3,141
Under / (over) spend against CRL	**350**	**91**

Note 48 Breakeven duty financial performance

	2021/22
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	1,309
IFRIC 12 breakeven adjustment	434
Breakeven duty financial performance surplus / (deficit)	**1,743**

Note 49 Breakeven duty rolling assessment

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	1,297	2,051	4,060	3,904	1,979	3,098	1,743
Breakeven duty cumulative position	7,105	9,156	13,216	17,120	19,099	22,197	23,940
Operating income	78,588	81,883	85,079	89,112	99,040	105,222	149,926
Cumulative breakeven position as a percentage of operating income	9.0%	11.2%	15.5%	19.2%	19.3%	21.1%	16.0%

● 2015/16 - The Trust achieved a surplus due to non-recurrent benefits and the IFRIC 12 adjustment.

● 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.

● 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.

● 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.

● 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.

● 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.

● 2021/22 - The Trust was required to deliver a control total of breakeven (excluding IFRIC 12 adjustments). The Trust over performed against this target by £895k due to non-recurrent benefits.

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:-

Freepost RTCT-YEHA-UTUU
Communications and Membership Team
North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Stoke-on-Trent
ST4 8HH

Independent auditor's report to the Directors of North Staffordshire Combined Healthcare NHS Trust

In our auditor's report issued on 22 June 2022, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2022, in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice, until we had:

- Completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2022 issued on 22 June 2022 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2022 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

The Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(3)(c) and 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. 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.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these

arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of North Staffordshire Combined Healthcare NHS Trust for the year ended 31 March 2022 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 Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors 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 Trust and the Trust's Directors as a body, for our audit work, for this report, or for the opinions we have formed.

Laurelin Griffiths

Laurelin Griffiths, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

16 September 2022