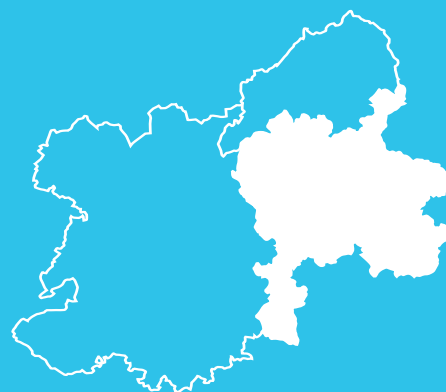




Annual Report

2004-2005





Our Vision

“We are committed to providing high standards of care, primarily to the people of South Staffordshire. We place our patients, service users and carers at the heart of everything we do. Guided by our seven principles, we aim to manage today’s services effectively while looking forward to tomorrow’s requirements.”

“Our purpose is to provide the local and wider communities with the best range of integrated care for adults and children including specialised mental health and learning disability services and community teams. We achieve this through creating partnerships and a culture of development and continuous improvement and keeping the patient at the centre of everything we do.”

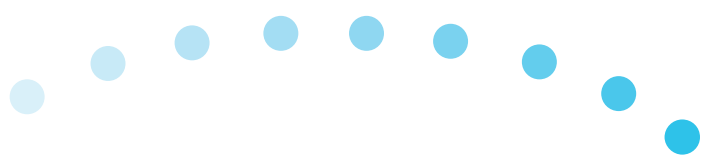
Our Seven Principles

- 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 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.



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Introduction from our **Chairman and Chief Executive**

“We have come a long way already and together with our communities, our staff and our partners we shall continue to progress with personalised care, choice and real engagement to ensure we provide the best services in South Staffordshire.”

Mike Cooke, Chief Executive

We are delighted to introduce the 2004/05 Annual Report for South Staffordshire Healthcare NHS Trust. It has been a busy, challenging year and we are proud to say that we have continued to make significant progress and are now an established three star NHS Trust.

This report provides an overview of the complex range of services we offer and illustrates many of the ways in which our staff have worked hard to improve services for patients and service users throughout 2004/05.

Our collaboration with a large number of partner organisations has enabled us to respond to local needs and develop solutions. We thank our partners for their continued support and encouragement; this report includes examples of our joint achievements.

During the year we have further improved the ways in which we engage with and involve our service users in our organisation. We expanded our acclaimed Heart of the Trust scheme by appointing to the Trust Board as Associate Directors a second group of people with recent experience of using our services. The scheme is making a real impact as the Associate Directors are able to influence the Board’s attitudes, understanding and strategic thinking as well as service development and improvement.

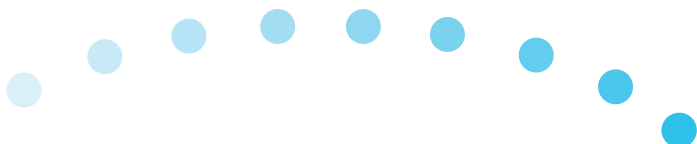
There are numerous factors that enable our Trust to offer such an extensive range of high quality services. Among these are listening to patients, service users and carers; listening to staff; valuing the people we serve; offering informed choice and personalised care; strong leadership; hard working and committed staff; continuing performance against national targets; innovation and collaboration with partners. We hope this report demonstrates the way in which these factors have enabled us to move forward during the year.

Feedback from staff, patients, service users, carers and local people drives many of our service changes and improvements. If you have any comments to make, we should like to hear from you and have included a tear-off form at the back of this report for your convenience.

Finally, we should like to thank all staff for their hard work and commitment, our service users and their carers for engaging with us and getting involved and our partners for working with us to provide the best possible services. We look forward to another exciting year and to working with everyone to make the most of its many opportunities.

Andrew Milward
Chairman

Mike Cooke
Chief Executive





Who we are and what do we do?

South Staffordshire Healthcare NHS Trust provides a comprehensive range of mental health services, neuro-developmental and learning disability services, forensic mental health services, specialist care for children, eating disorders and substance misuse services to the population of South Staffordshire.

We also oversee the health informatics service for the South Staffordshire health economy and provide a range of services to the four primary care trusts (PCTs) in South Staffordshire on a shared services basis.

Currently, 60% of our services are provided within South Staffordshire and 40% are provided outside the local health economy.

Our organisation

Our Trust is organised into five clinical directorates:

- Mental Health (including services for adults and older people)
- Developmental Neurosciences and Learning Disability Services
- Forensic Mental Health Services
- Children's Services
- Specialist Services.

These clinical directorates are supported by three support directorates:

- Human Resources and Organisational Development
- Nursing, Effectiveness and Strategic Development

- Finance and Performance Development.

Service provision

The scope of our service delivery is as follows:

- 700 square miles, six major towns
- 590,209 population within South Staffordshire
- specialised services provided to approximately 1.5 million people across Shropshire and Staffordshire
- additional services provided beyond Shropshire and Staffordshire, including the West Midlands and London
- mixed urban and rural areas within our boundaries
- national prison population of two million
- four local prisons (population 3,500).

Our clinical services are delivered through 71 premises across South Staffordshire, serving a wide diversity of client groups, ages and ethnicities. These premises include:

- Armitage Clinic
- Argyle Street Clinic, Tamworth
- Albert House, Tamworth
- Balance Street Surgery, Uttoxeter
- Barlaston Health Centre
- Barton Health Centre, Barton under Needwood
- Burntwood Health Centre
- Burntwood Meeting Centre
- Burton House, Stafford

- 11 Burton Bank Lane, Stafford
- Cannock Chase Hospital
- Castlefields Surgery, Stafford
- Cherry Orchard House, Tamworth
- Children's Centre, Burton
- Codsall Clinic, Codsall
- Crooked Bridge Road, Stafford
- Cross Street Clinic, Burton
- Crown House, Cannock
- Codsall Clinic, near Wolverhampton
- 161 Eccleshall Road, Stafford
- Fazeley Clinic
- Friary Centre, Lichfield
- George Bryan Centre, Tamworth
- Glascote Health Centre
- Great Wyrley Health Centre
- Greenhill Health Centre, Lichfield
- Guardian House, Lichfield
- Heath Hayes Health Centre
- Hednesford Health Centre, Cannock
- Hillsprings Clinic, Rugeley
- Hockley Respite, Tamworth
- Horninglow Clinic, Burton
- 1 Horninglow Street, Burton
- Holly Lodge, Lichfield
- 1a King Street, Tamworth
- Kinver Health Centre
- Margaret Stanhope Centre, Burton
- 18 Martin Street, Stafford
- Norton Canes Health Centre
- Nuffield Unit 4, Lichfield





- Park House, Cannock
- Penkridge Health Centre
- Perton Clinic, Nr Wolverhampton
- Rising Brook Health Centre, Stafford
- Rugeley Health Centre, Rugeley
- Salters Meadow Health Centre, Burntwood
- Sir Robert Peel Hospital, Tamworth
- St Chads Health Centre, Lichfield
- St David's House, Wombourne
- St George's Hospital, Stafford
- St Michael's Hospital, Lichfield
- Stafford Central Clinic, Stafford
- Staffordshire House, Stafford
- Stoneydelph Health Centre, Tamworth
- Tamworth Health Centre
- Task Group, Imex Business Park, Burton
- Trentside Clinic, Stone
- Tutbury Health Centre
- 150 Station Street, Burton
- Wilnecote Health Centre
- White Lodge, Cannock
- West Chadsmoor Clinic, Cannock
- Yoxall Health Centre, Burton
- Victoria Hospital, Lichfield.

Our partners

We are committed to working in partnership with all of our key stakeholders. Our primary care trust partners include:

- Burntwood, Lichfield and Tamworth PCT
- Cannock Chase PCT
- East Staffordshire PCT
- South Western Staffordshire PCT.

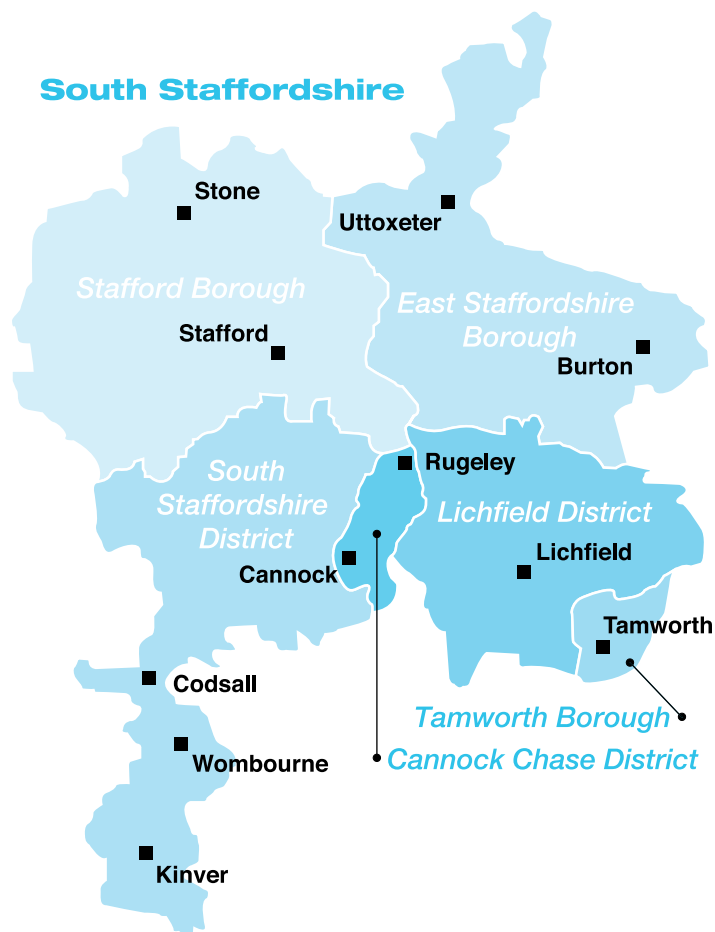
We work closely with PCT colleagues to ensure that our core services and future service developments are closely aligned and integrated with their Local Delivery Plans.

We also place a strong emphasis on working with many other partners. These include social services, education and other local

authority departments, the voluntary sector, prisons, universities and other health care providers.

Our local authority partners include:

- Cannock Chase District Council
- City of Stoke on Trent Council
- East Staffordshire Borough Council
- Lichfield District Council
- Newcastle Borough Council
- South Staffordshire District Council
- Stafford Borough Council
- Staffordshire County Council
- Staffordshire Moorlands District Council
- Tamworth Borough Council.





Responding...

Associate Directors, service users and carers

We are committed to responding to the needs of our communities and to engaging actively with them to determine their needs. This section of the report aims to highlight some of the excellent examples of work that have been undertaken during 2004/05 in response to the needs of our service users and their carers.

Informed choice

As one of the four national pilot sites for the Mental Health Improvement Partnership Programme (MHIPP), we are enabling our service users and carers to have real, informed choice regarding their care, at a time and place that is convenient for them and will be most effective in terms of outcomes.

Working with our partners, we are using a 'whole systems approach' which includes:

- looking at the entire patient pathway, identifying at which points service users and carers need to make or change decisions
- identifying information needs
- ensuring our workforce is empowered to offer and support choice for service users and carers
- developing best practice standards for personalised care and ensuring they are implemented

- working more closely with our commissioners to ensure the right resources are in the right place at the right time to enable choice.

"The vision created by the Mental Health Improvement Partnership Programme is development of real choice, of kite-marked products with mapped pathways. This will enable service users and carers to make informed choice at key decision points."

Sarah Hankey, MHIPP National Lead

Board links

Our Board's Service User and Carer Sub Committee has many links with directorates and service user groups. It provides service users and carers with a voice at strategic level and enables the sharing of good practice.

The sub committee identifies areas where support is needed to further involve service users and carers within our Trust and members offer assistance to those areas.

It is also a conduit for the discussion and dissemination of government policy and guidance documents and monitors the way in which these are implemented within our Trust.

Heart of the Trust

Our Trust Board was expanded during 2004/05 with the appointment of six Associate Directors who have direct experience of using our services. Their remit is to ensure that the voice of service users and carers is heard at every level throughout our Trust and that their needs are taken into consideration in all areas of service delivery, development and improvement.



Associate Directors: from left to right: Elaine Bramley, Marie Wood, Machita Denny (at the back), Donna Wedgbury, Jo Macrae, Gill Davies, Karen Smith.

Our Associate Directors have been working on a range of projects, responding to the needs of our service users and carers. A selection is highlighted below.

Empathy

A Patient Empathy Programme was initiated by two Associate Directors who undertook a survey with our mental health and forensic directorates. They looked at the realities of the admission process on acute mental health wards, including the quality of information given.





Results will be fed back to the Acute Care Forum to ensure that suggested improvements are taken on board.

Care pathways

One Associate Director was invited to contribute to care co-ordination mapping to ensure that not only do proposed pathways work in theory but also that they accurately reflect the real-life experiences of service users.

Developmental neurosciences and learning disabilities

A garden make-over at one of the homes operated by our developmental neurosciences and learning disabilities directorate has been identified as an essential improvement to the quality of life for the inhabitants. The make-over was initiated by one of our Associate Directors who worked closely with staff at the home, Occupational Therapy staff, the facilities and estates department and the benefactor who donated funds.

Additional contributions by Associate Directors relating to this directorate include:

- advising our Board of strongly held carers' views regarding a proposed service, views of which the Board were previously unaware
- attending the working party that is responding to a national development review of respite and long-stay care beds.

Working for children

Our children's services directorate has three new parent/carer representatives on the Board's Service User and Carer Sub Committee.

Two new parent support groups have been set up, stimulated by feedback from one of our Associate Directors. One group is in Stafford, for parents of children with Attention Deficit Hyperactivity Disorder. The other is based at the 'School for Parents' in Burton.

Recruitment and selection

In 2004 the Independent Players were involved in a drama production entitled 'Do you know what we want?'

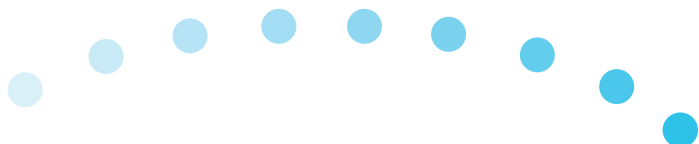
One of the things they wanted was to be involved in choosing the people who look after them.

As a result, Occupational Therapist Annette Roebuck designed and facilitated a six-month training programme, with help from several team members, to enable Stonefield residents to participate in the staff recruitment and selection procedure.

The residents led the programme by stating how they wanted to be involved, within our Trust's guidelines, and they have used their newly acquired skills to interview for a consultant psychiatrist, psychologists, nurses and occupational therapy assistants.



The Independent Players.



Partnering...

Working successfully with partner organisations

"Taking into account the many changes within health and social care, the need to work together and join up services will be essential."

Trevor Edwards, Associate Director, Staffordshire Social Care and Health

During 2004/05 our Trust strengthened its partnerships with many organisations. This work was supported by two programmes in particular: the Mental Health Improvement Partnership Programme and our application for NHS Foundation Trust status which has seen the development of a five year service development strategy.

A number of our successful partnership working initiatives are outlined below.

Providing a better quality of life

During the year in view significant progress was made by Move On, a joint project between ourselves, Rethink Supported Housing, Social Services and Cannock Chase District Council.

Launched in March 2003, this innovative project enables service users to learn or re-learn skills to live a safe and independent life in the community. Working with our partners, we provide safe, clean environments for service users, support them to maximise their independence and promote good mental health.

Jigsaw

Parents in the Stafford and Cannock areas benefit from a Jigsaw parenting support group. It helps parents to share experiences and those who may require our assistance are able to obtain information from a member of our child and adolescent mental health team.

The group has also established a youth club that helps children with autism.

Thinking Ahead

Mental health promotion in schools has been advanced with the Thinking Ahead project, a partnership with Staffordshire Education Authority, local schools and the Schism theatre group.

Short plays followed by informative discussions help children to increase their understanding of mental health issues and learn ways to help one another and themselves.

Clinical risk training

A partnership approach to staff training has been introduced successfully in the field of clinical risk. Working with North Staffordshire Combined Healthcare and Social Services teams from Staffordshire and Stoke-on-Trent, we have developed a multi-professional training course for mental health and learning disability practitioners.

The course meets the recommendations of the National Confidential Inquiry into Suicide and Homicide and has been endorsed as good practice by the National Institute for Mental Health (NIMHE), the Zito Trust and the Commission for Health Improvement.

Risk management

We are working closely with the National Patient Safety Agency and NHS Litigation Authority to ensure our systems, policies and procedures make a real difference to keeping staff and service users as safe as possible. These systems include risk registers and co-ordinators. The work also enables us to learn what to change when things go wrong.

Healthy teams

Clinical governance can only be fully effective when there is healthy teamwork within an organisation. We have devised a system of team health checks to assess any development needs and support the changes indicated.

Our active participation in the National Team Network helps us to support this work. In addition, we have developed a culture that values sharing and learning, focusing on the patient experience and staff support.





Our teams share learning and expertise between directorates in order to improve systems, processes and outcomes for our service users.

Health economy partners

Working in partnership with the health organisations which commission our services and fellow service providers brings benefits not only for our Trust but also, importantly, for our service users. Integrated working prevents unnecessary and often costly duplication and ensures that transfer of care is effective.

Using the Mental Health Improvement Partnership's explicit partnership agreement, we meet regularly, agree joint objectives and delivery plans and involve service users closely in the process.

We have also developed a supportive, performance orientated relationship with Shropshire and Staffordshire Strategic Health Authority (SHA).

A vital and authoritative partner, the SHA supports our aim to develop services and networks across Shropshire and Staffordshire.

Local authorities

As an active player in South Staffordshire's social care arena, we have fostered excellent links with local authorities, education and the voluntary sector.

The development of integrated community mental health teams has been a significant achievement in recent years.

We aim to develop these partnerships further and explore innovative and integrated ways in which we may help the local community.

Our involvement in the Local Strategic Partnerships, run by local authorities, enables us to ensure that mental health issues are on the agenda and that we keep abreast of what is happening in the area. We focus, in particular, on dual diagnosis (drug/alcohol and mental health), social inclusion, education, housing and single parents.

Learning and development

Universities are the providers and enablers of innovation, education, training and research. It is important to the development of our current and future workforce as well as to the development of our services that we work in close partnership with local universities.

During the year in view we established a Professorial Nursing Unit with Staffordshire University and undertook joint work to implement the National Nursing and Midwifery Strategy.

In addition, our developmental neurosciences and learning disabilities directorate established a professional development group which includes a member from the University of Central England.

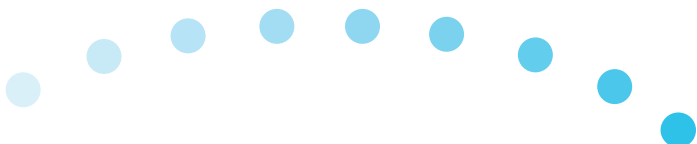
The group has two key objectives:

- to advance research in learning disabilities
- to address ways in which health and education can work together to provide accredited, specialist training programmes.

We look forward to building on our relationships with further and higher education establishments as well as the Shropshire and Staffordshire Workforce Development Confederation.

National partners

Our Trust was selected by NIMHE as one of four pilot sites for the Mental Health Improvement Partnership Programme and our partnership with this organisation has gone from strength to strength.





Valuing...

Developmental Neurosciences and Learning Disabilities Services

In 2001, the Department of Health stated in its Valuing People white paper that people with learning disabilities should have more power and control over what happens in their lives.

Valuing People is the driving force for services for people with learning disabilities and will continue to influence the way in which services develop over the next five years or more. It has already had significant impact nationally and locally.

Our Developmental Neurosciences and Learning Disabilities Directorate has adopted its principles and the following examples illustrate ways in which they have been put into practice during 2004/05.

Person centered planning

Person centered planning is a continual process for listening and learning about what is important to someone, both now and in the future. A process that can be owned by the service user, it has helped the directorate to create an environment which allows staff to:

- listen and respect the views of the person
- focus on action that will change people's lives
- encourage creative thinking
- use resources more flexibly to make things happen
- value and encourage everyone's contribution
- use initiative and make decisions.

It is about appreciating small changes and being positive about those changes. It will foster a sense of ownership and reward for service improvement.

Interview panels

(See Responding section of this report). Service users are delighted with the results of a scheme which supports them to participate in interviews for new staff.

Improving outpatient access

Our community services are very important to service users, their families and other carers.

Following concerns expressed regarding access to outpatient services, a review by the directorate found a need to re-address the referral criteria.

The criteria has been communicated to all relevant contacts to ensure that service users receive the most appropriate service through a more effective referral system.

Accessible information

Making information available at the right time and in the right format is important to our service users and we strive continually to improve the accessibility of our information.

Most of our clerical staff have received training in the use of 'easy read' communication tools to help ensure that all documents produced in the future are more accessible for service users. In addition, one of our speech and language therapists, Alison Wyatt, attends a regional accessible information forum and shares her learning with our team.

"We engage with and offer personally tailored services to service users - they are part of the service and involved in directorate decisions too."

Caron Thomas, Acting Clinical Director





Developing... Forensic Mental Health Services

The fundamental purpose of the Forensic Mental Health Services Directorate is to provide a local, high quality, specialised and comprehensive forensic mental health service for the mentally disordered offender and others who will benefit from it.

The service works in partnership locally with general mental health services. It also works with other forensic mental health services as part of a national framework that provides a range of facilities.

Service user involvement

Service user involvement is built into the day to day routine for our forensic mental health services team. It runs through all developments, service modernisation and patient care. During 2004/05 service users were involved, for example, in care planning, plans for an intensive care unit, recruitment of staff and the performance management of the directorate.

The Hatherton Centre User Involvement Group is an essential part of the smooth running of the centre and addresses patients' non-clinical needs in an effective and timely manner.

Workforce

During 2004 the directorate focused on workforce provision. Role redesign workshops were held in conjunction with the Workforce Development Confederation and colleagues from Shropshire.

The workshops were multi-disciplinary, multi-agency and included representatives from other directorates. Service users also played an active and essential role in planning the future workforce.

As a result, three new roles have been developed:

- assistant practitioner for inpatient wards
- psychology specialist practitioner in group work
- psychology specialist practitioner in substance misuse.

Regional services

The directorate plays an active role in the strategic development of forensic mental health services across the West Midlands.

A number of developments commenced in 2004/05:

- a joint forensic clinical team working across Shropshire (low secure services) and Staffordshire (medium secure services)

- a forensic liaison scheme for Shropshire
- development of a service model for the new male unit in Birmingham
- development of regional standards in secure care.

Work will continue into 2006 and beyond on these important strategic developments.

Looking Ahead

The Hatherton Centre Medium Secure Unit is looking to further develop its inpatient services with the opening of a new intensive care unit (ICU) scheduled for April 2006. The ICU will provide appropriate care in a purpose built, safe environment and will ensure a full range of services is available at the centre.

"Involvement in planning my own care has improved things for me. The faint voice of the service user and the listening ear of the staff ensure values of the service user are incorporated into the service."

Service user representative



Listening...

Adult Mental Health Services

The overarching philosophy of our Adult Mental Health Directorate is one of 'recovery'. Over the last ten years there has been increased recognition that recovery from mental distress can result in an improvement in a person to lead a fulfilled life that is not dominated by illness and treatment.

In essence, recovery is about improving an individual's quality of life; it is not about curing someone of their illness.

In December 2004 the five-year review of the National Service Framework (NSF) for Mental Health was published. The following are local examples of our delivery of the NSF during 2004/05, alongside our vision to deliver progressive choice.

Acute Care Forum

The Acute Care Forum is a meeting of key individuals with an interest in improving the quality of care for people who may need access to our inpatient facilities. It includes members from our Patient and Public Involvement Forum and we are pleased to report that a NIMHE representative has stated that it "is one of the strongest forums in the West Midlands".

Crisis resolution

Supporting inpatient services to meet capacity and demand, our crisis resolution team has been strengthening its links with other parts of the service.

Early intervention

Our early intervention team focuses on people aged between 14 and 25. One of its real successes has been the role of youth worker. These workers understand the needs and issues that young people face and have the necessary skills to successfully engage young people and focus on their aspirations and goals.

Involving service users

A Service User Reference Forum was developed to ensure that individuals who access services are given the opportunity to influence service direction and discuss issues.

Access and choice

Building on the views of service users, carers and others, choice is being placed high on the agenda. The directorate aims to provide progressive and responsive choice, building on care pathways that support the service user's journey.

Support, time and recovery

A new role has been developed within the directorate, that of support, time and recovery (STR) worker. Supported by a multi-agency group, the STR worker will spend time with service users, helping to meet their needs. The aim is to recruit people who may have personal experience of mental health services.

"We are committed to a culture of valuing individuals, providing accessible and responsive services where the patient is at the heart. Other principles of this directorate include reducing the stigma of mental illness and further enhancing choice."

**Steve Gregory,
Deputy Clinical Director,
Mental Health**

Community teams

The past year has seen the integration of mental health and social care practitioners into ten community teams. Significant progress has been made in improving collaborative working, service access and ensuring clarity of care pathways. The teams look forward to enhancing the availability of services and choice through 'Single Point of Access' and 'Choose and Book' systems.





Respecting... Older People's Mental Health Services

Our Older People's Mental Health Services works to develop and deliver person centred care.

It has undertaken a thorough review of all its processes and eliminated any which may have constituted any form of discrimination. All care is delivered according to the individual service user's needs.

Examples of ways in which the directorate has improved its service during 2004/05 are featured below.

Single point of referral

Service users referred to a community mental health team are allocated to the most appropriate team worker for their needs, providing them with a single point of contact. Additionally, their assessment needs are met in a timely, effective and expert fashion.

Single assessment process

The single assessment process has been introduced throughout our older people's mental health services. The process aims to avoid duplication of questioning of service users by different care workers.

Modern matrons

The directorate's four inpatient wards are now supported by two modern matrons, one covering the west of our locality and one the east.

Patient portfolios

The introduction of patient-held portfolios in two of our inpatient wards assists with the communication and appreciation of a person's identified health needs and individualised care plan.

Working with our partners

Increasingly, care for older people is geared towards enabling them to retain their independence at home for as long as possible.

We have been working with our local authority and PCT partners, in particular with their reablement and intermediate care teams, to develop services along these lines for older people with mental health problems.

Innovations

Further innovations and developments during the year included:

- introduction of a monthly carers group
- fundraising for Baswich Ward sensory garden
- involvement in the Arts for Health initiative
- piloting new medication record sheets
- delivery of Department of Health Essence of Care standards.

"The primary aim of the older people's mental health service is the promotion of independence, quality of life and social inclusion."

Pat Bourke, Older People's Mental Health Service Manager



Growing... Children's Services

Children are our future. The purpose of our Children's Directorate is to bring together a group of specialist services to provide integrated care for children and young people with complex problems, enabling them to reach their full potential.

Our work during 2004/05 has included involvement in the following initiatives.

Lighthouse

The Lighthouse Group was formed in July 2004 to further support families who attend our child and adolescent mental health service (CAMHS).

Its aim is to raise awareness among parents and external agencies about Attention Deficit Hyperactivity Disorder (ADHD). Information and advice is provided regarding the implications of ADHD, the best ways to address it and sources of further support.

Informal meetings are held every six weeks in Stafford and we hope to establish similar support groups within all South Staffordshire localities.

Parent support

A parent support group has been established by Burton CAMHS, holding monthly meetings at the Burton Children's Centre.

The group is service user led, with parents providing support and knowledge to each other to overcome shared difficulties and develop solutions.

Its aim is to provide parents with support and information in a friendly and informal setting. We are pleased to have received feedback from parents who say they no longer feel isolated and now feel supported by other parents in the group.

Little Stars

This group was established in January 2005 and provides a much needed opportunity for children up to two years old with special needs to get together in a fun and supported environment.

The group is being run by specially trained nursery nurses and health professionals who are on hand to offer help and support to the children and families.

"A key part of my role is to make sure the voice of users and carers is heard and makes a difference. This group has been developed based upon parent feedback and it will make a real difference."

**Donna Wedgbury,
Associate Director who
played a vital role in
setting up Little Stars**

Social skills

Locality based social skills workshops have been introduced for children with autistic spectrum disorders (ASD).

Feedback from parents indicates that the informal atmosphere generated at the workshops enables children to feel more relaxed and access the contents of the workshops more effectively.

Eton Park School

A CAMHS project has been established in Eton Park School, providing support to pupils and addressing issues such as bereavement, bullying, divorce/separation and behavioural problems.

The project helps to reduce the waiting time for access to CAMHS services and increases the availability in the community of early intervention and prevention services.

The school's head teacher stated that the project provides invaluable support to pupils, families and staff.

Making a difference

The involvement of service users and carers has led to a number of benefits to the Directorate, including plans by the Jigsaw Group to include younger participants and the transfer of the management of the Roundabout Charity, at East Staffordshire Children's Centre, to the parents and carers.

"I have been trying for years to get my daughter to make eye contact and say hello, but she wouldn't do it. Now she is."

**A parent's quote after
using the ASD Social
Skills Workshop**



Specialising... Specialist Services

Our Specialist Services Directorate aims to provide seamless care and real choice for those individuals and their families who may need any of its various services.

Mother and baby

This service provides assessment, treatment and care for women suffering from mental health problems associated with pregnancy and childbirth.

Based in the recently opened Brockington Unit in Stafford, some of its early successes include:

- service user and carer involvement in the recruitment and selection of all staff
- formation of a group to help partners and fathers by offering information, advice and the opportunity to discuss experiences, worries or concerns.

Eating disorders

This service provides outpatient and inpatient assessment and treatment to individuals who have severe eating disorders. Working with a specialised multidisciplinary team, it offers a choice of treatment options.

A varied range of inpatient-based therapeutic groups aim to enhance the individual's ability to manage their health

holistically, including physical, psychological and social wellbeing aspects.

"I wasn't bombarded with information. I received a nice introductory leaflet with my appointment letter and further information when it was necessary, it was great."

Service user

The service actively engages with service users and carers in order to develop its work. Examples include carer involvement in process mapping, designing and updating printed information and reviewing the points in the process where information should and could be offered.

Substance misuse

We offer a full range of drug, alcohol and solvent abuse services to prevent and treat problematic substance misuse by South Staffordshire residents. Services are provided by four locality based substance misuse teams.

The inter-agency specialist addiction and treatment arm offers inpatient detoxification or stabilisation within the therapeutic environment of Coton House, Stafford. This unit provides treatment for people with complex needs including poly-drug and alcohol misuse and dual diagnosis.

The service has been successful in developing a Drug Intervention Programme (DIP) bid in partnership with Burton Addiction Centre.

CARATs

Our Counselling, Assessment, Referral, Advice and Throughcare service (CARATs) works within prisons to provide a service for drug misusers.

It has implemented a service user work group which aims to provide prisoners with a chance to speak freely and discuss any issues, concerns or personal experiences.

In addition, it has actively engaged prisoners in the design and production of new literature to help promote the service and what it has to offer individuals.

Prison in-reach

Our prison in-reach team helps to raise awareness of mental health issues in prisons and provides assessment, treatment and liaison for prisoners with mental illness.

The appointment of a project lead has seen the service go from strength to strength during the year in view, with the establishment of effective partnerships and care co-ordination.

The team continues to develop and its plans include providing support to the prison primary care team.

Enabling... Human Resources and Organisational Development Services

The focus of our Human Resources and Organisational Development Directorate is to support our Trust's ability to deliver first class, responsive services.

It aims to enable a workforce that is:

- value based
- equitable and diverse
- involved in decision making
- working in partnership
- managed and led through best practice
- aware of its rights and responsibilities
- given real choice.

Staff opinions

Our 2004/05 staff opinion survey achieved a 5% increase in respondents compared to the previous year, with more than 58% of staff completing their questionnaires. Overall, the survey showed improvements in 52 areas, 18 that remained the same and 28 that were down on 2003/04.

The survey appeared to confirm that team working is part of our culture, with significant improvements on an already good foundation:

- 78% of respondents said they had clear objectives
- 79% work closely with team members to achieve objectives and

- 70% meet regularly to discuss effectiveness.

There was a reduction of 7% of people saying they suffered from stress at work, compared to 2003/04. Increasing numbers of staff wish to stay at our Trust and respect what it is doing for services.

Our Trust was in the top 20% of mental health/learning disability trusts nationally in the following areas:

- staff appraised within previous 12 months
- staff having well structured appraisal or performance review within previous 12 months
- staff saying they work in teams
- staff working in a well-structured team environment
- staff witnessing potentially harmful errors or near misses in previous month.

One of the main areas in which we did not do as well related to people attending development as part of formal taught courses (a 9% decrease). During the year we had introduced other ways of developing staff and only 11% of staff said they had not received any training or development in the past 12 months.

Other priority areas for development are reducing abuse from relatives and ensuring staff know they will be treated fairly when they have been involved in an incident or error.

Improving working lives

As our staff opinion survey demonstrates, we continue to work with staff to improve their work-life balance.

This year has seen continuous development of our Improving Working Lives (IWL) action plan. An assessment by the Strategic Health Authority showed that we are ready for our end of year review. We shall be the first NHS organisation in Shropshire and Staffordshire to be assessed for IWL Practice Plus status.

Black and minority ethnic staff

Black and minority ethnic (BME) staff from our Trust and the four PCTs in South Staffordshire established the BME Staff Network during 2004/05 as a forum to meet and discuss issues.

While membership is for BME staff, everyone is welcome to attend the network's meetings. It is co-ordinated by a multi-disciplinary steering group that includes nurses, doctors, administration staff and health visitors.





Three stars

We must also recognise the achievement during the year in view of our three star status which enabled our subsequent application to become an NHS Foundation Trust. This application presents real opportunities for our Trust.

Supporting people into work

The Landmark Project has been a huge success during 2004/05, providing opportunities for training and work placements for people from disadvantaged groups, particularly those who have experienced mental health problems.

The project team has worked successfully in partnership with other Trusts and secured funding from the European Social Fund.

The scheme's target for the year was to achieve 20 people in employment and 60 in pre-employment training. This was surpassed, with 32 people in employment and 90 in pre-employment training.

The scheme has been acknowledged at national level with the receipt of a prestigious Health Service Journal Award for Recruitment and Retention.

Quality, equality and diversity

Our Trust firmly believes that equal opportunities and diversity are vital to our success and to delivering the best possible care to service users.

We work towards the following three strategic aims:

- to recruit, develop and retain a workforce that is able to deliver high quality services
- to ensure that our Trust is a fair employer achieving equality of opportunity and outcomes
- to ensure that our Trust uses its influence and resources as an employer to make a difference to the health of local communities.

In the event that an employee should become disabled we make every effort to ensure they are able to remain in employment. We also provide disability awareness training to ensure that all employees are enabled to make our commitments work.

Consultant recruitment

Five new medical consultants were appointed during 2004/05, two to existing posts and three to new posts, giving a total of 32 at the end of the year.

Staff mentors

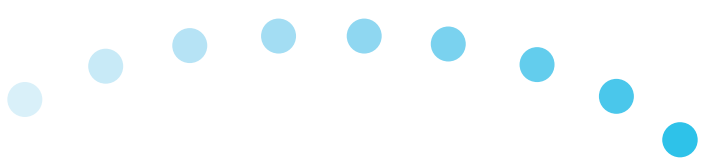
A mentoring network was launched early in 2004 to further supplement the good training practices within our Trust. The network provides training and support to people who would like to become a mentor as well as those who require a mentor.

Celebrating achievements

Our annual celebration of staff achievements, the Celebration Event, took place at the National Arboretum in Alrewas and was attended by nearly 100 staff.

"I was delighted to be at an event where we were celebrating achievement and saying thank you for all those things that are going well."

Karen Lynas, NHS National Leadership Centre, presenting certificates at our Celebration Event



Integrating... Occupational Therapy Services

Occupational therapists believe that levels of ability to function at work, at home or play affect the well being of people physically, cognitively and emotionally.

Our assessments and interventions focus on the use of activity to help people reach an optimal level of function.

Our occupational therapy service is integrated into our clinical directorates. Its assessments and interventions for service users and carers are based on 'occupational need' in self care, employment, education and activity.

The following section highlights examples of occupational therapy developments within our directorates during 2004/05.

Developmental neurosciences and learning disabilities

The great success within this directorate was the occupational therapy team's involvement in enabling service users to participate in the staff recruitment process.

The service users' skills were enhanced by a range of training including job description and person specification development.

Mental health

The collaborative Move On project provided the team with its biggest reward this year in our mental health directorate.

The project reduced psychiatric inpatient admissions for a number of service users by assessing their individual occupational needs and using specific interventions relating to activities of daily living.

Forensic

Our Trust was the first in the country to appoint a forensic consultant occupational therapist. This was also the first consultant occupational therapist post in our Trust.

Specialist

The occupational and social exclusion needs of prisoners within a restrictive environment are addressed by occupational therapists working with our prison in-reach team.

Occupational therapists also work with our inpatient eating disorders unit to provide individual and group sessions which address occupational needs and roles and responsibilities.

Children

Occupational therapy staff work with children aged 0-18 years who have been identified with special needs. Assessment, advice and treatment are provided in the home environment, schools, clinics or community bases.

A reduction in waiting time for this service was achieved during the year by introducing cross-boundary working and working with parents and carers as team members.

Older people

The Arts for Health project encourages service users at Spring Meadow Therapy Unit to produce artwork. Any proceeds from the sale of artwork helps to further the work of the project.

The service users have also been actively engaged with the local council in developing artwork for Cannock Chase.





Enhancing... Psychological Therapy Services

Our psychologists provide local people with a range of specialist community, mental health, forensic, learning disability and children’s services.

Clinical and counselling psychologists work in all areas of our Trust through a programme of devolution which aims to ensure that all clinical teams have access to psychologists to provide specialised treatment and advice.

Working closely with all clinical services, our psychological therapy team is ideally placed to assist in the sharing of skills between professional groups. Patients benefit as teams learn from each other and are able to assess a patient’s needs more cohesively.

Successes

Our psychological therapists embrace the modernisation agenda and have made significant improvements to their services during the year in view.

Strides have been made in the provision of in-house cognitive behavioural therapy training. Introductory and intermediate sessions are now available for staff of any professional group.

Psychologists participated in a role redesign project in our forensic directorate, resulting in the recruitment of two forensic psychologists to substance misuse and group work posts which often are hard to fill.

In our children’s directorate the team assisted in the development of a new intensive fostering service and new therapeutic unit.

The quality standards of our paediatric psychology service have been adopted nationally.

Looking ahead

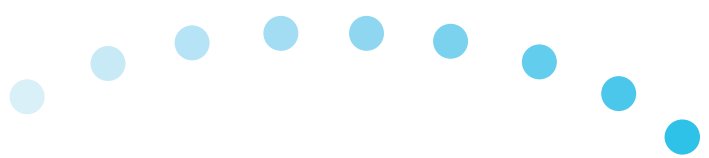
In April 2005 our directorate of psychological therapies was launched, spanning all clinical directorates and taking responsibility for the governance of psychological therapies within our Trust.

Its aim is to structure the provision of psychological therapies including the identification of training needs and production of supervision and audit standards for all those who practice psychological therapies.

The directorate will begin by producing a register of psychological therapists and a strategy that ensures all service users have the option to access a talking cure provided to a high standard.

“Our aim is to ensure that all of our service users will be offered a psychological therapy as a first choice, where appropriate, by a member of staff who is qualified and competent to provide it.”

**Robina Barry,
Psychological Therapy
Service Manager**





Influencing... Nursing, Effectiveness and Strategic Development Services

The ability to make our services more responsive to the needs of service users is supported by our nursing, effectiveness and strategic development teams.

A number of their achievements during 2004/05 are outlined below.

Non-medical nurse prescribing

The introduction of supplementary prescribing enables nurses to improve our services by using new and existing skills more efficiently.

Our Trust continues to lead the field of mental health nurse prescribing with 50 nurses qualified, awaiting results or currently undertaking training at Staffordshire University.

Our fourth national Non-medical Prescribing Conference was held in November 2004, attracting audiences from across the country and including national speakers as well as our own nurses. We see the conference as an excellent way of sharing good practice, assisting the continuous development of health professionals and enabling Trusts across the country to be more responsive to patients' needs through increased non-medical prescribing.

Clinical governance

The original seven pillars of clinical governance remain

relevant today and examples of good practice in these areas are highlighted in our separate Clinical Governance Annual Report.

Our partnership working and clinical governance strategy helps us develop effective arrangements that ensure clinical governance is 'for real' in South Staffordshire.

Risk management

Information on our health and safety performance is available in the Risk Management Annual Report.

Research and development

To assist Trust staff with research, a series of seminars are arranged throughout the year. While these are aimed primarily at our own staff, the 2004/05 seminars commanded interest from colleagues throughout Staffordshire.

Clinical effectiveness

Service users are entitled to expect that every effort is made to ensure their care and treatment is both safe and effective.

In line with the Health and Social Care Standards and Planning Framework, we believe that clinical effectiveness and cost effectiveness are key to achieving this aspiration. Our performance is assessed not only against national targets but also, increasingly, on whether we deliver high quality standards across a

range of clinical practices and contexts. This is becoming a fundamental part of performance management within our Trust.

Clinical audit

Our audit team has supported directorates' service user initiatives and undertaken a wide range of audits against best practice clinical standards.

The team continues to share learning resources and was instrumental in the implementation of a clinical audit network within our local health economy. The network undertakes joint audits with local PCTs and our audit team takes a turn to host and chair its meetings.

"As a nurse prescriber I feel that I now have much greater knowledge to underpin what I am saying to service users and as a consequence, I feel that service users have much more confidence in me. Nurse prescribing is much more than just writing a prescription. It is also about giving valuable knowledge and support to those in contact with our service."

**Angela Dutton,
Community
Psychiatric Nurse**

Improving...

Patient and Staff Environments, Facilities and Estates Services

Our facilities and estates mission is to enhance the quality of patient care by providing professional advice and managing and operating a wide range of services and assets. It aims to achieve agreed standards, meet customer requirements and deliver best value.

Investing in improvements

Our Trust's estate comprises of freehold, leasehold and joint venture properties which generally are provided in the most appropriate locations, determined in collaboration with a range of partners.

During 2004/05, our facilities and estates team continued to improve and modernise the estate, supporting care pathways for our service users and the requirements of our partner organisations. Progress was made against a range of national priorities and Trust initiatives such as the introduction of efficiency and safety initiatives to enhance the healing environment.

With the support of other agencies, our Trust continued to invest capital in a wide range of estate improvements projects including:

- improving security at Cherry Orchard, Tamworth

- improving water storage at the Margaret Stanhope Centre, Burton

- relocation to improved accommodation for the Child Development Centre, Burton

- refurbishing Stonefield Ward, St George's Hospital, Stafford

- improving security at Mellor House, Stafford

- refurbishing the outpatients' department at St Chad's, Stafford

- structural refurbishment at the Friary, St Michael's, Lichfield

- listed building refurbishment at the Coach House, Lichfield

- refurbishing and developing the Brockington Unit, Stafford

- Trust-wide vehicle replacement

- Trust-wide replacement of medical equipment

- Trust-wide team base reconfiguration.



Above - Brockington Perinatal Unit's refurbished garden sponsored by our League of Friends



Above - Joint venture - the new Children's Centre at Burton

Below - Artwork in our new Perinatal Unit



Making progress

Successful performance against national initiatives included:

- housekeepers have been introduced to 70% of Trust wards
- implementation of NHS Menu and Choice
- progress towards ensuring that all premises comply with Disability Discrimination Act requirements
- our patient environment was classified as 'good' by the Patient Environment Action Team.

Taking credit

A range of awards and accreditations were achieved by the team, including:

- Estates Management Good Practice Award (Health and Estates Facilities Management Associate) winner for 'A Real Generic Team - Maintenance and Minor Works'
- pilot status for the Healing Environment Project (Kings Fund)
- Chartered Building Company status (Chartered Institute of Building)
- bronze award for environmental initiatives (Staffordshire Business and Environmental Networks).



Ian Cox receives our Good Practice Award from Roger Deaville, NHS Estates



Porters at Lichfield receive accreditation for duty of care training, pictured alongside a recently delivered new vehicle



Mark Cooper and Digby Gould receive the bronze award for environmental initiatives

Initiatives

The NHS Think Clean Day on February 28, 2005, saw nursing and facilities staff working hand in hand to raise awareness regarding the importance of hospital cleanliness in ward settings. Rotas for future regular cleans were updated.



Pat Wain promotes Think Clean with clinical and non-clinical staff



Introduction of new uniform for domestic assistants in July 2004

Changing...

Listening to patients' concerns

We take very seriously any concerns we receive from the people who use our services and they enable us to bring about improvements.

Complaints

During 2004/05, 174 formal complaints were received by our Trust and 84.5% were responded to within the statutory timeframe of 20 working days.

For the second year running, there was a reduction in the number of complaints. We believe this is due to the transfer of services such as dentistry, wheelchair and sexual health to our primary care trust partners and the introduction of

our Patient Advice and Liaison Service (PALS). However, the complexity of complaints we receive has increased.

Patient Advice and Liaison Service (PALS)

Our formal complaints arm works closely with PALS in order to ensure that the most appropriate route of resolving individual complaints is agreed, taking into account the sensitivity, urgency and severity of the concern.

During the year both services reviewed their publicity arrangements in order to raise awareness among service users and carers. A new information booklet has been produced, which is being displayed visibly in all service user areas.

Improvements

A wide range of improvements was made during the year as a result of complaints or concerns. These include:

- a review of our bed management policy to accommodate emergency admissions more appropriately
- enabling a service user to benefit from a view by uncovering a window which had been boarded up for security reasons, following a risk assessment
- developing guidelines which ensure that two members of staff check medication prior to discharge of service users in our developmental neurosciences and learning disabilities directorate
- reducing waiting times for substance misuse clients by providing additional medical sessions (this is ongoing in Burton and Tamworth)
- developing a medication awareness strategy within old age psychiatry
- providing a single point of access to our integrated community mental health teams and redefining the role of duty worker
- introducing a non-ageist transition of care protocol for older people, in line with NSF guidance.



"It is evident that the Trust carried out a prompt, detailed and timely investigation into the complaint. Recognition should be given to the Trust's proficient complaints handling policies and procedures and the way in which the Trust handled the complaint in this instance."

**Case Manager,
Healthcare Commission**



Performing...

Finance and Performance Development Services

In repeating our achievement of a three star rating we laid a solid foundation on which to build our application to become an NHS Foundation Trust.

We look forward to the possibility of progressing further as an organisation by becoming a Foundation Trust. This will enable us to respond better to the needs of communities and, in turn, provide improved services with more choice. It will be a challenging but also an exciting new phase for our Trust.

Finance

We are pleased once more to have achieved financial balance in 2004/05. This was only made possible thanks to the commitment of all directorates and all staff within our Trust.

A key role of any finance department is to 'tell the story as it is'. The department has a fundamental role to play in the process of accountability to:

- the rest of our organisation
- our board
- our service users
- the Department of Health
- taxpayers.

For the second year running the department received the Jon Havlock Award for good practice in NHS financial management. Its submission was based upon the monthly financial reports provided to our Board.

More than 20 monthly financial reports are provided, covering many dimensions. These include achievement against directorate budgets and annual savings plans, the impact on these of changes in workforce and service user numbers and a system of close scrutiny on capital investment spending.

Performance development

Our performance development team uses a business planning process that supports the strategic direction of our Trust. It seeks continually to help our organisation achieve service improvements. The use of accurate, timely and relevant information is endorsed by the team and has helped our teams improve decision making.

The team undertakes six-monthly performance management reviews. The process was changed during 2004/05 in order to align it more closely with standards for better health and to encourage a two-way process with our clinical directorates.

Libraries

Operating from two libraries, at St George's and St Michael's, our library service supports all Trust staff and those of our four local PCTs. In addition, the libraries are open to any member of the public on a reference use basis.

During 2004/05, the service loaned 6,174 books, handled 4,693 enquiries, supplied 4,701 copies of journal articles and conducted 260 literature searches on behalf of staff.

In addition, its services include enabling continued professional development by providing details of evidence based practice and providing information and professional advice to support corporate functions.

"Info is a major asset for any organisation or individual. You cannot do your job without information and you will do your job better if you can base every decision on the best information that is available."

Tom Kelt, Trust Information Lead



The Trust Board and its committees



Trust Board: (from left to right) Roger Craven, Lesley Francis, Eleanor Chumley-Roberts, Mike Cooke, Gwyllim Roberts, Roger Evans, Steve Jones, Andrew Millward, Jayne Deaville, Neil Carr, Donna Wedgebury (associate director), Dr Stewart Vaggers, James Harley (secretary).

The Trust Management Board comprises the Executive Directors, Clinical Directors, a representative from the Joint Staff Partnership and one Associate Director on a rotational basis.

Executive Directors

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

Mr Mike Cooke,
Chief Executive,
3, 4, 5, 9

Mr Neil Carr,
Director of Nursing,
Effectiveness and Strategic
Development,
3, 4, 7, 8

Mrs Jayne Deaville,
Director of Finance and
Performance Development,
1, 2, 3, 4, 8

Mrs Lesley Francis,
Director of Human Resources
and Organisational
Development,
3, 4, 5, 6, 9

Dr Stewart Vaggers,
Medical Director,
3, 4, 8

Chairman and Non-Executive Directors

Mr Andrew Millward,
Chairman,
2, 3 (chair), 4 (part chair),
5 (chair), 6

Mr Gwyllim Roberts,
Non-Executive Director,
1 (chair), 3, 4, 5, 7, 8, 9

Professor Roger Evans,
Non-Executive Director,
1, 3, 4, 5, 7, 8 (chair)

**Mrs Eleanor
Chumley-Roberts,**
Non-Executive Director,
1, 3, 5, 6, 9 (chair)

Mr Stephen Jones,
Non-Executive Director,
1, 2 (chair), 3, 5, 6 (chair)

Committees

- 1 Audit Committee
- 2 Finance and Performance Sub Committee
- 3 Charitable Funds Committee
- 4 Strategic Direction Sub Committee
- 5 Remuneration and Terms of Employment Committee
- 6 Human Resources and Organisational Development Sub Committee
- 7 Research and Innovation Sub Committee
- 8 Clinical Effectiveness and Risk Management Sub Committee
- 9 Service User and Carer Sub Committee

Counting ... Operating & Financial Review

Achievement of the four financial duties

Through close monitoring and management of our Trust's financial resources, we are pleased once again to have achieved all our financial targets in 2004/05.

Target 1: Income and expenditure balance

Target	£ balance
Actual performance	£4,000 surplus

Our Trust set a balanced budget for 2004/05. Its final audited position was a small surplus of £4,000. Our Trust has achieved financial balance or better in every year since its establishment in 2001.

Target 2: External financing limit

Target	(£775,000)
Actual performance	(£775,000)

The external financing limit (EFL) is a control on the amount of cash a Trust can use to finance its total – revenue and capital – activities. In 2004/05 our Trust was set a negative EFL. This meant we were required to repay the sum to the Department of Health. Our Trust was able to do this and continue to fund its activities.

Target 3: Capital resource limit

Target	£1,609,000
Actual performance	£1,609,000

The capital resource limit (CRL) represents the maximum a trust can spend on new capital assets. This limit is not to be exceeded. Our Trust spent exactly to the limit set.

Target 4: Capital cost absorption rate

Target	3.5%
Actual performance	3.7%

NHS trusts are required to show that they can use capital sums provided by HM Government effectively. To this end, NHS trusts are required to show that they absorb the cost of capital at a rate of 3.5% of average net relevant assets. Our Trust achieved a rate of 3.7% which is within the level of materiality allowed by the Department of Health.

Summary of financial performance in 2004/05

As ever, the demands upon our Trust were heavy. In this respect, mental health in-patient and children's services particularly stand out as being required to provide a level of service greater than that laid down in our agreements with local commissioners. Against this, we secured an additional £1.3m income in-year over and above our initial plan for services provided both to local and non-local commissioners.

The individual directorates within our Trust co-operated closely in the development and management of a demanding set of savings targets for each directorate. As part of the budget process for the year, we set a cost improvement

target of £4.5 million. Requiring all directorates to identify and deliver a set of agreed financial savings, this was a key element in our Trust's ability to balance the books for 2004/05.

Our Trust secured £81.1m of income from a variety of sources in 2004/05. More than £50m was from block healthcare commissioning contracts with our local PCTs. The balance was secured through agreements with other NHS commissioners, with local NHS bodies for the provision of administrative and support shared services and with non-NHS bodies. This is a varied and complex income base that requires close monitoring to ensure the maximum level of income has been secured from these agreements.

Included in our income were a number of partnership agreements with local authorities. We received £116k through a CAMHS local authority grant for the Engage scheme which provided mental health services for 10-18 year olds who have offended. A further £60k was made available through a similar grant to provide a schools-based service in Rugeley for patients with complex diagnoses.

Our Trust successfully managed a number of service transfers to other providers in the course of the year. These were dental services, contraception and sexual health services and most of the social care services provided to Staffordshire County and Stoke-on-Trent councils. In total, this resulted in a reduction of income to our Trust of approximately £4.3 million.



Additionally, there was a financially neutral reduction of £2.4 million in income in respect of the NHS capital charges regime.

Against these reductions, our Trust secured £6 million additional income for a range of service developments and pay and price increases. Included in this was funding for the introduction of the NHS pay modernisation strategy Agenda for Change. This work has carried on into 2005/06 and by the end of the year all non-medical staff will be fully assimilated.

In capital terms, our Trust had a Capital Resource Limit of £1.6 million. This was invested particularly in the maintenance of the existing estate. However, £500,000 was invested in the development of a new mother and baby unit to provide modern clinical care to this vulnerable group of patients.

During the year our Trust's management costs for the organisation remained at 3.9%. The table below sets down the basis of that calculation.

	2004/05 £'000	2003/04 £'000
Management costs	3,029	3,011
Income	77,338	77,340
% of total income	3.9%	3.9%

As with other NHS organisations, our Trust is required to measure its compliance with the Better Payment Practice Code. This requires that 95% of all invoices are paid within 30 days of receipt. The table below sets down our level of compliance with the code.

	Number of bills	Value of bills £'000
Total bills paid in the year	26,568	30,580
Total bills paid within target	24,801	27,537
% of bills paid within target	93.35%	90.05%

The summary financial statements for the year ended March 31, 2005, for South Staffordshire Healthcare NHS Trust are set out at the back of this report. These statements summarise the information contained in our Trust's full accounts, copies of which can be obtained from Jayne Deaville, Director of Finance and Performance, South Staffordshire Healthcare NHS Trust, Corporation Street, Stafford ST16 3AG.

External audit fees

In total, our Trust spent £104,000 on meeting its statutory audit requirements. Our external auditors are KPMG LLP, chartered accountants. No services provided by KPMG are outside of the external audit.

Activity

We continue to achieve our main waiting list targets with no patients waiting longer than 13 weeks for first outpatient appointment from GP referral and 87% of these patients being seen within our Trust's local target of nine weeks.

Our emergency psychiatric readmission rate reduced from 12% to 5%, which compares very favourably with the national average of 10.3%. The corresponding figure for elderly adults was 2% against a national average of 5.3%.

The number of suicides among people engaging with our Trust reduced by 50%, from 10 in the previous year to five in the last reported year (2003/04).

In 2004/05, our Trust delivered care to 28,000 service users through 92,500 occupied bed days, 32,500 day care attendances, 27,100 consultant outpatient attendances and 168,600 community contacts.

Forward look

We expect 2005/06 to be another financially challenging year. We have set a balanced budget based on an income projection of some £81 million. This includes the securing of a new five year contract from HM Prison Services in respect of our CARAT service. Our Trust has also secured funding for its element of the local health economy's Learning Disability Strategy and an additional consultant psychiatrist post for South West Staffordshire. The setting of a balanced budget also involved the setting of a detailed cost improvement programme of £6 million.

Our Trust will be investing in two major capital schemes in 2005/06. First, we have secured £1.4 million of capital funding from the Shropshire and Staffordshire Strategic Health Authority for the provision of a six-bedded intensive care unit for the medium secure forensic psychiatric service. This will provide intensive care services for the whole of the West Midlands and is expected to be fully operational by April 2006.

Secondly, we are investing £700,000 in a new Learning Centre on the St George's site, Stafford. This centre, complete with lecture theatre, will provide our Trust with up



to the minute learning facilities to complement other facets of NHS modernisation. Some £150,000 of EU funding has been secured for the project through the local Social Regeneration Board. Work will be progressing at speed during 2005/06 in preparation for NHS Foundation Trust status. In order to achieve this status, our Trust currently is developing and refining a realistic, costed five-year service and financial plan. This will be subject to in-depth scrutiny by Monitor, the independent regulator of NHS Foundation Trusts, as part of the assessment programme. We are confident that our plans will stand up to such scrutiny.

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 **16 September 2005**

Chief Executive

Register of Director's Interests

Dr Stewart Vaggers is a Member of the Advisory Board for the Mediation Centre, Nowell Mellor Solicitors.

Neil Carr is a Fellow of Staffordshire University; Council Member for the Royal College of Nursing; Board member of Stafford and District League of Friends and Associate (Informal) of After Today Management Consultancy Group.

Mike Cooke is a reviewer for the Commission for Health Improvement; and Member of the Advisory Board for the Mediation Centre, Nowell Mellor Solicitors. He is also a member of the Department of Health Mental Health Taskforce, the Mental Health Improvement Partnership, Mental Health Choice Forum, and the Foundation Trust Network. He is also a Trustee of the charity 'Rural Emotional Support Team (Staffordshire)'.

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.

Roger Craven is Treasurer of Age Concern for Stafford and District.

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

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

Date

Chief Executive

Date

Finance Director





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 policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to achievement of the organisation's policies, aims and objectives
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in South Staffordshire Healthcare NHS Trust for the whole year ended March 31, 2005, and up to the date of approval of the annual report and accounts.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation, who have responsibility for the development and maintenance of the system of internal control, provide me with assurance. I have also taken account of comments made by external auditors and other review bodies in their reports.

Statement

As Accountable Officer, I can confirm that South Staffordshire Healthcare NHS Trust has a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives and the Statement of Internal Control is a balanced reflection of the actual control position.

This statement summarises the information contained in the Trust's full Statement on Internal Control, copies of which can be obtained from Jayne Deaville, Director of Finance and Performance, South Staffordshire Healthcare NHS Trust, Corporation Street, Stafford ST16 3AG.

Date **16 September 2005**

**Chief Executive Officer
(on behalf of the Board)**

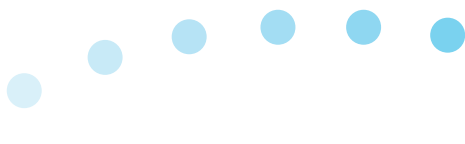
INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS OF THE BOARD OF SOUTH STAFFORDSHIRE HEALTHCARE NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

We have examined the summary financial statements set out on pages 27 to 32.

This report is made solely to South Staffordshire Healthcare NHS Trust's board, as a body, in accordance with section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to South Staffordshire Healthcare NHS Trust's board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than South Staffordshire Healthcare NHS Trust and South Staffordshire Healthcare NHS Trust's board, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

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



Basis of opinion

We conducted our 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 our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2005 on which we have issued an unqualified opinion.

Date **16 September 2005**

Signature

KPMG LLP
Chartered Accountants
Birmingham

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2005

	2004/05 £'000	2003/04 £'000
Income from activities	62,988	60,323
Other operating income	18,154	17,017
Operating expenses	(79,781)	(75,897)
OPERATING SURPLUS	<u>1,361</u>	<u>1,443</u>
(Loss) on disposal of fixed assets	(0)	(44)
SURPLUS BEFORE INTEREST	<u>1,361</u>	<u>1,399</u>
Interest receivable	226	235
SURPLUS FOR THE FINANCIAL YEAR	<u>1,587</u>	<u>1,634</u>
PDC Dividends payable	(1,583)	(1,634)
RETAINED SURPLUS FOR THE YEAR	<u>4</u>	<u>0</u>

BALANCE SHEET as at 31 MARCH 2005

	31st March 2005 £000	31st March 2004 £000
FIXED ASSETS:		
Intangible assets	178	221
Tangible assets	<u>60,440</u>	<u>43,978</u>
	60,618	44,199
CURRENT ASSETS:		
Stocks and work in progress	992	1,001
Debtors	5,525	7,024
Investments	0	0
Cash at bank and in hand	245	248
TOTAL CURRENT ASSETS	<u>6,762</u>	<u>8,273</u>
CREDITORS:		
Amounts falling due within one year	(8,725)	(9,898)
NET CURRENT ASSETS/(LIABILITIES)	<u>(1,963)</u>	<u>(1,625)</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>58,655</u>	<u>42,574</u>
CREDITORS:		
Amounts falling due after more than one year	(0)	(80)
PROVISION FOR LIABILITIES AND CHARGES	<u>(567)</u>	<u>(430)</u>
TOTAL ASSETS EMPLOYED	<u>58,088</u>	<u>42,064</u>
FINANCED BY		
TAXPAYERS' EQUITY:		
Public dividend capital	28,974	29,752
Revaluation reserve	24,942	8,326
Donated asset reserve	35	36
Government Grant Reserve	0	0
Other reserves	0	0
Income and expenditure reserve	4,137	3,950
TOTAL CAPITAL AND RESERVES	<u>58,088</u>	<u>42,064</u>

CASH FLOW STATEMENT

	2004/05 £000	2003/04 £000
OPERATING ACTIVITIES		
NET CASH INFLOW FROM OPERATING ACTIVITIES	3,875	6,724
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	226	235
Interest paid	0	0
Interest element of finance lease rental payments	0	0
NET CASH INFLOW FROM RETURNS ON INVESTMENTS AND SERVICING OF FINANCE	226	235
CAPITAL EXPENDITURE:		
Payments to acquire tangible fixed assets	(1,862)	(1,374)
Receipts from sale of tangible fixed assets	119	15,533
(Payments)/receipts for intangible assets	0	0
NET CASH (OUTFLOW)/INFLOW FROM CAPITAL EXPENDITURE	(1,743)	14,159
DIVIDENDS PAID	(1,583)	(1,634)
NET CASH INFLOW/(OUTFLOW) BEFORE MANAGEMENT OF LIQUID RESOURCES AND FINANCING	775	19,484
MANAGEMENT OF LIQUID RESOURCES:		
Purchase of current asset investments	0	0
Sale of current asset investments	0	0
NET CASH INFLOW FROM MANAGEMENT OF LIQUID RESOURCES	0	0
NET CASH INFLOW BEFORE FINANCING	775	19,484
FINANCING:		
New public dividend capital received	873	0
Public dividend capital repaid (not previously accrued)	(1,651)	(18,272)
Public dividend capital repaid (accrued in prior period)	0	(1,183)
NET CASH (OUTFLOW) FROM FINANCING	(778)	(19,455)
(DECREASE)/INCREASE IN CASH	(3)	29

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

Name and Title	Salary	Other	Benefits
	(bands of £5,000)	remuneration (bands of £5,000)	in kind
	£000	£000	£
S Jones, Non-Executive Director	05-10	0	0
R Evans, Non-Executive Director	05-10	0	0
E Chumley Roberts, Non-Executive Director	05-10	0	0
G Roberts, Non-Executive Director	05-10	0	0
T Brisby, Non-Executive Director to 30 September 2005	00-05	0	0
R Craven, Non Executive Director from 1 February 2005	00-05	0	0
A Millward, Chairman	20-25	0	0
S Vaggers, Medical Director	35-40	105-110	2,300
L Francis, Director of HR & OD	75-80	0	3,400
N Carr, Director of Nursing & Operations	75-80	10-15	3,800
J Deaville, Director of Finance & Performance	85-90	0	3,800
M Cooke, Chief Executive	110-115	0	5,000

Notes:

The Board of Directors have declined consent to disclose details of pensions.

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

Dr Vaggers was paid £36,129 in relation to managerial duties; the balance related to clinical duties on behalf of the Trust.



Tell Us What You Think or What You Want

South Staffordshire Healthcare NHS Trust is committed to continuously improving the services we offer. We value feedback in every form, and would encourage you to use this tear off slip to make your views (positive or negative) known to us.

If you'd prefer to make your comments anonymously, please do so. If you'd like a personal response, just tick the box and we will get back to you as soon as we can.

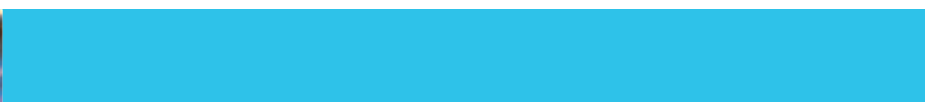
THANK YOU

I would like to make the following comment / observation / suggestion to South Staffordshire Healthcare NHS Trust.

Name:

Contact details:

Would you like a personal reply to your comment? Please tick if yes.

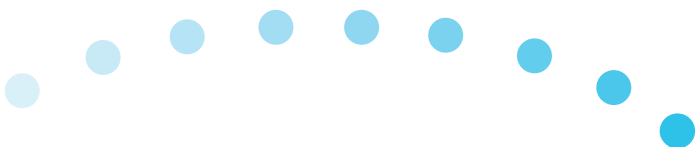




Please place in an envelope and return to:

South Staffordshire Healthcare NHS Trust
Trust HQ, Communications Team
Corporation Street
Stafford
ST16 3AG

Thank you



Want to know more?

You can contact our friendly team of Patient Advice Co-ordinators:

PALS – **The Patient Advice and Liaison Service** - 01543 414 555 ext 2127

or on 01785 221888. Or you can contact our Directors and their teams directly:

Mental Health

Dr Abid Khan, Clinical Director

01785 257 888 ext 5574

Email: abid.khan@ssh-tr.nhs.uk

Forensic Mental Health

Dr Nick Griffin, Clinical Director

01785 221 592

Email: nicholas.griffin@ssh-tr.nhs.uk

Children's Services

Dr Gunjan Patel, Clinical Director

01283 233 400

Email: gunjan.patel@ssh-tr.nhs.uk

Developmental Neurosciences and Learning Disabilities

Mrs Caron Thomas, Acting Clinical Director

01785 222 888 ext 5403

Email: caron.thomas@ssh-tr.nhs.uk

Nursing, Effectiveness and Strategic Development

Mr Neil Carr OBE, Director of Nursing, Effectiveness and Strategic Development

01785 257 888 ext 5515

Email: neil.carr@ssh-tr.nhs.uk

Human Resources and Organisational Development

Mrs Lesley Francis, Director of Human Resources and Organisational Development

01785 221 503

Email: lesley.francis@ssh-tr.nhs.uk

Finance and Performance

Mrs Jayne Deaville, Director of Finance and Performance

01785 257 888 ext 5527

Email: jayne.deaville@ssh-tr.nhs.uk

Medical Director

Dr Stewart Vaggers

01785 257 888 ext 5342

Email: stewart.vaggers@ssh-tr.nhs.uk

Chief Executive

Mr Mike Cooke

01785 257 888 ext 5500

Email: mike.cooke@ssh-tr.nhs.uk

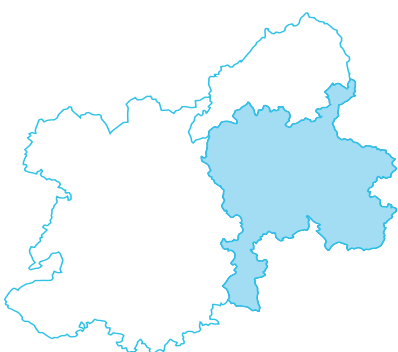
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South Staffordshire Healthcare NHS Trust
St George's Hospital
Corporation Street
STAFFORD
ST16 3AG





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