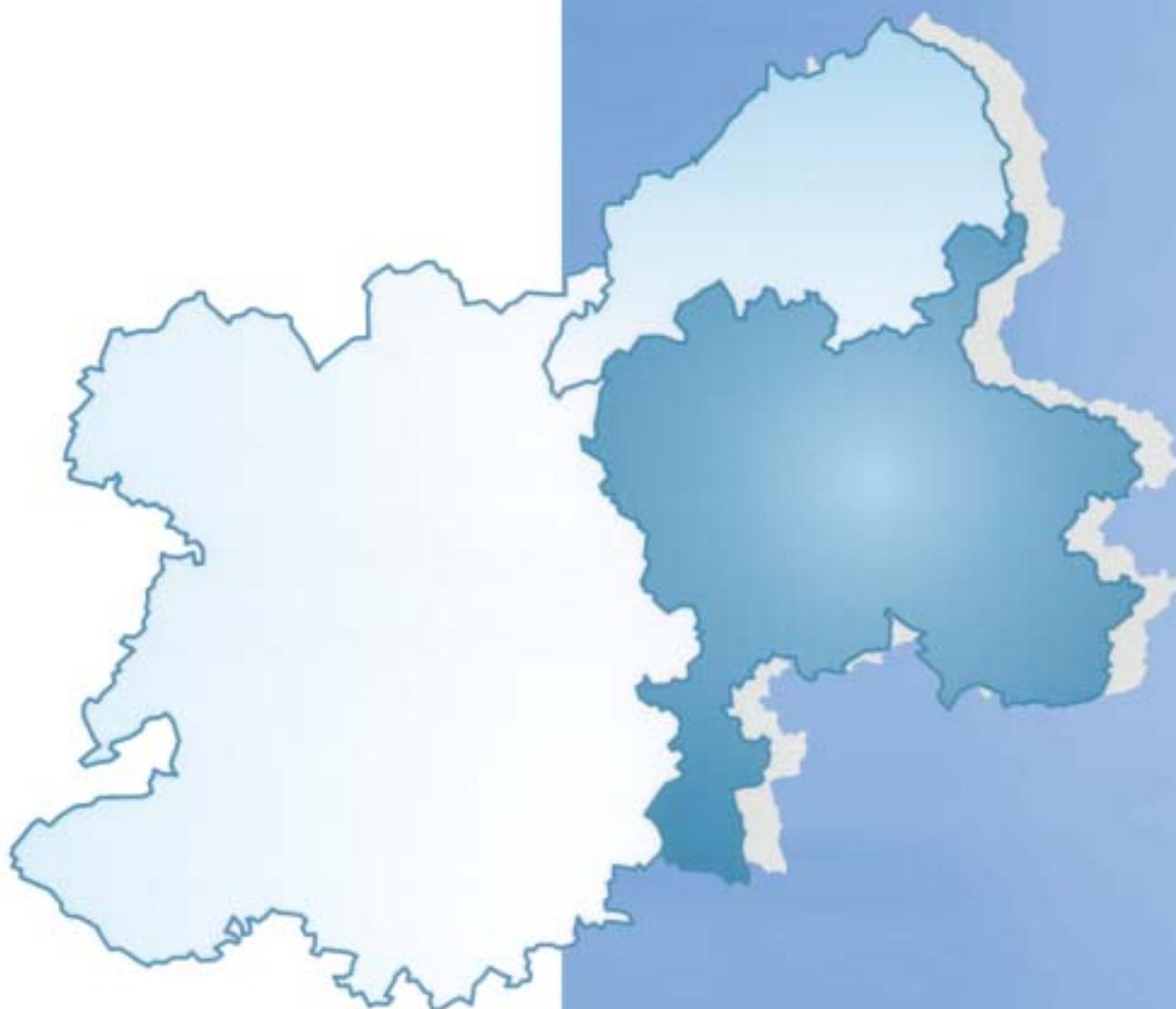


# Annual Report

*& Accounts*

2001/2002



**A letter to Mary Gregory, Mental Health Clinical Team Leader for Burntwood, Lichfield and Tamworth area.**

I will thank you from the bottom of my heart for all the splendid work you do for people. You well deserve a medal. I also hope you have all the good luck the world can offer because you deserve it and more so. Thank you for looking after Joyce and I. Sorry if I've hindered you with your work. I honestly tried not to I only wanted to help Joyce that's all.  
Best wishes to you,  
Steve



'Conifers'  
Holmes Chapel  
Cheshire

Dear Steve,  
On behalf of everyone at 'Conifers', thank you for your presentation on our staff induction. It was of great benefit to us all. We would like to maintain links with your service area and arrange to visit you in the near future.

Thanks again, Karen and Amanda



**A letter to Steve Gregory, Learning Disabilities Clinical Co-ordinator**

## USER FEEDBACK



*"The best help I got was from Albert House. It is a safe and friendly environment and there is always someone to talk to."*

*"Things have certainly improved over the last year. I feel much more involved with my care, rather than just being told how I was supposed to be."*



*"I'm feeling a lot more involved and looking forward to future developments and activities."*

## THE TRUST'S SEVEN PRINCIPLES

We have adopted the following principles as our strategy for developing and providing services:

- to **enhance patient, user, carer and public experience** of our services
- to **engage and support clinicians** in their front line roles and **the people who support them**
- to **improve and develop clinical and managerial processes** on a continuing basis
- to **strengthen individual and team development** and, with that, the future competencies required in a modern organisation
- to be **outward looking**, to **understand national policies** and **influence local change**, **involving patients** and the **public in the redesign, development and improvement** of our services
- to be flexible in our approach to **partnership working**
- to **devolve responsibility, accountability and authority** as close to patient interactions as possible.

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## CHAIRMAN'S INTRODUCTION

Last year, in the inaugural Report and Accounts of South Staffordshire Healthcare NHS Trust, I outlined the main features of our strategies and concluded by saying: "I look forward to demonstrating in 12 months' time real progress made towards achieving these ambitions."

I now have great pleasure in doing so. But firstly, I must pay tribute to all our staff, including those who transferred to primary care trusts on April 1, 2002. Without their sterling endeavours, day in and day out, we would not have made the considerable progress that we have.

This is well exemplified by our Trust going straight to two star status in the Department of Health's NHS Performance Ratings ('Performing Well Overall'), for 2001/02, our initial year as a new merged Trust.

Patients and service users are the reason for our Trust's existence. To make sure that they come first, we have established "Centrepoint", a team of staff dedicated to ensuring that the patient, service user and carer are at the heart of our service provision. A number of other developments, such as our clinical governance culture, are designed to ensure that our internal systems always remain patient focused. Great emphasis has been placed on comprehensive staff training and development and at the end of the year we were proud to be accredited fully for the prestigious Investor in People standard.

In the field of mental health, we received positive reports from the Mental Health Act Commission and made real progress in implementing the National Service Framework. We received national recognition in winning the Health Service Journal Award for 'Clinical Governance - Modernising Mental Health Day Care'. We are also particularly proud that our publication, *Mental Health Promotion in Primary Care*, is being widely disseminated across the region. Finally, it was with enormous pleasure that in February 2002, we welcomed the Health Minister, John Hutton MP, to open our refurbished Forensic Unit, the Hatherton Centre, in Stafford.

During the year we have made significant progress in collaboration with our key partners, especially Staffordshire's social services, in the development of services for people with learning disabilities and for older people. These were highlighted during a very successful 'Celebration Day' in January. One project currently under way is a review of respite provision and the needs of individuals living in NHS accommodation.

We played a significant role in the successful establishment of the new primary care trusts (PCTs) and are now providing shared corporate services, such as finance and estates facilities to all four PCTs in our area. We are also working in partnership with the PCT in the planning for a new community hospital in Lichfield.

Our Trust achieved all of its financial targets for the year, including the targeted £1 million saving from the merger of the three previous trusts, which is being ploughed back into patient services.

More news from around our Trust is covered in the following report. Taken together with our Business Plan for 2002/3, we have a good benchmark against which the results in next year's Annual Report can be judged.

Finally, I would like to convey the thanks of the Trust Board for the valued contributions of two Non-Executive Directors, Helen Allen and Kate Selwood, who left at the end of the year.

**Andrew Millward**  
**Chairman**



## REPORT FROM CHIEF EXECUTIVE

I am pleased to be introducing, along with Andrew Millward, the Annual Report for our first year as a new Trust. We have had an excellent year with tremendous hard work from clinicians and support staff. This has resulted in the development of a clear vision for the organisation, the achievement of our key targets, enhancing our partnership working with patients, staff and all our partners in health and social care and gaining local and national recognition, including major awards, for areas of service excellence and innovation.

The organisation has managed a complex and challenging agenda by swiftly establishing its leadership and management arrangements. This has enabled the organisation to drive services forward, take out savings and support the development of primary care trusts.

The Trust has built a good platform from which to further develop and modernise our services. I am proud to be able to say that we have recently been recognised as a two star Trust. This is a positive achievement after only one year in existence. We have achieved 'Training Status' for the General Management Training Scheme and 'Gold Training Status' in the Finance Department. Clinicians and managers alike are preparing for a Commission for Health Improvement assessment in October. This will give another opportunity to demonstrate our commitment to 'getting it right' for our service users and staff.

We are determined to keep putting patients at the centre of what we do and how we do it, by listening and making people matter. We will engage clinicians, service users and carers in modernising the services we provide, improving access to services and implementing the National Service Frameworks for Mental Health, Older People and Children (when published).

We will also continue to support and develop clinicians and so be recognised as a good employer. The appointment of modern matrons will be rolled out and nurse prescribing will be extended. The development of a learning centre in Stafford and a learning network will be pursued with real vigour during the year.

The Trust will continue to develop both formal and informal partnerships, by implementing the Learning Disability strategy 'Valuing People' with help from the National Development Team and improving Children's services, especially for looked after children and those with mental health problems.

We look forward to developing and supporting better local services. We plan to develop better local specialised clinical services, such as in Forensic Mental Health services, services for eating disorders and other specialist but local services, we will also continue to provide shared services across the health community, such as Information Management and Technology support and Human Resources support and to continue to support Burton Lichfield and Tamworth PCT in development of the new community hospital in Lichfield.

Finally, I should like to thank everyone for their commitment to the new organisation during its first year and their continuing contributions to patient care and health improvement in South Staffordshire.

A handwritten signature in black ink that reads "Mike Cooke". The signature is written in a cursive, flowing style.

**Mike Cooke**  
Chief Executive

OUR VISION  
'Our purpose is to provide local people and children with the best possible services. We provide specialised community, mental health, learning disability and children's services and the corporate and development services to support these. We do this through modernising service delivery and creating partnerships to put patients at the centre.'



Our waiting list targets were not only achieved, but also surpassed:

in 2001/2, for Mental Health service users we provided 157,000 appointments and 77,000 in-patient nights

for users of our Learning Disability services, we provided 16,500 in-patient nights

23,910 people visited our Dental clinics

£4.2m was spent on Children's services.

## What services have we provided in 2001/02?

- Community and acute services for people with mental health problems.
- Acute services within community hospitals in Tamworth and Lichfield focusing on out-patients, minor injuries, radio diagnostics, day surgery, GP medical and elderly rehabilitation beds.
- Services for people with learning disabilities, including community teams, behavioural support, residential establishments, an assessment unit, and an in-patient unit for people with challenging behaviour.
- Health visiting
- District nursing
- School nursing
- Specialised nursing services
- Equipment and Wheelchair services
- Medical and Dental services
- Contraception and Sexual Health services
- Child development facilities
- Child and Adolescent Mental Health services
- Chiropody and Podiatry
- Speech and Language Therapy
- Physiotherapy
- Occupational Therapy
- Nutrition and Dietetic services
- Psychology services
- Specialist addictions and eating disorders services
- Medium secure Forensic service, providing assessment, rehabilitation and long-stay facilities.

Services are provided by the Trust in 74 premises besides clients' own homes, cover 700 square miles and include six major towns. The Trust serves a population of 591,500 people.

## Where were services provided?



Perton Clinic

### Tamworth Borough

Albert House  
Argyll Street Clinic  
Cherry Orchard  
Fazeley Clinic  
Fazeley Health Centre  
George Bryan Centre  
Glascote Health Centre  
Hockley Centre  
Sir Robert Peel Hospital  
Stoneydelph Health Centre  
Tamworth Health Centre  
Wilnecote Health Centre

### Lichfield District

Armitage Clinic  
Burntwood Health Centre  
Burntwood Meeting Centre  
Greenhill Health Centre  
Hammerwich Hospital  
Nuffield Unit  
Salters Meadow Health Centre  
St Chad's Health Centre  
St Michael's Hospital  
Victoria Hospital

### Stafford Borough

Barlaston Health Centre  
11 Burton Bank Lane  
Burton House  
Crooked Bridge Road  
Rising Brook Health Centre  
Stafford Central Clinic  
St George's Hospital  
Trentside Clinic  
Weeping Cross Health Centre  
161 Eccleshall Road  
Staffordshire House

### Cannock Chase District

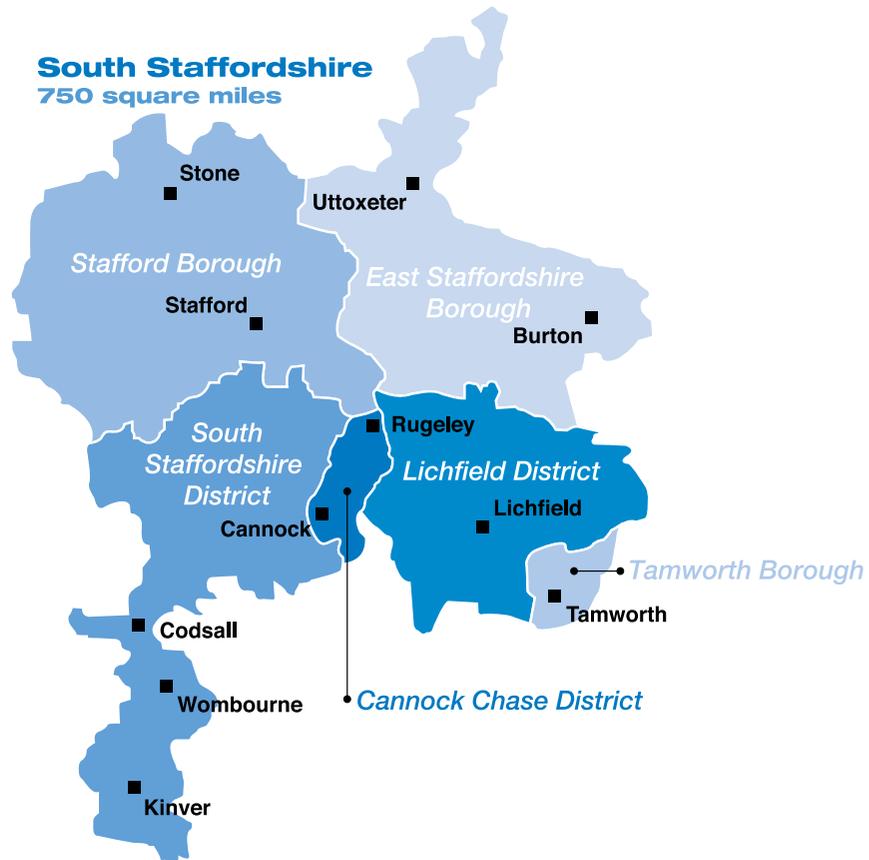
Crown House  
Heath Hayes Health Centre  
Hednesford Health Centre  
Hillsprings Clinic  
Norton Canes Clinic  
Rugeley Health Centre  
West Chadsmoor Clinic  
White Lodge

### South Staffordshire District

Codsall Clinic  
Great Wyrley Health Centre  
Kinver Health Centre  
Penkridge Health Centre  
Perton Clinic  
Wombourne Clinic

### East Staffordshire Borough

1 Horninglow Street  
Barton Cottage Hospital  
Barton Health Centre  
Child Assessment Centre  
Cross Street Clinic  
Horninglow Clinic  
IMEX  
Margaret Stanhope Centre  
Stretton Edge  
Tutbury Health Centre



## Did you know?

- Our Trust gained **Investor in People** status in April 2001.



*Paul Draycott, Deputy Director of Human Resources and Organisational Development, with Jean Holland and Ranjit Khular*

- **Patients are at the heart of everything we do.** This commitment was underlined in a series of **staff roadshows** attended by our Chairman and Chief Executive. A total of 925 staff participated, taking advantage of the opportunity to discuss issues of implementation of patient primacy with the Chairman and Chief Executive.
- **£1 million savings** were identified as a result of the merger of the previous three trusts. At the same time, **all the national targets were not only achieved but surpassed.**
- **Eight medical consultants were recruited** into our Children's, Learning Disabilities and Mental Health services.

- Our **staff survey** revealed that 78% of respondents believed that the Trust was a **good employer** and 77% agreed that the Trust has a **good reputation for providing high quality services.**

- **Three new nursing consultants** were appointed in March 2002: Sheilah Blackwell in palliative care, Chris Holley in sexual abuse/women's issues and Sharon Leighton in Child and Adolescent Mental Health services. Our first nurse consultants were appointed in Learning Disabilities and Forensic Medicine and we envisage that by the end of 2002 a further four posts will have been identified.

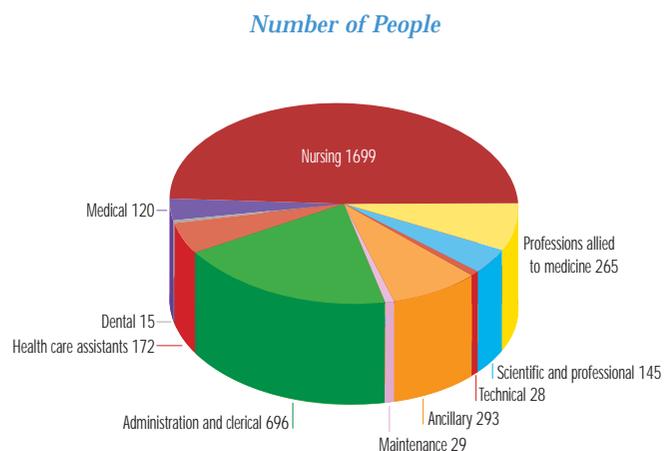
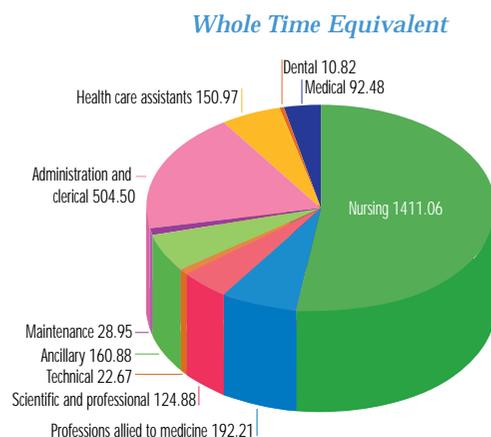
- A joint **Professorial Nursing Unit** has been established with Staffordshire University.



*Professor Peter Nolan with Sandra Corry, Associate Director, Nursing and Operations Directorate.*

- The companion document to this report is the Clinical Governance Report 2001/2.

**In 2001/2, South Staffordshire Healthcare NHS Trust employed 3,434 staff.**



## Bringing you up to date

- **On April 1, 2002, the following primary care trusts (PCTs) were established:** Cannock Chase, East Staffordshire and South Western Staffordshire. The Burntwood, Lichfield and Tamworth PCT had been formed in 2001. During the transition period, our Trust has worked closely with these organisations to establish and maintain robust partnerships, ensure the smooth transfer of staff and services and develop a 'shared services' approach to the delivery of services to patients.
- **A number of services were transferred from South Staffordshire Healthcare to the four PCTs.** Mental Health and Learning Disability services remain largely unchanged and the Children's services directorate continues to provide substantial services. The Primary Care Directorate was dissolved as its services in the community hospitals and Community Nursing services transferred to the PCTs.
- **A new Specialist Services Directorate has been formed,** which includes Dental services, Contraception and Sexual Health services and the newly integrated drug and alcohol service.
- The **new Shropshire and Staffordshire Strategic Health Authority** is playing an important role in the performance management of NHS trusts. As performance ratings for non-acute providers are introduced, this will be of particular importance to us. In preparation, we are developing new networks and partnerships across the extended health authority boundaries. Meetings have already taken place with partner NHS trusts to collaborate on services and we look forward to the new Health Authority's support in these endeavours.
- We have been involved in a **number of office moves** made necessary by the Strategic Health Authority and South West Staffordshire PCT moving their headquarters into Mellor House.

- Many NHS services can only be delivered effectively, efficiently and seamlessly through close working across agencies. **Staffordshire-wide task groups** have been established in order to progress partnership working through Health Act Flexibilities, in four areas:

- Mental Health
- Learning Disability
- Older People
- Vulnerable Children.

- **South Staffordshire Healthcare hosts and provides 'shared services' to the health economy.**

We are committed to a 'shared services' approach across the health community. Sharing services makes operational sense because it enables all partner organisations to offer patients a consistent service, to improve quality and efficiency and benefit from the economies of scale.

The services that we share include:

- human resources and organisational development
- facilities and estates
- finance
- clinical development
- specialist children's services support
- therapies and nursing professional support and development.

**The Health Informatics Service has been established, complete with a Stakeholder Board.**

"I am very positive and upbeat about the move to PCTs."  
Sally Beeson, Health Visitor,  
Eastgate Street.

"It is important to recognise that it is not a parting of the ways for staff transferring to primary care trusts but the development of changing relationships which can lead to improved delivery of existing services and the establishment of some new patient services."  
Steve Gardner, Deputy Director,  
Development and Partnership  
Directorate.

## During the review year we established Centrepoint, a team dedicated to ensuring that the patient, service user and carer are at the heart of services

Centrepoint incorporates the **Patient Advice and Liaison Service (PALS)**, a new national initiative that provides on-the-spot advice for patients using our services. A comprehensive training and development programme is under way to introduce all staff to PALS. Our **PALS Co-ordinator is Jackie Spencer.**



Everyone needs up-to-date information but within a large and complex organisation this can be difficult to achieve. Centrepoint has begun the task of co-ordinating the **patient information needs** of our organisation and ensuring consistency across the Trust. It has already compiled a key database of 150 volunteers, service users and carers who are able to help with a large range of skills: from web site development to training; hairdressing to pet therapy.

Centrepoint held five **'Telling it like it is' workshops** to find out what users think of Trust services and what needed to change. A total of 120 service users, carers and staff took part. The emphasis was on listening and learning, with everyone sharing both positive and negative health service experiences.

An **action plan produced as a result of the workshops** has been approved by the Trust Board and a workshop was planned for July 17, 2002 to take this forward.

The **joint agenda and shared experience** of the workshops will lead to **realistic expectations** of what we can achieve in our partnerships with carers and service users.

**For more information about the action plan, please call 01543 414555 ext 4006.**

**Thank you to our volunteers!**



Chairman Andrew Millward and Chief Executive Mike Cooke were among a host of Trust staff who welcomed approximately **120 volunteers** to two **'Volunteer Appreciation Events' in March 2002.** The events were organised to say thank you to the volunteers who so generously help our Trust and our partner organisations to support patients.

The organisations represented by volunteers at the events included Sir Robert Peel Hospital, Clients' Council, Links Unlimited, EMERGE, Hill Springs Clinic, Age Concern Befrienders and many others.

*"It's really lovely to feel appreciated, especially in such nice surroundings. I didn't realise there was so much voluntary help around. It's nice to have the chance to talk to other people who want to be involved."  
Volunteer*

## Our Trust has made the development of a clinical governance culture an early priority, with systems and processes that provide support to staff and can be owned by them



Rosalyn Pitt and Fiona Rees, Trust Librarians

### Performance measurement

Performance measurement was introduced during the review year. Performance management sessions commenced in October 2001, with full involvement from clinicians to ensure that our Trust delivers what is planned. The **Balanced Scorecard approach** was adopted and used to great effect to provide evidence of progress and achievements while at the same time pointing out areas in need of development.

Directorate performance management sessions were held in January 2002. Each directorate had its own objectives against which **self-assessed scorecards were piloted**. Future sessions will be held at six-monthly intervals.



The **Trust newsletter** 'Trust Matters' was launched during the review year. This is a monthly staff newsletter, an outlet for news and views, photographs and notices, and staff are keen to contribute to it.

### Local Strategic Partnerships (LSPs)

Our Trust has contributed to the development of LSPs, including setting out how we work together on the **development and implementation of LSP community and neighbourhood renewal strategies**.

### Clinical Governance for Real events

Around 200 staff were able to attend the two **'Clinical Governance for Real' conferences** at the Moat House in Stafford and Swinfen Hall Hotel, Lichfield; many more had the chance to participate in team events and workshops during the year. The conferences presented the opportunity for everyone to get involved through **'Forum Theatre'**, an exercise that encouraged participants to change the 'action' by stopping proceedings when things did not go right and suggesting a better course of action. This was followed by sessions covering successful **clinical governance projects**, how to **learn from patient feedback** and the **experience of a CHI visit**. There was also an opportunity to learn from our partners, thanks to presentations from local trusts.



### Communication in the Trust

The staff briefing system, a 'cascade of information', was established during 2001/2, which keeps staff fully informed about organisational news.

An **'Express' briefing paper** was produced by Communications Manager Amanda Godfrey after each Trust Management Board meeting (held on the second Monday of each month). **Team briefing meetings** also took place within 72 hours of the same meetings, to support the 'Express'. These gave opportunities for items to be discussed, questions to be answered and feedback to be given.

Clinical Governance for Real week also saw the launch of the **'Pocket Guide to Clinical Governance'** which was given to every member of staff and has become our 'best seller'.



Staff making their contribution at the Moat House conference

## How we have developed our services

### The Integrated Drug and Alcohol Service

**This service was launched on September 20, 2001, by Mike Trace, one of the leading lights in the newly established National Treatment Agency.** The new service will bring together the statutory, voluntary and independent sectors and establish four new community drug and alcohol teams. Each team will comprise community mental health nurses, project workers and trained volunteers.

### A strategic planning event



*A planning group at Shugborough Hall*

On March 26 and 27, a total of 45 Directors, senior clinicians and managers from our Trust met at Shugborough Hall to begin the planning of a New Vision for Healthcare Provision in 2008.

The next steps towards achieving that vision were identified at the event. Since then our Trust Business Plan has been revised and three additional items have been included in each directorate's business plan.

### Children's Service waiting times

**A number of approaches have been used in the Children's Services Directorate to reduce waiting times,** including Saturday clinics, parenting groups and extra evening sessions.

### Sure Start in Burton

**The Sure Start scheme in Burton covers 750 children below four years of age, in five of the most deprived wards.** The project manager has been in post since June 2001 and was joined by the midwife, health visitor and link worker. An induction of many of the local agencies has been planned.

### An inter-agency policy on protecting children in prison

This has been developed between the Home Office, police, prison service, social services and healthcare organisations.

Our response has been in the form of:

- the development of a child protection policy
- development and delivery of a child protection training pack to be distributed nationally in April 2002
- inter-agency representation on every child protection committee
- development of arrangements for conducting child protection medical examinations on behalf of young people in youth offending institutions.

### Integration of case notes in Old Age Psychiatry

**During the last year, a multi-disciplinary project team was involved in the integration of Old Age Psychiatry case notes in the Stafford area.** Led by Dr Alan Deane, Tricia O'Connor and Sue Chambers, the team aimed to improve the continuity of care, reduce duplication of information and facilitate information sharing.

### Review of nursing policies

**A policy development group, representing all nursing disciplines across our Trust and the PCTs, has drawn together the nursing policies of the former trusts.**

These have been circulated for discussion and include:

- patient consent
- record keeping
- medicines management
- resuscitation
- not for resuscitation
- infection control
- decontamination
- vulnerable adults
- child protection
- latex
- Caldicott.

### Baswich and Acton get the 'Changing Rooms' treatment!

**Baswich and Acton in-patient units at Stafford have been refitted and refurbished** to provide care environments that support privacy, safety, relaxation and recovery.

### Modern matrons are already in post in parts of our Trust

One post covers the in-patient wards in the Margaret Stanhope Centre, Burton and George Bryan Centre, Tamworth; another works in Forensic Mental Health and two work in residential units for people with learning disabilities. Two more modern matrons are due to be appointed for the elderly units in Stafford and Cannock.

## Nurse-led drop-in clinics

**The district nurses at West Chadsmoor Clinic have been developing a nurse-led drop-in clinic.** The aim is to provide holistic, evidence-based nursing care. A 'dependency score' is being used to give appropriately timed appointments to patients. The project commenced in November 2001 and was evaluated in January 2002.

## Development of respite care provision in South Staffordshire

**One of the many things that the Learning Disabilities Directorate feels it does particularly well is working with other agencies and partners.**

One of its current joint projects is the development of **respite care provision in South Staffordshire**. It is also involved in **reviewing the needs of the individuals living in accommodation currently funded by the NHS**. The **National Development Team** is leading on this joint project which involves social care, social services, specialist placement teams, residential health and specialist services.

## Development of new community hospital

Last year, in partnership with Burntwood, Lichfield and Tamworth PCT, we began work on the **development of a new community hospital in Lichfield on the St Michael's Hospital site**. An Outline Business Case has been submitted to the NHS Regional Office and a response is awaited at the time of going to press.



St Michael's Hospital

## The Trust's Corporate Business Plan for 2002/3

This has been developed supported by 12 Directorate Business Plans. These are 'living' documents that have been **formulated by clinicians** for clinicians and encompass all the ingredients required to modernise the services we provide.

## Healthcare workers in Youth Offending Teams

Over the past two years, two healthcare workers have been appointed in the Youth Offending Teams in Stafford and Lichfield. The posts are **funded jointly between our Trust and the Youth Offending Teams**.

## The NHS 'Essence of Care' benchmarking system

This was introduced to our nursing staff during the review year. Benchmarking **enables the continuous sharing of best practice and clinical risk information**. There are eight Essence of Care standards to monitor. Examples of Essence of Care in practice within our Trust include:

- comparison groups in the Learning Disabilities Directorate, monitoring the 'privacy and dignity' benchmark in residential, respite and social care homes
- an in-patient comparison group in the Mental Health Directorate, scoring practice and developing action plans
- our eating disorders and sexual abuse services benchmarking with each other
- collaboration between the Forensic Directorate and the Reaside Clinic using the 'privacy and dignity' benchmark.

Our Trust also provides support to Shropshire and Durham on this important initiative.

## Partnership working in Child Protection

The Area Child Protection Committee has a working party looking into the **implementation of joint guidelines** from the Department of Health, Home Office and Criminal Prosecution Service on **pre-trial therapy**. The working party is chaired by a doctor designated to the Child Protection service. A protocol has been written and sent out for consultation.

## Review of referral priorities

A change to the referrals system for Adult Mental Health services in Rugeley has ensured that they are handled in a **more equitable and sensitive way**. Referrals are now centralised and priority is given according to a **client's need rather than the route of referral**.

"Being involved in the recruitment process for our new service co-ordinator made me feel very proud and pleased that my views were being taken into consideration for this important post."  
Service user

## Nursing in Partnership – The Future



*Dr Beverly Malone (left) with Mr Neil Carr, Director of Nursing, and Liz Longstaff, full time Union Officer for RCN*

**Dr Beverly Malone, General Secretary of the Royal College for Nurses, launched the above named Nursing Strategy on April 3, 2002.** The event marked the achievement of **several months of consultation, celebrated good practice and embraced teamwork and leadership** in driving forward the implementation of the nursing strategy. A total of 250 nurses was instrumental in the **development of recommendations** to support local, national and international initiatives. The strategy has gained a **Nursing Innovations Award (2001)** and is hailed as a model of best practice. It is based on the Helix principle of continuous improvement. To date over **40 champions have been identified to drive forward the framework recommendations.**

## Patient stories helping to develop services

**As part of a leadership programme, two nurses conducted a 'Patient Stories' exercise.** After listening to what the patients had to say about their experiences of community and in-patient care, the nurses realised what a powerful **method of evaluation** they were. They used the information gained to help make a number of care improvements. The information has also been fed into various service development groups.

## Improved access to acute care

**Waiting lists have been reduced at Sir Robert Peel, Victoria and Hammerwich hospitals following the commencement of additional consultant clinics and nurse-led initiatives.** The operating theatre transferred from Victoria Hospital, Lichfield, to Sir Robert Peel Hospital, Tamworth, in January 2002.

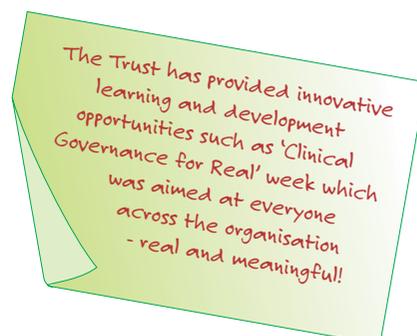
## Ready Steady Book!

**Official recognition of the successful day surgery booked admissions system at Sir Robert Peel Hospital, Tamworth, is due in a new publication from the NHS Modernisation Agency.** The 'Ready Steady Book!' has been produced by the National Booked Admissions Programme Team to help share the lessons of successful booked admissions systems in order to benefit patients.

## Improved access to services in Codsall

**Codsall Day Services played host to its first 'Drop in' clinic for people with a learning disability and their carers on August 24, 2001.** These innovative clinics are held on a monthly basis to provide support or advice for people who do not have access to the Community Learning Disability service. They cover a diverse range of issues and are open to both adults and children.

**Children with autism are benefiting from a new service in Codsall, which provides both residential and respite care.** In December 2001, a dedicated community nurse was appointed under a joint initiative by our Trust and the local social services to allow youngsters to be supported near their own homes.



## Services for people with diabetes

The **Stafford Children's Community Team** has linked up with a **paediatric diabetic nurse specialist** to provide 24 hour, seven day per week support for diabetic children in the community.

### **Rugeley Health Centre is the venue for a new service, introduced in March 2002, for people with diabetes.**

Anyone living in and around Rugeley is welcome to 'drop in' on a Monday morning to see the **Diabetes Specialist Nurse**, Claire Bushnell. The session is open between 10 am and 12 noon to provide **advice and support to people with diabetes and their families.**

## Forensic Mental Health services

**Fifteen staff from all disciplines attended a week-long course entitled 'Using Quality Improvement to Achieve Clinical Governance', run by Healthcare Quality Quest.** This was hosted by the Forensic Mental Health Directorate.

### **The User Involvement Group at the Hatherton Centre is a joint working group, made up of patients and staff, which meets bi-weekly.**

Meetings are chaired by a former Hatherton Centre patient who is a member of 'Advocacy Really Works', an independent mental health consultancy. Its approach is **joint problem solving** and it liaises with appropriate directorates and agencies to help **resolve issues.** Patients have previously raised issues regarding the hospital environment, quality of food, furniture and outdoor lighting. Our Facilities Department has committed itself to take action on points raised. Gill Chalder, Consultant Forensic Nurse, and Ranjit Khular, Forensic Services Administrator, made a successful presentation to the group about the Forensic Unit's work at national conferences.

The Forensic Mental Health Team have an in-house model of good practice, the Wolverhampton Forensic Mental Health Services Liaison Scheme, which they are hoping to replicate with partners in North and South Staffordshire.



*Gill Chalder, Consultant Forensic Nurse*

## Occupational therapy leadership

**Our Trust has successfully recruited a Head Occupational Therapist for Children's Services, resulting in an improvement to patient experiences.**

The appointment has brought the service together, resulting in improved communication, professional leadership and better access to services throughout our area.

### **Children's Services, working in partnership through Sure Start**

Children's Services in Stafford, have obtained funding for a half-time children's community nurse. Sure Start aim to achieve a 10% reduction in children being admitted to hospital with gastro-enteritis, respiratory problems and serious injuries. The Children's Services Team was also involved with arranging health promotion events to highlight their involvement in the project. These included a three day fair and visiting all GPs who have families living within the Sure Start area, to inform them that they can now refer to the service.

## Person-centred care in Old Age Psychiatry

**The aim of the Cannock Community Mental Health Team, Old Age Psychiatry, is to provide clients with the highest quality person-centred assessment, treatment and follow-up by ensuring that everyone is treated with dignity and respect, in accordance with the themes of the National Service Framework (NSF) for Older People.**

The Team liaises closely with social services and encourages joint working. It has recently organised two training days for the social services teams in Cannock and Rugeley. Person-centred care will be aided by the introduction of the 'Single Assessment Process' set out in Standard Two of the NSF. The Team's occupational therapist has also set up falls prevention training in line with Standard Six of the NSF.

## Some examples of how we have developed our staff



### Case study

**My name is Maryse Waugh and I work in the Facilities and Estates Department as a Senior Support Worker, although I initially started as a Domestic Assistant.**

When I arrived in this country in 1977, my English was very limited. Through the years I have developed enough of the language to enable me to achieve NVQ Level 3 in housekeeping and a D32/33 NVQ Assessor qualification. In 1988 I attained GCSE French and in 1990 went on to gain A Level.

Currently, I am completing a study skills course through the Trust, which is run by the Workers' Education Alliance in conjunction with Unison. Hopefully, this will help me to study for a Certificate in Management, which is my next goal. I am also studying English GCSE at Stafford College through a contractual agreement between the Trust and Stafford College. It has enabled me to study at no financial cost to myself. Over the last couple of years, I have attended courses in customer care, health and safety training, basic food hygiene, recruitment and retention, interview and writing skills. These have not only extended my knowledge base but also improved my confidence. Hopefully, all this will make it possible for me to develop my career within the Trust's Facilities and Estates Department.

**Three staff from the Learning Disabilities Directorate attended a Person Centred Planning Conference in June 2001.** They found this national conference to be of great benefit and have incorporated aspects of it into the Personal Futures Planning Training that they deliver.

**Training courses for doctors** have included consent training, law relating to medical staff, medical records and raising the awareness of the Commission for Health Improvement.

**Two healthcare assistants from the West community learning disabilities teams have completed a study skills course using ILAs.**

**Five administrative staff have been able to improve their IT skills.**

In addition, **a number of senior managers, Directors and our Chief Executive have commenced National Vocational Qualification training.**

**Sixty staff from a range of disciplines undertook training in psychosocial interventions (PSI).** PSI is regarded as good practice in the management of serious mental health problems. It has a strong evidence base and is used by staff to help engage, assess and support patients and carers.

### Research News

Gemma Styles has researched *'Employment Opportunities for People with Mental Health Problems'*.

Adrian Newell has researched *'Borderline Personality Disorder Current Status'*.

Ruth Duffy has researched *'The Role of the Occupational Therapist with Adult In-patients who have Mental Health Problems'*.

### Leadership skills development

**Our Therapy Directorate champions the empowerment of its staff.** It ensures early professional leadership by appointing lead clinicians for each of the allied health professions and psychology, early in the year, and staff are trained by Leading Empowered Organisations (LEO) trainers.

Directorates have started to take advantage of the **Individual Learning Accounts (ILAs)** available through our Trust.

Three professionals from the Therapy Directorate have been participating in a leadership course that addresses the **issues affecting older people.**

Three clinical co-ordinators have participated in a leadership programme and **a number of staff are scheduled to follow suit in summer 2002.**

**Six clinicians from in-patient and community services within our Mental Health Directorate attended the Shropshire and Staffordshire Clinical Leadership Programme.**

Nine mental health nurses and two occupational therapists attended **LEO leadership programmes.**

**All medical consultants have participated in the development of an appraisal system based on Department of Health guidance (2001).** Our Trust is one of the few in the West Midlands to have progressed this far. All our consultants have received a formal appraisal that will provide evidence to support revalidation for medical consultants through the General Medical Council.

## Case study

**My name is Celia Prescott and I am a Community Nurse in the Learning Disabilities Directorate.** Over the last year I have completed a Diploma in the study of dementia through Leeds University. I have discovered that as the life expectancy of people with Down's Syndrome increases, it is important to look at their future service needs. As a result of the study, I have designed a carer's checklist, the purpose being to gauge the knowledge of carers working and living with elderly clients.

## Degree success

**Many staff gained degrees during the review year. Here are a few examples:**

**Ruth Duffy** has achieved a Master of Science (MSc) degree in Health Science. **Gemma Styles** has achieved MSc in Occupational Therapy. **Judy Macdonald** has achieved MSc in Public Sector Management. **Adrian Newell** has achieved a PhD.



*Judy Macdonald,  
Associate Director,  
Development and  
Partnership Directorate*

All staff have been given the opportunity to attend a **cardiopulmonary resuscitation** course since the appointment of our Resuscitation Officer.

## Two projects currently in progress

Research is being undertaken to **explore the views of nurses and the wider multi-disciplinary team on the concept of nurse prescribing and supplementary prescribing.** The findings, due in August 2002, will help prepare for the training of nurses in supplementary prescribing, due to start at the end of 2002.

As part of the 'Controls Assurance Standard' for medication, audits are being conducted into the **storage and handling of medicines** on each ward and department, including community settings, around the Trust.

## Changing workforce programme

**The Changing Workforce Programme is part of the Modernisation Agency's support system to help local staff across the NHS make radical and sustainable changes for the benefit of clients and staff.** The Learning Disabilities Directorate has been fortunate enough to access this programme to assist in the review of the role and function of its community teams. The first planning meeting was held on February 28, 2002, facilitated by Janis Stout, Changing Workforce Programme Toolkit Facilitator, and a full day workshop arranged for May 1, 2002.

**A support network has been established for nurses to deliver the Nursing in Partnership framework.** This informal group meets monthly for half a day and is open to all nurses regardless of grade, experience or qualification. It provides opportunities to explore new ideas and share concern informally.

## Publications

Chesworth, Duffy, Hodnet & Knight. (2002)  
*'Measuring Clinical Effectiveness in Mental Health - is the Canadian Occupational Performance an appropriate measure?'* British Journal of Occupational Therapy. 65.(1)

Newell, A. (2001)  
*'Borderline Personality Disorders Current Status.'*

Watts, G.  
*'The Development of a Service for Older People with Challenging Behaviour.'* Signpost. Vol 6. (2).

Barry, R.  
*'The Link Between Post-Traumatic Stress Disorder and Early Onset Dementia.'* Signpost. Vol 6. (2).

Nolan, P; Pickard, A; Carr, N; Nicholson, H. (2002)  
*'Mental Health Promotion in Primary Care.'*

**This last report has been widely disseminated and promoted by the Post Graduate Dean of Stafford University,** who found it to be essential reading for all GPs within our region. A research study was conducted to explore the issue of mental health promotion in primary care. GPs, health visitors, practice nurses, midwives and community mental health nurses were interviewed. **Recommendations have helped to develop the local Health Promotion Strategy.**

*'Introducing the World Health Organisation's Guide to Mental Health in Primary Care'* was a project funded by the Shropshire and Staffordshire educational programme and evaluated through a research project. An educational programme was delivered to 106 primary care clinicians from the Cannock Chase Primary Care Group (PCG) area. The programme, led by Cannock Chase PCG, Professor Peter Nolan, Alison Pickard and Helen Nicholson, encouraged **multi-agency learning** around caring for people who may be anxious, depressed and/or suicidal. This was supported by a resource pack. An event was held in May 2002 to disseminate the findings and identify future learning needs.

## Events held during 2001/02

### Official opening of Norton House



Chairman Andrew Millward (left) speaking with John Hutton MP at Norton House

**Health Minister John Hutton visited our Trust on February 7, 2001.** During this time, he formally opened **Norton House**, a 10-bed facility for patients who require a **longer term stay in medium-secure accommodation**. Norton House aims to give these people the opportunity to live more independently while being in a secure environment.

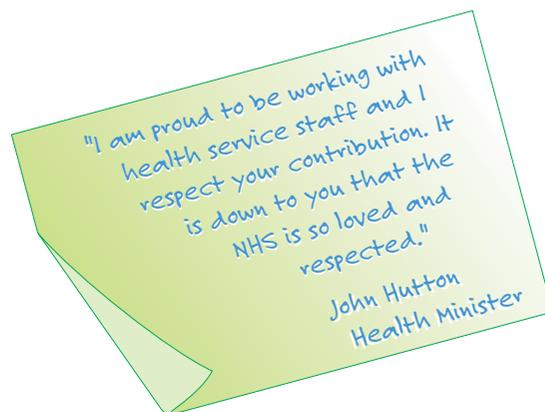
### A 'Master Class' on advanced nursing practice

**This event was organised jointly between ourselves and the NHS Executive West Midlands on March 18 -22, 2002.** A total of 27 delegates attended from around the West Midlands, including nurses from PCTs and our Mental Health and Learning Disability directorates.

The class covered issues such as **advanced nursing assessments and nurse prescribing**. It aimed to:

- increase participants' knowledge of the theory and practice of nurse prescribing
- explore the role of advanced nurse practitioner including critical thinking, clinical decision making, channelling practice and exercising clinical leadership.

We were fortunate enough to attract eminent international speakers who are at the forefront of advanced nursing practice in the USA, namely Professor Katherine Bailey from Yale University and Pamela Mumby, a Family Nurse Practitioner from Colorado University.

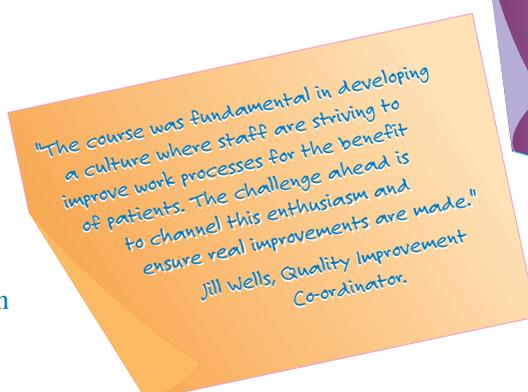


### Day of celebration for people with learning disabilities

**On January 18, 2002, the Learning Disabilities Directorate held a 'Day of Celebration' at the Stafford County Showground.** The day was held to highlight and celebrate the **achievements and lives of clients and staff**. Over 500 people, including clients, carers, friends and families, Trust Executive Directors, Non-Executive Directors and staff, participated in this inspiring and very enjoyable day. There were **excellent presentations** including one which outlined the journey that many clients have taken from living for many years in institutions to the kind of lives they are living today through the advent of community care and personal future planning.

Visitors were able to **browse around the stalls** that clients and staff had created to show their particular achievements. Items included art, flower arrangements, certificates of achievement, and photographs of clients at work, college or relaxing at home.

Clinical Director, Judy Morris, closed the day with a talk about **the future of the Directorate and thanked clients and staff who had put so much effort into making it such a wonderful day.**





## Trust awards

- **In November 2001, the Lichfield and Tamworth Catering Department achieved the Three Spires Health and Food Award, a scheme developed by Lichfield District Council's Environmental Health Services Unit.** The judges said, 'The high standards reflect on the dedication and commitment of all the catering staff working for the Trust.'
- **The Maternity Unit at Victoria Hospital, Lichfield, won the Community Hospitals Association Innovative and Good Practice Award for its philosophy that supports women and their families to achieve the childbirth experience they desire.** Partners, family and friends are welcomed and supported. The **care is client-led** in a relaxed, non-clinical environment with guidelines based on current research and common sense.
- **Anne Allsop, Community Mental Health Nurse, and Frances Sutherland, part-time Primary Care Group Board Nurse and Health Visitor, have been awarded the Queen's Nursing Institute Innovation and Creative Practice Award.** Anne and Francis both work in Stafford and received their award for a project that aims to provide guidance on everyday living and coping skills for people recuperating from serious mental or physical illness. The awards were presented by Dr June Crown CBE, a past President of the Faculty of Public Health Medicine, during a ceremony at London's Café Royal on November 6, 2001.

The project aims to **provide patients with self-confidence and the ability to cope with life.** In addition, it will reduce the use of primary care and secondary mental health resources by encouraging community healthcare practitioners to develop a more **collaborative approach** to helping patients. As well as receiving £5,000, **Anne and Frances have been invited to attend a series of workshops at the Queens Nursing Institute's London headquarters.**



*Frances Sutherland and Dr June Crown CBE at the London Café Royal*

- **The staff at the Chartley Centre at Staffordshire House, Stafford won the National Health Service Journal Clinical Governance Award 2001 for their approach to modernising mental healthcare.**



*Teresa Moyes receiving the Clinical Governance Award 2001.*

Their submission demonstrated how changes were made and evaluated in practice. This award recognised the commitment and vision to work, initially with social services, that changed the day service for people with mental health problems from that which had a social orientation, with no therapeutic focus, to a modern approach, which addressed the mental health issues, with therapeutic input.

- **Our Forensic Mental Health Directorate has successfully completed its third year as an NHS Beacon and has shared its practice with organisations in the West Midlands region through a liaison scheme.** The scheme itself has also been highlighted as a model of good practice for other regional providers to follow.
- **The Renal Unit at Victoria Hospital, Lichfield, has also won the above award, for its introduction of domiciliary visits from the unit.** The purpose of these is to provide **holistic care and support** to patients with renal failure, who not only have to endure the rigours of haemodialysis three times a week but also have to adhere to strict dietary and fluid restrictions and medical regimes.  
  
These home visits **enable patients and their families to ask questions and talk about their anxieties** in confidence, which helps them stick to their treatment and gain a better quality of life. It is believed that the number of admissions to acute units has reduced as a result and that patients waiting for transplants are in optimal health to receive a donor kidney.
- **In 2001/2 we received Clinical Negligence Scheme for Trusts (CNST) Level 1 accreditation, something that the previous three trusts had not previously achieved.** CNST assesses trusts against a series of standards that measure the way they are ensuring patient safety and quality of care.

## Looking after our patients, users and carers

### Complaints

During 2001/2, the Trust received 358 formal and informal complaints.

- 99% were resolved within the nationally set performance target of 20 days, the average response time being 14.19 days.
- Three complainants requested an Independent Review Hearing. The convenor turned down one request on the grounds of there being no further action required. Two other requests are currently being considered.

### Service improvements

We have instigated the following service improvements in 2001/2 as a result of complaints investigations.

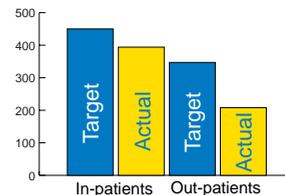
- The **pharmacy** on the St George's site is dispensing discharge and leave medication in clear bags. Since this improvement, there have been no reports of mistakes in providing medication.
- **Chiropody appointments** are now administered centrally, resulting in a more co-ordinated approach to booking out-patient appointments.
- A notice is now displayed in the **Contraceptive and Sexual Health Clinic**, informing clients that dispensing of products can be undertaken in private. This takes account of the sensitive and diverse needs of clients.
- An information **leaflet on scabies** has been published and made readily available to visitors in order to raise their awareness.

### Activity

Demand remained high throughout the year in all sectors of service delivery, mental health, community and acute services.

**Waiting list performance** was a challenge at the beginning of the year, with figures significantly higher than planned. However, a strategy was implemented to enable activity to be brought under control and the **required results were delivered**.

The target and actual performance figures for all waiting list areas at the end of March 2002 was as follows:



	Target	Actual
In-patients	450	394
Out-patients	347	208

**The year ended with a significant over-achievement against plan**, enabling us to hand over very acceptable waiting lists to Burntwood, Lichfield and Tamworth PCT.

**The Emergency Psychiatric Re-Admission rate**, which we use to help monitor our performance and improve service practice, was achieved well within the tolerance level for the West Midlands. **For the year 2001/2 the rate was 11.8%, against a target of 12.3%.**

In 2001/2, there were:

- 1,467,009 interactions with patients, a 16% increase on the previous year
- 20% more new patients seen compared to 2000/1.

## The Trust's approach to ensuring equality

The Trust is working towards the three strategic equality aims as set out in the equality framework:

- to recruit, develop and retain a workforce that is able to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals
- to ensure that the Trust is a fair employer achieving equality of opportunity and outcomes in the workplace

- to ensure the Trust uses its influence and resources as an employer to make a difference to the life opportunities and health of the local community.

In addition, the Trust is monitoring the level of harassment at work and the increase in the confidence that staff have in their ability to tackle it, via the annual staff survey. The Trust is committed to the 'Improving Working Lives' initiative.

## Register of Directors' Interests

Mrs Toni Brisby was Chair of the Family Mediators' Association and a lay member of the Local Research Ethics Committee.

Mr G Roberts was Executive Director for Aids to Management services; Staffordshire Representative in West Midlands Regional Chamber; Member of Senate at the University of Birmingham; Trent Challenge and Gateway SRB Boards; Member of Staffordshire County Council, Staffordshire Small Businesses Board and Deputy Leader of Cannock Chase Council.

Mr Andrew Millward was a Non-Executive Director of Black Country Chamber of Commerce and an independent member of Staffordshire Police Authority.

Dr Pradeep Singhal was in private practice at the Dove Clinic, Burton on Trent.

Mr Hugh Flanagan was a Director and Principal Consultant of MSA Ferndale Consulting Ltd, a Non-Executive Director of Best of Friends and Visiting Senior Fellow of Health Services Management Centre, Birmingham University.

## Executive Directors' Appointments

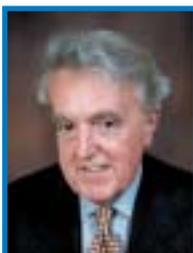
The Chief Executive and Executive Directors (except the Medical Director) were appointed to substantive contracts as a result of national advertisements. The Medical Director has a substantive contract with the Trust as a Medical Consultant and was appointed internally to a three year Medical Director post. All Directors' employment may be terminated as a result of a disciplinary process, in the event of dissolution of the Trust as a statutory body, or if the Director chooses to resign.

## Trust Board Membership

### Chairman and Non-Executive Directors



**Mr Andrew Millward**  
2 (Chair), 5 (Chair),  
7 (Chair).



**Mr Gwilym Roberts**  
1 (Chair), 2, 5, 6



**Mrs Helen Allen**  
1, 2, 5, 8 (Chair)  
(Resigned  
31/03/02)



**Ms Toni Brisby**  
2, 3, 5, 7



**Mr Hugh Flanagan**  
2, 4 (Chair), 5, 7



**Ms Kate Selwood**  
2, 3, 4, 5, 8



### Executive Directors

**Mr Mike Cooke**, Chief Executive. 2, 3 (Chair), 4, 5, 6 (Chair), 7.

**Mr Neil Carr**, Director of Nursing and Operational Management. 2, 3, 8.

**Mrs Jayne Deaville**, Director of Finance and Information. 1, 2, 3, 6.

**Mrs Lesley Francis**, Director of Human Resources and Organisational Development. 2, 3, 4, 5.

**Mr Steve Jones**, Director of Development and Partnerships. 2, 3, 7, 8.

**Dr Pradeep Singhal**, Medical Director. 2, 3, 7.

### COMMITTEES

The numbers alongside Directors' names indicate membership of the committees and sub-committees listed below.

1. Audit Committee.
2. Charitable Funds Committee.
3. Clinical Governance Sub-Committee.
4. Human Resources Sub-Committee.
5. Remuneration and Terms of Employment Committee.
6. Risk Management Sub-Committee.
7. Strategic Development Sub-Committee.
8. User and Patient Involvement Sub-Committee.

**The Trust Management Board is comprised of the Executive Directors and the Clinical Directors.**

# South Staffordshire Healthcare NHS Trust - Annual Accounts 2001/02

## Director of Finance report

### Financial performance for the year ended 31 March, 2002

The summary financial statements for the year ended 31 March, 2002, for South Staffordshire Healthcare NHS Trust are set out at the back of this report. These statements summarise the information contained in the Trust's full accounts, copies of which can be obtained by request from Jayne Deaville, Director of Finance and Information of South Staffordshire Healthcare NHS Trust based at Corporation Street, Stafford ST16 3AG.

### Achievement of the three Financial Duties

#### Break-even Performance

Each NHS Trust is required to achieve at least a break-even position on its income and expenditure account. No trust was to incur a deficit for the year. South Staffordshire Healthcare achieved this requirement with an exact break-even position after the payment of dividends of £4,065,000.

#### Capital Cost Absorption Rate

Each NHS trust is required to absorb the cost of capital at a rate of 6% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital totalling £4,065,000 bears to the average relevant net assets of £68,127,000, that is 6.0%.

#### External Financing Limit

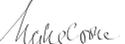
The Trust is given an external financing limit, which it is permitted to undershoot but must not overshoot. This is a form of cash control that limits the extent to which a trust may borrow to supplement its own internally generated funds. The target set was £1,025,000 and this was hit exactly.

### Directors' Statements

#### Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

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.

Chief Executive  8 August, 2002

#### Statement of Directors' responsibilities in respect of the accounts

The Directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the 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 of the Trust for that period. 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.

The Directors confirm they have complied with the above requirements in preparing the accounts.

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 requirement 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.

By order of the Board

Chief Executive  8 August, 2002

Finance Director  8 August, 2002

#### Statement of Directors' responsibilities in respect of internal control

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management [Risk Management System standard for 2001/2002].

I plan to have the necessary procedures in place by the beginning of the financial year 2003/2004 necessary to meet the Treasury guidance. This takes into account the time needed to fully embed the processes that the Board has agreed should be implemented.

The actions taken so far include:

- the organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps
- the organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.

In addition to the actions outlined above, in the coming year it is planned to:

- formalise the draft financial procedure notes
- develop existing systems of dissemination of SFIs, eg summary documentation for non-financial managers and briefing sessions
- maintain register of recipients of SFIs
- develop a formal financial risk assessment system
- develop a central risk register to include a formalised finance section
- develop a finance training strategy
- develop a training programme for relevant non-financial managers and maintain register.

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.



Chief Executive

8 August, 2002

(on behalf of the Board)

## Independent Auditors' Report to Directors of the Board of South Staffordshire Healthcare NHS Trust

We have audited the summary financial statements on pages 23 to 27 which have been prepared in accordance with the accounting policies relevant to the National Health Service.

### Respective responsibilities of Directors and Auditors

The Directors are responsible for the preparation of the financial statements in accordance with directions issued by the Secretary of State. Our responsibilities, as independent auditors, are established by statute, the Code of Audit Practice issued by the Audit Commission and our profession's ethical guidance.

We report to you our opinion as to whether the financial statements give a true and fair view of the state of affairs of the Trust and its income and expenditure for the year, in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

We review whether the Directors' statement of internal control reflects compliance with the Department of Health's Controls Assurance Project and we report if it does not. We are not

required to consider whether the Directors' statement on internal control covers all risks and controls, or form an opinion on the effectiveness of the Trust's system of internal control. Our review was not performed for any purpose connected with any specific transaction and should not be relied upon for any such purpose.

We read the information contained in the Annual Report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the statement of accounts.

### Basis of audit opinion

We conducted our audit in accordance with the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission, which requires compliance with relevant auditing standards issued by the Auditing Practices Board.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the trust's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

### Opinion

In our opinion the financial statements give a true and fair view of the state of affairs of South Staffordshire Healthcare NHS Trust as at 31 March, 2002 and of its income and expenditure for the year ended in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

### Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.



9 August, 2002

A Laird

District Audit, No 1 Friarsgate, 1011 Stratford Road, Solihull, West Midlands B90 4EB

**INCOME AND EXPENDITURE ACCOUNT FOR  
THE YEAR ENDED 31 March, 2002**

	£000	2000/01 £000
<b>Income from activities:</b>		
Continuing operations	88,060	88,532
<b>Other operating income</b>	6,614	6,562
<b>Operating expenses:</b>		
Continuing operations	(91,096)	(91,308)
<b>OPERATING SURPLUS (DEFICIT)</b>		
Continuing operations	3,578	3,786
<b>Exceptional gain: on write-out of clinical negligence provisions</b>	303	0
<b>Exceptional loss: on write-out of clinical negligence debtors</b>	(251)	0
Profit (loss) on disposal of fixed assets	0	(3)
<b>SURPLUS (DEFICIT) BEFORE INTEREST</b>	3,630	3,783
Interest receivable	435	354
Interest payable	0	(1)
Other finance costs	0	0
<b>SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR</b>	4,065	4,136
Public dividend capital dividends payable	(4,065)	(4,133)
<b>RETAINED SURPLUS (DEFICIT) FOR THE YEAR</b>	0	3

**BALANCE SHEET AS AT 31 March, 2002**

	£000	£000	31 March, 2001 £000
<b>FIXED ASSETS</b>			
Intangible assets	413		350
Tangible assets	73,444		69,449
		<b>73,857</b>	<b>69,799</b>
<b>CURRENT ASSETS</b>			
Stocks and work in progress	1,107		949
Debtors	7,889		7,598
Investments	0		0
Cash at bank and in hand	275		255
		<b>9,271</b>	<b>8,802</b>
		<b>9,271</b>	<b>8,802</b>
<b>CREDITORS : Amounts falling due within one year</b>		<b>(8,692)</b>	<b>(8,105)</b>
<b>NET CURRENT ASSETS (LIABILITIES)</b>		<b>579</b>	<b>697</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>74,436</b>	<b>70,496</b>
<b>CREDITORS: Amounts falling due after more than one year</b>		<b>(23)</b>	<b>(114)</b>
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>		<b>(1,116)</b>	<b>(1,793)</b>
<b>TOTAL ASSETS EMPLOYED</b>		<b>73,297</b>	<b>68,589</b>
<b>FINANCED BY:</b>			
<b>CAPITAL AND RESERVES</b>			
Public dividend capital		<b>70,093</b>	52,607
Revaluation reserve		<b>2,917</b>	11,893
Donated Asset reserve		<b>214</b>	224
Government grant reserve		<b>0</b>	0
Other reserves		<b>0</b>	19
Income and expenditure reserve		<b>73</b>	3,846
<b>TOTAL CAPITAL AND RESERVES</b>		<b>73,297</b>	<b>68,589</b>

## CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March, 2002

	£000	£000	2000/01 £000
<b>OPERATING ACTIVITIES</b>			
<b><u>Net cash inflow from operating activities</u></b>		<b>5,696</b>	5,953
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>			
Interest received	435		371
Interest paid	0		0
Interest element of finance leases	0		0
<b><u>Net cash inflow/(outflow) from returns on investments and servicing of finance</u></b>		<b>435</b>	371
<b>CAPITAL EXPENDITURE</b>			
Payments to acquire tangible fixed assets	(3,099)		(3,319)
Receipts from sale of tangible fixed assets	114		2,274
(Payments to acquire)/receipts from sale of intangible assets	(106)		(32)
<b><u>Net cash inflow (outflow) from capital expenditure</u></b>		<b>(3,091)</b>	(1,077)
<b>DIVIDENDS PAID</b>			
		<b>(4,065)</b>	(4,133)
<b><u>Net cash inflow/(outflow) before management of liquid resources and financing</u></b>		<b>(1,025)</b>	1,114
<b>MANAGEMENT OF LIQUID RESOURCES</b>			
Purchase of investments	0		0
Sale of investments	0		0
<b><u>Net cash inflow (outflow) from management of liquid resources</u></b>		<b>0</b>	0
<b><u>Net cash inflow (outflow) before financing</u></b>		<b>(1,025)</b>	1,114
<b>FINANCING</b>			
Public dividend capital received	2,125		1,461
Public dividend capital repaid (not previously accrued)	(396)		(2,587)
Public dividend capital repaid (accrued in prior period)	(684)		0
<b><u>Net cash inflow (outflow) from financing</u></b>		<b>1,045</b>	(1,126)
<b><u>Increase (decrease) in cash</u></b>		<b>20</b>	<b>(12)</b>

## SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

Name and Title	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden hello/compensation for loss of office	Benefits kind
	£000	£000	£000	£000
Cooke M - Chief Executive	>100	00 - 05	0	5
Singhal P Dr - Medical Director	>100	0	0	0
Deaville J - Director of Finance and Information	85 - 90	00 - 05	0	4
Jones S - Director of Development and Partnerships	85 - 90	00 - 05	0	0
Carr N - Director of Nursing and Operational Management	75 - 80	05 - 10	0	6
Francis L - Director of Human Resources and Organisational Development	55 - 60	00 - 05	0	0
Millward A - Chairman	20 - 25	0	0	0
Allen H - Non Executive	05 - 10	0	0	0
Brisby T - Non Executive	05 - 10	0	0	0
Flanagan H - Non Executive	05 - 10	0	0	0
Roberts G - Non Executive	05 - 10	0	0	0
Selwood K - Non Executive	05 - 10	0	0	0

Dr Singhal - £35k relates to managerial duties.

Each senior manager has elected to withhold details of age and pension.

## MANAGEMENT COSTS

The Trust management and administration costs, as a percentage of its income, for the reported year ended 31 March 2002 were

	2001/02 £000	2000/01 £000
Management and administration costs	4,267	4,828
Income	94,674	94,588
Percentage of total income	4.5%	5.1%

In 2001/2, the Trust complied with the Chief Executive of the NHS' letter of 9 April, 2001 requesting that overall, pay rises, including performance related pay, for senior managers should not exceed 3.7% of its current pay bill for this group.

## PUBLIC SECTOR PAYMENT POLICY

Better Payment Practice Code - measure of compliance

	Number	£000
Total bills paid in the year	37,388	17,094
Total bills paid within target	19,412	9,083
Percentage of bills paid within target	51.92%	53.14%

# GETTING IN TOUCH

**For more information about our services and directorates please contact:**

## **Children's Services**

Clinical Director: Dr Gunjan Patel  
Tel no: 01283 511511 (ext 5840)  
E-mail kidscentre94@hotmail.com

## **Development and Partnerships**

Director: Mr Steve Jones  
Tel no: 01785 221853  
E-mail steve.jones@ssh-tr.nhs.uk

## **Clinical Development**

Clinical Director: Mrs Kim Jelphs  
Tel no: 01543 414555 (ext 2166)  
E-mail kim.jelphs@ssh-tr.nhs.uk

## **Finance and Information**

Director: Mrs Jayne Deaville  
Tel no: 01785 257888 (ext 5527)  
E-mail jayne.deaville@ssh-tr.nhs.uk

## **Forensic Mental Health**

Clinical Director: Dr Nicholas Griffin  
Tel no: 01785 221592  
E-mail dr.griffin@ssh-tr.nhs.uk

## **Nursing and Operations**

Director: Mr Neil Carr  
Tel no: 01785 257888 (ext 5515)  
E-mail neil.carr@ssh-tr.nhs.uk

## **Learning Disabilities**

Clinical Director: Mrs Judy Morris  
Tel no: 01785 222888 (ext 5403)  
E-mail judy.morris@ssh-tr.nhs.uk

## **Human Resources and Organisational Development**

Director: Mrs Lesley Francis  
Tel no: 01785 221503  
E-mail lesley.francis@ssh-tr.nhs.uk

## **Mental Health**

Clinical Director: Dr Abid Khan  
Tel no: 01785 257888 (ext 5428)  
E-mail judy.waddell@ssh-tr.nhs.uk

## **Health Informatics Service (HIS) (via HIS Board)**

Director: Mr Tony Eardley  
Tel no: 01785 221534  
E-mail tony.eardley@ssh-tr.nhs.uk

## **Specialist Services**

Clinical Director (Acting): Mr Neil Carr  
Tel no: 01785 257888 (ext 5515)  
E-mail neil.carr@ssh-tr.nhs.uk

## **Medical**

Director: Dr Pradeep Singhal  
Tel no: 01785 257888 (ext 5532)  
E-mail pradeep.singhal@ssh-tr.nhs.uk

## **Therapy Services**

Clinical Director: Mrs Mandy Le May  
Tel no: 01785 221430  
E-mail mandy.lemay@ssh-tr.nhs.uk

For further information, or to make a comment, please contact:

Mr Mike Cooke, Chief Executive, South Staffordshire Healthcare NHS Trust, Corporation Street, Stafford ST16 3AG

E-mail: mike.cooke@ssh-tr.nhs.uk

THE DATES AND VENUES FOR THE PUBLIC BOARD MEETINGS MAY VARY. PLEASE CONTACT ANNETTE CHRISTIE ON 01785 221500 FOR MORE INFORMATION.

If you, a friend, colleague or relative, experience sight difficulties or are unable to understand the English language and wish to receive a summary of this Annual Report and Accounts, it can be made available on tape and can be translated into the language required. An electronic or large print version is available on request.



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