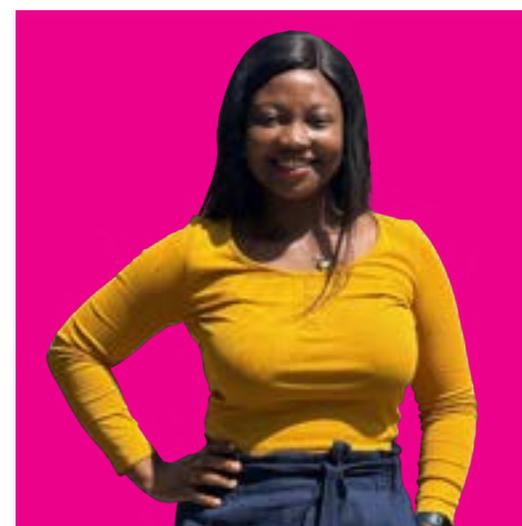


Outstanding

Our journey continues



North Staffordshire
Combined Healthcare
NHS Trust



Annual Report and Accounts 2023/24

Outstanding

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

We were delighted and proud that in November 2022 we won the prestigious award of 'NHS Trust of the Year' at the National Health Service Journal Awards. This was the first time a mental health trust had won this accolade.

This is the latest step in our continuing journey of improvement and achievement and positive proof that our determination to deliver our vision - **to be Outstanding - in ALL we do and HOW we do it** - burns as strong and as bright as ever.



We are proud to be an Outstanding trust, but we constantly make clear - to our leaders, our people, our service users and stakeholders - that we never complacent and that our journey of improvement always continues to deliver our vision.

In this respect, we are particularly pleased to have been singled out by the Care Quality Commission in the past as an example for others to follow in our ability to sustain improvement after being rated Outstanding.

For example, since achieving our original Outstanding rating in 2019, our primary care leadership has also been rated Outstanding by the Care Quality Commission.

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 have also delivered huge innovation and partnership across Staffordshire and Stoke-on-Trent as part 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.

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Highlights

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.



Proud to be Outstanding, but never complacent.



Winners of the HSJ "NHS Trust of the Year" 2022 - the first ever mental health Trust to win the accolade

Above average scores across all NHS People Promises and Themes in the NHS Staff Survey



25th 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 new digital production facilities



Our long-term Trust Strategy 2023-2028 driving forward improvement and transformation, underpinned by 3 strategic priorities - Prevention, Access, Growth





Transforming access to wellbeing information, advice and help for all ages through unique digital All-Age Wellbeing Portal, including online self referral



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

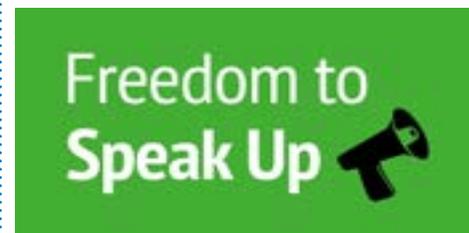
Expanded Primary Care Directorate now providing GP services to over 32,000 people



All Trust staff granted a Health and Wellbeing Day, an additional day's leave specifically for staff to focus on their own health and wellbeing



Community Mental Health provision being transformed across Staffordshire and Stoke-on-Trent through dedicated programme



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

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



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

Start your project on Life QI





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



Strengthened ASD screening process reducing the time it takes to respond to referrals and improving signposting

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



New Clinical Pathways ensuring specific physical and/or mental health needs of service users are being delivered by a consistent model in line with best practice national guidance



REACH staff awards, recognising excellence and achievements, delivered in live event, livestream, online catch-up and Virtual Reality



Expanded Mental Health Support Teams providing a service to around 40,000 children and young people within 92 education providers across Stoke-on-Trent and North Staffordshire

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



Expansion of Parent and Baby unit team, increasing access to the service and increased psychological interventions





Step On Team celebrating its 10th Birthday by introducing Inclusive Employability Hub, supporting those who are economically inactive to find work



All Age Access Team Regional Winners in the NHS Parliamentary Awards Excellence in Mental Health Care

Award, following nominations from 3 Members of Parliament

Home Treatment Team achieved Royal College of Psychiatrists' Quality Network for Crisis Resolution and Home Treatment accreditation



Proud to receive accreditation for being Veteran Aware



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



New Transformation Management Office created to drive over 30 transformation projects at Trust and system level

Winners of 'Exemplary Placement Provider' and 'Keele Alumni Achievement' titles in Keele University annual awards



Home Treatment Team winners of Placement of the Year from Keele University



Chair and Chief Executive's statement

Welcome to our Annual Report for the year 2023/24. Another truly Outstanding Year for Combined and its people.

On 31st March 2024 North Staffordshire Combined Healthcare reached its 30th complete year of existence, having been established on 1st April 1994. A significant milestone and a time to look back with pride. Although each Annual Report only covers a single year, it is worth putting some of our year-on-year performance and achievements in context.

By 31st March 2024, the trust had:

- delivered its 25th consecutive year of delivering financial balance, the entirety of the current century;
- completed its 5th year of being rated Outstanding by the Care Quality Commission; and
- had continued a proud record of innovation and growth, with further new services, new facilities, new teams and sustainable modest expansion particularly into primary care services.

To highlight just a few of the specific examples which are contained in this Annual Report:

- the success of our Wellbeing College – co-produced and delivered in partnership with service users and stakeholder organisations has been a particular highlight of the year;
- we celebrated our Home Treatment Team achieving the Royal College of Psychiatrists' Quality Network accreditation for Crisis Resolution and Home Treatment;
- we were also delighted to be winners of "Placement of the Year", 'Exemplary Placement Provider' and 'Keele Alumni Achievement' titles in the Keele University annual awards;
- the Primary Care Directorate expanded during 2023/24 to include Talking Therapies for Stoke-on-Trent and North Staffordshire and Mental Health ARRS roles, having a team of approximately 240 across the various services, and supporting an integrated approach to primary care provision;
- we expanded our general practices in 2023/24 with the integration of Keele Practice, based on the Keele University campus, adding to the existing general practice provision of Moorcroft Medical Centre, based in Stoke-on-Trent, (Hanley and Bentilee) and Holmcroft Surgery, situated in Stafford; and
- delivered further historic capital investment in our medium term future, as we continued to eradicate dormitory accommodation and shared bathroom facilities as part of a major capital upgrade at Harplands Hospital - Project Chrysalis.

At the same time as we celebrate the past, the trust also continued to look to the future, as we launched our five year strategy and 3 strategic priorities - Prevention, Access and Growth.

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.

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 have maintained our record of being amongst the higher scoring trusts in the NHS, with above average scores across all the NHS People Promise domains.

Over the course of the year, we welcomed new members to our Trust Board and said goodbye to some long serving leaders - not least our Chair David Rogers. David's contribution to Combined Healthcare was second to none and will always be remembered with fondness and gratitude by all at the trust. David's role was taken up from 1st April by our existing Vice-Chair, Janet Dawson, ushering in an exciting new chapter for Combined.

Tragically, we also lost a dear friend and long-standing servant at Combined in our Chief People Officer, Paul Draycott, who passed away in January 2023. Paul was truly and deeply loved by so many of us at Combined Healthcare. He was the living embodiment of everything that is good about the NHS and his chosen profession – developing and caring for its people.

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



Dr Buki Adeyemo
Chief Executive



Janet Dawson
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 inpatient and community mental health, 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 runs a number of GP surgeries and is one of seven 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).

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 Integrated Care System.

We employed an average of 1,685 employed WTE and 339 other staff during 2023/24. The Trust has reported a surplus of £320,000 against a plan of breakeven after technical adjustments.

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 Community

The number of Trust inpatient Adult Acute beds per 100,000 population is within the lowest quartile, and above average for Older Adults. We have a relatively low length of stay and emergency readmission rate, demonstrating an efficient inpatient service.

Most service users receive their mental health care in the community. There were 34,547 new referrals across all services in 2023/24 with 14,424 service users as active cases at the end of the year. Core mental health services received the following total number of referrals in FY 23/24:

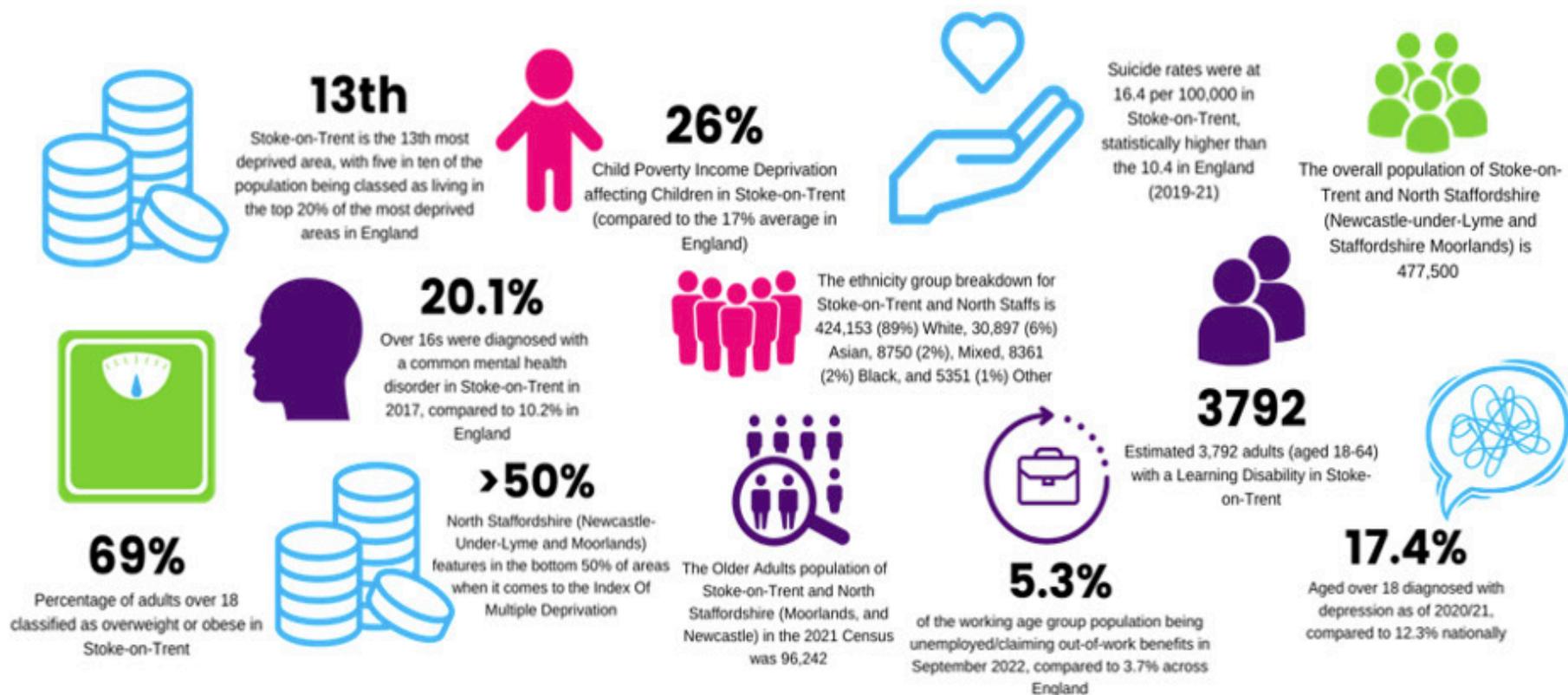
- Core CAMHS: 5201
- Adult CMHT: 5389
- Older Adult: 4231

We have seen a sharp increase in demand for Neuro-developmental services in 2023/24. Almost 23% of all open team episodes at the end of 2023/24 were open to neuro-developmental services (ASD and ADHD). This is almost double the proportion at the end of 2022/23.

Access to services and waiting times shows good performance. Overall, 94.9% of Trust service users were assessed in 4 weeks and 95.5% were treated in 18 weeks. There have been some challenges in managing waiting times to first assessment in 4 weeks within some core Adult and Children and Young People's (CYP) teams, with Performance Improvement plans in place in 2023/24. However, waiting time performance in CYP teams continues to compare well to the national position.

We can expect more pressure on waiting times given increases in demand in many areas.

In April 2023, as part of our 5-year strategy, we included the analysis of the communities we serve set out below.



Our Service Users and Carers

Service Users and Carers

Our clinical services deliver models of care that reflect the needs of people who use our services and their experience of care. We achieve this by having on-going conversations 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, moving to a more hybrid model, with a mixture of face to face, virtual and blended meetings to maximise on accessibility whilst recognising the value of 'in person' contacts to further aide social contact and relationship building amongst the members. The SUCC strengthened their involvement in Trust wide transformation work, including the Mental Health Community Transformation Programme, pathway designs, move away from CPA and further expansion of the wellbeing college, with members being more confident in supporting a co-production approach where possible.

The Observe and Act training has been rolled out to SUCC members wishing to participate in visit to service, which then offers feedback to teams regarding patient experience issues which are either positive or where improvements could be considered. These visits now routinely take place, informing the trust's wider quality assurance agenda. SUCC members have also received PLACE training, with a view of them supporting PLACE inspections within the Trust. Members also support the trust's Quality Assurance Unannounced Visits during 2023/24.

We have strengthened the link between our SUCC members and our peer support work staff / mentors to ensure that all opportunities to gain feedback and make improvements regarding patient experience are maximised on. Additionally, our peer support work colleagues have received additional development and training opportunities regarding recovery focused care, co-production and using their lived experience to support service improvement through to an individual's recovery journey.

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. During 2022/23 members of the SUCC were instrumental in co-producing an alternative approach to the way in which the Trust responds to complaints made by other service users / carers, they have also co-delivered the training which has been rolled out to key individuals in the Trust; as such responses to complaints are more person centred, compassionate and supportive of a continual learning ethos. We have continued this journey in 2023/24 using a peer review template to monitor and evaluate the positive impact of this training in our complaint response letters.

There remains a strong focus on capturing feedback from Service Users and Carers through a number of routes including:

Patient Advice and Liaison Service (PALS)

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 2023/24 the Trust received 212 PALS contacts compared with 181 in 2022/23.

Compliments

Each year, our staff receive compliments and praise from people they have cared for. During 2023/24, the Trust received 1,703 compliments, as direct compliments to teams or via Friends and Family Test responses. To support our drive for continual improvement, the Trust is continuing to pilot a digital solution in two Trust sites to give service users and their families the opportunity to provide real time customer feedback at the point and time of delivery.

Complaints

Overall, we receive a very low number of complaints, compared to NHS benchmarking data. During 2023/24, we received 50 formal complaints, compared to 37 in 2022/23, which when set against the circa 300,000 face to face and telephone clinical patient contacts equates to 0.02% 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 with our quality improvement project action plan to enhance and strengthen our complaints procedure, to ensure the experience of those using the service, alongside have timely and quality investigation and responses.

Friends and Family Test (FFT)

This is an important national feedback tool, supporting the fundamental principle that people who use NHS services, should have the opportunity to provide feedback on their experience. During 2023/24, 2,724 service users participated in the FFT process, giving us their views across all services, which is an increase on 2022/23 when we received 2,422 responses. We are pleased to report a continued high rate of satisfaction, with 86% of patients who rated the Trust as good or very good, 8% were undecided and only 7% rated the Trust as poor or very poor.

The Trust has invested in new technology to offer new and wider opportunities for service users to feedback their experiences of our services. We have utilised additional 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 has been added to all correspondence distributed from Lorenzo. In addition to this the Patient Experience Team have supported some individual clinical teams to develop their own bespoke Service User feedback surveys via QR codes.

Wellbeing College

Our wellbeing college was successfully launched in the summer of 2022; the college model has been fully co-produced with service users and carers. We currently have over 300 plus students registered who include a varied cohort of service users, members of the public, carers, staff and partner organisation staff. The prospectus offers a wide and growing range of recovery focused education and recreational sessions which are all co-produced and co-delivered by topic experts and people with lived experience. The Wellbeing College is going from strength to strength with some well-established support offers and coproduction as topic experts from system wide partners.

Our vision and values

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. 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

In 2023, we unveiled our five-year Trust Strategy "The future of North Staffordshire NHS Trust 2023-2028"

This outlined our ambitions over the five years of the strategy in addressing how we respond to the evolving wellbeing needs of our local population and changes in our NHS and government landscapes.

The strategy sets out our sustained commitment to continuously improve services with co-production, recovery and partnerships at the heart of how we work, ensuring national requirements and local priorities are taken into account.

Our values and quality priorities shaped our three strategic priorities and are underpinned by four key enablers, which act as the pillar of why, how and what we do.

The strategy also set out our measures by which we would demonstrate the impact of our plans.

The growth of our Primary Care Directorate in 2023/24 has strengthened our contribution in this area with a focus on prevention and personalisation and clear examples of effective work to develop and improve pathways between primary and secondary care.

The Trust has also contributed to a broader series of ambitions in the JFP including:

- sustainability objectives through the delivery of our Green Plan;
- digital transformation; and
- as active members of a range of Provider Collaboratives including Continuing Health Care, a high-profile system priority.

As part of our operational planning for 2024/25 we have considered and mapped our priorities and deliverables against the JFP to ensure our continued contribution.

		Enablers			
		Quality	People	Partnerships	Sustainability
Strategic Priorities	Prevention	Reduce suicide rates year on year by 2028	Improve staff health year on year	Embed Mental Health services within NHS 111	By 2024 we will have supported 35% of service users into employment
	Access	Improve access by co-producing new services with our communities	Ensure our Trust is the best place to work in the NHS	Expand our primary care offer	Develop digital access to all our services by 2028
	Growth	Reduce waiting times for services	Increase our workforce by developing our services	Increase the number of services delivered in collaboration with partners by 50%	Deliver a 50% Carbon Net Zero reduction by 2028

We are an organisation that lives by our values. We recognise this is an ambitious strategy in which we will focus on preventing people becoming more unwell, provide timely and easy access to care and maintain and develop high quality, outstanding services.

Over the five years of the strategy, we will invest and develop our people so the Trust becomes an organisation of excellence, delivering this change through our strategic and operational plans.

During 2023/24 the Trust has made a significant contribution to delivering the aspirations of the Staffordshire and Stoke-on-Trent Joint Forward Plan 2023-2028. This is across multiple Portfolio areas, most significantly for Mental Health, Learning Disabilities and Autism (holding the SRO role), as well as Children and Young People, leading work to address entrenched system-wide challenges that impact negatively on children and young people whose needs are complex.



Our Services

This Annual Report covers the period 1st April 2023 to 31st March 2024. Over this period, our services have been delivered from within a locality structure with an Associate Director and Clinical Director formally responsible for each of the Directorates. These are supported across the Trust by our Corporate Services.

Our four directorates are:

- Community;
- Specialist Services;
- Acute Services 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 provides and where and who is eligible for each service.

Emergency Preparedness, Resilience and Response (EPRR) NSCHT Annual Report

The NHS is required to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care.

Legislation including the Civil Contingencies Act (CCA) 2004, NHS Act 2006, Health and Care Act 2022, and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2022, requires NHS organisations and providers of NHS-funded care to have plans and arrangements in place to respond to such incidents while maintaining services to patients. This work is referred to in the NHS as EPRR.

Each NHS Organisation must assess itself on an annual basis against the national core standards for emergency response, resilience and recovery (EPRR). In the year 2023/24, the number of standards applicable to North Staffordshire Combined Healthcare Trust was equal to 68. This consists of 58 core standards and 10 deep dive standards, of which the theme this year was EPRR training.

In 2023/24 the Trust undertook a self-assessment against the core standards and provided an overall rating of substantially compliant against the applicable core standards and the deep dive standards. The Trust's Accountable Emergency Officer reviewed the self-assessment and the submission rating, which was reviewed and confirmed by NHS England (NHSE) and the Integrated Care Board (ICB). In November 2023, the Trust was confirmed to be substantially compliant against the National Core Standards for EPRR in the assurance report presented to the Local Health Resilience Partnership (LHRP) by NHSE and the ICB.

The Trust via the EPRR Team has provided multiple training sessions throughout the years 2023/24 and 2024/25, for on-call Strategic (Gold) and Tactical (Silver) Commanders and Operational (Bronze) Commanders. In addition to the training provided internally by the EPRR Team, all Strategic Commanders have either attended or have booked to attend the NHSE Principles of Health Command Training, as required by NHSE. This training has also been extended to the Associate Directors who provide Incident Control Centre (ICC) cover.

The Trust has also participated in Exercise FORTITUDE, a live multi-agency exercise, facilitated by the Staffordshire Resilience Forum (SRF) in October 2023. In addition to this, the Trust has participated in and facilitated a number of communications exercises in alignment with the requirements for EPRR testing and exercising and has participated in an Integrated Care System crisis simulation exercise, which focused on response to a cyber-incident.

In addition, the Accountable Emergency Officer has undergone role specific training in year in relation to Planning for CBRN Terrorism Attacks and has undertaken the MAGIC (Multi Agency Gold Incident Commander) training at the College of Police. Further the Deputy Accountable Emergency Officer (the Deputy Chief Operating Officer) has commenced the RSPH Level 4 Award in Health Emergency Preparedness, Resilience and Response with the UK Health Security Agency.

Community Directorate

Clinical Director - Dr Darren Carr
Associate Director - Josey Gaitley

The Community Directorate provides a range of services to children, adults and older people across the city of Stoke-on-Trent & North Staffordshire.

The Directorate has a place based approach which enables holistic assessment; responding to the broader determinants of mental health. The teams within the Community Directorate support people and their families affected by complex mental health needs to live safe and healthy lives. The Directorate has led on the Community Mental Health Transformation programme across the Trust, which has been an extensive programme over a three-year period involving system wide engagement to deliver improvements across the Integrated Care System. Services have been working closely with partners to deliver community- led support, drawing upon the strengths and assets of the individuals and their local community.

The Community Directorate holds the strategic lead for older people's services and facilitates both admission avoidance and early supported discharge through its Outreach, Care Home Liaison, Stay at Home Scheme, Dementia Primary Care and Care Home Physiotherapy teams. We work from two clinics that cover the City and County and accept referrals for people from the age of 60+. We work with Primary Care Networks to publicise the importance of seeking a memory assessment. Our aim is to provide early, safe diagnosis of dementia which will then lead to possible medication and referral to support agencies.

The Community Directorate holds the strategic lead for CAMHS facilitating partnership working with Stoke-on-Trent and Staffordshire Local Authorities and third sector providers supporting collaborative working across all pathways for Children and young people. We have a Preparing for Adulthood (PFA) Lead to improve and develop the transition pathways for young adults and ensure they meet with national standards.

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. This service is expanding to support women up until the baby is 24 months. The service 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. The Lotus Team continue to support birthing parents who have faced birth trauma. Investment into the Parent and Baby Unit in 2023/24 has allowed us to expand capacity to meet local need.

The Multiple Disadvantaged Team work supports people who struggle to engage with mental health services due to issues such as homelessness, alcohol and substance misuse and a forensic history.

The Severe Mental Illness Physical Health Team undertake physical health checks annually for service users identified as having a severe mental illness such as bipolar or psychosis.

The Mental Health Support Teams continue to support and work in partnership with 84 schools across North Staffordshire and Stoke-on-Trent, with a significant positive impact on young people's mental health being demonstrated through early help initiatives. The team has been recognised both regionally and nationally for the successful journey from a Trailblazer site to a substantive service. There are plans for further expansion across Stoke-on-Trent which will give all Stoke-on-Trent Schools access to Mental Health Support Team input.

The Autism Spectrum Disorder Teams are commissioned as a diagnostic service for adults & Children & Young People. The team has strengthened the screening process reducing the time it takes to respond to referrals and improved signposting to other services where appropriate.

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 Integrated Offender Health 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 Youth Offending team continue to provide health interventions into the Newcastle-under-Lyme youth offending team.



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. Step On continues to work collaboratively with MPFT to provide a Staffordshire wide service and epitomises the values of lived experience and recovery.

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 team also offer an At Risk Mental State (ARMS) pathway enabling intervention for the high risk group presenting with an At Risk Mental State.

Community Assessment Stabilisation & Treatment Team (CASTT) offers a Trust-wide service to those service users that are diagnosed with a personality disorder offering the Structured Clinical Management model and specialist psychological therapy.

The Looked After Children's 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 interventions.

The Adult & Children and Young People's Eating Disorder Services provides an agile locality-based service model that links into the existing community teams and primary care, providing education, early intervention and therapeutic support.

The Adult ADHD Team commenced in July of 2023 and offers NICE compliant assessment and treatment for our adult population with undiagnosed ADHD.

Community Directorate key achievements 2023/24

Looked After Children Team

The 'Looked After Children's' CAMHS team continues to work closely with colleagues from Stoke on Trent Children's Services; offering consultation, assessment, therapeutic intervention and training as its central remit. The team works collaboratively with multi-agency colleagues from health, the local authority, education and third sector organisations to support evidence-based practice specialising in attachment and trauma for children and young people who have experienced adverse circumstances within the care and development.

Working Age Adult Community Mental Health Teams (CMHTs)

The Sutherland Centre, The Lymebrook Centre, The Ashcombe Centre and The Greenfields Centre have been on another fantastic journey this past year. The development of Clinical Pathways throughout 2023 and continuing through in to 2024, has meant that the specific physical and/or mental health needs of our service users are being delivered by a consistent model in line with best practice national guidance. In order to achieve such pathways a significant amount of hard work has been required in order to improve the electronic patient records (EPR) system – with key improvements being made to several EPR forms which will have a positive effect Trust wide.

All four Adult Community Mental Health Teams have worked together to improve the experiences felt by its users by assisting business intelligence colleagues in developing a business intelligence tool to monitor key performance indicators around its phone lines in to the Centres.

Automated system run text messages have been created and successfully piloted within adult CMHT's before a wider Trust roll out plan is enacted, in order to improve communications with service users and also improve time to care by significantly reducing the amount of Did Not Attend (DNA) appointments.

Collaboration with the Community Mental Health Transformation Programme has enable partnerships with our Voluntary, Community and Social Enterprise to go from strength to strength. As such two of our partnerships have been spotlighted and shortlisted by the Health Service Journal (HSJ) Partnership Awards 2024.

Community Assessment Stabilisation & Treatment Team

The Community Assessment Stabilisation & Treatment Team (CASTT) are now running with two treatment options, Structured Clinical Management and Mentalisation Based Therapy. These are both evidence based multimodal treatments for those with complex emotional needs or personality disorder. The team are gaining good treatment outcomes for this client group and are now expanding to enhance our offer to a broader client group who experience complex emotional needs.

Autism Spectrum Disorder Team

The team has strengthened the screening process reducing the time it takes to respond to referrals, improving signposting to other services where appropriate and offering brief support to families whilst awaiting assessment. The team are working closely with SEND colleagues and other stakeholder agencies to develop a needs-based referral profile, using the Portsmouth Profile Tool. The team are using a capacity model to complete assessments within a 30-day period to which families are responding positively.

Children and Young People's Mental Health Services (CAMHS)

North and South Stoke CAMHS:

North and South Stoke CAMHS commenced accepting their own team referrals around July last year. This has given us the ability to gate keep referrals at the front door in an efficient manner and offer the most appropriate service in connection with our partnership workers to offer the best service for young people and their families.

During the last year CAMHS have taken significant steps to improve the transition for young people leaving CAMHS and accessing adult services. We have strengthened links with Adult Community Mental Health Team, Talking Therapies and community resources to ensure a smooth transition with the support of our Preparing for Adulthood Lead.

North Staffs CAMHS:

North Staffs CAMHS have successfully imbedded the referral triage team and strengthened our communications with wider services, having various interface meetings to improve access. North Staffs CAMHS have also strengthened the physical health clinics in line with guidance for Disordered Eating and have successfully embedded a new 'Wellbeing Coping Skill's group to enhance therapy provision and reduce waiting times.

Mental Health Support Team (MHST)

The Mental Health Support Team (MHST) has continued to grow, we have recruited a whole school approach co-ordinator and a systemic family practitioner who are creating a powerful voice in schools for looking at the systemic challenges in education provisions that can prevent young people from having good mental health.

We currently cover 92 education provisions which equates to a pupil population for circa 40,000 children that are benefitting from our service, and we are growing - we have been awarded two further teams for Jan 2025 – this means we are adding a further 30-40 schools with an additional 16,000 children that will be supported.

We continue to encourage educational provisions to adopt a whole school approach to mental health and wellbeing which will ultimately mean that even more children as well as their parents/carers and the staff in schools will benefit from MHST support with less focus on one to ones and more focus on group work and staff training.

The MHST is focused on using the iThrive model to support children to – THRIVE by encouraging a positive environment in education, but they are also there to work collaboratively with education staff to signpost to the right service at the right time and where needed offer a low intensity CBT based intervention The MHST prides itself in its accessibility and the effectiveness that early intervention and prevention in children's mental health can be.

Early interventions team and Early Intervention Detection and Engagement (EDIE) team

Our Early interventions team has maintained a level 4 – “Top Performing” status in the annual National Clinical Audit of Psychosis (NCAP) and have developed performance monitoring tools to support developments with NCAP.

EDIE our At Risk Mental States (ARMS) pathway continues to grow and develop our offer to support those at ultra-high risk of developing a psychosis. The service has developed a fully co-produced service video to support to raise the provide of ARMS. The team have developed groups, pathways and interventions to meet the distinct needs of those experiencing an ARMS.

Health and Justice

The Health & Justice (H&J) service has been rolled out in partnership with MPFT, This service integrated and expanded on the existing Liaison and Diversion and primary care Mental health Treatment Requirement service, now offering a Reconnect Service. Supporting people leaving this prison estate with health and social care needs to re-establish links and support within the community. Working with people from 12 weeks pre-release up to 6 months post release. Staffordshire Reconnect has successfully rolled out into 5 prisons within Staffordshire, as well as accepting referrals for individuals from out of area prisons and referrals up to 28 days post release.

Staffordshire has also been selected as a pilot site to support the development of voluntary attendance police interview pathways. This will work via our referrals hub, providing timely assessments and intervention for those in contact with the police via non-custody routes.

Specialist Adult Eating Disorders team

The SAEDS team continue to develop pathways for adults experiencing an eating disorder. First Episode Rapid Early Intervention for Eating Disorders (FREED) model is now in place and an increased service offers now include other specified feeding or eating disorder (OSFED) and Binge Eating Disorder (BED) as part of the referral criteria.

Children and Young People (CYP) Eating disorders

CYP eating disorders have reviewed our Avoidant/Restrictive food intake disorder (ARFID) pathway and developed positive working relationships with other teams offering consultation and advice. The team have developed and rolled out an ARFID training package for Primary schools. A service evaluation has been completed for planned therapeutic admissions to UHNM with intensive in reach from the teams supports recovery, parental engagement and confidence and has significantly reduced the need for CAMHS in-patient admissions

Step On

Step On celebrated its 10th birthday this year and hosted an event to showcase the excellent work, recovery focused employment outcomes and benefits the service brings. The service was rated as having "GOOD Fidelity" to the Individual Placement Support (IPS) model in the external IPS Grow Fidelity review. Step On was part of a tender with Stoke Local Authority using UKSPF funding to develop an Inclusive Employability Hub, supporting those who are economically inactive to find work. This service is part of a pilot running from January 2024 until March 2025, and is already showing positive outcomes.

Older Persons Services

Memory services are proud of the diagnosis rates as this is presently the highest in the country. The service is an MSNAP (memory services national accreditation programme) accredited service and are involved in the national audit of dementia.

Youth Offending Service (YOS)

The YOS nurse continues to provide health interventions into the Newcastle-Under-Lyme youth offending team.

Criminal Justice Mental Health Team

The team continue to provide an enhanced offer to those who are in contact with the criminal justice system who have mental health issues. The team provide intensive support for those with complex mental health issues and risk/offending needs, provide assessment for those on community orders under the probation services and act as core members of the local Multi-Agency Public Protection Arrangements panels.

Multiple Disadvantage Team

The Multiple Disadvantage Team provide complex assessment, interventions and support for those service users who present as having multiple disadvantages, which include substance misuse, homelessness and suspected mental health needs. The team provide support across the system to partner agencies to help meet the needs of his client group, providing formulation, guidance and intervention.

The service act as an interface between services to enable joined up plans of care to be facilitated, as well as facilitating dual diagnosis clinics and supporting the Trusts veteran's mental health offer. The team work with both those with multiple disadvantages to remain within services and complex assessment for those who may need to access services but struggle to via mainstream routes.

SMI Physical Health Team

System wide working has continued in order to deliver nationally driven targets around ensuring those on the GP SMI register are invited in for an annual review of both their physical and mental health needs. The team have this year seen growth in terms of staff skills and competencies, but also improved connections in Trust and across our ICS.

Intensive Outreach Team

The Intensive Outreach Team (IOT) have continued to develop their service model and created a clinical lead position with a successful appointment having been made, which provides not only the IOT team but the teams that interface with IOT improved clinical decision making.

Parent & Baby

As part of the Stoke-on-Trent City Council Family Hub roll-out which focuses on Perinatal Mental Health, the Parent and Baby team are working collaboratively with the local authority within co-located hubs in order to support parents within their own communities. The Parent and Baby unit team has expanded over the past 12 months which has allowed the team to increase access to the service and increased psychological interventions. The Bonding and attachment pathway has strengthened the offer to families to support mums' mental health and babies emotional development. The team continue to provide educational support to raise awareness in partnership with other agencies which supports collaborative working. The team are currently co-producing literature with Health visiting colleagues to support primary care staff identifying support in the perinatal period for families.

Preparing for Adulthood

Preparing for Adulthood Lead appointed to improve and develop the transition pathways for young adults, CAMHS and Adult practitioners are now working collaboratively to discuss young patients approaching 17.5 yrs, working closely with service users parents/carer's to identify their needs and prepare them for transition from CAMHS. Strong community partnerships have been developed and multiple projects are taking place with community partners such as Stoke City Community Trust and PVFC to broaden the opportunities for young people prior to and post discharge.

Specialist Services

Clinical Director - Dr Gill Cooke

Clinical Director - Rachel Bullock

Associate Director - Jalibani Ndebele

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 a Short Breaks Respite bed service for children with complex needs. 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. The Directorate has 3 services:

- Neuropsychiatry, Adult Mental Health Rehabilitation & Psychology services;
- Learning Disabilities and CAMHS Inpatient Beds; and
- Substance Misuse inpatient detoxification.

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 wellbeing, such as, Parkinson disease, Huntington's 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 3 years the service offers a complete Rehab Pathway Model; that includes a community inpatient ward (Summers View – 10 beds) and the Community Rehab Team; which is able to offer a unique supported living experience (Hilda Johnson House - 8 beds).

The **Community Rehab Team** offers support focused on keeping people in their existing accommodation or helping people transition to community from hospital placements working closely with the **Complex Care Team 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. The team works seamlessly with the Complex Care Mental Health Team with a joint MDT approach which now includes Specialist psychology input.

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 (all age) 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.

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 it offers excellent assessment and 24-hour treatment support in the bedded Assessment and Treatment Unit, where individual packages of care are designed, 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.

The **Transforming Care Programme** looks after people with a learning disability and/or autism. People in these cohorts require highly complex care packages and are generally placed with independent sector providers, either locally or out of area.

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.

The **Darwin Centre (Children and Adolescent Mental Health)** is a 15 bed inpatient unit, providing specialist mental health services for young people and their families between the age range of 12-18 years. The centre is open 24/7. The catchment area covers Staffordshire, Shropshire and the West Midlands.

The **Intensive Support Hub** which was commissioned last year, continues to directly support patients at the Darwin Centre, 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.

The **Edward Myers Unit** continues to offer hospital based detox and treatment for substance misuse. The unit accepts local and national referrals and following its recent digital movement and advertising of the unit has seen a recent surge in referrals. The unit now has plans to expand and increase capacity to accommodate the demand.

The **Community Hospital Alcohol Team (CHAT)** continues to support UHNM with patients who require alcohol detoxification, attending emergency portals and daily ward visits to prepare the patient for continuation of their detox whilst in the community. Excellent partner agency working and collaboration with the Integrated Care Board in creating a unified approach was put underway in creating a fast track alcohol treatment service.

Acute & Urgent Care

Clinical Director - Natalie Larvin
Associate Director - Donna Cantrell

Acute Inpatient Wards

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 is a 13 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-Disciplinary Team, the ward strives to deliver high quality compassionate care that promotes independence and recovery for people with Mental Health needs.

Ward 2 is an 18 bedded 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-centered interventions and keep people at the heart of everything we do.

Ward 3 is a 16 bed female acute ward within the Acute and Urgent Care Directorate. It provides person-centered and compassionate care for woman aged 18+ when experiencing a wide variety of mental illnesses. Ward 3 have adopted an evidence based self-injury reduction protocol with support from their psychology team which supports females with emotionally unstable personality disorder.

Older Age Adult Acute Inpatient Wards

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 patient's 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 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-centered 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 is an 18 bed functional unit for elderly patients over the age of 65. The ward offers mixed gender accommodation 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-centered 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.

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

The **Crisis Care Centre**, based at Harplands Hospital, opened in October 2019 and is situated at The Harplands Hospital. The Centre brought together many NHS specialists within the Trust to offer crisis care services for individuals of all ages, 24/7 and 365 days a year.

The Crisis Care Centre is an essential component of the urgent care pathway and provides an all age single point of access to mental health services whilst also offering an immediate response for individual's experiencing a mental health crisis either by telephone or in person to ensure individuals are signposted to the most appropriate pathway to meet their needs.

The below services are based at the Crisis Care Centre at Harplands Hospital:

- All Age Access - Single Point of Contact
- Crisis Resolution Home Treatment Team
- STR Pathway

The **High Volume Users Team** work holistically with service users who are regularly attending A&E. Our goal is to help reduce the amount of individuals that need to attend A&E and attempt to get most, if not all, of their needs met within Primary Services.

The **Place of Safety/136** is for people in extreme mental distress who are detained for their own safety and the safety of others under Section 136 of the Mental Health Act by the police. Under Section 136, people can be detained for assessment for up to 24 hours.

The **Mental Health Liaison Team (MHLT) is part of the Crisis Care Service Line** and aims to provide a timely comprehensive multidisciplinary assessment service to people presenting with urgent mental health problems in the emergency portals and inpatient settings at the acute hospital, University of North Midlands (UHNM). It also aims to increase the detection, recognition and early treatment of impaired mental well-being and mental disorder through effective liaison with partners in other departments within the acute trust. The objective of the service is to work with the acute trust in developing joint care pathways for patients with mental illness. The service is provided to people of all ages and comprises of doctors, nurses, social workers, Occupational Therapist and psychology.

The **Community Triage Team (Street Triage)** work with people suffering mental distress who have come into contact with Staffordshire Police. The team work collaboratively and is based with the First Response Team at Staffordshire Police to offer advice and assessment for people where there are concerns about their mental health.

Acute and Urgent Care Key Achievements in 2023/24

Psychiatric Intensive Care Unit (PICU)

PICU have continued to work within the NAPICU framework and achieved accreditation for 4 consecutive years. Reducing restrictive practices has remained a focus which has supported the implementation of a less intrusive Zonal Observation approach to care. A positive culture has been supported by the ongoing adoption of the Safecare principles which has supported recovery for some of our most acutely unwell patients.

Ward 1

Ward 1 have adopted a positive/evidence based MDT model which reviews patients more holistically and promotes care and treatment. They have also adopted an improved HCSW competency framework to induct and develop HCSW roles and responsibilities. Ward 1 is a mixed sex ward, the ward has engaged with the Trust Diversity and Inclusion Leads to ensure the care non-binary and transgender patients is not compromised and their needs are accommodated.

Ward 2

Ward 2 have a ward based personal trainer that provides exercise and wellbeing initiatives to patients on the ward. They also work within a MDT model which includes an Advanced Nurse Practitioner and support from a Consultant Nurse.

Ward 3

The staff team on Ward 3 pride themselves on their holistic and multi-agency approach offering Psychiatry, Psychology, Nursing, Finance advice, Housing advice, Exercise programs, Occupational and Diversional Therapy encompassing the patient as a whole and recognising the additional stressors influencing our patients. The refresh and implementation on an evidence based self-harm pathway model of care supports the Trust direction in the care and management of patients with emotionally Unstable Personality disorder.

Ward 4

Ward 4 continues to adapt to ensure that we offer the same excellent level of care and experience to our patients and their relatives. We are pleased to have been able to restart our family group which is there as a support tool for families whose relatives have been admitted to ward 4. Ward 4 continues to work flexibly to support continued pressures across the system, ensuring we maintain effective partnership working to support patient flow.

Ward 6

Ward 6 continues to strive and as a team we are totally committed to ensuring safe, quality care to all our patients, therefore ensuring that the patient journey is a memorable one for the right reasons. Over the last 12 months, Ward 6 has introduced 3 initiatives:

- The Purple Wristband initiative, which clearly and easily identifies patients who have a Respect form in place to ensure decisions are upheld in certain situations.
- Yellow Socks – patients at risk of falls wear yellow socks to be easily identifiable.
- Sunflower initiative – for those patients who wear dentures, a sunflower picture is on the wall in their bedroom to alert staff to check bedding / clothes incase dentures have got misplaced. This reduced the risk of patients losing their dentures.

Ward 7

The role of Carer Support worker continues to provide a dedicated support to carers and is underpinned by the triangulation of care and is inclusive of patients, carers and professionals. Innovative MDT working continues to be effective. MDT Screen 1 is used to support the attendance of external professionals who are attending the ward round remotely.

Electroconvulsive therapy (ECT)

ECT operates 2 times per week and provide therapy for both inpatients and outpatients across the Trust. ECT have both medical students and nursing students from both Keele and Staffs University, all of whom appear to enjoy their time with us.

All Age Access

The All Age Access Team have shown resilience and dedication by each and every member of staff and their commitment to provide a safe, effective and responsive service to users is commendable. The service works collaboratively alongside key external stakeholders including West Midlands Ambulance Service, Staffordshire Police, University Hospital of North Midlands and the Local Authority to ensure the care and services provided are the best they can be.

As part of the community transformation the service has successfully reviewed processes and pathways to ensure that service users receive a mental health assessment of a routine nature within their locality mental health team and are currently working with CAMHS colleagues to develop the same processes and pathways for children and young people. The All Age Access Team were Regional Winners for the NHS Parliamentary Awards – The Excellence in Mental Health Care Award following nominations from 3 MP's, and attended the finals held in London.

Home Treatment Team

The Home Treatment Team have achieved the Royal College of Psychiatrists' Quality Network for Crisis Resolution and Home Treatment accreditation. We have now produced a new carer's leaflet which has been shared at the Service User Council for feedback and involvement. This is given to carers alongside asking about having time to speak to practitioners alone, copies on intervention plans and the offer of a carers assessment (with patient consent). The team were winners of "Placement of the Year" by Keele University.

Support Time and Recovery (STR) - Crisis Café

The STR Team is alternative crisis pathway providing low level support and interventions to service users in self-defined crisis, they hold a caseload as well as support the community together lounges, the Community Lounges are held in community settings as apposed to health premises and are facilitated by the LA, STR's and Charities where people can get support with food, debt, housing, mental health and other social adversities.

High Volume Users

The team have developed and expanded the existing role of the team, continuing to work closely with Emergency Department and UHNM hospital wards to support discharge planning and providing them with valuable information to improve the quality of care to minimise readmission. As a result of the in-reach work the team provide a link between acute hospital services and community services to aid continuity of care for the service user, which improves their outcomes. The team have developed close links with homeless agencies and regularly attends the homeless hub. The team have completed a piece of work to explore how the Team can better support individuals with alcohol dependencies to access services and improved level of care.

Mental Health Liaison Team (MHLT)

The Team has faced unprecedented challenges over the year with the increase of referrals across all age ranges, and the introduction of a new way of working in response to the new MICE guidelines relating to self-harm, presentations. With the hospital being a major trauma center they also can face the added complexities of supporting those that maybe out of area and then linking them back into local services. The team won an award for 'Partnership Working' which demonstrates the hard work they do with other services.

Primary Care

Clinical Director - Dr Fatima Elgizawy

Associate Director - Kim Stanyer

The Primary Care Directorate expanded during 2023/24 to include Talking Therapies for Stoke and North Staffordshire and Mental Health PCN ARRS roles, having a team of approximately 240 across the various services, and supporting an integrated approach to primary care provision.

The Directorate further expanded its general practices in 2023/24 with the integration of Keele Practice, based on the Keele University campus, in October 2023, adding to the existing general practice provision of Moorcroft Medical Centre, based in Stoke-on-Trent, (Hanley and Bentilee) and Holmcroft Surgery, situated in Stafford. The directorate serving a general practice population of approximately thirty two thousand people. The directorate continues to grow; the team expects to integrate with at least one other practice this year, and will continue to support the Trust by hosting other, appropriate NSCHT services.

Primary Care key achievements during 2023/24

Over the last year the directorate has built on its CQC rating of Good, with Outstanding for leadership, by prioritising growth, working with other directorates and services across the Trust; exploring new ways of working. The service has engaged private digital software, Patches, to innovate how patients engage with the practices for both acute and routine appointments, reducing the recognised 8 o'clock rush and also providing flexibility for the practices.

The clinical and non-clinical teams across the general practices continue to build relationships, developing roles which span across the sites to build on the benefits of the economies of scale. Staff have also taken part in cross-site practice learning times; training, mentoring and other sessions.

The Delivery plan for recovering access to primary care (Department of Health & Social Care May 2023) identifies the need for increased levels of self-directed care for patients, with the aim of 15% of appointments being navigated to self-care, community pharmacy, admin teams and other services. The Directorate has continued to develop care navigation with the aim of achieving the 15% target over the next 12 months through self-care, community pharmacy and PCN ARRS roles.

The practices have standardised protocols, reducing any unwarranted variation. This includes how Holmcroft Surgery has prepared for any future CQC inspections and how the team approach medication management, long term condition and drug monitoring, this processing just beginning at Keele Practice following integration.

One of the quality improvement targets in the new GP contract involves making improvements in the wellbeing of the work force which complements a major directorate priority to retain and recruit high quality staff members, and to increase workforce resilience. As the directorate grows, the senior team are developing attractive and innovative clinical and non-clinical roles. Staff members have been given opportunities to develop and to lead local innovation.

Talking Therapies (previously IAPT)

Talking Therapies (North Staffs and Stoke) - previously known as IAPT - are part of a wider pan-Staffordshire service provision and provide evidence based treatments for people with common mental health difficulties, including those who may have a long term condition. The service aims to provide timely access to talking therapies with a choice of therapies available to promote individual recovery and wellbeing. 2023/24 service data suggests that the services are performing well and achieving above the national benchmark for the number of service users who have received an evidenced based treatment and have reported that they have recovered. The service also meeting the national waiting time standards to commence treatment within less than 6 weeks and 18 weeks.

The team continue to promote the service, sharing the national campaign 'Time to Talk' day at the beginning of February 24, developing promotional materials, which have been distributed across GP practices, and building links with local PCNs. A new inclusive group treatment initiative has also been developed by the service and is about to be piloted for people who may require an engaging skills based approach before accessing individual therapy.

The service continues to develop new ways of working with Community Mental Health Teams (CMHT) and Children's services to ensure that that service users receive the most appropriate care and treatment in a timely way.

Primary Care Network Additional Roles Reimbursement Scheme (ARRS) - Mental Health

The ARRS Mental Health team has now completed year 3 of community mental health transformation, with 77% of North Staffordshire and Stoke PCN's having the full complement ARRS Mental Health roles, the ARRS team receiving recognition as part of the highest achieving ICB regionally for embedded mental health roles. The service continues to expand and develop, building on relationships with primary care partners, also being recognised regionally and nationally as an area of good practice and partnership working related to the successful implementation of the ARRS Mental health roles.

Strong links have been built with community partners and VCSE colleagues to support an asset-based approach to recovery with a focus on early intervention and prevention. Clear agreed pathways are in place to support onward referral into secondary services based on a 'trusted assessment' improving the patient journey and experience and further work is ongoing to further strengthen the interface between Talking Therapies, Community Mental Health Team and ARRS.

Snomed coding standardised recording of activity has been utilised to support enhanced reporting. Patient satisfaction data has also been collated and shared with the PCN's to support service development. A stakeholder survey was repeated in December 2023 enabling reevaluation of partnership working, the feedback reflecting in improved outcomes for patients and the positive impact that the ARRS mental health team is having on GP demands.

A self-harm pathway has been developed with investment from commissioners, operating under a biopsychosocial model and takes an early intervention and preventative approach to self-harm with staff trained in evidence based brief interventions. A CYP pilot has also been developed to strengthen liaison between NSCHC CYP mental health services and primary care to increase access to clinically evidence-based interventions for mild to moderate mental health needs.

Our people

The National NHS People Plan was launched on 30th July 2020. In 2023 we undertook a Trust wide review of our own internal People Plan to develop our People Plan for 2023 and beyond. Through the review we engaged with all of our people; face to face meetings, visiting services, virtual meetings and surveys, asking people what matters to them, what makes them proud and how can we improve their life, now, in 12 months and beyond. 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 plan sets out our overarching commitment.

Our Combined People Plan on a Page



Staff health and wellbeing and inclusion are already top priorities for us and will remain. The health inequalities agenda will be further strengthened. At Combined our outstanding people are our greatest asset, and as such we continue to develop our people, and the culture within which they work, to enhance our service user's experience and outcomes, improve performance and increase staff engagement and morale.

In addition to our internal focus on supporting staff, our Chief People Officer also has the role of Senior Responsible Officer for two workstreams - System Leadership and Talent and Systems EDI, 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, OD and Leadership development which aligns to our National People Plan and dovetails nicely with our internal Combined People Plan.

Our focus

Staff Wellbeing

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 challenges.

Over the last 12 months, the trust has continued to take a proactive approach in supporting our staff. Some of our activities include:

- Regular communication, workshops, resources, wellbeing newsletters that support staff wellbeing;
- A health and wellbeing week that was aimed at supporting staff to recognise the challenges they had faced, reflect and then start to reconnect with colleagues, family and friends to move forward;
- Health and Wellbeing Days focusing on activities to promote personal wellbeing: crafts, sound baths, relaxation, nutrition, yoga, Emotion Freedom Technique, Sensory and Emotional Regulation, Benefits of Chocolate to name a few;
- Health Checks for staff: Blood pressure, pulse, weight, blood tests etc;
- Support Groups: Weight Management, Menopause, Running Club, Men's Health Group, Women's Health Group, Combined Choir with more planned for the future;
- The Staff Psychological Wellbeing Hub has carried out workshops, assessments and been a point of referral for signposting staff; Staff Support and Counselling Services has delivered workshops, individual counselling and worked with teams through critical incidents;
- The trust recognises the impact the economy has on individuals wellbeing and has worked with Wagestream to set up a system that allows staff early access to a portion of their salary, to build savings and access financial education;
- We have recruited a growing number of staff to act as Wellbeing Ambassadors, their role is to support and sign post staff within their teams and to support their teams with information related to good health and wellbeing in the workplace and beyond.
- Continue to build and develop our extensive network of CISM (Critical Incident Stress Management) training practitioners

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 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.

Inclusion and Belonging

At North Staffordshire Combined Healthcare NHS Trust we are committed to being an anti-racist organisation. We are a diverse and inclusive trust and there is no place in our organisation for racism, harassment, personal abuse and discrimination of any kind. We should all feel safe and confident to be ourselves at work, and that our individual needs and strengths are recognised. We will be held accountable for any discriminative behaviours or actions towards our colleagues, service users or carers.

Inclusion and Belonging are at the heart of our Trust Values, Vision, our People Plan 2023 - 2028 and the associated People pillar of our Trust Strategy 2023 - 2028. Our Board has adopted the Disability Confident, NHS Rainbow Badge (Phase 2), RACE Equality Code, and Veteran Aware frameworks. We are developing and progressing our own action plans to work towards optimal compliance across these key standards.

Whilst we will continue a necessary focus on transactional activities enabling us to measure our efforts, we will apply a greater focus on transformational activities that over time deliver the changes in attitudes and behaviours needed if we are to become a truly and proactively inclusive organisation where all our people can flourish.

Through 2023-24 we have been working hard to take this to the next level developing a range of approaches to support development of our culture of Inclusion, focusing on ensuring that all individuals and groups in our workforce feel they are valued, supported and belong. Specifically, in 2023-24, we are proud to have achieved and delivered the following :

- Been recognised as a top performing Trust in relation to the progress and outcomes of our Workforce Race and Workforce Disability Equality Standards (WRES and WDES respectively);
- Specifically in the WRES:-
 - * Top score nationally for belief in Equal Opps by Global Majority heritage staff
- And in the WDES:
 - * 7th nationally (of 212 Trusts ie Top 4%) for our overall WDES performance
 - * Top 10% of Trusts for 8 WDES measures, including:
 - ◊ 3rd nationally for belief (of staff with disabilities) in equal opportunities for career progression (Top 2%), and
 - ◊ 4th nationally both for satisfaction with reasonable adjustments and Board disability representation (both Top 2%)

- Made measurable progress in advancing delivery of our Trust action plans around a range of inclusion themes, including our Inclusion Trailblazer project, Veteran Aware, LGBT+ Rainbow Badge Phase 2 programme, RACE Code, Sexual Safety and the Accessible Information Standard.
- Celebrated a wide range of inclusion dates and events, including South Asian Heritage Month, Pride Month, Black History Month, Disability History Month, LGBT+ History Month and more. We welcomed two very special guests to events to mark Black History month 2023 – Professor Dame Elizabeth Anionwu OBE – who attended our Show Racism the Red Card Day Conference and Baroness Floella Benjamin, who shared her personal story and reflections in a special Black History Month learning event.
- Engaged with our local communities at a range of community events including Stoke Pride and Armed Forces Day, through our Community Services Transformation process and in delivering a range of Wellbeing College learning events which are free to attend to community members and workforce alike.
- Improved accessibility to our sites and services and Trust information:
 - * Increased the numbers of service users and carers accessing our AccessAble Detailed Accessibility Guides providing information on what access will be like when visiting a Trust service, enhancing their experience of using Trust services, reducing anxiety and improving attendance and driving further improvements in accessibility
 - * Launched the use of our new Accessibility Toolbar to support service users, carers and colleagues – and particularly those who are neurodiverse – in utilising our Trust internet (and intranet for colleagues).
 - * Refocussed on Accessible Information and Communication for service users and carers, ensuring that colleagues are aware of how to ensure people’s accessible information and communication needs are identified, flagged, recorded, shared and acted on.
- Advanced the working of our Staff Networks and further integrated these groups as powerful vehicles for positive change through the organisation, to the benefit of staff and our service users;
- During Race Equality Week 2024 we launched our Anti-Racism Statement supporting our work to deliver on our 3-year change programme on race inclusion using the RACE Equality Code framework. As an anti-racist organisation, we commit to being proactive, taking action to tackle and eliminate all forms of racism at source, including working actively to debias our people processes; and
- Further improved representation of Global Majority heritage colleagues on our Board with a new Non-Executive Director appointment and by making two substantive appointments to our team of Executive Directors.

Additionally, as part of our wider Integrated Care System, we have continued to educate the wider ICS workforce on inclusion through a number of routes. We have:

- Extended our system Inclusion School education series to include 3 sessions on the below, clocking up another 220 inclusion learning experiences across the ICS
- Supported 34 ICS colleagues with Global Majority Heritage to develop their career advancement and leadership capability through our New Futures programme, as well as supporting a further 4 Global Majority ICS nurses through the NHS Midlands and East Developing Aspirant Leaders programme and 2 pairings in a new Developing You: Developing Me programme. All these programmes are focussed on recognising historic under-representation and under-advancement experiences of Global Majority colleagues from middle grade to more senior roles, and seeking to close the gap to deliver equitable representation at all levels.
- Delivered bi-monthly sessions of our Comfortable Being Uncomfortable with Race and Difference experiential learning programme to educate leaders and other colleagues from across the ICS and to equip them to have more 'brave' conversations from which to advance inclusion.
- Supported our Differently Abled Workforce - to resoundingly positive feedback - across the ICS by developing awareness, understanding and experiences around disability and neurodifference, including our Buddy Scheme and encouraging the use of the 'This is Me' Health Passport for all staff. This includes pioneering work rolling out this support to our Primary Care Network.
- Embarked on an ambitious programme to develop and embed 20 WRES Champions across the ICS to support the advancement of progress on Race Inclusion and established a system-wide programme of reciprocal mentoring to dually support the advancement of the participating reciprocal mentors while developing deeper understanding of the challenges and systemic bias faced by minoritised colleagues in the senior leadership mentees.

As always, we have met our annual statutory and NHS inclusion duties in publishing our Trust Diversity and Inclusion Annual Report 2023 and other annual equality reporting obligations, including the WRES, WDES, and Gender Pay Reporting.

Combined Connects Leadership Programme

Building on the success of the System Connects programme we launched Combined Connects 2024 cohort for 21 Trust senior leaders. This 10 -month programme provides a range of learning opportunities through a monthly development day, 360 assessments and psychometrics, supported by coaching, speakers and self directed e-learning. This approach to leadership development provides a richer understanding and development of skills to address the wider Trust & system challenges. The opportunity uses skills practice and shared learning to shape ideas, thinking and development with wider Trust colleagues.

Foundations in Leadership & Management

Our newest Trust Leadership Programme Foundations in Leadership & Management aimed at early, aspiring and mid level leaders was launched in June 2023. The first cohort of 12 commenced with further cohorts planned for 2024. The programme is about developing competence, confidence and the skills needed to lead & manage teams to deliver our Trust Strategy.

Staff Survey

The National NHS Staff Survey 2023 results showed that North Staffordshire Combined Healthcare NHS Trust has maintained its very high levels of involvement in the survey, with 66% of its staff completing the survey, compared with a national average of 52% for mental health and learning disability trusts.

The trust has also maintained its high levels of satisfaction across all of the NHS People Promise themes, with scores above the national average in all of them.

Investment and activities the trust has been undertaking in recent years to support its frontline staff and responding to concerns are also having a real effect.

Large numbers of staff from the trust responded:

- that they feel part of a team.
- that they feel they have opportunities to work flexibly.
- they feel able to develop and learn.
- they feel recognised and rewarded.
- they feel that the trust is compassionate and inclusive.

Above all else, staff told the trust it feels like they have a voice that counts.

We are heartened by the overwhelmingly positive things staff had to say in the NHS Staff Survey 2023, the trust also heard from some of its staff that there are areas where it needs to be doing better and where things needed addressing. The trust will be taking action, just as it has in the past, with localised action plans.

Just Restorative Learning Culture and Civility

In developing a civil, just and fair learning culture, we are committed to creating an environment of physical and psychological safety for all, ensuring that all staff at the Trust feels safe, valued and respected, through education and promotion of healthy, constructive discussion and challenge. We have completed the 1st year of our 3 year programme to develop and embed a Just Restorative Learning Culture and Civility building on Combined's already strong foundations of equity, equality and fairness.

Learning and Development

All staff have their own personal account on the Learning Management System (LMS) which holds their training record and appraisals. Through their account they can easily access and complete e learning and book onto classes to complete their Statutory and Mandatory education as well as courses on: Continuing Professional Development, Talent & Leadership, Personal Development, Health & Wellbeing and Staff Counselling & Support.

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 and development opportunities.

Additionally, we offer an LMS account to all of our volunteers and work experience participants to enhance their experience and knowledge.

Continuing Professional Development

In believing that our people are our greatest asset we ensure that all of our people are able to access a wide variety of accredited courses, university modules, conferences and learning opportunities to enhance their personal and professional development.

Embedding a Coaching and mentoring Culture

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.

Coaching

We have 24 internal coaches of which many are registered on the West Midlands Mentoring Hub.

We continue to embed coaching via the LMS where there are over 50 modules/sessions to access to either develop coaching skills or to develop an awareness of self. In 2023/24, 646 people have accessed and completed over 450 modules and lessons.

Widening Participation

Apprenticeships and New Roles

In 2023/24 we continued to recruit new apprentices and to expand the range of apprenticeships on offer to existing staff. We have exceeded our Public Sector apprenticeship target for the fourth year in a row and have approved 243 apprentices to date. We expect to fully optimise our apprenticeship levy in 2024.

Staff across the Trust continue to undertake apprenticeships at all levels and in a wide range of subjects; expanding the numbers of leaders undertaking apprenticeships thus supporting managers in their current roles and preparing them for more strategic roles in the future. 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 review all new apprenticeship standards as they become available to ensure our apprenticeship offer remains current and relevant. We are proud that we have over 100 apprentices across the Trust.

The Prince's Trust

The trust, in collaboration with the Prince's Trust, has run a number of 'Get Started' and 'Get Into' cohorts with successful recruitment into the trust.

T Levels

We have successfully recruited our first T Level student and are working with the Integrated Care System to develop a system-wide T Level offer.

Virtual Work Experience and Career into Schools

Combined continues to offer work experience within our workplace alongside embracing an innovative opportunity for system working on widening participation which commenced in February 2022 alongside colleagues from MPFT and UHNM. This collaboration provides a virtual work experience into schools, as part of a Work Experience week for local schools and colleague across Staffordshire and Stoke-on-Trent.

VR Park

In collaboration with our Research and Development Team we have created a virtual environment to deliver further Careers into Schools opportunities and aim to build on this success creating learning opportunities through virtual classrooms.

Leadership Development

Leadership Academy; Our bi-monthly Exec-hosted virtual Leadership Academy continues with twice yearly in-person events and external speakers to enhance the external perspective and learning for attendees. The Leadership Academy provides our Senior Leaders with the opportunity to connect, learn, share successes and signpost to other development opportunities. These events are recorded to share the learning more widely across the Trust and the content is aligned to our Strategic Enablers & Our Combined People Plan and compliments other Trust communication methods such as Exec Exchange.

Our **Improvement Leaders Programme** continues to thrive developing emerging leaders with a passion for Quality Improvement. These Leaders have the skills and confidence to take forward an improvement challenges through the programme and beyond. This sits along side a suite of learning opportunities for staff, and those with lived experience to learn and then apply the ethos of Quality Improvement thinking to their daily work.

Inclusive Talent Management

During 2023 and 2024 our Inclusive Talent Management approach through engagement across the Trust identified 3 key work streams:

- **Quality Development Conversations** – We have continued to expand the offer to support career development & progression through bitesize learning workshops for appraisers and appraises on getting the most from the annual appraisal & development conversation; piloting the Scope For Growth Conversations, 1:1 career development conversations and career development workshops. The use of strengths based approach to their own and team development with an enhanced offer of personality profiling tools such as Strengths Deployment Inventory, MBTI or Hogan cs or 360 degree feedback to support ongoing personal development or leadership development activity.

- **Leadership For All** – Introducing the Leadership Journey plan on a page to signpost to quality assured leadership development offers across every level of the organisation.
- **Growing Our Future Workforce** – We continue to support the widening participation agenda by supporting internal and external recruitment and development events such as careers days, mock interviews, recruitment days, conference events, workshops and career development coaching.

Public Sector Equality Duty

Ensuring equality, diversity, inclusion and belonging is central to the Trust's core values. This means offering the right services regardless of people's age, gender or gender identity, ability to speak English, religion, race, disability, sexual orientation, marital or civil partnership status, or culture. The Trust is committed to challenging prejudice and discrimination wherever this affects our service users or staff, and making inclusion and belonging integral to our organisational culture. We have shared information on how we have met our Public Sector Equality Duty in 2022-23 in our Diversity and Inclusion Annual Report 2023 and accompanying Diversity Databook 2023 and will publish our 2024 version of this report and data later in 2024.

Reported Trade Union Facility Time (1 April 2023 to 31 March 2024)

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
2	1

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	1,967 hours
Total amount of time representatives spent on facility time – paid union duties and activities	1,840 hours
Total amount of time representatives spent on paid union activities	192 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%	0
51%-99%	1
100%	1

Total cost of pay bill 2023-24

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)	£91,130,000

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	£41,867
Total cost of trade union duties	£39,273
Total cost of trade union activities	£2,594
Percentage of the total pay bill spent on facility time	0.005%
Percentage of total paid facility time spent on trade union duties	94%
Percentage of total paid facility time spent on trade union activities	6%

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:

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. It encompasses slavery, servitude, human trafficking, and forced labour.

The Trust has a zero-tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings, and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain. We adhere to the NHS Employment Checks standards and modern slavery guidance is embedded into Trust safeguarding policies.

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 2023-24.

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 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. Audit Committee ensure these arrangements are fit for purpose and have confirmed them as being effective and proportionate to the assessed risk of fraud.

In the last 12 months, the MIAA LCFS has:

- Responded to eleven reactive fraud referrals since July 2023, seven of which were closed, two referrals turned into investigations and two referrals have been carried forward into 2024/2025.
- Recorded four proactive reviews in respect of the proactive work conducted around the fraud risks of mileage expense claims, salary sacrifice schemes, bank mandate changes, and impersonating medical professionals.
- Delivered two Fraud Awareness presentations to the People team and the Finance team.
- Provided a new fraud, bribery, and corruption e-learning training.
- Created a video to introduce the LCFS to the Trust, explain about the role, and advise the Trust about how to report fraud, bribery, and corruption.
- Issued Fraud Information Alerts (3), Recent Cases Articles (1), Newsletters (2), Spotlights (1), Newsflashes (4), National Fraud Intelligence Bulletin (1), and other Fraud alerts (2).
- Issued 54 MIAA Fraud Prevention Checks, 6 NHS Counter Fraud Authority (NHSCFA) Fraud Prevention Notices and 3 NHSCFA Intelligence Bulletins.
- Completed National Fraud Initiative (NFI) matches and liaised with the Trust in respect of any outstanding NFI queries.
- Reviewed and updated the Trust's Fraud policy.

- Arranged for periodic fraud awareness messages to be added to employee's payslips.
- Provided updates and kept the Audit Committee informed about the new Failure to Prevent Fraud offence and the new NHSCFA strategy 2023 - 2026.

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.

Our Partnerships and Opportunities

Combined Healthcare has a long-standing history of working in collaboration and we remain committed to working in this way with our service users, our partners and wider system. As an outstanding organisation we have a well-established network of anchor organisations and partners to remove barriers and co-produce effective care.

The Staffordshire and Stoke-on-Trent Integrated Care System

The Staffordshire and Stoke-on-Trent ICS covers an area of just over 2,700 km² in central England with a population of 1.13million. According to the 2021 Census, 258,000 people live in Stoke-on-Trent and 876,00 people live in Staffordshire.

Staffordshire has a slightly older population compared to England, whilst Stoke-on-Trent has younger population compared to England with differences in demographic, social and economic factors between the two local authorities impacting on the levels of health and social care need from the population.

The Staffordshire and Stoke on Trent ICS includes:

- 7 Integrated Care System Portfolios;
- 2 Upper Tier Local Authorities;
- 8 District Councils;
- 26 Primary Care Networks;
- 143 GP Practices;
- 2 Acute Hospital Trusts;
- 2 Mental Health Trusts; and
- 1 Community Health Trust

These organisations, plus many voluntary, community and social enterprise organisations, other public and private sector partners, serve the needs of the population of Staffordshire and Stoke-on-Trent.

Further and Higher Education

We partner with a number of anchor Institutions, particularly in further and higher education, including Keele University and Staffordshire University. The Trust was awarded the 'Exemplary Placement Provider' and 'Keele Alumni Achievement' titles at Keele University's Health and Care Partnership Awards 2023.

Provider Collaboratives

Provider collaboratives are partnership arrangements involving at least two NHS trusts working at scale both within and outside of our Integrated Care System, with a shared purpose and effective decision-making arrangements. The purpose is to reduce unwarranted variation and inequality in health outcomes, and improve access to services, patient experience and resilience by, for example, providing mutual aid, and ensure that specialisation and consolidation occur where this will provide better outcomes and value.

Provider Collaboratives continue to evolve locally and regionally. The Staffordshire and Stoke-on-Trent System has established a Board to support and oversee the continued development of its provider collaboratives. Combined Healthcare is represented and contributes positively to the development of all relevant Provider Collaboratives with examples including the Staffordshire and Stoke on Trent Continuing Healthcare Provider Collaborative and the West Midlands CAMHS Provider Collaborative.

Voluntary, Community and Social Enterprise Sector

We have a wide range of community partnerships, including the development of Community Hubs with Port Vale F.C. and Stoke City F.C. Working closely with such organisations has seen us co-develop a partnership charter that the Trust will promote widely in 2024/25. Celebrating the impact of our partnership approach has resulted in the Trust jointly submitting and being shortlisted in two Health Service Journal Partnership Award categories in February 2024.

Aligned to the transformation of adult and older adult community mental health services, the Trust maintains its commissioning arrangements across 4 VCSE contracts. Impact is monitored via contract performance processes and social value activity is also collated demonstrating the positive and far-reaching impacts of these contracts.

The Trust has also delivered Round 3 of the Community Grants programme in the last year and aims to use this to support digital enablement of individuals accessing community mental health services. The introduction of digital App technology provides the opportunity to interact with services in new ways therefore delivery will focus on building confidence for our service users and their families or carers.

Carbon Reduction Delivery Plan

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 we comply with obligations under the Climate Change Act and the Adaptation Reporting requirements. One of our four strategic themes is 'Sustainability' and throughout 23/24 progress has been made across the nine Areas of Focus within the Trust's Green Plan. This includes initiatives at a Trust and System level including most recently the introduction of Endo Therm, a boiler additive proven to reduce carbon emissions and heating consumption by an average of 15% per annum.

Our estate and facilities

The Trust wants to ensure that all sites where we see and treat patients and our teams work are of a sufficient standard to ensure safety and positive experience. An efficient, well designed and well maintained estate is at the heart of positive patient experience and ensuring our patients receive the best possible care. It is also a powerful motivator for staff, aiding recruitment and retention and a positive work experience.

Estates & Facilities provide all the support services required to maintain and enhance the estate as well as providing services which support patient care. We have close working relationships with partner organisations such as Midlands Partnership University NHS Foundation Trust and University Hospitals of North Midlands NHS Trust and are an active member of the system wide Strategic Estates Group.

Transformation and Major Programmes

The Trust continue with the delivery of Project Chrysalis, an inpatient reconfiguration programme at the Harplands Hospital to improve the ward environments. Work includes replacing the existing dormitory style accommodation with modern single ensuite bedrooms, ensuring the needs of our service users are improved.

The Central Therapies Corridor has been developed into a brand new 16 bedded ensuite ward with assisted bathrooms and a gym facility. This has in turn allowed refurbishment works on 4 other wards to commence, without interrupting our services. The works are due to be completed in summer 2025.

Other work included the completion of this year's backlog maintenance and improvement programme where the Trust has invested to enhance environments for our service users. These schemes will improve compliance and environmental standards across the Trust. Projects completed include:

- Dragon Square – Replacement of Fire Doors.
- Trust Headquarters – Works to modernise and upgrade passenger lift.
- Victoria Surgery – Replacement and upgrade of Fire Alarm system.
- Assessment & Treatment – Upgrade and replacement of main electrical distribution board, replacement of emergency lighting, bathroom and shower refurbishment, replacement flooring through and work to address ligature risks.
- Richmond Terrace – Replacement of roof, soffits and fascia boards.
- Lyme Brook Centre – Replacement floor coverings and internal decoration.
- Roundwell Place – Replacement floor coverings and internal decoration.
- Darwin Centre – Replacement and upgrade of the fire alarm, creation of a specialist seclusion suite, replacement of floor coverings and internal decoration.
- Ashcombe Centre – Works to modernise and upgrade passenger lift.
- Broom Street Clinic – Upgrade of the fire alarm system.

Harplands Hospital PFI

Harplands Hospital is an inpatient mental health facility that comprises of 9 wards. As part of the Project Chrysalis work the Trust have identified interface risks that have arisen concerning the hot water system and pipework between the existing facilities and refurbishment works; work is currently being undertaken to resolve these issues.

The Trust is also focussing on fire doors, ventilation and water safety at the Harplands Hospital with condition surveys scheduled for 2024/25 which will allow the Trust to gain a comprehensive understanding of the current asset condition and agree a series of remedial actions if any are required.

Energy and Sustainability

As part of our sustainable energy improvements, our Estates Maintenance Team continues to implement energy efficiency measures. This includes:

- Improved boilers and heating controls.
- Installation of LED lighting replacements.
- Installation of EndoTherm energy saving additive to gas boiler systems across the estate.

Estates Plan

The Trust is concluding the 5-year Estates Plan which sets out how North Staffordshire Combined Healthcare NHS Trust intends to position its estate and infrastructure as a key enabler in the delivery of clinical services that are safe, secure, and appropriately located.

Our services cover the whole of North Staffordshire, and we are producing this strategy to explain how we utilise the estate as an asset and key enabler to deliver outstanding services.

This strategy will not sit in isolation but as one of our enabling strategies that underpins the delivery of the Trusts overarching strategic priorities of Prevention, Access and Growth.

Many of our services are delivered in partnership with primary care, social care and the voluntary sector and our estates strategy will be a key way in which we can continue to facilitate wider integration and partnership working.

We recognise that the quality of the environment impacts on the quality of the services we provide thus ensure that our services are delivered in fit-for-purpose settings close to our patients' homes is key. This includes occupying our system and public sector partners' buildings, and vice versa where this is functionally and financially viable.

Patient Led Assessment Care Environment 2023 (PLACE)

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

- Harplands Hospital
- Darwin Centre
- Hilda Johnson House
- Assessment and Treatment Unit
- Summers View
- Dragon Square

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

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

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

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

All assessments were completed in accordance with the PLACE guidelines and with a team of at least 50% representation from NSCHT Service User Care Council (SUCC) or Patient representative. We were fortunate to have an independent validator on two of our PLACE assessments.

Prior to the programme being completed, a training session was delivered for our Patient representatives.

The management representation included Facilities and Estates.

Our patient representatives recognised the improvements made since the PLACE assessments in 2019 and how Trust teams had demonstrated their commitment to maintain and improve the delivery of our PLACE standards.

As the table below shows, our organisation has scored well above both the overall National Average scores, and the National Average scores per MH/LD site category in all elements.

Trust's overall score for 2023

- Cleanliness - 99.23%
- Food and Hydration – 97.92%
- Organisation Food - 94.94%
- Ward Food - 100%
- Privacy, Dignity and Well-Being - 97.36%
- Condition, Appearance and Maintenance – 96.54 %
- Dementia - 98.69%
- Disability – 95.55%

PLACE 2023	Cleanliness %	Food and Hydration			Privacy, Dignity and Wellbeing %	Condition, Appearance and Maintenance %	Dementia %	Disability %
		Food %	Organisa- tion Food %	Ward Food %				
Harplands Hospital	99.16	98.57	95.92	100	98.09	96.67	98.69	96.88
Dragon Square	100	N/A	N/A	N/A	100	97.62	N/A	100
A & T Unit	95.83	92.76	87.06	100	92.68	79.76	N/A	90.38
Darwin Centre	100	93.82	88.83	100	97.56	100	N/A	92.31
Hilda Johnson House	100	N/A	N/A	N/A	92.11	98.78	N/A	92.32
Summers View	100	N/A	N/A	N/A	92.31	97.50	N/A	84.62
NSCHT Organisation score 2023	99.23	97.62	94.94	100	97.36	96.54	98.69	95.55
National Mental Health and LD average scores	98.10	91.80	90.40	93.00	94.50	95.80	90.40	89.60
National (mean) average score - all site types 2023	95.50	87.70	90.00	86.90	87.70	92.20	81.50	81.20

Sustainability and climate change

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.

Following publication of the Trust's Greener NHS Plan in 2022, a concerted and coordinated programme of activity has been delivered during 2023/24 to work towards the net zero target. The programme is based around nine Areas of Focus, aligning with national and local System priorities. Leads have been identified from across the Trust to ensure that activity is embedded in all areas and Sustainability becomes business as usual.

There have been many notable successes during 2023/24. There are now over 75 sustainability champions across the Trust who regularly come together to share knowledge, ideas and implement activity. A variety of initiatives and events have taken place over the past 12 months in raising awareness of our green plan across the organisation, including:

- Delivering presentations to teams to raise the profile and knowledge aligned to the Green Plan
- Attending local conferences to share the Trust's approach to sustainability to a diverse audience
- Facilitating "drop in" sessions for those interested in becoming champions and onboarding new champions
- The launch of a Trust wide team reward scheme
- A "Go Green Go Digital" week in December 23 designed to spotlight sustainable initiatives and digital technologies such that are already delivering tangible benefits including Patient Aide, Community Aide the Wellbeing Portal and text message reminder service.

During 23/24, adoption of NSHE Environmentally Sustainable Healthcare training as part of mandatory e-learning for Trust staff has further raised the profile of Sustainability, with other activities delivering more immediate impacts in reducing carbon emissions. This includes a successful business case to introduce the additive 'Endo Therm' to boilers across the Trust. Endo Therm is proven to reduce carbon emissions and heating consumption by an average of 15% per annum and following its introduction in January 2024, tracking is now underway to enable quantification of benefits to the Trust.

The Sustainability Programme will continue at pace in 24/25 with a prioritised set of activities and an expectation that progress will be made in a range of diverse areas including procurement, mixed waste recycling, solar panels and a sustainable Travel Plan for the Harplands site.

Governance

Task force on climate-related financial disclosures (TCFD)

The General Accounting Manual (GAM) has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar 2023/24. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the Annual Report and Accounts (ARA) and in other external publications".

Governance and assurance of the sustainability programme at North Staffordshire Combined Healthcare NHS Trust is provided at an organisational and system level, with partners from across Staffordshire and Stoke on Trent Integrated Care System.

The Board's oversight of climate-related issues

The sustainability programme at North Staffordshire Combined Healthcare is led by our accountable executive for sustainability, Liz Mellor, (Chief Strategy Officer). The Transformation Management Office (TMO) oversee this with support from our area of focus leads and sustainability champions.

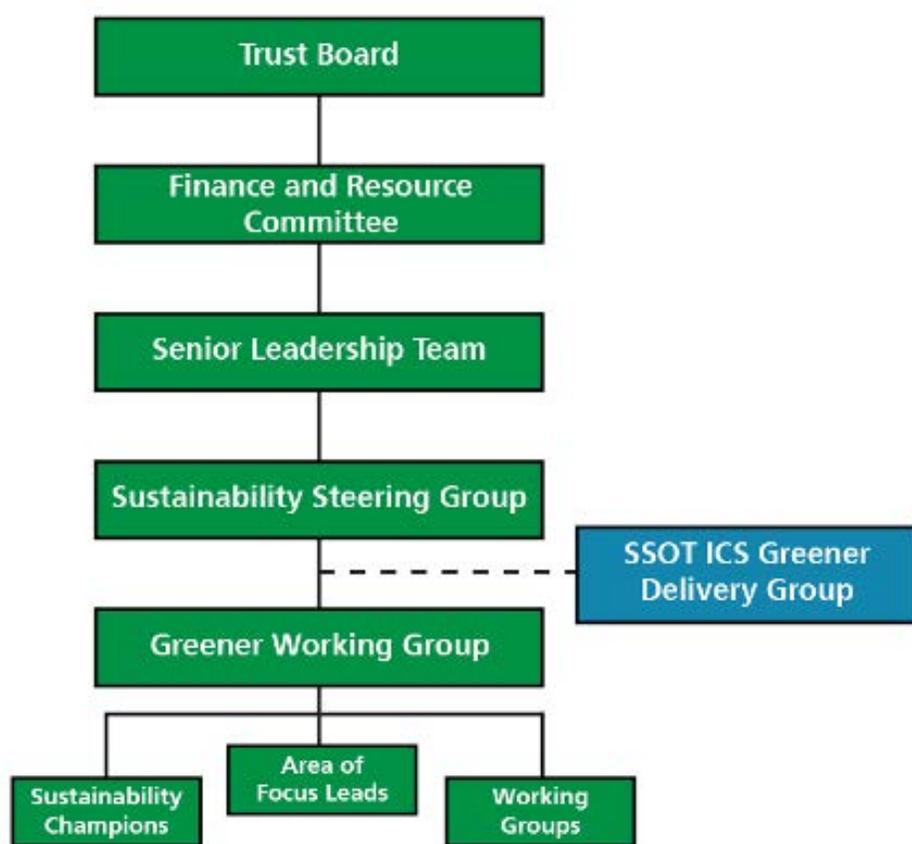
The "Greener Working Group" meet monthly. This group is made up of area of focus leads and sustainability champions. These meetings are led and facilitated by the TMO. In this forum, area of focus leads and champions provide updates on key deliverables for their areas / workstreams, as well as share ideas and celebrate good news stories. Recently, area of focus leads have been asked to submit bimonthly highlight reports charting progress against system wide KPIs. Highlight reporting includes:

- Completed actions to support delivery and implementation.
- Next actions to support delivery and implementation.
- Escalation issues and actions required.
- Risks and mitigation actions required.

The status from highlight reports is shared with the Accountable Executive by the TMO on a monthly basis. Progress reported is also reflected in quarterly sustainability assurance reports.

Quarterly assurance reports (which also contain carbon footprint data aligned to NHS targets), are presented to the newly developed Trust's sustainability steering group and subsequently presented to the Senior Leadership Team and Finance and Resource Committee. The Chair of the Finance and Resource Committee provides a monthly update to Board on matters presented at the Committee. This governance structure ensures that the Board has frequent oversight of climate related issues. The Trust is also contributing to a system wide adaptation plan.

The following diagram shows the governance structure for sustainability at North Staffordshire Combined Healthcare NHS Trust.



Management of sustainability / climate related risks sit within the Trust's risk management framework, an overview of which is provided in the Governance Statement of the report. Within this, the Board Assurance Framework (BAF) captures the Trust's high-level strategic risks and identifies the procedures for risk management against our key strategic objectives, including sustainability and climate related risks.

Our Digital Strategy - Digital by choice

Strategic

The Trust vision is “To be Outstanding – in all we do and how we do it”. Achieving this vision from a Digital perspective focuses on our continuing ambition ‘To develop 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.’

During 2023/24 the Trust continued its journey to be a national leader in the use of digital technology to revolutionise care and drive improvement across the organisation.

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.

During the year the Trust developed a 3-year digital plan to focus on ‘Our Digital Future’. The digital plan for North Staffordshire Combined Healthcare Trust outlines the digital objectives over the next three years and links cohesively with the Trust’s strategy and operational plans, as well as nationally curated ambitions, to maintain strong synergy across all overarching goals. This is a key organisational plan which describes the priorities and methodology for how we, as an NHS Trust, will continue to deliver services which aim to meet the needs of our local population over the next three years.

Digital Tools

To achieve our digital goals, we need to work together to continue to close digital loops around our care pathways so that systems truly line up, and information can be joined to form a comprehensive view of our population’s health. During the year we have continued to work in collaboration with partners bringing in expertise and working together to align and deliver our digital ambitions across the health and care system.

We have continued our excellent work on through the development and implementation of digital solutions and transformation including our Wellbeing Portal and PatientAide application enabling; the delivery of excellent care services to help people to access and use our services to recover and improve their wellbeing. Supporting our staff and partners work together effectively using innovation and interoperability to support the delivery of outstanding care services.

Patient Aide

PatientAide aims to help communication between the clinicians and their patients. By putting essential information and tools directly into the hands of patients, this innovative platform is expected to create positive changes in how people manage their health. As PatientAide becomes available, patients who use it can look forward to a more connected, informed, and personalised healthcare experience.

It is accessible through a free mobile app on smartphones or tablets (compatible with Android and iOS) and on [an online webpage](#).



Our communications and engagement

During 2023/24, we completed a strategic review of Combined Healthcare's Communications and Engagement function. This proposes a new aim for the team to be delivered over the next three years to "maximise the reputation of North Staffordshire Combined Healthcare NHS Trust and support delivery of its services through outstanding professional, high-quality, inclusive, innovative and impactful communications and engagement which inspires and supports its staff and involves its partners, stakeholders and service users."

Work is underway to finalise the detailed implementation of the findings arising from the review, including development of a detail 3-year Delivery Plan - the vehicle by which the review findings will be translated into real world outcomes. Each Plan component will have a specific SMART KPI associated with it, so we can track delivery and outcomes. It will also be underpinned by a Resource Plan to ensure the proposed outcomes are realistic and deliverable.

In developing the review and Plan, the team conducted extensive engagement - both internally and externally - with staff, service users and stakeholders. We are confident, therefore, that it will meet the needs and priorities of those who it is designed to serve.

Investment and innovation

Over the past year, the Trust has continued to demonstrate its commitment to innovation in our Comms and Engagement function, deploying in-house highly specialist digital editing and production skills to introduce a slew of innovations and improvement in our operations and offerings. These have included:

- further development of a Digital Production Studio offering services such as Virtual Reality, Immersive Training, Walkthrough Experiences, Interactive events, Visualisation and Spaces and VFX Production;
- third full year's operation of the NHS' first in-house digital TV channel - Combined TV (CTV) available on-site, online and on demand;
- further development of our Combined Virtual Reality (CVR) programme;
- roll-out of digital screens to all our locations, showing tailored and centrally-managed content.

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:

- Quality Assurance Group;
- Community Mental Health Transformation;
- Incident Management Group;
- Project Chrysalis;
- NHS Staff Survey; and
- A Greener NHS.

Engagement - including supporting the Chair

The Chair should regularly engage with stakeholders including patients, staff, the community and system partners, in a culturally competent way, to understand their views on governance and performance against the trust's vision. Committee chairs should engage with stakeholders on significant matters related to their areas of responsibility. The Chair should ensure that the board of directors as a whole has a clear understanding of the views of the stakeholders including system partners. NHS trusts must hold an Annual General Meeting.

During the year we held a hugely successful engagement@combined event, bringing together over 70 stakeholders, service users and organisations.

'Combinations' Podcast

Our Podcast 'Combinations' - accessible for free at <https://soundcloud.com/nhscombinations>, iTunes and Spotify continued to grow strongly, passing 15,500 listens.

Episodes over the year include:

- Project Chrysalis - the amazing partnership with Interclass;
- Gardens of Combined;
- A Day in the Life of a Nurse at the Darwin Centre;
- Green social prescribing; and
- Pursuit of Excellence - exploring Clinical Audit in healthcare.

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:

- Jodie Stokes - Learner of the Year;
- Sustainability Team Reward and Recognition Scheme;
- Veterans' Wellbeing College Course feedback; and
- Jen's story - ECT and Ward 7.

Mental Health Reflections. Past. Present. Future. Vault.'

To mark the NHS's 75th Birthday, we were proud to unveil a truly ground-breaking multi-media exhibition to mark an historic anniversary, 'This featured 40 videos of our staff and service users covering reflections and memories over 45 years. The exhibition also included a unique virtual reality experience, delivered in partnership with Staffordshire University.

All of the videos and the exhibition book, featuring the full transcripts of every reflection, are available to view and download for free from the main Trust website.

Our REACH Awards

Our REACH Staff Awards are one of Combined's flagship and most popular events – running since 2015 and have grown each year in terms of nominations received, breadth of Awards and quality of the event. For 2023, we had a new venue for the event. The 2023 REACH Awards took place on 15th November 2023 in the Keele Hall Ballroom. For 2023, we were delighted to be presenting REACH in partnership with our main event sponsor, Interclass. We were also proud and grateful for award sponsorship from an unprecedented number of organisations:

- CACI
- Dedalus
- IT Works Health
- Port Vale FC
- SERCO
- Stoke City FC
- Town Hospitals Ltd
- Unison

Diversity and Inclusion Award

This award recognises the contribution of staff and volunteers who have made a positive difference in developing greater diversity and inclusion. This might be improving access and experience to services or employment for people in disadvantaged or minority groups, improving quality of life or quality of working life.

Leading with Compassion Award

This award recognises a member of staff who values and develops people, sees them as individuals and encourages working together for better lives through an open and honest approach. It recognises an individual who has demonstrated compassionate leadership with patients, colleagues or their wider team.

Learner of the Year Award

This award recognises and celebrates our learners and the contribution they make to Combined and its service users. This award is open to students, apprenticeships and anyone studying as part of their role across the trust.

Partnership Award

This award showcases how an individual or team can work in partnership to produce results to improve the lives of others. Successful individuals or teams will have broken down professional barriers across the trust and/or with partner organisations, leading to a positive impact on the experience of service users.

Proud to CARE Award

This award recognises someone who exemplifies our Proud to CARE values: compassionate, approachable, responsible and excellent. Staff vote to decide the final winner from a shortlist.

Research and Innovation Award

This award recognises innovation or achievement in research and development or practice which has a positive impact on mental health care or improves quality or value for money services through innovative approaches.

Rising Star Award

This award recognises emerging exceptional leaders who are exceeding expectations and making change happen. The award aims to recognise the influencers of today, and the senior leaders of tomorrow.

Service User and Carer Council Award

Nominations can only be made by Service Users and Carers. This award values individual or teams who stand out from the crowd for being thoughtful, for listening and responding to our service users' needs.

Team of the Year Award

This award is given to a team which shows, through their actions and approaches, how they work together to improve the lives of others and demonstrate creative approaches to problem solving.

Unsung Hero Award

This award pays tribute to an individual who has exceeded the expectations of their role with an outstanding attitude and behaviour. Working behind the scenes, or in a supportive role, they have a positive attitude and, through their actions, help to make a difference to others.

Volunteer/Service User Representative of the Year Award

This award pays tribute to someone who works to improve the lives of others. This award honours someone who has made an outstanding contribution to the patient or staff experience, from administrative support to customer care or fundraising.

Chair's Award

Chosen by the Chair from the winners on the night, this award recognises and individual or team who embodies the trust's values.

Research Evaluation and Innovation

Supporting the successful set-up and delivery of National Institute of Health Research (NIHR) research

Supported by clinicians and teams, the R&D team played an integral part in finding suitable studies and ensuring rapid assessment, alongside providing valuable support around feasibilities (n=84), set-up, amendments (n=29), delivery, close-out, and archiving. During 2023/24, the Trust hosted 23 studies (n=14 National Institute of Health Research (NIHR) portfolio, n=9 non-portfolio), recruiting 233 participants (n=109 NIHR portfolio, n=124 non-portfolio) – a significant increase to the 2022/23 figures.

We are pleased to report a significant increase in the number of Principal Investigators (PI) over the past year, rising from seven to 10, 43% and in the uptake of Trust staff undertaking Good Clinical Practice (GCP) training, increasing to from 12 to 29 staff trained.

The Trust continued to provide valuable support and guidance to staff and students at both Staffordshire and Keele universities and supports various workstreams as part of the Staffordshire and Stoke-on-Trent, Shropshire, Telford, and Wrekin Research Partnership (SSHERPa).

Strengthening evaluation and evidencing practice

Over the last 12 months, there has been a significant increase in the number of evaluations across the Trust, with R&D supporting and leading on strategically focused evaluations, such as a learning reviews for the GP vertical integration and Community Mental Health Transformation.

Our two Clinical Academic posts continue to strengthen and develop our research portfolio – collaborating with universities and developing future proposals for research and evaluation. The R&D team hosted a Research Sponsorship Programme to support staff journal and grant writing skills and we continued to encourage staff to evidence practice and showcase their work – seeing a 100% increase, from six to 12, in activity for publications and presentations from the previous year. These included but were not limited to the following publications:

- Lines, J. & Krishnadas, K. (2023). "Developing an outcome measure for an adult intellectual disabilities intensive support team – a practice paper". *Advances in Mental Health and Intellectual Disabilities*, Vol. 17 No. 3, pp. 202-212.
- Baldwin, O., Breed, A., Grayling, J., Haque, A., McCormack, D., Methley, A., Yates, S., & King, L. (2023). What makes a 'good' neuropsychological assessment? An evaluation of service user and professional stakeholder opinions. *Clinical Psychology Forum*, 365, 24-31.
- Gaskell, C., Simmonds Buckley, M., Kellett, S., Stockton, C., Somerville, E., Rogerson, E., & Delgadillo, J. (2023). The Effectiveness of Psychological Interventions Delivered in Routine Practice: Systematic Review and Meta analysis. *Administration and Policy in Mental Health and Mental Health Services Research*, 50(1), 43–57.

Innovation

During 2023/24, we hosted a Summer of Innovation and other key events and initiatives which focused on supporting, developing, and showcasing innovation these included:

Inspiring Combined 2023

The Research, Quality Improvement, and Clinical Audit teams came together to host a joint event aimed at inspiring staff to take ideas forward and make change happen. Our attendees participated in sessions – all aimed at empowering creativity. We invited teams to share what inspires them to innovate and improve via a hosted panel discussion.

Dragons' Den 2023

Dragons' Den saw applicants pitch to our fantastic panel. Six pitches were presented to the panel ranging from exploring digital interventions in neuropsychology, using virtual reality with young people, exploring sensory integration spaces, and supporting staff and service user incentives for wellbeing and sustainability. All ideas were supported by the panel with some fully funded or offered support to pilot and bring back.

Dragons' Den 2022 Spotlight: Enhancing Accessibility and Wellbeing through Digital Assistants, supported by Wavemaker.

Recognising the need to address barriers to technology adoption the Wavemaker project aimed to bridge the digital divide by providing smart speakers with display screens, to individuals who may have little to no access to technology. Through a combination of qualitative and quantitative methods, the project provided valuable insights into the benefits, challenges, and areas of improvement associated with the use of digital assistants. Overall, it was found a digital assistant in the home can provide access to key information and support which can help improve and manage health and wellbeing.

Ideas Café 2023

Ideas Cafe is a support platform for all staff to start thinking about, sharing, or gaining support for ideas and innovations. During 2023/24 a range of cafes were hosted across various professional groups and topic areas. For 2024, the Ideas Cafe has joined up with the Quality Improvement Cafe, to further support the focus on improvement.

Looking forward to 2024/25

2023/24 has been an exciting year for research, evidence, and innovation. In 2024/25 we look forward to building on and strengthening what we are currently doing, celebrating, and supporting ideas through our yearly events and incentives, and exploring new and exciting ways to support our roadmap and develop our research and evaluation portfolio further.

Performance Report

Performance Overview

Our Approach: Measuring for Improvement

The Improving Quality and Performance Report (IQPR) is a key driver towards maintaining our outstanding services. It serves as a quality Improvement and performance tool to support Board, Committee, Performance Review and Directorate performance meetings.

It incorporates 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 addressed.

This method of measurement is becoming embedded across the Trust as Quality Improvement methodology is more widely used to transform services.

Performance Management Framework

The Performance Management Framework describes the processes in the Trust to ensure appropriate management of its performance against strategic and operational goals.

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

It is supported by a Glossary to enable clear visibility of measure definitions and tolerances. This describes the indicator calculation formulae, standard/target and teams and wards included and excluded. There is also a clear Change Control Process, formalised through a quarterly review of the metrics and standards reported to the Senior Leadership Team. These arrangements provide robust assurance across the Trust and to commissioners and regulators.

Assurance

Where IQPR performance or quality metrics are not on target, clinical directorates and corporate areas provide Performance Improvement Plans, including trajectories for improvement and action planning, for performance review by the Executive Team.

Clinical and Corporate Dashboards

Monthly Clinical and corporate dashboards have been further enhanced to provide better visualisation of the most important performance measures and quality indicators. Key priorities are reviewed to ensure that the most pressing indicators of performance and quality are in focus.

The review of individual clinical teams' compliance with CQC and Mental Health Act standards continued during the year where relevant, with results being used to drive improvements in the quality of the services provided to patients

Benchmarking

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

Data Quality

Data Quality Metrics

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

Data Quality Audit

In the Internal Data Quality audit 2022/23, KPMG reviewed the Trust's data quality governance, structure and strategy through the overall governance arrangements in place relating to data quality. They made an assessment of significant assurance with minor improvement opportunities.

KPMG found that the Performance Team reported on key metrics and indicators; provided clear information to the Board and Senior Leadership teams, and exceeded the national Data Quality Maturity Indicator (DQMI*) target of 80%.

The national DQMI target has been revised since the Internal Data Quality audit took place, with a target of 95% set to be achieved by the end of 2023/24 financial year. The latest published DQMI score of 95.4% (September-2023) gives assurance that this target will be met.

*the DQMI is a monthly 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. There is a further audit of KPIs being undertaken in Q4 2023/24.

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 The Health and Social Care Information Centre. 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.

Implementation of the Business Intelligence (BI) Strategy

The Trust moved to a new Data Warehouse in November 2022. The solution provides a sound platform to advance the development of the BI Strategy. It will enable the Trust to respond to core statutory requirements from regulators and commissioners and provide a trustworthy data repository for internal operational reporting and analysis. It will also will enable improvements in data quality and data processing. 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.

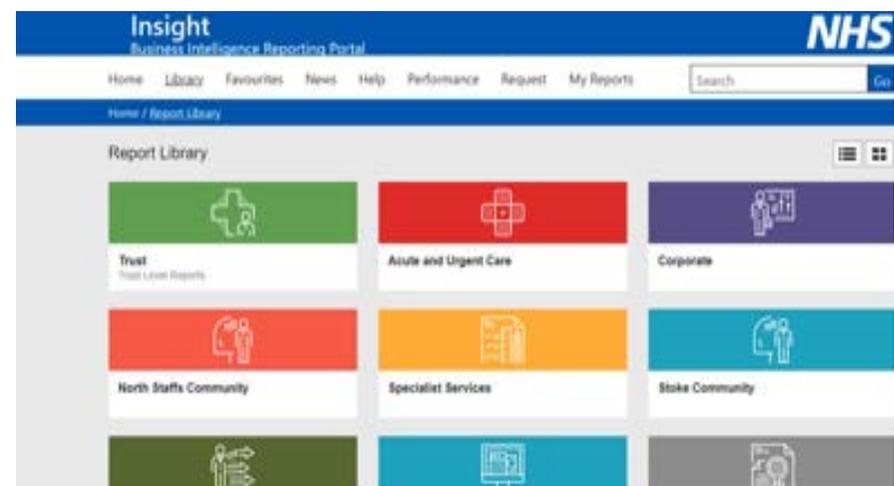
It will:

- Improve accuracy, availability and accessibility of organisational reporting;
- Move from Information to Insight, using the data to drive quality improvement;
- Support the Trust's response to increased levels of acuity and demand;
- Provide more analysis, and platforms for analysis, including predictive analysis; and
- Change organisational culture.

The further development of the BI portal and reports has provided automated activity information, in a versatile and user friendly format, that is accessible directly to staff. The reports provide managers and clinicians with:

- A better understanding and monitoring of 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 continues to be populated with newly developed reports and updates.



Looking ahead

Population Health Management and Health Equity Assessments (HEAs)

Health inequities remain a focus for the region and the Trust, with many system level programmes underpinned by HE and population health management approaches. Stoke-on-Trent is the 12th highest deprived area in the UK, whose relatively poor wider determinants of health continue to impact upon the health of its population. The Trust will maintain its focus in this area and continue efforts to support conversations on improving and maintaining outcomes for the population it serves.

A dashboard providing detail of the population that the Trust serves based on the 2021 census data will enable the Trust Board to ensure that the services and the workforce are representative of the local population. Quarterly monitoring of the Trust Health Equity Framework is provided to the Trust Inclusion Council to report on the effectiveness of interventions and actions to reduce inequity at a Trust and local level.

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

System Demand and Capacity planning

The Performance team continues to support the ICS in a number of system level projects including projects focussed on Severe Mental Illness (SMI) physical health checks and health equality supported inpatient quality improvement, and will seek to maintain a presence in the ICS level Integrated Intelligence Collaborative, while continuing to take advantage of initiatives from related support units e.g., Midlands and Lancashire Commissioning Support Unit.

A mental health patient's journey through the Trust and regional system can be complex, and the Performance team will seek to build data based service models to gain insight in to patient flow and outcomes to support conversations on capacity and demand and service developments.

Meeting Key National Performance/ Data requirements 2024/25

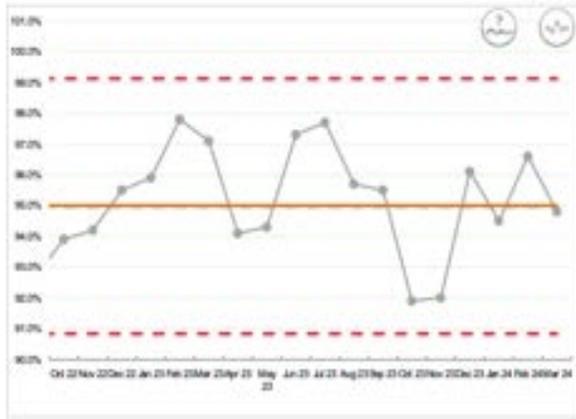
- Implementation of new Waiting Time standards
- Performance monitoring of operational planning forecasts
- Implementation of Mental Health Services Data Set V6

Performance Analysis

Met - Referral to Assessment

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 with an incomplete pathway

Actual (12 month average) 95% (Apr - Mar) Target 95%



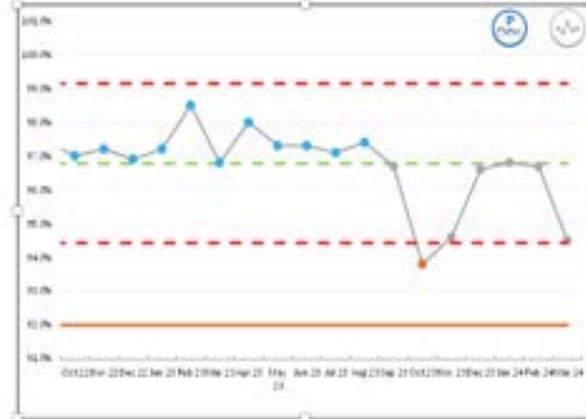
12 Month Trend

94.1%	94.3%	97.3%	97.7%	96.7%	96.5%	95.9%	92.0%	94.2%	94.3%	96.6%	94.8%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Met - Referral to Treatment

ICB and Trust measure 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) 96.4% (Apr - Mar) Target 92%



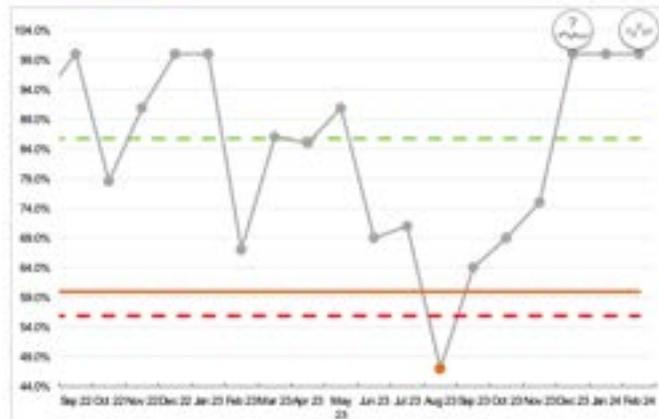
12 Month Trend

98.0%	97.5%	97.3%	97.1%	97.4%	96.7%	93.8%	94.6%	96.0%	96.8%	96.7%	94.5%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

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) 79.2% (Apr - Feb) Target 60%



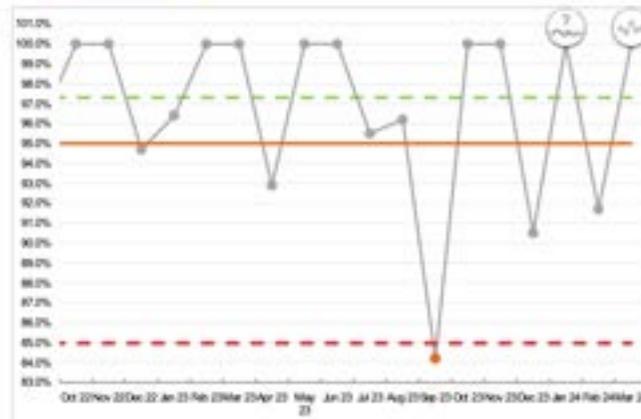
12 Month Trend

88.0%	85.0%	90.9%	89.0%	71.0%	47.0%	64.0%	89.0%	75.0%	100.0%	100.0%	100.0%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

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) 95.9% (Apr - Mar) Target 95%



12 Month Trend

92.9%	100.0%	100.0%	95.5%	99.2%	94.2%	100.0%	100.0%	90.5%	100.0%	91.7%	100.0%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

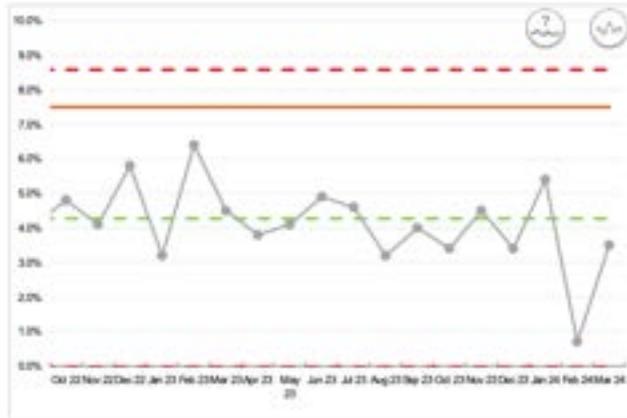
- Specialist (non-Commissioned) variation - Assessment
- Specialist (non-Commissioned) variation - Crisis
- Common (non-Commissioned) variation

Performance 2023/24 - Inpatient

Met - Emergency Readmission Rate (30 days)

To measure the prevalence of emergency readmissions - linked to patient outcomes and use of resources.

Actual (12 month average) 3.8% (Apr – Mar) Target 7.5%



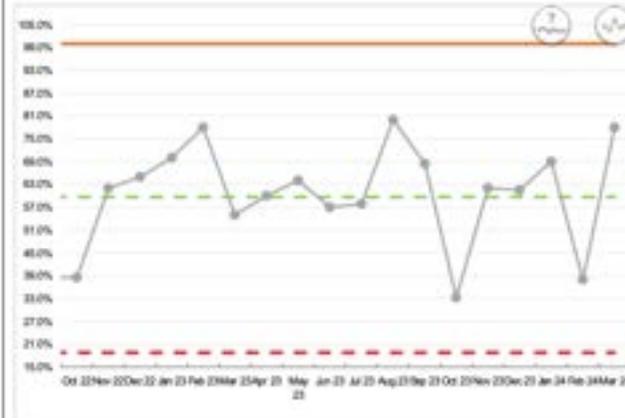
12 Month Trend

3.8%	4.1%	4.8%	4.4%	3.2%	4.0%	3.4%	4.3%	3.4%	3.4%	3.4%	0.7%	3.3%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr

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

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) 60.8% (Apr – Mar) Target 100%



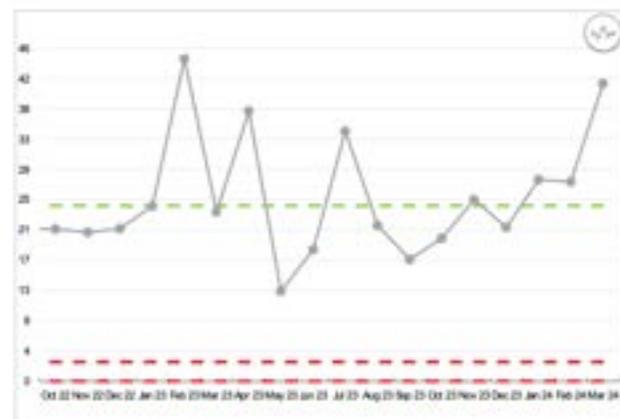
12 Month Trend

60.8%	64.0%	67.0%	70.0%	78.0%	60.0%	64.0%	64.0%	64.0%	64.0%	78.0%	64.0%	64.0%	60.0%	64.0%	64.0%	60.0%	78.0%	
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct

Met - Average Length of Stay – Adults

Trust measure- 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) 25.2 days (Apr – Mar)
National Average 35 days



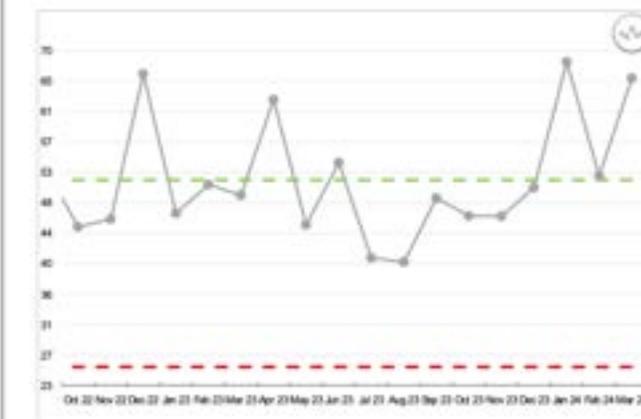
12 Month Trend

27	22	18	35	22	17	20	25	21	28	28	41
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Met - Average Length of Stay – Older Adults

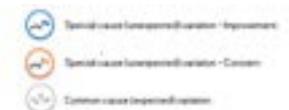
Trust measure - Reducing the length of stay aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay

Actual (12 month average) 51.8 days (Apr-Feb)
National Average 74 days



12 Month Trend

63	45	54	41	60	49	47	47	51	68	52	66
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar



Financial Overview

Financial Review

The Trust has reported a surplus of £320,000 against a plan of breakeven after technical adjustments. This was the 25th year the Trust has consecutively achieved a surplus position and exceeding the legal requirements to breakeven by delivering a surplus of 0.5%.

Good financial management is vital for the success of the Trust and to deliver high quality care for our patients and service users.

Our directorates are held to account for the delivery of financial and other performance targets monitored through monthly Performance Review meetings with the Executive Directors. It is important to note that the 2023/24 financial position included non-recurrent Cost Improvement Programme (CIP) delivery and other one-off benefits. The Trust will need to focus on cost control and the recurrent delivery of efficiency programmes to support the long-term financial sustainability of the organisation.

The Trust recognises that it is part of a wider system with a recurrent deficit of £250m as it enters 2024/25, with further work to be done to ensure that the Trust can deliver safe and high-quality services within an affordable financial framework.

Statement of Comprehensive Income - Summary

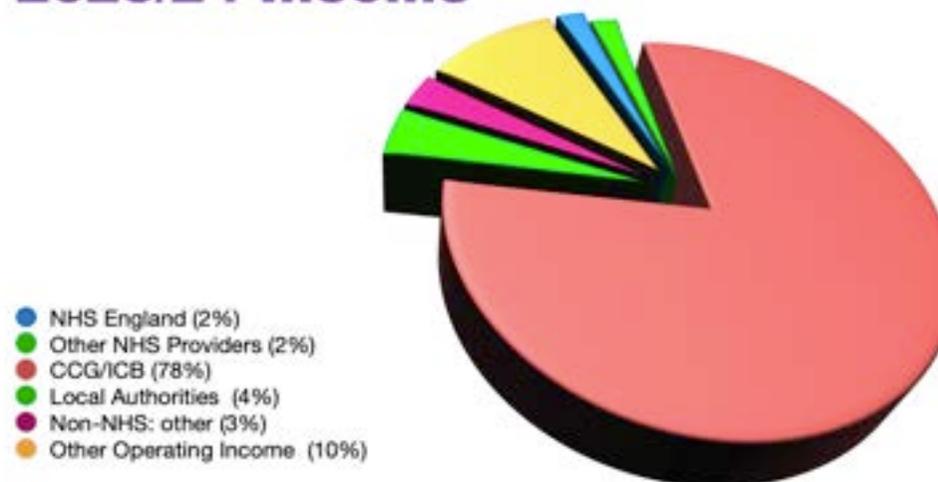
	2023/24	2022/23
	£'000	£'000
Operating income from patient care activities	150,010	147,968
Other operating income	17,465	15,271
Operating expenses	(172,258)	(159,924)
Operating Surplus/(deficit) from continuing operations	(4,783)	3,315
Finance income	2,136	484
Finance expenses	(4,234)	(3,100)
PDC dividends payable	-	(527)
Net finance costs	(2,098)	(3,143)
Other Gains/(Losses)	8	208
Share of profit / (losses) of associates / joint arrangements	-	-
Gains / (losses) arising from transfers by absorption	-	-
Corporation tax expense	-	-
Surplus / (deficit) for the year from continuing operations	(6,873)	380

Adjusted Financial Performance

Surplus / (deficit) for the year from continuing operations	(6,873)	380
Add back all I&E impairments/(reversals)	6,617	(314)
Adjust I&E impact of capital grants and donations	8	8
Remove impact of IFRS 16 on IFRIC 12 schemes	558	-
Remove net impact of consumables donated from other DHSC bodies	10	20
	320	94

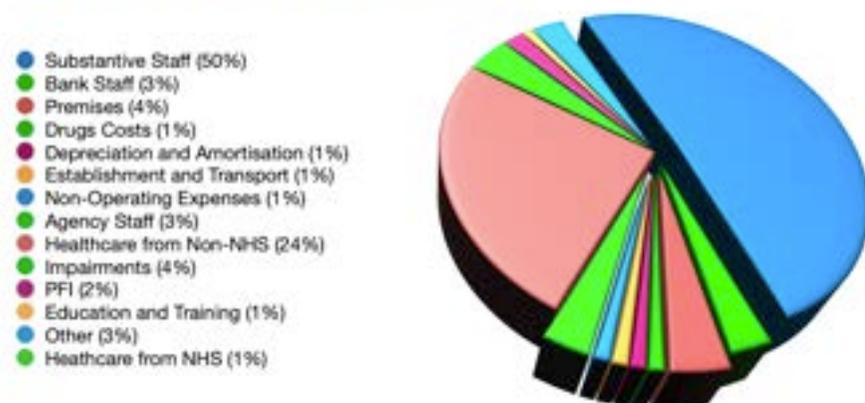
Income in 2023/24 was £167.5m. Most of the Trust's income £135.2m (81%) was delivered from Integrated Care Boards and NHS England in relation to healthcare services provided during the year. Other income relates to services provided to other NHS bodies, primary care, training and education and other miscellaneous income.

2023/24 Income



Expenditure in 2023/24 was £174.4m. Over half of the Trust's expenditure relates to staffing (56%). Healthcare from non-NHS relates to patient placement costs. Non-operating expenses includes finance expenses and dividends payable.

2023/24 Expenditure



During 2023/24, the Trust has continued to invest in the Trust's estate and assets through our capital programme. This includes the continuation of a major capital investment in the main inpatient facility at Harplands for the eradication of dormitories, ICT hardware and backlog maintenance.

The Trust ended the year with a cash balance of £26.9m, this is a reduction on the previous year and reflects the reduction in aged trade payables.

The Trust acknowledges that the years ahead will be financially challenging with increasing efficiency demands along with a need to be able to demonstrate increased productivity. This is driven by the need to improve quality and accessibility of our services whilst maintaining financial balance. The Trust will continue to review its services to ensure they are delivered in a manner fit for a forward-thinking organisation that delivers high quality outcomes for our patients and service users.

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 operate as a going concern entity.

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

Signed

Dr Buki Adeyemo
Chief Executive

Date 12th June 2024

Accountability Report

Our Board

NHS England is responsible for appointing chairs and other non-executive directors of NHS trusts. A committee consisting of the chair and non-executive directors is responsible for appointing the chief officer of the trust. A committee consisting of the chair, non-executive directors and the chief officer is responsible for appointing the other executive directors. NHS England has a key advisory role in ensuring the integrity, rigour and fairness of executive appointments at NHS trusts. The selection panel for the posts should include at least one external assessor from NHS England. The Trust has met this standard in all of its recruitment to Board level posts during the year 2023-2024.

The Standing Orders form a central part of North Staffordshire Combined Healthcare's Governance together with documents such as the Standing Financial Instructions and the Scheme of Delegation, they fulfil the dual role of protecting the Trust's interests and protecting officers from possible accusation that they have acted less than properly. These policies are available on the Trust's public website.

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 ten 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. Video archives and papers for all of our public Trust Board meetings are available via our Trust website at <https://www.combined.nhs.uk/about-us/our-board/previous-board-meetings/>

Our Non-Executive Directors

David Rogers – Chair (tenure ran to 31 Mar 2024)

David served on the Board for over 6 years. He 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. David stepped down as Chair on 31st March 2024. Over the last decade, he was 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.



The Chair is responsible for leading on setting the agenda for the board of directors ensuring that adequate time is available for discussion of all agenda items in particular strategic issues. The Chair meets regularly with Non Executive Directors to ensure they receive accurate and timely information that enables them to perform their duties effectively.

Janet Dawson – Vice Chair (Chair from 1 April 2024)

Janet was Vice Chair and an independent director until 31st March 2024, before taking up the role of Chair from 1st April 2024. 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 acted as the Trust's Chair of the People, Culture and Development Committee. She is the Wellbeing Guardian for the Trust and non-executive lead on Freedom to Speak Up. From 2015 to 2023 Janet

was an Independent Governor at Manchester Metropolitan University and appointed Deputy Chair and Chair of the Remuneration Committee in 2020. In 2021 Janet joined the board of Derbyshire Community Health Services NHS Foundation Trust and is Chair of the Quality People Committee and is Vice Chair of the board. In January 2024, she joined the board of Scott Bader Company Limited as a non-executive director and is Chair of their Remuneration Committee.

Patrick Sullivan – Senior Independent Director (tenure ran to Dec 2023)

Patrick served on the Trust Board for over 6 years. He was a Non-Executive Director until Dec 2023. Along with other directors, he was 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 40 years, Patrick has held several clinical and managerial roles in mental health care across Staffordshire, 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 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 ran to Nov 2023)



Joan served on the Trust Board for over 6 years. She was MP for Stoke-on-Trent North for 28 years. 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 was awarded an honorary doctorate from Staffordshire University for her work on regeneration, is a member of the College of Fellows at Keele University, patron of the Beth Johnson Foundation and a Deputy Lieutenant for Staffordshire. Joan is also a lifelong supporter and season ticket holder at Port Vale Football Club.

Russell Andrews – Non-Executive Director (tenure runs to Sept 2025)



Russell joined the Board in March 2019. In a career spanning over 40 years Russell has been a nuclear engineer, teacher, school leader and has held senior positions in local and central government. He has also sat on a range of boards covering higher education, health and the third sector. Russell is interested in policy and programmes to support social mobility, particularly for people with learning difficulties and learning disabilities.

Phil Jones – Non-Executive Director (tenure runs to Feb 2025)



Phil has been a Non-Executive Director since April 2021. 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. He 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 – Non-Executive Director (tenure runs to September 2025)



Pauline is a former Pro Vice-Chancellor and Executive Dean of the Faculty of Medicine and Health Sciences at Keele University. For the majority of the year, Pauline was an Associate Non-Executive Director up until 25th March 2024, when she was appointed to the NED position.

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.

Jennie Koo – Non-Executive Director (tenure runs to March 2027)



Jennie was appointed as a Non-Executive Director from 18th March 2024. She is a Financial Services Risk Professional with a passion for diversity and inclusion. She is recognised for her diversity and inclusion work within the industry, combining risk perspectives with commerciality and practical action. Aside from being an experienced Risk Professional with a plethora of risk management disciplines – including assurance activity, control assessments, framework development and change management in large corporate banking environments – Jennie also sits on a number of Boards in various capacities.

Whilst specialising in Risk Management, she has pursued voluntary opportunities that enable her to drive change within society more broadly to enable more individuals to benefit from what the sector has to provide. As a result, Jennie volunteers: on the board of Trustees for charity Only A Pavement Away; as part of the Executive and Management Board for Women in Banking & Finance; as business mentor for the Prince's Trust and also Corporate Fundraiser mentor as part of the Million Makers programme; and as a member of the advisory board for Enactus Aston, a university entrepreneurship programme that supports sustainable projects.

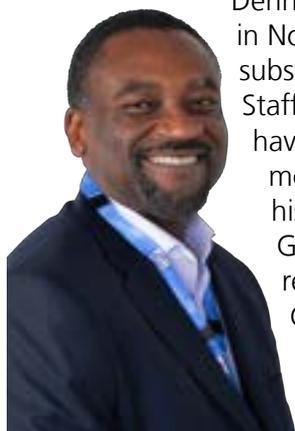
Our Executive Directors

Dr Buki Adeyemo – Chief Executive



Dr Buki Adeyemo became North Staffordshire Combined Healthcare Trust's Interim Chief Executive on 1 Dec 2021 and was confirmed in the post in Dec 2023, having previously served as the Trust's Medical Director from 2012. Dr Adeyemo started her medical career in Nigeria, and graduated from the University of Lagos. She came to work for the NHS in 1997, and has spent the majority of her career to date working in North Staffordshire. She is a dual qualified old age and adults psychiatrist, and became a consultant of old age psychiatry in 2007 at Combined Healthcare. Dr Adeyemo is also a NHS Chief Executive representative on the Mental Health Network Board at the NHS Confederation.

Dr Dennis Okolo – Chief Medical Officer



Dennis was appointed as Interim Chief Medical Officer in November 2021 before being appointed to the post substantively in March 2024. He 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 is 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.

Ben Richards – Chief Operating Officer

Ben joined the Trust in March 2022 having previously 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 also acts as the Trust's Accountable Emergency Officer and furthermore as the Senior Responsible Officer for Mental Health, Learning Disability and Autism across the Staffordshire and Stoke on Trent Integrated Care System. 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 and is a qualified Executive Coach and Mentor.

Kenny Laing – Chief Nursing Officer



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

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

organisations throughout the UK.

Prior to joining Combined, he was Deputy Chief Nurse at Midlands Partnership NHS Foundation Trust and in 2019 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.

Eric Gardiner – Chief Finance Officer



Eric joined the Trust in March 2021 from Betsi Cadwaladr 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 25 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.

Liz Mellor – Chief Strategy Officer



Liz's role since July 2022 is to oversee the development of the Trust's organisational strategy and operational plans to reflect national policy and local priorities. Liz has worked in the public sector for over 20 years, in Local Government, Voluntary Sector and the NHS. She has experience of operational services, commissioning and senior leadership roles across the sector. Liz began her career working with children, young people and families and has a proven track record of working across

organisations to improve outcomes for communities and leading on whole system change. Previously the Deputy Director of Operations at the Trust for 3 years, Liz worked as part of the senior team to ensure services were maintained during the pandemic and staff were protected and safe.

Kerry Smith - Interim Chief People Officer (from January 2024)



Kerry joined the Trust in 2011 as a People Business Partner and has worked in various roles during this time. She was appointed as the Trust's Deputy Chief People Officer in 2021, and also acted-up as the Chief People Officer for a short time in 2022.

Having started her HR career in the private sector, Kerry joined the NHS in 2004 and has enjoyed working across many different NHS settings across Staffordshire, Shropshire and Cheshire, including acute trusts, community trusts, commissioning services, and, of course more recently, within Mental Health, Learning Disabilities, Primary Care and Substance Misuse services. Kerry holds a degree in Business Studies, a Master's in Strategic Human Resource Management and a professional CIPD (Chartered Institute of Personnel and Development) qualification.

Kerry is also extremely passionate and fully committed to continuing the great work of Paul Draycott's legacy and a commitment for compassionate leadership driven through our People Plan, our values and behaviours, and how we ensure consistent equality, diversity and inclusion for everyone.

Paul Draycott - Chief People Officer (to January 2024)



Paul passed away in January 2024, having re-joined Combined Healthcare in January 2023 from Southern Health NHS Foundation Trust, where he was Chief People Officer.

Paul was well known to many of our staff, having previously served as Combined Healthcare's Director of Leadership and Workforce for four years. As such, he was a key member of the Trust's leadership team, which began Combined's improvement journey Towards Outstanding.

Paul had over 35 years' experience in the NHS, initially as a general nurse. He had workforce and organisational development experience across mental health, community, acute and commissioning and this was his fifth Director post. Paul had also recently served as the Hampshire and Isle of Wight lead for workforce inequalities and his long-standing track record and commitment to the inclusion agenda was particularly well-known and respected.

Additional non-voting members of the Board

Tony Gadsby – Associate Non-Executive Director (tenure runs to Dec 2024)



Tony has served on the Board for over 6 years. 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. Tony was previously Chair of The Council of Governors for the British Isles and Ireland of Lions Clubs International - the largest service organisation in the world - as well as Chair of the Trustee Board of The MedicAlert Foundation of The British Isles and Ireland.

Dr Keith Tattum – Associate Non-Executive Director

In his role as GP Associate with the Trust, Dr Tattum has served on the Board for over 6 years. He 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

Jenny Harvey – Chair of Staff Side

In attendance at the Board

Nicky Griffiths – Deputy Director of Governance and Trust Board Secretary

Joe McCrea - Associate Director of Communications

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

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 2023)

We maintain a register of directors' declared private interests, which is available on our website - www.combined.nhs.uk

Information governance disclosures

All NHS 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 2 control issues relating to data loss or confidentiality breach during the year ending 31st March 2024 both of which required no further action by the Trust following report to the Information Commissioners Office.

Managing and controlling risks related to information is a key element on the risk and control framework. The Data Security and Protection Toolkit, a tool by which the Trust assesses its compliance with current legislation, Government directives and other national guidance, is a key part of the organisation's Assurance Framework. The Trust continues to make progress to improve the areas of Information Governance management and Information Security assurance and will achieve compliance prior to submission.

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 2024.

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; and
- Charitable Funds 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.

The committee has a process used in relation to appointment, its approach to succession planning and both support the development of a diverse pipeline. In 2023 the Trust specifically recruited to non executive post that would lead on our Equality, Diversity and Inclusion agenda.

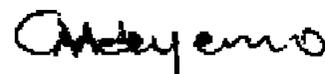
Members of the Remuneration Committee during 2023 were: David Rogers (Chair), Patrick Sullivan, Non-Executive Director, Joan Walley, Non-Executive director, Russell Andrews, Non-Executive Director, Phil Jones, Non-Executive Director, Janet Dawson, Non-Executive Director, Tony Gadsby Associate Non-Executive Director, Pauline Walsh, Associate Non-Executive Director, Dr Kieth Tattum, Associate Non-Executive Director, Paul Draycott, Chief People Officer (in attendance)

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
Chief Executive

Statement of the Chief Executive's responsibilities

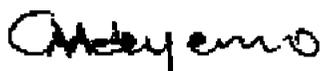
The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum.

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 and
- annual statutory accounts are prepared in a format directed by the Secretary of State 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, other items of comprehensive income and cash flows for the year.

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 entity's auditors are aware of that information.

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.



Signed

Dr Buki Adeyemo
Chief Executive

Date 12th June 2024

Statement of the Directors' responsibilities in respect of the accounts

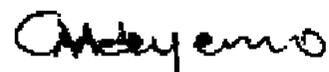
The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other 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



.....
Dr Buki Adeyemo
Chief Executive

Date 12th June 2024



.....
Eric Gardiner
Chief Finance Officer

Date 12th June 2024

By order of the Board

GOVERNANCE STATEMENT

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS 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

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 2024 and up to the date of approval of the annual report and accounts.

Capacity to Manage Risk

The Risk Management Policy 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:

- Board Assurance Framework
- Trust Risk Register
- Directorate Risk Registers
- 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. The document defines roles and responsibilities of key managers and committees and set out the specific responsibilities of the Chief Officer 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 May 2026.

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). 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.

Risk is a standing agenda item at Team, Directorate and Corporate 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 Committee, Finance and Resource Committee and Audit Committee).

The Trust's Governance (Risk and Control) Framework

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 NHStrust 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.

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. We have reviewed our approach to risk management and worked with our internal auditors, system partners to redesign our BAF, Risk Management approach and developed a risk management plan for 23/24.

- 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.
- All committees of the Board are chaired by a Non-Executive Director and committee terms of reference have been regularly updated and agreed annually to ensure that they remain fit for purpose and there are no gaps in business nor unnecessary duplication.
- The Board has been independently evaluated under the CQC Well Led domain. A full committee effectiveness review commenced in March 2024 alongside a Well Led Review. Analysis of results will be undertaken in April 2024 which will include feedback from the Well Led Review Committee observations. The Chairs of Committees produced summaries that were presented to Committees and fed back to Board in May 2024. A 6-month review of recommendations and actions has been built into the schedule.
- 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 2024/25
- A Board Development Programme: aligned to strategic objectives is developed in collaboration with Board members over a rolling twelve month programme.
- 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. Each of the Chief Officer's objectives are aligned to the strategic objectives. Each strategic risk has control measures, and the Chief Officer 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 monitors risk treatment. 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 Directorates Leadership Teams and (Senior Leadership Team).
- There is a well-designed and effective Risk Management process which is embedded across the Trust. The organisation's risk assessment scoring matrix uses descriptive scales to determine the magnitude of the potential consequences of an identified risk and the likelihood that those consequences would occur. Residual scores are reviewed through regular meetings in line with the policy and consideration of the effectiveness of the controls form part of the assessment. Any change in risk scores will be approved at the relevant committee/directorate meetings. The risk process is independently audited on an annual basis.
- Risk Appetite is reviewed by the Executive team and is linked to the three strategic objectives, Prevention, Access and Growth. The level of risk appetite is defined as, none, minimal, cautious, open, seek and significant (based on GGI Risk appetite matrix 2020). In 23/24 MIAA (Internal Auditors) delivered a development board session on risk appetite to the board, the outcome was all three strategic objectives reflected the risk appetite to be seek.
- A Performance Management Framework describes the processes in the Trust to ensure appropriate management of its performance against strategic and operational goals. 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. Directorate IQPRs are supplemented by monthly Clinical and corporate dashboards/ performance packs that are reported to the monthly Directorate and Corporate Performance Review meetings with the Executive Team. These provide visualisation of the most important performance measures and quality indicators. Key priorities are reviewed to ensure that the most pressing indicators of performance and quality are in focus.
- 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 framework. The Trust work in partnership with Staffordshire and Shropshire Health Informatics service to ensure technical controls are in place to mitigate and manage the risk of cyber-attack and are a recipient of an ICS-wide Security Operations Centre (SOC) service.
- To identify future risks and to react to emerging risks, horizon scanning is not trying to predict the future but rather to identify potential threats.
- Confirmation of compliance with conditions FT4 and G6 under the NHS Provider Licence were approved by the Board.

Key Risks

Board Assurance Risks

The Trust's Board Assurance (BAF) consists of eight risks identified under the three Trust Strategic Priorities, Prevention, Access and Growth, which form the basis for the BAF. The below table highlights the risks, and the dashboard shows the changes of the residual scores between quarters.

BOARD ASSURANCE FRAMEWORK 2023-2024											
BAF Dashboard 2023-2024											
Strategic Priority	Risk No.	Risk Description	Executive Lead	Gross Score	Residual Risk Score Qtr. 1	Residual Risk Score Qtr. 2	Residual Risk Score Qtr. 3	Risk Movement from Previous Qtr.	Target Score	Target Achievement Date	Lead Committee
Prevention	1	The Trust fails to deliver safe and effective care resulting in patient harm, reputational harm and regulatory restrictions.	Chief Medical Officer	16	12	12	12	↔	4	Mar-25	Quality
	2	Failure to deliver the Financial Plan in 2023/24.	Chief Finance Officer	16	12	8	4	↓	4	Mar-24	Finance & Resource
Access	3	Failure to attract, develop and retain talented people resulting in reduced quality and increased cost of services.	Chief People Officer	16	16	16	16	↔	4	Mar-28	People Culture & Development
	4	The Trust fails to collaborate with service users, carers and communities resulting in an inability to deliver responsive services.	Chief Nursing Officer	16	12	12	12	↔	8	Mar-25	Quality
	5	Failure to respond to the demands of services caused by internal and external factors, which might impact on the access, quality and overall experience of services and the wellbeing of service users and staff.	Chief Operating Officer	16	12	12	12	↔	4	Mar-24	Quality
Growth	6	Failure to optimise resources resulting in an inability to be sustainable and work towards carbon net zero.	Chief Strategy Officer	15	12	9	9	↔	6	Mar-28	Finance & Resource
	7	Failure to develop the estates strategy as a key enabler of quality and transformation may impact on delivery of care, improvement, service user, staff experience and efficiency.	Chief Finance Officer	16	12	12	12	↔	8	Mar-24	Finance & Resource
	8	Failure to lead and evolve relationships with partners resulting in an absence of system and Trust integration opportunities.	Chief Strategy Officer	16	12	12	12	↔	8	Mar-25	Finance & Resource

Key Risks – Trust Level

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

Risk	Gross Score	Residual Score	Target Score	Action	Progress
There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. This has a consequence of potential failure to achieve performance targets, inability to deliver service user expectations and increased pressure upon existing staff.	Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 3 = 12	A number of Trust strategies are being implemented to recruit and retain staff. Monitoring of Trust vacancy position.	Vacancy position as at month 10 is at 12%, no percentage change compared to previously reported. Corporate 4.4% Community 14.3% Specialist 16.7% Primary Care 8.6% ASUC 13.3%
				Interim CPO to have further discussions with COO, CNO and CMO to confirm regarding impact of service demand - Timeline 30th April 24.	
				Next intake March 24, approx. 12-15 new starters NQN's.	Actual figures to be finalised end March 24, regarding new starter intake.
There is a risk that the completion of Project Chrysalis may run over the timeline included within the business case and MOU agreed with NHSE.	Impact 4 x Likelihood 4 = 16	Impact 3 x Likelihood 4 = 16	Impact 3 x Likelihood 2 = 6	Currently looking at a five week delay, monitor and pull back time delay over the next two years so in 24/25 CHC do not miss the government promise to eradicate the dorms. This will be actioned through, progress on site meetings with the contractor, the steering grp and project board.	Current delays on completion of ward 1, as a consequence of water temperature problems, this will mean a further slippage on the programme, length of delay will be 12 weeks. Completion planned for 20th March for ward 1, work to start ward 2, on the 25th March.
There is a risk that increased and unexpected costs will be incurred during the phases of work for the Chrysalis Project which may exceed the funding available as capital costings included with the initial business case were estimated, which would lead the Trust to overspend its capital allocation.	Impact 3 x Likelihood 5 = 15	Impact 3 x Likelihood 5 = 15	Impact 3 x Likelihood 3 = 9	Detailed financial spend report to be presented at Board, Steering Group & F & R on a monthly basis.	Project group monitoring cost forecast on a monthly basis. Anticipated increased costs as a result of ward 1 delay, not yet quantified.

Risk	Gross Score	Residual Score	Target Score	Action	Progress
There is a risk that patients may use anchored & non anchored ligature points within the environment to cause harm to themselves.	Impact 5 x Likelihood 4 = 20	Impact 5 x Likelihood 3 = 15	Impact 5 x Likelihood 1 = 5	All areas undertake an annual Environmental Ligature Risk Assessment.	Annual review to take place - October 24.
				All clinical staff are training in the management of ligature anchor points and the management of patients who pose this type of risk.	Information as at 7.3.24:- 2 Day Safety Intervention Training 83%, February data 81% 5 Day Intervention Training 89%, February data 86% Health & Safety 94%, February data 94%
				Patient Safety Investigation Framework - new national initiative to be rolled out Focus reviews around themes, one of the themes will be self injure & a new approach developed - Understanding our approach to self injury - aims to provide a structured and consistent approach for those who self injure.	No reported issues with LFPSE, awaiting Ulysses update to support online proportionate reviews. Date for installation is 8th March. Ongoing patient care reviewer training is in place and bookable via LMS. 40 trained so far from previous. Current proportionate review processes highlighting good learning opportunities and a clearer understanding of contributory factors. Reporting has changed for Q3 due to PSIRF changes and nil negative outcome reported. Positive feedback on this so far on LFPSE group (formerly WIRG), will evaluate during March 2024.
				The inpatient reconfiguration programme has now been established which will include refurbishment of a significant proportion of inpatient estate, all of which will provide reduced ligature specifications. Additionally Capital Investment Group are overseeing commissioned work for ligatures which sit outside of the Chrysalis remit.	Patient Safety Lead to work with Chrysalis board and finance to identify future funding beyond ward 1/2 - March 25. Due to handover to commence work relating to ward 2.
				Staff training commenced in March 2021 'Connecting with People - Suicide Mitigation Framework' Following the release of the new national strategy, we are committed to reviewing our strategy and develop key performance indicators to ensure direct alignment to this national strategy but to make this locally relevant to support our patient group that we care for in North Staffordshire. This will in turn allow us to measure and understand the success and challenges that we face with our local suicide prevention strategy as well as reviewing support/treatment interventions for our patients with self-harming behaviours.	Current training for suicide mitigation compliance is at 74.49% Suicide awareness level one training remains at 98.08% compliant.
				Nursing Quality and Operational teams will meet to review current approach to Ligature minimalisation in the contexts of the new published CQC guidance. Timeline before end Feb.	Meeting to be arranged approx. April 24.

Risk	Gross Score	Residual Score	Target Score	Action	Progress
There is risk in providing accessible, safe prescribing to patients via effective shared care arrangements (ESCA's) due to GP's refusing to accept ESCA's prescribing in the community. The consequence is a reduce capacity and responsiveness of the service; without patient flow there would be a reduce capacity to accept new patient referrals.	Impact 3 x Likelihood 4 = 12	Impact 3 x Likelihood 5 = 15	Impact 3 x Likelihood 2 = 6	To develop an appropriate ESCA for antipsychotics that fits the needs of the patient and defines clear responsibilities for clinicians.	Engagement with GPs continues to gain support for adoption, legacy patient have been identified as an area of contention. Clinical Director/Consultant Psychiatrist and Deputy Director of Medicines and Clinical Effectiveness exploring possible solutions.
There is a risk to the Harplands site as a high proportion of fire doors (circa 440 doors, 96%) are not compliant and have failed to be maintained due to the building owner and service company not undertaking their statutory duty. As a consequence there is a risk of injury/death of patients and staff if a serious fire broke out within the Harplands site.	Impact 5 x Likelihood 3 = 15	Impact 5 x Likelihood 3 = 15	Impact 5 x Likelihood 1 = 5	Trust Fire Officer retired February 24 and the Trust have appointed Trinity Fire Safety to provide fire safety support, whilst we recruit to replace the fire officer role.	Job currently out to advert, interviewing mid - end April 24.
				Operational Teams have been made aware of the fire door issues. Qtr. 4 fire safety audit has been carried out by Trust Health & Safety Team to aid self assessment. Fire Safety awareness action plan has been shared with clinical staff. Clinical teams to carry out a desk top evacuation exercise & details recorded on Trusts EPRR action plan. The self audit will identify gaps including fire marshal and fire training requirements.	
				The building owner THL have commenced a programme of fire door remediation, however there will be a requirement to replace a significant number of fire door sets across the Harplands site. Timeframe - May 24.	Programme of work is ongoing, a number of doors have been ordered and in manufacture but there is a 8 - 12 weeks time period for manufacturing the doors. Timeframe for completion end June 24.
				The Service Company Serco have appointed a contractor to commence the necessary replacement and repairs (intumescent seals/hinges/signage/automatic closers not working correctly/ integrity of the door compromised through damage).	The report to CEO was submitted and is going to Private Trust Board 14.3.24. Next steps will be to issue letter to Staffordshire Fire Rescue.
There is a risk that the domestic hot water temperature at the Harplands Hospital (wards 2/4/6) will circulate at flow and return temperatures below the HSE guidance hot and cold water systems (healthcare premises) 60c flow and 55c return, this is also a mandatory requirement as per health technical memorandum (HTM 04-01 safe water in health care premises). This has been caused by a number of factors including: incorrect balancing of the domestic hot water system, valves incorrectly set, debris & sediment within the pipework and a poor flow of water. As a consequence a significant increased risk of legionella could be present within the water/wards.	Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 3 = 12	Impact 4 x Likelihood 1 = 1	Daily water temperature taken across the site is being undertaken and testing for legionella where temperatures are below the guidance.	Temperature monitoring remains in place.

Please note, the fire door risk and the water legionella risk is reported further within the Estates and Facilities section.

Key Risks – Operational Level

Highest Scoring Risks - As of 31st March 2024, the Trust had four Operational level risks with a residual score of 15 or above as follows:

Risk	Gross Score	Residual Score	Target Score	Action	Progress
There is a risk to patient safety in inpatient areas due to non-anchored ligature self harm incidents which could result in serious patient harm.	Impact 5 x Likelihood 4 = 20	Impact 5 x Likelihood 3 = 15	Impact 5 x Likelihood 2 = 10	Incidents will be reported and reviewed.	There have been no incidents reported since the last update.
There is a risk of over reliance on temporary staffing because of the number of vacancies for Registered Practitioners across the Directorate and the Crisis Care Centre. This has a consequence of potential challenge to achieve performance targets, inability to deliver high quality care and meeting service user expectations with an increased pressure upon existing substantive staff.	Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 2 = 8	Monthly monitoring of quality related metrix including ISM, patient feedback and incident data.	RMN shortfalls remain across the Acute and Urgent Care Directorate.
				A number of incidents have been reported where acute wards have fell below the safer staffing numbers by at least 2 staff.	Wards continue to work below safer staffing numbers.
				All posts currently being advertised on NHS jobs.	Shortlisting is currently taking place as the generic advert as now closed.
There is a risk to the waiting times in the CAMHS ASD Service due to the challenges to recruitment as a consequence of this the service may be unable to expand and develop leading to increased waiting times and poor service user experience	Impact 3 x Likelihood 5 = 15	Impact 3 x Likelihood 5 = 15	Impact 3 x Likelihood 2 = 6	A new project Group working with the Transformation Team and Costings team to review pathways and any opportunities for new ways of working with the aim of reducing wait times has been established.	The away day took place on 8th February which was well received. The aim is to get the ageless service operational by 31 March 2024.
				New investment to expand and develop the CAMHS ASD Service	Senior Clinical Psychologist Band 8A - Interviews 6th March. ASD Practioner Band 6 1.5 WTE - Interviews 15th March. LD Nurse Band 6 TRAC. Occupational Therapist Band 6 - Under Offer. Principal Clinical Psychologist Band 8B - Shortlisting. Senior Specialist ASD Practioner - Job out to advert. Healthcare Support Worker - Shortlisting.
				Weekly scrutiny of the waiting times taking place where performance is monitored.	The numbers waiting are 1389 and the longest wait is 110 weeks.

Risk	Gross Score	Residual Score	Target Score	Action	Progress
There is a risk of the Community CAMHS Teams not achieving the 4 week wait target [RTA] due to low staffing levels as a consequence of this there will be increased waiting times for service users, increased caseloads for staff members leading to increased levels of absence associated with work related stress.	Impact 3 x Likelihood 5 = 15	Impact 3 x Likelihood 5 = 15	Impact 3 x Likelihood 1 = 3	North stoke CAMHS Vacancies	Receptionist - New starter, starting 18th March. Nurse Prescriber - Under offer. Advanced Clinical Practitioner - Out to advert. Senior Therapist - Interviews 22nd March. Occupational Therapist - Under offer. Community Mental Health Practitioner bd 5/6 - Shortlisting.
				North stoke CAMHS: Current performance	"A waitlist - 17 Longest wait - 2 weeks"
				Community CAMHS: Bank/ Agency/Overtime/Excess Hours	Overtime and excess hours is monitored on a monthly basis and decisions made as to whether this can be continued. The uptake is very little at present.
				South Stoke CAMHS vacancies	Community Mental Health Practitioner - Under offer. Apprentice Administrator - Shortlisting. Apprentice Occupational Therapist - Under offer. Assistant Clinical Psychologist - Under offer. Community Mental Health Practitioner - Offer withdrew.
				Stoke CAMHS: Current Performance	"IA waitlist - 99 awaiting assessment 56 MH, 43 ADHD Longest wait - 12 weeks."
				North Staffs CAMHS Staffing levels	Community Mental Health Practitioner - Second round of interviews 25th March. Clinical Lead - Under offer. Occupational Therapist - Under offer. Community Mental Health Practitioner - Shortlisting. Peer Support Worker - Shortlisting. Senior Occupational Therapist - Starting 8th April. Consultant Clinical Psychologist - Increase hrs, authorisation in progress.
				North Staffs CAMHS current performance:	"IA waitlist - 40 Longest wait - 5 weeks"

Total number of Trust and Operational Risks as at 31st March 2024.

There are currently 140 open risks within the Trust and the below table gives an oversight of the split between Trust and Directorate level risks identified by residual scores indicating the severity of the risk.



A Well-led Trust

In-depth, regular, and externally facilitated developmental reviews of leadership and governance are good practice. Rather than just assessing current performance, these reviews should identify the areas of leadership and governance of organisations that would benefit from further targeted development work to secure and sustain future performance.

The boards of NHS foundation trusts and NHS trusts (referred to from here on as providers) are responsible for all aspects of the leadership of their organisations. They have a duty to conduct their affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that their organisations are providing high quality, sustainable care. Guidance for providers - Developmental reviews of leadership and governance using the well-led framework was issued by NHS England (NHSE) in June 2017

This guidance updates the well-led framework and sets out the process and content of developmental reviews. It supports providers to maintain and develop the effectiveness of their leadership and governance arrangements. The well-led framework is structured around eight key lines of enquiry (KLOEs):

1 Is there the leadership capacity and capability to deliver high quality, sustainable care?	2 Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	3 Is there a culture of high quality, sustainable care?
4 Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Are services well led?	5 Are there clear and effective processes for managing risks , issues and performance ?
6 Is appropriate and accurate information being effectively processed, challenged and acted on?	7 Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	8 Are there robust systems and processes for learning , continuous improvement and innovation ?

The guidance strongly encourages providers to engage with the review processes openly and honestly, selecting an external facilitator to provide tailored support and prioritise actions arising from reviews. Following a competitive tender process, the Trust has commissioned Deloitte to facilitate a Well Led Review commencing in January 2024 and will conclude April 2024

Quality Account 2023/24

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 publish Our Quality Account for 2023/24 by 30th June 2024 as we recognise that this is a valuable document to all our partners and stakeholders.

The Effectiveness of the Governance Structure

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:

- The Board sets out what the Trust is aiming to achieve (the Trust's strategic and annual objectives linked to the Chief Officers 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; and
- 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.

During the year our Board membership changed. The Trust successfully appointed a new Chair and a new Non-Executive Director for Diversity and Inclusion. The GP Associate became an Associate Non-Executive Director, and the Academic Associate Non-Executive Director was successfully appointed as a Non-Executive Director for Quality. 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.

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.

This includes individual appraisal, Personal development, Board development schedule, Statutory and Mandatory training and additional learning development for example the Trusts Veterans Aware and Equality Diversity and Inclusion Training

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 of three Non-Executive Directors (one of which will be the Chair of the Committee, another the Vice-Chair) and Service User Carer Council Representative also in attendance are the, Chief Finance Officer, Deputy 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 May 2024).

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 including the overall adequacy and effectiveness of the organisation's risk management, control and governance processes.

Finance and Resource Committee

The Finance and Resource Committee is responsible for the oversight and scrutiny of the Trust's financial, estate, digital and operational performance. The Finance and Resource Committee met monthly. Membership of the meeting is made up of Non-Executive Director (Chair), two other Non-Executive Directors, Associate Non-Executive Director, Chief Finance Officer, Chief Operating Officer, Chief Strategy Officer. In attendance are the Chief Nursing Officer, Deputy Chief Finance Officer, Assistant Director of Finance - Financial Management, Assistant Director of Finance - Costing and Contracts, Associate Director of Estates & Capital, Associate Director of Performance, Deputy Director of Governance, Chief Information Officer, Service User or Carer Representative. During the year members commenced the Committee's effectiveness review which includes a review of its membership, the Terms of Reference and proposed changes that will take effect from May 2024.

The Quality Committee

The Committee met monthly in accordance with its Terms of Reference and one meeting in October 2023 was not quorate. Membership of the Committee is made up of three Non-Executive Directors, one of which will be the Chair of the Committee and a Vice Chair who will be another Non-Executive Director member, Chief Medical Officer, Chief Nursing Officer. In addition, in attendance at the meeting are a Clinical Director (or their nominated deputy) for each Clinical Directorate, Deputy Director of Nursing, Deputy Director of MACE and Medicines Deputy Director of Governance, Deputy Director of Operations, nominated Service User & Carer Council Member, Chief People Officer (as required).

Quality Committee has been designed to take into account the broad range of statutory and mandatory duties of the organisation. The individual groups sitting underneath the QC are comprised of clinical representatives who are best placed to receive, analyse and evaluate the implications of any new guidance or mandatory changes; and provide the QC with reports and escalations to ensure oversight. These subgroups within their terms of reference will be responsible for a range of activities including:

- Reviewing any new national and local policy/guidance documents e.g. CEG review all new NICE guidelines and new local drug formulary documents.
- Reviewing data and audit findings to seek assurance against clinical quality metrics
- Identifying areas of improvement, as well as learning from best practice
- Developing and defining policies and guidance
- Reporting to Quality Committee

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 commenced the Committee's effectiveness review which included a review of its membership, the Terms of Reference and proposed changes will take effect from May 2024.

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 Plan.

The Committee meets bi-monthly and all meetings were quorate. The membership comprises of three Non-Executives Directors, one of is the Chair, Chief People Officer, Chief Medical Officer, Chief Operations Officer, Staff Side Chair, Service User and Carer Representative. In attendance are the Chief Nursing Officer, Associate Director of Governance, Associate Director of Communications, Associate Director of Organisational Development, Deputy Chief People Officer.

During the year members commenced the Committee's effectiveness review which includes a review of its membership, the Terms of Reference and proposed changes that will take effect from May 2024.

Charitable Funds 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 5 times during the year and membership is made up of the Chair of Committee, two non-executive directors and, two executive directors, Deputy Director of Governance. In attendance are the Deputy Director of Finance and / or Financial Accountant, Chief Strategy Officer (as required), Associate Director of Communications, Representatives from Inclusion and Service User Carer Councils, Staff Side Representatives (if required).

Remuneration and Terms of Service Committee

This Committee is responsible for determining the remuneration and condition of service of Directors ensuring that these people properly support objectives of the Trust, represent value for money and comply with statutory and NHS/DH requirements. Meetings have been arranged as required during the course of the year. The Chair acts as the Chair of this Committee which is attended by Non-Executive Directors and supported by the Deputy Director of Governance. During 2023/24 the Terms of Reference were reviewed and updated.

Senior Leadership Team Business (SLT) and Senior Leadership Team Development (SLTD)

The group, chaired by the Chief Executive Officer comprises the Executive team, Clinical Directors, Deputy 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.

SLTD sessions continued during 2023/24. The purpose of these sessions are to:

- Build relationships within the Senior Leadership Team;
- Planning for the next 3 years with leadership and governance structure to deliver plans; and
- Agree team objectives for the future.

The membership for this group is the same as for SLT with other Professional Leads being invited as and when required dependent on agenda items / subject matter.

Risk Management embedded in the activity of the organisation

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 Board Assurance Framework (the BAF).

All Committees receive a relevant risk report as a standing agenda item and the BAF is reported on a quarterly basis to the Committees and 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 low, 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.

Next year the Nursing and Quality Directorate will be focusing on the Patient Carer Race Equality Framework (PCREF). This is a national requirement which involves us using the health inequalities data intelligently to shape / improve care and services for people from ethnic backgrounds.

Care Quality Commission (CQC)

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

The Trust remains committed to sustaining our Outstanding rating and working closely with the CQC to ensure on-going compliance through regular engagement meetings with the assigned CQC inspectors, additionally providing evidence and assurance on the delivery of safe and effective services. The CQC have introduced a new approach to CQC inspection which is aimed at being rolled out within the West Midlands in February 2024.

The new approach outlines a new Single Assessment Framework (SAF) that would be used for all services, including local authorities and integrated care systems. They will also be changing their internal structures and introducing a digital portal which services can use going forward for information requests and statutory notifications.

We expect the rating of services will remain the same, as will the five key questions; however, the key lines of enquiry (KLOEs) are being replaced with 35 Quality Statements written as 'We' statements from the providers' perspective. The CQC will inspect local authorities which may impact the Trust where services are delivered collaboratively. We continue to monitor our preparedness carrying out internal Quality Assurance visits across our sites and conducting quality audits.

The Trust is currently undergoing a Local Area SEND inspection completed jointly by CQC and Ofsted, reviewing Children and Young people's services (CYP) within Stoke-on-Trent. We are yet to be informed on the outcome.

The Trust has had four CQC Mental Health Act unannounced face to face monitoring visits for Ward 3, Ward 5, Assessment and Treatment unit (A&T) and PICU during 2023/24. All findings identified have action plans in place that have been shared with regulators and are monitored through monthly performance reviews. Good progress has been made with the actions and they are monitored through the internal Trust quality assurance visits. Additionally the Trust has refreshed its approach to Mental Health Act auditing to focus on key findings with bespoke audits built in where appropriate.

Declarations of Interest / Gifts and Hospitality

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (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.

Fit and Proper Persons Test Framework

All Directors on the Board have met the 'fit and proper' persons test described in the provider licence. For the purpose of the licence and application criteria, 'fit and proper' persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged). The Trust has a policy for ensuring compliance with the CQC's guidance Regulation 5: Fit and proper persons: directors.

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.

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.

Health Inequalities

NHS England (NHSE) published a statement on information on health inequalities (duty under section 135A of the National Health Service Act 2006) in November 2023. It recognises the benefits of robust data in understanding the inequalities experienced by patients and communities.

The data prescribed for the Trust is set out with a headline analysis:

The 3-year Community Health Transformation Programme (commenced in 2022-23) seeks to transform community mental health care. Mindful of the higher-than-average levels of deprivation in the Staffordshire and (especially) City of Stoke-on-Trent areas and the impact of the 'Cost of Living Crisis' on our local communities, our services are increasingly focused on identifying and addressing such inequalities and barriers to equity resulting in some groups being under-served, developing conscious inquisitive analysis of service data using Business Intelligence software to support us in this work.



We are working to identify and address health inequalities in partnership with partner organisations and local communities, through our 'Health Inequalities Co. Lab' to better understand the barriers and solutions to access, experiences and outcomes for people in our local population needing access to mental health services, with a focus on under-represented groups and transforming community mental health care.

Inclusion and Belonging

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. At North Staffordshire Combined Healthcare NHS Trust we are committed to being an anti-racist organisation. We are a diverse and inclusive Trust and there is no place in our organisation for racism, harassment, personal abuse, and discrimination of any kind. We should all feel safe and confident to be ourselves at work, and that our individual needs and strengths are recognised. We will be held accountable for any discriminative behaviours or actions towards our colleagues, service users or carers. Inclusion and Belonging are at the heart of our Trust Values, Vision, our People Plan 2023 - 2028 and the associated People pillar of our Trust Strategy 2023 - 2028. Our Board has adopted the Disability Confident, NHS Rainbow Badge (Phase 2), RACE Equality Code, and Veteran Aware frameworks. We are developing and progressing our own action plans to work towards optimal compliance across these key standards. Whilst we will continue a necessary focus on transactional activities enabling us to measure our efforts, we will apply a greater focus on transformational activities that over time deliver the changes in attitudes and behaviours needed if we are to become a truly and proactively inclusive organisation where all our people can flourish.

Anti Racism Statement

In declaring our intention towards becoming an anti-racist organisation we:

- Commit to developing understanding by colleagues, service users or carers of the scale of institutional racism new sentence.
- Challenge race discrimination and create a fair and equitable workplace where all our colleagues can thrive. Act to build the personal and organisational leadership capability and accountability needed to tackle racism.

Public Sector Equality Duty

Ensuring equality, diversity, inclusion and belonging is central to the Trust's core values. This means offering the right services regardless of people's age, gender or gender identity, ability to speak English, religion, race, disability, sexual orientation, marital or civil partnership status, or culture. The Trust is committed to challenging prejudice and discrimination wherever this affects our service users or staff and making inclusion and belonging integral to our organisational culture. We have shared information on how we have met our Public Sector Equality Duty in 2022-23 in our Diversity and Inclusion Annual Report 2023 and accompanying Diversity Databook 2023 and will publish our 2024 version of this report and data later in 2024.

Climate Change

The trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Armed Forces Covenant Duty

The Armed Forces Act 2021 amended the Armed Forces Act 2006 by inserting sections 343AA to 343AF. These place a legal duty (the 'Covenant Duty') on specified public persons and bodies ('specified bodies'), to have due regard to the principles of the Armed Forces Covenant when exercising certain statutory functions in the fields of healthcare, education and housing ('relevant functions').

The Trust is a specified body under the act and performs relevant functions. The Covenant Duty came into effect on 22 November 2022 and thus 2023/24 is the first full year that the Trust has been subject to the Duty.

In assessing its compliance against the Duty, the Trust has regard to the "Statutory Guidance on the Armed Forces Covenant Duty" issued by the Ministry of Defence under section 343AE(1) of the Armed Forces Act 2006.

As part of achieving Veterans Aware status the Trust was required to evidence its compliance with the eight manifesto commitments which in addition to meeting the Veterans Healthcare Covenant Alliance requirements also provides assurance to the Board that the Trust is having due regard to the Covenant Duty.

The Trust operationally discharges its duty through the Veterans Aware Operational Group (monthly) and the Veterans Aware Board (quarterly) and provides an annual update to the Trust Board. The Lead Executive is the Chief Operating Officer

Utilise Effective Technology

The Trust vision is “To be Outstanding – in all we do and how we do it”. Achieving this vision from a Digital perspective focuses on our continuing ambition ‘To develop 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.’

During 2023/24 the Trust continued its journey to be a national leader in the use of digital technology to revolutionise care and drive improvement across the organisation.

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.

In 2019, the COVID-19 pandemic brought about a new focus for digital at our Trust and almost two years on, it has allowed us to reflect on where our digital investment has supported and enhanced our care services, as well as identify where it has slowed us down.

During the year the Trust developed a three-year digital plan to focus on ‘Our Digital Future’. The digital plan for North Staffordshire Combined Healthcare Trust outlines the digital objectives over the next three years and links cohesively with the Trust’s strategy and operational plans, as well as nationally curated ambitions, to maintain strong synergy across all overarching goals.

This is a key organisational plan which describes the priorities and methodology for how we, as an NHS Trust, will continue to deliver services which aim to meet the needs of our local population over the next three years.

To achieve our digital goals, we need to work together to continue to close digital loops around our care pathways so that systems truly line up, and information can be joined to form a comprehensive view of our population's health. These efficient digital loops will help to simplify communication between us, our patients, and our community partners, with one source of information for all, encouraging a more connected and collaborative way of working together.

During the year we have continued to work in collaboration with partners bringing in expertise and working together to align and deliver our digital ambitions across the health and care system.

We have continued our excellent work on through the development and implementation of digital solutions and transformation including our Wellbeing Portal and patient and clinical applications enabling; the delivery of excellent care services to help people to access and use our services to

recover and improve their wellbeing. Supporting our staff and partners work together effectively using innovation and interoperability to support the delivery of outstanding care services.

We want to continue 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.

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 also future-proofed for tomorrow by achieving value in both use of resources but delivering value environmentally and socially.

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.

Internal Audit undertakes a number of financial and quality-based audits. The Trust agrees the Internal Audit Plan which is signed off by the 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.

Internal audit provided us with the following opinion: Substantial Assurance, can be given that there is a good system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently.

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 Resource Committee receives a monthly finance report which monitors performance against all aspects of the financial plan, including capital, savings plans and future financial projections. The Committee monitors deviations to plan, providing assurance to Trust Board. Detailed information is also provided for assurance around agency expenditure.

Information Governance

All NHS Trusts 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 2 control issues relating to data loss or confidentiality breach during the year ending 31st March 2024 both of which required no further action by the Trust following report to the Information Commissioners Office. Managing and controlling risks related to information is a key element on the risk and control framework. The Data Security and Protection Toolkit, a tool by which the Trust assesses its compliance with current legislation, Government directives and other national guidance, is a key part of the organisation's assurance framework. The Trust continues to make progress to improve the areas of Information Governance management and Information Security assurance and will achieve compliance prior to submission.

Data Quality and Governance

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 and 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. Performance clinics have been fundamental in understanding and validating the current position of KPI's at directorate, service line and team level. The meetings are held on Microsoft Teams which is the ideal setting for the information team and clinical services to collaborate on key issues and seek improvements.

The Trust has adopted the Data Quality Assurance Framework designed for Providers by the Health and Social Care Information Centre to assist in the governance processes and to provide Assurance.

The framework aims to:

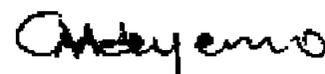
- Provide a focal point for sharing data quality assurance best practice across the NHS.
- Promote executive ownership of data quality and establish its place in each organisation's governance structure.
- Ensure that there is visibility and prompt resolution of data quality issues through regular reporting 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.

Workforce planning and oversight

The Trust has a full range of measures to ensure that short, medium and long-term workforce strategies and staffing safeguard systems are in place which provide assurance to the Board that appropriate staffing levels are safe, sustainable and effective, as part of its overall delivery of the recommendations of NHS England's 'Developing Workforce Safeguards'. These include a full and comprehensive People Plan built on short, medium, long term workforce analysis and performance. A robust workforce plan is developed on an annual basis to support the Trust's service delivery and regular updates are provided to the People Culture and Development Committee regarding workforce safeguarding people metrics. Moreover, the Chief Nursing Officer reports monthly on Safer Staffing levels at the Trust's Quality Committee and the Trust Board provides regular Executive and Non-Executive oversight of staffing levels.

Compliance with Relevant Authorities

The Trust fully complies with requirements for specific sectors and jurisdictions governed by the Relevant Authorities, such as the central government Corporate Governance Code and the Orange Book with no departures. No significant internal control issues have been identified for the Trust.



Dr Buki Adeyemo
Chief Executive

Date 12th June 2024

REMUNERATION AND STAFF REPORT

Remuneration 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), the Director of Operations, the Director of People, Organisation Development & Inclusion, and the Director of Strategy & Partnerships (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 May 2024. The Terms of Reference will be reviewed annually, and the next review must take place before 31 March 2025.

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

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

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

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

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

The committee is supported by the Trust Secretary. The Chief Executive and Chief People Officer 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 NHSE guidance.

The tables in this section detailed as 'subject to audit scrutiny' have been audited by the Trust's external auditors, Grant Thornton UK LLP.



Remuneration of senior managers – salaries 2023/24 - (subject to audit scrutiny)

Name and Title	2022-23					
	Salary	Expense payments (taxable) to nearest £100*	Performance Pay and bonuses	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits	Total
	(bands of £5000) £000's		(bands of £5000) £000's	(bands of £5,000)	(bands of £2500) £000's	(bands of £5000) £000's
O Adeyemo - Chief Executive Officer	180 - 185	100	0	0	0	180 - 185
D Okolo - Chief Medical Officer	250 - 255	0	0	0	0	250 - 255
B Richards - Chief Operating Officer	120 - 125	1400	0	0	0	120 - 125
E Gardiner - Chief Finance Officer & Deputy Chief Executive	135 - 140	700	0	0	0	135 - 140
K Laing - Chief Nursing Officer	125 - 130	0	0	0	10 - 12.5	140 - 145
P Draycott - Chief People Officer (to 26-Jan-24)	110 - 115	600	0	0	0	110 - 115
K Smith - Acting Chief People Officer (from 01-Feb-24)	15 - 20	0	0	0	0	15 - 20
E Mellor - Interim Chief Strategy Officer	120 - 125	300	0	0	40 - 42.5	160 - 165
D Rogers - Non-Executive Director (Chair)	35 - 40	0	0	0	0	35 - 40
J Dawson - Non-Executive Director (Vice Chair)	15 - 20	0	0	0	0	15 - 20
P Sullivan - Non-Executive Director (to 31-Dec-23)	10 - 15	0	0	0	0	10 - 15
R Andrews - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
P Jones - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
J Koo - Non-Executive Director (from 18-Mar-24)	5 - 10	0	0	0	0	0-5
J Walley - Non-Executive Director (to 30-Nov-23)	5 - 10	0	0	0	0	5 - 10
A Gadsby - Associate Non-Executive Director	10 - 15	0	0	0	0	10 - 15
P Walsh - Associate Non-Executive Director	10 - 15	0	0	0	0	10 - 15
K Tattum - GP Associate	10 - 15	0	0	0	0	10 - 15

Note: K Smith acted up as Chief People Officer from 1st February 2024.
O Adeyemo performed 1 clinical session per week whilst in the Chief Executive Officer role.
D Okolo performed 5 clinical sessions and 3 teaching sessions per week whilst in the Chief Medical Officer role.
Negative values are not disclosed in this table but are substituted for a zero.
Expense payments mainly relate to travel costs.

Remuneration of senior managers – salaries 2022/23 - (subject to audit scrutiny)

Name and Title	2020-21					
	Salary	Expense payments (taxable) to nearest £100*	Performance Pay and bonuses	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits	Total
	(bands of £5000) £000's		(bands of £5000) £000's	(bands of £5,000)	(bands of £2500) £000's	(bands of £5000) £000's
O Adeyemo - Interim Chief Executive Officer	175 - 180	0	0	0	180 - 182.5	360 - 365
D Okolo - Interim Executive Medical Director	230 - 235	0	0	0	0	230 - 235
B Richards - Director of Operations	100 - 105	800	0	0	50 - 52.5	150 - 155
E Gardiner - Executive Director of Finance, Performance & Estates	125 - 130	100	0	0	35 - 37.5	160 - 165
K Laing - Executive Director of Nursing & Quality	115 - 120	0	0	0	35 - 37.5	150 - 155
S Ahmed - Director of People, OD & Inclusion (to 11-Sep-22)	50 - 55	0	0	0	5 - 7.5	45 - 50
K Smith - Acting Director of People, OD & Inclusion (from 12-Sep-22 to 31-Dec-22)	30 - 35	0	0	0	15 - 17.5	45 - 50
P Draycott - Director of People, OD & Inclusion (from 01-Jan-23)	30 - 35	0	0	0	0	30 - 35
C Bird - Director of Strategy & Partnerships (to 31-Jul-22)	35 - 40	0	0	0	30 - 32.5	65 - 70
E Mellor - Interim Director of Strategy & Partnerships (from 01-Aug-22)	65 - 70	200	0	0	5 - 7.5	70 - 75
D Rogers - Non-Executive Director (Chair)	35 - 40	0	0	0	0	35 - 40
J Dawson - Non-Executive Director (Vice Chair)	15 - 20	0	0	0	0	15-20
P Sullivan - Non-Executive Director (Senior Independent Director)	10 - 15	0	0	0	0	10 - 15
R Andrews - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
P Jones - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
J Walley - 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
P Walsh - Associate Non-Executive Director	10 - 15	0	0	0	0	10 - 15
K Tattum - GP Associate	10 - 15	0	0	0	0	10 - 15

Note: K Smith acted up as Director of People, OD & Inclusion from 12th September 2022 to 31st December 2022.
O Adeyemo performed 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.
P Axon is on secondment with Staffordshire and Stoke on Trent ICB from 01st December 2021.
C Bird is on secondment with Staffordshire and Stoke on Trent ICB from 01st August 2022.

Remuneration of senior managers - pension benefits 2023/24 - (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 2023 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2022 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2023 £000	Employer's contribution to stakeholder pension
O Adeyemo - Chief Executive Officer	0	45 - 47.5	55 - 60	175 - 180	1,140	198	1,452	N/A
D Okolo - Chief Medical Officer								N/A
B Richards - Chief Operating Officer	0	27.5 - 30	25 - 30	70 - 75	345	131	527	N/A
E Gardiner - Chief Finance Officer & Deputy Chief Executive	0	35 - 37.5	50 - 55	135 - 140	804	204	1,108	N/A
K Laing - Chief Nursing Officer	0	32.5 - 35	25 - 30	75 - 80	398	153	609	N/A
P Draycott - Chief People Officer (to 26-Jan-24)								N/A
K Smith - Acting Chief People Officer (from 01-Feb-24)	0	2.5 - 5	25 - 30	65 - 70	341	21	517	N/A
E Mellor - Interim Chief Strategy Officer	2.5 - 5	0	5 - 10	0	53	34	109	N/A

Note: D Okolo and P Draycott chose not to be covered by the pension arrangements during the reporting year 2023/24.
Negative values are not disclosed in this table but are substituted for a zero.

Remuneration of senior managers - pension benefits 2022/23 (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
O Adeyemo - Interim Chief Executive Officer	7.5 - 10	17.5 - 20	55 - 60	115 - 120	913	175	1,140	N/A
S Ahmed - Director of People, OD & Inclusion (to 11-Sep-22)	0 - 2.5	0	25 - 30	45 - 50	468	9	508	N/A
K Smith - Acting Director of People, OD & Inclusion (from 12-Sep-22 to 31-Dec-22)	0 - 2.5	0 - 2.5	20 - 25	35 - 40	270	16	341	N/A
P Draycott - Director of People, OD & Inclusion (from 01-Jan-23)								N/A
C Bird - Director of Strategy & Partnerships (to 31-Jul-22)	0 - 2.5	0	50 - 55	0	581	25	679	N/A
E Mellor - Interim Director of Strategy & Partnerships (from 01-Aug-22)	0 - 2.5	0	5 - 10	0	37	1	53	N/A
E Gardiner - Executive Director of Finance, Performance & Estates	2.5 - 5	0 - 2.5	45 - 50	90 - 95	731	33	804	N/A
K Laing - Executive Director of Nursing & Quality	2.5 - 5	0 - 2.5	25 - 30	35 - 40	348	23	398	N/A
D Okolo - Interim Executive Medical Director								N/A
B Richards - Director of Operations	2.5 - 5	2.5 - 5	25 - 30	35 - 40	292	30	345	N/A

Note: D Okolo and P Draycott chose not to be covered by the pension arrangements during the reporting year 2022/23

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, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest-paid director/member in North Staffordshire Combined Healthcare NHS Trust in the financial year 2023/24 was £252,500 (2022/23, £232,500). The relationship to the remuneration of the organisation's workforce is disclosed in the table below.

Total Remuneration - subject to audit scrutiny

Year	25th Percentile Pay Ratio	50th Percentile Pay Ratio	75th Percentile Pay Ratio
2023/24			
Mid-point highest paid Director	252,500	252,500	252,500
Percentile of employee remuneration	27,090	36,515	47,742
2023/24 Ratio	9.32	6.91	5.29
2022/23			
Mid-point highest paid Director	232,500	232,500	232,500
Percentile of employee remuneration	25,670	34,228	44,292
2021/22 Ratio	9.06	6.79	5.25

Salary Component of Total Remuneration - subject to audit scrutiny

Year	25th Percentile Pay Ratio	50th Percentile Pay Ratio	75th Percentile Pay Ratio
2023/24			
Mid-point highest paid Director	117,500	117,500	117,500
Percentile of employee remuneration	24,336	34,581	43,742
2023/24 Ratio	4.83	3.40	2.69
2022/23			
Mid-point highest paid Director	112,500	112,500	112,500
Percentile of employee remuneration	23,177	32,934	41,659
2022/23 Ratio	4.85	3.42	2.70

In 2023/24 zero (2022/23 three) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £13,000 to £251,858 (2022/23 remuneration ranged from £9,574 to £240,356).

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

Percentage change – subject to audit scrutiny

Year	Highest Paid Director Remuneration	Percentage change for employees as a whole
2023/24	252,500	41,187
2022/23	232,500	39,513
Percentage Change %	8.60	4.24

The percentage change increase for the highest-paid director relates to pay inflation and pay arrears. The percentage change increase for employees represents pay awards during 2023/24.

Off-payroll engagements

For all off-payroll engagements as of 31 March 2024, for more than £245 per day

	Number
Number of existing engagements as of 31 March 2024	1
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	1
- for between 2 and 3 years at the time of reporting	0
- for between 3 and 4 years at the time of reporting	0
- for 4 or more years at the time of reporting	0

For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245 per day:

	Number
Number of temporary off-payroll workers engaged between 1 April 2022 and 31 March 2023	1
Of which, the number of:	
- not subject to off-payroll legislation	0
- subject to off-payroll legislation and determined as in-scope of IR35	1
- subject to off-payroll legislation and determined as out of scope of IR35	0
The number of engagements reassessed for compliance or assurance purposes during the year	0
- Of which: number of engagements that saw a change to IR35 status following	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	8

Staff report

We employed an average of 1,685 employed WTE and 339 other staff during 2023/24. As at the 31st March 2024, 79% of the total workforce were Female and 21% were male. The gender split of the directors of the Trust were 29% female and 71% male. Our staff costs amounted to £96.9m, which represents 58% of the Trust's closing income for the year (£167.5m)."

Staff costs	2023/24			2022/23
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	69,789	822	70,611	69,604
Social security costs	7,871	-	7,871	7,449
Apprenticeship levy	363	-	363	331
Employer's contributions to NHS pension scheme	12,490	-	12,490	11,330
Pension cost - other	158	-	158	147
Temporary staff	-	5,428	5,428	5,392
Total gross staff costs	90,671	6,250	96,921	94,253
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	90,671	6,250	96,921	94,253
Of which				
Costs capitalised as part of assets	-	-	-	-

Average number of employees (WTE basis)	2023/24			2022/23
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	63	31	93	94
Ambulance staff	1	-	1	2
Administration and estates	208	16	224	217
Healthcare assistants and other support staff	649	148	797	720
Nursing, midwifery and health visiting staff	506	74	580	558
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	253	6	259	240
Other	2	4	6	7
Total average numbers	1,682	279	1,961	1,838
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	-	-

Staff Turnover

Details of our staff turnover can be accessed via The Health and Social Care Information Centre at

[Turnover from organisation benchmarking tool, December 2023.xlsx \(live.com\)](#)

Sickness absence

[NHS Sickness Absence Rates, November 2023 - NHS England Digital](#)

Staff Sickness Absence	2022/23	2021/22
Total Days Lost	21,719	15,577
Total Staff Years	1,517	1,417
Average working Days Lost	14	11

Our People, Culture and Development Committee meets six times a year and has a transformational approach supporting our new Trust People Plan, ensuring our Trust is a Great Place to Work, that we're Inclusive and Representative, that we enable our people to reach their Potential and Aspirations, that we offer and deliver Great Services and support Health and Wellbeing.

Our Occupational Health provider, Optima provides support to staff, effective signposting and early intervention and generates quality management information in order to manage absence and support the health and wellbeing of our people.

Our Staff Support and Counselling Service continues to provide excellent support to individuals and teams alike via a robust educational and workshop programme covering stress coping topics, personal development and wellbeing awareness topics. Our Service continues 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 2023/24

Exit package cost band (including any special payment element)	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
<£10,000	3	8	3	8
£10,000 - £25,000	-	-	-	-
£25,001 - 50,000	-	-	-	-
£50,001 - £100,000	-	-	-	-
£100,001 - £150,000	-	-	-	-
£150,001 - £200,000	-	-	-	-
>£200,000	-	-	-	-
Total number of exit packages by type	3		3	
Total cost (£)		8		8

Reporting of compensation schemes - exit packages 2022/23

Exit package cost band (including any special payment element)	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£000s	Number	£000s
<£10,000	3	19	3	19
£10,000 - £25,000	-	-	-	-
£25,001 - 50,000	-	-	-	-
£50,001 - £100,000	-	-	-	-
£100,001 - £150,000	-	-	-	-
£150,001 - £200,000	-	-	-	-
>£200,000	-	-	-	-
	3		3	
		19		19

Exit costs in the tables above are the full costs of departures agreed in the year. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in these tables.

Exit packages: other (non-compulsory) departure payments

Type of Other Departures	2023/24		2022/23	
	Payments agreed	value of agreements	Payments agreed	value of agreements
	Number	£000	Number	£000
Contractual payments in lieu of notice	3	8	3	19
Total	3	8	3	19

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.

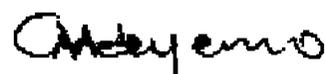
The Trust takes a very active role on developing inclusion. This work is coordinated through our Inclusion Council and People and assured through our Cultural Development Committee. We annually participate in reviewing, reporting on and taking action in relation to a range of equality imperatives including 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 workstream and we have ambitious plans to extend this throughout 2024 and beyond.

Consultancy expenditure

In 2023/24, the Trust had expenditure on consultancy of £198,000 (2022/23 - £406,000)



Dr Buki Adeyemo
Chief Executive

Date 12th June 2024

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 2024, 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 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year then ended; and
- 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 2023-24; 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 2023-24 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 2022) 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. In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of 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 requirements of the Department of Health and Social Care Group Accounting Manual 2023-24 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:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24; and
- based on the work undertaken in the course of the audit of the financial statements, 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 Directors

As explained more fully in the Statement of Directors' responsibilities in respect of the accounts, the directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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.

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. Irregularities, including fraud, are instances of non-compliance with laws and regulations. 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 2023-24).
- 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 the 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;
 - journals that altered the Trust's financial performance for the year; and
 - potential management bias in determining accounting estimates, especially in relation to accruals of income 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, 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 building valuations and impairment;
 - 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.
- 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.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- 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.

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.

[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 2024.

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

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities as the accountable officer of the Trust, 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(2A)(c) 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 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 January 2023. 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 – Delay in certification of completion of the audit

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

Use of our report

This report is made solely to the 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
14 June 2024

Part Three - Financial Statements and Accounts - 1 April 2023 - 31 March 2024



North Staffordshire Combined Healthcare NHS Trust

Annual accounts for the year ended 31 March 2024

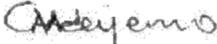
Statement of Comprehensive Income

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	3	150,010	147,968
Other operating income	4	17,465	15,271
Operating expenses	6, 8	(172,258)	(159,924)
Operating surplus/(deficit) from continuing operations		(4,783)	3,315
Finance income	10	2,136	484
Finance expenses	11	(4,234)	(3,100)
PDC dividends payable		-	(527)
Net finance costs		(2,098)	(3,143)
Other gains	12	8	208
Surplus / (deficit) for the year		(6,873)	380
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(2,133)	(18)
Revaluations	15	631	1,877
Total comprehensive income / (expense) for the period		(8,375)	2,239

Statement of Financial Position

		31 March 2024	31 March 2023
	Note	£000	£000
Non-current assets			
Intangible assets	13	1,166	1,466
Property, plant and equipment	14	35,598	40,358
Right of use assets	16	3,205	5,329
Receivables	19	678	845
Total non-current assets		40,647	47,998
Current assets			
Inventories	18	93	93
Receivables	19	7,686	12,170
Cash and cash equivalents	21	26,892	29,978
Total current assets		34,671	42,241
Current liabilities			
Trade and other payables	22	(18,765)	(27,561)
Borrowings	24	(2,660)	(1,819)
Provisions	25	(1,374)	(1,083)
Other liabilities	23	(1,960)	(1,679)
Total current liabilities		(24,759)	(32,142)
Total assets less current liabilities		50,559	58,097
Non-current liabilities			
Borrowings	24	(19,314)	(12,872)
Provisions	25	(1,257)	(1,453)
Total non-current liabilities		(20,571)	(14,325)
Total assets employed		29,988	43,772
Financed by			
Public dividend capital		20,497	18,315
Revaluation reserve		6,912	8,498
Income and expenditure reserve		2,579	16,959
Total taxpayers' equity		29,988	43,772

The notes on pages 6 to 53 form part of these accounts.

Name 
 Position Chief Executive Officer
 Date 14 June 2024

Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	18,315	8,498	16,959	43,772
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(7,591)	(7,591)
Deficit for the year	-	-	(6,873)	(6,873)
Other transfers between reserves	-	(84)	84	-
Impairments	-	(2,133)	-	(2,133)
Revaluations	-	631	-	631
Public dividend capital received	2,182	-	-	2,182
Taxpayers' and others' equity at 31 March 2024	20,497	6,912	2,579	29,988

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	11,937	6,706	16,512	35,155
Surplus for the year	-	-	380	380
Other transfers between reserves	-	(67)	67	-
Impairments	-	(18)	-	(18)
Revaluations	-	1,877	-	1,877
Public dividend capital received	6,378	-	-	6,378
Taxpayers' and others' equity at 31 March 2023	18,315	8,498	16,959	43,772

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health and Social Care as the Public Dividend Capital.

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 expenditure. 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

		2023/24	2022/23
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		(4,783)	3,315
Non-cash income and expense:			
Depreciation and amortisation	6	2,494	2,465
Net impairments	7	6,617	(314)
Decrease in receivables and other assets		4,580	780
Decrease in inventories		-	56
Increase / (decrease) in payables and other liabilities		(8,263)	4,212
Increase in provisions		118	547
Net cash flows from operating activities		763	11,061
Cash flows from investing activities			
Interest received		2,130	482
Purchase of intangible assets		(23)	59
Purchase of PPE		(3,494)	(9,257)
Sales of PPE		8	239
Finance lease receipts (principal and interest)		77	19
Net cash flows used in investing activities		(1,302)	(8,458)
Cash flows from financing activities			
Public dividend capital received		2,182	6,378
Capital element of finance lease rental payments		(554)	(507)
Capital element of PFI, LIFT and other service concession payments		(2,126)	(755)
Interest paid on finance lease liabilities		(47)	(63)
Interest paid on PFI, LIFT and other service concession obligations		(1,974)	(3,023)
PDC dividend paid		(28)	(581)
Net cash flows from / (used in) financing activities		(2,547)	1,449
Increase / (decrease) in cash and cash equivalents		(3,086)	4,052
Cash and cash equivalents at 1 April - brought forward		29,978	25,926
Cash and cash equivalents at 31 March	21.1	26,892	29,978

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 2023/24 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 2024 the unaudited charitable funds balances totalled £306k. As a consequence the Trust considers these balances to be immaterial and not requiring full disclosure within the 2023/24 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 there is 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. Funding envelopes are set at an Integrated Care System (ICS) level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred.

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 discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Education and Training

The Trust receives income from NHS England (NHSE) 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 NHSE. 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 three GP practices run by the Trust. Revenue is in respect of GMS activity in the practices and is recognised when the performance obligations are satisfied when the activity has been performed. As the Trust does not hold the GMS contract, the income is transferred to the GP Practices and is agreed and invoiced by the Trust.

Talking Therapies

The Trust receives income relating to Talking Therapies in relation to the service provided by the Trust. Revenue is in respect of the Talking Therapies 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.

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 meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

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) and Local Improvement Finance Trust (LIFT) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the Trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial Recognition

In accordance with HM Treasury's *FReM*, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Comparatives for PFI, LIFT and other service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	10	45
Plant & machinery	5	20
Transport equipment	7	7
Information technology	3	10
Furniture & fittings	10	10

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, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

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

	Min life Years	Max life Years
Software licences	2	7

Note 1.10 Inventories

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

From 2021/22 through to 2023/24 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 the Office for National Statistics (ONS).

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

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 as 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, the Trust recognises an allowance for expected credit losses, with the exception of balances with government bodies. Balances with core central government departments (including their executive agencies), the Government's Exchequer Funds, 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. Arms Length Bodies (ALBs) are excluded from the exemption unless they are explicitly covered by a guarantee given by their parent department.

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

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. 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.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

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

Income from operating leases is recognised on a straight-line basis or another systematic 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.

Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

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 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

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 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

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 25.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 26, 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. 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.

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 2023/24.

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

IFRS 17 Insurance Contracts

The standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 is yet to be adopted by the FReM which is expected to be from the 1 April 2025. Early adoption is not permitted.

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 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

Income from activities (medical treatment of patients) is analysed by customer type in note 3.2 to the financial statements on page 22. Other operating income is analysed in note 4 to the financial statements on page 23 and materially consists of revenue 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 note 33 to the financial statements on page 51.

	2023/24	2022/23
	£000	£000
Income	<u><u>167,475</u></u>	<u><u>163,239</u></u>
Surplus/(Deficit)		
Common Costs	<u>(172,258)</u>	<u>(159,924)</u>
Surplus/(Deficit) before interest	<u><u>(4,783)</u></u>	<u><u>3,315</u></u>
Net Assets:		
Segment net assets	<u><u>29,988</u></u>	<u><u>43,772</u></u>

Note 3 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 3.1 Income from patient care activities (by nature)	2023/24	2022/23
	£000	£000
Mental health services		
Block contract / system envelope income ¹	93,758	90,611
Services delivered under a mental health collaborative ²	2,658	1,459
Clinical income for the secondary commissioning of mandatory services ³	8,445	7,033
All services		
Private patient income	17	12
National pay award central funding ⁴	19	3,461
Additional pension contribution central funding ⁵	3,776	3,444
Other clinical income ⁶	41,337	41,948
Total income from activities	150,010	147,968

¹ Block contract income has increased by £3.2m in 2023/24 as a result of growth monies and new service developments.

² Services delivered under a mental health collaborative have increased by £1.2m in 2023/24 as 2022/23 was a part year effect, with the first part of the year being commissioned by NHSE and included in block contract funding.

³ Clinical income for the secondary commissioning of mandatory services has increased by £1.4m due to increased funding from the Supplementary Substance Misuse Treatment and Recovery Grant and funding for the additional nursing costs associated with the Darwin Centre.

⁴ In March 2023 the Government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure was included in the 2022/23 accounts as guided by the Department of Health and Social Care and NHS England. £19k in 2023/24 relates to the consultants pay award to be paid in 2024/25.

⁵ 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 provider's behalf. The full cost and related funding have been recognised in these accounts.

⁶ Other clinical income includes £36.965m relating to Transforming Care Programme income (TCP) and community rehabilitation income (P86) (2022/23 £37.865m)

Note 3.2 Income from patient care activities (by source)

	2023/24	2022/23
Income from patient care activities received from:	£000	£000
NHS England ¹	3,855	9,358
Clinical Commissioning Groups ²		27,819
Integrated Care Boards	131,348	101,190
Other NHS providers ³	2,782	1,767
Local authorities ⁴	6,551	3,006
Non-NHS: private patients	17	12
Non NHS: other	5,457	4,816
Total income from activities	<u>150,010</u>	<u>147,968</u>
Of which:		
Related to continuing operations	150,010	147,968
Related to discontinued operations	-	-

¹ 2022/23 included NHSE additional Agenda for Change pay award income £3.5m and specialised services income £2.5m. Specialised services income is received from Birmingham Women's and Children's NHS Foundation Trust through a mental health collaborative arrangement in 2023/24.

² Integrated Care Boards were established on 1st July 2022 to replace Clinical Commissioning Groups. From that date onwards the Trust received income for patient related activities from the Integrated Care Boards (ICB).

³ Full year effect in 2023/24 of income being received from Birmingham Women's and Children's NHS Foundation Trust through a mental health collaborative arrangement (£1.5m 2022/23 part year effect).

⁴ Transforming Care Programme credits of £2m in 2022/23, (2023/24 £nil), full year effect of Supplementary Substance Misuse Treatment and Recovery Grant and Rough Sleepers Wrap Around service in 2023/24 £2.3m (£1.4m 2022/23), recharges relating to additional nursing at the Darwin Centre in 2023/24 £0.6m (2022/23 £nil)

Note 4 Other operating income

	2023/24			2022/23		
	Contract	Non-contract	Total	Contract	Non-contract	Total
	income	income		income	income	
	£000	£000	£000	£000	£000	£000
Research and development	155	-	155	118	-	118
Education and training	5,092	637	5,729	4,652	454	5,106
Non-patient care services to other bodies ¹	10,382		10,382	8,424		8,424
Income in respect of employee benefits accounted on a gross basis	255		255	264		264
Charitable and other contributions to expenditure		8	8		110	110
Other income	936	-	936	1,249	-	1,249
Total other operating income	16,820	645	17,465	14,707	564	15,271
Of which:						
Related to continuing operations			17,465			15,271
Related to discontinued operations			-			-

¹ Non-patient care services to other bodies includes £5.6m relating to the Talking Therapies contract (£5.4m 2022/23); £1.4m relating to Health and Justice income (£nil 2022/23).

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2023/24	2022/23
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	1,082	802

Note 6 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,611	2,426
Purchase of healthcare from non-NHS and non-DHSC bodies ¹	42,532	43,744
Purchase of social care	-	142
Staff and executive directors costs	96,913	94,234
Remuneration of non-executive directors	151	163
Supplies and services - clinical (excluding drugs costs)	271	346
Supplies and services - general	216	199
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,487	2,842
Inventories written down	-	19
Consultancy costs	198	406
Establishment	560	640
Premises ²	7,216	5,876
Transport (including patient travel)	1,135	1,050
Depreciation on property, plant and equipment	2,171	2,140
Amortisation on intangible assets	323	325
Net impairments ³	6,617	(314)
Movement in credit loss allowance: contract receivables / contract assets ⁴	927	(2,565)
Change in provisions discount rate(s)	(10)	(308)
Fees payable to the external auditor audit services- statutory audit ⁶	107	102
Internal audit costs	77	86
Clinical negligence	309	296
Legal fees	282	166
Education and training	1,524	1,340
Expenditure on short term leases	7	7
Expenditure on low value leases	115	83
Variable lease payments not included in the liability	(12)	1
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	4,088	3,449
Car parking & security	198	143
Hospitality	54	37
Losses, ex gratia & special payments	8	19
Other services, e.g. external payroll	917	1,263
Other ⁵	1,266	1,567
Total	172,258	159,924
Of which:		
Related to continuing operations	172,258	159,924
Related to discontinued operations	-	-

¹ 2023/24 Purchase of Healthcare from Non NHS and Non DHSC Bodies includes £36.8m relating to Transforming Care Programme and Community Rehabilitation Placements (2022/23 £38.5m), £1.7m relating to Community Drug and Alcohol Service payments to partners (2022/23 £2.9m), £1.0m relating to Talking Therapies (2022/23 £1.2m); £1.2m relating to Supplementary Substance Misuse Treatment Recovery Grant (2022/23 £0.6m); £0.7m relating to Rough Sleepers Wrap Around & Support and £0.6m relating to transformation (2022/23 £0.5m).

² 2023/24 Premises costs includes £1.5m on utilities (2022/23 £1.1m) and £2.8m IT costs (2022/23 £1.8m).

³ Net Impairments relate to the full valuation on owned and leased properties at 31 March 2024 and includes £4.9m Private Finance Initiative (PFI) impairments; £0.1m Non PFI buildings impairments and £1.7m impairments on leased properties (right of use assets).

⁴ Movement in the credit loss allowance relates to provisions made for invoices raised to Staffordshire County Council and Holmcroft GP Practice. (The 2022/23 reversal relates to the 2021/22 provision for Transforming Care Programme invoices raised to Stoke on Trent City Council which were credited and re-raised to the Integrated Care Board (ICB)).

⁵ 2023/24 Other expenditure includes subscriptions £0.3m (2022/23 £0.3m) room hire charges £0.3m (2022/23 £0.2m); VAT Partial Exemption £0.2m (2022/23 £0.1m).

⁶ Audit services - statutory audit is reported gross as VAT is not reclaimable on external audit services. The actual charge FOR 2023/24 is £89K + VAT.

Note 6.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £5 million (2022/23: £5 million).

Note 7 Impairment of assets

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	6,617	(314)
Total net impairments charged to operating surplus / deficit	6,617	(314)
Impairments charged to the revaluation reserve	2,133	18
Total net impairments	8,750	(296)

In 2023/24 the Trust had a full revaluation on all of its sites (land, owned buildings and leased properties) including valuations on the Harpland's main site following assets under construction being brought into use in the dormitories removal capital scheme. This resulted in net impairments charged to operating expenses of £6,617k of which £4,953k relates to owned buildings and £1,664k relates to lease properties. £2,133k of net impairments was taken to the revaluation reserve, of which £187k relates to impairments on land and £1,946k relates to impairments on owned buildings.

Note 8 Employee benefits

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	70,611	69,604
Social security costs	7,871	7,449
Apprenticeship levy	363	331
Employer's contributions to NHS pensions	12,490	11,330
Pension cost - other	158	147
Temporary staff (including agency)	5,428	5,392
Total gross staff costs	96,921	94,253
Recoveries in respect of seconded staff	-	-
Total staff costs	96,921	94,253
Of which		
Costs capitalised as part of assets	-	-

Note 8.1 Retirements due to ill-health

During 2023/24 there were 2 early retirements from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £223k (£54k in 2022/23).

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

Note 9 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 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 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% from 1 April 2024 (previously 20.6%).

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 enrolls the employee into NEST.

NEST is a defined contribution scheme.

Note 10 Finance income

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

	2023/24	2022/23
	£000	£000
Interest on bank accounts ¹	2,130	482
Interest income on finance leases ²	6	2
Total finance income	2,136	484

¹ During 2023/24 the Bank of England increased the Bank Rate from 4.25% at the start of the year to the latest rate of 5.25%. 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 paid a new interest rate of 5.14% from 2 August 2023 (4.25% at 31st March 2023). The increases throughout the year have led to a significant increase in the interest received on bank accounts.

²The Trust entered into an arrangement as an intermediate lessor from 1 January 2023, subleasing 55% of the Trust HQ leased property to the Midlands Partnership University NHS Foundation Trust (MPFT) recognising the rental received against the lessor receivable and interest charged to MPFT on the sublease as finance income.

Note 11.1 Finance expenditure

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

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on lease obligations	58	74
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	1,974	1,021
Contingent finance costs*	-	2,002
Remeasurement of the liability resulting from change in index or rate*	2,193	
Total interest expense	4,225	3,097
Unwinding of discount on provisions	9	3
Total finance costs	4,234	3,100

* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. More information is provided in Note 29.

Note 12 Other gains / (losses)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets ¹	8	241
Losses on disposal of assets	-	(33)
Total gains / (losses) on disposal of assets	8	208

¹ Gains on disposals relate to a final overage adjustment received in year as a consequence of the sale of Bucknall hospital land in 2016.

Note 13.1 Intangible assets - 2023/24

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	2,643	2,643
Additions	23	23
Valuation / gross cost at 31 March 2024	2,666	2,666
Amortisation at 1 April 2023 - brought forward	1,177	1,177
Provided during the year	323	323
Amortisation at 31 March 2024	1,500	1,500
Net book value at 31 March 2024	1,166	1,166
Net book value at 1 April 2023	1,466	1,466

Note 13.2 Intangible assets - 2022/23

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2022 - as previously stated	2,702	2,702
Additions	108	108
Other movements	(167)	(167)
Valuation / gross cost at 31 March 2023	2,643	2,643
Amortisation at 1 April 2022 - as previously stated	852	852
Provided during the year	325	325
Amortisation at 31 March 2023	1,177	1,177
Net book value at 31 March 2023	1,466	1,466
Net book value at 1 April 2022	1,850	1,850

Note 14.1 Property, plant and equipment - 2023/24

	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 2023 - brought forward	5,672	24,797	7,878	674	145	6,516	332	46,014
Additions	-	347	2,312	7	-	604	-	3,270
Impairments	(187)	(7,255)	-	-	-	-	-	(7,442)
Reversals of impairments	-	289	-	-	-	-	-	289
Revaluations	8	(12)	-	-	-	-	-	(4)
Reclassifications	-	8,769	(8,769)	-	-	-	-	-
Disposals / derecognition	-	-	-	(1)	-	(1,258)	-	(1,259)
Valuation/gross cost at 31 March 2024	5,493	26,935	1,421	680	145	5,862	332	40,868
Accumulated depreciation at 1 April 2023 - brought forward	-	1,283	-	306	52	3,851	164	5,656
Provided during the year	-	672	-	75	17	748	33	1,545
Reversals of impairments	-	(67)	-	-	-	-	-	(67)
Revaluations	-	(605)	-	-	-	-	-	(605)
Disposals / derecognition	-	-	-	(1)	-	(1,258)	-	(1,259)
Accumulated depreciation at 31 March 2024	-	1,283	-	380	69	3,341	197	5,270
Net book value at 31 March 2024	5,493	25,652	1,421	300	76	2,521	135	35,598
Net book value at 1 April 2023	5,672	23,514	7,878	368	93	2,665	168	40,358

Note 14.2 Property, plant and equipment - 2022/23

	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 2022 - as previously stated	5,606	22,679	2,392	909	145	6,732	349	38,812
Additions	-	601	5,486	7	-	535	13	6,642
Impairments	-	(155)	-	-	-	-	-	(155)
Reversals of impairments	-	312	-	-	-	-	-	312
Revaluations	66	1,403	-	-	-	-	-	1,469
Disposals / derecognition	-	(43)	-	(242)	-	(751)	(30)	(1,066)
Valuation/gross cost at 31 March 2023	5,672	24,797	7,878	674	145	6,516	332	46,014
Accumulated depreciation at 1 April 2022 - as previously stated	-	1,230	-	474	35	3,883	161	5,783
Provided during the year	-	643	-	74	17	711	33	1,478
Reversals of impairments	-	(139)	-	-	-	-	-	(139)
Revaluations	-	(408)	-	-	-	-	-	(408)
Disposals / derecognition	-	(43)	-	(242)	-	(743)	(30)	(1,058)
Accumulated depreciation at 31 March 2023	-	1,283	-	306	52	3,851	164	5,656
Net book value at 31 March 2023	5,672	23,514	7,878	368	93	2,665	168	40,358
Net book value at 1 April 2022	5,606	21,449	2,392	435	110	2,849	188	33,029

Note 14.3 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	5,493	8,941	1,421	254	76	2,521	135	18,841
On-SoFP PFI contracts and other service concession arrangements	-	16,711	-	-	-	-	-	16,711
Owned - donated/granted	-	-	-	46	-	-	-	46
Total net book value at 31 March 2024	5,493	25,652	1,421	300	76	2,521	135	35,598

Note 14.4 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	5,672	9,002	7,878	314	93	2,665	168	25,792
On-SoFP PFI contracts and other service concession arrangements	-	14,512	-	-	-	-	-	14,512
Owned - donated/granted	-	-	-	54	-	-	-	54
Total net book value at 31 March 2023	5,672	23,514	7,878	368	93	2,665	168	40,358

Note 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Not subject to an operating lease	5,493	25,652	1,421	300	76	2,521	135	35,598
Total net book value at 31 March 2024	5,493	25,652	1,421	300	76	2,521	135	35,598

Note 14.6 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Not subject to an operating lease	5,672	23,514	7,878	368	93	2,665	168	40,358
Total net book value at 31 March 2023	5,672	23,514	7,878	368	93	2,665	168	40,358

Note 15 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 valuation was undertaken on the Trust's behalf by Cushman & Wakefield and compliant with RICS Valuation - Global Standards, with a valuation date of 31 March 2024.

Note 16 Leases - North Staffordshire Combined Healthcare NHS Trust as a lessee

The Trust leases a number of properties and car parks with varying lease terms and arrangements. Where a lease is in the process of being renewed or extended, estimates of the expected lease term based on service requirements and estates plans have been used for reporting purposes. Those leases with confirmed and expected lease terms of more than 12 months and where there is an identified asset with a value of more than £5k have been classed as operating leases for the purpose of IFRS16 and are shown in the Trust's accounts as right of use assets with a corresponding lease obligation.

Any new arrangements that are in place for less than 12 months at 1st April 2023 and where there is a low value underlying asset remain as a revenue expense in year, with no right of use asset or lease obligation reported.

Note 16.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	5,859	46	5,905	1,013
Additions	254	-	254	-
Remeasurements of the lease liability	(86)	-	(86)	(2)
Movements in provisions for restoration / removal costs	(32)	-	(32)	-
Impairments ¹	(2,590)	-	(2,590)	(586)
Revaluations	(160)	-	(160)	-
Disposals / derecognition	(58)	(7)	(65)	-
Valuation/gross cost at 31 March 2024	3,187	39	3,226	425

Accumulated depreciation at 1 April 2023 - brought forward	562	14	576	101
Provided during the year	613	13	626	101
Impairments	(926)	-	(926)	(202)
Revaluations	(191)	-	(191)	-
Disposals / derecognition	(58)	(7)	(65)	-
Accumulated depreciation at 31 March 2024	-	20	20	-

Net book value at 31 March 2024	3,187	19	3,206	425
Net book value at 1 April 2023	5,297	32	5,329	912

Net book value of right of use assets leased from other DHSC group bodies 425

Note 16.2 Right of use assets - 2022/23

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - adjustments for existing operating leases / subleases	6,732	46	6,778	1,013
Additions	1,009	-	1,009	-
Remeasurements of the lease liability	(162)	-	(162)	-
Movements in provisions for restoration / removal costs	65	-	65	-
Disposals / derecognition	(1,785)	-	(1,785)	-
Valuation/gross cost at 31 March 2023	5,859	46	5,905	1,013

Provided during the year	648	14	662	101
Disposals / derecognition	(86)	-	(86)	-
Accumulated depreciation at 31 March 2023	562	14	576	101

Net book value at 31 March 2023	5,297	32	5,329	912
Net book value at 1 April 2022	-	-	-	-

Net book value of right of use assets leased from other DHSC group bodies 912

¹ impairments in 2023/24 of £2,590k are included in net impairments of £6,617k included in operating expenses in the Statement of Comprehensive Income

Note 16.3 Revaluations of right of use assets

For the initial measurement of the right of use assets at transition, the Trust applied the IFRS16 cost model which states that the right of use asset is equal to the lease liability, adjusted for any lease prepayments or accruals. Following the initial measurement the Trust has considered if the cost model will be appropriate for reporting the asset value where there are no provisions to regularly update terms on market conditions within the leases and has engaged with Cushman and Wakefield valuers to review this.

In the reporting year, a full independent valuation was undertaken on the Trust's behalf by Cushman & Wakefield and compliant with RICS Valuation - Global Standards, with a valuation date of 31 March 2024 to give a view on the Trust applying the revaluation model in IAS16. The valuation used comparable market rents and likely yields of similar commercial assets in the current market conditions, which resulted in an impairment on the majority of the leased properties.

Note 16.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.1.

	2023/24	2022/23
	£000	£000
Carrying value at 31 March	6,040	-
IFRS 16 implementation - adjustments for existing operating leases		6,660
Lease additions	254	1,009
Lease liability remeasurements	(86)	(162)
Interest charge arising in year	58	74
Early terminations	-	(971)
Lease payments (cash outflows)	(601)	(570)
Carrying value at 31 March	5,665	6,040

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 16.5 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	960	322	874	214
- later than one year and not later than five years;	2,486	429	2,601	429
- later than five years.	2,492	310	2,845	418
Total gross future lease payments	5,938	1,061	6,320	1,061
Finance charges allocated to future periods	(273)	(30)	(280)	(38)
Net lease liabilities at 31 March 2024	5,665	1,031	6,040	1,023
Of which:				
Leased from other NHS providers		-		-
Leased from other DHSC group bodies		1,031		1,023

Note 17 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 18 Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	63	51
Consumables	26	37
Energy	4	5
Total inventories	93	93

Inventories recognised in expenses for the year were £824k (2022/23: £1,242k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £19k).

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 2023/24 the Trust received £8k of items purchased by DHSC (2022/23: £110k).

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 19.1 Receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables ¹	6,905	10,132
Allowance for impaired contract receivables / assets	(1,165)	(238)
Prepayments (non-PFI)	1,448	1,339
Finance lease receivables ²	77	77
VAT receivable	385	833
Other receivables ³	36	27
Total current receivables	7,686	12,170
Non-current		
Finance lease receivables ²	541	612
Other receivables ³	137	233
Total non-current receivables	678	845
Of which receivable from NHS and DHSC group bodies:		
Current	2,302	6,293
Non-current	678	845

¹ Contract Receivables includes £4,289k invoiced receivables and £2,616k accruals.

² Finance lease receivables relate to the sub lease of Trust HQ (Lawton House) which commenced on 1st January 2023. The Trust has sub leased 55% of the building to the Midlands Partnership University NHS Foundation Trust.

³ Other receivables relates to funding from NHSE equal to the provisions made by the Trust for Clinicians Pension Tax payments.

Note 19.2 Allowances for credit losses

	2023/24	2022/23
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	238	2,803
New allowances arising	945	164
Reversals of allowances	(18)	(2,729)
Allowances as at 31 Mar 2024	<u>1,165</u>	<u>238</u>

During the year, £0k allowances for impaired receivables were written off (£0k in 2022/23) New allowances for impaired receivables during the year total £945k (£165k in 2022/23).

Note 20 Finance leases (North Staffordshire Combined Healthcare NHS Trust as a lessor)

This note discloses future lease payments receivable from lease arrangements classified as finance leases where the North Staffordshire Combined Healthcare NHS Trust is the lessor.

Finance lease receivables relate to the sub lease of Trust HQ (Lawton House) which commenced on 1 January 2023. The Trust has sub leased 55% of the building to the Midlands Partnership University NHS Foundation Trust, and retains 45% as its headquarters. The sub lease is for a term of 10 years set at 55% of the annual cost of the headlease to the Trust.

Note 20.1 Reconciliation of the carrying value of finance lease receivables (net investment in the lease)

	2023/24	2022/23
	£000	£000
Finance lease receivables at 1 April	689	-
Additions	-	706
Interest arising (unwinding of discount)	6	2
Lease receipts (cash payments received)	(77)	(19)
Finance lease receivables at 31 March	618	689

Note 20.2 Finance lease receivables maturity analysis

	Total	Of which leased to DHSC group bodies:	Total	Of which leased to DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
Undiscounted future lease receipts receivable in:				
- not later than one year;	77	77	77	77
- later than one year and not later than two years;	77	77	77	77
- later than two years and not later than three years;	77	77	77	77
- later than three years and not later than four years;	77	77	77	77
- later than four years and not later than five years;	77	77	77	77
- later than five years.	259	259	335	335
Total future finance lease payments to be received	644	644	720	720
Unearned interest income	(26)	(26)	(32)	(32)
Net investment in lease (net lease receivable)	618	618	689	689
of which				
Leased to other NHS providers		618		689
Leased to other DHSC group bodies		-		-

Note 21.1 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.

	2023/24	2022/23
	£000	£000
At 1 April	29,978	25,926
Net change in year	(3,086)	4,052
At 31 March	26,892	29,978
Broken down into:		
Cash at commercial banks and in hand	9	9
Cash with the Government Banking Service	26,883	29,969
Total cash and cash equivalents as in SoCF	26,892	29,978

Note 22.1 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	3,764	5,790
Capital payables	485	709
Accruals	11,393	18,160
Social security costs	976	949
Other taxes payable	914	810
PDC dividend payable	-	28
Pension contributions payable	1,233	1,115
Total current trade and other payables	18,765	27,561
Of which payables from NHS and DHSC group bodies:		
Current	2,990	3,630
Non-current	-	-

Note 22.2 Early retirements in NHS payables above

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

	31 March 2024 £000	31 March 2024 Number	31 March 2023 £000	31 March 2023 Number
- ill health retirements	223		-	
- number of cases involved		2		-

Note 23 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	1,960	1,679
Total other current liabilities	<u>1,960</u>	<u>1,679</u>

Note 24.1 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Lease liabilities	906	822
Obligations under PFI, LIFT or other service concession contracts	1,754	997
Total current borrowings	<u>2,660</u>	<u>1,819</u>
Non-current		
Lease liabilities	4,759	5,218
Obligations under PFI, LIFT or other service concession contracts	14,555	7,654
Total non-current borrowings	<u>19,314</u>	<u>12,872</u>

Note 24.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2023	6,040	8,651	14,691
Cash movements:			
Financing cash flows - payments and receipts of principal	(554)	(2,126)	(2,680)
Financing cash flows - payments of interest	(47)	(1,974)	(2,021)
Non-cash movements:			
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023		7,591	7,591
Additions	254	-	254
Lease liability remeasurements	(86)	-	(86)
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	2,193	2,193
Application of effective interest rate	58	1,974	2,032
Carrying value at 31 March 2024	5,665	16,309	21,974

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2022	-	9,406	9,406
Cash movements:			
Financing cash flows - payments and receipts of principal	(507)	(755)	(1,262)
Financing cash flows - payments of interest	(63)	(1,021)	(1,084)
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022	6,660		6,660
Additions	1,009	-	1,009
Lease liability remeasurements	(162)	-	(162)
Application of effective interest rate	74	1,021	1,095
Early terminations	(971)	-	(971)
Carrying value at 31 March 2023	6,040	8,651	14,691

Note 25 Provisions for liabilities and charges analysis

	Pensions: injury benefits	Legal claims	Re- structuring	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	304	36	-	2,196	2,536
Change in the discount rate	(10)	-	-	(113)	(123)
Arising during the year	27	38	9	320	394
Utilised during the year	(31)	(28)	-	-	(59)
Reversed unused	(6)	(17)	-	(112)	(135)
Unwinding of discount	(2)	-	-	20	18
At 31 March 2024	282	29	9	2,311	2,631
Expected timing of cash flows:					
- not later than one year;	27	29	9	1,309	1,374
- later than one year and not later than five years;	88	-	-	287	375
- later than five years.	167	-	-	715	882
Total	282	29	9	2,311	2,631

Other provisions of £2,311k relate to: the projected liabilities and charges arising in 2023/24 and beyond, related to Trust properties £953k; tax charges on clinicians pensions £140k; property rates charges £397k; staff related issues £75k; tax charges relating to benefits received by staff attending staff awards events £36k; projected liability for pipework costs at the Harplands Hospitals £709k.

Note 25.1 Clinical negligence liabilities

At 31 March 2024, £386k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Staffordshire Combined Healthcare NHS Trust (31 March 2023: £695k).

Note 26 Contingent assets and liabilities

	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities		
NHS Resolution legal claims	(10)	(11)
Gross value of contingent liabilities	<u>(10)</u>	<u>(11)</u>
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	<u>(10)</u>	<u>(11)</u>
Net value of contingent assets	-	-

Note 27 Contractual capital commitments

	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	4,361	6,080
Total	<u><u>4,361</u></u>	<u><u>6,080</u></u>

Note 28 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 building and land.

Note 28.1 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 2024	31 March 2023
	£000	£000
Gross PFI, LIFT or other service concession liabilities	23,374	12,890
Of which liabilities are due		
- not later than one year;	3,845	1,924
- later than one year and not later than five years;	13,591	6,475
- later than five years.	5,938	4,491
Finance charges allocated to future periods	(7,065)	(4,239)
Net PFI, LIFT or other service concession arrangement obligation	16,309	8,651
- not later than one year;	2,109	997
- later than one year and not later than five years;	8,863	3,830
- later than five years.	5,337	3,824

Note 28.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

	31 March 2024	31 March 2023 Restated*
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	52,670	53,615
Of which payments are due:		
- not later than one year;	8,188	7,229
- later than one year and not later than five years;	32,753	28,916
- later than five years.	11,729	17,470

* Prior year comparators previously included future inflation, however following clarification in the Group Accounting Manual (GAM) on the measurement basis for future payments committed, the comparators have been restated to reflect contractual commitments at current prices at the balance sheet date, therefore only including actual inflation to date but no assumptions for future inflation. The amounts previously reported for 2022/23 were; not later than one year £8,195k, later than one year and not later than five years £42,479k, later than five years £39,939k, giving a total future payments committed of £90,613k.

Note 28.3 Analysis of amounts payable to service concession operator

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

	2023/24	2022/23
	£000	£000
Unitary payment payable to service concession operator	8,188	7,227
Consisting of:		
- Interest charge	1,974	1,021
- Repayment of balance sheet obligation	2,126	755
- Service element and other charges to operating expenditure	4,088	3,449
- Contingent rent	-	2,002
Total amount paid to service concession operator	8,188	7,227

Note 29 Impact of change in accounting policy for on-SoFP PFI, LIFT and other service concession liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

Note 29.1 Impact of change in accounting policy on the allocation of unitary payment

	IFRS 16 basis (new basis) 2023/24 £000	IAS 17 basis (old basis) 2023/24 £000	Impact of change 2023/24 £000
Unitary payment payable to service concession operator	8,188	8,188	-
Consisting of:			
- Interest charge	1,974	927	1,047
- Repayment of balance sheet obligation	2,126	997	1,129
- Service element	4,088	3,582	506
- Contingent rent	-	2,682	(2,682)

Note 29.2 Impact of change in accounting policy on primary statements

Impact of change in PFI accounting policy on 31 March 2024 Statement of Financial Position:	£000
Increase in PFI / LIFT and other service concession liabilities	(8,655)
Impact on net assets as at 31 March 2024	(8,655)

Impact of change in PFI accounting policy on 2023/24 Statement of Comprehensive Income:	£000
PFI liability remeasurement charged to finance costs	(2,193)
Increase in interest arising on PFI liability	(1,047)
Reduction in contingent rent	2,682
Adjustment to PFI service Charge	(506)
Net impact on surplus / (deficit)	(1,064)

Impact of change in PFI accounting policy on 2023/24 Statement of Changes in Equity:	£000
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	(7,591)
Net impact on 2023/24 surplus / deficit	(1,064)
Impact on equity as at 31 March 2024	(8,655)

Impact of change in PFI accounting policy on 2023/24 Statement of Cash Flows:	£000
Increase in cash outflows for capital element of PFI / LIFT	(1,129)
Decrease in cash outflows for financing element of PFI / LIFT	1,129
Net impact on cash flows from financing activities	-

Note 30 Financial instruments

Note 30.1 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 England. 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 England. Interest rates are confirmed by the Department of Health and Social Care (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 2024 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 30.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2024	Held at	Total
	amortised	book value
	cost	book value
	£000	£000
Trade and other receivables excluding non financial assets	6,531	6,531
Cash and cash equivalents	26,892	26,892
Total at 31 March 2024	33,423	33,423

Carrying values of financial assets as at 31 March 2023	Held at	Total
	amortised	book value
	cost	book value
	£000	£000
Trade and other receivables excluding non financial assets	10,843	10,843
Cash and cash equivalents	29,978	29,978
Total at 31 March 2023	40,821	40,821

Note 30.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2024	Held at	Total
	amortised	book value
	cost	book value
	£000	£000
Obligations under leases	5,665	5,665
Obligations under PFI, LIFT and other service concession contracts	16,309	16,309
Trade and other payables excluding non financial liabilities	15,812	15,812
Total at 31 March 2024	37,786	37,786

Carrying values of financial liabilities as at 31 March 2023	Held at	Total
	amortised	book value
	cost	book value
	£000	£000
Obligations under leases	6,040	6,040
Obligations under PFI, LIFT and other service concession contracts	8,651	8,651
Trade and other payables excluding non financial liabilities	25,774	25,774
Total at 31 March 2023	40,465	40,465

Note 30.4 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 2024 £000	31 March 2023 £000
In one year or less	20,306	28,574
In more than one year but not more than five years	16,128	9,076
In more than five years	9,231	7,336
Total	<u>45,665</u>	<u>44,986</u>

Note 30.5 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 31 Losses and special payments

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	5	1	1	3
Total losses	5	1	1	3
Special payments				
Ex-gratia payments	6	2	3	1
Total special payments	6	2	3	1
Total losses and special payments	11	3	4	4
Compensation payments received				

Note 32 Gifts

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Gifts made	-	-	-	-

Note 33 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 and Social Care 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.

The list of related parties below shows all entities for which the Department is regarded as the parent Department with which the Trust has received income and/or incurred expenditure in excess of £100k in 2023/24.

Department of Health and Social Care (parent department)
NHS Staffordshire and Stoke-on-Trent ICB
NHS Pension Scheme
Midland's Partnership University NHS Foundation Trust
HM Revenue & Customs
NHS England
University Hospitals of North Midlands NHS Trust
Birmingham Women's and Children's NHS Foundation Trust
NHS Cheshire and Merseyside ICB
Shropshire Community Health NHS Trust
NHS Midlands & Lancashire Commissioning Support Unit
NHS Resolution
NHS Shropshire, Telford and Wrekin ICB
NHS Property Services
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
The Royal Wolverhampton NHS Trust
NHS Black Country ICB
NHS Derby and Derbyshire ICB
Care Quality Commission

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 34 Better Payment Practice code

	2023/24	2023/24	2022/23	2022/23
Non-NHS Payables	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	16,141	103,216	15,294	100,222
Total non-NHS trade invoices paid within target	15,264	98,769	14,207	93,641
Percentage of non-NHS trade invoices paid within target	94.6%	95.7%	92.9%	93.4%
NHS Payables				
Total NHS trade invoices paid in the year	392	8,277	405	8,286
Total NHS trade invoices paid within target	374	7,992	366	7,442
Percentage of NHS trade invoices paid within target	95.4%	96.6%	90.4%	89.8%

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 invoice, however the compliance target is set at 95%.

Note 35 External financing limit

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

	2023/24	2022/23
	£000	£000
Cash flow financing	2,588	1,064
Leases taken out in year	-	-
Other capital receipts	-	-
External financing requirement	2,588	1,064
External financing limit (EFL)	5,383	1,208
Under / (over) spend against EFL	2,795	144

Note 36 Capital Resource Limit

	2023/24	2022/23
	£000	£000
Gross capital expenditure	3,461	7,430
Less: Disposals	-	(1,707)
Charge against Capital Resource Limit	3,461	5,723
Capital Resource Limit	3,461	5,869
Under / (over) spend against CRL	-	146

Note 37 Breakeven duty financial performance

	2023/24	2022/23
Adjusted financial performance (control total basis):	£000	£000
Surplus / (deficit) for the period	(6,873)	380
Remove net impairments not scoring to the Departmental expenditure limit	6,617	(314)
Remove I&E impact of capital grants and donations	8	8
Remove impact of IFRS 16 on IFRIC 12 schemes	558	
Remove net impact of inventories received from DHSC group bodies for COVID response	10	20
Adjusted financial performance surplus	320	94

	2023/24
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	320
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	(558)
IFRIC 12 breakeven adjustment	1,097
Breakeven duty financial performance surplus / (deficit)	859

Note 38 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		449	698	891	1,671	31	768	1,297
Breakeven duty cumulative position	1,300	1,749	2,447	3,338	5,009	5,040	5,808	7,105
Operating income		90,599	86,321	83,063	79,487	87,471	75,502	78,588
Cumulative breakeven position as a percentage of operating income		1.9%	2.8%	4.0%	6.3%	5.8%	7.7%	9.0%

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	2,051	4,060	3,904	1,979	3,098	1,743	370	859
Breakeven duty cumulative position	9,156	13,216	17,120	19,099	22,197	23,940	24,310	25,169
Operating income	81,883	85,079	89,112	99,040	105,222	149,926	163,239	167,475
Cumulative breakeven position as a percentage of operating income	11.2%	15.5%	19.2%	19.3%	21.1%	16.0%	14.9%	15.0%

- 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.

- 2022/23 - The Trust was required to deliver a control total of breakeven (excluding IFRIC 12 adjustments). The Trust over performed against this target by £94k due to non-recurrent benefits.

- 2023/24 - The Trust was required to deliver a control total of breakeven (excluding IFRIC 12 adjustments). The Trust over performed against this target by £320k due to non-recurrent benefits.

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