

South Staffordshire Healthcare



NHS Trust

# Annual Report & Accounts

2002-2003



We are committed to providing high standards of care to the people of South Staffordshire. We place our patients, service users and carers at the heart of everything we do. Guided by seven principles, we aim to manage today's services effectively and look ahead to tomorrow's.

### The Trust's Seven Principles

- 1) To enhance patient, user, carer and public experience of our services
- 2) To engage and support our clinicians in their front line roles, along with the people who support them
- 3) To improve and to develop clinical and managerial processes on a continuing basis
- 4) To strengthen individual and team development to ensure we have the competencies required for a modern organisation
- 5) To be outward looking, to understand national policies and to influence local changes, involving patients and the public in redesign, development and improvement of our services
- 6) To be flexible in our approach to partnership working
- 7) To devolve responsibility, accountability and authority to as close to the patient as possible

### "VISION:

Our purpose is to provide local people and children with the best possible services. We provide specialised community, mental health, forensic, learning disability, dental and children's services and the corporate and development services to support these. We do this through creating partnerships, a continuous improvement culture and by putting the patient at the centre"



### Did you know?

Our commitment to patients, users and carers meant that our Trust was the first to be able to launch a Patient Advice and Liaison Service (PALS) in the Shropshire and Staffordshire areas.



St Michael's Hospital, Lichfield



St David's House, Wombourne

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# Chairman's Introduction

I am delighted to introduce this year's Annual Report and Accounts for South Staffordshire Healthcare NHS Trust. It has been a good twelve months for the Trust – we have been able to build on the solid foundations of our first year whilst at the same time positioning ourselves for sustainable improvements and continued progress.



I deliberately use the word "good". This is precisely the word used by our Strategic Health Authority in their official performance review of us in June. Indeed, in

a subsequent letter to us they said, "The Trust has been a strong performer, which has been reflected in the good review the Trust received from the Commission for Health Improvement (CHI)".

To receive, in July 2003, only a 1 star rating for 2002/3 was disappointing and contrary to our expectations, but needs to be seen in the context of the following facts:-

Firstly, we actually achieved 5 out of the 7 Key Criteria which include those for outpatient waiting times and financial balance, and one of the two we did not attain was based on the position in September 2002.

Secondly, on the criteria for clinical focus our Trust was judged to be "in the top band of performance".

Thirdly, the definitive indicators used in the ratings were published in March 2003, with detailed descriptions only available in May 2003.

Nevertheless, we are determined to improve our star rating for this current year.

In October we said farewell, with many thanks, to Non-Executive Director Hugh Flanagan, due to the pressure of business commitments. We then welcomed three new Non-Executive Directors to the Trust Board.

- Eleanor Chumley-Roberts is Chair of Age Concern South Staffordshire and is a partner in an Environmental Health Consultancy - she also chairs the Service User Sub Committee for the Trust.

- Steve Jones is company director of a consultancy that generates external funding for Local Authorities, as well as being director of the Good Shepherd Trust.
- Professor Roger Evans is Director of the School of Law at Liverpool John Moores University and is currently working on research on health service providers and policy makers – his background includes work with children and those with mental health problems.

The Trust continues to put the patient and service user at the heart of everything we do – and I am delighted to say that we now have service users on one of our Board sub committees. A service user was also part of our twice yearly performance review – and furthermore we have agreed plans for service user representation on our Trust Board.

It would be remiss of me not to mention and thank the valuable and commendable contributions from our host of volunteer staff – without whom we would not be able to offer such high levels of care.

Finally, I would like to thank all our clinical and support staff for their ongoing hard work, dedication, professionalism and care.

A handwritten signature in dark ink, appearing to read "A. Millward".

Andrew Millward  
Chairman

August 2003

# Chief Executive's Report

Andrew Millward and I are delighted to present this, our second Annual Report. It has been a busy, challenging and rewarding year and I am proud to say we have made significant progress on many fronts.



I am pleased to say that our waiting list targets have not only been met, but exceeded again this year. This gives improved access to patients, users, and referrers to all our services.

However, we don't rest on our laurels, as we have a programme in place to further improve waiting times in all areas this year.

It has been a busy year in terms of development of our staff, too. CHI commended us on our approach to staff development, education, training and leadership.

And, in terms of premises development I am also pleased to report on our successful capital development programme of over £1.8 million. This, along with the many awards we have received for our environment, housekeeping and improvements in hospital food, demonstrate our commitment to continuous improvement. Patients and staff respond to better facilities.

Our Joint Staff Partnership approach with our Professional Organisations' colleagues is now demonstrated with their place on our Trust Management Board and we are pleased to lead the way on Improving Working Lives in the health economy – a measure of how well we look after our staff.

Our focus on clinical governance continued throughout the year – with another highly successful Clinical Governance for Real Week and the second edition of the Clinical Governance Pocket Guide. Please see our separate Clinical Governance Annual Report for more information on this. We were also pleased to be invited to present at three national conferences.

During the year we have been keen to develop our focus on research and learning. We are now working actively with Professor Peter Nolan, Professor Annette Jinks and

Professor Malcolm Rae in the Trust's Professorial Unit, to develop and support our research culture. In February I was delighted to welcome Professor Michael West from Aston University to work with the Trust in researching how good teamwork affects patient care. In May, I was pleased to host leading academics as we launched our Research Strategy, in association with Staffordshire University. This developmental theme will continue next year with the much awaited launch of our Learning Centre and Network.

Other key developments this year include the launch of our website, the rollout of our Nursing Strategy and significant progress in supporting our PCT colleagues and NHS Trust partners through our shared service approach.

I would like to thank our outgoing Medical Director – Dr Pradeep Singhal – for his valued contributions to the Trust over the last 2 years and wish him well with his International Recruitment duties at the Department of Health. I would like to welcome Dr Stewart Vaggers as our new Medical Director.

As well as looking forward to the challenges ahead, I am very pleased to be able to reflect on the successes of the last year – many of which are illustrated in this report, and in our accompanying Clinical Governance Annual Report for 2002/3.

Finally, I would like to thank all staff and all the teams for their hard work and commitment and for being part of us.

A handwritten signature in cursive script that reads "Mike Cooke".

Mike Cooke  
Chief Executive

August 2003

# What do we do?

South Staffordshire Healthcare NHS Trust was largely established in its current format following the establishment of four Primary Care Trusts (East Staffordshire, South Western Staffordshire, Burntwood Lichfield and Tamworth, and Cannock Chase). In April 2002 a number of services formerly operated by South Staffordshire Healthcare were transferred to these four PCTs and since then the Trust has operated a wide range of services.



Nurses at the Margaret Stanhope Unit, Burton



Stafford Dental Nurses celebrate National Smile Week

These include:

- Community, Day and Inpatient Services for people with mental health problems
- Community Services for people with learning disabilities, including behavioural support, assessment, respite services, day services, residential homes. There is also a unit for people with mental health needs and/ or challenging behaviour who need rehabilitation back to community living
- Community and Development Services for children with complex needs
- Services for children and adolescents with mental health problems
- School Nursing Services
- High Dependency Community Nursing Service
- Community Nursing Services through partnership teams
- Specialised Nursing Services
- General, Personal and Specialist Dental Services
- Contraception and Sexual Health Services
- Specialist Addictions and Eating Disorders Services
- Physiotherapy Services for Children
- Occupational Therapy Services
- Psychology Services
- Medium Secure Forensic Services, providing assessment, rehabilitation and long stay facilities
- Equipment and Wheelchair Services
- A wide range of Corporate Development & Support Services
- Health Informatics Service.



## Did you know?

For our Mental Health clients, we provided 125,379 community contacts and 77,444 inpatient bed days during 2002/3

# Where will you find us?

We offer our services through 75 premises spread across an extensive area of 700 square miles. We also care for people in their own home.

We serve a local population of almost 600,000 people, as well as a wide population of approximately 1.5 million for some of our specialist services.

Our services are provided from these locations:

## Tamworth Borough

- Albert House
- Argyll Street Clinic
- Cherry Orchard
- Fazeley Clinic
- Fazeley Health Centre
- George Bryan Centre
- Glascoate Health Centre
- Hockley Centre
- Sir Robert Peel Hospital
- Stonydelph Health Centre
- Tamworth Health Centre
- Wilnecote Health Centre

## Lichfield District

- Burntwood Health Centre
- Burntwood Meeting Centre
- Greenhill Health Centre
- Guardian House
- Hammerwich Hospital
- Holly Lodge
- Nuffield Unit
- Salters Meadow Health Centre
- St Chad's Health Centre
- St Michael's Hospital
- Victoria Hospital

## Stafford Borough

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

## Cannock Chase District

- Armitage Clinic
- Cannock Chase Hospital
- Crown House
- Heath Hayes Health Centre
- Hednesford Health Centre
- Hillsprings Clinic
- Key House
- Longford Road
- Norton Canes Health Centre
- Park House
- Rugeley Health Centre
- West Chads Moor Clinic
- White Lodge

## South Staffordshire District

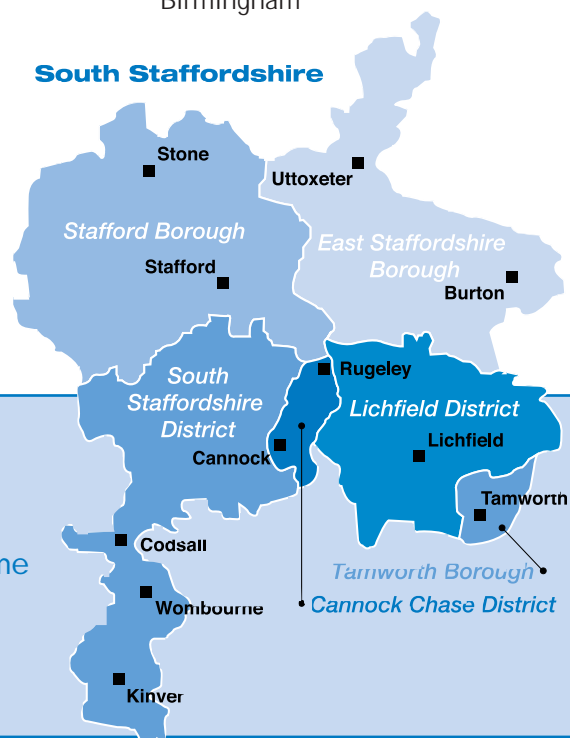
- Balance Street
- Bedford House
- Codsall Clinic
- Great Wyrley Health Centre
- Kinver Health Centre
- Penkridge Health Centre
- Perton Clinic
- St David's House
- Wombourne Clinic

## East Staffordshire Borough

- 150 Station Road, Burton
- Barton Cottage Hospital
- Barton Health Centre
- Children's Centre, Burton
- Cross Street Clinic
- Hillfield
- Horninglow Clinic
- Horninglow Street
- IMEX
- Margaret Stanhope Centre
- Tutbury Health Centre

## Other areas include:

Goyt Valley, Monmouth, Market Drayton, Feltham Young Offenders Institute, Latchmere and Karis, Birmingham



## Did you know?

Our Trust has been awarded with top marks in a national awards programme for patient environments

# How do we organise ourselves?

Working together to lead and support.



The Trust is organised into Clinical Directorates:

- Mental Health Directorate
- Learning Disabilities Directorate
- Forensic Mental Health Directorate
- Children's Services Directorate
- Specialist Services Directorate.

Services are provided by a range of clinical professionals.

The Clinical Directorates are supported by the following teams:

- Human Resources and Organisational Development Directorate
- Nursing and Operational Management Directorate
- Clinical Development Directorate
- Service Improvement Directorate
- Finance Directorate.

The support directorates offer an array of services to support, maintain, develop, improve and record the progress of the others. These teams also support other local organisations, in a "shared services" approach

– providing consistency of service across the local health economy, as well as efficiency benefits.

Each Directorate has an annual plan – showing its priorities for the year, what it will do to develop services, and most importantly, how it will ensure that patients, users and carers will be at the centre of everything. A summary of the Trust's Annual Plan is available separately.

At the back of this report you will see how the Trust Board is made up. The Board meets monthly – and is responsible for setting and monitoring the direction of the Trust. Feeding into this meeting is the monthly Trust Management Board – which has directors from all the above Directorates, plus the Chief Executive and the Medical Director.

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 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 resigns.

The Board has a number of sub committees – all with special remits to ensure that the Trust is managed in an efficient, professional and forward looking way.

Staff are kept fully informed of the progress of these meetings via our Communications Team – who provide regular updates in the form of an "Express" briefing paper and the monthly publication, Trust Matters.

## Did you know?

Twice a year, each Directorate has a performance review – to make sure that they are on track to deliver the service improvements and high standards of care that we have come to expect.



# What has been going on in the Trust?

## Mental Health Services

Placing patients at the centre of everything we do.

Here are some examples of our achievements:

In a tough recruitment climate, we have managed to appoint more doctors, testament to our culture and developmental approach.

Our focus on reducing levels of staff sickness has paid real dividends – not only because staff are happier, but also because the costs associated with temporary staff have been lowered as a result.

The team, led by Pradeep Singhal, our then Medical Director, have also been involved in a special project to help recruit new doctors from India – bringing the right talent to where it is most needed.

Within East Staffordshire we have made good progress in developing our Crisis Resolution / Home Treatment team. This team responds, assesses and provides treatment and support to individuals and families during mental health crises.

By further developing the home treatment component of our service, we can now provide continuance of care whilst a service user is an inpatient, and facilitate discharge from the hospital setting.

We have focused on early intervention – with first onset psychosis – understanding that seeing people early enough can pay real dividends in their future progress.

We have also seen real progress this year in integration of teams – making care co-ordination more streamlined and effective for clients.

Our Cannockwood Special Needs Unit, based at Cannock Chase Hospital is an example of integration of services into the community. This five bedded unit for older people with very challenging behaviour has been visited by leading experts who want to learn more

about our methods of settling those patients into the community who would otherwise have been institutionalised for the rest of their lives.



Nuffield Unit in Action

### Nuffield Unit

As part of our drive to help service users find meaningful daytime occupations, we have two special facilities within our Trust. One is the Nuffield Centre in Lichfield, where service users are able to do light engineering and assembly / packing work – and the other is The Task Group at IMEX in Burton. Here clients can also do light packing work, or take part (as they feel able) in the design and construction of wooden furniture.

The Nuffield Unit takes on work for many outside organisations – and can be contacted on 01543 417170.

As one in four of our prison population has a mental health problem, we are working with the Prison Service to offer tailored services to meet these needs.



## Did you know?

Our Crisis Service in Stafford received over 400 telephone support calls from Service Users over a 20 day period.

# What has been going on in the Trust?

## Learning Disabilities Service

Among our achievements this year has been the implementation by our residential areas of a national quality standard (EN ISO 9001). We have also further developed our all-important joint working with Social Services.



Other achievements include:

The team at Hockley Respite Centre has set up a multi-disciplinary panel to ensure that only those clients with health needs use the service. This means that people who need the service have better access to it.

The Learning Disabilities team operates a supported employment programme. This year we are pleased to report that 4 people have found work (1 paid, 1 alternatively paid and 2 voluntary), 4 more are job hunting and 7 people are waiting to go through the employment process. An example of how the Trust's work goes beyond the traditional healthcare arena.

The multi-professional community Learning Disability teams have strengthened links with statutory and other agencies to ensure a holistic and individualised approach to care, and joint working is an integral part of our service.

Three nurses completed the supplementary nurse prescribing course. This complements existing specialisms in epilepsy, challenging behaviour and health facilitation and further enhances the services provided to clients.

### Case Study

Over 90% of our service users now have person-centred planning – placing service users at the heart of decision making. An example of this was long term New Burton House resident Leonard Smithson (not his real name) – who originates from Southern Ireland. Leonard was able to realise his dream of visiting his country of birth – just in time for his 60th birthday! Accompanied by a member of staff he travelled to Dublin, by ferry and train, stayed in a city centre hotel, visited tourist attractions and was able to bring back souvenirs of his journey down memory lane!

Thanks to the launch of nurse triage clinics, the time spent waiting for services from the Learning Disabilities team has significantly reduced over the year.



## Did you know?

We held an open day to raise the profile of our Learning Disabilities Service and to help recruitment – and we were even featured on a local radio station!

# What has been going on in the Trust?

## Forensic Mental Health Services

The Forensic Services Directorate provides treatment and care for people with mental illness who have a history of offending or are at risk of offending.

Forensic Mental Health Services provide care and treatment through two community teams and a medium secure inpatient unit.

The team are continually seeking ways to improve the service they offer. This year the first Clinical Governance Awareness Survey was conducted amongst team members – to identify the knowledge base of staff. The results were impressive, showing a good baseline of knowledge and highlighting the areas for future focus.

The Mentally Disordered Offenders team have reviewed the service that they are offering to the police. The police received the feedback in a very positive way and now request that the team assess every person in custody who has been charged with serious offences (for example homicide and sexual offences). The police have also suggested introducing a marker scheme to identify individuals with mental health problems to ensure that they receive an assessment if they come into contact with the police. This is a very positive reflection of the work the team is undertaking.



Again, keen to anticipate future requirements, the Forensic Directorate have recently recruited a new Business Manager. This new post, a welcome addition to the multi-disciplinary

Clinical Management Team, is held by Susan Cassidy (pictured) who will be able to facilitate the business, financial and day to day operational management of the Directorate – as well as assist in the strategic development and planning for the teams.

In our Forensic Unit we have a User Involvement Group. This group have conducted three quality monitoring visits – led by former users of the service – to look at Activities, The Environment and Food. After each "visit", group members plan any action required and then improvements are made.

The User Involvement group has ensured that each ward now has a dedicated computer available for patients to use.

This October saw the launch of our Carers Support Group. Acknowledging that carers too have specific needs, this group is supported by the Trust's Centrepoint team. This group has asked for more information on diagnosis, treatment and therapies, and has already had a useful and informative presentation from a consultant on the topic of diagnosis.

## Did you know?

Service Users have been able to contribute to the design of job roles through a new initiative to include patients in all aspects of care.

# What has been going on in the Trust?

## Children's Services

The Children's Services Directorate already has a reputation for involving a wide number of agencies in the care of children. Our Children's Centre model in Burton, has achieved national acclaim.

This year we have continued to be involved with developing services for children in the county. This has included establishing a new Special Needs School Nursing team in partnership with Staffordshire Education Services and partnership working with Staffordshire Social Services to establish a Looked After Children team – who aim to improve the health outcomes for young people leaving care and moving into independent adulthood.

Our approach to partnership working is also demonstrated with our Child Protection team which works with health service providers and social services to ensure that vulnerable children are protected.

The directorate involves parents and carers whenever possible – by including them in decision making, inviting them to meetings and to relevant committees. In one of our Children's Centres, parents themselves organise to use the Trust's facilities to host Conductive Education Summer Schools with leading clinicians from the famous Peto Institute in Hungary.



The child friendly environment at the Children's Centre, Burton

We have also started to involve a selection of secondary school aged children in Mental Health awareness issues – by using an innovative approach. A local theatre company have been commissioned to deliver a special school play that helps to address some of the stigmas that can be associated with mental illness.

Our Children's Community Nursing team are working innovatively with other local health care providers, such as GPs, to ensure that children and young people get the care they need at the most appropriate place for them, which is often at home. For example, if requested to do so by a GP, the team can help parents care for young children with severe sickness and diarrhoea at home, rather than admitting them to hospital. This can make life easier for parents, and is often less stressful for the child and the family unit.

The Children and Adolescent Mental Health team (CAMHS) have produced 5 new information leaflets – specially designed for service users, carers and their families

The Trust's reputation for high standards of child protection care were recognised this year when we were one of a few Trusts asked to participate in a national pilot in response to the Laming Inquiry into the death of Victoria Climbié.

## Did you know?

Our new health assessment process for Children in Care is not only tailored to the needs of children, but also ahead of the national requirements



# What has been going on in the Trust?

## Specialist Services

The Specialist Services Directorate offers a wide range of services to people with special requirements.

This year there have been many developments, which include:

The launch of a brand new service for people with eating disorders. The Kinver Centre is an inpatient eating disorder unit which cares for children and adults in a friendly and professional environment. In a tough recruitment climate, where specialists are hard to recruit, the Trust was particularly pleased to be able to employ a team of dedicated professional staff for this unit.



The Kinver Centre

Within our Eating Disorder Service, we have recruited a Nurse Consultant which will enable better networking and levels of care.

The Trust was delighted to welcome Kristina Hofberg, a specialist consultant in Perinatal Services, to enhance our service of pregnancy related mental health services. Previously, patients would have had to travel to receive support and help and now they can be cared for closer to home.

In our open access Sexual Health Service, where we provide advice, support and comprehensive contraception services for South Staffordshire, we were pleased to develop new partnership projects for to promote young people's sexual health.

We have also refurbished two new centres for our Integrated Drug and Alcohol Service (IDAS) – one in Burton and one in Cannock. The improved environment makes it a better place to work, and a better place to receive care and treatment.

We also now provide services to the Prison Service in Greater London – our new service, called CARAT (Counselling, Assessment, Referral, Advice, and Throughcare), offers drug users in prison a new level of care.

Developments in our Dental Services include an improved service for treating people who are HIV positive, and participation in county wide dental health promotion. This is in addition to our service for people with severe anxiety or dental treatment phobia.

Our "Open Access" Sexual Health Clinics are available right across South Staffordshire.

## Did you know?

We have launched a new service to help reduce rates of teenage pregnancy called "Clinic in a Box" – this portable toolkit enables clinical sessions to be held anywhere at venues suitable for teenagers – such as youth clubs and community centres.

# How do we serve you?

## New developments

We greatly value the views of our staff on the way we manage our Trust and we were delighted to welcome a representative from our staff's Professional Association (Union) onto our Trust Management Board.



'Improving Working Lives' for Real Week

Showing the Trust's real commitment to achieving a good work and life balance, the Trust is hosting a Work/Life Balance Co-ordinator to work across the health community. We have also launched a special nursery care voucher scheme for working parents.

There have been successful transfers and harmonisation of pay and conditions for over 300 staff, development and production of over 4,000 staff opinion surveys, 2,500 personal development portfolios distributed, as well as the development of 7 new policies and procedures relating to health and safety.

Our library services team received special commendation from the Commission for Health Improvement for their notable practises.

The Trust launched its very own website this year – [www.southstaffshealthcare.nhs.uk](http://www.southstaffshealthcare.nhs.uk)

Why not take a look! It's packed full of information as well as containing links to other NHS sites of interest.

The new website

In our Annual Staff Survey, we improved in 29 categories! The improvements were strongest in the areas of leadership and management, and training and development. Action Plans are in place to build on areas that need development.

The Trust has a huge commitment to effective team working, knowing that working well with your colleagues means better patient care. This year over 56 of our teams had a special healthcheck – and they are all working on ways to further improve their communication, efficiency and roles.

The Trust currently has 163 people studying for NVQ qualifications, as well as 148 people registered for the new European Computer Driving Licence scheme – again showing the Trust's commitment to development of its staff.

This year we processed nearly 40,000 invoices and placed 780 job adverts!



## Did you know?

To help develop awareness of the links between spirituality and well being, the Trust held an innovative conference in March. Speakers included the Bishop of Stafford, representatives from the Department of Health and the National Institute for Mental Health, England.

# How have we improved your environment this year?

We recognise the important contribution that a pleasant, well maintained environment makes to the quality of our care for our patients and our staff.



Over the year we have financed and managed the development of many facilities within the Trust. We have opened new premises as well as making improvements to many locations - including making places easier to access for disabled patients and visitors.

At Park House, (see photo above) we are now able to offer a wide range of services from this recently refurbished community mental health base in Cannock town centre – easily accessible for service users. Our team of psychiatrists, psychologists, community mental health workers, social workers and occupational therapists are based here. We also have Spring Meadow Therapy Unit where our primary health care team can provide services for people presenting with addictions. We are very pleased to be able to offer these services from one building.

We have also opened a new drug and alcohol advice centre in Burton-upon-Trent as well as developing a refurbished facility, especially for people with eating disorders, at St George's Hospital in Stafford.

This year saw improvements in hospital food – and now patients are able to access food 24 hours a day.

The housekeeping teams have undertaken a review of services, to improve the service offered to patients.

At the new Kinver Centre, our specialist Eating Disorder Unit, service users were involved in the design process and now have special private areas for receiving visitors and making phone calls. Patients are also encouraged to personalise their environment and make it feel more like home, by bringing in their own belongings – for example, duvet covers.

We have conducted a survey of the Patient Environment – and will be taking actions on the results from this valuable feedback from our patients.

## Did you know?

We are committed to helping our environment, and this year we achieved "green" environmental status for our hospitals.

# What do you think of us?

## Listening and responding to your comments, suggestions for improvements and complaints.

Our PALS (Patient Advice and Liaison Service) are a team of dedicated professionals, employed by us to act on behalf of our patients. If you have comments or suggestions for them, all you have to do is call the helpline or complete a simple form. Details of how to contact PALS can be found on the back of this Annual Report.

Here are a few examples of how our PALS team and our service users have made our Trust a better place:

- Improved heating at Bromley House by moving the temperature sensors
- Discussed "piping in" fresh air into a Forensic Unit to improve environmental conditions
- Installed and improved lighting in courtyards, enabling service users to use outdoor facilities in safety after dark.

Another way to get your comments heard is by making a formal complaint. It is our policy to acknowledge all complaints within 48 hours, and to respond as fully as possible within 20 days.

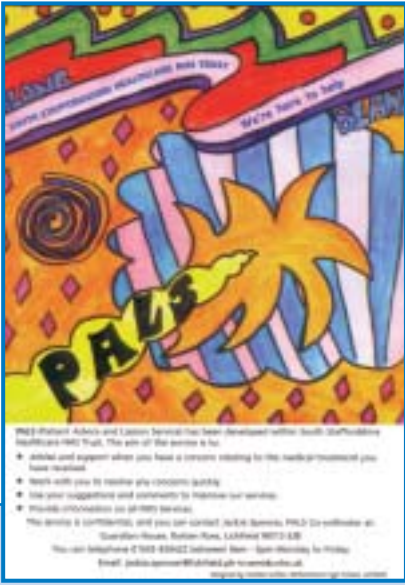
Every complaint is an opportunity to improve what we do for you – and we have ensured that making your voice heard has become easier over the year. During the year the Trust received 321 complaints and 141 expressions of thanks. The average time to respond to a complaint was within the national guideline of 20 days – although some complex cases took longer than 20 days to complete the necessary investigations.

11 complainants requested an Independent Review, and of these 7 were turned down, 2 were referred back to the Trust for resolution and 2 were referred to a review panel.

Examples of how the Trust has improved service provision are included throughout this report, and include such improvements as specially tailored leaflets for clients with Learning Disabilities, changes in policies, new training programmes and increasing patient involvement.

This year we ran another successful "Telling it Like it is" event – where patients, service users, carers and their families have the opportunity to tell us exactly where we can improve our service. 123 people attended – and both the feedback and achievements have been very positive. Outcomes from this event include the formation of our "Grassroots" Group, the nomination of a service user to attend and contribute to a Trust Board sub committee and two successful "Question Time" events.

There is now a PALS Service Directory of support groups and organisations within the area covered by South Staffordshire Healthcare Trust – and it has over 500 entries!



### Did you know?

To attract comments, complaints and concerns from children and young people, a special PALS poster has been produced. Design students from Netherstowe High School were invited to enter a competition, and the entrants were judged by 5 child service users from the Trust. The winning artist was Andrea Sutton, aged 14 - shown above.



# How do we look after our staff?

Helping our staff to enhance their skills and realise their full potential through high quality training and development is a significant part of our work. Not only do staff benefit personally and professionally, they are better able to serve our clients and their families. To this end, we offer a wide range of staff training and development programmes, both "on" and "off the job".

This year we are proud to have been awarded the top regional score in the national Improving Working Lives (IWL) standard. This standard aims to ensure that staff may truly achieve an effective work/life balance, something about which we care deeply. After all, happy staff make for happier patients!

Also this year we were proud to have achieved Investor In People (IIP) accreditation – a national standard which demonstrates our commitment to our staff.

Some examples of staff development:

- The Nursing Directorate has supported 18 nurses from the fields of Mental Health, Learning Disabilities and Paediatric nursing with the first Supplementary Prescribing Course in the UK. Nine of these nurses have now qualified as Nurse Prescribers and will be prescribing as soon as their qualifications have been registered with the Nursing and Midwifery Council.
- Ruth Duffy, Professional Lead for Occupational Therapy, has gained a scholarship place at Staffordshire University to undertake a Doctorate in Health Science – this is jointly funded by the university and the Trust.
- Gill Chalder, Forensic Nurse Consultant, has completed a research project with Professor Nolan, Staffordshire University and Helen Nicolson, Research Assistant, examining the components of an effective team. Findings from the project are being implemented.



Nurse Prescribers and some of the Nursing Directorate team

- Sharon Leighton, Nurse Consultant, has received a Florence Nightingale travel scholarship to study new ways of working from the United States of America.
- Lisa Agell, Senior Project Nurse, has worked with the Modernisation Agency on the development on a new "Essence of Care" benchmark on communication – improving the core and essential aspects of patient care.

Here are just a few examples of our staff who have gained awards this year:-

- Sandra Corry, Project Nurse, has been awarded an MBA from Keele University
- Digby Gould, Estates Manager, has achieved an HND in Electrical Engineering
- Mark Cooper, Hotel Manager, has been awarded the Health and Safety Waste Management certificate in Environmental Management.
- Mary Mandle, Hotel Manager, has achieved the Institute of Supervisory Management award.

Well done to you all!



Ruth Knott, Personal Assistant, was awarded the Student of the Year prize for her Certificate in Personnel Practice – and was invited for cream tea at Buckingham Palace! Ruth is shown here (left) with Angie Bright.

## Did you know?

We have had 4,203 requests for study leave across the Trust and have facilitated 1,060 people in clinical training events.



# How do we celebrate our successes?

Special recognition for the achievements of our Trust and many of our staff.



Staff receiving well-earned recognition during our Celebration Day.

This year we held a successful Celebration Day. 175 staff were nominated by their managers to attend the event held at Cannock District Council Offices. Andrew Millward, our Chairman and William Price, Chief Executive of South Western Staffordshire PCT, presented them with a Certificate of Congratulations.

- Our Infection Control Services team has received national recognition from the Commission for Health Improvement – for its excellent standards of care and communication.

## Trust Awards

A selection of awards received by the Trust this year:

- The Commission for Health Improvement (CHI) visited the Trust in October and their report commended the Trust for its high standards of leadership and communication.
- The Trust has also been awarded Investor in People accreditation for three years – and the assessor met over 70 members of our teams. This is an excellent achievement for such a new organisation.
- Awarded the West Midlands Hefma Good Practice Award in 2002 for Facilities Management
- Awarded pilot status for Housekeeping by NHS Estates
- Achieved a bronze award for green transport – from Staffordshire County Council



NHS Leadership Centre pilot supporting female Mental Health Nurses.

William Price, Chief Executive, South Western Staffordshire PCT  
 "I know that the achievements themselves will have been valued by staff, and hopefully given them that YES! feeling. It is people like these who can challenge and improve the system, and I look forward to continuing to work with them all"



## Did you know?

The Nursing Directorate are working with the NHS Leadership Centre on a pilot to support female Mental Health Nurses – to ensure equality of opportunity for female and male nurses.

# How has our Trust helped others?

Working in partnership and sharing good practice with organisations throughout South Staffordshire's 'health economy' is of great importance to us.

Facilities and Estates - the team of people who lead the development, improvement and management of our premises are committed to sharing good practise with others. This year they have represented the Trust on a number of regional and national initiatives, including Patients Environment, Patient Food, Engineering Standard and Benchmarking.

Infection Control – our Trust offers a training programme to other NHS Trusts to help them ensure high standards of infection control.

In November 2002, we organised and delivered an International Conference on Medication Management in Mental Health Care Partnership Working.

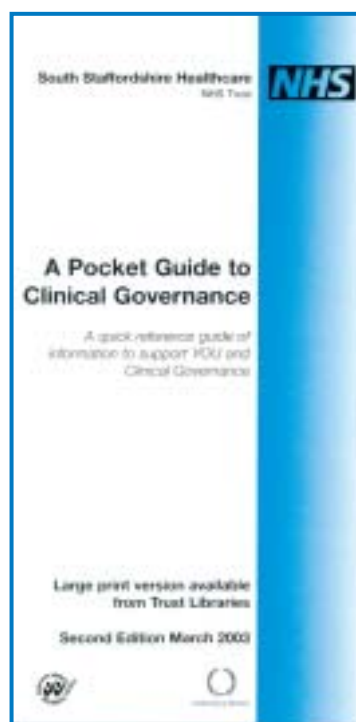
Occupational Therapy – our OT teams have been able to represent the Trust in several national events – including presentations at National OT Conferences, working parties and regional groups. Our unique insights on OT roles in Mental Health have helped others develop their policies and practises as well as our own.

Our Clinical Governance Pocket Guide – a tool to point people in the right direction for the help and support they need to develop quality services – pictured here – has been updated this year – and many other Trusts and agencies have praised this innovative, informative approach to ensuring that we have consistency and quality in everything we do. In fact, Staffordshire University has now developed a version for their students.

Our Forensic teams have hosted a special conference and a cross-county networking group to share best practice and fill any gaps in service provision.

Sue Byrne, Named Nurse for Looked After Children, has been asked to represent our Trust as one of a small national team of professionals to contribute to the development of the National Service Framework for Children – using her specific experience of Looked After Children.

Our Trust has been a significant contributor to the National Older Person's Specialist Leadership course – two members of our Clinical Development Directorate developed, implemented and facilitated this very successful national initiative. This programme means that teams, leaders, and most importantly, older people themselves, have benefited from better clinical practice and more proactive, inter-agency care.



## Did you know?

Our Clinical Governance Pocket Guide was exhibited at the NICE (National Institute for Clinical Excellence) Conference.

# Trust Board and Committees

## Trust Board Membership



The Trust Board, July 2003

### Executive Directors

Mr Mike Cooke	Chief Executive	2, 3, 4 (Chair), 5, 6, 7
Mr Neil Carr	Director of Nursing and Operations	3, 4, 8
Mrs Jayne Deaville	Director of Finance and Information	1, 3, 4, 7,
Mrs Lesley Francis	Director of Human Resources and Organisational Development	2, 3, 4, 5
Mr Pradeep Singhal	Medical Director	3, 4, 6

### Chairman and Non-Executive Directors

Mr Andrew Millward	Chairman	2 (Chair), 3 (Chair), 4, 6
Mr Gwilym Roberts	Non-Executive Director	1 (Chair), 2, 3, 7, 9
Mrs Toni Brisby	Non-Executive Director	1, 2, 3, 4, 6 (Chair), 9
Professor Roger Evans	Non-Executive Director	2, 3, 6, 7 (Chair), 8, 9
Mrs Eleanor Chumley-Roberts	Non-Executive Director	2, 3, 5, 8 (Chair), 9
Mr Stephen Jones	Non-Executive Director	1, 2, 3, 5 (Chair), 9
Mr Hugh Flanagan	Non-Executive Director	(left 31/10/02)

### Committees

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

- 1 Audit Committee
- 2 Remuneration and Terms of Employment Committee
- 3 Charitable Funds Committee
- 4 Clinical Governance Sub Committee
- 5 Human Resources Sub Committee
- 6 Strategic Direction Sub Committee
- 7 Risk Management Sub Committee
- 8 Service User / Carer Partnership Sub Committee
- 9 Mental Health Act Managers Panel

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

## The Trust's Approach to ensuring Quality, Equality and Diversity

The Trust firmly believes that equality of opportunity and diversity is vital to its success and an essential prerequisite to delivering the best possible care to patients. The Trust is working towards three strategic aims as set out in the "Equalities Framework for the NHS - The Vital Connection" and "General Whitley Council Equal Opportunities" agreements.

- to recruit, develop and retain a workforce that is able to deliver high quality services that are accessible, responsive and appropriate to meet the 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 that the Trust uses its influence and resources as an employer to make a difference to the life opportunities and the health of the local community

The Trust has achieved the "Improving Working Lives" practise status.

The Trust is accredited to the "Positive about Disability - two ticks" standard which commits to interview all applicants with a disability who meet the criteria for a job vacancy and consider them on their abilities. The Trust also ensures there is a mechanism in place to discuss (at any time - but at least once a year) with disabled employees, what the Trust and they can do to make sure they can use their abilities. The Trust also makes every effort when employees become disabled to make sure they stay in employment, takes action to ensure that all employees develop the appropriate level of disability awareness needed to make our commitments work.

Each year, these commitments are reviewed, improvements planned the Employment Service is informed about progress and future plans.

The Trust has developed a Race Equality Scheme in line with it's commitment to promote race equality and is actively working with partners to deliver the scheme.

The Trust provides information to staff about the operation of the Trust via monthly team briefings and newsletters. The Trust also conducts an annual confidential staff survey. All Directorates are required to have an action plan to address any issues arising from the staff survey.

Following its latest staff survey, the Trust has recognised the need to review it's Harassment and Bullying Policy and the supporting arrangements. A review has been initiated and arrangements are in place to monitor the incidence of harassment and bullying within the Trust.

### Activity

The Trust has a target that no outpatients should wait more than 13 weeks from referral from their GP to see a Consultant. At the start of the year, in April 2002, there were 4 people waiting longer than 13 weeks, this figure was monitored monthly and we are pleased to report that, by the end of the year, no one was waiting longer than 13 weeks.

The Emergency Psychiatric Readmission Rate, which we use to help us monitor performance and improve service practise was 12% this year - against 11.8% last year - which compared favourably with the West Midlands tolerance level of 12.3%. We aim to improve this rate next year.

We have no mixed-sex ward accommodation.

## Register of Directors' Interests

**Gwilym Roberts** was an Executive Director for Aids to Management Services; Member of the Senate at the University of Birmingham; Vice Chair of Staffordshire County Policy and Resource Committee; Vice Chair of Trent Challenge and Gateway SRB Boards; and is a member of Staffordshire County Council.

**Toni Brisby** was chair of the Family Mediators Association; Lay member of the Local Research Ethics Committee; Director of Toni Brisby Associates; Consultant at Alcohol Concern; Chair of Child and Adolescent Mental Health Strategy Group; Member of the Advisory Board for the Mediation Centre, Nowell Mellor Solicitors; and Director and Company Secretary for Home Support, Staffordshire Ltd.

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

**Neil Carr** was a Fellow of Staffordshire University and a Council Member for the Royal College of Nursing.

**Mike Cooke** is Chair of Shropshire and Staffordshire Workforce Development Confederation; Reviewer for the Commission for Health Improvement; and Member of the Advisory Board for the Mediation Centre, Nowell Mellor Solicitors.

## Register of Directors' Interests continued

**Stephen Jones** is a Director of 1 Zero 1 Consulting; Managing Director of Bacchus Racing Ltd; Director at Good Shepherd Trust and Director at YMCA Wolverhampton.

**Eleanor Chumley-Roberts** is a Partner and Consultant at Chumley-Roberts Partnership; Chair of Age Concern, South Staffordshire; and Charities Advisor for Community Council of Staffordshire.

## Director of Finance Report

Financial Performance for the Year Ended 31st March 2003

The summary financial statements for the year ended 31st March 2003 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 Four 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 £4,348,000.

### 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 £4,348,000 bears to the average relevant net assets of £63,009,000, that is 6.9%.

### 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 (£20,829,000) and this was hit exactly. The figure is negative because of the net effect of significant asset transfers in year to the four new PCTs within South Staffordshire.

### Capital Resource Limit

Each NHS Trust is provided with a Capital Resource Limit (CRL), which caps the spending on capital investment within the year. Trusts are allowed to underspend, but not overspend. South Staffordshire Healthcare was set a CRL of (£19,248,000). This target was achieved. The figure is negative because of the net effect of significant asset transfers in year to the four new PCTs within South Staffordshire.

## Summary

The Trust is pleased to be reporting a very satisfactory financial position particularly following the organisational changes of service devolution and associated funding to Primary Care Trust's at the beginning of the 2002/03 financial year. Details of the financial impact of these transfers are reflected in the summary financial statements.

During the year the Trust complied with the Department of Health's Guidance on NHS Senior Managers' Pay, ensuring that overall pay rises, including performance related pay, for senior managers did not exceed 3.6% of the 2001/02 pay bill for this group. Further details of overall management costs are included in the summary financial statements.

The Trust measures its compliance with the Better Payment Practice Code that requires that 95% of all invoices are paid within 30 days of receipt. The Trust's performance is given in the summary financial statements report.

## 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.

Date August 13th 2003

Chief Executive 

### 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

Date August 13th 2003

Chief Executive 

Date August 13th 2003

Finance Director 

South Staffordshire Healthcare NHS Trust  
(RRE) - Annual Accounts 2002/03

### STATEMENT OF DIRECTORS' RESPONSIBILITY 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.

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.

# Annual Report and Accounts 2002-2003

## Statement Option

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control.

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:

- Complete the work to the timetable outlined in the action plans derived from the controls assurance exercise in agreement with our internal auditors.

Date August 13th 2003



Chief Executive Officer  
(on behalf of the board)

## INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF SOUTH STAFFORDSHIRE HEALTHCARE NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

I have examined the summary financial statements set out below/on pages 20 to 27.

This report is made solely to the Board of South Staffordshire Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

### Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

### Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

### Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2003 on which I have issued an unqualified opinion.

Date July 31st 2003

Signature 

DP Morris  
Audit Commission

2nd Floor  
1 Friarsgate  
1011 Stratford Road  
Solihull  
West Midlands  
B90 4EB



# Annual Report and Accounts 2002-2003

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2003

	£000	2001/02 £000
Income from activities	59,463	88,060
Other operating income	18,601	6,614
Operating expenses	(74,016)	(91,096)
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>4,048</b>	<b>3,578</b>
Cost of fundamental reorganisation/restructuring	0	0
Exceptional gains - on write out of clinical negligence provisions	0	303
Exceptional losses - on write out of clinical negligence debtors	0	(251)
Profit/(loss) on disposal of fixed assets	0	0
<b>SURPLUS/(DEFICIT) BEFORE INTEREST</b>	<b>4,048</b>	<b>3,630</b>
Interest receivable	301	435
Interest payable	(1)	0
Other finance costs	0	0
<b>SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR</b>	<b>4,348</b>	<b>4,065</b>
PDC Dividends payable	(4,348)	(4,065)
<b>RETAINED SURPLUS/(DEFICIT) FOR THE YEAR</b>	<b>0</b>	<b>0</b>

## BALANCE SHEET as at 31 MARCH 2003

	£000	£000	31st March, 2002 £000
<b>FIXED ASSETS:</b>			
Intangible assets	264		413
Tangible assets	57,367		73,444
		<b>57,631</b>	<b>73,857</b>
<b>CURRENT ASSETS:</b>			
Stocks and work in progress	1,047		1,107
Debtors	11,600		7,889
Investments	0		-
Cash at bank and in hand	219		275
<b>TOTAL CURRENT ASSETS</b>		<b>12,866</b>	<b>9,271</b>
<b>CREDITORS:</b>			
Amounts falling due within one year		(12,513)	(8,692)
<b>NET CURRENT ASSETS/(LIABILITIES)</b>		<b>353</b>	<b>579</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>57,984</b>	<b>74,436</b>
<b>CREDITORS:</b>			
Amounts falling due after more than one year		(100)	(23)
<b>PROVISION FOR LIABILITIES AND CHARGES</b>		<b>(552)</b>	<b>(1,116)</b>
<b>TOTAL ASSETS EMPLOYED</b>		<b>57,332</b>	<b>73,297</b>
<b>FINANCED BY</b>			
<b>TAXPAYERS EQUITY:</b>			
Public dividend capital		48,025	70,093
Revaluation reserve		7,974	2,917
Donated asset reserve		77	214
Government Grant Reserve		0	0
Other reserves		0	0
Income and expenditure reserve		1,256	73
<b>TOTAL CAPITAL AND RESERVES</b>		<b>57,332</b>	<b>73,297</b>

# Annual Report and Accounts 2002-2003

## CASH FLOW STATEMENT

	£000	2002/03 £000	2001/02 £000
<b>OPERATING ACTIVITIES</b>			
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES		5,627	5,696
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>			
Interest received	301		435
Interest paid	(1)		0
Interest element of finance lease rental payments	0		0
NET CASH INFLOW/(OUTFLOW) FROM RETURNS ON INVESTMENTS AND SERVICING OF FINANCE		300	435
<b>CAPITAL EXPENDITURE:</b>			
Payments to acquire tangible fixed assets	(3,590)		(3,099)
Receipts from sale of tangible fixed assets	22,840		114
(Payments)/receipts for intangible assets	0		(106)
NET CASH INFLOW/(OUTFLOW) FROM CAPITAL EXPENDITURE		19,250	(3,091)
DIVIDENDS PAID		(4,348)	(4,065)
NET CASH INFLOW/(OUTFLOW) BEFORE MANAGEMENT OF LIQUID RESOURCES AND FINANCING		20,829	(1,025)
<b>MANAGEMENT OF LIQUID RESOURCES:</b>			
Purchase of current asset investments	0		0
Sale of current asset investments	0		0
NET CASH INFLOW/(OUTFLOW) FROM MANAGEMENT OF LIQUID RESOURCES		0	0
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING		20,829	(1,025)
<b>FINANCING:</b>			
New public dividend capital received	0		2,125
Public dividend capital repaid (not previously accrued)	(20,885)		(396)
Public dividend capital repaid (accrued in prior period)	0		(684)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING		(20,885)	1,045
INCREASE/(DECREASE) IN CASH		(56)	20

# Annual Report and Accounts 2002-2003

## 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 in kind	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March 2003 (bands of £5000)
	£000	£000	£000	£000	£000	£000
H Flanagan - Non-Executive	00-05	0	0	0	0	0
K Selwood - Non-Executive	00-05	0	0	0	0	0
S Jones - Non-Executive	00-05	0	0	0	0	0
R Evans - Non-Executive	00-05	0	0	0	0	0
E Chumley Roberts - Non-Executive	00-05	0	0	0	0	0
G Roberts - Non-Executive	05-10	0	0	0	0	0
T Brisby - Non-Executive	05-10	0	0	0	0	0
A Millward - Chairman	20-25	0	0	0	0	0
P Singhal - Medical Director	35-40	125-130	0	0	0	0
L Francis - Director of HR	65-70	0	0	3	0	0
N Carr - Nursing Director	65-70	0-5	0	4	0	0
J Deaville - Director of Finance	80-85	0	0	2	0	0
M Cooke - Chief Executive	100-105	0	0	4	0	0

The Board have agreed that it is not appropriate to disclose details of ages and pensions.

The above covers basic salary, employee's national insurance contributions, and superannuation.

Dr Singhal was paid £39,000 in relation to managerial duties; the balance related to clinical duties on behalf of the Trust. He was also paid for duties he undertook on behalf of the Department of Health in respect of the international recruitment of staff. This was recharged directly to the Department of Health.

## MANAGEMENT COSTS

The Trust management and administration costs, as a percentage of its income, for the reported year ended 31 March 2003 were

	£000	2001/02 £000
Management costs	3,522	4,267
Income	78,064	94,674
Percentage of total income	4.5%	4.5%

## PUBLIC SECTOR PAYMENT POLICY

Better Payment Practice Code - measure of compliance

	Number	£000
Total bills paid in the year	39,675	23,904
Total bills paid within target	23,168	14,938
Percentage of bills paid within target	58.39%	62.49%

## If you want to contact us:-

### Mental Health

Dr Abid Khan 01785 257 888 x 5428

Email [judy.waddell@ssh-tr.nhs.uk](mailto:judy.waddell@ssh-tr.nhs.uk)

### Forensic Mental Health

Dr Nick Griffin 01785 221 592

Email [dr.griffin@ssh-tr.nhs.uk](mailto:dr.griffin@ssh-tr.nhs.uk)

### Children's Services

Dr Gunjan Patel 01283 511 511 x 5840

Email [gunjan.patel@ssh-tr.nhs.uk](mailto:gunjan.patel@ssh-tr.nhs.uk)

### Learning Disabilities

Mrs Judy Morris 01785 222 888 x 5403

Email [judy.morris@ssh-tr.nhs.uk](mailto:judy.morris@ssh-tr.nhs.uk)

### Nursing and Operations and Specialist Services

Mr Neil Carr 01785 257 888 x 5515

Email [neil.carr@ssh-tr.nhs.uk](mailto:neil.carr@ssh-tr.nhs.uk)

### Clinical Development

Mrs Kim Jelphs 01543 420 451

Email [kim.jelphs@ssh-tr.nhs.uk](mailto:kim.jelphs@ssh-tr.nhs.uk)

### Human Resources and Organisational Development

Mrs Lesley Francis 01785 221 503

Email [lesley.francis@ssh-tr.nhs.uk](mailto:lesley.francis@ssh-tr.nhs.uk)

### Service Improvement

Mr Steve Gardner 01785 257 888 x 5679

Email [steve.gardner@ssh-tr.nhs.uk](mailto:steve.gardner@ssh-tr.nhs.uk)

### Finance and Information

Mrs Jayne Deaville 01785 257 888 x 5527

Email [jayne.deaville@ssh-tr.nhs.uk](mailto:jayne.deaville@ssh-tr.nhs.uk)

### Medical Director

Mr Stewart Vaggers 01785 257 888 x 5342

Email [stewart.vaggers@ssh-tr.nhs.uk](mailto:stewart.vaggers@ssh-tr.nhs.uk)

### Chief Executive

Mr Mike Cooke 01785 257888 x 5500

Email [mike.cooke@ssh-tr.nhs.uk](mailto:mike.cooke@ssh-tr.nhs.uk)

### PALS

The Patient Advice and Liaison Service - 01543 420423

Email [jackie.spencer@lichfield.ph-tr.wmids.nhs.uk](mailto:jackie.spencer@lichfield.ph-tr.wmids.nhs.uk)

A large print version of this document is available on request. If you would like a copy of this document in another format, please let us know.

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