Outstanding
Our journey continues

NHS
North Staffordshire Combined Healthcare
NHS Trust

Annual Report and Accounts 2024/25

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 are 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.

What's in this report?

Outstanding at a glance 4
Chair and Chief Executive's statement 7
About us 8
- Our community 9
- Our service users and carers 10
- Our vision and values 12
- Our strategy 13
- Our services 14
- Our people 17
- Our partnerships and opportunities 24
- Our estate and facilities 25
- Sustainability and climate change 27
- Our digital strategy - digital by choice 29
- Our communications and engagement 30
- Our REACH Awards 31
- Research evaluation and innovation 32

Performance report
- Performance overview 33
- Performance analysis 35
- Financial overview 37

Accountability report
- Our Board 38
- Statement of the Chief Executive's responsibilities 42
- Statement of the Directors' responsibilities in respect of the accounts 43
- Governance statement 44
- Remuneration and staff report 52
- Independent Auditor's report to the directors of North Staffordshire Combined Healthcare NHS Trust including closure certificate 60

Financial Statements and Accounts 63

Outstanding at a glance

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

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

Strong results for staff involvement and all NHS People Promise themes in the NHS Staff Survey

26th consecutive year of achieving financial surplus - making us one of the top financial performers in the region

Praised by service users for our partnership with them in making appointments and deciding our quality priorities - including our annual engagement@combined event

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 and communications - including launching new "Quality Show' on Combined TV

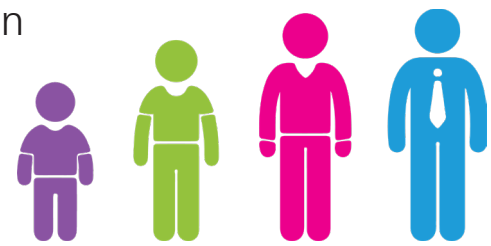
Our long-term Trust Strategy 2023-2028 driving forward improvement and transformation, underpinned by 3 strategic priorities - Prevention, Access, Growth

Dedicated Intensive Outreach Team developed service model and pathway working with Adult Community Mental Health Teams for those with short term enhanced needs and support

Improved care planning co-produced with service users and carers locally achieving new nationally co-produced standards

37% decrease in Do Not Attends delivered through pilot of automated text system in Community Mental Health Teams

Strengthened links between CAMHS, Adult CMHT, Talking Therapies and community resources improving the transition for young people leaving CAMHS and accessing adult services

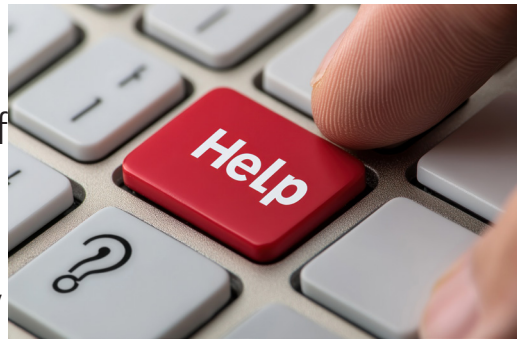


Improved screening process by Autism Spectrum Disorder (ASD) team (Children Young People & Adult) reducing referral response times

Freedom to Speak Up

One of the strongest Freedom to Speak Up infrastructures in the NHS, 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



New Avoidant/ Restrictive Food Intake Disorder (ARFID) training package for primary schools developed and rolled out

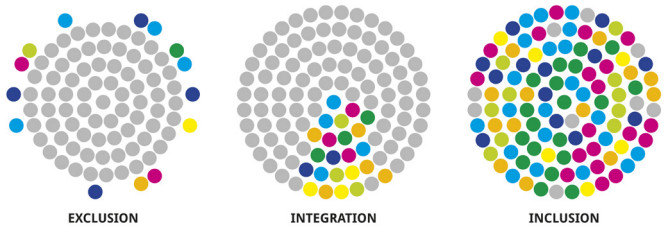
Keele UNIVERSITY

Teaching Trust

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

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

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



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

VETERAN AWARE

Proud to receive accreditation for being Veteran Aware

First NHS Trust to be awarded Silver Status by the One NHS Finance Engagement Value Outcome (EVO) Framework

Culture of Care - national quality improvement initiative led by the Royal College of Psychiatrists - transforming our Mental Health Inpatient Wards

NHS COMBINATIONS

Podcast Available on Soundcloud

Available on iTunes

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

Chair and Chief Executive's statement

Welcome to our Annual Report for the year 2024/25. Another truly Outstanding Year for Combined and its people.

We are often told by our staff that working at Combined feels like being part of a family. As everyone knows, at their best, families celebrate each other in the good times and support each other in challenging times. That has never been truer than in the year just passed.

As we write this introduction, we are conscious that the current challenges facing the NHS are amongst the most severe many of us will have encountered in years of working there. We should be under no illusion about the magnitude of the task. Difficult decisions will need to be taken. Challenging choices will need to be made.

One choice that we can make is to be as proactive, brave, and radical as we can be in meeting the challenges facing us. That is the best and surest way to secure our future.

We know we can rise to this challenge because we've done it before. We have the right values, the right priorities and, above all else, the right people.

At Combined, we have never been content to sit back or run away from a challenge. If we had done that, we would never have become Outstanding or secured recognition as the first mental health trust to win NHS Trust of the Year. We know a call to action when we see one.

This Annual Report demonstrates how our people have once again responded magnificently to the challenges before them.

By 31st March 2025, to give just a few examples. the Trust had:

- delivered its 26th consecutive year of delivering financial balance, the entirety of the current century
- completed its 6th year of being rated Outstanding by the Care Quality Commission
- become the first NHS Trust to be awarded Silver Status by the One NHS Finance Engagement Value Outcome (EVO)Framework
- continued a proud record of innovation and growth, with further new services, new facilities and new teams
- improved care planning in co-production with service users and carers
- reduced response times to referrals for Autism Spectrum Disorder
- reduced Do Not Attend rates with Community Mental Health Teams
- improved the transition for young people leaving CAMHS and accessing adult services
- 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.

Supporting and advancing research and innovation are things that are extremely important to us, and we are proud that this Annual Report contains details 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 and increased staff morale. We would like to take this opportunity to record our thanks to everyone who has contributed to the success of Combined this year. We cannot do what we do without our amazing team.

Over the course of the year, we said farewell to some long serving members of our Trust Board, including our Associate Non-Executive Directors Tony Gadbsy and Dr Keith Tattum. We offer our best wishes and thanks to them for their invaluable contribution over many years to the Trust. We welcomed new members to our Non-Executive Team, Roger Banks, Martin Evans and Prem Gabbi, Katie Laverty as Associate Non-Executive Director and Nichola Bullen who joins us through the NHS Aspiring Non-Executive Director Programme.

We also made new permanent appointments to our Executive Team, including our Chief Strategy Officer, Liz Mellor and towards the end of the year our new Chief People Officer, Freiza Mahmood. We would like to place on the record our gratitude to our Interim Chief People Officer Kerry Smith, who fulfilled the role over the course of the year following the tragic death of Paul Draycott.

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 can provide care in community settings and in people's own home.

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 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.

Visit by Baroness Merron to Combined - March 2025

Our community

Adult Acute beds per 100,000 population remains low in comparison to the national average (16 compared to 23). Our admission and occupancy rates are however higher than average (276 admissions per 100,000 compared to 204 and 98% occupancy compared to 93%). Length of stay remains low (20 days compared to 41 average) and our emergency readmission rate is comparable to the national average.

Older Adults beds per 100,000 population remains higher than average (49 compared to 44) although occupancy rates are the same as national average at 88%. Admissions are twice the national average (347 per 100,000 compared to 152) but average length of stay is almost half of the average (48 days compared to 91). Emergency readmission rates are also much lower than average at 2% compared to 5%.

Having a lower-than-average length of stay and emergency readmission rate demonstrates an efficient inpatient service.

Most service users receive their mental health care in the community. In the 10 months to January 2025, there were 28,965 new referrals to the Trust with 15,955 active cases. This is an increase of 1,531 active cases compared to March 2024.

Core mental health services received the following total number of referrals in 2024/2025:

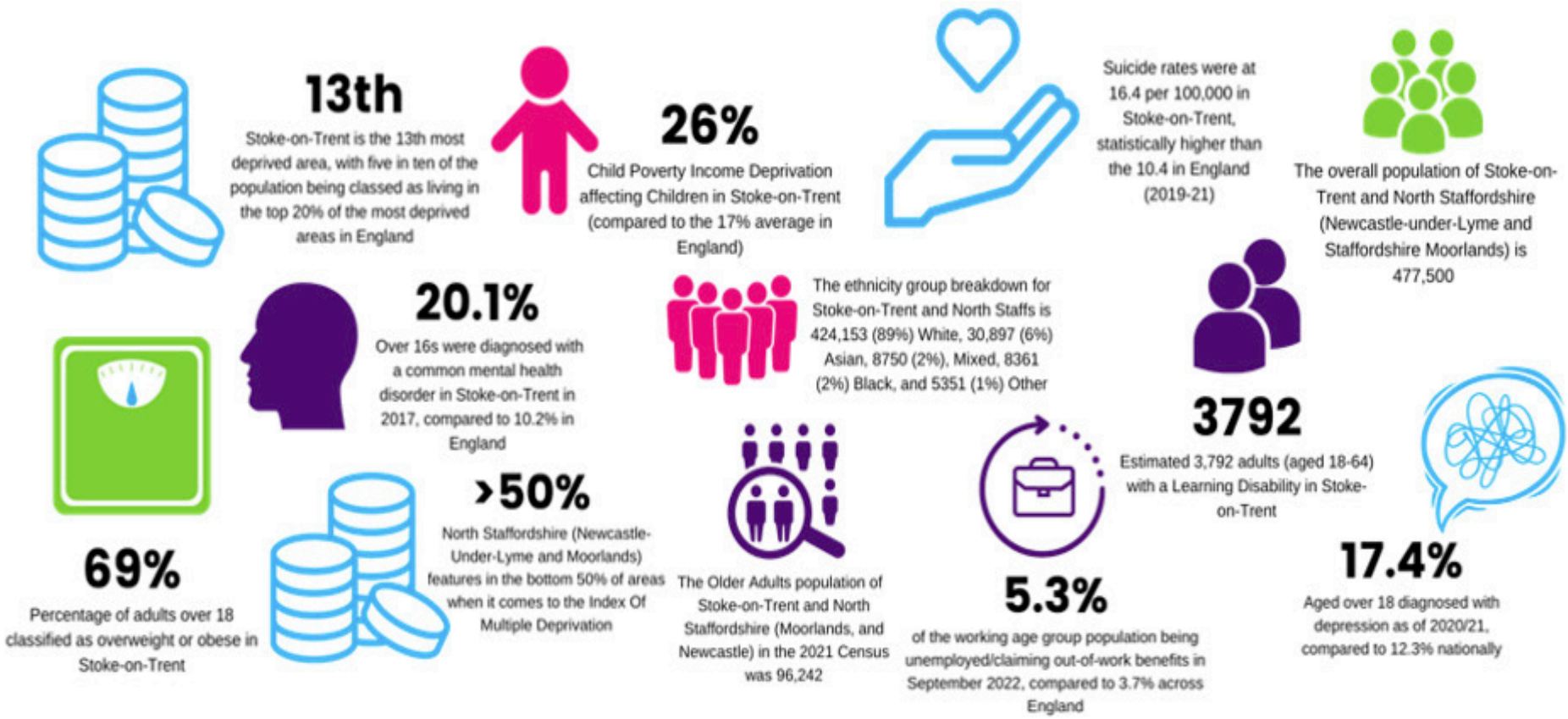
- Core Child and Adolescent Mental Health Services (CAMHS): 5,244 to Jan 2025 (extrapolates to 6,293)
- Adult Community Mental Health Teams (CMHT): 4,523 to Jan 2025 (extrapolates to 5,427)
- Older Adult: 3,535 to Jan 2025 (extrapolates to 4,242)

Demand for neurodivergent services remains high with 4,284 new team referrals received April 2024 to January 2025, this equates to 14.8% of all team referrals received within the same period. As at the end of January 2024, 52.4% of all active Children and Young People's (CYP) cases that were open to the Trust had an open referral to Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD).

Access to services and waiting times shows good performance. Overall, 94.1% of Trust service users were assessed in 4 weeks and 95.2% 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 2024/2025.

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

In January 2025, 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 Inpatient Transformation Programme and supporting our Culture of Care standards project work.

The wellbeing college continues to increase student numbers and community partners who co-produce and host recovery education workshops.

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, and a member of SUCC has been present for PLACE inspections within the Trust this year. Members also support the Trust's Quality Assurance Unannounced Visits during 2024/25.

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. Our peer support work network has grown and includes 45 members of lived experience staff and volunteers. The network meets monthly to share opportunities for training, development and for peer-to-peer supervision. colleagues have received additional development and training opportunities.

Coproduction, Involvement and Volunteering

This year we have coproduced our plan to grow our lived experience involvement, peer workforce and coproduction activity. This includes additional Peer Support worker roles to support our Inpatient Transformation programme. We have Peer Support Workers and lived experience volunteers supporting our Acute and Urgent care directorate to have recovery conversations and to coproduce our Culture of Care improvement plans.

We have overhauled our volunteers' policy to reflect the diverse opportunities for involvement and coproduction and to be able to offer renumeration for specific coproduction project involvement and are advertising the varied opportunities for involvement on the new Trust website.

Service User and Carer Feedback

In 2024/25 we continued to co facilitate our coproduced reviewing officer training. We have been evaluating the impact of the changes implemented through the training by conducting peer reviews of complaint responses to ensure that the objectives of the training are met in that they more person centred, compassionate and supportive of a continual learning ethos.

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.

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)

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 2024/25 the Trust received 259 PALS contacts, compared with 212 in 2023/24.

Compliments

Each year, our staff receive compliments and praise from people they have cared for. During 2024/25, the Trust received 1889, 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 2024/25, we received 70 formal complaints (YTD to Feb 25), compared to 50 in 2023/24, 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.

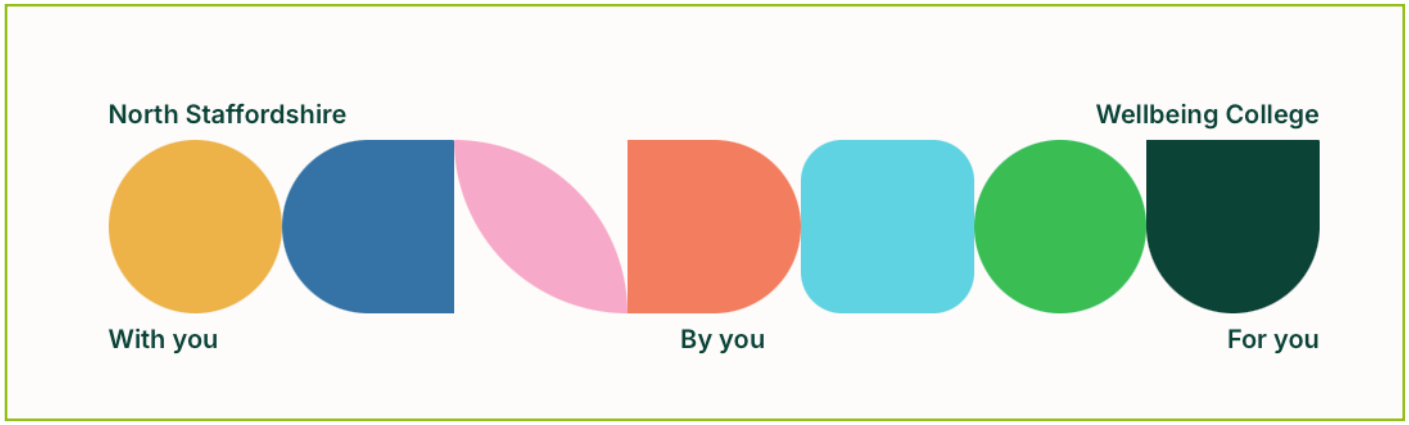
Friends and Family Test (FFT)

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 2024/25, 2,395 service users participated in the FFT process, giving us their views across all services, which is an increase on 2023/24 when we received 2,724 responses. We are pleased to report a continued high rate of satisfaction, with 81% of patients who rated the Trust as good or very good, 9% were undecided and 10% 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 and has celebrated its second birthday this year. The college offer and branding was fully co-produced and has continued its coproduction journey with service users and carers. We currently have over 500 students enrolled who include a varied cohort of service users, members of the public, carers, staff and partner organisation staff.



The prospectus continues to change and adapt to offer 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 College team work with 37 community partners to coproduce and host the workshops and have trained over 40 Topic experts and expert by experience facilitators from a wide clinical and third sector background ensuring all the workshops are underpinned by an evidence base and have relatable lived experience to support the students attending.

The college social media has a reach of 12,500 people and further work is currently in progress to expand the college website to include self-directed, self-care activities.

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 SPAR quality priorities

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.

Our Proud to CARE values

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.

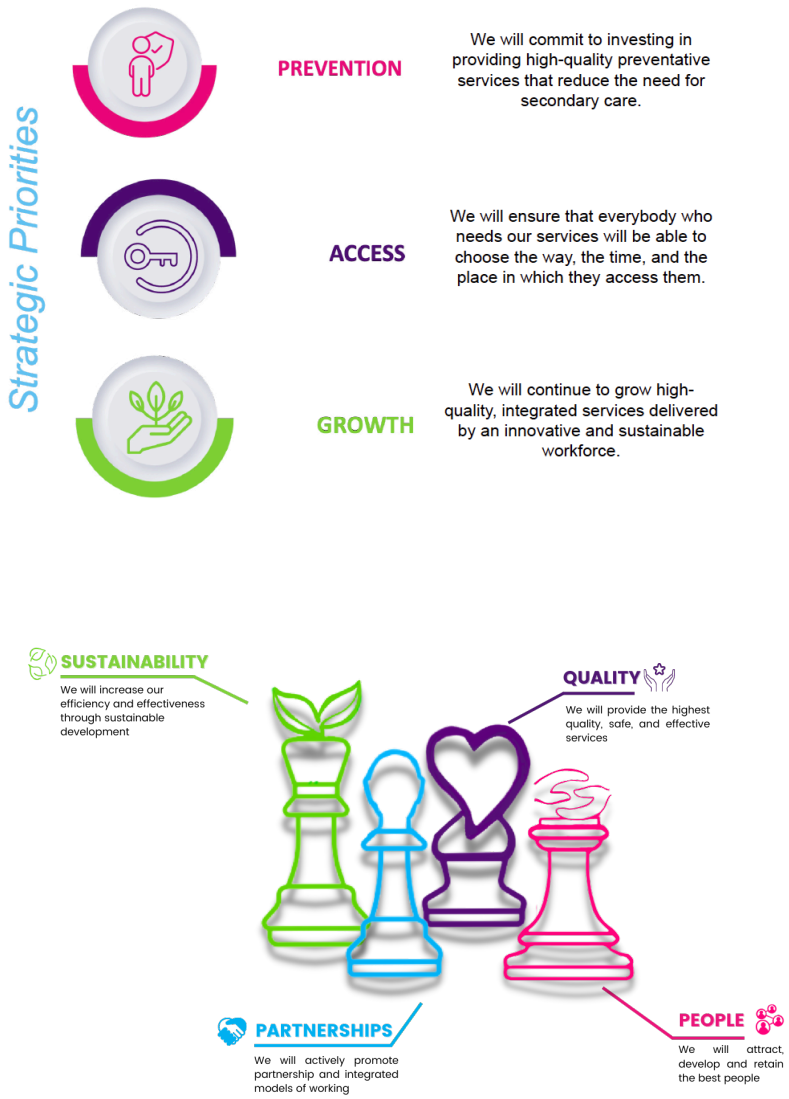
Our strategy

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.

		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 service 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 2024/25 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.

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; andas 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.

Our services

This Annual Report covers the period 1st April 2024 to 31st March 2025. 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 Organisational Structure

NHS North Staffordshire Combined Healthcare NHS Trust

Chief Executive

Chief Medical Officer | **Chief Finance Officer/Deputy Chief Executive** | **Chief Nursing Officer/Deputy Chief Executive**

Chief Strategy Officer | **Chief People Officer** | **Chief Operating Officer**

Community

Clinical Director
Associate Director

Senior Service Manager

Adult CMHT
ASD Assessment
ASD School Age
CAMHS
CAMHS Eating Disorders
Care Home Liaison / Physio
Community Assessment Stabilisation Treatment
County Older Person's Mental Health Team
Criminal Justice Team
Dementia Primary Care
Early Intervention in Psychosis
Looked After Children Yellow House
Memory Services
Mental Health Support Teams
Mental Health Youth Offending Team
Multiple Disadvantaged Team
Older Person's Mental Health Team
Outreach Team Older People
Parent and Baby
Specialist Adult Eating Disorders
SMI Physical Health Team
Step On
Vascular Wellbeing

Specialist Services

Clinical Director
Associate Director

Senior Service Manager

Assessment and Treatment
CAMHS Intensive Support Hub
Children's Community LD Team
Children's Short Breaks (Dragon Square)
Community and Hospital Alcohol
Community Learning Disabilities Team
Community Rehab Team
Darwin Centre
Healthcare Facilitation
Hilda Johnson House
Intensive Support Team
IOU (Adult / Substance Misuse)
Neuro Community Services
Out of Area / Resettlement Team
Substance Misuse Inpatients (Edward Myers Unit)
Transforming Care Partnership Team
Ward 5 Neuropsychiatry

Acute Services and Urgent Care

Clinical Director
Associate Director

Senior Service Manager

All-Age Access Team
Community (Street) Triage
ECT Team
High Volume Users
Home Treatment Team (Adult)
Mental Health Liaison Team
Psychiatric Intensive Care Unit
Place of Safety
Ward 1 – Acute Admission (mixed)
Ward 2 – Acute Admission (male)
Ward 3 – Acute Admission (female)
Ward 4 – Discharge to Assess
Ward 6 – Older People's Complex Care
Ward 7 – Acute Admission (Older People)

Primary Care

Clinical Director
Associate Director

Clinical Lead

ARRS Mental Health
Direct Enhanced Services
Education
Locally Enhanced Services

Primary Care Development
Primary Care Networks
Primary/General Medical Services
Talking Therapies

Corporate Services

Exec PAs
Governance

Digital / IT
Strategy and Partnerships
Transformation Management Office

Estates
Finance
Performance

Communications
Education and Training
Medical Staffing
Organisational Development
People Operations
Recruitment
Staff Counselling
Temporary staffing

MACE
Mental Health Law Team
Pharmacy
Psychology
Research and Development

Facilities
Infection Prevention and Control
North Staffordshire Wellbeing College
Patient Experience Team
Patient Safety
Quality Improvement
Safeguarding
Volunteers

How to find out more about our services

In December 2024, the Trust released the new version of its public website, including introducing a new and improved suite of user-friendly service pages.

Almost 70 teams and services across the Trust's portfolio of mental health, learning disabilities, substance misuse and primary care services are listed in the comprehensive new section of the website, improving functionality and usability.

Each page now provides key core information such as contact details, location and what the service offers. Users will also find additional updates from the services including testimonials, videos, podcasts and virtual tours of the building.

The layout has been standardised and teams and services can be searched for by name or alphabet, making it easier than ever for the user to find what they are looking for.

The pages have been built with accessibility in mind and have been carefully considered to ensure that information is clear, easy to understand and easy to find.

This complete library of patient-facing services can also be translated into over 130 languages with a click of a button.

The launch assists the Trust to further improve how it delivers its key requirements to be responsive, accessible and to deliver high-quality services to its users.

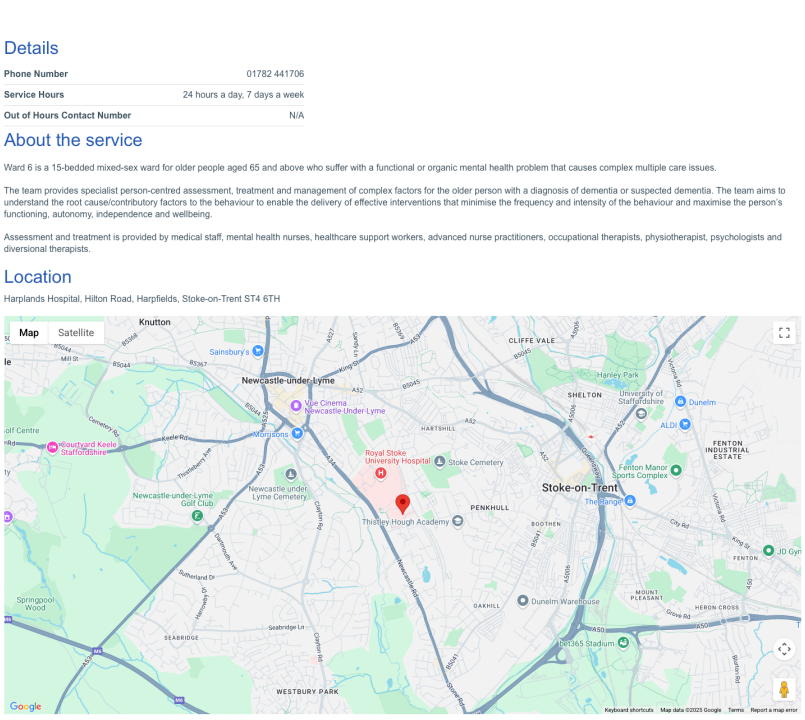
The pages will continue to be developed as the Trust builds on its offering to users, providing detailed and easy-to-use resources about its services.

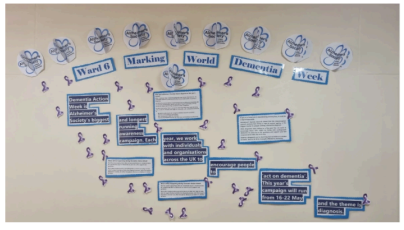
You can see the new service section of the website at https://www.combined.nhs.uk/services/

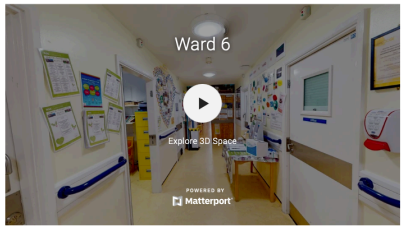
You can access our complete library of patient stories, including those for Ward 6 show in the picture opposite on our YouTube channel at https://www.youtube.com/playlist?list=PLuLnRckD7bTep22NYgI_CfuY3WE2dxLaL

Where to find examples of service transformation and achievement during 2024/25

To accompany and complement the Annual Report and Accounts, each year the Trust also publishes its Quality Account. This contains extensive coverage of quality and service improvements carried out across the Trust throughout the year as well as details of how the Trust has responded to service user feedback and suggestions. The Quality Account is available for download from the Trust website.







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 2024/25, the number of standards applicable to North Staffordshire Combined Healthcare Trust was equal to 69. This consists of 58 core standards and 11 deep dive standards, of which the theme this year was Cyber Security.

In 2024/25 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 2024, 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 has also participated in a series of multi-agency exercises (Exercise RAVEN), to simulate the Trust response to a waste fire scenario at a health system level. This was facilitated by the Staffordshire Resilience Forum (SRF) throughout 2024/25. 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 facilitated and participated in a number of internal tabletop exercises, focusing on the Trust response to a fire evacuation scenario and a CBRN scenario.

In addition, the Trust has established an internal EPRR Working Group, consisting of representatives from EPRR, Digital, Communications, Estates, Facilities and Infection, Prevention and Control, to increase awareness of EPRR across the Trust and ensure clarity of plans, arrangements and communications. The group aims to further support Trust preparedness by reviewing plans, policies and arrangements and ensuring that staff are appropriately trained and exercised to undertake their roles and responsibilities in relation to incident response.

Our people

The National NHS People Plan 2020 outlined four core pillars.

1.Looking after our people
2.Belonging in the NHS
3.New ways of working and delivering care
4.Growing for the future

In response we developed through stakeholder co-production our People Plan for 2023 and beyond.

Now in year two of the People Plan we have had the opportunity to reflect and review progress against our five people plan priorities and to ensure the plan aligns to the needs of our staff and the communities they serve. .

Our plan sets out our overarching commitment.

Our Combined People Plan on a Page

Our purpose:
"To be Outstanding in ALL that we do and HOW we do it"

Our plan:
"To further develop a diverse engaged workforce, outstanding in all that we do"

How we will measure success?

Our strategic outcomes, by 2028

Vacancy level of 5% or below

Turnover level of 8% or less

A workforce which is representative of our community at every level

A sickness absence rate of 4% or less

We retain our NHS Staff survey results as being one of the top three NHS Trusts nationally across the NHS and, beyond, one of the best employers in the UK

We will do this by focusing on the 5 priorities below and by exceeding expectations:

We will ensure this continues to be a great place to work.

We will be inclusively representative of our communities.

We will ensure our people's health and well-being is supported better than any employer in the NHS.

We will work with partners in Staffordshire to provide the best opportunities for our people to achieve their potential and aspirations.

We will ensure our people systems and policies enable the Trust to deliver outstanding services.

As in previous years, staff health and wellbeing and inclusion are already top priorities for us and will remain and this has been strengthened by the launch of our Health and Wellbeing plan (2024-2028) and new Inclusion and Belonging Strategic Plan.

As a Trust, our People are our very essence and working together to create an environment where everyone can thrive is essential in our ability to the deliver on our priorities. 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.

Staff Wellbeing

Our organisation is committed to the People Plan and the health and wellbeing workstream is central to delivery of our People Plan.

Staff health and wellbeing is seen as integral to ensuring the psychological wellbeing and safety of our staff leading to better outcomes both for patients and staff. Good wellbeing is more likely to lead to staff retention and staff feeling valued.

To deliver the People plan the health and Wellbeing Plan (2024-2028) was developed and is monitored and governed through the People and Culture Development Committee (PCDC).

Our staff engagement support continues to grow from strength to strength. Our 'personal touch' has proven to be effective in building solidarity between our community teams, inpatients teams and corporate service teams. We have listened to, included, recognised and rewarded our people, demonstrating the importance of living and breathing a compassionate culture and providing many health and wellbeing initiatives to show our people how much we value the excellent level of care, compassion and commitment they deliver day in, day out.

Some of the key initiatives we have implemented this year:

- A health and wellbeing week that was aimed at getting to 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, Dungeons and Dragons, Cycling Club, 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 continues to deliver workshops,
- individual counselling, collaborated with teams through critical incidents, developed and delivered two 6-week CBT Courses for MSK/Pain and Stress and Anxiety and trained new cohorts of CISM (Critical Incident Stress Management) practitioners and Mediators

Inclusion and Belonging

At North Staffordshire Combined Healthcare NHS Trust, we are proud of our reputation and culture as an inclusive and compassionate organisation in which diversity is celebrated and where all people are treated with dignity and respect.

As a diverse and inclusive organisation, there is no place in our Trust for racism, harassment, personal abuse and discrimination of any kind. We work to create an environment where we grow our people based on their strengths and abilities. Whilst our model of choice is a positively focussed one, where we seek to grow and build on good practice to take us 'from good to great', we will always address areas of under-performance and where we need to improve our delivery standards head-on. Where required, we will always hold individuals to account for any discriminative behaviours or actions towards our colleagues, service users or carers.

Inclusion and Belonging have continued to be central to how we do things at Combined throughout 2024/25. Indeed, it is crucial to achieving our organisation and people ambitions to be Outstanding in all that we do and how we do it. Linked to our Trust 'Proud to CARE' Values, SPAR Quality Priorities, our Vision, and our Trust People Plan 2023 - 2028 (the first pillar of which is 'Inclusive and Representative'), we are committed to being Outstanding and continually advancing our performance on Inclusion and Belonging.

In 2024 we launched our new Inclusion and Belonging Strategic Plan, setting out clear goals and approaches to advance our inclusion practice and performance. One goal of this strategic plan is to firmly embed responsibility for inclusion and belonging within every leader's role. Linked to this, our Trust Executive Team have all agreed and been delivering against individual inclusion objectives, designed to advance inclusion through our clinical and non-clinical services and directorates.

We strongly believe that all our people (whether service users, visitors or colleagues) should feel safe and confident to be their authentic selves within our organisation. We aim to ensure that individual strengths, needs and preferences are recognised and supported, and that all people can flourish and be their best selves through their engagement with the Trust.

Key achievements on Inclusion in 2024/25 are outlined below: -

- Continued growth in our diverse representation of our local communities across our organisation. At the time of writing (data as at 31.01.25):
  - 13.3% of our substantive workforce have Global Majority identity, now slightly exceeding our local population rate, though not at all levels (heavily influenced by medical workforce).
  - 9.9% of our workforce have disclosed that they have a disability, long term condition, and/or neurodiversity, putting us among the top performing Trusts nationally on this measure.
  - 5.4% have disclosed that they identify as LGB+. We continue to work to address data gaps and to encourage open disclosure of protected characteristics. We continue to work to reduce the number of colleagues who 'prefer not to say' with regard to a range of characteristics, so that they can be appropriately represented in our data and understanding of our workforce.
- In the Workforce Race Equality Standard (WRES) 2024, we have a majority of top 25% performing measures, including 5 x Top 5%. Our 3 best performing WRES metrics (Top 2% nationally) were: -
  - Staff belief in equal opportunities for career progression
  - Non-clinical Global Majority representation (Band 8c-VSM)
  - Board Global Majority representation
- In the Workforce Disability Equality Standard (WDES) 2024, we have a range of Top 10% ratings. 10 of the 17 measures were in the Top 20% nationally. Our Top Two performing WDES metrics (Top 2% and Top 4% nationally respectively) were: -
  - Board disability representation
  - Likelihood of appointment from shortlisting (for applicants reporting disability)
- We have continued to make progress in reducing our Gender Pay Gap (now at a median of just 1.28%. This year we have also published for the first time our Ethnicity and Disability Pay Gap data, acting as a sector leader in promoting openness on these measures.
- Accessibility is essential within our Trust services. Our continuing partnership with AccessAble has allowed us to provide Detailed Access Guides for our Trust clinical services to the benefit of patients, service users and other visitors. This has also supported us to prioritise developments in accessibility within our estates programme. We have worked to develop web accessibility by design into our Trust public website and intranet in 2024/25.
- We have engaged with our local communities at a range of community events including Recruitment Fairs, Stoke Pride, through our Community Services Transformation process, in delivering a range of Wellbeing College learning events which are free to attend to community members and workforce alike, and through a number of Trust conferences and consultation events.

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-degree feedback and psychometrics, supported by coaching, speakers, alumni 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 programme offers skills practice and shared learning to shape ideas, thinking and development with colleagues from across the Trust.

Foundations in Leadership & Management

Our Foundations in Leadership & Management Programme aimed at early, aspiring and mid-level leaders was launched in June 2023. The first cohort commenced with 2 further cohorts delivered during 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 2024 results showed that North Staffordshire Combined Healthcare NHS Trust has maintained its very high levels of involvement in the survey.

Overall, two thirds of our workforce – 64% – made sure their voice was heard by responding to the survey in Autumn 2024 – 11% higher than the average for our comparator group. But it still means that 1 in 3 of our people did not feel able or willing to take part, so we will be thinking over the coming year about what we can do to improve that participation rate.

We are delighted that the Trust's overall results for all NHS People Promise themes are higher than the average for our comparator group. That tells us there is much we are doing right.

After a really challenging year for the NHS, we saw increases in our scores for 'we are recognised and rewarded', 'we are always learning' and 'staff morale' since 2023.
There was also a positive improvement in the number of colleagues reporting that there is enough staff in the organisation to be able to do their job properly, and a reduction in reports of unrealistic time pressures, along with increased reporting of opportunities to improve knowledge and skills, and enthusiasm about work.

This year's results have also shown a reduction in the number of colleagues reporting discrimination related to their religion or a disability, and sexual orientation.

But there are some other areas where the results are not so good and where it is clear we need to be taking action.

For example, reports of discrimination on grounds of ethnic background and gender both worsened – albeit only slightly.

There was an increased number of colleagues report feeling unwell through work related stress.

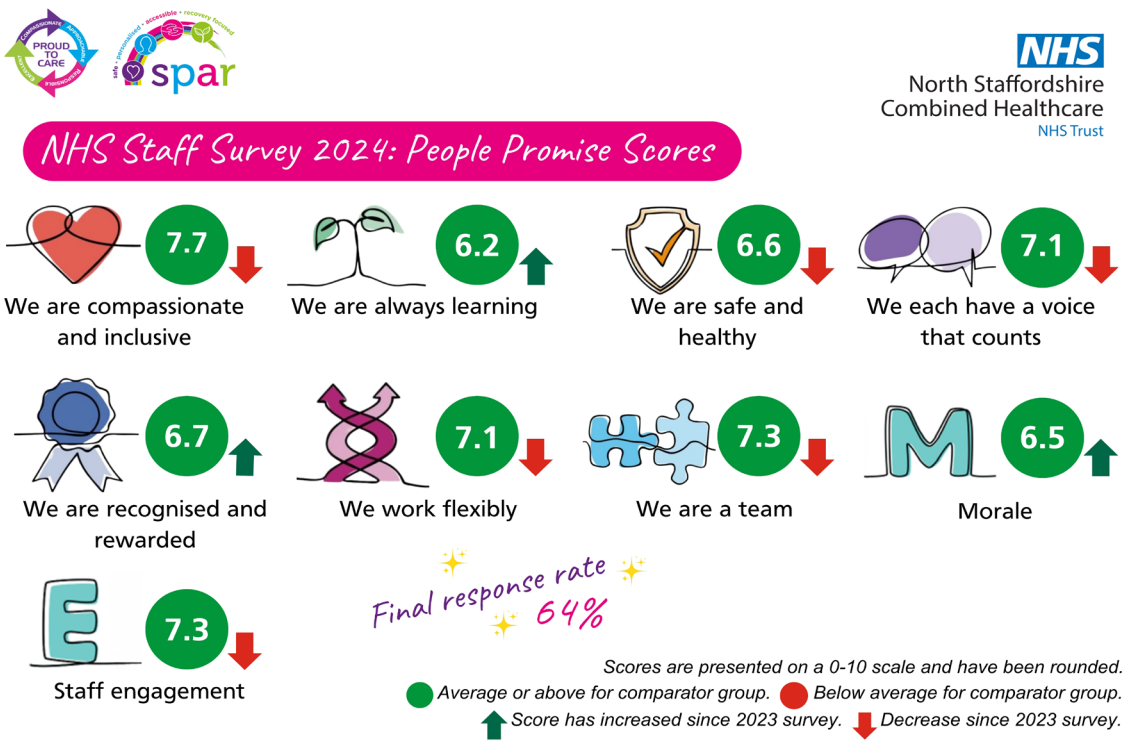
The survey also highlighted a reduction in team working towards achieving objectives, and increased reports of experience of physical violence from service users, families or members of the public.

We have heard this feedback loud and strong and are actively working to address these concerns.
As initial steps:

- we are working to strengthen our anti-discrimination activities and efforts
- we will launch a civility and respect campaign and toolkit
- we will be reviewing leadership, organisational development and career development offerings within the Trust.

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 2nd year of our 5-year programme to develop Civility and Respect embedding a Just Restorative Learning Culture and Civility building on Combined's already strong foundations of equity, equality and fairness. Combined's Civility and Respect Toolkit and been developed and launched in March 2025 at the Civility and Respect Culture Carriers development day.



Learning and Development

Our Learning Management System (LMS), launched in 2017, and following an upgrade is now integrated with the national E-Learning for Health service, which gives us access to over 600 validated e-packages, allowing flexibility and adaptability to respond to learning needs as they arise.

The LMS delivers 12 Chapters: Admin and Clerical, Statutory and Mandatory, Quality Improvement, Medicines Management, Coaching Culture, Digital and Clinical Systems, Health & Wellbeing, Organisational and Personal Development, Physical Health Training, Staff Support and Counselling Training, Talent and Leadership, Information & Bitesize Workshops holding a prospectus of over 300 courses.

2024/25 has seen an increase in accessibility for personal and career development training. We deliver education through face-to-face sessions, e Learning packages and virtual delivery through MS Teams. This has enabled people to join interactive sessions delivered both internally and externally.

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 providing continued 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.

Widening Participation

Apprenticeships and New Roles

In 2024/25 we continued to recruit to new apprentice positions and expand the range of apprenticeships on offer to existing staff, enabling them to progress within their careers.

We are proud that we have over had over 100 apprentices complete their training with Combined. We continue to maximise our levy spend and utilise the Apprenticeship Transfer monies to support new apprentices.

We currently have 68 active apprenticeships covering: Social Work, Nurse Associates, Occupational Therapy, Physician Associate, Nursing, Business Administration, Customer Services, Clinical Associate in Psychology, Systems Engineering, Management and Leadership.

Staff across the Trust continue to undertake apprenticeships at all levels from Level 2 to Level 7 (which is equivalent to a Masters Degree). We have expanded our range of training providers, developing new partnerships, to ensure that new apprenticeship standards are offered to meet the specialist needs of our people.

Virtual Work Experience and Career into Schools

Face to face work experience and requests for placements have continued to increase and the Trust has adopted a hybrid approach to the placements allowing access to placements for young people age 15 plus who cannot access the clinical areas with more planned. "Virtual Work Experience" continues with 24 hours 7 day a week on demand access to the online platform hosting webinars, online audio and video content about roles across our local authority and NHS providers which supports the hybrid approach to work experience and increases accessibility.

Leadership Development

Leadership Academy: Our bi-monthly Exec-hosted virtual Leadership Academy continues also with in-person events and external speakers to enhance the perspective and learning for attendees. The Leadership Academy provides our Senior Leaders with the opportunity to connect, learn, discuss, 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 alongside 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.

T Levels

Combined has commenced T Levels with 10 placements covering Corporate Services and the Specialist Directorate: enhancing the understanding of the roles for Learning Disability Nursing and Allied Health Professionals.

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.

Inclusive Talent Management

During 2024 our Inclusive Talent Management approach continued to deliver key work streams around:

- Career Progression & Development – We continue to offer career development support through bitesize learning workshops on getting the most from the annual appraisal & development conversation for appraisers and appraisees, a career development workshop and succession planning. We also continue to offer 1:1 career development conversation and have launched a career development page on the Trust CAT Intranet signposting to additional NHS resources and our Career Development Guide.
- We develop leaders through the use of strengths-based approaches to support their own and team development with an enhanced offer of personality profiling tools such as Strengths Deployment Inventory, MBTI, Hogan or 360-degree feedback to support ongoing personal and professional leadership development.
- Leadership Development – In addition to the offers outlined above, signposting to other quality assured leadership development offers.

Reported Trade Union Facility Time (1 April 2024 to 31 March 2025)

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	1,850 hours
Total amount of time representatives spent on paid union activities	127 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 2024/25

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)	£103,256,000

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	£44,214
Total cost of trade union duties	£41,475
Total cost of trade union activities	£2,739
Percentage of the total pay bill spent on facility time	0.0004%
Percentage of total paid facility time spent on trade union duties	6%
Percentage of total paid facility time spent on trade union activities	94%

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.

From 1 April 2024, the MIAA LCFS has:

- Responded to 20 reactive fraud referrals since April 2024, 16 of which were closed and 4 referrals turned into investigations.
- Conducted 6 investigations, 4 of which have been closed and 2 remain open.
- Recorded 4 local proactive reviews (LPE) in respect of the proactive work conducted around the fraud risks of working whilst off sick, certificates of sponsorship, procurement and bank mandate fraud.
- Delivered 4 fraud awareness presentations to the Finance Team, People Team, Estates Team and Leadership Band 7's.
- Issued Fraud Information Alerts (5), Recent Cases Articles (2), Newsletters (2), Spotlights (1), Newsflashes (6), and other Comms and Fraud alerts (7).
- Issued 28 MIAA Fraud Prevention Checks, 4 NHS Counter Fraud Authority and(NHSCFA) Fraud Prevention Notices.
- Completed National Fraud Initiative (NFI) matches and liaised with the Trust in respect of any outstanding NFI queries.
- Issued two learning reports developed by the NHS Counter Fraud Authority in respect of Working Whilst Sick and Private Healthcare Providers.
- Following on from the learning reports, the AFS issued two fraud information alerts issued to all staff, a manager's checklist and a fraud spotlight article.
- 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.
- Issued a fraud awareness video in respect of 'conflicts of interest.'

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
- 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.

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. 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. 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.

Combined Charity

An exciting development in 2024/25 has been the rebrand and relaunch of our dedicated Trust charity 'Combined Charity.' Combined Charity provides a range of opportunities to work differently through our partnerships, including as a member of NHS Charities Together. A range of exciting activities are planned for 2025/26 to raise awareness and funds that will support us to continue to deliver outstanding care to our service users and communities across North Staffordshire and Stoke-on-Trent.

Voluntary, Community and Social Enterprise Sector

We have a wide range of community partnerships and have continued to support the development of Community Hubs with Port Vale F.C. and Stoke City F.C. New partnership approaches have also been established such as the innovative Keep Warm, Keep Well scheme delivered by Moorcroft Medical Centre in partnership with Beat the Cold. This has explored new and innovative approaches to addressing and preventing the health challenges created by fuel poverty.

Aligned to the transformation of adult and older adult community mental health services, the Trust has renewed its commissioning arrangements across VCSE contracts, completing a procurement exercise in early 2025. Impact will continue to be monitored via contract performance processes and social value activity is also collated demonstrating the positive and far- reaching impacts of these contracts. The Trust also launched a procurement exercise for a new Safe Haven community crisis alternative which will conclude and mobilise early in 2025/26.

The Trust has delivered Round 4 of the Community Grants programme with a focus on improving awareness and addressing the barriers experienced by those who care for someone with a severe mental illness. The impact of these grants will be monitored across 2025/26 with further grant rounds planned.

Combined Healthcare has delivered a range of events across 2024/25 to celebrate and strengthen our partnerships to the benefit of our service users, staff and wider communities. This included the Suicide Prevention Conference, our second annual Engagement@Combined event and important targeted events that seek to address health inequalities such as the Equity and Equality in Physical Health Psychology held in February 2025

Combined Charity

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 Winter 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:

- Harplands Hospital – Hazlehurst Unit front entrance refurbishment
- Assessment & Treatment – Replacement boiler
- Telford Unit – Replacement boiler
- Bennett Centre – LED lighting upgrade
- Ashcombe Centre – LED lighting upgrade
- Darwin Centre – Replacement floor coverings and internal decoration
- Broom Street – Window replacements
- Sutherland Centre – Replacement fire doors, floor coverings and internal decoration. Replacement entrance doors
- Lymebrook – Creation of a clinic room, replacement entrance doors, replacement fire doors, LED lighting upgrade
- Roundwell Place – LED lighting upgrade
- Lawton House – LED lighting upgrade
- Ashtenne Units – LED lighting upgrade
- Dragon Square – LED lighting upgrade, replacement fire doors
- Greenfields – Replacement kitchen, replacement soffit, fascias and rainwater goods.

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 Trust's 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 2024 (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 representatives. This year we were fortunate to have 2 former patient assessors who engaged and completed PLACE assessments in all our premises. Many favourable comments were received on how we had maintained/improved our standards and taken on board previous recommendations to overall enhance our environment and our service users experienceThe management representation included Facilities and Estates.

Trust's overall score for 2024

- Cleanliness - 99.52%
- Food and Hydration – 97.92%
- Organisation Food - 92.01%
- Ward Food - 99.10%
- Privacy, Dignity and Well-Being - 97.88%
- Condition, Appearance and Maintenance – 95.72%
- Dementia - 98.87%
- Disability – 96.68%

PLACE 2024	Cleanliness	Food and Hydration			Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
	%	Food %	Organisation Food %	Ward Food %	%	%	%	%
	2024	2024	2024	2024	2024	2024	2024	2024
Harplands Hospital	99.35	96.76	92.36	98.96	98.54	94.51	98.87	97.88
Dragon Square	100	N/A	N/A	N/A	100	100	N/A	100
A & T Unit	100	94.51	90.43	100	95.12	97.62	N/A	90.74
Darwin Centre	100	94.54	89.54	100	97.44	100	N/A	92.31
Hilda Johnson House	100	N/A	N/A	N/A	94.59	98.75	N/A	92.31
Summers View	100	N/A	N/A	N/A	94.87	97.50	N/A	92.31
NSCHT Organisation score 2023	99.52	96.46	92.01	99.10	97.88	95.72	98.87	96.68
National Mental Health and LD average scores	98.07	92.09	89.52	94.33	95.67	95.91	91.93	90.39
National (mean) average score - all site types 2023	98.31	91.32	92.17	91.38	88.22	96.36	83.66	85.20

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, this concerted and coordinated programme of activity to work towards the net zero target has continued during 2024/25. The programme is based around nine Areas of Focus, aligning with national and local System priorities, to ensure that activity is embedded across all areas and Sustainability becomes business as usual.

Notable successes have continued to be made during 2024/25. There are now over 80 sustainability champions across the Trust who, as a network, share knowledge, ideas and implement activity. A number of initiatives and workstreams have taken place over the past 12 months in raising awareness of our green plan across the organisation, including:

- The launch of our 'Proud to be Green' communication and engagement campaign, which supports our work towards net zero for 2024/25
- The delivery of presentations on our Sustainability programme to a variety of audiences internally and externally, as well as hosting exhibition stands at various events
- Our Sustainability programme became underpinned by a Trust carbon footprint tool. This provides a tracking function and clearly identifies those sources most responsible for carbon emissions, to inform areas for action.
- The Sustainability Impact Assessment (SIA) tool was launched, for completion of all new business cases
- 17 teams from across the Trust participated in the Sustainability team reward and recognition scheme, which spanned participation of over 350 staff
- Funding to replace existing inefficient lighting with LED equivalents across some sites was agreed
- Sustainability was added as an agenda item at Quality Assurance Group
- A comprehensive Care Quality Commission (CQC) mapping exercise was completed, aligned to the updated assessment framework, which now includes explicit standards for environmental sustainability under the Well-led domain
- Switch made to recycled paper for all office-based functions completed on 1st October 2024.

The Sustainability Programme will continue at pace in 2025/26, of which one priority will be the refresh of our current Green Plan, to align with updated statutory guidance. The refreshed Green Plan will take us to 2028.

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 2024-245. 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.

Governance

The sustainability programme at North Staffordshire Combined Healthcare is led by our 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. Highlight reports from area of focus leads are provided bi-monthly, charting progress against targets. The targets set in our Green Plan are based upon NHS Net Zero targets, local and regional 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 Greener Working Group reports to the Sustainability Steering Group who meet on a quarterly basis. Steering group membership includes senior leaders from across Estates, Operations, Finance, People, Nursing, Medicines, Strategy and the TMO. Sustainability assurance is then reported 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.

Risk Management

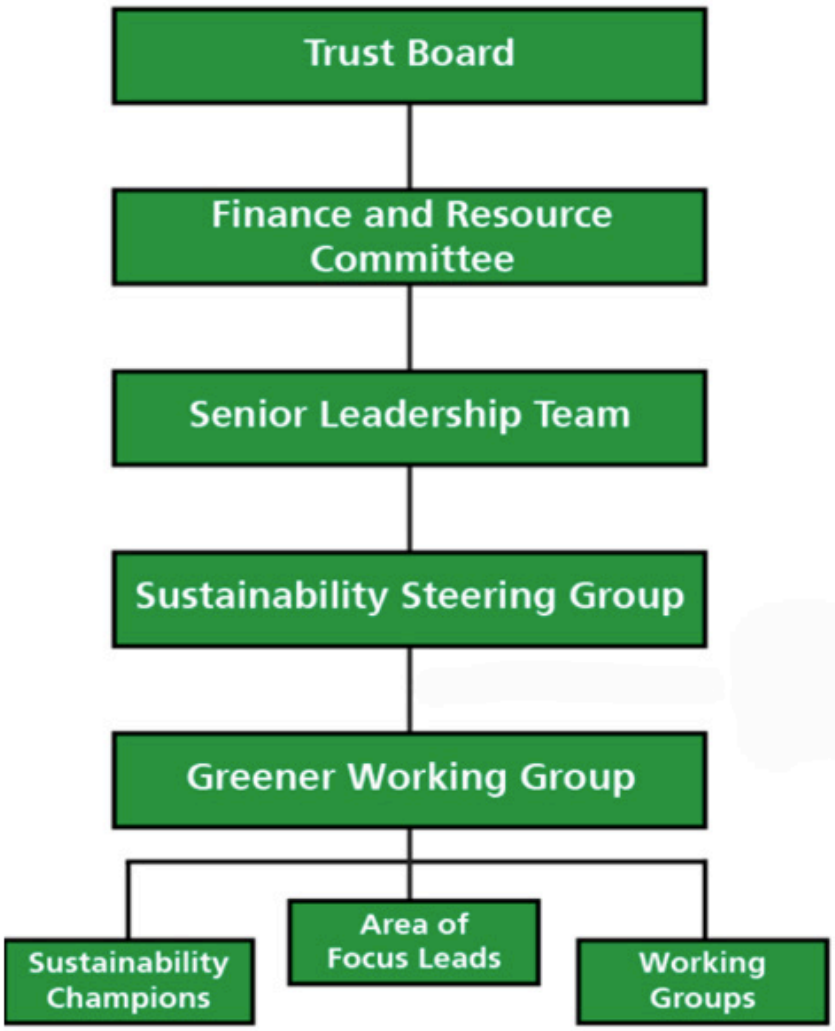
Management of sustainability / climate related risks sit within the Trust's risk management framework, an overview of which is provided in the Governance Statement of the report. Within this, the Board Assurance Framework (BAF) captures the Trust's high-level strategic risks and identifies the procedures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

Metrics and Targets

NHS England acknowledge that in the short term, it is difficult to use emissions alone as an indicator of progress towards the NHS's long-term net zero targets, due to lags in data availability, limitations of spend-based calculations and factors over which the NHS has no control. (NHSE, 2025)

Progress within each area of focus is reported against identified metrics on the NHS England Greener NHS Dashboard and the Estates Return Information Collection. Colleagues from across our TMO, Estates, Finance and Procurement teams are responsible for ensuring compliancy with reporting requirements.

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



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 2024/25 progress has been made across the nine Areas of Focus within the Trust's Green Plan, as highlighted through our Proud to be Green initiative which has included a spotlight on different areas of focus through each quarter. A key development in 2024/25 was the creation of a new Carbon Footprint tool which enables us to capture and report more accurately on emissions. This will support resource and activity to be appropriately targeted as part of the Trust's Green Plan refresh in early 2025/26.

Our digital strategy - digital by choice

Strategic

The Trust's vision is: "To be Outstanding – in all we do and how we do it." From a digital perspective, this vision is underpinned by our ongoing ambition: "To develop a national reputation as a leader in the use of digital technology, enabling the delivery of excellent care services and supporting service users and carers in their recovery and overall wellbeing."

During 2024/25, the Trust has continued its strategic journey towards becoming a national leader in leveraging digital technology to transform care and drive continuous improvement across the organisation.

A critical factor in our future success will be our ability to embrace the challenges and opportunities presented by digital innovation. While significant progress has been made in recent years, there remains considerable scope for further advancement in our technological capabilities.

In line with this commitment, the Trusts three-year Digital Plan, titled "Our Digital Future." sets out the digital objectives for North Staffordshire Combined Healthcare Trust. It is closely aligned with the Trust's broader strategy and operational plans, as well as with national digital transformation priorities, ensuring a cohesive and integrated approach to achieving our overarching goals.

As a key organisational plan, "Our Digital Future" outlines the priorities and methodology that will guide our continued efforts to enhance service delivery. Through this plan, we remain committed to leveraging digital technology to provide high-quality, responsive services that effectively meet the evolving needs of our local population.

Digital Tools

To achieve our digital objectives, collaboration remains essential in closing digital gaps within our care pathways. By ensuring seamless system integration, we can establish a comprehensive and connected view of our population's health. Over the past year, we have continued to work in partnership with key stakeholders, leveraging expertise and aligning efforts to drive forward our digital ambitions across the health and care system.

We have made significant progress in the development and implementation of digital solutions, including our Wellbeing Portal and PatientAide application. These innovations enhance service accessibility, enabling individuals to engage with our services effectively to support their recovery and overall wellbeing. Furthermore, we continue to foster collaboration between our staff and partners by harnessing innovation and interoperability to strengthen the delivery of outstanding care services.

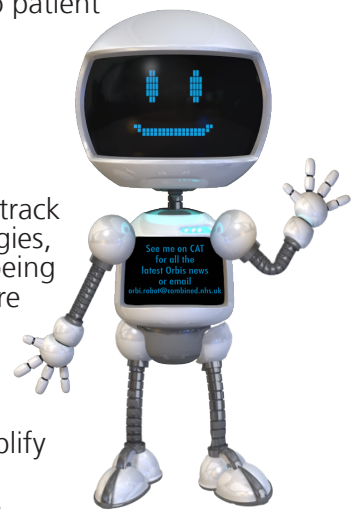
Patient Aide

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.

Orbis

The Trust is undertaking a comprehensive programme to enhance its Electronic Patient Record (EPR) system, ensuring that clinical systems are robust, reliable, and effectively meet the needs of both staff and service users. This initiative aligns with NHS EPR requirements, with a focus on improving patient safety, enhancing system interoperability, strengthening data security, and ensuring compliance with NHS digital standards. By modernising the EPR system, the Trust aims to enable seamless access to patient records, support informed clinical decision-making, optimise operational workflows, and drive greater efficiency across healthcare services.



We are adopting a leading solution, building on and learning from what we know already works at Combined. The Trust has always been proud of its track record of harnessing leading-edge digital technologies, solutions and platforms to underpin our vision of being outstanding in all we do and how we do it. We are delighted to continue this journey regarding how we manage our patient records and support our staff to be the best they can possibly be.

For patients, the implementation of ORBIS will simplify and streamline their experience, bringing together services, processes, and data. For clinicians, nurses and other healthcare professionals, the fully integrated modules in ORBIS covering all core clinical processes, will support and streamline the way they work across clinical pathways. The roll-out of ORBIS has been co-designed and considered with staff and service users in mind.

Utilising Effective Technology

Over the past year, we have strengthened our partnerships, leveraging expertise across the health and care system to align and deliver our shared digital objectives. This collaborative approach underpins our commitment to innovation and transformation, ensuring that digital solutions are effectively embedded to enhance patient care and operational efficiency.

We continue to drive forward the development and implementation of digital technologies, including our Wellbeing Portal and patient and clinical applications. These advancements empower individuals to access and engage with our services, supporting their recovery and wellbeing. At the same time, they enable staff and partners to work more effectively, leveraging innovation and interoperability to enhance the delivery of high-quality, patient-centred care.

Looking ahead, we remain committed to leading the way in digital transformation, harnessing technology to develop innovative service delivery models. Our digital future will support dynamic care planning, enhance communication, reduce duplication, and improve the overall patient experience.

Beyond these ambitions, we aspire to establish a national reputation as a leader in digital healthcare innovation. To achieve this, we are committed to ensuring that our technology is both fit for purpose today and future-proofed for tomorrow. This means delivering value through the effective use of resources while also embedding sustainability principles to maximise both environmental and social impact.

Our communications and engagement

During 2024/25, the Trust agreed a new Communications Delivery Plan 2024/27 This sets an aim for the team 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." During the first year, all components were delivered to plan.

The annual staff satisfaction survey of communications at Combined showed

- 25% of respondents were very satisfied
- 61% were satisfied.
- 14% were neither satisfied nor dissatisfied
- 0% were dissatisfied or very dissatisfied.

Investment and Innovation

Over the past year, the Trust has continued to demonstrate its commitment to innovation, deploying in-house highly specialist skills to introduce a slew of improvements and new 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
- Fourth 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 programme
- Launch of The Quality Show - a new a platform for our frontline clinicians and staff to showcase their ideas and quality improvement via CTV.

Supporting Strategic Transformation

We have continued to provide support and advice in a number of important strategic projects and programmes across the Trust, including:

- Quality Assurance Group
- Roll out of Orbis - the new electronic patient record
- Project Chrysalis
- NHS Staff Survey
- 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. During the year we held a second hugely successful engagement@combined event, bringing together over 70 stakeholders, service users and organisations. We also organised and delivered visits to the Trust by our local MPs and Chairs from other local system partners, plus the first ever visit to Combined by a serving Government Minister - Baroness Merron.

Combinations' Podcast

Our Podcast 'Combinations' - accessible for free at https://soundcloud.com/nhscombinations , iTunes and Spotify contined to grow strongly, passing 18,800 listens. Episodes over the year include:

- An introduction to Culture of Care
- Being Digitally Sustainable
- QI approach to supporting carers
- Cycle to Work Day
- A visit from Texas Students.

Staff, Service User and Carer Stories

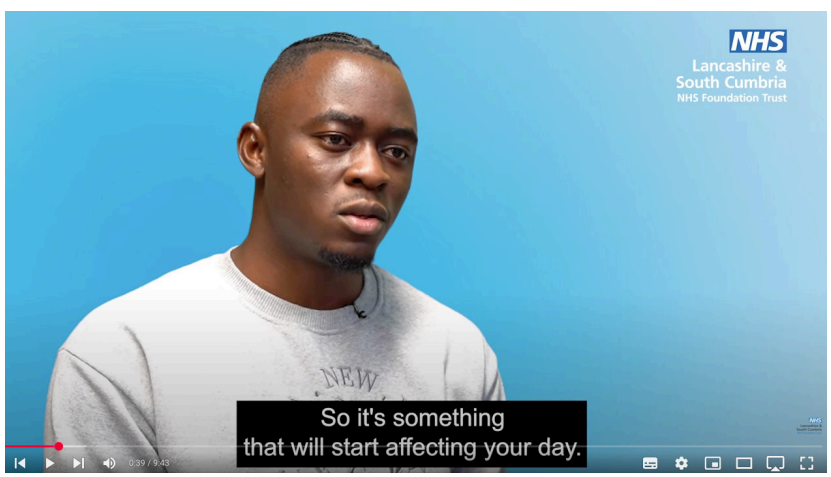
We continued to develop the quality and visibility of staff, service user and carer stories at Trust Board and at Quality Committee. These are produced as video stories, shown initially at the Board and/or Committee and then publicised and disseminated via a dedicated section on our public website and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

- Ruth's Story - psychology services and CBT
- Paul's Story - Peer Support Worker and service user at Harplands, Lymebrook and Step On
- An introduction to Elevate Youth Council and
- James' story - Bennett Centre and the Greenfields Centre.

"I want you to know" - partnership with Lancashire and South Cumbrian NHS Foundation Trust (LSCNHSFT)

As part of the Trust's growth ambitions, the Comms Team are looking to develop a capacity to deliver projects and content for other NHS organisations. During 2024/25, we delivered the first of these - "I want you to know" - a powerful set of video testimonies from frontline global majority staff at LSCNHSFT, detailing examples of micro aggression and low level racism they have encountered.

You can watch the "I want you to know" film at this link



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. The 2024 REACH Awards took place on 20 November at the DoubleTree by Hilton, Stoke-on-Trent.

For 2024, we were delighted to be presenting REACH in partnership with our main event sponsor, Interclass, and proud and grateful for award sponsorship from an unprecedented number of organisations:

- Dedalus
- Port Vale FC
- RL Datix
- Rowtype Printers
- SERCO
- Stoke City FC
- Town Hospitals Ltd
- Unison.

We were proud and delighted to have as our Special Guest, Olympic Silver Medallist, Adam Burgess.

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.

Lived Experience Shining Star Award - this award recognises an individual who has lived experience of mental distress or who has accessed mental health services and champions recovery values, inspiring hope and supporting others to be the best version of themselves.

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.

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.

Details of the winners of each Award can be found on our Trust website at https://www.combined.nhs.uk/about/staff-reach-awards/staff-reach-awards-2024/

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 research studies and determining whether they were suitable and appropriate for the Trust The team also set up studies ensured that any necessary changes were made as advised by the organisation sponsoring the research During 2024/25, the Trust hosted 22 studies, 15 of which were high quality studies included on the National Institute of Health Research (NIHR) portfolio.

There has been an increase in the number of Principal Investigators (PIs) leading research projects at the Trust over the past year. We are also pleased to report that an additional 14 staff have completed Good Clinical Practice training, which is the agreed international standard for undertaking clinical research. This brings the total number of staff with in-date GCP to 47 at year end.

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).

Strategic Evaluation and Evidencing Practice

R&D has continued to lead on and support strategically focused evaluation activity, while service evaluations form part of the Clinical Audit and Evaluation programme.

Our Clinical Academics continue to strengthen and develop our research portfolio – collaborating with universities, publishing their work, and developing future proposals for research and evaluation.

Research Partnerships

The R&D team continued to provide extensive support and guidance to Trust staff conducting research, providing valuable support and guidance throughout the research lifecycle to assist local Universities (Staffordshire and Keele) in their research sponsorship roles. The Trust are partners of Staffordshire and Stoke- on-Trent, Shropshire, Telford, and Wrekin Research Partnership (SSHERPa), collaborating, supporting, and leading on various workstreams.

The Trust was a key regional partner in the successful bid led by the Black Country Provider Collaborative and Birmingham Health Partners, supported by SSHERPA, to establish one of the UK's new National Institute for Health and Care Research (NIHR) Commercial Research Delivery Centres (CRDCs).

Research Sponsorship

A key objective for 2024/25 was the development and rollout of research sponsorship at the Trust. The research sponsor is the organisation or partnership that takes on overall responsibility for proportionate, effective arrangements being in place to set up, run and report a research project. Following engagement with internal and external stakeholders, as well as liaison with key regional partners, a robust process supported by necessary Standard Operating Procedures has been developed. In its initial phase, this is focused on small-scale, low-risk, single site, studies and does not include clinical trials

Innovation

Innovation at Combined is orientated around innovative approaches and forms one of the three key building blocks to making an organisation Outstanding. During 2024/25, we coordinated key events and initiatives which focused on supporting, developing, and showcasing innovation, including:

Motivating Combined 2024

The Research, Quality Improvement, and Clinical Audit teams came together to host a joint event aimed at motivating staff to take innovations and improvements forward and make change happen. Speakers and breakout room leaders provided useful tools and techniques for staff to use to motivate themselves and those around them. We also invited teams to share what motivates them to innovate and improve in a panel-style hosted discussion

Dragons' Den 2024

Dragons' Den saw applicants pitch to our fantastic panel. Pitches included exploring how we support accessibility in our Trust gym, developing solutions to support our peer recovery workers in their role, and enabling family carers to safely and proactively support those who show behaviours of concern at home. A range of support was extended to applicants, with some receiving full funding, assistance to progress their projects, or to collaborate with the R&D team for further idea development.

Ideas Café 2024

Ideas Café is a support platform for all staff to start thinking about, sharing, or gaining support for ideas and innovations. During 2024/25 we hosted several Ideas Cafés and for 2025/26 we are considering how best to take Ideas Café forward in a format which supports the varying needs of different professional groups.

Looking Forward to 2025/26

2024/25 was an exciting year for research, evidence, and innovation. In 2025/26, we look forward to reviewing and reinforcing our research and innovation roadmap, considering the potential to recruit additional clinical academics, and developing our research and evaluation portfolio further. In particular, we anticipate taking projects through the newly developed sponsorship process, enabling us to expand and improve upon the research activity of Trust staff.

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 issues are escalated).

Data Quality Maturity Index (DQMI)

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. NHS Providers, and any third sector organisations providing secondary Mental Health services are measured against key national datasets to create a composite indicator of data quality at a provider level.

The latest published DQMI score for the trust stands at 98.3% (January 2025). This places the trust as having the 4th highest DQMI score across all NHS trusts that submit the Mental Health Services Data Set. Planned workstreams are in place to seek continuous improvement of data quality through clinical engagement and focused reporting.

Data Quality Audit

In the Internal Data Quality Audit 2024/25, MIAA undertook a KPI Data Quality Review of the Risk Assessment and Care Plan metrics to provide assurance that systems and processes are in place to accurately report performance against the Trust's key performance indicators (KPI). They made an overall assessment opinion of substantial assurance with three medium and two low operative effectiveness improvement opportunities.

The report concluded that there is a good system of internal control designed to meet the system objectives, and that controls are being applied consistently.

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 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 Business Intelligence Strategy was refreshed in 2024/25, constructed to inform, enable and empower services, providing better and broader access to data through the building of self-serve reports. Relationships with services will be strengthened through engagement sessions, and advanced Trust modelling will be explored using the clinical pathways project as a base.

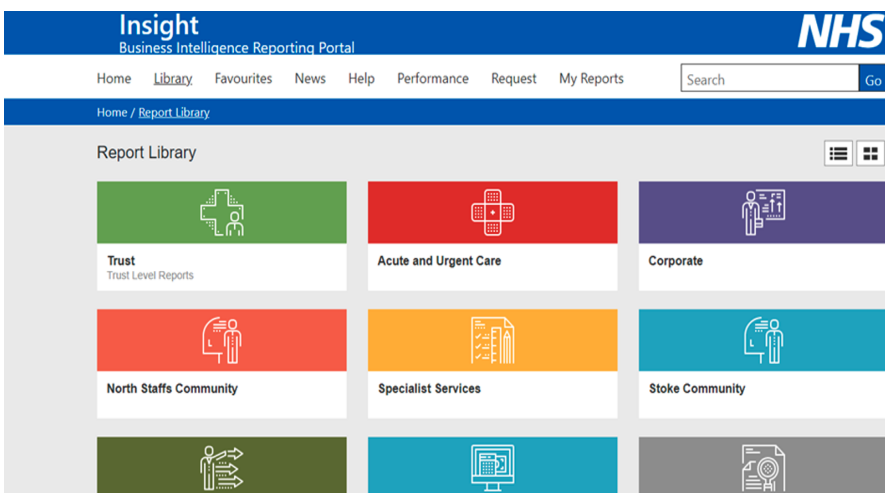
It will:

- Improve accuracy, availability and accessibility of organisational reporting
- Improve the democratisation of data and decision making
- Increase data literacy through engagement sessions and developing service level power users
- 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
- 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
- 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 13th 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, and PHM and health equity related data will be included in all appropriate reports. 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. Additional tools and support will be available through Optum, who have partnered with SSOT ICS, with the PHM Pathfinder tool being rolled out in Q4 of 2024/25.

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 2025/26

- Implementation of new Waiting Time standards
- Performance monitoring of NHS Mental Health Operational Planning Priorities, including demonstrating and improving productivity in our services
- Performance monitoring of NHS Mental Health National Metrics
- Improved Outcome Reporting.

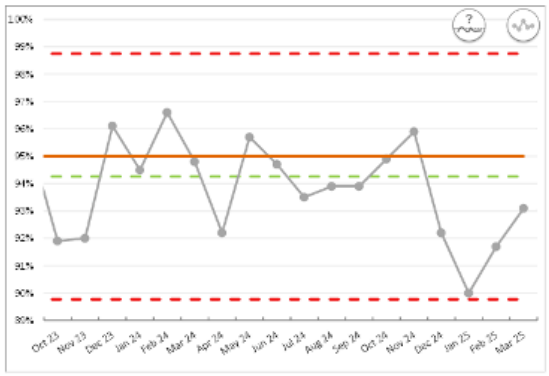
Performance analysis

Performance 2024/25 - Community

Referral to Assessment within 4 weeks

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) 93.5% **Target 95%**



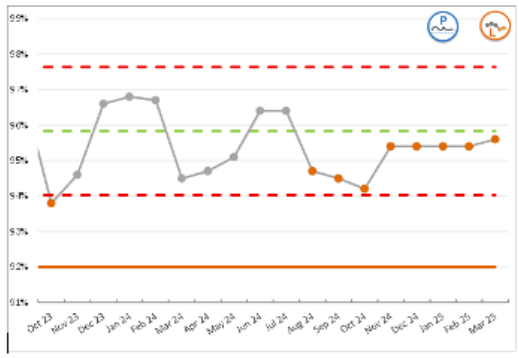
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
92.2%	95.7%	94.7%	93.5%	93.9%	93.9%	94.9%	95.9%	92.2%	90.0%	91.7%	93.1%

Referral to Treatment within 18 weeks

To ensure that service users referred receive timely treatment based on time between referral and 2nd successful contact for current service users with an incomplete pathway.

Actual (12 month average) 95.3% **Target 92%**



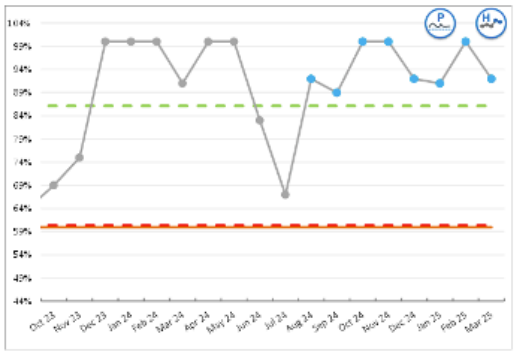
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
94.7%	95.1%	96.4%	96.4%	94.7%	94.5%	94.2%	95.4%	95.4%	95.4%	95.4%	95.6%

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

A maximum of 2 week waits 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) 92.2% **Target 60%**



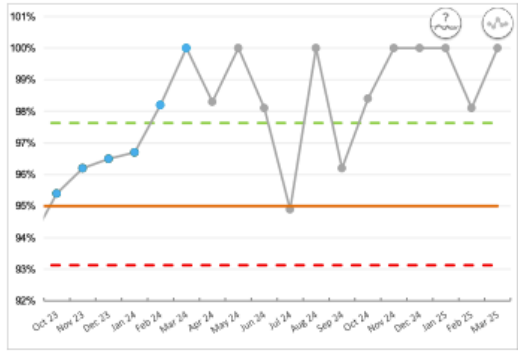
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
100.0%	100.0%	83.0%	67.0%	92.0%	89.0%	100.0%	100.0%	92.0%	91.0%	100.0%	92.0%

7 day follow up

The immediate period after discharge is a time of significant suicide and self-harm risk.

Actual (12 month average) 98.7% **Target 95%**



12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
98.3%	100.0%	98.1%	94.9%	100.0%	96.2%	98.4%	100.0%	100.0%	100.0%	98.1%	100.0%

Special cause (unexpected) variation - Improvement.

Special cause (unexpected) variation - Concern

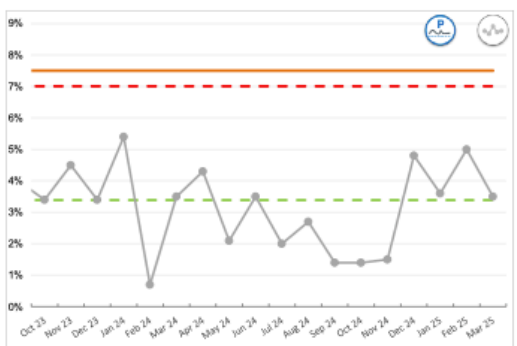
Common cause (expected) variation

Performance 2024/25- Inpatient

Emergency Readmissions rate (30 days)

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

Actual (12 month average) 3.0% **Target <7.5%**



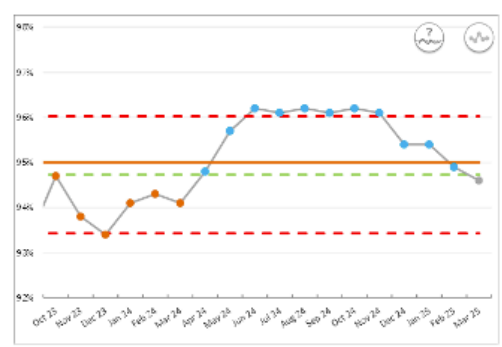
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.3%	2.1%	3.5%	2.0%	2.7%	1.4%	1.4%	1.5%	4.8%	3.6%	5.0%	3.5%

Care Plan Compliance

In line with the Trust's Care Management Policy, our care planning is focused on the service user. It means care and support is well-organised, meets identified needs and is up to date. The set of interventions and treatment is regularly evaluated to understand if it is still relevant to recovery, effective and safe.

Actual (12 month average) 95.6% **Target 95%**



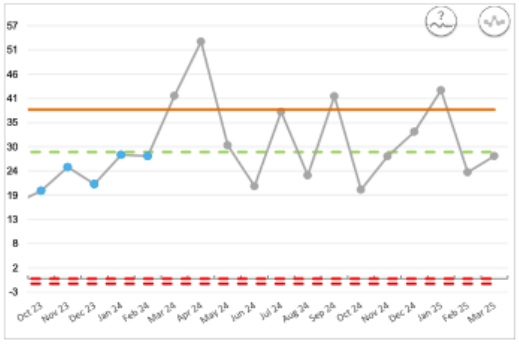
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
94.8%	95.7%	96.2%	96.1%	96.2%	96.1%	96.2%	96.1%	95.4%	95.4%	94.9%	94.6%

Average Length of Stay - Adult

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) 32 days **National average 41 days**



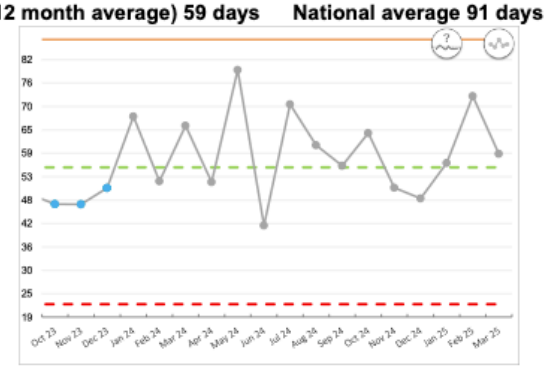
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
53	30	21	38	23	41	20	28	33	42	24	28

Average Length of Stay - Older Adult

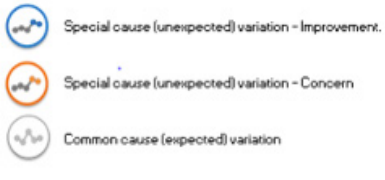
Reducing the length of stay aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay

Actual (12 month average) 59 days **National average 91 days**



12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
52	79	41	71	61	56	64	51	48	57	73	59



Financial overview

Financial Review

The Trust has reported a surplus of £3,521,000 against a plan of breakeven after technical adjustments. This was the 26th year the Trust has consecutively achieved a surplus position and exceeding the legal requirements to breakeven by delivering a surplus of 2%.

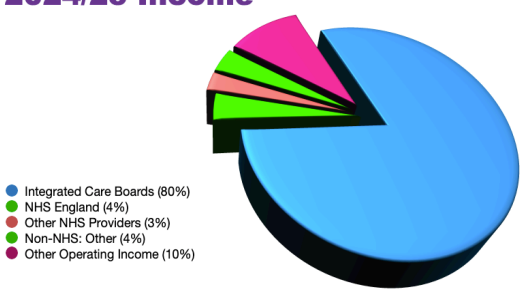
Good financial management is vital for the success of the Trust and to deliver high quality care for our patients and service users. Our directorates are held to account for the delivery of financial and other performance targets monitored through monthly Performance Review meetings with the Executive Directors. It is important to note that the 2024/25 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 which has an underlying deficit of £277m as it enters 2025/26, 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

	2024/25	2023/24
	£'000	£'000
Operating income from patient care activities	161,162	150,010
Other operating income	18,386	17,465
Operating expenses	(176,831)	(172,258)
Operating Surplus/(deficit) from continuing operations	**2,717**	**(4,783)**
Finance income	2,008	2,136
Finance expenses	(2,596)	(4,234)
Net finance costs	**(588)**	**(2,098)**
Other Gains/(Losses)	2	8
Surplus / (deficit) for the year from continuing operations	**2,131**	**(6,873)**
Adjusted Financial Performance		
Surplus / (deficit) for the year from continuing operations	2,131	(6.873)
Add back all I&E impairments/(reversals)	1,883	6,617
Adjust I&E impact of capital grants and donations	1	8
Remove impact of IFRS 16 on IFRIC 12 schemes	(505)	558
Remove net impact of consumables donated from other DHSC bodies	11	10
	3,521	**320**

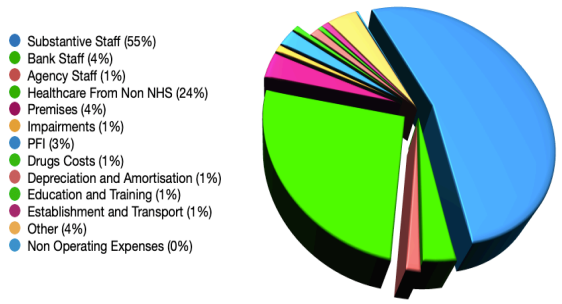
Income in 2024/25 was £179.5m. Most of the Trust's income £150.0m (84%) was delivered from Integrated Care Boards and NHS England in relation to healthcare services provided during the year. Other income relates to services provided to other NHS bodies, primary care, training and education and other miscellaneous income.

2024/25 Income



Expenditure in 2024/25 was £177.4m. Over half of the Trust's expenditure relates to staffing (60%). Healthcare from non-NHS (24%) relates in the main to patient placement costs. Non-operating expenses includes finance expenses.

2024/25 Expenditure



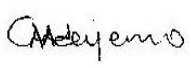
During 2024/25, The Trust has continued to invest in the Trust's estate and assets through our capital programme. This includes the continuation of a major capital investment in the main inpatient facility at Harplands for the eradication of dormitories, ICT hardware and new capital investment relating to the frontline digitalisation programme and entrance remodelling at the Crisis Care Centre at the Harplands Hospital. The Trust ended the year with a cash balance of £31.9m. This is an increase on the previous year and reflects the in-year surplus as well as good debtor control practices.

The Trust acknowledges that the 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.

We appointed Grant Thornton UK LLP through a competitive tendering process in October 2021 for the 2021/22 audit for a 4 year period. The Trust have direct awarded the external audit contract to Grant Thornton for 2025/26 audit for a 5 year period through the Crown Commercial Services Framework.

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



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Dr Buki Adeyemo
Chief Executive

Date 12th June 2025

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 Executive of the Trust. A Committee consisting of the Chair, Non-Executive Directors and the Chief Executive Officer is responsible for appointing the other Chief Officers. 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, as well as a lived experience representative. The Trust has met this standard in all of its recruitment to Board level posts during the year 2024-2025.

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 are 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, Chief Officers including the Chief Executive, and Non-Executive Directors. Janet Dawson is the Chair of the Trust. Video archives and papers for all of our public Trust Board meetings are available via our Trust website at Combined Healthcare Trust Board Meetings. 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/our-board/board-meetings/

Our Non-Executive Directors

Janet Dawson – Chair (Chair from 1 April 2024)

Janet was Vice Chair and a Non-Executive Director until 31st March 2024, before taking up the role of Chair from1st 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. 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 and 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.

Russell Andrews – Vice Chair and 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.

Prof. Pauline Walsh –Senior Independent Director and Non-Executive Director (tenure runs to March 2027)

Pauline is the Trust's Senior Independent Director as well as the Health and Wellbeing Guardian for Combined.

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 Gloucestershire School of Nursing for a year before going on to do her teaching qualification at Cardiff University. Following this she moved to 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. During this time, she developed further research interests in simulated learning and developing resilience in students.

In 2018 she took up post as Pro Vice Chancellor and Executive Dean for the Faculty of \Medicine and Health Sciences becoming a member of the university executive team. During this time she led the development of a number of new programmes across the faculty resulting in significant growth in student numbers. Professor Walsh has a strong commitment to excellence and quality which has been integral to the faculty's success.

In 2020 she became an associate NED with the Trust to provide academic support and enhance the links with Keele. In December 2023 Professor Walsh retired from her substantive role at Keele and is now an emeritus professor thus giving her more time to undertake her new role as a NED.

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

Jennie 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.

Martin Evans – Non-Executive Director (tenure runs to August 2027)

Martin has been appointed as a Non-Executive Director for the Trust Board, Chair of the People, Culture and Development Committee and Freedom to Speak up Non-Executive Lead as of August 2024. Martin has worked within the public sector for over 30 years, predominantly within the police service where he served most of his career within Staffordshire. More recently he was an Assistant Chief Constable with West Mercia police and National Police Lead, overseeing fatal and serious collisions. Martin has many years of experience working at an operational and strategic level with other agencies. Since retiring from the force, he has been working as a non-executive director in two NHS Trusts as well as supporting the Home Office and Department for Transport in seeking new ways of making our roads safer.

Prem Gabbi – Non-Executive Director (tenure runs to February 2028)

Prem Gabbi was appointed as a Non-Executive Director in March 2025 and is Chair for the Audit Committee and Vice Chair of the Charitable Funds Committee. Prem is also a member of the Quality Committee. Prem is an experienced board member with expertise in governance, strategy and financial oversight across various sectors, particularly in the energy and property industries. Prem has held several board positions including Board Director at National Grid Property, Board Director and Chair of Audit Committee at Victoria Academies Trust, and Trustee at National Grid Sports and Social Club. He is a member of the Institute of Chartered Accountants in England and Wales and holds a B.A. (Hons) in Accounting and Finance.

Our Executive Directors

Dr Buki Adeyemo – Chief Executive

Dr Buki Adeyemo was announced as North Staffordshire Combined Healthcare NHS Trust's Chief Executive on 14 December 2023, having previously served as the Trust's interim Chief Executive from December 2021, and 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 Psychiatrist in both older age and working age adults and became a Consultant in old age psychiatry in 2007 at Combined Healthcare. During her career, Dr Adeyemo has specialised in medical education and psychological therapies.

Dr Dennis Okolo – Chief Medical Officer

Dennis was appointed as the substantive Chief Medical Officer in March 2024 having been the Interim Chief Medical Officer from December 2021. 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 two 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 Masters thesis in Attention Deficit Hyperactivity Disorder.

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.

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 tstatus that can be achieved in the management and leadership profession and is a qualified Executive Coach and Mentor. The senior operational team at Combined featured as a case study for the Chartered Management Institute as recognition of the professionalism of its managers. Ben is currently undertaking a Professional Doctorate in Health and Social Care with The Open University researching the impact of staff redeployment on both staff, teams and wider service delivery, aiming to improve how services respond both effectively and with compassion in the future.

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.

Liz Mellor – Chief Strategy Officer

Liz is Chief Strategy Officer at the Trust. Her role 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

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 has been the Chief People Officer since January 2024. 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.

Additional non-voting members of the Board

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

Dr Keith Tattum – Associate Non-Executive Director (tenure ran to Dec 2024)

Roger Banks - Associate Non-Executie Director (Tenure currently runs to August 2025).

Dr Roger Banks was appointed as an Associate Non-Executive Director and Hospital Managers Guardian at Combined Healthcare in August 2024. At Combined Healthcare, Roger attends both Quality Committee and People, Culture and Development Committee as an Associate Non-Executive Director and a member of the Trust Board. Roger is a psychiatrist with 35 years of experience working with people with intellectual disabilities, autistic people and their families. From 2020 to 2023 he was National Clinical Director for Learning Disability and Autism in NHS England. He is a previous Vice-President of the Royal College of Psychiatrists, an Honorary Fellow of the Royal College of General Practitioners and Fellow of the Institute of Psychotherapy and Disability. He was also a President of the European Association for Mental Health in Intellectual Disability and is Vice President of ARFIE (Association for Research and Training on Integration in Europe). Roger works as a consultant to WHO (World Health Organisation) Europe's Quality Rights programme. Additionally, Roger is part of a small team providing training and support in reducing restrictive practices in institutional settings in Slovakia, Bulgaria and other European states, and is a Trustee and director of the Association for Psychodynamic Practice and Counselling in Organisational Settings.

Katie Laverty – Associate Non-Executive Director (tenure runs to January 2026)

Katie has worked in Higher Education for over 20 years, beginning her career at Liverpool John Moores University and going on to work at The University of Manchester, The University of Nottingham, Nottingham Trent University and Keele University, where Katie is currently the Director of Student Services and Success. This role requires her to lead on a range of professional student support services at Keele, including counselling and mental health, residence life, disability support and inclusion, chaplaincy and faith, student experience and support, student discipline, accommodation and customer service delivery, student futures, financial support, sexual violence and domestic abuse support, and safeguarding. Katie has been a member of the Executive Committee at Keele University since 2021 and has worked in a range of roles within both academic schools and professional services across her career, but always with a student experience focus. Katie also completed a master's in International Higher Education while working at the University of Nottingham.

Sherrine Khan – Peer Recovery Worker

Jenny Harvey – Chair of Staff Side

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 January 2025)

We maintain a register of directors' declared private interests, which is available on our website - https://www.combined.nhs.uk/wp-content/uploads/2025/03/Register-of-Board-Members-Interests-March-2025.pdf'

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 2025.

Trust Board 2024/25 Attendance

	11th Apr 24 Public	9th May 24 Public / Private	13th June 24 Public	11th July 24 Public / Private	Aug no meeting	12th Sept 24 Public / Private	10th Oct 24 Public	14th Nov 24 Public / Private	Dec no meeting	9th Jan 25 Public / Private	13th Feb 25 Public	13th Mar 25 Public / Private
Non-Executives												
Janet Dawson, Chair	√	√	√	√		√	√	√		√	√	X
Russell Andrews, Non-Executive / Vice Chair	√	√	√	√		√	√	√		√	√	√
Pauline Walsh, Non-Executive / Senior Independent Director	√	√	√	√		√	X	√		√	√	X
Martin Evans, Non-Executive						√	√	√		√	√	√
Prem Gabbi, Non-Executive Director											√	√
Jennie Koo, Non-Executive Director	√	√	√	√		X	√	√		√	√	√
Phil Jones, Non-Executive Director	√	√	√									
Tony Gadsby, Non-Executive Director	√	√	√			√	√	√				
Dr Roger Banks, Associate Non-Executive Director						X	√	√		√	X	√
Katie Laverty, Associate Non-Executive Director											X	√
Dr Keith Tattum. GP Associate	√	√	√	X		√	√	√				
Nicola Bullen, (NExT Director Programme)											√	√
Executive Members												
Dr Buki Adeyemo, Chief Executive Officer	√	√	√	√		√	√	√		√	√	X
Eric Gardiner, Chief finance Officer / Deputy Chief Executive Officer	√	√	√	√		√	√	√		√	√	X
Kenny Laing, Chief Nursing Officer / Deputy Chief Executive Officer	√	√	√	√		√	√	√		X	√	√
Dr Dennis Okolo, Chief Medical Officer	√	√	√	X		√	√	X		√	√	√
Elizabeth Mellor, Chief Strategy Officer	√	√	√	√		√	√	√		√	√	√
Ben Richards, Chief Operating Officer	√	√	√	√		√	√	√		X	√	X
Kerry Smith, Interim Chief People Officer	√	√	√	√		√	√	√		√	√	√
Helen Sweeney, Deputy Director of Medicines and Clinical Effectiveness				√								
Dr Ravi Belgamwar, Deputy Chief Medical Officer								√				
Zoe Grant, Deputy Chief Nursing Officer										√		√
Rachael Birks, Deputy Chief Operating Officer										√		√
Lisa Dodds, Deputy Chief Finance Officer												√
In Attendance												
Jenny Harvey, Union Representative	√	√	√	√		X	√	√		√	X	√
Joe McCrea, Associate Director of Communications	X	√	√	√		√	√	√		√	√	√
Nicola Griffiths, Deputy Director of Governance / Trust Board Secretary	√	√	√	√		√	√	√		√	√	√
Sue Tams, Service User Carer Council Chair	X											
Sherrine Khan, Peer Support Worker						√	√	√		√	√	√
Lisa Wilkinson, Corporate Governance Manager (Minutes)	√	√	X	√		√	√	√		X	√	√
Tracey Cooper, Executive PA (Minutes)			√							√		
Claire Tallentire, Communications and Engagement Officer	√											

Statement of the Chief Executive's responsibilities

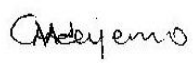
The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum.

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.



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Dr Buki Adeyemo
Chief Executive

Date 12th June 2025

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.

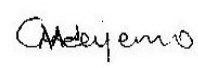
In preparing those accounts, the directors are required to:

- 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
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.
The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board



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Dr Buki Adeyemo
Chief Executive

Date: 12th June 2025

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Eric Gardiner
Chief Finance Officer

Date: 12th June 2025

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 2025 and up to the date of approval of the annual report and accounts.

Capacity to Manage Risk and the Risk and Control Framework

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.

Leadership is given to the risk management process and implemented within the Trusts four levels of 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 sets out the specific responsibilities of the Chief Executive Officer who is accountable for the management of risk. Leadership arrangements are delegated as per policy with oversight from the Deputy Director of Governance / Trust Board Secretary.

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, Staff are trained and equipped to manage risk in a way appropriate to their authority and duties. 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, make sure that 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 and from January 2024 a standalone Risk Review Meeting has been implemented to occur on a monthly basis where risk will be approved and discussed, therefore going forward risk will no longer be incorporated in SLT. 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).

During the year we have reviewed our governance arrangements to ensure they are effective:

- All committees of the Board are chaired by a Non-Executive Director and committee terms of reference have been regularly updated to ensure that they remain fit for purpose.
- The Board commissioned an independent Well Led Review in January 2024. The findings of this report supported the Trust to develop a Well Led Programme including an action plan against recommendations and progress is monitored at Board.
- A full committee effectiveness review commenced in March 2024. Analysis of results was undertaken in April 2024 including the Chairs of Committees producing 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.
- 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 agreed by the Trust Board 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)
- A Performance Management Framework describes the processes in the Trust to ensure appropriate management of its performance. The Trust has an improving Quality Performance Report (IQPR), which includes a variety of matrices and is monitored monthly in an Executive-led performance review meeting, chaired by the Chief Executive Officer.

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. The IQPR provides a qualitative and quantitative update against the most important performance measures and quality indicators. 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 under the NHS Provider Licence were approved by the Board.

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 comprehensive People Plan built on short, medium, long term workforce analysis and performance. A 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. 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.

Care Quality Commission (CQC)

The Trust is fully compliant with the registration requirements of the Care Quality Commission with no enforcement action taken.

The Trust remains committed to sustaining our Outstanding rating.

The new approach outlines a new Single Assessment Framework (SAF) that would be used for all services, including local authorities and integrated care systems however, inspections of integrated care systems are currently paused. They will also be restructuring internally and introducing a digital portal for future information requests and statutory functions.

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 Special Educational Needs and Disability (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 1, Ward 6, Ward 7, Summers Views and Darwin Centre during 2024/25. 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.

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.

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 inclusive organisation and developing our anti-discrimination and anti-racist approach. 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.

Our full Inclusion and Belonging Statement is published on our Trust public website.

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.

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 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 required to ensure the security of person-identifiable data for both patients and staff while safeguarding data-holding systems and data flows. During the financial year ending 31st March 2025, five control issues were identified relating to data loss or confidentiality breaches. Of these, only one case was reportable to the Information Commissioner's Office (ICO), with no further action required by the Trust.

In September 2024, the Data Security and Protection Toolkit (DSPT) was updated to align with the National Cyber Security Centre's Cyber Assessment Framework (CAF), forming the foundation for cyber security and information governance assurance. The 2024/25 DSPT introduces enhanced requirements in these areas compared to the previous year's framework.

Managing and mitigating information security risks remains a core component of the Trust's risk and control framework. The DSPT serves as a critical tool in assessing compliance with legislative requirements, government directives, and national guidance, forming a key part of the organisation's assurance framework.

The Trust continues to make significant progress in strengthening information governance management and data security assurance. Work is ongoing to achieve the required compliance levels for all outcomes in accordance with NHS England's standards and expectations.

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 Referral to Assessment and Referral to Treatment.

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.

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 frohere 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 commissioned Deloitte to facilitate a Well-Led Review, which commenced in January 2024 and concluded in April 2024.

Quality Account 2024/25

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 2024/25 by 30th June 2025 as we recognise that this is a valuable document to all our partners and stakeholders.

Review of Effectiveness

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

Board Assurance Framework (BAF)

The BAF tells us how the Trust is managing the major strategic risks that could prevent it from achieving its strategic objectives.

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 three new Non-Executive Directors and two Associate Non-Executive Directors. A Peer Recovery Worker is now in attendance at the Public Board 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.

Strategic Priorities	1. PREVENTION - We will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. 2. ACCESS - We will ensure that everybody who needs our services will be able to choose the way, the time, and the place in which they access them. 3. GROWTH - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care.

BOARD ASSURANCE FRAMEWORK 2024-2025

BAF Dashboard 2024-2025 - Residual and target score colours indicate risk levels: low, moderate, significant, and high, as per the 5x5 matrix shown on the appendix document.

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	Residual Risk Score Qtr. 4	Risk Movement from Previous Qtr.	Target Score	Target Achievement Date	Lead Committee
Prevention	1	The Trust fails to deliver effective care leading to regulatory restrictions.	Chief Medical Officer	16	12	12	12	8	⇩	8	Mar-25	Quality
Growth	2	The Trust fails to deliver a balanced financial plan in 24/25.	Chief Finance Officer	16	12	8	4	4	⇔	8	Mar-25	Finance & Resource
Access	3	There is a risk that the Trust is unable to maintain a sustainable workforce model which meets the People Promise.	Chief People Officer	16	16	16	16	12	⇩	12	Mar-25	People Culture & Development
Access	4	The Trust fails to meet the health needs of our local communities, particularly those with health inequalities resulting in worse outcomes for our most vulnerable patients.	Chief Nursing Officer	16	16	16	16	12	⇩	12	Mar-25	Quality
Access	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	16	16	16	16	⇔	8	Mar-25	Quality
Growth	6	Failure to embed and sustain net zero principles in the planning and delivery of care and support.	Chief Strategy Officer	15	15	15	15	12	⇩	9	Mar-25	Finance & Resource
Growth	7	The Trust has an estate which is suitable to deliver high quality healthcare to our community.	Chief Finance Officer	15	15	15	15	12	⇩	9	Mar-25	Finance & Resource
Growth	8	Failure to implement a strategic approach to partner relationships impacting negatively on whole population outcomes.	Chief Strategy Officer	16	16	16	16	16	⇔	8	Mar-25	Finance & Resource

Trust Committees

The Trust has six Committees:

- **Audit Committee**: The Audit Committee brings an independent and objective oversight of an organisation's arrangements for governance, risk management and internal control, protecting the interests of stakeholders.
- **Finance and Resource Committee:** The F&R Committee monitors the Trust's performance and the achievement of its financial plans (including the Cost Improvement Programme) and ensure that the Trust's financial plan is aligned with the Operational Plan and in line with changing NHS systems and financial performance requirements. It reviews and recommends to the Trust Board the annual financial plan / budget, including workforce, and the associated financial budget with targets set in terms of key performance indicators including Cost Improvement.
- **Quality Committee:** A Quality Committee in the NHS plays a crucial role in ensuring that healthcare services provided by an NHS organisation are safe, effective, and centered around the needs of patients; monitor clinical quality and safety. Oversee Governance of Patient Care; Manage Risk Related to Quality of Care; Review Serious Incidents and Complaints; Ensure Compliance with Regulations; Support Culture of Quality Improvement.
- **Charitable Funds Committee:** The Charitable Funds Committee has been established to exercise the Trust's functions as sole corporate trustee of North Staffordshire Combined Healthcare NHS Trust Charity, operating under the formal working name of 'Combined Charity (registered charity number 1057104). The Trust Board is regarded as having responsibility for exercising the functions of the Trustee. The Trust Board delegates these functions to the Committee, within any limits set out in these Terms of Reference and the charitable funds section of Standing Financial Instructions.
- **People, Culture and Development Committee:** The PCDC has specific responsibility for seeking assurance regarding the delivery of: The objectives contained within the BAF (Board Assurance Framework) and will escalate and report issues of concern to the Trust Board and Chair/CEO if urgent. Monitoring the Trust's workforce performance (as detailed in the Trust's IQPR Organisational Health and Workforce) and ensure that the Trust's People and Cultural objectives are aligned with the Trust Strategy/People Plan 2023—2028. The organisation's People, Organisational Development and Communications plans. Gain assurance on risks and mitigation. Monitor progress with Policies and Procedures, ensuring they are reviewed and approved in a timely fashion. Consider and approve reports requiring formal approval as delegated by the Trust Board. Receive, discuss and make appropriate recommendations to the Board on key national reports that impact on workforce. The Committee has a role/responsibility for monitoring of agency use and workforce plan.
- **Remuneration Committee:** Remuneration Committee's primary role is to oversee the pay and terms of service for the most senior staff in the organisation; determine Executive Pay; Review Terms and Conditions; Performance and Appraisal ; Governance and Transparency and Compliance.

All Committees are chaired by a Non-Executive Director along with two other Non-Executive Director members and in addition membership is made up of three Chief Officers, except the Audit Committee in which membership only consists of Non-Executive Directors.

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.

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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.

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.
- 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.

Considering events of Summer 2024 in Stoke-on-Trent and nationally, we reaffirm this commitment to creating true equity and inclusion for all people and eliminating the effects of bias from our processes and outcomes.

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, standards against this framework. sexual orientation, marital or civil partnership status, or other aspects of local, national or international 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 general and specific duties under the Public Sector Equality Duty in 2023-24 in our published Diversity and Inclusion Annual Report 2024 and accompanying Diversity Databook 2024. We will publish our 2025 version of this report and databook later in 2025.

We recognise and rise to the challenge of the need to have due regard to the need to:

1. Eliminate Unlawful Discrimination
2. Remove or reduce disadvantages faced by people with protected characteristics and
3. Foster Good Relations Between Different Groups.

We commit to continuing to work to promote greater understanding, inclusion and social cohesion within our own workforce, across our Integrated Care System, and with our local communities.

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

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 2024/25.

Sexual Safety in the Workplace

Our NHS Trust is committed to fostering a safe, inclusive, and respectful working environment. In line with the Worker Protection (Amendment of Equality Act 2010) Act 2024, we take proactive steps to prevent sexual harassment in the workplace. This includes robust policies, staff training, and clear reporting mechanisms to ensure all employees feel safe and supported. We remain dedicated to upholding the highest standards of dignity and respect for our workforce and patients. To support this, our Board have signed the NHS Sexual Safety Charter and committed to developing our performance against this framework.

Armed Forces Covenant Duty

The Armed Forces Act 2021 places a legal duty on public 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.

The Trust is in its second year of its Veteran Aware status. In June 2024, the Trust were proud to be awarded the Silver Award of the Defence Employer Recognition Scheme. This accreditation recognises our commitment to identifying and sharing best practice across the NHS, as an exemplar of the best standards of care for the Armed Forces Community. 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.

Health Inequalities

NHS England (NHSE) published a statement on information on health inequalities (duty under section 13SA 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:

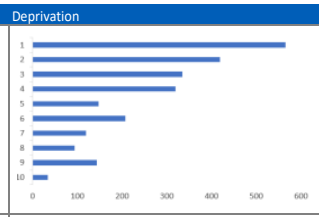
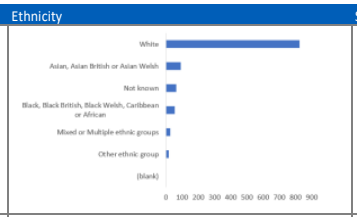
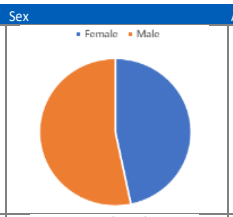
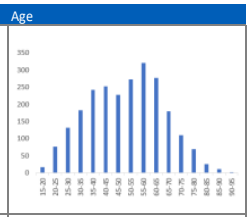
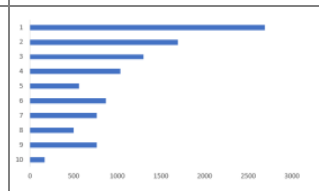
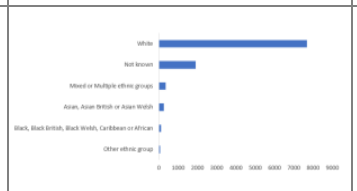
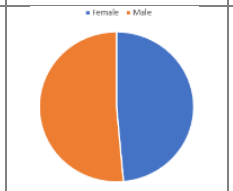
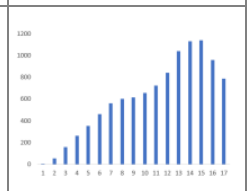
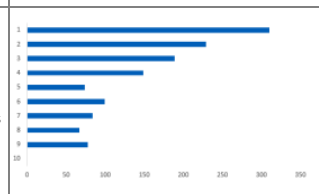
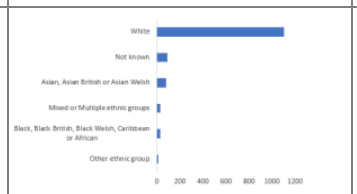
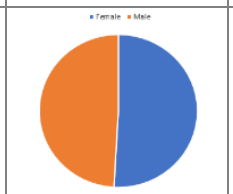
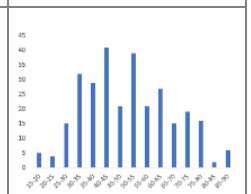
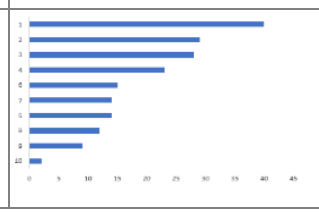
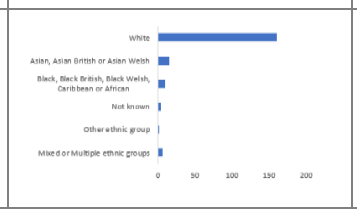
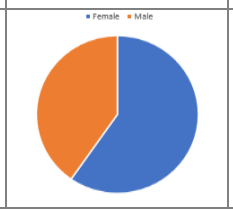
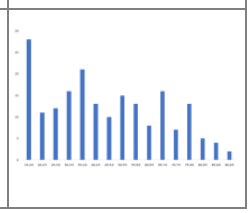
Health Inequalites Data

The IMD distribution across all measures is heavily skewed to high deprivation (1 is highest, 10 is lowest), reflecting both the known strong positive correlation between high deprivation and poor mental health, and the higher deprived areas of Stoke-on-Trent.

The sex split of all service users is roughly 50:50, which is reflected across all measures bar restrictive interventions, where females tend to have a higher number of multiple restraints than males.

The ethnicity of NSCHT patients across all measures is majority white, which reflects the composition of service users with the Trust and the local population.

Age wise, the SMI age distribution is in line with that of England as a whole with peaks between 45 and 55 years. The CYP access age distribution is skewed towards older children/young adults. The MHA detentions distribution is roughly the same of the Trust as a whole. For restrictive interventions, the age groups of 15-20 and 35-40 appear to be overrepresented, however this is due to individuals being restrained multiple times; 12 service users account for ~50% of interventions.

Indicator	Description	Deprivation	Ethnicity	Sex	Age
SMI	Overall number of severe mental illness (SMI) physical health checks.				
CYP Access	Children and young people's mental health access				
MHA Detentions	Rates of total mental health act detentions				
Restrictive Interventions	Rates of restrictive interventions				

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 focussed 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. We are working to identify and address health inequalities in partnership with other 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.

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.

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Dr Buki Adeyemo
Chief Executive

Date 12th June 2025

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 Chief Operating Officer, the Chief People Officer, and the Chief Strategy Officer (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 2025. The Terms of Reference will be reviewed annually, and the next review must take place before 31st March 2026.

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 2024/25 - (subject to audit scrutiny)

Name and Title	2024/25					
	Salary (bands of £5000) £000's	Expense payments (taxable) to nearest £100*	Performance Pay and bonuses (bands of £5000) £000's	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2500) £000's	Total (bands of £5000) £000's
O Adeyemo - Chief Executive Officer	200 - 205	200	0	0	0	200 - 205
D Okolo - Chief Medical Officer	275 - 280	0	0	0	0	275 - 280
B Richards - Chief Operating Officer	125 - 130	1,300	0	0	37.5 - 40.0	165 - 170
E Gardiner - Chief Finance Officer & Deputy Chief Executive	145 - 150	1,000	0	0	27.5 - 30.0	175 - 180
K Laing - Chief Nursing Officer	135 - 140	200	0	0	35.0 - 37.5	170 - 175
K Smith - Acting Chief People Officer	125 - 130	0	0	0	130.0 - 132.5	255 - 260
E Mellor - Chief Strategy Officer	125 - 130	500	0	0	32.5 - 35.0	160 - 165
J Dawson - Non-Executive Director (Chair)	40 - 45	0	0	0	0	40 - 45
R Andrews - Non-Executive Director (Vice Chair)	10 - 15	0	0	0	0	10 - 15
J Koo - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
P Walsh - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
P Jones - Non-Executive Director (to 28th June 2024)	0 - 5	0	0	0	0	0 - 5
M Evans - Non-Executive Director (from 19 August 2024)	5 - 10	0	0	0	0	5 - 10
P Gabbi - Non-Executive Director (from 10th February 2025)	0 - 5	0	0	0	0	0 - 5
R Banks - Associate Non-Executive Director (from 19 August 2024)	5 - 10	0	0	0	0	5 - 10
A Gadsby - Associate Non-Executive Director (to 31st December 2024)	5 - 10	0	0	0	0	5 - 10
K Tattum - Associate Non-Executive Director (to 31st December 2024)	5 - 10	0	0	0	0	5 - 10
K Laverty - Associate Non-Executive Director (from 10th February 2025)	0 - 5	0	0	0	0	0 - 5

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 2023/24 - (subject to audit scrutiny)

Name and Title	2023/24					
	Salary (bands of £5000) £000's	Expense payments (taxable) to nearest £100*	Performance Pay and bonuses (bands of £5000) £000's	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2500) £000's	Total (bands of £5000) £000's
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	1,400	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	10.0 - 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	40.0 - 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 Walley - Non-Executive Director (to 30-Nov-23)	5 - 10	0	0	0	0	5 - 10
J Koo - Non-Executive Director (from 18-Mar-24)	0 - 5	0	0	0	0	0 - 5
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 - pension benefits 2024/25 - (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								N/A
D Okolo - Chief Medical Officer								N/A
B Richards - Chief Operating Officer	2.5 – 5.0	0.0 - 2.5	30 - 35	75 - 80	527	27	606	N/A
E Gardiner - Chief Finance Officer & Deputy Chief Executive	0.0 - 2.5	0	55 - 60	145 - 150	1,108	33	1,233	N/A
K Laing - Chief Nursing Officer	2.5 - 5.0	0.0 - 2.5	30 - 35	80 - 85	609	30	697	N/A
K Smith - Acting Chief People Officer	5.0 - 7.5	12.5 - 15.0	30 - 35	80 - 85	517	116	684	N/A
E Mellor - Chief Strategy Officer	0.0 - 2.5	0	10 - 15	0	109	17	149	N/A
E Mellor - Chief Strategy Officer	2.5 - 5	0	5 - 10	0	53	34	109	N/A

Note: O Adeyemo and D Okolo chose not to be covered by the pension arrangements during the reporting year 2024/25.
Negative values are not disclosed in this table but are substituted for a zero.

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								N/A
D Okolo - Chief Medical Officer								N/A
B Richards - Chief Operating Officer	0	27.5 - 30.0	25 - 30	70 - 75	345	131	527	N/A
E Gardiner - Chief Finance Officer & Deputy Chief Executive	0	35.0 - 37.5	50 - 55	135 - 140	804	204	1,108	N/A
K Laing - Chief Nursing Officer	0	32.5 - 35.0	25 - 30	75 - 80	398	153	609	N/A
P Draycott - Chief People Officer (to 26-Jan-24)								N/A
K Smith - Interim Chief People Officer (from 01-Feb-24)	0	2.5 - 5.0	25 - 30	65 - 70	341	21	517	N/A
E Mellor - Interim Chief Strategy Officer	2.5 - 5.0	0	5 - 10	0	53	34	109	N/A

Note: O Adeyemo pension has been restated in 2023/24 as they chose not to be covered by the pension arrangements during the reporting year 2023/24.
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.

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 2024/25 was £277,500 (2023/24, £252,500). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Total Remuneration - subject to audit scrutiny

	Total remuneration	Salary	Total remuneration	Salary	Total remuneration	Salary
Year	**25th Percentile Pay ratio**	**25th Percentile Salary ratio**	**Median Ratio**	**Median Salary ratio**	**75th Percentile Pay ratio**	**75th Percentile salary ratio**
24/25	*X:1 (X being the mid-point of highest paid director/25th percentile of employee remuneration)*	*See left derivation but on salary only*	*Y:1 (Y being the mid-point of highest paid director/50th percentile of employee remuneration)*	*See left derivation but on salary only*	*Z:1 (Z being the mid-point of highest paid director/75th percentile of employee remuneration)*	*See left derivation but on salary only*
Mid Point Highest Paid Director	277,500	137,500	277,500	137,500	277,500	137,500
25th Percentile of employee remuneration	29,114	25,674	37,775	36,483	48,715	46,148
24/25 Ratio	**9.53**	**5.36**	**7.35**	**3.77**	**5.70**	**2.98**
23/24	**Total remuneration**	**Salary**	**Total remuneration**	**Salary**	**Total remuneration**	**Salary**
Mid Point Highest Paid Director	252,500	117,500	252,500	117,500	252,500	117,500
25th Percentile of employee remuneration	27,090	24,336	36,515	34,581	47,742	43,742
23/24 Ratio	**9.32**	**4.83**	**6.91**	**3.40**	**5.29**	**2.69**

In 2024/25 zero (2023/24 zero) employees received remuneration in excess of the highest-paid director / member. Remuneration ranged from £13,000 to £275,618 (2023/24 ranged from £13,000 to £251,858).

Total remuneration includes salary, non-consolidated performance-related pay, 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
2024/25	277,500	43,024
2023/24	252,500	41,187
Percentage Change %	**9.90**	**4.46**

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 2024/25.

Off-payroll engagements

For all off-payroll engagements as of 31 March 2025, for more than £245 per day

	Number
Number of existing engagements as of 31 March 2024	2
Of which, the number that have existed:	
- for less than one year at the time of reporting	2
- for between one and two years at the time of reporting	0
- 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 2024 and 31 March 2025, for more than £245 per day:

	Number
Number of temporary off-payroll workers engaged between 1 April 2022 and 31 March 2023	3
Of which, the number of:	
- not subject to off-payroll legislation	0
- subject to off-payroll legislation and determined as in-scope of IR35	3
- 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

Staff report

We employed an average of 1,740 employed WTE and 234 other staff during 2024/25. As at the 31st March 2025, 79% of the total workforce were Female and 21% were male. The gender split of the directors of the Trust were 33% female and 67% male. Our staff costs amounted to £106.3m, which represents 59% of the Trust's closing income for the year (£179.6m).

Staff costs and numbers (subject to audit scrutiny)

Staff costs			2024/25	2023/24
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	78,023	798	78,821	70,611
Social security costs	8,377	-	8,377	7,871
Apprenticeship levy	384	-	384	363
Employer's contributions to NHS pension scheme	15,890	-	15,890	12,490
Pension cost - other	168	-	168	158
Temporary staff	-	2,651	2,651	5,428
Total gross staff costs	102,842	3,449	**106,291**	**96,921**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	102,842	3,449	**106,291**	**96,921**
Of which				
Costs capitalised as part of assets	-	-	-	-

Average number of employees (WTE basis)			2024/25	2023/24
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	65	37	102	93
Ambulance staff	2	-	2	1
Administration and estates	207	4	211	224
Healthcare assistants and other support staff	667	137	804	797
Nursing, midwifery and health visiting staff	520	47	567	580
Scientific, therapeutic and technical staff	277	4	281	259
Social care staff	-	1	1	1
Other	2	4	6	6
Total average numbers	1,740	234	1,974	1,961
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 2024.xlsx

Sickness absence

Staff Sickness Absence	2024/25	2023/24
Total Days Lost	28,680	23,189
Total Staff Years	1,664	1,515
Average working Days Lost	17	15

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 2024/25 (subject to audit scrutiny)

Exit package cost band (including any special payment element)	No. 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	7	20	7	20
£10,000 - £25,000	-	-	-	-
£25,001 - 50,000	3	85	3	86
£50,001 - £100,000	-	-	-	-
£100,001 - £150,000	-	-	-	-
£150,001 - £200,000	-	-	-	-
>£200,000	-	-	-	-
Totals	**10**	**105**	**10**	**105**

Reporting of compensation schemes - exit packages 2023/24 (subject to audit scrutiny)

Exit package cost band (including any special payment element)	No. 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	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	-	-	-	-
Totals	**3**	**8**	**3**	**8**

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 (subject to audit scrutiny)

	2023/24		2022/23	
	Payments agreed	value of agreements	Payments agreed	value of agreements
Type of Other Departures	Number	£000	Number	£000
Contractual payments in lieu of notice	10	105	3	8
Total	**10**	**105**	**3**	**8**

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.

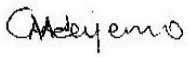
The Trust takes a very active role on developing inclusion. This work is coordinated through our Inclusion Council and People and assured through our Cultural Development Committee. We annually participate in reviewing, reporting on and taking action in relation to a range of equality imperatives including 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 2025 and beyond.

Consultancy expenditure

In 2024/25, the Trust had expenditure on consultancy of £436,000 (2023/24 - £198,000)



Dr Buki Adeyemo
Chief Executive
Date 12th June 2025

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 2025, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information. 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 2024-25.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25; 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 (2024) ("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 2024-25 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 2024) 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 and Accounts, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the Annual Report and Accounts. 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 November 2024 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 2024-25 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 2024-25; 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 the 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 2024-25).
- 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 individuals with administrative privileges;
  - journal entries that altered the Trust's financial position for the year; and
  - potential management bias in determining accounting estimates.
- 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 individuals with administrative privileges and significant journal entries at the end of the year which impacted the Trust's financial position;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations and accruals;
  - 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.
- 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 2025.

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, 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 are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024. 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 cannot formally conclude the audit and issue an audit certificate for North Staffordshire Combined Healthcare NHS Trust for the year ended 31 March 2025 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed the work necessary in relation to the Trust's consolidation schedules, and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.

Use of our report

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

Laurelin Griffiths

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

Birmingham
16 June 2025

Part Three - Financial Statements and Accounts - 1 April 2024 - 31 March 2025

North Staffordshire Combined Healthcare NHS Trust

Annual accounts for the year ended 31 March 2025

Statement of Comprehensive Income

	Note	2024/25 £000	2023/24 £000
Operating income from patient care activities	3	161,162	150,010
Other operating income	4	18,386	17,465
Operating expenses	6,8	(176,831)	(172,258)
Operating surplus/(deficit) from continuing operations		**2,717**	**(4,783)**
Finance income	10	2,008	2,136
Finance expenses	11	(2,596)	(4,234)
Net finance costs		**(588)**	**(2,098)**
Other gains / (losses)	12	2	8
Surplus / (deficit) for the year		**2,131**	**(6,873)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(96)	(2,133)
Revaluations	16	255	631
Total comprehensive income / (expense) for the period		**2,290**	**(8,375)**

The note below does not form part of the primary statement of accounts. The note is included here to demonstrate how the surplus for the year is adjusted for reporting to NHSE on a basis that reflects our actual financial performance in accordance with NHSE financial measures.

Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	2,131	(6,873)
Remove net impairments not scoring to the Departmental expenditure limit	1,883	6,617
Remove I&E impact of capital grants and donations	1	8
Remove impact of IFRS 16 on IFRIC 12 schemes	(505)	558
Remove net impact of inventories received from DHSC group bodies for COVID response	11	10
Adjusted financial performance surplus	**3,521**	**320**

The adjusted financial performance is reconciled to the breakeven duty financial performance in note 36.

Statement of Financial Position

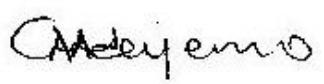
	Note	31 March 2025 £000	31 March 2024 £000
Non-current assets			
Intangible assets	13	1,833	1,166
Property, plant and equipment	14	36,245	35,598
Right of use assets	17	3,008	3,205
Receivables	20	612	678
Total non-current assets		**41,698**	**40,647**
Current assets			
Inventories	19	84	93
Receivables	20	6,394	7,686
Cash and cash equivalents	22	31,906	26,892
Total current assets		**38,384**	**34,671**
Current liabilities			
Trade and other payables	23	(19,495)	(18,765)
Borrowings	25	(2,990)	(2,660)
Provisions	26	(1,621)	(1,374)
Other liabilities	24	(1,667)	(1,960)
Total current liabilities		**(25,773)**	**(24,759)**
Total assets less current liabilities		**54,309**	**50,559**
Non-current liabilities			
Borrowings	25	(17,204)	(19,314)
Provisions	26	(1,340)	(1,257)
Total non-current liabilities		**(18,544)**	**(20,571)**
Total assets employed		**35,765**	**29,988**
Financed by			
Public dividend capital		23,984	20,497
Revaluation reserve		6,978	6,912
Income and expenditure reserve		4,803	2,579
Total taxpayers' equity		**35,765**	**29,988**

The notes on pages **69 to 115** form part of these accounts.

Name Dr Buki Adeyemo

Position Chief Executive Officer

Date 6 June 2025



Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**20,497**	**6,912**	**2,579**	**29,988**
Surplus for the year	-	-	2,131	**2,131**
Other transfers between reserves	-	(93)	93	**-**
Impairments	-	(96)	-	**(96)**
Revaluations	-	255	-	**255**
Public Dividend Capital received	3,487	-	-	**3,487**
Taxpayers' and others' equity at 31 March 2025	**23,984**	**6,978**	**4,803**	**35,765**

Statement of Changes in Taxpayers 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**

Information on reserves

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

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2024/25 £000	2023/24 £000
Cash flows from operating activities			
Operating surplus / (deficit)		2,717	(4,783)
Non-cash income and expense:			
Depreciation and amortisation	6	2,452	2,494
Net impairments	7	1,883	6,617
Income recognised in respect of capital donations	4	(7)	-
(Increase) / decrease in receivables and other assets		1,286	4,580
(Increase) / decrease in inventories		9	-
Increase / (decrease) in payables and other liabilities		388	(8,263)
Increase / (decrease) in provisions		295	118
Net cash flows from / (used in) operating activities		**9,023**	**763**
Cash flows from investing activities			
Interest received		2,003	2,130
Purchase of intangible assets		(1,000)	(23)
Purchase of PPE and investment property		(3,869)	(3,494)
Sales of PPE and investment property		-	8
Finance lease receipts (principal and interest)		92	77
Net cash flows from / (used in) investing activities		**(2,774)**	**(1,302)**
Cash flows from financing activities			
Public Dividend Capital received		3,487	2,182
Capital element of lease rental payments		(645)	(554)
Capital element of PFI, LIFT and other service concession payments		(2,201)	(2,126)
Interest paid on lease liability repayments		(66)	(47)
Interest paid on PFI, LIFT and other service concession obligations		(1,810)	(1,974)
PDC dividend (paid) / refunded		-	(28)
Net cash flows from / (used in) financing activities		**(1,235)**	**(2,547)**
Increase / (decrease) in cash and cash equivalents		**5,014**	**(3,086)**
Cash and cash equivalents at 1 April - brought forward		**26,892**	**29,978**
Cash and cash equivalents at 31 March	22.1	**31,906**	**26,892**

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 2024/25 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 it's 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 2025 the unaudited charitable funds balances totalled £317k. As a consequence the Trust considers these balances to be immaterial and not requiring full disclosure within the 2024/25 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 majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to Trusts for NHS-funded secondary healthcare.

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

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

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

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. Depreciation commences in the quarter following aquisition and continues up to the point of disposal. 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 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 in 2023/24

IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was 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.

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings	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 controlled by the Trust. They are capable of being sold separately from the rest of the Trust's business or arise from contractual or other legal rights. Intangible assets 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.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset where it meets recognition criteria.

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 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

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 Office of 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, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

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

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, 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 1.12 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 term of 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 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

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 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
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 2.40% in real terms (prior year: 2.45%).

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

Non-clinical risk pooling

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

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 27 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 27, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public Dividend Capital

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

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

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 1.16 Value added tax

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

Note 1.17 Third party assets

Assets belonging to third parties 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 1.18 Losses and special payments

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

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

Note 1.19 Gifts

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

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25:

IFRS 17 Insurance Contracts

The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements

The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures

The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation

Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £34.3m as at 31 March 2025. Assets valued on an alternative site basis have a total book value of £24.6m at 31 March 2025.

Note 1.22 Critical judgements in applying accounting policies

The Trust has no critical judgements to disclose.

Note 1.23 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 England.

Income from activities (medical treatment of patients) is analysed by customer type in note 3.2 to the financial statements on page 83. Other operating income is analysed in note 4 to the financial statements on page 84 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 32 to the financial statements on page 113.

	2024/25 £000	2023/24 £000
Income	**179,548**	**167,475**
Surplus/(Deficit)		
Common Costs	(176,831)	(172,258)
Surplus/(Deficit) before interest	**2,717**	**(4,783)**
Net Assets:		
Segment net assets	**35,765**	**29,988**

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)	2024/25 £000	2023/24 £000
Mental health services		
Income from commissioners under block contracts[1]	102,506	93,758
Services delivered under a mental health collaborative[2]	4,685	2,658
Clinical income for the secondary commissioning of mandatory services	2,472	8,445
All services		
Private patient income	9	17
National pay award central funding[3]	103	19
Additional pension contribution central funding[4]	6,272	3,776
Other clinical income[5]	45,115	41,337
Total income from activities	**161,162**	**150,010**

[1]Block contract income has increased by £8.7m as a result of growth monies and new service developments.

[2] Services delivered under a mental health collaborative have increased by £2m compared to 2023/24 due to a non-recurrent gain share of £1.2m and additional activity of £0.8m.

[3]Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

[4]Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

[5] Other clinical income includes Transforming Care Programme (TCP), Community Rehabilitation Placements (P86) and General Medical Services (GMS) income. The main increase in other clinical income in 2024/25 is due to a £5m increase in TCP income partly offset by a decrease in P86 of £1.7m. GMS income has increased by £0.4m.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2024/25 £000	2023/24 £000
NHS England[1]	6,450	3,855
Integrated care boards[2]	143,550	131,348
Other NHS providers[3]	4,746	2,782
Local authorities[4]	57	6,551
Non-NHS: private patients	9	17
Non NHS: other	6,350	5,457
Total income from activities	**161,162**	**150,010**
Of which:		
Related to continuing operations	161,162	150,010

[1] NHS England income includes an additional 3.1% employers pension contributions (2024/25 9.4%, 2023/24 6.3%).

[2] Integrated Care Boards income has increased due to block contract changes including pay award £5.9m, TCP and P86 infrastructure income £0.8m service developments £0.5m, Mental Health Investment Standard increase £1.1m, new service development funding of £0.9m, TCP additional placements income £5.1m, reduction in P86 placement income (£1.7m).

[3] Other NHS Providers income has increased by £2m compared to 2023/24 due to a non-recurrent gain share of £1.2m and additional activity of £0.8m.

[4] Local Authority income has decreased by £6.5m due to the Community Drug and Alcohol Service (CDAS) contract ending in 2023/24 (£3.4m) reduction in Darwin Centre income (£0.5m) following the dicharge of a high acuity patient, services ended in 2023/24 including Rough Sleepers Wrap Around Support (0.9m), Supplementary Substance Misuse Drug Strategy (SSMTR) (£1.2m), Rough Sleeper Treatment (£0.1m) and Supplementary Substance Misuse Housing Grant service (£0.2m).

Note 4 Other operating income

	2024/25			2023/24		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	158	-	**158**	155	-	**155**
Education and training	5,206	490	**5,696**	5,092	637	**5,729**
Non-patient care services to other bodies	11,409		**11,409**	10,382		**10,382**
Income in respect of employee benefits accounted on a gross basis	101		**101**	255		**255**
Receipt of capital grants and donations and peppercorn leases		7	**7**		-	**-**
Charitable and other contributions to expenditure		-	**-**		8	**8**
Other income	1,015	-	**1,015**	936	-	**936**
Total other operating income	**17,889**	**497**	**18,386**	**16,820**	**645**	**17,465**
Of which:						
Related to continuing operations			18,386			17,465

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

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	1,699	1,082

Note 6 Operating expenses

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	829	1,611
Purchase of healthcare from non-NHS and non-DHSC bodies[1]	42,602	42,532
Staff and executive directors costs[2]	106,186	96,913
Remuneration of non-executive directors	142	151
Supplies and services - clinical (excluding drugs costs)	269	271
Supplies and services - general	365	216
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)[3]	1,588	2,487
Consultancy costs	436	198
Establishment	669	560
Premises[4]	6,532	7,216
Transport (including patient travel)	1,294	1,135
Depreciation on property, plant and equipment	2,119	2,171
Amortisation on intangible assets	333	323
Net impairments[5]	1,883	6,617
Movement in credit loss allowance: contract receivables / contract assets[6]	(257)	927
Change in provisions discount rate(s)	2	(10)
Fees payable to the external auditor		
audit services- statutory audit[7]	138	107
Internal audit costs	93	77
Clinical negligence	320	309
Legal fees	228	282
Education and training	1,281	1,524
Expenditure on short term leases	-	7
Expenditure on low value leases	139	115
Variable lease payments not included in the liability	-	(12)
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	4,475	4,088
Car parking & security	337	198
Hospitality	38	54
Losses, ex gratia & special payments	105	8
Other services, eg external payroll[8]	2,511	917
Other	2,174	1,266
Total	**176,831**	**172,258**
Of which:		
Related to continuing operations	176,831	172,258
Related to discontinued operations	-	-

[1] 2024/25 Purchase of Healthcare from Non NHS and Non DHSC Bodies includes £40.3m relating to Transforming Care Programme and Community Rehabilitation Placements (2023/24 £36.8m), £0m relating to Community Drug and Alcohol Service payments to partners (2023/24 £1.7m) due to the service ending in 2023/24, £1.1m relating to Talking Therapies (20232/24 £1.0m); £0m relating to Supplementary Substance Misuse Treatment Recovery Grant (2023/24 £1.2m) due to the service ending in 2023/34.

[2] Staff and Directors costs included an additional £2.5m employers pension contribution following the total contribution increasing from 20.6% in 2023/24 to 23.7% in 2024/25. Other increases in pay in 24/25 relate to an increase in staff numbers £2.5m and annual pay award £3.7m.

[3] Drugs costs have decreased by £0.9m in 2024/25 due to the Community Drug and Alcohol Service contract ending in 2023/24.

[4] 2023/24 Premises costs includes £1.0m on utilities (2023/24 £1.5m) and £2.5m IT costs (2023/24 £2.8m).

[5] Net Impairments relate to the desktop valuation on owned and leased properties at 31 March 2025 and includes £1.7m Private Finance Initiative (PFI) impairments; £0.1m Non PFI buildings impairments and £0.1m impairments on leased properties (right of use assets).

[6] Movement in the credit loss allowance relates to provisions made for invoices raised in 2023/24 that have since been settled in 2024/25 £0.3m, and further provisions made for invoices raised in 2024/25 of (£0.1m).

[7] The fees payable to the external auditor are inclusive of VAT, and the net fee is £115k.

[8] Other services relates to non healthcare service level agreements including pharmacy services £0.1m, finance and payroll services £346k, health informatics services £1.6m and occupational health services £0.1m.

Note 6.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £5,000k (2023/24: £5,000k).

Note 7 Impairment of assets	**2024/25**	**2023/24**
	£000	**£000**
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	1,883	6,617
Total net impairments charged to operating surplus / deficit	**1,883**	**6,617**
Impairments charged to the revaluation reserve	96	2,133
Total net impairments	**1,979**	**8,750**

In 2024/25 the Trust had a desktop valuation on all of it's 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 £1,899k of which £1,775k relates to owned buildings and £108k relates to leased properties.
£96k of net impairments was taken to the revaluation reserve, of which £88k relates to impairments on land and £8k relates to impairments on owned buildings.

Note 8 Employee benefits

	2024/25 Total £000	2023/24 Total £000
Salaries and wages	78,821	70,611
Social security costs	8,377	7,871
Apprenticeship levy	384	363
Employer's contributions to NHS pensions	15,890	12,490
Pension cost - other	168	158
Temporary staff (including agency)	2,651	5,428
Total gross staff costs	**106,291**	**96,921**
Recoveries in respect of seconded staff	-	-
Total staff costs	**106,291**	**96,921**

Note 8.1 Retirements due to ill-health

During 2024/25 there was 1 early retirement from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £6k (£223k in 2023/24).

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 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 (considering recent demographic experience), and to recommend the contribution rate payable by 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 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

National Employment Savings Trust (NEST)

The National Employment Savings Trust (NEST) Corporation is the Trustee of the NEST occupational pension scheme. The scheme, which is run on a not-for-profit basis, ensures that all employers have access to suitable, low-charge pension provision.

The Trust is required to comply with workplace pension legislation and to auto enrol employees into a pension scheme. Where employees are ineligible to join the NHS Pension Scheme the Trust enrols the employee into NEST.

NEST is a defined contribution scheme.

Note 10 Finance income

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

	2024/25	2023/24
	£000	£000
Interest on bank accounts	2,003	2,130
Interest income on finance leases*	5	6
Total finance income	**2,008**	**2,136**

*The Trust entered into an arrangement as an intermediate lessor from 1 January 2023, subleasing 55% of the Trust HQ leased property to 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.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on lease obligations	66	58
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	1,810	1,974
Remeasurement of the liability resulting from change in index or rate*	701	2,193
Total interest expense	**2,577**	**4,225**
Unwinding of discount on provisions	19	9
Total finance costs	**2,596**	**4,234**

* 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. The remeasurement of the PFI liability recorded in finance costs has reduced by £1.5m in 2024/25 due to the retail price index decrease from 13.5% in March 2023 to 4.3% in March 2024.

Note 12 Other gains / (losses)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	2	8
Total gains / (losses) on disposal of assets	**2**	**8**

Note 13.1 Intangible assets - 2024/25

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**2,666**	**2,666**
Additions	1,000	**1,000**
Disposals / derecognition	(329)	**-**
Valuation / gross cost at 31 March 2025	**3,337**	**3,666**
Amortisation at 1 April 2024 - brought forward	**1,500**	**1,500**
Provided during the year	333	**333**
Disposals / derecognition	(329)	**-**
Amortisation at 31 March 2025	**1,504**	**1,833**
Net book value at 31 March 2025	**1,833**	**1,833**
Net book value at 1 April 2024	**1,166**	**1,166**

Note 13.2 Intangible assets - 2023/24

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**2,643**	**2,643**
Additions	23	**23**
Valuation / gross cost at 31 March 2024	**2,666**	**2,666**
Amortisation at 1 April 2023 - as previously stated	**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 14.1 Property, plant and equipment - 2024/25

	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 2024 - brought forward	**5,493**	**26,935**	**1,421**	**680**	**145**	**5,862**	**332**	**40,868**
Additions	-	132	3,530	10	-	253	-	**3,925**
Impairments	(88)	(1,907)	-	-	-	-	-	**(1,995)**
Reversals of impairments	-	124	-	-	-	-	-	**124**
Revaluations	-	(489)	-	-	-	-	-	**(489)**
Reclassifications	-	2,356	(2,356)	-	-	-	-	**-**
Disposals / derecognition*	-	(1,282)	-	-	-	(373)	-	**(1,655)**
Valuation/gross cost at 31 March 2025	**5,405**	**25,869**	**2,595**	**690**	**145**	**5,742**	**332**	**40,778**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**1,283**	**-**	**380**	**69**	**3,341**	**197**	**5,270**
Provided during the year	-	732	-	57	17	812	33	**1,651**
Revaluations	-	(733)	-	-	-	-	-	**(733)**
Disposals / derecognition	-	(1,282)	-	-	-	(373)	-	**(1,655)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**437**	**86**	**3,780**	**230**	**4,533**
Net book value at 31 March 2025	**5,405**	**25,869**	**2,595**	**253**	**59**	**1,962**	**102**	**36,245**
Net book value at 1 April 2024	**5,493**	**25,652**	**1,421**	**300**	**76**	**2,521**	**135**	**35,598**

* Buildings excluding dwellings disposed of during the year relates to building structures in leased properties which are now recognised under Right of Use Assets

Note 14.2 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**5,672**	**24,797**	**7,878**	**674**	**145**	**6,516**	**332**	**46,014**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2023 - restated	**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 - as previously stated	**-**	**1,283**	**-**	**306**	**52**	**3,851**	**164**	**5,656**
Accumulated depreciation at 1 April 2023 - restated	**-**	**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 14.3 Property, plant and equipment financing - 31 March 2025

	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	5,405	8,795	2,595	215	59	1,955	102	**19,126**
On-SoFP PFI contracts and other service concession arrangements	-	17,074	-	-	-	-	-	**17,074**
Owned - donated/granted	-	-	-	38	-	7	-	**45**
Total net book value at 31 March 2025	**5,405**	**25,869**	**2,595**	**253**	**59**	**1,962**	**102**	**36,245**

Note 14.4 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 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease								**-**
Not subject to an operating lease	5,405	25,869	2,595	253	59	1,962	102	**36,245**
Total net book value at 31 March 2025	**5,405**	**25,869**	**2,595**	**253**	**59**	**1,962**	**102**	**36,245**

Note 14.6 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
Subject to an operating lease								**-**
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 15 Donations of property, plant and equipment

During 2024/25 the Trust has received an activity table donated by the North Staffordshire Combined Healthcare Charitable Fund.

Note 16 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 desktop 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 2025.

Specialised properties have been valued primarily by using the Depreciated Replacement Cost approach. This approach assumes the curent cost of replacing an asset with a modern equivalent asset less deductions for physical deterioration and all relevant forms of obsolescence and optimisation, not a building of identical design, but with the same service potential as the existing asset.

Non-specialisted properties have been valued at market value in existing use, which is the estimated amount for which a property should exchange on the valuation date between a willing buyer and a willing seller in an arm's length transaction after proper marketing and where the parties had acted knowledgeably, prudently and without compulsion, assuming that the buyer is granted vacant possession of all parts of the asset required by the business, and disregarding potential alternative uses and any other characteristics of the asset that would cause its market value to differ from that needed to replace the
remaining service potential at least cost.

Note 17 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.

Note 17.1 Right of use assets - 2024/25

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2024 - brought forward	**3,187**	**39**	**3,226**	**425**
Additions	57	17	**74**	-
Remeasurements of the lease liability	291	-	**291**	189
Movements in provisions for restoration / removal costs	16	-	**16**	-
Impairments	(243)	-	**(243)**	(220)
Reversal of impairments	135	-	**135**	-
Revaluations	(445)	-	**(445)**	(78)
Disposals / derecognition	(13)	(10)	**(23)**	-
Valuation/gross cost at 31 March 2025	**2,985**	**46**	**3,031**	**316**
Accumulated depreciation at 1 April 2024 - brought forward	**1**	**20**	**21**	**-**
Provided during the year	456	12	**468**	78
Revaluations	(456)	-	**(456)**	(78)
Disposals / derecognition	-	(10)	**(10)**	-
Accumulated depreciation at 31 March 2025	**1**	**22**	**23**	**-**
Net book value at 31 March 2025	**2,984**	**24**	**3,008**	**316**
Net book value at 1 April 2024	**3,186**	**19**	**3,205**	**425**

Net book value of right of use assets leased from other DHSC group bodies	316

Note 17.2 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	(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	(190)	-	**(190)**	-
Disposals / derecognition	(58)	(7)	**(65)**	-
Accumulated depreciation at 31 March 2024	**1**	**20**	**21**	**-**
Net book value at 31 March 2024	**3,186**	**19**	**3,205**	**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 17.3 Revaluations of right of use assets

In the reporting year, a desktop 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 2025 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.

Note 17.4 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 25.1.

	2024/25	2023/24
	£000	£000
Carrying value at 1 April	**5,665**	**6,040**
Lease additions	74	254
Lease liability remeasurements	291	(86)
Interest charge arising in year	66	58
Lease payments (cash outflows)	(711)	(601)
Carrying value at 31 March	**5,385**	**5,665**

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 17.5 Maturity analysis of future lease payments

	Total 31 March 2025 £000	Of which leased from DHSC group bodies: 31 March 2025 £000	Total 31 March 2024 £000	Of which leased from DHSC group bodies: 31 March 2024 £000
Undiscounted future lease payments payable in:				
- not later than one year;	1,061	400	960	322
- later than one year and not later than five years;	2,527	529	2,486	429
- later than five years.	2,039	250	2,492	310
Total gross future lease payments	**5,627**	**1,179**	**5,938**	**1,061**
Finance charges allocated to future periods	(242)	(28)	(273)	(30)
Net lease liabilities at 31 March 2025	**5,385**	**1,151**	**5,665**	**1,031**
Of which:				
Leased from other NHS providers		-		-
Leased from other DHSC group bodies		1,151		1,031

Note 18 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 19 Inventories

	31 March 2025 £000	31 March 2024 £000
Drugs	66	63
Consumables	13	26
Energy	5	4
Total inventories	**84**	**93**

Inventories recognised in expenses for the year were £1,184k (2023/24: £824k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

Note 20.1 Receivables

	31 March 2025 £000	31 March 2024 £000
Current		
Contract receivables[1]	4,769	6,905
Allowance for impaired contract receivables / assets	(908)	(1,165)
Prepayments (non-PFI)	1,706	1,448
Finance lease receivables[2]	77	77
VAT receivable	729	385
Other receivables[3]	21	36
Total current receivables	**6,394**	**7,686**
Non-current		
Finance lease receivables	469	541
Other receivables[3]	143	137
Total non-current receivables	**612**	**678**
Of which receivable from NHS and DHSC group bodies:		
Current	520	2,302
Non-current	612	678

[1] Contract Receivables includes £2,107k invoiced receivables and £2,807k 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 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 20.2 Allowances for credit losses

	2024/25 Contract receivables and contract assets £000	2023/24 Contract receivables and contract assets £000
Allowances as at 1 April - brought forward	**1,165**	**238**
New allowances arising	73	945
Reversals of allowances	(330)	(18)
Allowances as at 31 Mar 2025	**908**	**1,165**

During the year, £0k allowances for impaired receivables were written off (£0k in 2023/24) and £330k was received in payment for impaired receivables (£18k in 2023/24). New allowances for impaired receivables during the year total £73k (£945k in 2023/24).

Note 21 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 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.

An additional short term finance lease arose during the year, relating to the Hope Street leased property, which was subleased from 1 April 2025 to 18 November 2025 to We are With You following the termination of the Community Drug and Alcohol Service contract. The lease receivable has been settled in full during the year.

Note 21.1 Reconciliation of the carrying value of finance lease receivables (net investment in the lease)

	2024/25	2023/24
	£000	£000
Finance lease receivables at 1 April	**618**	**689**
Additions	15	-
Interest arising (unwinding of discount)	5	6
Lease receipts (cash payments received)	(92)	(77)
Finance lease receivables at 31 March	**546**	**618**

Note 21.2 Finance lease receivables maturity analysis

	Total	Of which leased to DHSC group bodies:	Total	Of which leased to DHSC group bodies:
	31 March 2025	31 March 2025	31 March 2024	31 March 2024
	£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.	181	181	259	259
Total future finance lease payments to be received	**566**	**566**	**644**	**644**
Unearned interest income	(20)	(20)	(26)	(26)
Net investment in lease (net lease receivable)	**546**	**546**	**618**	**618**
of which				
Leased to other NHS providers		546		618
Leased to other DHSC group bodies		-		-

Note 22.1 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.

	2024/25	2023/24
	£000	£000
At 1 April	**26,892**	**29,978**
Net change in year	5,014	(3,086)
At 31 March	**31,906**	**26,892**
Broken down into:		
Cash at commercial banks and in hand	9	9
Cash with the Government Banking Service	31,897	26,883
Total cash and cash equivalents as in SoCF	**31,906**	**26,892**

Note 23.1 Trade and other payables

	31 March 2025 £000	31 March 2024 £000
Current		
Trade payables	4,211	3,764
Capital payables	534	485
Accruals	11,397	11,393
Social security costs	1,001	976
Other taxes payable	1,025	914
Pension contributions payable	1,327	1,233
Total current trade and other payables	**19,495**	**18,765**
Of which payables from NHS and DHSC group bodies:		
Current	3,469	2,990

Note 24 Other liabilities

	31 March 2025 £000	31 March 2024 £000
Current		
Deferred income: contract liabilities	1,667	1,960
Total other current liabilities	**1,667**	**1,960**

Note 25.1 Borrowings

	31 March 2025 £000	31 March 2024 £000
Current		
Lease liabilities	1,008	906
Obligations under PFI, LIFT or other service concession contracts	1,982	1,754
Total current borrowings	**2,990**	**2,660**
Non-current		
Lease liabilities	4,377	4,759
Obligations under PFI, LIFT or other service concession contracts	12,828	14,555
Total non-current borrowings	**17,205**	**19,314**

Note 25.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2024	**5,665**	**16,309**	**21,974**
Cash movements:			
Financing cash flows - payments and receipts of principal	(645)	(2,201)	**(2,846)**
Financing cash flows - payments of interest	(66)	(1,810)	**(1,876)**
Non-cash movements:			
Additions	74	-	**74**
Lease liability remeasurements	291	-	**291**
Remeasurement of PFI / other service concession liability resulting from change in index or rate		702	**702**
Application of effective interest rate	66	1,810	**1,876**
Carrying value at 31 March 2025	**5,385**	**14,810**	**20,195**

	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**

Note 26 Provisions for liabilities and charges analysis

	Pensions: injury benefits	Legal claims	Re-structuring	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	**282**	**29**	**9**	**2,311**	**2,631**
Change in the discount rate	2	-	-	(6)	**(4)**
Arising during the year	31	18	-	770	**819**
Utilised during the year	(29)	(21)	-	(51)	**(101)**
Reversed unused	-	(7)	-	(403)	**(410)**
Unwinding of discount	(0)	-	-	26	**26**
At 31 March 2025	**286**	**19**	**9**	**2,647**	**2,961**
Expected timing of cash flows:					
- not later than one year;	29	19	9	1,564	**1,621**
- later than one year and not later than five years;	95	-	-	302	**397**
- later than five years.	162	-	-	781	**943**
Total	**286**	**19**	**9**	**2,647**	**2,961**

Other provisions of £2,647k relate to the projected liabilities and charges arising in 2024/25 and beyond, related to Trust properties £940k; tax charges on clinicians pensions £146k; property rates charges £106k; staff related issues £348k; projected liability for pipework costs at the Harplands Hospitals £709k, Project Chyrsalis heating solutions removal £100k and End of Time Fees due to delays on the eradication of dormitories project £298k.

Note 26.1 Clinical negligence liabilities

At 31 March 2025, £1,152k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Staffordshire Combined Healthcare NHS Trust (31 March 2024: £386k).

Note 27 Contingent assets and liabilities

	31 March 2025 £000	31 March 2024 £000
Value of contingent liabilities		
NHS Resolution legal claims	(6)	(10)
Gross value of contingent liabilities	**(6)**	**(10)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(6)**	**(10)**
Net value of contingent assets	**-**	**-**

Note 28 Contractual capital commitments

	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	1,617	4,361
Total	**1,617**	**4,361**

Note 29 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 29.1 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 2025 £000	31 March 2024 £000
Gross PFI, LIFT or other service concession liabilities	**20,368**	**23,374**
Of which liabilities are due		
- not later than one year;	3,555	3,845
- later than one year and not later than five years;	14,713	13,591
- later than five years.	2,100	5,938
Finance charges allocated to future periods	(5,558)	(7,065)
Net PFI, LIFT or other service concession arrangement obligation	**14,810**	**16,309**
- not later than one year;	1,982	2,109
- later than one year and not later than five years;	10,838	8,863
- later than five years.	1,990	5,337

Note 29.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

	31 March 2025 £000	31 March 2024 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**46,395**	**52,670**
Of which payments are due:		
- not later than one year;	8,486	8,188
- later than one year and not later than five years;	33,944	32,753
- later than five years.	3,965	11,729

Note 29.3 Analysis of amounts payable to service concession operator

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

	2024/25 £000	2023/24 £000
Unitary payment payable to service concession operator	**8,486**	**8,188**
Consisting of:		
- Interest charge	1,810	1,974
- Repayment of balance sheet obligation	2,201	2,126
- Service element and other charges to operating expenditure	4,475	4,088
Total amount paid to service concession operator	**8,486**	**8,188**

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 2025 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 2025	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	4,571	**4,571**
Cash and cash equivalents	31,906	**31,906**
Total at 31 March 2025	**36,477**	**36,477**

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total 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**

Note 30.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	5,385	**5,385**
Obligations under PFI, LIFT and other service concession contracts	14,810	**14,810**
Trade and other payables excluding non financial liabilities	15,229	**15,229**
Total at 31 March 2025	**35,424**	**35,424**

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total 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**

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 2025 £000	31 March 2024 £000
In one year or less	19,845	20,306
In more than one year but not more than five years	17,240	16,128
In more than five years	4,139	9,231
Total	**41,224**	**45,665**

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

	2024/25		2023/24	
	Total number of cases	**Total value of cases**	**Total number of cases**	**Total value of cases**
	Number	**£000**	**Number**	**£000**
Losses				
Cash losses	3	1	5	1
Fruitless payments and constructive losses	1	3	-	-
Total losses	**4**	**4**	**5**	**1**
Special payments				
Ex-gratia payments	1	11	6	2
Total special payments	**1**	**11**	**6**	**2**
Total losses and special payments	**5**	**15**	**11**	**3**

Compensation payments received

Note 32 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 2024/25.

Department of Health and Social Care (parent department)
NHS Staffordshire and Stoke-on-Trent ICB
NHS Pension Scheme
Midlands 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
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

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 Stoke-on-Trent City Council and Staffordshire County Council.

The Trust has also received revenue payments from a number of charitable funds and has received a donated asset with a value of £7k during the year. All 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 33 Events after the reporting date

There have been no events after the reporting date.

Note 34 Better Payment Practice code

	2024/25 Number	2024/25 £000	2023/24 Number	2023/24 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	12,674	98,316	16,141	103,216
Total non-NHS trade invoices paid within target	12,211	96,967	15,264	98,769
Percentage of non-NHS trade invoices paid within target	96.3%	98.6%	94.6%	95.7%
NHS Payables				
Total NHS trade invoices paid in the year	413	7,401	392	8,277
Total NHS trade invoices paid within target	403	6,984	374	7,992
Percentage of NHS trade invoices paid within target	97.6%	94.4%	95.4%	96.6%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later. The target against which the Trust is measured is to pay a minimum of 95% of all invoices in line with the Better Payment Practice code.

Note 35 Capital Resource Limit

	2024/25 £000	2023/24 £000
Gross capital expenditure	5,290	3,461
Less: Disposals	(13)	-
Less: Donated and granted capital additions	(7)	-
Charge against Capital Resource Limit	**5,270**	**3,461**
Capital Resource Limit	5,270	3,461
Under / (over) spend against CRL	**-**	**-**

Note 36 Breakeven duty financial performance	2024/25	2023/24
Adjusted financial performance (control total basis):	**£000**	**£000**
Surplus / (deficit) for the period	2,131	(6,873)
Remove net impairments not scoring to the Departmental expenditure limit	1,883	6,617
Remove I&E impact of capital grants and donations	1	8
Remove impact of IFRS 16 on IFRIC 12 schemes	(505)	558
DHSC group bodies for COVID response	11	10
Adjusted financial performance surplus	**3,521**	**320**

	2024/25 £000	2023/24 £000
Adjusted financial performance surplus (control total basis)	3,521	320
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	-	(558)
IFRIC 12 breakeven adjustment	505	1,097
Breakeven duty financial performance surplus	**4,026**	**859**

Note 37 Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000
Breakeven duty in-year financial performance		449	698	891	1,671	31	768	1,297	2,051
Breakeven duty cumulative position	1,300	1,749	2,447	3,338	5,009	5,040	5,808	7,105	9,156
Operating income		90,599	86,321	83,063	79,487	87,471	75,502	78,588	81,883
Cumulative breakeven position as a percentage of operating income		1.9%	2.8%	4.0%	6.3%	5.8%	7.7%	9.0%	11.2%

	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Breakeven duty in-year financial performance	4,060	3,904	1,979	3,098	1,743	370	859	4,026
Breakeven duty cumulative position	13,216	17,120	19,099	22,197	23,940	24,310	25,169	29,195
Operating income	85,079	89,112	99,040	105,222	149,926	163,239	167,475	179,548
Cumulative breakeven position as a percentage of operating income	15.5%	19.2%	19.3%	21.1%	16.0%	14.9%	15.0%	16.3%

● 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.

● 2024/25 - The Trust was required to deliver a control total of breakeven (excluding IFRIC 12 adjustments). The Trust over performed against this target by £3,521k due to non-recurrent benefits.

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