

QUALITY ACCOUNT 2020/21

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PART 1

Quality statement

1.1 What is the Quality Account?

Quality Accounts, also known as quality reports, are produced annually to provide information and assurance for service users, families, carers, the public and commissioners that the Trust reports on quality, and shows improvements in the services we deliver.

Quality Accounts look back on performance from the previous year, describing what the Trust has done well, and where improvement is required. They also look forward, describing areas that have been identified as priorities for improvement resulting from patient and public consultation.

We hope that you find our Quality Account, **covering the financial year 2020/2021 – 1st April 2020 to 31st March 2021** helpful in enlightening you about our work and priorities to date, to improve services over the coming year.

We also look forward to your feedback, which will assist us in improving the content and format of future Quality Accounts. Feedback can be given via our Trust website www.combined.nhs.uk.

1.2 Our Commitment to Quality – Overview from our Chairman and Chief Executive

We are pleased to introduce this year's Quality Account, to look back with pride on another year of officially 'Outstanding' success and achievement, to look forward with excitement to the developments we are leading within the Trust, and to celebrate our crucial partnerships with health and social care colleagues across Staffordshire and Stoke-on-Trent.

Our success is a direct result of our people, their hard work, skill, dedication and passion. This Quality Account helps to showcase how our people are providing excellent care and making a difference to the lives of our service users, carers and local communities.

This Quality Account stands both as a public record and as a tribute to our staff, our partners, our volunteers and all those who have displayed, sometimes in the worst of times, the very best that the NHS and our local communities can be.

It is now just over 2 years since the Care Quality Commission awarded the Trust an overall "Outstanding" rating – the highest overall rating they can award. The news confirmed Combined Healthcare as one of only a very few mental health NHS Trusts in England with an overall 'Outstanding' rating.

At that time, we said we were far from complacent and our journey of improvement would continue. Our focus and aim was, and remains, to be Outstanding in ALL we do and HOW we do it, including continuing to strengthen integration with our partners and engagement with staff, service users, their families and communities.

We were proud at that time to be singled out by the Care Quality Commission as an example for others to learn from in how to sustain improvements in high quality care and performance after receiving an Outstanding rating.

This Quality Account demonstrates how that relentless pursuit of continued, sustained improvement and innovation burns as brightly as ever at Combined.

Of course, the bedrock of our success is our commitment to delivering Outstanding services that live up to our promise of being safe, personalised, accessible and recovery-focussed.

We are proud at delivering an unprecedented 22nd consecutive year of achieving financial surplus, making us one of the strongest financial performers in our region. This performance enables us to provide examples of our determination to deliver historic capital investment in the medium term future - the largest single investment in acute and community mental health services in the Trust's history - as well as introducing new services, such as our new Adult Eating Disorder Service and expanded CAMHS.

We continue to play a strong role in promoting and supporting system-wide transformation - through our leadership of the mental health, organisational development and diversity and inclusion work-streams of the Staffordshire and Stoke-on-Trent "Together We're Better" Sustainability and Transformation Partnership.

We have continued to develop and advance the NHS vision for integrated care and new models of delivery towards a strong North Staffordshire and Stoke-on-Trent Integrated Care Partnership (ICP).

During the course of the year, we unveiled our new organisational strategy - based around our four themes of Quality, People, Partnerships and Sustainability. The initial launch of our new Trust strategy took place via an online event to which we invited both external and internal colleagues. This is the first time the Trust had published its strategy in this way and we were delighted that so many partners, stakeholders and colleagues were able to join us for the live launch. The coming year will see us engage in unprecedented fashion with our staff, service users and partners to help turn that strategy into a brilliant future.

Supporting and advancing research and innovation are things that are dear to our heart, and we are proud that this Quality Account is full of examples of our continuing success in this regard.

One thing we keep constantly in mind is that strategies, plans and aims are nothing without brilliant, talented, determined and compassionate people to make them a reality. If there is one major theme that has run throughout everything we have done throughout this year, it has been our unwavering commitment to protecting and promoting the health and wellbeing of everyone for whom we have responsibility - staff and service users.

In this regard, one of the most welcome things we saw this year was the results of the NHS Staff survey, which showed us to be the highest scoring mental health trust in the NHS in a number of key areas of importance to staff.

One of the highlights of our year is our annual staff REACH Awards. This year's event was the biggest ever and, for the first time was delivered entirely by our in-house team as a hugely innovative online and digital event.

Our key achievements:

This report sets out some of our key achievements in improving the quality of our services including:

- ✓ One of only a few specialist mental health Trusts in England with an overall 'Outstanding' rating from the Care Quality Commission - praised by CQC for our ability to sustain improvement after receiving an Outstanding rating
- ✓ 22nd consecutive year of achieving financial surplus - making us one of the top financial performers in the region
- ✓ The only mental health trust in the Midlands to have a Top 10 score in 9 out of 10 NHS staff survey themes
- ✓ Announced the biggest capital investment in acute and community mental health services in our history
- ✓ Transforming access to information, advice and help through developing a unique CAMHS Digital Portal, including online self-referral
- ✓ First ever, dedicated service for Adult Eating Disorders, providing support and care that has simply not been available for our local residents previously
- ✓ Supported living units giving opportunities for service users to live independently with staff available for support 24/7
- ✓ Transformative clinical model enabled Moorcroft Medical Centre to seamlessly enact changes required as part of the COVID-19 response, to ensure service user safety
- ✓ All trust staff granted a Health and Wellbeing Day, an additional days leave specifically for staff to focus on their own health and wellbeing
- ✓ Mental Health Crisis Access Centre - unique in the NHS in bringing together under one roof a whole range of teams offering a service to people of all ages, 24/7, 365 days a year
- ✓ Continuing to embed the work of our Inclusion Council in 'how we do things in the Trust', helping us to review, challenge and extend on the inclusive and equitable way we treat and support our staff and service users

Our key priorities:

We plan for the next five years (longer-term direction of travel), two years (medium-term priorities) and one year (key activities within any given financial year).

In November 2020, we unveiled our updated strategy which sets out our sustained commitment to continuously improve services and takes account of national requirements and local priorities. This strategy is built around four strategic themes:

- Quality - We will provide the highest quality, safe and effective services
- People - We will attract, develop and retain the best people
- Partnerships - We will actively promote partnership and integrated models of working
- Sustainability - We will increase our efficiency and effectiveness through sustainable development

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The Trust strategy does not stand alone. Delivery is supported by a series of enabling strategies that, together, form a statement of intent about the direction the Trust will take over the coming years as well as the aspirations we have for the future. These include our medical strategy, corporate and clinical recovery strategies, Digital Strategy and Communications and Engagement strategy.

In last year's Quality Account, we said the following:

"Whilst none of us can be certain of how these extraordinary times will end, the one thing we can confidently predict is that the remarkable people and teams who make up Combined Healthcare will continue to rise to whatever challenge is thrown at them with talent, dedication and a passionate commitment to caring for the population and communities it is our continuing privilege to serve."

How right we were.

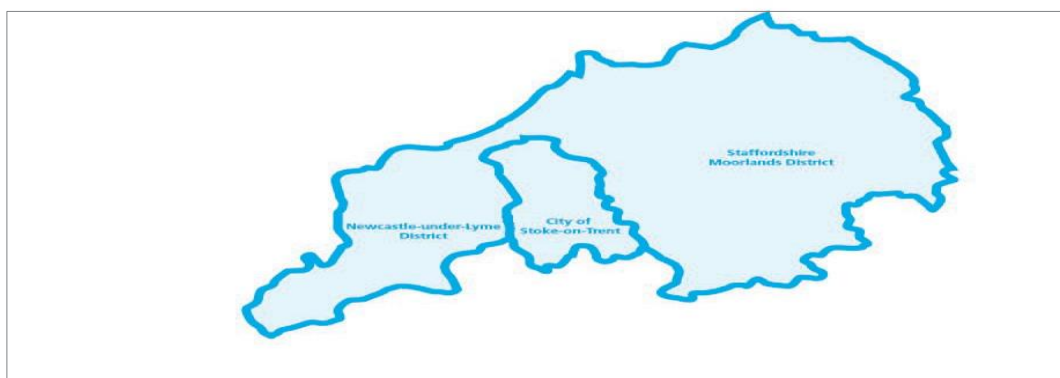
Finally, we are pleased to announce that the Board of Directors has reviewed this 2020/2021 Quality Account, and confirm that this is an accurate and fair reflection of our performance. We hope that this Quality Account provides you with a clear and concise picture of how important quality improvement, safety and service user and carer experience is to us at North Staffordshire Combined Healthcare NHS Trust. We hope you enjoy reading our Quality Account 2020/2021.

Peter Axon, Chief Executive and David Rogers, Chairman

Photos to be inserted

1.3 Introduction to North Staffordshire Combined Healthcare NHS Trust

- North Staffordshire Combined Healthcare NHS Trust was established in 1994 and provides mental health, substance misuse and learning disability care to people predominantly living in the city of Stoke-on-Trent and in North Staffordshire. We employ an average of 1,402 permanently employed (WTE) and 179 other staff during 2019/20. These staff work from both hospital and community based premises, operating from over 30 sites. Our main site is Harplands Hospital, which opened in 2001, and provides the setting for most of our inpatient units.
- Our staff are committed to providing high standards of quality, and safe services. We service a population of approximately 464,000 people from a variety of diverse communities across Northern Staffordshire, providing services to people of all ages with a wide range of mental health and learning disability needs.
- Sometimes our service users need to spend time in hospital, but more often, we are able to provide care in outpatient, community resource settings, and in people's own homes. We also provide specialist mental health services such as Child and Adolescent Mental Health Services (CAMHS), Neuropsychiatry and Psychological Therapies, plus a range of clinical and non-clinical services to support the University Hospital of North Midlands NHS Trust (UHNM) and Midlands Partnership NHS Foundation Trust (MPFT).
- Our main commissioners are North Staffordshire (33%) and Stoke-on-Trent (49%) Clinical Commissioning Groups (CCGs). We also work very closely with the Local Authorities in these areas, in addition to our other NHS partners.
- We have close partnerships with agencies supporting people with mental health, substance misuse, and learning disability problems, such as Approach, We are With You, BAC O'Connor Gateway, ASIST, Brighter Futures, Changes, EngAGE, North Staffordshire Huntington's Disease Association, Mind, North Staffs Carers Association, Reach and the Beth Johnson Association.
- The Trust Board, comprising the Chairman and five Non-Executive Directors, the Chief Executive and six Executive Directors, lead our organisation. A General Practitioner, Staff Side Representative, Executive Dean for Health at Keele University and the chair of our Service User and Carer Council supplement the Board.
- Further information regarding our purpose, vision and values is contained in our Annual Report, which provides an overarching summary of our services. This can be found via our website at www.combined.nhs.uk.



1.4 Services Covered by this Quality Account

This Quality Account covers four Clinical Directorates (including specialties and services) and one Primary Care Directorate provided by the Trust. During the past year we transitioned to our new locality structure, developed in partnership with staff, and will continue our journey of further integration of services, based on locality, working across North Staffordshire and Stoke on Trent. During the period (1st April 2019 to 31st March 2020), the Trust provided or sub-contracted eight relevant health services; sub-contracting two non-NHS organisations in respect of Improving Access to Psychological Therapies (IAPT). Refer to Figure 1 below which displays our operational structure.

Figure 1: Our Operational Structure

Outstanding

Our journey continues...

Our Operational Structure



1.5 Our Vision and Quality Priorities

Our overarching vision and quality priorities have continued. Our core purpose is to improve the mental health and wellbeing of our local communities. Our strategy is to deliver an evidence-based model of care, appropriate to our service user needs, focussing on wellbeing and ongoing recovery.

We aim to be recognised as a centre of excellence, bringing innovative solutions to the services we deliver, and embedding a culture of continuous learning across our organisation. This is reflected in our vision, values and objectives, as well as our focus on quality and safety.

Our Vision:

“To be outstanding in all we do and how we do it”
Our journey continues...

Our Quality Priorities:

Our quality priorities were developed with service users, carers and staff, forming the framework for our annual improvement programme. Our four key quality priorities are ‘SPAR’:

- Our services will be consistently **Safe**
- Our care will be **Personalised** to the individual needs of our service users
- Our processes and structures will guarantee **Access** for service users and their carers
- Our focus will be on the **Recovery** needs of those with mental illness

Our vision and quality priorities are underpinned by our values, delivered through our seven strategic objectives.

Our Values:

Our values (Proud to CARE as stated below) were developed in consultation with our staff, service users, carers and partners, which are well embedded across our organisation.

Proud to **CARE** – **Compassionate**, **Approachable**, **Responsible** and **Excellent**

Our Strategic Objectives:

1. We will attract, develop and retain the best people
2. We will actively promote partnership and integrated models of working
3. We will provide the highest quality, safe and effective services
4. We will increase our efficiency and effectiveness through sustainable development



1.6 Quality of Services 2020/2021 Key achievements

Our Quality Strategy is underpinned by our Quality Priorities, produced in collaboration with service users, carers and staff to ensure it reflects the needs of the local population across Stoke-on-Trent and North Staffordshire. All of those involved were keen to retain the focus on our previous quality priorities, which had delivered successful improvement in attaining an ‘Outstanding’ CQC rating.

Our Key Quality Improvement during 2020/21 are provided below; these are also outlined in section 2.3 of this report:

Under Quality Priority 1 ‘Safe’, we have:

✓ **Worked towards our Zero Suicide ambition by**

- Continuing our participation in the countywide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide
- 81.5% of registered staff completed face-to-face suicide awareness training
- In 2021/22, our suicide awareness training will change from an in-house programme to a Staffordshire 'system wide' programme, thereby standardising the approach across the wider public services
- Despite the cancellation of the suicide prevention conference in 2020 due to COVID-19, we are planning to deliver the conference in 2021
- Continuing to roll out environmental ligature improvements

✓ **Focussed on improving physical health by**

- Delivering the Trust Infection Prevention and Control Board Assurance Framework
- Strengthening and increasing the frequency of physical health monitoring within inpatient services, using the National Early Warning Score (NEWS2) in response to the COVID-19 pandemic
- Development of a Standard Operating Procedure (SOP) for the delivery of joint mental and physical health checks for service users with severe mental illness
- The delivery of an enhanced Infection Prevention and Control (IPC) audit programme in response to COVID-19
- Development and delivery of an enhanced IPC and Physical health digital learning package for staff to support our response to COVID-19
- Continuing on our journey 'Towards Smoke-free'
- Supporting the local COVID-19 vaccination programme with 45 trained vaccinators
- Delivering a successful COVID-19 vaccination programme with 91% of Trust staff receiving the vaccination.
- Established the Trust Clinical Professionals Advisory Group (CPAG) to navigate the clinical challenges presented by COVID-19
- Achieving 90% uptake of Flu vaccination for patient facing staff
- Achieving 100% compliance with Infection Prevention and Control (IPC) audits
- Achieving 90% IPC training compliance

✓ **Provided a safe environment by**

- Continuing to progress our Reducing Restrictive Practice Strategy
- Continuing to embed the 'Safewards' model within our mental health inpatient wards
- Continuing our involvement as a key partner in the National Sexual Safety Collaborative as part of a wider Mental Health Safety Improvement Programme
- Developing our plans to implement 'Responding to Disclosures' training provided by Savana, the leading experts around sexual violence and abuse in North Staffordshire
- Developing our affiliation to the Crisis Prevention Institute following their successful certification to the Restraint Reduction Network Training Standards
- Development of an electronic learning package for Trauma Informed Care training
- Improved compliance with Mental Health Law following the introduction of the Inpatient Safety Matrix and provision of additional bespoke training for staff
- Maintaining 'safer staffing' in line with the National Quality Board (NQB) requirements
- Patient Led Assessment Care Environment (PLACE) was suspended due to COVID-19 restrictions. However, environmental and cleanliness standards

continued to be monitored by the Facilities team with excellent standards been achieved

✓ **Continued to provide enhanced safeguarding support by**

- Increasing safeguarding supervision across all clinical teams
- Increasing training compliance for Safeguarding Children's Level 1 and 2 to 93%, Safeguarding Children's Level 3 is 86%, Safeguarding Adult's Level 3 is at 89% and Prevent is at 95% all above the target of 85%
- Involvement in the 'Pathfinder Project', which focusses on improving practice around Domestic Abuse
- Developing relationships with local Domestic Abuse services, GLOW and New Era, which, has supported the development of designated Domestic Abuse Champions in the Trust to further develop practice, and learning around Domestic Abuse

✓ **Acknowledged the importance of clinical leadership in maintaining safe wards by**

- Modifying our approach to implementing our SPAR Wards accreditation in response to COVID-19 restrictions
- Providing Trauma Informed Care training to all Acute Ward areas
- Developing a Clinical Leadership Programme for Ward and Team Managers and for staff who are aspiring to a leadership position

Under Quality Priority 2 'Personalised' we have:

✓ **Strengthened person centeredness by**

- Continuing to develop our Autism Strategy in partnership service users and carers
- Continuing to implement the Restraint Reduction Strategy, focussing on service user experience and person centred care
- Investing in the development of a dedicated Quality Improvement programme, including the creation of a number of new roles to support the ongoing development of our learning culture
- Towards the end of 2020/21 we have developed a digital Friends and Family Test (FFT) to improve accessibility and increase service user engagement with the FFT
- Adopting the ReSPECT process, which creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices
- Improved consent policy training focussing on a multi-disciplinary approach
- Reducing the number of avoidable transfers between acute ward areas

✓ **Encouraged involvement by**

- Collaborating with the Service User and Carer Council (SUCC) and using service user feedback (e.g. friends and family test) themes to influence our Quality Improvement agenda
- Continuing to increase the number of service users being offered the opportunity to participate in research studies through our consent to research initiative
- Commencement of a programme of Service User and Carer (SUC) engagement sessions to support the development of the Trust SUC Strategy
- Developing a video to raise awareness of the benefits of Peer Mentor support within clinical teams
- Establishing our virtual Service User And Carer Council throughout the COVID-19 pandemic

- Maintaining our virtual links with the Youth Council (hosted by CHANGES Staffordshire)

Under Quality Priority 3 ‘Accessible’ we have:

✓ Improved access to services by

- Embedding the electronic self-referral functionality for patient and carers to the CAMHS hub
- Continuing to strengthen our Diversity and Inclusion Strategy
- Expanding the use of new technology to embed video consultations in our community teams
- Use of video technology to advance MDT working
- Launching ‘One Health & Care Record’ in the Trust – a system-wide forward thinking project providing a secure digital shared care record for people living in Staffordshire and Stoke-on-Trent to improve joined up care provision
- Increasing bed capacity within our Psychiatric Intensive Care Unit (PICU) to further reduce the need for service users to be cared for ‘out of area’

Under Quality Priority 4 ‘Recovery Focussed’, we have:

✓ Promoted recovery by

- Securing funding to develop our Wellbeing And Recovery College; with core project groups being established from April 2021
- Successfully recruiting Peer Support Workers and Experts by Experience to our CAMHS and Learning Disability Services
- In partnership with CHANGES Staffordshire, we have secured three cohorts of Accredited Level 2 - Open College Network Volunteer Peer Mentor Training
- Developing a phased return to work for our volunteers in line with NHSE recommendations and COVID-19 restrictions

1.6.1 Key achievements by Directorate

Stoke Community

The Stoke Community Directorate is proud to deliver adult, children’s and older people’s services across the City of Stoke-on-Trent, split geographically into North and South Stoke.

Over the last 12 months, the Directorate has worked to establish strong and effective relationships both internally and externally. This is demonstrated through the award of the Improving Access to Psychological Therapies (IAPT) contract between Midlands Partnership Foundation Trust (MPFT) and ourselves as a partnership arrangement.

The Directorate plays the lead strategic role in mobilising the contract across Northern Staffordshire, looking to continue its excellent record of accomplishment for Stoke-on-Trent as one of the highest performing IAPT services in the country.

The Associate Director for Stoke Community has a lead role in delivering the Community Mental Health Transformation Programme supporting the outcomes of the NHS Long Term Plan and Community Mental Health Framework.

The Directorate has excellent links with a number of external organisations, for example, working in partnership with the Financial Inclusion Group, to deliver an enhanced care package to service users in the city in relation to debt, benefits and housing advice. This is particularly pertinent to the Stoke Locality due to its high levels of deprivation, culminating in the appointment of a Financial Capability Advisor (provided by the Citizen's Advice Bureau) to work with the adult CMHT's.

The Directorate supports innovation and integrated practice via participation in local groups such as The Homeless Reduction Board.

Memory services continue to excel in achieving high dementia diagnostic rates, despite the challenges of COVID-19. Diagnostic rates of 67.1% were achieved in the City and 78.9% in the County. These were possible through excellent team working within the Memory Services National Accreditation Programme (MSNAP), providing assessment, diagnosis and treatment for people with a number of conditions, including dementia. Additionally, there is a team working closely with GPs, to treat people living with dementia closer to home, and a further team supporting people at high risk of developing the condition.

The Directorate recognises the role it plays, in terms of broader health system requirements, working closely with The Royal Stoke University Hospital to support the needs of older people via its outreach service. This enables rapid access to step down services, with a focus on community, rather than bed-based support options. The service has responded readily to increased demand, and has expanded its support accordingly.

The Directorate led on the expansion of perinatal services, to improve mental health and wellbeing for all women of childbearing age and their families, preconception to 12 months post-delivery. Innovation and enhanced partnership working with the local hospital maternity unit made this possible.

Wait times for referral within the city of Stoke CAMHS service to the point of receiving treatment have reduced significantly, with 98% of children being seen within 18 weeks of referral.

The Mental Health Support Teams have developed close working partnerships with schools across the city, and in addition to 1:1 sessions, have developed drop-ins, jointly delivered school assemblies, provided teacher training, and been involved in summer schemes and parents evenings.

There are a number of generic priority areas for taking the Directorate forward over the coming months. These include transforming services via strengthening clinical pathways, further developing relationships within partner organisations, and improving integration of physical and mental health.

The overall aim of the Directorate is to ensure that residents of Stoke-on-Trent, regardless of age, have accessible and recovery focussed services responsive to their needs.

North Staffordshire Community

The Directorate is proud to be part of a CQC rated outstanding organisation, this journey continues with all teams working tremendously hard to maintain this, and to ensuring the delivery of high quality care to all.

The Directorate has strategic responsibility for children and young people service delivery, and as a result, are proud to share the amazing transformational work that has been achieved, including leading the transformation of children's services at an STP level. The redesign of pathways has supported the continual compliance with the national access and waiting time standards. The 4 Mental Health Support Teams, as part of the Trailblazer pilot, are fully embedded across 63 schools in North Staffordshire and Stoke-on-Trent, with a significant positive impact being demonstrated via early help initiatives. Alongside this, the Directorate has led on the transformation of services to support the aspiration of referral to treatment for all children and young people within 4 weeks.

Our organisational NHSI Service Review commended the Trust in the following areas; All age, 24/7 Crisis Hub, Digital exemplar work to structure referral management, and the ADHD clinical pathway including the shared care, and interface with primary care. This is underpinned by robust partnership working with the CCG, local authority, primary care, and local schools. The digital exemplar for children and young people, families and carers is anticipated to be launched in May 2020.

The new Staffordshire wide Liaison and Diversion service, in partnership with MPFT, was launched on 18th September 2019. The service is in line with the national framework working with all vulnerabilities in the criminal justice system, demonstrating effective partnership working, and collaboration across health and justice settings including probation, police and court. This work enabled the Trust to lead on a presentation at the National Liaison and Diversion conference.

The Early Intervention Team received a very positive NHSE/I review into the quality of service delivery, particularly in relation to access and waiting time standards adherence and consistently achieving these. The team has been instrumental in developing the peer support package, enabling positive outcomes for hard to engage groups.

Lymebrook CMHT engaged with the EVO project to develop ways to reduce DNA's and cancellations, and to increase the use of clinic appointments. The pilot of a digital platform to support remote consultations has enhanced service user accessibility and responsiveness to mental health care.

The Step on team had a Fidelity review from the Centre for Mental Health on 25th October 2019, maintaining their Exemplary level of fidelity. The Directorate has successfully taken the lead for the pan Staffordshire expansion of the Step on service, providing support for individuals to return to meaningful employment, thus exceeding their annual performance targets on both engagements and supporting people into work.

The IAPT team continues to achieve the required standards for the recovery rates of people presenting with common mental health issues.

The Directorate are delighted to be leading on the Start to Success pilot, focused on improving access to mental health services for students attending local colleges and universities, working collaboratively with local education institutions, and developing pathways to support timely and meaningful access.

Specialist Services

The Directorate consists of services not rooted in place, or would be less viable if broken down into locality teams, such as, Learning Disabilities, Adult Mental Health Rehabilitation and Neuropsychiatry, with an overarching purpose to grow and diversify services.

There are two key organising principles for the Directorate:

- To manage contracts where services are provided outside the Trust, with the “block” contract held with NHS CCGs, and to seek opportunities to bid for new contracts as tendered
- To manage services funded by the NHS CCG “block” contract operating beyond the North Staffordshire and Stoke-on-Trent Directorate boundaries

Stoke Community Drug and Alcohol Service, provided in partnership with two independent sector organisations, We Are With You, a national provider, and BAC O'Connor, a local provider of substance misuse services. The Trust supported this partnership in applying for a national scheme offering capital investment to improve services. The successful bid has resulted in a new facility being developed within a derelict property in Hanley Town Centre. The new premises at Birch Terrace is aimed at helping people with alcohol use issues, previous service user feedback had indicated this cohort would benefit from support located separately from drug services.

With support from colleagues in Corporate Services, the Directorate has made preparations for the transfer on 1st April 2021 of commissioning responsibilities from CCGs for Mental Health and Learning Disability/Autism (LDA) service users who require highly complex care packages and have been placed with independent sector providers, either locally or out of area. Though relatively small in number, under 200 individuals across both cohorts, high levels of need, high costs and complex care requirements result in this population attaining high profile. Historically, teams from the Trust have always been involved in the care requirements for this population but with direct responsibility for commissioning now sitting with the Trust there is an opportunity to develop procurement processes and service provision to better meet the needs of this population. Investment has been made directly in the teams overseeing the service user's individual care but with an eye to the future and better connecting this cohort with local NHS services, the Trust is developing a more robust Mental Rehabilitation Pathway and a new inpatient facility for LDA that will provide an alternative to out of area placements.

The Darwin Centre team have been leading on an initiative, funded by CCGs, to develop an intensive community support team for children and young people. Though recruitment has proved challenging the new service will operate 8am to 8pm over 7 days per week with community support being offered as an alternative to hospital admission or to facilitate more timely discharge for those who have been admitted. As this new community based service initiative develops, the Darwin Centre will increasingly be expected to admit young people with higher levels of challenging behaviour. To better meet this new demand, the Trust is exploring options to re-provide the service on the main Harplands Hospital site, thus improving access to rapid response from other wards, senior nursing staff on site, and the 24/7 medical rota. The Darwin Centre is now the sole gatekeeper for all CAMHs admissions in the North of the west Midlands, i.e. Staffordshire, Stoke on Trent, Shropshire and Telford & Wrekin, this was in response to learning from a Serious Incident that indicated access to beds was confusing and should be simplified.

Neuropsychiatry Services have integrated Neuropsychology into the Multi-Disciplinary Teams covering both Community and Inpatient elements of service. During the COVID-19 Pandemic the Neuropsychiatry Inpatient ward on two separate occasions, with the support of the Neuro Community Team and other Wards, was able to reduce the number of beds it required. The additional capacity this created was used by Royal Stoke Hospital to improve their flow of admissions and discharges in the face of unprecedented pressures.

Psychology Services hold numerous contracts with other NHS providers, e.g. UHNM, MPFT, CCGs and with probation services to provide highly specialist psychology services for people outside the direct care of mental health services. All contracts have once again been successfully secured, with discussions to expand into more areas taking place with partners. In addition, a senior psychologist from the team is involved in the recently formed Post COVID-19 Assessment Clinics that operate as a single point of contact for anyone suffering with symptoms 12 weeks or more after experiencing COVID-19. The potential for new demand as a result of “Long COVID” is being monitored, significant numbers of patients who had been in Critical Care report ongoing issues with memory, concentration, anxiety and mood as well as physical symptoms of fatigue and breathlessness.

There has been a significant transformation programme completed across Adult Mental Health Rehabilitation services. What was a “hospital ward” in the community with 8 beds has been redeveloped to operate as 8 supported living units. The unit remains within the NHS but there is now greater opportunities for service users to live independently with staff available for support 24/7. The unit has been renamed as Hilda Johnson House to honour the work of a long time service user advocate and member of the Trust’s Service User Council. Another new development is the formation of a Community Rehabilitation Team with capacity to support around 80 people. This new team will offer support focussed on keeping people in their existing accommodation or helping people transition to community from hospital placements. The team will further evolve along with the NHS 5 year plan where local discussions are centred on developing more intensive community support.

The COVID-19 Pandemic proved a significant challenge to our services, above we have mentioned some of the impact on wards. However, community teams across the Directorate have had to accommodate change. All services continued to provide in person contact with service users where contact through digital technology could not be seen as better option. This was particularly true for Neuropsychiatry where service users required highly complex psychological assessments, Learning Disability where communication difficulties either through video conferencing or in person with staff wearing PPE were particularly challenging and for Substance Misuse Services where individuals were required to attend for physical testing. Staff across these services deserve the highest praise for their determination and success in working through this time.

Acute and Urgent Care

Within our Crisis Care services, funding has been secured to establish a Rough Sleeper’s Senior Mental Health Practitioner in partnership with the Local Authority and Homeless charity / voluntary sector organisations. This allows for mental health assessment of the homeless population to help them to engage in community-based treatment to secure long-term accommodation.

Our High Volume Users (HVV) service continues to deliver high quality service in partnership working with the Red Cross and we have extended the contract for a further 12 months. The HVV Team work with patients who regularly attend Accident and Emergency Services. The team help to develop appropriate support in the community from a multi-disciplinary team and, by using a recovery focused approach the overall aim is to reduce the need for A&E attendances.

The Royal College of Psychiatrists (RPSYCH) accreditation programmes underway for both Mental Health Liaison Team and all inpatient wards have received high praise following the RPSYCH accreditation review with Quality Networks and Accreditation and The Quality Network for Psychiatric Intensive Care Units. The Quality Networks support service through a process of self and peer

review. They provide service reviews by expert colleagues, and deliver tailored training events and on best practice.

Our Electroconvulsive Therapy (ECT) department has been successful in gaining The Electroconvulsive Therapy Accreditation Service (ECTAS) through the Royal College of Psychiatrists, providing assurance that ECT clinics improve the quality of the administration of ECT.

All Age Access - Crisis Call Line was established as part of the national response to COVID-19. We are part of the system wide project group for this piece of work alongside colleagues within the Local Authority, Clinical Commissioning Group (CCG) and Midlands Partnership Foundation NHS Trust (MPFT). The all age access team and NSCHT were trailblazers in this regard and acting as point of reference for other providers as NSCHT already had a 24/7 all age access point which was unique across the region.

We have established within the directorate an additional Quality Improvement Lead Nurse post to improve quality assurance and governance predominantly focusing on patient and carer experience, serious incidents/feedback and learning lessons.

Within the Older Persons inpatient areas, we have secured additional investment to employ a GP and a Physician Associate to support the assessment and treatment of physical health of service users. This was initially for 6 months but further internal funding has secured this going forwards until September 2021. This has seen improved outcomes both in-patient experience, reduction in need to transfer patients to our Acute Hospital colleagues and has been exceptionally well received by teams involved and families/ carers.

We have employed full time Trainee Advanced Nurse Practitioner into our older person's inpatients areas to support the multi-disciplinary team from an Advanced Nurse Practitioner perspective, improve the patient experience and again enhance communication and liaison with other professional/ families and carers.

Within Acute Services, Wards 1, 2, 3 and PICU have continued to provide high quality care and progress our SafeWards initiatives, this means looking at the often simple things that that we can do to reduce conflict within our ward areas and create a safer and more therapeutic environment for service users. Our work has begun with the adoption of 'discharge messages', 'shout out boards' and a patient Tuck Shop.

We have continued to adopt sexual safety strategy measures to ensure our patients feel safe on our wards and have mechanisms to raise any concerns readily available to them.

Wards 1 and 2 have had virtual Mental Health Act focussed CQC inspections with impressive feedback; whilst Ward 2 have led on the development and adoption of the "Recovery Booklet" which has been submitted as an entry on the Health Service Journal (HSJ) national awards.

We have engaged staff and patients in a number of wellbeing activities including virtual walk from Lands' End to John O'Groats, a virtual quiz, "seeds of hope" sunflower growing competition and our exercise facilitator is developing health and wellbeing passports for patients and staff in order that we prioritise our health moving into the future.

Primary Care Directorate

The Primary Care Directorate is proud of the services it offers and continued to offer throughout the COVID-19 pandemic.

The entire team were split into two teams during the first weeks of the pandemic. One team worked in practice for a week, seeing all patients who required a face to face appointment whilst the other team supported them from their homes, managing patients remotely. The following week they swapped, so the remote team worked from the practice and the practice team from home. This ensured resilience and business continuity within the directorate and we are proud that our sickness levels are amongst the lowest in the Trust.

During 2020/2021, the Primary Care Directorate have been instrumental in supporting the Trust response to the COVID-19 pandemic. COVID-19 vaccination planning and delivery for both staff and patients has been critical and the Primary Care Directorate have worked closely with Trust inpatient services to ensure that the Joint Committee on Vaccination and Immunisation (JCVI) priority groups have been vaccinated as effectively and as efficiently as possible. The directorate have also provided both vaccinations and vaccination support to Trust staff.

As part of their Primary Care Network, the Primary Care Directorate have provided invaluable support to the Staffordshire and Stoke-on-Trent COVID-19 vaccination programme; helping the County to achieve some of the best vaccination performance targets. We were proud to both be amongst the first PCN to receive vaccinations as well as donate our Moss Green branch practice as a vaccination centre. This has been very well received among our patient populations.

A successful flu vaccination campaign was completed during 2020/2021, which saw the service achieve full Quality, and Outcomes Framework (QOF) targets for all flu indicators. Innovative and imaginative ways of working were adopted to ensure social distancing was adhered to and the directorate are very grateful to the IPC team for all their help in setting the flu clinics up.

As General Practice moved to a more remote way of working, it became very clear that our current telephone system was not robust enough to cope with the added volume of calls. This quickly led to dissatisfied patients and an increase in complaints. The Directorate was quick to respond to this and purchased a completely new phone system. Calls are monitored and evaluated daily and, despite a 55% increase in demand, waiting times have significantly reduced, calls are dealt with more efficiently and the number of calls answered has increased week on week.

The Directorate has undertaken work as part of the practice's fair share quota of GP Federation appointments. An electronic appointment logging book has been introduced which ensures that all team members are aware of the maximum number of bookings per day. This is working very well and our overall GP Federation bookings have reduced.

Although elements of the QOF and the Quality Information Framework (QIF) remained paused during 2020/21 with protected income, the directorate opted to continue with most elements, providing assurances that care continued to be of the highest standard. Each patient who was required to shield received a full holistic assessment with written care plans and follow ups as required. Additionally, our frail elderly population continued to receive regular reviews and the directorate was amongst the top few practices in the city in terms of this achievement. Our nursing team developed innovative and effective ways of reaching patients remotely, ensuring that long term conditions were both monitored and managed. . The practice has achieved full points for both prescribing and flu indicators in addition to achieving 99.54 out of 107 points for public health indicators.

At the start of the pandemic, the waiting list for childhood immunisations was significant. This was unavoidable and was due to retirement and long-term sickness. The nursing team project managed the delivery and decoration of a large gazebo and developed our 'jab and go' service. Children were immunised in a safe and weatherproof environment without them having to enter the building. Our waiting list became zero with a few months, a significant achievement without pandemic conditions in addition.

An enhanced service cancer audit required as part of the CCG annual return has identified that cancer referrals have continued to be appropriate during the pandemic. This is demonstrated in a lower than average level of cancer diagnosis via emergency portals and a higher than average number of service users being diagnosed through the 2 week wait urgent pathway.

Towards the end of the year, a restoration of services has seen an increase in the number of face-to-face contacts both at Moorcroft and through the utilisation of the Moss Green Practice once again. The PCN continue to use the centre for vaccinations twice weekly and the directorate have sole use of the building for the remaining 3 days. In keeping with directives from NHSE, both practices adopted an open door policy from May and the number of face to face contacts is increasing week on week. We are very fortunate that we have an external Portakabin (sourced by the Trust), so are easily able to see suspected Covid-19 cases in there, thus negating the exposure to other patients and our staff.

The Directorate has successfully recruited three Advanced Nurse Practitioners who commenced in post during March 2021. Two of the new team members join us from secondary care and their training has commenced with the ANP team, supporting the practice's acute daily triage offer. The clinical lead (with oversight from the clinical director) has developed a competency framework for all Advanced Clinical Practitioners to work through, providing assurances both to the directorate and wider organisation that care is of the highest standard. The directorate is providing physical health mentoring to Trust staff currently undertaking their MScs and has included Trust staff in recent protected learning events for our ANPs. These events are to be rolled out across all other disciplines within the directorate.

1.7 What the Care Quality Commission said about the Trust

In March 2019, the CQC published their findings from their unannounced and well-led inspections, which took place within the Trust throughout January 2019. We were delighted to have received an '**Outstanding**' rating from the CQC.

- The Trust is fully compliant with the registration requirements of the CQC
- The Trust was highlighted as one of two specialist Mental Health Trusts to be classed as Outstanding in England
- Our Crisis services have made a significant improvement with an overall rating of 'Outstanding'
- 3 of our 11 core services rated with an overall 'Outstanding' - the CQC attributed the 'Outstanding' rating to the Caring and Responsive nature of our staff and services
- Our Adult Community Services and Wards for Older People improved their rating for Safe services from 'Requires Improvement' to 'Good'

Deputy Chief Inspector for hospitals, and lead for mental health, Paul Lelliott said:

“The Board and staff at North Staffordshire Combined Healthcare NHS Trust can be proud of many of the services that it manages, the improvements it has made and its new ‘Outstanding’ rating”.

Paul Lelliott went on to report:

“We found a number of areas of outstanding practice at the Trust that were making a real difference to people’s lives.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and supported their individual needs. There was good leadership across the Trust and managers had the right skills to undertake their roles, while the Board had good understanding of performance.

On our return we found the requirement notices we set out in our previous report had been met and medicines safety had improved on the wards for older adults and the community teams. Community teams now inspect emergency equipment as a matter of routine.

Patients and those close to them were involved in decisions about their care, treatment and changes to the service and staff knew how to keep patients safe. They reported incidents, including abuse, and learned from incidents”.

“Overall the Trust is to be congratulated for all its work to provide an outstanding service to its patients”

Summary Rating Table:

Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding ☆
Responsive?	Outstanding ☆
Well led?	Good

Detailed Rating Table:

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Good Feb 2018	Outstanding Feb 2018
Child and adolescent mental health wards	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Wards for older people with mental health problems	Good ↑	Requires improvement ↓	Good ↔	Good ↔	Requires improvement ↓	Requires improvement ↓
Wards for people with a learning disability or autism	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good ↔	Good Feb 2018	Good Feb 2018
Community-based mental health services for adults of working age	Good ↑	Good ↔	Good ↔	Good ↔	Good ↔	Good ↔
Mental health crisis services and health-based places of safety	Good ↔	Good ↔	Outstanding ↑	Outstanding ↑	Good ↔	Outstanding ↑
Specialist community mental health services for children and young people	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community-based mental health services for older people	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Good Sept 2016	Outstanding Sept 2016
Community mental health services for people with a learning disability or autism	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Substance misuse services	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Overall	Good ↑	Good ↔	Outstanding ↑	Outstanding ↑	Good ↔	Outstanding ↑

Comparison Table – 2015 to 2019:

Combined Healthcare CQC Service Ratings

	2015	2019
Adult Inpatient	Requires Improvement	Good
CAMHS Community	Inadequate	Good
CAMHS Wards	Requires Improvement	Good
Adult Community	Requires Improvement	Good
Crisis	Inadequate	Outstanding
Community LD	Good	Good
LD Inpatient	Good	Good
Rehab	Requires Improvement	Outstanding
OP Community	Good	Outstanding
OP Inpatient	Good	Requires Improvement
Substance Misuse	Requires Improvement	Good
Overall	Requires Improvement	Outstanding

The CQC postponed the 'Well Led' inspection, scheduled for April 2020, meaning the unannounced inspections have not yet taken place; however, we have continued to ensure there is robust evidence to support some of the improvements that were recommended during the unannounced inspections in 2018/19. The following improvements are now embedded:

- Assurance of consistent and full compliance with the observation of patients (as per Trust policy)
- An established network of Nutritional Link Nurses within all In-Patient Wards
- Improved Admission and Transfer processes within Acute Inpatient Ward areas
- Improved physical health monitoring of all patients
- Assurance of consistent, structured approach to daily handovers
- Assurance of consistent and person centred approach to supporting individuals requiring seclusion
- Assurance that Cleaning Schedules are in place in all community locations
- Improved side effect monitoring for patients receiving depot medications
- Improved consistency with Crisis Management plans for patients
- Assurance that all patients detained under a Community Treatment Order have appropriate capacity reviews
- Improved management plans for community environmental ligature risk assessments
- Implementation of regular reviews of internet speed to ensure efficient access to the Electronic Patient Record System can be maintained in community locations

1.8 Building Capacity and Capability

During the past year, our Board membership was refreshed and further enhanced:

- David Rogers remains as Trust Chairman
- Peter Axon took up post as our CEO from April 2019 (made substantive in February 2020)
- Shajeda Ahmed was appointed as Director of Workforce, OD & Inclusion in October 2019
- Kenny Laing was appointed as Director of Nursing & Quality on a 12 month secondment basis from November 2019 (made substantive in July 2020)
- Tosca Fairchild was appointed as Assistant CEO (new post) substantively from November 2019
- Janet Dawson was extended as Non-Executive Director until 2022, and appointed as Vice Chair from March 2020
- Russell Andrews was appointed as a full Non-Executive Director in November 2019
- Tony Gadsby was appointed as an Associate Non-Executive Director in February 2020, after serving a full 10 year term as a Non-Executive Director
- Philip Jones was appointed as a Non-Executive Director in February 2020 with the particular remit of Audit Committee Chair
- Billie Lam is shadowing the Board as part of the NHSI NeXT Director Scheme

The Board has a wide range of experience and skills to provide effective leadership. As part of our Board Development Programme, we have undertaken a Board skills assessment. Our continuous cycle of board development acts as an opportunity for ongoing organisational development and quality improvement. A core component of the development programme is to ensure that all board members have a focus of continued improvement in order to deliver the highest quality, safe services for our community, within resources available.

1.9 Our People

At Combined we genuinely recognise that our outstanding people are our greatest asset, and continue to develop our people, and the culture within which they work, to enhance our service user's experience, improve performance and increase staff engagement and morale.

To ensure we are maximising our impact towards achieving our vision, whilst considering national and system demands, we reviewed and relaunched our Combined People Strategy (2020-2025). We carried out many engagement activities to shape our new people strategy, taking a more innovative approach, creating an interactive online version to strengthen engagement and connection between the strategy and our people. We open our strategy by making an overarching commitment to our people;

OUR COMMITMENT TO YOU....We will strive to provide every person working in our Trust an understanding of the following....

Shared Purpose	Clarity of what we need to achieve and how we need to behave
	Clear understanding of how your role fits into the bigger picture of supporting the delivery of excellent care and achieving our Trust vision
Autonomy	You feel empowered to make decisions based on your knowledge and skill level.
	You are encouraged and supported to challenge the norm and identify improvements you can make to the way you work and deliver care
To be Excellent	You are encouraged to develop your knowledge, skills and behaviour to reach and maintain a level of excellence in your role
	You are supported throughout your career journey by having open, honest and compassionate conversations about your career aspirations, exploring your suitability, potential development areas and potential support required to develop yourself professionally and personally

Instead of priorities, we are making the following 4 promises;

- 1. **Inclusive Culture**; “We will create an inclusive and empowering culture”
- 2. **Health and Wellbeing**; “We will support your health and wellbeing”
- 3. **Engagement**; “We will listen to you”
- 4. **Sustainable Workforce**; “We will support you to be excellent”

All our activity will focus on supporting these promises, ensuring we make Combined an even better place for our people to work.

Updates are provided to our People, Culture and Development Committee, which is a sub-committee to the Board, ensuring progress and achievement. There will be an annual review to ensure our strategy, and underpinning activities are still meeting the needs of our people and the Trust.

We employ an average of 1,414 permanently employed (WTE) staff; with the majority providing professional healthcare directly to our service users. We also have an active staff bank supporting our substantive workforce. We have continued to strengthen our Temporary

Staffing function to allow greater provision and flexibility, making it more adaptive to service needs and removing, wherever possible, the need for agency provision.

Staff Engagement: Our staff engagement journey continues; we have embraced Listening into Action (LiA), which provides a Trust wide approach to engagement, creating demonstrable results. LiA and the focus on feedback followed by action, has successfully supported change through engagement and involvement of staff, service users and carers, influencing an inclusive engagement culture at an organisational level.

Our staff survey results indicate we have made good progress and staff more frequently indicate they feel heard, and their voice and opinions acted upon. We are not complacent we know there is much more to do and by developing both organisational and team engagement culture we can see the results in terms of performing teams which ultimately improve the quality of care we provide to our service users.

Health and Wellbeing: As a result of the ongoing pandemic 2020/21 continued to provide unique challenges and as a Trust we chose to continue to prioritise the health and wellbeing of our people. We have been ahead of the game throughout the pandemic, already having implemented measures and levels of support for our people ahead of national guidance and best practice recommendations. We have been approached by regional and national colleagues to explore our approaches, so they were able to scale and spread our best practice approaches with others.

Our approach to supporting staff has been:

- Engaging with our people
- Providing Psychological Safety
- Supporting and encouraging Self-Care/Self-Help

By taking this 3-pronged approach, we are confident we have been able to better support staff, helping to reduce short-term sickness and the consequential associated additional pressures of lower staffing levels. By focusing on self-care and self-help from the start, we know we have also reduced the longer-term psychological impacts on staff, reducing the number of staff requiring high intensive psychological support in the future.

Our priority over the last 12 months has been on supporting the psychological health and wellbeing of our staff, and that continues to be the case.

Leading with Compassion: This scheme enables staff, patients and carers to recognise someone they believe has demonstrated 'leading with compassion'. The website (<https://www.nhscompassion.org>) created by ourselves, incorporates a video giving an overview of the scheme, and some of the evidence behind why it is important. Staff and patients have nominated staff across all clinical and non-clinical areas and receive between 120-180 nominations per month.

Diversity & Inclusion: Despite the challenges and constraints of the pandemic, the Trust has worked extremely hard to not only maintain but also substantially develop diversity and inclusion, not only for our people and our service users but also our wider local communities and population.

We have continued to extend our reputation in this regard, demonstrating outstanding leadership in this area both as an individual Trust and as part of an ambitious local care system.

Our Trust Board is diverse and strongly united around principles of diversity and inclusion. Through online meetings, we have continued the work of our Inclusion Council, led by our CEO, and our core inclusion projects overseen by this group throughout the pandemic, without missing or postponing a single meeting. Indeed, we have taken the issues and events of 2020 as impetus to further 'up the game' on inclusion. We have also continued to develop, embed and extend the role, impact and reach of our Trust Staff Networks (BAME, LGBT+, Neurodiversity and, from December 2020, Disability) into the day-to-day business of the Trust.

We have delivered a full programme of awareness raising in relation to a wide range of cultural, religious and health inclusion related matters throughout the year, using a range of media both internal and external to the Trust. We are proud of the progress that we have been able to demonstrate in growing greater diversity and inclusion through these challenging times, and particularly in the marked improvement made in a range of measures of race inclusion. Whilst we recognise we still have much more to do to make further advancement in this area, we were proud to be recognised as Finalists in the Health Service Journal Workforce Race Equality Award event held in March 2020, in relation to our work over the two-year period from 2019-2021.

Leadership Development: We have continued to work with our leaders via our Leadership Academy, with a programme of events focussing on key strategic topics aligned to our Board Development Programme. We recently commissioned a cohort of accredited coaches to be a resource for the Trust, completing in 2020, resulting in a register of internal coaches to support our leadership and development activity. We have launched a coaching and mentoring pool utilising diverse experiences and backgrounds of coaches in partnership with other system stakeholder groups.

We have worked in partnership with our colleagues at UHNM to co-produce and deliver a Leadership Development Programme. The purpose of developing a bespoke programme was in response to the complex and dynamic environment of health and social care, which brings its own challenges for our leaders, as we re-design our services to meet the national agenda of integrating care across the integrated care system and supporting models of delivery.

We are delighted to be able to launch two cohorts commencing in 2021, including a Gold and Platinum level, which will undoubtedly encourage greater system collaboration, great learning opportunities and improving outcomes for our service users.

Recruitment and Retention: Recruitment and retention continues to be a major priority due to a national workforce shortage, and the ongoing challenge of nursing and medical recruitment. That said, despite the challenges we have continued to improve our position, stabilised our vacancy position over the period and improved the time taken to recruit new staff.

In terms of Retention, we are part of the NHSI National NHS Retention Scheme and have implemented a number of strategies to retain our workforce, including flexible retirement, improving our people practices by adopting just and learning culture practices, providing greater opportunities for retire and return opportunities, talent management, and improving our leadership development offer.

Learning Management: Our new Learning Management System (LMS), which was launched in 2017, is now integrated with E-Learning for Health, which gives us access to over 600 validated e-packages, allowing flexibility and adaptability to respond to learning needs as they arise. In 2020, we launched a new chapter specifically to support the Health & Wellbeing offer; this has been

especially valued, supporting our people both professionally and personally through the challenges 2020 has afforded us. Additionally, we have added to our traditional delivery methods of face-to-face sessions and eLearning packages, a third extremely successful delivery method of virtual delivery through MS Teams and Zoom. This has enabled people to join interactive sessions delivered both internally and externally, enabling access to expert specialist subjects from across the world.

Apprenticeships and New Roles: In 2020/21 we continued to recruit to new apprentice positions and expand the range of apprenticeships on offer to existing staff, enabling them to progress within their careers. We have exceeded our Public Sector apprenticeship target for the first time ever and are in a strong position to spend our apprenticeship levy. We identified monies to support the implementation of our first nursing apprenticeships, supplemented by government funding via HEE, for 26 nursing apprentices. 20 of these positions are for direct recruits from outside of the Trust and 6 will be for existing Nursing Associates/Assistant Practitioners to undertake a 2-year top up degree to become registered nurses. Our first cohort of 14 mental health nursing apprentices started in February '21. The remaining 6 positions are to be externally recruited Learning Disability nursing apprentices. We have also seen our first cohort of Nursing Associates to have completed their apprenticeships and taken up their substantive roles.

Staff across the Trust continue to undertake apprenticeships at all levels and in a wide range of subjects. We have expanded our range of training providers, developing new partnerships, to ensure that new apprenticeship standards are offered to meet the specialist needs of our people. Wherever possible, we work with partner organisations to maximise the learning experience for apprentices and enhance understanding and networking across the health economy.

Staff Awards: Throughout the history of the Trust, REACH has always been one of our annual highlights and for each of the past four years has broken the previous record for numbers of nominations and participants. With the onset of COVID-19, we could not hold REACH in its normal format, as a set-piece formal dinner and face-to-face events ceremony in a physical venue.

Faced with COVID-19, we took the decision to be bold and ambitious. For the very first time in our history, REACH 2021 was produced in-house as an entirely digital, online and social event. Not only was it our biggest event ever, it was also our most popular - with more nominations and more nominees than ever before.

The event took place in a virtual digital venue and featured video contributions from all of our Executives and Non-Executives, a whole range of frontline staff nominating and paying tributes to their colleagues, plus a special guest appearance and message of thanks from the nation's favourite former mental health nurse - Jo Brand. The highlight of the evening was the premiere of a new poem specially commissioned for REACH 2021 from local poet Gabriella Gay, paying tribute to our staff for their heroic efforts combatting COVID-19

Listening to Staff, including Freedom to Speak Up: We continue to have well established platforms for listening and responding to staff.

Our Freedom to Speak Up Network has grown over the last 12 months, with more focus on localised support within services and 22 FTSU Champions who continue to represent a diverse staff mixture, alongside clinical and non-clinical staff groups. The Champions actively encourage a positive culture to support staff to raise any concerns or issues they have.

Our 'Dear Peter' initiative provides all staff with access to our Chief Executive, to anonymously raise any issues, concerns, service suggestions and compliments; responses are issued transparently via our staff intranet.

During the coming year, the plan is to further promote and spread the Freedom to Speak Up message, with a focus on supporting managers and leaders to 'Listen up' effectively. Champions are now aligned to the clinical directorates and will be attending clinical teams as well as holding meetings with the Directorate leads, in order to discuss themes and support the values around listening and responding to concerns; as per National FTSU framework. This will be further supported by the implementation of the National FTSU Speak up; Listen up and Follow Up training which will be made available for all Trust staff.

The Chief Executive 'on the road' engagement sessions which commenced in February 2020 have proven to be a successful opportunity for staff and teams to discuss their achievements and challenges and have further helped to embed open and transparent staff engagement via our listening and responding processes.

Staff Survey: The National NHS Staff Survey provides us with an annual opportunity to review what it feels like to work for the Trust and identify areas for improvements and change. Our 2020 results show an incredibly positive outcome when compared with the other Mental Health, Learning Disability and Community Trusts.

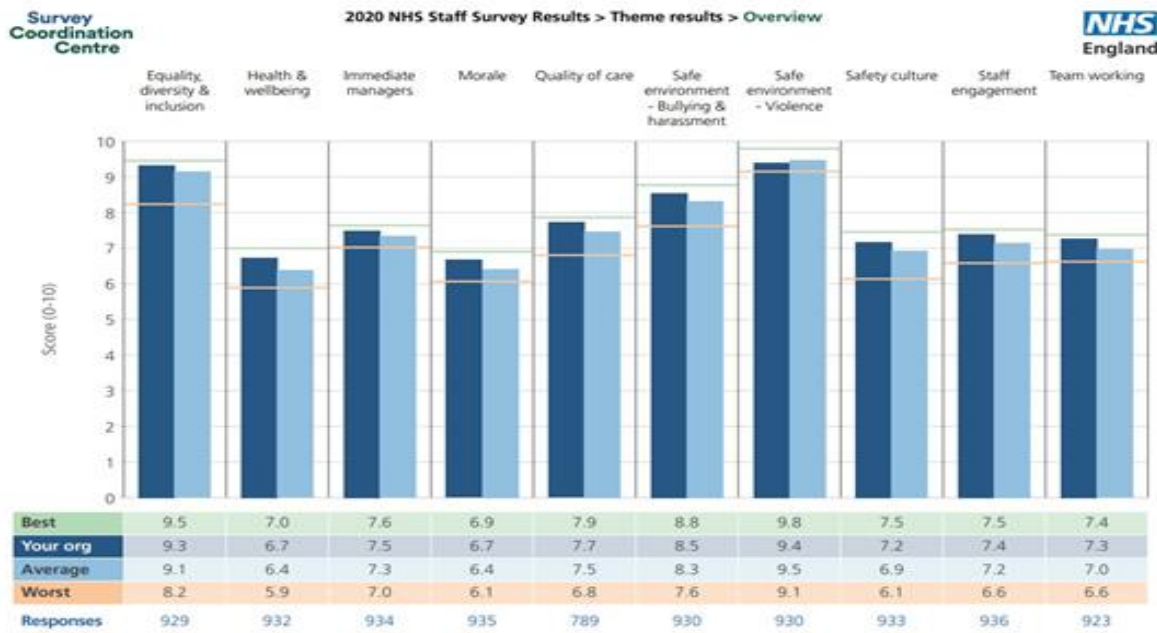
Research shows that Trusts with stronger engagement scores achieve better outcomes, in terms of the quality of patient care and staff experiences. Our response rate increased by a significant 8% from our 2019 survey results, yielding a 61% response rate. This provided us with our highest ever number of staff contributing and completing their survey. This was also an exceptionally positive result when compared to the benchmark median rate which demonstrated a 49% response rate.

Figure 2 below shows our staff survey (2020) benchmarking results, demonstrating a significant improvement in 8 out of the 10 themes, when compared to our organisational scores from 2019. With our remaining 2 themes - Equality, Diversity & Inclusion and Team working, scoring the same as our 2019 survey results.

When benchmarked against our comparators in this sector, we scored above average in 9 out of the 10 which themes and very close to matching the best scores in the following themes:

- Equality, Diversity and Inclusion
- Immediate managers
- Morale
- Quality of Care
- Staff Engagement
- Team Working

Figure 2: staff survey benchmarking results for 2020



This year, we have continued to focus our energy on two key themes; supporting the health and wellbeing of our people and ensuring that we continue to strengthen our inclusion and diversity culture.

PART 2

Priorities for improvement (looking forward) and statements of assurance from the Board

2.1 Engaging partners and stakeholders

Looking forward, we continue to be committed to providing high quality care for our service users and carers. We feel this is only achievable by maintaining our partnership with service users and carers across the communities we serve. Our clinical services will deliver evidence-based models of care, which will reflect the needs of service users and their lived experience. We will achieve this by having an on-going conversation with our service users and carers, and strengthening our approach to co-production.

We have continued to review areas for improvement via on-going development of comprehensive action plans. We will work in partnership with the CQC, service users, carers and other key stakeholders to implement and sustain improvements and have therefore have included partners in the development and publication of this Quality Account.

2.2 Quality planning, governance and quality improvement

Our Quality Strategy is underpinned by our Quality Improvement Programme, recognising that strong clinical leadership and engagement is essential to successfully delivering the strategy, and to achieving the desired changes in our quality and safety culture. Our Workforce Strategy supports this via initiatives such as staff engagement, clinical supervision, staffing and recruitment, thus ensuring staff are supported and engaged to deliver high quality care.

During the past year, we have strengthened our approach to Quality Improvement (QI). We are actively engaged with the Sexual Safety programme, launched by the national quality improvement collaborative on 21st October 2019. Furthermore, training and project support in relation to QI has been delivered at a variety of levels, and will continue into 2020-21. Our Quality Improvement Leads within Directorates will continue to strengthen QI by leading QI projects.

We can demonstrate evidence that the assessment of risk helps to drive and shape our approach to quality governance, by using reporting and trend analysis via identification of risks from Teams to Boards.

Underpinning our approach to QI is the Board Assurance Framework (BAF). This identifies key strategic objectives against strategic risks, the control measures in place, and the required assurances. The BAF aligns the strategic objectives and risks to our SPAR quality priorities, each having an Executive Lead, overseen by a nominated sub-committee of the Board.

Our approach to Quality has been supported via the monthly Senior Leadership Team meeting (comprising the Executive Team and Clinical Directors) with a QI focus to the agenda. The monthly performance agenda based on quality, workforce, clinical effectiveness, and finance, with associated Key Performance Indicators (KPI), ensures a focussed approach to continuous improvement.

Quality improvement is overseen by the Quality Committee (QC), and monitored via a number of methods including:

- Delivery against our CQC Improvement Plans
- Performance Review and Quality Dashboard
- Listening into Action (Improving staff engagement and services)
- BAF (Description of our quality goals)
- Learning Lessons (Learning, sharing and taking action to provide safe and effective services via monthly publications and interactive learning events)
- CQUIN initiatives (Identifying clear priorities on which to base the annual initiatives, and national priorities)
- Programme of quality assurance / improvement visits (including external announced visits led by the CCG and Healthwatch, and internal unannounced assurance visits led by the Executive, Service User and Carer Council and Non-Executive Directors)
- Monthly Director question and answer sessions
- Clinical Quality Review Meeting (CQRM) (Commissioner led)
- Annual Trust Quality Account
- CQC Well-Led inspections
- SPAR Accreditation Wards scheme

We have further developed our capacity and capability to implement quality improvement and change, via a review of our services, to ensure that we have the right resources, in the right place, at the right time, to meet the needs of our service users and carers. This involved:

- Changing our Directorate structure from specialities to localities to ensure that people receive seamless services, close to home
- Reviewing safer staffing across 24 hour services in line with National Quality Board standards

- Implementing the SafeCare module within E-rostering, to enable real time visibility of our in-patient staffing requirements
- Enabling a range of teams to undertake QI projects via training and project support from NHSI and AQuA

We will continue to develop and refine methods to demonstrate and evidence the impact of the investment in QI, by use of national benchmarking data including:

- National NHS Benchmarking Data Annual Report Measures
- National Reporting and Learning System (NRLS) (six monthly organisational report)
- Friends and Family Test data
- NHS Choices
- Patient Led Care Assessments (PLACE)
- Mortality Surveillance
- National Safer Staffing requirements

The Gosport Independent Panel Report found that hundreds of elderly patients had had their lives shortened at Gosport War Memorial Hospital in the 1990s by the inappropriate use of high dose opiate medication. The subsequent report “Learning from Gosport”, was published in November 2018. We have taken steps to review levels of assurance against highlighted key areas of concern. To ensure such events would be highly unlikely to occur, we have embedded the following processes:

- Incident reporting (weekly incident monitoring and reporting via teams, via Directorates and Executive Committees)
- Complaints reporting and procedures (reporting via Trust reporting structures)
- Freedom to Speak Up and Dear Peter initiatives (reporting via Trust reporting structures)
- Serious incident monitoring and Mortality review groups (reporting via Trust reporting structures)
- Medicine Organisational Governance (MOG) group (reporting via Trust reporting structures)

To support dissemination of our new Controlled Drug Policy, a training package was developed and delivered incorporating the actions identified from our internal review, following the publication of the Gosport Report. Training was delivered by Pharmacists in face-to-face sessions with managers ensuring training was cascaded.

2.3 Summary of Quality Improvement Programme 2020/2021

Our Quality Priorities for 2020/21 were agreed with service users and carers at the Open Space event in November 2019. We proposed and presented a number of initiatives, voted for by service users and carers and agreed by the Board. These are set out in our Board Assurance Framework, agreed by commissioners. A summary of our Quality Improvement Programme 2020/2021 is provided below and serves as an outline of the Key Quality Improvements Achievements detailed in section 1.6 of this report:

Under Quality Priority 1 ‘Safe’ we will:

❖ **Continue to work towards our Zero Suicide ambition by:**

- Continuing to lead and collaborate with the Health and Social Care agencies with a system-wide approach to our Zero Suicide ambition
- Continuing to roll out environmental ligature improvements
- Having a strategy to address loneliness within our service user group

❖ **BoardFurther develop clinical leadership to maintain safe wards by:**

- Fully embedding our SPAR wards accreditation framework to enhance the quality of care on in-patient wards

❖ **Improve physical health by:**

- Developing a non-contact observation form based on NEWS2 to support appropriate monitoring to support the sepsis programme
- Proactively implementing the annual Flu Vaccination programme and developing a flu plan to achieve the 90% target

❖ **Strengthen our approach to supporting people with Dual Diagnosis by:**

- Raising the profile of the dual diagnosis policy and strategy via Directorates
- Establishing joint case review systems between substance misuse and mental health providers
- Developing an e-learning package to increase access to training

Under Quality Priority 2 'Personalised' we will:

❖ **Strengthen person centeredness by:**

- Building on the Person Centeredness Framework and ensuring our focus on the link with care-planning
- Further embedding Trauma Informed Care across acute wards
- Further reducing restrictive practice, in collaboration with service users and carers, via the Reducing Restrictive Practice Group
- Ensuring that pathways consider transition, and recognising that this should be person-centred, reflecting individual needs rather than being age specific
- Increasing our number of Peer Mentors and Peer Support Workers
- Developing a strategy to meet PTSD needs beyond veterans
- Extending the reach of our Inclusion and Unconscious Bias training to cover staff in non-leadership roles in our frontline inpatient services, as well as achieving 90% compliance for people in leadership positions

❖ **Encourage involvement by:**

- Identifying quality priorities for 2020/21 in partnership with the SUCC and other stakeholders
- Continuing to work in partnership with the SUCC, and use service user feedback (e.g. friends and family test) themes to influence the Trust's Quality Improvement agenda
- Progressing the Autism Strategy, and engaging with service users, carers and partners
- Further developing the role and 'voice' of our Staff Networks and how our networks support our work, and act as an 'expert by experience' reference point to support our colleagues and services

Under Quality Priority 3 'Accessible' we will:

❖ Improve access to services by:

- Achieving
 - 100% compliance for referral to assessment (1st contact) in 18 weeks in general, and 4 weeks in CAMHS
 - 92% compliance for referral to treatment (2nd contact) in 18 weeks
 - 100% compliance with 3 hour assessment target for service users entering our 'Place of Safety'
- Implementing a pathway for people with complex needs, particularly Emotionally Unstable Personality Disorder
- Continuing to work with health and social care commissioners to minimise use of out-of-area beds, and reducing delays in transfers of care
- No out of area admission to inpatient units
- Improving communication relating to services delivered by ourselves to ensure service users and carers know how to access services, what they can expect, and how this fits into multi-agency pathways
- Ensuring information and services are accessible to all e.g. addressing the lack of awareness of MH issues amongst the deaf community, by providing information in accessible formats
- Reducing the number of appointments cancelled and rearranged due to clinicians leave
- Improving the recording of presenting conditions and diagnosis to assist with population health management
- Working to develop an Outcomes framework

❖ Progress digital solutions to improve accessibility by:

- Continuing to work in collaboration with local health economy partners, to become more accessible to patients via the use of video consultation
- Developing a protocol to give patients control in accessing their own electronic patient record (year 2 of 3), and continuing our work with staff around education and on-going development of the electronic patient record system (Lorenzo)
- Further developing the use technology via our digital exemplar, to improve access to CAMHS services, and to be more responsive

Under Quality Priority 4 'Recovery Focussed' we will:

❖ Promote recovery by:

- Strengthening our co-production and co-delivery within the Well-being Academy
- Strengthening our recovery pathway to support helping service users into employment, including volunteering and peer support opportunities
- Progressing the transformation of pathways within the community, in partnership with the local health and social care economy, to promote integrated working and person-centred, place based care
- Scoping impact of loneliness and PTSD on service users to inform service delivery
- Implementing Stop the Over Medication of People (STOMP) beyond Learning Disability services

2.4 Statement of Assurance from the Board

How progress will be measured and monitored:

This section assures that we are performing well, as a Trust, against our internal and external (independent assurance) assessment processes, via procedures which measure clinical outcomes including audit, research and development, and participation in national projects and initiatives.

Quality was monitored by the NHS Staffordshire and Lancashire Commissioning Support Unit (CSU) on behalf of North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs).

There is a contract in place to ensure clarity regarding the services commissioned for local people, the expectations of the service provider, and expectations for the quality of services.

Compliance with the Health and Social Care Act 2008, and the essential standards of quality and safety:

The Trust registered with the Care Quality Commission in 2010, without conditions, to provide a range of regulated activities. We have self-assessed against the outcomes, defined by the regulations, and declared compliance against all including the NHS Provider Licence requirements.

Measuring clinical performance:

Clinical audit, clinical excellence, and research and innovation, all contribute to measuring effectiveness, (including both clinical outcomes and patient-reported outcomes) safety, and patient experience via quantitative and qualitative information, including reporting on data regarding the impact of services on patients.

Our clinical audit programme, detailed below, is developed to reflect the needs, and national priorities.

We have continued to evolve our Improving for Quality Performance Report (IQPR), using statistical process charts to analyse trend data across both clinical and non-clinical performance metrics. This allows the Trust to move to improvement measurement, to demonstrate quality improvement and describe the process changes that have resulted in it. It also enables the early detection of any issues, which can then be worked on and resolved.

Litigation cases for 2020 / 2021:

Although the number of non-clinical claims remains low, two new personal injury claims have been received during this period. An expenditure of £11,213.84 has incurred on settling two claims and repudiating a third. One personal injury claim is due to go to trial later this year, it had originally been scheduled for January 2021 but was postponed. We have been able to successfully defend claims, where we have been able to provide evidence that policies and procedures were followed. We continue to work closely with NHS Resolution, to use the intelligence acquired from both internal and external cases, thereby ensuring quality improvements are made.

National quality improvement projects (service accreditation programmes): Managed by the Royal College of Psychiatrists' centre of quality improvement:

All Acute Wards and Psychiatric Intensive Care Unit (PICU) are registered and undergoing Royal college of Psychiatry (RCPSYCH) accreditation, Quality Networks and Accreditation (QNWA) and The Quality Network for Psychiatric Intensive Care Units (QNPICU). However full accreditation will be pending the completion of required anti-ligature work. Our Electroconvulsive Therapy (ECT) Service has also completed the Electroconvulsive Therapy Accreditation Service (ECTAS) accreditation.

Our learning disability wards, the young people's wards, and older person's wards have begun the respective accreditation process. A Quality Network for Inpatient CAMHS Standards for Services (QNIC) peer review at Darwin has been completed and will move to the accreditation process in the coming year. The Specialist Directorate will also begin to prepare Accreditation for Inpatient Mental Health Services (AIMS) at Summers View and accreditation at Stoke Heath Prison in 2021/22.

Learning lessons:

2020/21 has been the 10th year the Patient Safety Team has delivered Learning Lessons sessions and bulletins albeit virtually through MS Teams. These provide our staff with the opportunity to learn lessons from both incidents and complaints. The sessions have continued to be offered on a monthly basis, and are well attended by clinical and non-clinical staff. One development during the period, has been the introduction of bite sized Learning Lessons videos, providing key safety information in less than a minute. The brand is now well recognised, both internally and externally, and has assisted in supporting the 'Just Culture' agenda.

2.5 Review of services

This section provides assurance that we have included all of our mandated services

During the period from 1st April 2020 to the 31st of March 2021, we provided eight NHS services, and have reviewed all data available on the quality of care, in all of the NHS services we provide.

The income generated by the NHS services, reviewed in 2020/21, represents 100% of the total income generated from the Trust by provision of its NHS services for 2020/21.

Our main services, as referred to above, are listed in the introductory section of this Quality Account - see 'services covered by this Quality Account'.

Our main services, as referred to above, are listed in the introductory section of this Quality Account - see 'services covered by this Quality Account'.

2.6 Participation in Clinical Audit

'Clinical audit is a quality improvement process that seeks to improve patient care and outcomes against specific criteria and the implementation of change. Where indicated, changes are implemented at an individual team, or service level, and further monitoring is used to confirm improvement in healthcare delivery. As such, clinical audit is an essential part of the quality assessment framework and a key element of clinical governance.'

During 2020/21, five national clinical audits, two national confidential enquiries, and one national review programme covered relevant health services, provided by the Trust and were collecting data.

During the period, we participated in all (100%) national clinical audits, both (100%) of the national confidential inquiries / national review programmes, for which we were eligible, as follows:

- Prescribing Observatory for Mental Health (POMH) (2 topics)
- Learning Disabilities Mortality Review

- National Core Diabetes Audit
- National Audit of Inpatient Falls (NAIF)
- National Clinical Audit of Psychosis: EIP Spotlight Audit
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – Physical Health in Mental Health Hospitals

The national clinical audits, and national confidential inquiries we participated in, and collected data for during the period, are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or inquiry.

Title	Number of cases required to be submitted	Number of cases submitted	Percentage of cases submitted
Use of Clozapine (POMH Topic 18b)	No minimum number specified	98	NA
Prescribing Valproate (POMH Topic 20a)	No minimum number specified	39	NA
National Audit of Inpatient Falls	All those meeting eligibility criteria (100% return)	NA ¹	NA
National Clinical Audit of Psychosis: EIP Spotlight Audit	All those meeting eligibility criteria (100% return)	98	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	All those meeting eligibility criteria (100% return)	4	100%
Learning Disability Mortality Review	All those meeting eligibility criteria (100% return)	18 ²	100%
NCEPOD Physical Health in Mental Health Hospitals	5 casenote extracts 5 clinician questionnaires	5 3	100% 60% ³
National Core Diabetes Audit	N/A – Data extracted automatically from the General Practice Extraction Service.		

¹The Trust was not notified of any eligible cases requiring data collection during 2020/21. Organisational data was submitted for the annual facilities audit as required.

²The number of eligible deaths reported and notified, for which local mortality reviews are undertaken. National LEDER reviews are not currently taking place.

³The data collection period was extended due to the impact of the coronavirus pandemic and was ongoing at year end.

The reports of five national clinical audits were reviewed by the provider in 2020/21 and NSCHT intends to take the following actions to improve the quality of healthcare provided. Actions are monitored by the Trust's Clinical Effectiveness Group

POMH 17b: Use of depot / long-acting antipsychotic injections for relapse prevention

Good Practice	Key Actions
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<ul style="list-style-type: none"> • There was documented evidence that the patient was involved in the generation of their care plan in 93% of cases. • A clear rationale for initiating depot / long-acting antipsychotic medication was documented in the clinical records in 15/16 cases. 	<ul style="list-style-type: none"> • To share results with CMHTs in order to better understand where compliance has reduced since the previous audit and the reasons for this. For this information to be fed back via Directorates / SMT. • To remind clinicians to clearly document “signature” signs and symptoms. • To link in with colleagues producing the CSMH to better understand the quality of care plans for community patients. For this information to be fed back via Directorates / SMT. • To find out from Locality Managers what each CMHT’s process is for monitoring and reviewing depot patients. To identify any gaps for discussion via Directorates.
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POMH 9d: Antipsychotic prescribing in people with a learning disability under the care of mental health services

Good Practice	Key Actions
<ul style="list-style-type: none"> • Clinical review had taken place within the last 6 months for 86% of service users in the sample on medium to long-term treatment with antipsychotic medication. 	<ul style="list-style-type: none"> • To feedback results to the Specialist Directorate meeting. • To develop a prompt sheet / template for use by clinicians at reviews – for further discussion with the Clinical Director. • To clarify whether the GASS tool is suitable for use in learning disabilities and whether it is currently being used to assess side effects in these service users. • To look into whether easy read information around the purpose and side effects of medication is available and, if so, consider its use. • To communicate learning to all disciplines, raising awareness via pathways.

POMH 20a: Prescribing valproate

Good Practice	Key Actions
<ul style="list-style-type: none"> • In accordance with standards, plasma level monitoring of valproate treatment had not been used in any case. • Of those service users who had recently been prescribed valproate and had had a treatment review, adherence was discussed in 4/4 cases. 	<ul style="list-style-type: none"> • To remind prescribers of the need to document their reasons for initiating valproate treatment, linking to diagnosis and the Standard Care Plan. • To take back results to community physical health groups for further discussion. • Each team to review their valproate register and identify which service users are / are not categorised as SMI. For those who are not, to develop a plan for ensuring they receive an annual review. • To identify women of childbearing age via the valproate registers and link in with medics to ensure that the appropriate Prevent programme documentation is completed.

National Clinical Audit of Psychosis 2019-20: Focus on EIP services

Good Practice	Key Actions
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<ul style="list-style-type: none"> • The service was benchmarked as “Top performing” for service users with FEP being allocated to and engaged with a Care Coordinator within 2 weeks of referral. • Uptake of CBTp had increased from 32% in 2018-19 to 55% in 2019-20. • The service was benchmarked as “Top performing” for uptake of supported employment programmes. • In 98% of cases, service users had received a full physical health assessment and any relevant interventions in the last year. 	<ul style="list-style-type: none"> • To explore digital platforms to enable the carers support group to be reinvigorated. • To recruit an Assistant Psychologist, who will support with outcome measures. • To progress the business case for CBT for ARMS. • To consider the development of a forum / joint training with CAMHS services. • To consider the prioritisation of an audit of clozapine prescribing to supplement the national audit data.
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National Clinical Audit of Anxiety and Depression: Spotlight on psychological therapies

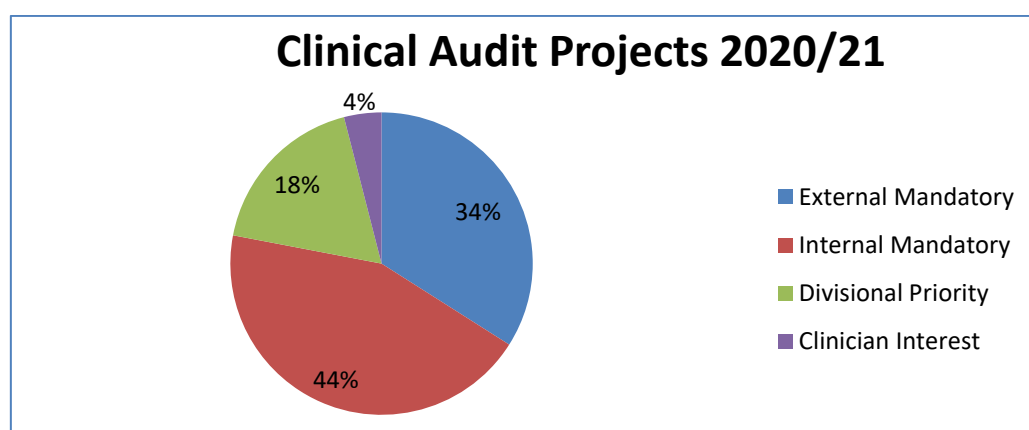
N.B. Due to the length of time between data collection and reporting nationally, a local re-audit was subsequently undertaken and a joint action plan developed in response to all findings.

Good Practice	Key Actions
<ul style="list-style-type: none"> • At baseline, age and gender were recorded for all service users in the sample. • At baseline, there was evidence that an outcome measure had been used at least once in 87% of cases in the City CMHT sample. • At re-audit, the average number of therapy sessions provided had risen to 13, which is in line with the national average. • At re-audit, all therapists surveyed agreed that the clinical supervision they receive is sufficient to meet professional body requirements. 	<ul style="list-style-type: none"> • To review current waiting times data and feed back results at Directorate level for discussion. • To roll out the use of the experience form currently in use across the personality disorders pathway to all teams and look to report this at team level. • To link with psychologists to encourage the use of HONOS and, where appropriate, therapy-specific outcome measures. • To undertake a review of the competency framework for psychologists and understand what is being delivered locally.

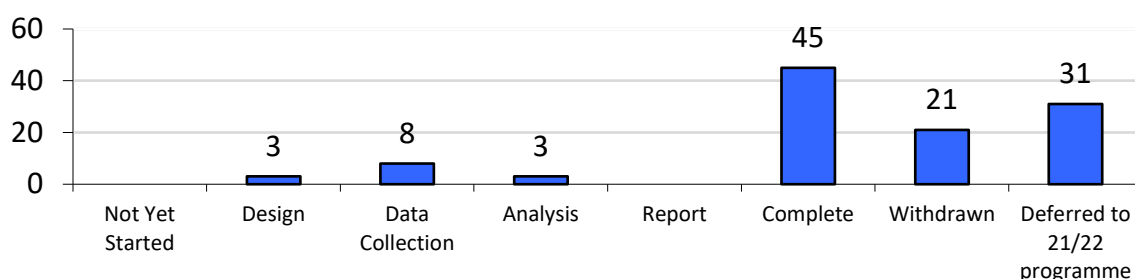
Local clinical audit programme 2020/2021

All projects on the clinical audit programme (with the exception of clinician interest projects), were facilitated by the Clinical Audit Team. The programme is split into four priority levels in line with national requirements / standards, including National Institute for Health and Clinical Excellence (NICE) guidance, POMH and other national audits, and standards produced by the Royal Colleges.

The chart below reflects the total number of projects identified, split by the four priority areas:



Of the 59 active projects undertaken by the Clinical Audit Department during 2020/21, 45 (76%) were completed. The graph below, outlines the 111 projects registered on the clinical audit programme for the period, and their status:



For all clinical audits on the formal programme of work, an action plan to improve the quality of healthcare is developed in conjunction with the project steering group. The process includes reviewing the findings, and devising appropriate actions to reduce any shortfalls identified. The action plans are agreed with the audit lead, and then submitted to the Clinical Effectiveness Group (CEG) for ratification. Once this process is completed, the reports are published and disseminated appropriately. Individual action plans are then entered onto the action plan-monitoring database, and regular updates requested from the action 'owners' to ensure progress is being made.

The reports of 100% of completed local clinical audits were reviewed by the provider in 2020/21 and NSCHT intends to take the following actions to improve the quality of healthcare provided:

Areas for action include but are not limited to:

- Assessment of nutrition and hydration needs on adult acute wards
- Assessment of physical health needs and provision of relevant interventions on inpatient wards
- Physical health assessments for service users with Learning Disability / Autistic Spectrum Disorder
- Management of patients with EUPD on an inpatient ward
- Completion of clinical information at CDAS medical reviews
- Post-Falls management and documentation
- Storage of, and processes relating to Controlled Drugs

Once actions have been implemented, a re-audit is undertaken to determine if the actions made, have resulted in improvements to the quality of healthcare. Further details are available via the Trust website (<https://www.combined.nhs.uk/about-us/quality/>)

2.7 Participation in Research, Development and Innovation

Supporting Research, innovation and Evidence in Practice

During 2020/21 research and innovation was refreshed across the Trust, with a reviewed Research and Innovation Strategy 2020 -2025, a new Research and Development (R&D) Director, Dr Ravi Belgamwar and beginning to explore new ways of working. There were a number of key achievements during 2020/21, these included;

- Working with clinicians and clinical teams to deliver high-quality research and contribute to high-quality national studies within the Clinical Research Network West Midlands (CRN WM), supporting COVID-19, and Urgent Public Health (UPH) studies
- Working closely with our corporate teams, such as the Performance and the Clinical Audit Department

- to evidence practice through evaluations and contribute to service developments and improvements
- Optimising the use of Contact for Research in the Trust, exploring opportunities to develop a text system for staff engagement and opportunities within Learning Disability to create a caseload register
- Hosting a successful virtual Innovation Nation 2020 event, with planning around other events such as 'The Combined Collective' and 'Lunch and Learn' progressing throughout the year, and finally as an end to the year
- R&D team was recognised at the 2021 REACH awards for their contribution to research and innovation - winning the Research and Innovation award for the first time

Research Governance and Delivery

All adopted, student, and home-grown research continued to be reviewed and considered against Trust and government guidance – with a shift in focus towards delivering COVID-19 and Urgent Public Health studies. The R&D team played an integral part in ensuring that Urgent Public Health and COVID-19 research was rapidly assessed, approved, and delivered in line with local, regional, and national research guidance, alongside providing valuable support around study amendments and processing for re-starts; studies which were paused during COVID-19

During 2020/21 research-active clinicians, students, and the R&D team worked together to recruit service users and staff into 20 studies, including four NIHR COVID-19/Urgent Public Health studies, nine restarts; studies that were suspended or paused due to COVID-19, three non-portfolio, and four student projects.

In total, the Trust recruited 227 participants to National Institute of Health Research (NIHR) portfolio studies, with 174 recruits to COVID-19 and Urgent Public Health research and 53 to existing or re-started mental health studies.

Of the three non-portfolio research studies, the Trust reviewed 34 cases of COVID-19 to support mental health research across the West Midlands, supported the promotion of a survey for communications within healthcare during COVID-19, and supporting an online National Centre for Mental Health (NCMH) COVID-19 study.

Recruitment dropped from 309 in 2019/20 to 227 participants in 2020/21 as all National Institute for Health Research (NIHR) recruitment targets were paused for much of 2020/21. The Trust had limited opportunities to recruit into existing and/or adopt new studies due to the COVID-19 restrictions.

Contact for Research

During 2020/21, our Contact for Research initiative saw 5,651 service users asked if they would like to be contacted about research, with 10% (n=583) saying yes to research – with an average of 83 per month. Due to COVID-19 restrictions, we were unable to assess the impact this had on recruitment, as many of the studies were online, anonymous surveys, and/or paused. The next step for Contact for Research include further work regarding implementing this model into our specialist services and developing a direct-referral model for teams to directly refer into the caseload.

Innovation

During 2020/21, the R&D team along with our clinicians and clinical teams led on some fantastic innovations and new ways of working during the COVID-19 pandemic, including approaches to practice using video education to support neurological disorders, donation of a printing camera to the

wards for sharing pictures between the Royal Stoke and our wards for those who were not did not have to access mobile phones for video consultations and staff wellbeing approaches with the Counselling and Psychology services creating flexible and supportive approaches for staff.

Innovations which the R&D team led on and/or supported include:

Hosting Virtual Innovation Nation 2020: Innovation Nation was developed as a response to clinicians sharing that they would like to find out more about what was going on across the Trust – thus creating a platform to share good practice. October 2020 saw Dr. Rebecca Chubb (Locum Consultant) and Kerri Mason (R&D Lead); supported by the R&D team, host the Trust's third Innovation Nation event. This fantastic virtual event enabled everyone the opportunity to share and find out more about the innovative changes and new ways of working during COVID-19.

MOTOMED Bike: As part of the Dragons' Den relaunch 2019, Katie Lear-Thompson, Ward 4 Physiotherapist, looked to explore this further and pitched to purchase a MOTOMed exercise bike and Spoteee a system of virtual reality video walk and cycle routes for patients to explore distant locations while exercising. The pitch was successful and the Dragons Den panel agreed to fund the rental of one bike and the virtual reality system, for a period of six months. It was agreed that a review was to be undertaken to inform purchasing of the MOTOMED and Spoteee system. Data was collated to demonstrate an improvement in both mobility and grip strength of participants, using the Elderly Mobility Scale and grip strength using the Dynamometer – a proposal for funding was taken to the Senior Leadership Team and it was agreed to purchase the bike.

An NHS First - Cognetivity Neurosciences works with Combined Healthcare: During 2020, the Trust worked with Vancouver's Cognetivity Neurosciences Ltd to deploy its Integrated Cognitive Assessment (ICA) within our care pathway for patients with suspected dementia. The ICA is a five-minute computerised test of cognitive function, offering numerous advantages over traditional pen-and-paper examinations.

Evidencing practice: In 2020/21 the role of evaluation to support and evidence practice developed significantly, supporting changes to ways of working, improving care, and getting services to think about how they could be delivered in the future.

Some examples of the evaluations supported by the Research and Development include:

Implementing Attend Anywhere: Interim Insights from a review of the implementation of Attend Anywhere at North Staffordshire Combined Healthcare NHS Trust.

COVID-19 had a significant impact on the way we deliver services and engage with service users. During the pandemic, a review of the newly implemented Attend Anywhere (AA) platform was undertaken to review usage and satisfaction in using the platform and its usability.

Through the review, it was valuable to learn how flexible video consultation can be and the range of service users for whom it is suitable, including those from our specialist service, older adults, those undertaking psychological interventions, and many more. This has allowed us to learn more and refine our offering to service users.

Mental Health Crisis Care Centre: Interim insights and feedback on the Crisis Care Centre

A review was undertaken to provide an insight into Trust's Mental Health Crisis Centre, focusing on activity within Home Treatment, Access, High Volume Users, and the Children and Adolescent Mental

Health Service (CAMHS) hub. The review explored changes in service delivery, captured activity over the last 18 months, and gained feedback from staff.

Contact for Research: Findings and recommendations from a review of the Consent to Contact for Research initiative within Lorenzo

Our Consent to Contact for Research initiative, Contact for Research, was reviewed and developed over the last 12 months. This review describes developments that have occurred from initial implementation and optimising the efficient operative functioning of the process, including any obstacles that have been encountered.

To review the effectiveness of Contact for Research, various measures were explored, including a review of the impact on recruitment, a snapshot of how many service users have been contacted about research over three months, and gaining opinions of service users on being informed about future research studies. Throughout the review, further developments to the initiative are discussed, for example, a review of the most appropriate time to ask about research, to sensitively maximise the opportunity for service users to engage with research.

Next Steps

We are committed to achieving our 2021/22 Board Assurance Framework (BAF) objectives and continue to be responsive and adapt to the needs of the Trust, our clinical teams, and the CRN WM. 2021/22 will bring further opportunities to strengthen our relationships with our clinical and corporate colleagues and externally with local organisations and Universities.

The passion and drive to support and develop innovation will be taken forward into 2021/22. Innovation platforms such as Innovation Nation will continue to be delivered virtually, alongside new and exciting events such as "The Combined Collective" and virtual 'Lunch and Learn'.

2.8 Statement from the Care Quality Commission

Registration:

North Staffordshire Combined Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) (registration number CRT1—8445714959), and are registered to carry out the following regulated activities:

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Mental Health Act
- Diagnostic and screening procedures
- Family planning
- Maternity and Midwifery services
- Surgical procedures

At the following locations:

- Lawton House (Trust Headquarters)
- Harplands Hospital
- Darwin Centre

- Dragon Square Community Unit
- Summers View
- Hilda Johnson House (formerly Florence House)
- Moorcroft Medical Centre

Further information regarding our registration and compliance process can be found in the papers to the Trust Board, and on the Care Quality Commission's (CQC) website at: www.cqc.org.uk

CQC inspection:

Following our inspection in December 2018 and January 2019, and as noted earlier in this report, the CQC rated the Trust as 'Outstanding'.

There have been no enforcement actions required by the Trust during 2020/21.

CQC Special Reviews and Investigations:

The CQC has not required the Trust to participate in any special reviews nor investigations during 2020/2021

2.9 Statement on Data Quality

Data Quality Maturity Index (DQMI)

The DQMI is a monthly publication from MHS Digital about data quality in the NHS, which provides data submitters with timely and transparent information.

NHS Providers, and any third sector organisations providing secondary Mental Health services, are measured against a set of published key data elements. Organisations can track their own performance against national, regional and individual providers.

As of March 2021 the Trust DQMI score was 98.2%, based on December 2020 data, against a National average of 82.3%, placing the Trust in the top 10 providers of Mental Health services in the country.

NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, included in the latest published data.

The percentage of records in the published data, including patient's valid NHS number, was:

- 100% for admitted patient care; and
- 100% for outpatient care

N.B. The Trust does not provide accident and emergency care.

The percentage of records in the published data, including patient's valid General Medical Practice Code, was:

- 100% for admitted patient care; and
- 100% for outpatient care

N.B. The Trust does not provide accident and emergency care.

Data Security and Protection Toolkit

The Trust measured its performance using the online self-assessment tool declaring compliance with the National Data Guardian's 10 data security standards

External Clinical Coding Audit

In March 2021 the Trust was subject to the annual external clinical coding audit for 2020/21 by NHS Digital approved auditors. The results in the audit report for clinical coding (diagnosis and treatment) are:

- 98% Primary diagnosis correctly recorded (100% in 2019/20)
- 86.9% for Secondary diagnosis correctly recorded (92.9% in 2019/20)

The services reviewed in the sample were adult and older adult mental health. The Trust has achieved the criteria for the Data Security Standards 1 – Data Quality; the auditors commended this. The auditors also reported on the high percentage of coding accuracy in the audit reflects the admiral efforts by the Clinical Coders and support teams to ensure high quality data.

Relevance of Data Quality

The availability of complete, comprehensive, accurate and timely data is an essential component, in the provision of high quality mental health services and risk management. It is also required to ensure compliance with external regulatory requirements, and, national and local targets, standards, and contractual requirements.

Good data quality is essential to ensuring that, at all times, reliable information is available throughout the Trust to support clinical and/or managerial decisions. Poor data quality can create clinical risk, compromise effective decision making and impact on the Trust's ability to monitor standards of care and secure income for its services.

Safe and efficient patient care relies on high quality data, and by taking responsibility for their clinical data, clinicians can improve its quality, and help drive up standards of care.

Data Quality Metrics

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

Action to Improve Data Quality

There is a directive to create a culture and understanding in staff, of the value of capturing high quality data in real time, to improve patient care. All staff are required to continually record accurate data, to ensure high quality care to all patients and stakeholders.

Other actions include:

- On the job training and induction programmes to ensure that data is entered correctly onto systems, and system champions to support clinicians
- Regular audits to check the quality of data, to ensure that data is recorded accurately, completely and kept as up-to-date as possible

Data Quality Forum - Data issue management

The Trust has a clear management structure, which clarifies responsibilities and accountabilities for individuals who enter data. This ensures accountability for low levels of data quality and accuracy.

The Data Quality Forum consists of representatives from corporate services and clinical directorates (data champions who take a leadership role in resolving data integrity issues). The Forum is responsible for data issue management, and the process of reducing and removing barriers, that limit the effective use of data within the Trust. This includes identifying data quality issues, approving definitions, establishing quantification of issues, prioritising data quality problems, tracking progress, and ultimately resolving data quality issues.

The Forum also guarantees a high standard of data quality within clinical systems across the Trust, and identifies changes needed for systems or processes to deliver improvements in data quality. It also ensures that clinical and non-clinical staff are aware of their responsibilities surrounding excellent data quality standards, via continuous communication and promotion of standards.

Data Quality Assurance Framework

The Trust has signed up to, and participates in, the Data Quality Assurance Framework run by NHS Digital. The framework is aimed at provider organisations who, in terms of data quality assurance, wish to begin, and also for those who are seeking to expand on their existing data quality assurance processes and practices. It covers five main themes:

- Oversight
- Process
- People
- Systems
- Measures

Within each theme, objectives are described, benefits associated with it, and current best practice. Also included within each theme, is an Assurance Checklist to assist provider organisations to assess where they are in terms of data quality assurance, and what gaps there might be, that the framework can help to support.

The Trust satisfies 20 out of the 25 measures included in Part 2 of the Data Quality Assurance checklist and is actively working towards compliance of the outstanding parts of the framework.

PART 3

Review of quality performance for 2020/2021 (looking back) and statement from key partners

This section is in two parts:

Section 3.1: Reviews our performance and progress against key priorities defined in last year's Quality Account. Our CQUIN achievements provided, although these were reduced due to the Coronavirus pandemic. You will also find additional detail relating to our Key Quality Priorities Achievements during 2020/2021. This section build upon the information provided in sections 1.6 and 2.3 of the Quality Account and focusses on our continued Zero Suicide Ambition; Improvements in Physical Health Monitoring; Enhancing our Service User and Carer Involvement; Improving our Medicines Management; Reviewing our Models of Care and Pathways and strengthening our work around Diversity and Inclusion. These are followed by a number of additional quality improvements that we have achieved during 2020/2021.

Section 3.2: Adds to the information provided in section 3.1, providing a summary of our performance against core quality indicators/metrics as mandated by NHS England. Each quality indicator/metric is linked to one or more of the following three headings: patient safety, clinical effectiveness and patient experience. This section also builds upon the summaries provided in section 1.6 and 2.3 of the report.

3.1.1 CQUIN

The CQUIN payment framework is a national framework for agreeing local quality improvement schemes, making a proportion of our total potential income from CCGs (1.25%), conditional on the achievement of ambitious quality improvement goals, and innovations agreed between commissioner and provider with active clinical engagement. The CQUIN framework is intended to reward genuine ambition and stretch trusts, encouraging a culture of continuous quality improvement.

In line with the revised financial and contracting arrangements put in place during 2020/21 in response to the coronavirus pandemic, the operation of CQUINs was suspended throughout this time period. This meant that Trusts did not need to take action to implement CQUIN requirements, carry out CQUIN audits or submit CQUIN performance data, and block payments made to the Trust were deemed to include CQUIN. These arrangements are continuing into the first half of 2021/22, however the Trust will resume work relating to CQUINs as soon as the national framework recommences.

Staff Health and Wellbeing: Improving the uptake of flu vaccinations by frontline clinical staff

SPAR priority: Safe

Why was this selected as a priority? This was a national CQUIN priority as determined by NHS England.

Our goal: We aimed to ensure that frontline clinical staff were encouraged and supported to receive the flu vaccination.

How did we monitor and report on progress? An improvement plan was developed by the working group to monitor progress in implementing processes across the Trust. Once the flu vaccination season was underway, regular updates were provided via the IPCT and Comms Team.

What did we achieve? In 2020-21 the minimum requirement of 90% of frontline clinical staff across the Trust were vaccinated against flu or chose not to take the flu vaccination, contributing to patient safety.

3.1.2 Key Quality Priorities Achievements 2020/2021

Priority: Zero Suicide Ambition

Outcome: In previous years we have hosted and participated in successful suicide prevention event and despite the cancellation of the suicide prevention conference in 2020 due to COVID-19, we are planning to deliver a multi-agency Suicide Prevention Conference again in 2021. This will provide an opportunity for partners to revisit the Suicide Charter, which set out our determination to work together, with an ambitious aim for nothing less than zero suicide in Staffordshire and Stoke on Trent.

Additionally we have:

- Continuing our participation in the countywide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide
- 81.5% of registered staff completed face-to-face suicide awareness training
- In 2021/22, our suicide awareness training will change from an in-house programme to a Staffordshire 'system wide' programme, thereby standardising the approach across the wider public services
- Continuing to roll out environmental ligature improvements
- Continued to facilitate the 'living well with risk group' to embed the strategy, and ensure involvement of people with lived experience
- Received patient stories of hope in different media formats, to share the recovery messages at both our Quality Committee and Board
- Where possible, involved family/carers to ensure their views are incorporated into risk management plans, highlighting any protective factors these relationships provide
- Maintained an overarching database to develop closing the loop on all lessons learnt from SI investigations
- Embedded panel review methodology to improve our learning from serious incidents

Priority: Improved Physical Health Monitoring

Outcome: Continued on our 'Towards smoke free' journey, to improve the Physical Health of service users and staff. Improved physical health monitoring via embedding the National Early Warning Score (NEWS) for inpatient services, and the Lester Tool for community services.

Additionally we have achieved the following:

- We are now a smoke free organisation
- We continue to distribute and closely monitor E-cigs
- We continued improvement with Flu vaccination, with over 80% of frontline clinical staff across the Trust vaccinated.
- We updated the National Early Warning Score NEWS to NEWS2 for inpatient services, and the Lester Tool for community services
- We Introduced a non-contact physical observations assessment

Priority: Enhance Service User and Carer Involvement

Outcome: Establishing our virtual Service User and Carer Council throughout the COVID-19 pandemic became a priority during 2020/21. Additionally, we maintained our virtual links with the Youth Council (hosted by CHANGES Staffordshire). We continued to have representation from service users and carers across a range of our business and activity; including interviewing new recruits and attendance at various committees, meetings and engagement forums.

Additionally we have:

- Collaborated with the Service User and Carer Council (SUCC) and used service user feedback (e.g. friends and family test) themes to influence our Quality Improvement agenda
- Continued to increase the number of service users being offered the opportunity to participate in research studies through our consent to research initiative
- Commenced a programme of Service User and Carer (SUC) engagement sessions to support the development of the Trust SUC Strategy
- Developed a video to raise awareness of the benefits of Peer Mentor support within clinical teams
- Ensured that our learning disability Talk and Change Group have a nominated representative at the SUCC who then provides updates and feedback to group members through more appropriate and accessible means.
- Received the support of our Youth Council (hosted by CHANGES, Well Being Service) who have continued to attend meetings through Zoom; and they have been able to continue work on a number of projects, including the development of an information leaflet outlining future development plans.
- Secured accredited level 2 Open College Network (OCN) training for volunteer peer mentors. This is being delivered in partnership with CHANGES Staffordshire. There will then be a further cohort in October 2021.
- Used service user feedback on Friends and Family Test (FFT) themes to help influence our quality improvement agenda
- Developed a digital offer to completion of FFT
- Continued to support Service User and Carer engagement in the National Sexual Safety Quality Improvement Collaborative
- Further developed the Trusts Autism Strategy

Priority: Improvement in Medicines Management

- The pharmacy strategy for 2020-2021 has been produced
- Work continues to ensure delivery of integrated working within the community, including the development of new Pharmacist roles to be based in the community teams
- Pharmacists are working more collaboratively with clinical leads
- A programme of training was delivered to support dissemination and adherence to the Trust's new Controlled Drugs Policy
- Pharmacists delivered medicines safety training to all new Junior Doctors and Preceptorship Nurses, as well as bespoke clozapine and Glasgow Antipsychotic Side Effect Scale (GASS) training to ward staff.
- Pharmacy used funding from the Academic Health Science Network to support a pilot project of Transfer of Care Around Medicines (TCAM) - a platform to support interface working with community pharmacies to ensure the safe on-going supply of medicines to patients post discharge
- The Pharmacy Team continue to work with colleagues across the STP to harmonise the North Staffordshire joint medicines formulary as well as to develop updated shared care agreements for higher risk mental health medicines
- Electronic fridge temperature monitoring continues to protect integrity of medicines which require low temperature storage across all sites
- Physical health monitoring clinics have been established across the community services to support adherence to on-going monitoring requirements for patients on antipsychotic medicines

- Multidisciplinary collaboration to develop and implement a quality improvement project on ward 4, 'Parity of Esteem in Action – Fit for Frailty in Mental Health Care'. This project was nominated for a Nursing Times award in 2020
- Electrocardiogram (ECG) interpretation training is being rolled out to all medical and non-medical prescribing staff
- COVID-19 spurred additional work including development of guidelines on management and treatment of low Vitamin D; guidance on the use of 'homely remedies' and support for the potential vaccine programme
- There is on-going participation in national Prescribing Observatory for Mental Health (POMH) audits
- Local audits were carried out, including Rapid Tranquillisation, Medicines Reconciliation, Pharmacist Clinical Interventions and Missed Doses

Priority: Review of Models of Care and Pathways

Outcome: Continued to work with health and social care commissioners to ensure service users are located in the most appropriate environment and reduced delays in transfers of care.

Additionally:

- Our Psychiatric Intensive Care Unit (PICU) is now fully operational with 6 beds.
- Our all age Crisis Care Centre received national recognition via the Positive Practice Collaborative, along with positive endorsement by Claire Murdoch, NHS England's National Mental Health Director
- The Board gave support for implementation of the Lorenzo Digital Exemplar business case

Priority: Diversity and Inclusion is strengthened

The events of 2020 have propelled a range of diversity and inclusion matters into the headlines and national and global consciousness. The Trust has very much risen to the challenge of pressing ahead with, and indeed further accelerating, our local action on inclusion, whilst at the same time working to address the many challenges of delivering NHS services through the COVID-19 pandemic. 2020 has firmly embedded our understanding of and commitment to addressing inequalities for under-represented and disadvantaged groups, and particularly around race inclusion. Through the pandemic, we have also developed new relationships with our local communities and community representatives, at Trust and system level, around COVID-19 and the vaccinations programmes. These relationships will be further cultivated as we go forward.

Internally, the Trust has continued to take a very active role on developing inclusion. This programme of work is coordinated through our Inclusion Council and assured through our People and Cultural Development Committee. We annually participate in reviewing, reporting on and taking action in relation to a range of equality imperatives including workplace race equality, workplace disability equality, gender pay gap, and the NHS Equality Delivery System. The Trust operates and has continued to work to fully embed a number of staff networks (BAME, LGBT+, and Disability and Neurodiversity) as well as encouraging attendance at our local system staff networks, which launched in 2020. We deliver against a rolling programme of awareness raising linked to our calendar of diversity and inclusion related events (national/international awareness days/weeks/months etc.)

Furthermore, the Trust is working to grow our inclusion culture through the wider local health and care system. A key achievement in 2020-21 was the delivery of a highly successful series of

'Winter Inclusion Schools' focussing on (1) race, (2) gender and (3) LGBT+ inclusion, with an average attendance of 140 from across the local system and beyond. The sessions have been instrumental in advancing the conversation on these core inclusion topics, and developing our deeper system culture of inclusion throughout partner organisations, by challenging leaders at every level to make positive changes on inclusion within their area of responsibility.

The Trust has made very significant improvements in a range of measures on inclusion, and particularly those on workforce race inclusion, through 2020, as evidenced by our Staff Survey and Workforce Race Equality Standard data. We have also seen improvements across a range of indicators within the Workforce Disability Equality Standard.

Whilst we are delighted to have made such significant progress on a number of aspects of developing diversity and inclusion, both within the Trust and as part of the wider health and care system, we recognise that we still have much to do to truly break down inequity and barriers to equality. Encouraged by the progress we have secured, we are more committed and more prepared than ever to deliver truly outstanding Diversity and Inclusion for all our service users, carers and colleagues. Key inclusion goals and priorities for further development in 2021-22 include:

- Continued improvement in the experience of our minority ethnic colleagues and that of our colleagues with disability, as demonstrated by Workforce Race and Workforce Disability Equality Standard performance
- Further embedding the role and impact of our Trust staff networks and our local health and care system staff networks, including development of closer ties with our Network Executive Sponsors
- Continued development of our Inclusion Council programme of work, including our 4 key Inclusion Council projects focusing on delivering:
 - (i) inclusive recruitment
 - (ii) inclusive career development
 - (iii) improved response to and reduction in personal abuse incidents to staff
 - (iv) a culture of inclusion
- Continued high profile focus on inclusion through Trust communications and enhanced understanding of responsibility for inclusive service delivery through all our teams and services
- Measurable reduction in the known gaps in our workforce and service user equality data, particularly in relation to religion, disability and sexual orientation.
- Delivery of a range of game-changing leadership development offers to enhance inclusive leadership across the system, covering leaders at every level, including focus on understanding and enhancing race inclusion and the importance of strong and visible 'allyship' from system leaders
- Delivery of a system-wide programme of effective action on race inclusion to create an anti-racist, compassionate and inclusive working culture through the system and beyond and to deliver equitable representation in posts at every level by no later than 2028.
- Delivery of a further cohort of the Staffordshire Stepping Up positive action BAME leadership development programme and continued support and demonstrable progress of our existing Stepping Up Alumni
- Creation of a system wide talent pool and managed opportunities for equitable access to development opportunities and stretch assignments for our diverse colleagues
- Establishment and delivery of a system-wide Reverse Mentoring offer to develop deeper understanding of inclusion matters in our leadership cadre and to provide meaningful exposure and development to those acting as reverse mentors
- Develop action on addressing inequity and health inequalities through all our Clinical Directorates

- Enhance our engagement on a range of inclusion matters with our local communities, through cultivation of a network of community contacts and community representatives

In line with our Trust ambition to be Outstanding in all we do, we will continue to strive to be outstanding in our approach to diversity and inclusion in all aspects of our role as an employer and service provider. We have continued to deliver on a range of projects and action designed to improve on the employment experience throughout 2020-21, despite the many and varied challenges of the pandemic, and we have firm ambitious plans to extend this throughout 2021-22 and beyond.

3.1.3 Other Quality Achievements

Quality Improvement

Quality Improvements have remained evident throughout 2020/21 despite the COVID-19 19 pandemic. Clinical teams have continued to utilise quality improvement methodologies to implement changes to care delivery, processes and procedures. Successful projects included; the implementation of a staff support suite at the Harplands Hospital in response to the COVID-19 pandemic; the development & implementation of "Snap shots" in Ward 6, photos and updates sent to family members of their loved ones during the pandemic, when visiting was restricted; recovery booklet in ward 2, male acute ward. Opportunities of virtual working have been embraced throughout 2020 / 21, this has resulted in successful Combined Collective events, designed to showcase the success of innovation, research and Quality Improvement within the Trust, with excellent opportunities to spread and share the learning and Improvements.

A further key focus of 2020/21 was to consolidate the QI progress within the Trust into a centralised corporate programme of support and development. This will offer dedicated Quality Improvement expertise with centralised leadership from experienced practitioner, a dedicated in-house training programme, facilitated QI support and centralised QI governance procedures, which will support improved reporting and monitoring and learning opportunities from all Trust QI activity.

Safeguarding

Safeguarding Children, Young People and Adults at risk is a fundamental duty of all organisations across the health sector. We are committed to ensuring that people, who come into contact with our services, are safeguarded from abuse, in line with local, national policy and that as an organisation that we are able to fulfil our statutory duties. In support of this, the Safeguarding Team works with staff are aware of their safeguarding roles and responsibilities in not only recognising and responding to abuse but in relation to access training and supervision. The safeguarding team supports staff to achieve this by delivering training, supervision and individual case discussion. We also have a suite of policies covering safeguarding. Safeguarding has been strengthened during the past year by:

- Contributing to Statutory reviews such as; Domestic Homicide Reviews, Rapid Reviews, Child Safeguarding Practice Reviews, Child Death Overview Panel, and Safeguarding Adult Reviews and sharing any learning across the organisation and part of learning lessons
- Producing safeguarding reports that demonstrate and provide assurance that we recognising and responding to abuse, that we have a safe and effective workforce, that we work in partnership and that we are learning from safeguarding incidences.
- Enable the team to work remotely due to the pandemic, with the continuation of all safeguarding services

- The development of an annual audit schedule linking effectively with wider Trust agendas and to provide assurance of safeguarding practices within NSCHT
- The continuing delivery of level 3 adult safeguarding training, face to face training was moved to e-learning training due to the pandemic
- Supporting the Domestic Abuse Champions across the Trust with a quarterly domestic abuse forum to enable education, professional development and provide group peer supervision
- Continued review of the resilience of the Safeguarding Team to represent NSCHT in an evolving safeguarding arena

Infection Prevention Control (IPC)

We have continued our extensive efforts to prevent all avoidable infections, and to minimise the risk of resistant organisms across our Health and Social Care footprint. Additionally, we have:

- Continued to implement the IPC work programme approved by Board, including the sepsis action plan.
- Health care acquired infections are low and are appropriately investigated and lessons learnt shared with clinical areas and staff.

Service User and Carer Feedback

We view all feedback as valuable information about how our services and facilities are received, and perceived. We continue to develop a culture that sees feedback, and learning from complaints, as opportunities to improve and develop. Therefore as part of improving our services, we proactively gather feedback from Service Users and Carers via a number of routes including:

- **Patient Advice and Liaison Service (PALS)** - We recognise the importance of our PALS service in being a key source of information, and feedback for the Trust, an early warning system for emerging issues and concerns, and a time limited opportunity to resolve low level concerns without recourse to the formal complaints process. During 2020/21 the Trust received 287 PALS contacts compared with 304 in 2019/20.
- **Compliments** - Each year, our staff receive compliments and praise from people they have cared for. During 2020/21, despite the pandemic the Trust received 1228 compliments, as direct compliments to teams or via Friends and Family Test responses.
- **Complaints** – Overall, we receive a very low number of complaints, compared to NHS benchmarking data. During 2020/21, we received 31 formal complaints, compared to 39 in 2019/20, which when set against the circa 300,000 face to face and telephone clinical patient contacts equates to 0.01% of the clinical activity undertaken. Our focus continues to be on early resolution, and addressing of concerns via PALS, and front-line teams where possible. This past year, we have continued to strengthen our complaints procedure, to enhance the experience of those using the service, alongside ensuring timely and quality investigation and responses.

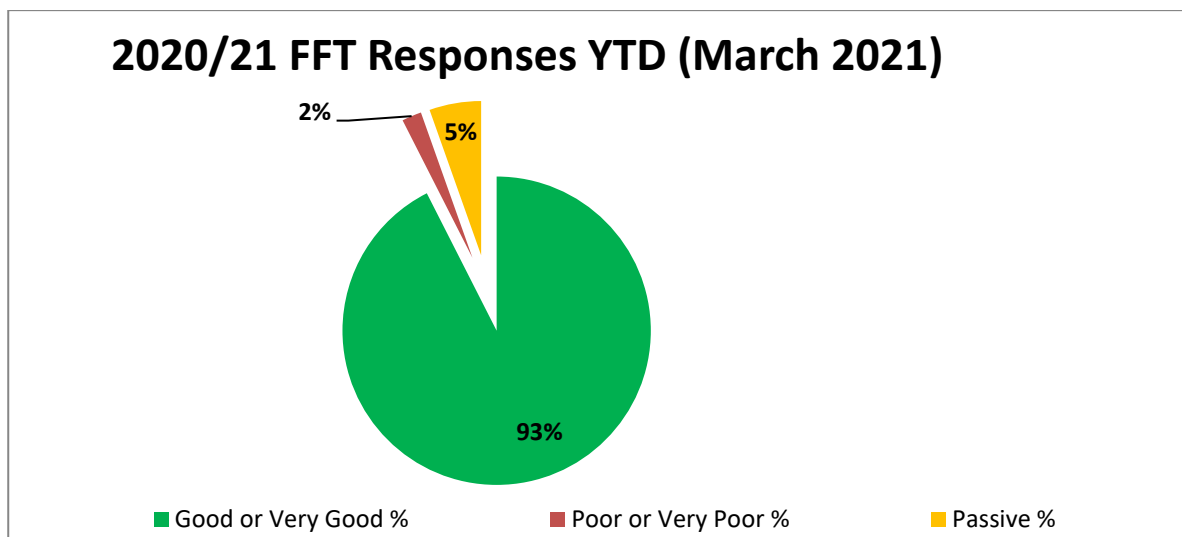
During 2020/21 the Complaints and PALS processes were audited by KPMG which was a very useful exercise, areas of best practice were identified and the few recommendations made, once implemented will further enhance the service we provide to service users and their families.

- **Friends and Family Test (FFT)** – This is an important national feedback tool, supporting the fundamental principle that people who use NHS services, should have the opportunity to provide

feedback on their experience. During 2020/21, 1216 service users participated in the FFT process, giving us their views across all services, which is a decrease on 2019/20 when we received 2695 responses, this decrease can be attributed to the pandemic, which has resulted in fewer physical interactions with service users and less footfall at resource centres. We are pleased to report a continued rate of satisfaction, with 93% of patients who rated the Trust as good or very good, which is an increase on the 89% reported in 2019/20, 5% were undecided and only 2% rated the Trust as poor or very poor, which is a reduction on 2019/20 when 3% expressed dissatisfaction.

The new NHS England FFT process, was implemented from 1st April 2020. The major change was the questions changing from “would you recommend/not recommend the Trust” to asking service users to rate their care/experience from very good to very poor, and inviting them to give reasons for their rating.

The Trust has invested in new technology to offer new and wider opportunities for service users to feedback their experiences of our services. From April 2021 we have the functionality for service users to respond to text messages, complete the FFT questionnaire via a QR code, via a link on the Trust website or via a link which will be added to all correspondence distributed from Lorenzo.



Or visit our website: www.combined.nhs.uk

- **Service User and Carer Council (SUCC)** The Service User and Carer Council has continued to meet virtually and contribute throughout pandemic via Microsoft Teams. This has had implications for some members who have received updates through hard copies and phone call discussions and their comment been integrated into council.

Members of Service User and Carer Council have continued to be part of interview panels for a wide variety of posts throughout the Trust.

Service Users and Carers from various teams across the trust have been involved in different aspects of service delivery including the Community Mental Health Framework transformation work, service user pathways and service redesign.

- **Volunteer Peer Mentors** - Due to COVID-19 restrictions and the stand down of the volunteer workforce our volunteer Peer Mentors were also stood down. We have a process

in place to ensure the safe reintroduction of volunteers into our service once it is safe to do so.

The Trusts has secured accredited level 2 OCN training for volunteer peer mentors, this will commence in April 2021. Service users and peer support workers will be attending this programme with colleagues from MPFT. The training will be delivered to 3 cohorts and is being provided in partnership with CHANGES Staffordshire.

A number of videos are being developed for staff to raise awareness of the benefits of having a peer mentor within in the team.

- **Volunteering at the Trust** - Due to the COVID-19 restrictions all Volunteers but 3 were stood down in March 2020. We cannot underestimate the value of being able to continue as a volunteer on people's mental health

Volunteers who did work during 2020/21, covered phone calls to book children into virtual clinics and collected prescriptions. As restrictions began to ease, volunteers who undertook work outside, such as gardening were able to return

Volunteers will have a phased return starting later this year based on NHSE recommendations, CPAG approval of the plan in keeping with any ongoing COVID-19 restrictions

- **Our Volunteer Groups** - The impact on COVID-19 on our ability to continue to hold volunteer support meetings has, at times been difficult. Contact with the Talk and Change Group: has continued through a staff member, as these sessions were particularly difficult to hold online

The Youth Council (hosted by CHANGES, Well Being service): has continued through meetings on Zoom in this time a leaflet has been developed by Youth Council and a plan of development moving forward

- **Supporting Carers** – The Trust has developed a Triangle of Care Awareness raising package; this is available online for all staff to access to ensure we continue to provide best practice when staff have contact with carers

Our carers links attend network meetings online, every quarter to develop knowledge and share good practice

- **Continuing Support** - It is important for us to continue receiving expressions of interest from service users, and carers, with a willingness to be a part of our involvement and engagement agenda .As part of that we have held session to look at engagement with service user and carers to co-produce an involvement and experience strategy

Patient Led Assessment Care Environment (PLACE) - In 2020, Patient Led Assessment Care Environment (PLACE) had to be suspended due to COVID-19 restrictions. However, environmental and cleanliness standards continued to be monitored by the Facilities team with excellent standards been achieved

3.2 Reporting against Core Indicators

This section describes how we have performed, against core indicators required by NHS England, and indicators of interest to key stakeholders. The indicators are grouped, as per the three quality dimensions (patient safety, clinical effectiveness and patient experience).

Each section describes the review area, the metric used to measure performance, and our overall performance.

3.2.1 Patient Safety Incidents

We are mandated to report patient safety incidents to the national incident database, known as the National Learning and Reporting System (NRLS). This is the only national data collection agency, and the data submitted is analysed by subject experts, to provide NHS organisations with organisational reports, based on data submitted. Their definition for reportable Patient Safety Incidents is as follows:

“A Patient Safety Incident (PSI) is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care”.

All Patient Safety Incidents are reported on our Incident Reporting system (Ulysses), via a verification process, then uploaded to NRLS. Data is fluid, and alters over time, therefore the table below represents our position at year end, in relation to the number of Patient Safety Incidents within our system, and the harm impact, in comparison to previous years. All incidents (clinical and non-clinical), are displayed.

Area of performance		Incidents (clinical and non-clinical)		
Impact*		2017/18	2018/19	2019/20
General incidents		4,330	5164	5916
Moderate		80	75	53
Major		9	6	6
Catastrophic		65	91	71
Total		4484	5336	6046
Major and Catastrophic incidents as a % of total (i.e. those incidents resulting in severe harm or death)		1.7%	1.8%	1.3

*Impact on service provision/environment/person

The above table illustrates an increase in the number of incidents reported for 2019/20. The rationale for this increase, has been explored, and relates to a number of factors, including a small number of people with complex needs being responsible for a large number of incidents, better awareness and reporting of incidents in the community, and increasing services (e.g. the opening of additional wards/services). Over the last 3 years, there has been increased staff understanding of the need for incidents to be reported, and an indication of a learning and improving culture. All incidents are subject to weekly review and analysis, ensuring issues / trends are quickly identified, and actions implemented, enabling improved delivery of care services.

The table below, relates to the number of patient safety incidents that were reported to the NRLS

prior to year-end. There is a slight differentiation from the figures above, as these are only patient safety incidents, not uploaded to NRLS until our verification process is complete.

Area of performance	Incidents reported to the National Patient Safety Agency (NPSA)
Performance:	There were 3,491 NRLS incidents reported during 2019/20, a slight increase from the previous year, as stated above. Of these, the number of incidents resulting in severe harm or death of service users (49) as a percentage of the total was 1.4%.

Our culture of incident reporting during the period has continued to improve, as evidenced via benchmarked data from the NRLS. The latest data illustrates our higher reporting rate, per 1000 beds, than the national reporting median for mental health trusts. 98.6% of incidents reported to NRLS were either no harm, or low harm incidents (74.2% and 24.4% respectively).

Never events:

A never event is a serious, largely preventable, patient safety incident that should not occur if the available, preventable measures have been implemented (for example, an inpatient suicide, using curtain or shower rails). The below table details our performance in 2019/20.

Area of performance	'Never events'
Performance:	There were no 'Never Events' during 2019/20.

Serious incidents:

The Serious Incident framework (NHS England, 2015) definition for reportable incidents is as follows:

"Acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services".

In 2019/20 we have:

- ✓ Maintained strong performance in relation to the timely investigation, quality of completed investigations, and the approaches taken to learning from serious incident investigation, including developing our review panel approach to learning from serious incidents
- ✓ Monitored and identified learning and trends, reported and shared learning from these via our governance structures from 'Team to Board'
- ✓ Shared learning in an open, transparent and compassionate manner, with families and carers via our 'Being Open' and Statutory Duty of Candour Policy Framework
- ✓ Continued to raise staff awareness, and embedded statutory requirements relating to patient safety via a series of initiatives, forming part of our on-going programme of patient safety education
- ✓ Complied with statutory duties, and monitored this via our governance structures
- ✓ Shared data and reports externally via the Clinical Quality Review Meeting (chaired by Commissioners)

- ✓ Been audited to assess our processes in terms of the management of unexpected deaths. (This determined that the Board should take 'substantial assurance' that processes are robust, thorough, and met key standards in line with 'National Guidance on Learning from Deaths' (2017)).

Area of performance	Serious incidents (SIs) (clinical and non-clinical)
Performance:	During 2019/20 there were 72 serious incidents reported by the Trust.

Learning lessons:

We have progressed the following safety improvement initiatives, to improve our incident reporting and management framework:

- ✓ Continued membership of the Advancing Quality Alliance (AQuA) to strengthen our approach to Quality Improvement (QI)
- ✓ Continued commitment to quality improvement has led to an increasing number of staff completing QI training, and implementing projects within teams including Patient Safety and Restraint Reduction. We are also part of a National learning collaborative to improve sexual safety in mental health inpatient areas
- ✓ Continued supporting senior staff to complete the Advanced Improvement Practitioner Programme, providing increased QI knowledge and skills (supporting clinical teams in learning quality improvement methodology, to progress more QI projects)
- ✓ Continued advancement of the Learning Lessons framework (bi-monthly bulletin, and monthly Learning Lessons workshop for staff to share learning outcomes of investigations, and their stories)
- ✓ Continued partnership working with our key stakeholders to promote good mental health, and reduction of stigma by participating in national events (e.g. 'Brew Monday' with the Samaritans; and 'Get it on Time' Parkinson's campaign)
- ✓ Continued weekly review and analysis of all incidents, to ensure issues and trends are quickly identified, and improvement actions implemented
- ✓ Continued inclusion of Duty of Candour awareness within our mandatory training programme

3.2.2 Readmission Rates

This has been a key area of work and focus, particularly around embedding our person centred framework, and including a range of person centred approaches, and tools in collaboration with service users and carers. The below table shows the rate of unplanned readmissions for patients (adults and older adults) within 30 days. The target for this metric is 7.5%.

Area of performance	Patients re-admitted within 30 days of discharge
Performance:	The readmission rate for 2020/21 was 5.1%, against the 7.5% target. This was 4.5% for 2019/20 and 5.4% for 2018/19.

3.2.3 Patients on Care Programme Approach (CPA) followed up 7 days after discharge from in-patient care

In February 2019, we participated in an NHSE regional pilot, to implement 48 hour follow up from all adult acute wards, which extended to all wards in October 2019. This remains a Trust aspirational standard for all (not only those on CPA) and is included in the IQPR (Integrated

Quality & Performance Report) to Board with a target of 95%. This compares to a new national standard to have 80% of follow ups undertaken in 72 hours.

The Trust's performance for 48 hour follow up for 2020/21 is 94.7% and the detail is set out below

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
95.9%	90.2%	95.2%	94.7%	96.2%	98.8%	93.2%	92.3%	96.4%	94.0%	92.9%	94.6%

Breach rectification reports are completed for every patient who was not followed up within 48 hours, and/or 7 days, to provide assurance that every patient had been supported appropriately, following discharge in line with our policy. The table below shows the results of follow up of CPA patients, within 7 days of discharge, against a target of 95%.

Area of performance	7 day follow up of Care Programme Approach (CPA) patients
Performance:	There is strong national evidence that the period following discharge has shown to be a high risk period for service users at risk of suicide and self-harm. To mitigate these risks, and provide appropriate support to service users, we aim to ensure that every adult is followed up within 7 days of discharge. Our average level of performance for the year was 97.7%.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	100%	97.9%	98.7%	96.3%	96.4%	98.0%	97.1%	100%	96.2%	97.3%	97.1%	97.0%
2019/20	97.0%	97.4%	95.6%	100%	100%	98.0%	97.3%	100%	94.9%	95.8%	95.7%	97.9%
2020/21	97.0%	95.7%	100%	100%	100%	100%	100%	97.3%	97.4%	96.9%	93.5%	98.7%

3.2.4 Admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper

The below table shows acute admissions gate kept by Crisis Resolution teams against a national target of 95%.

Area of performance	Crisis resolution gate kept admissions – acute											
Performance:	100% of patients admitted to acute inpatient wards were gate kept by the CRHTs at the end of 2020/21.											
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
2019/20	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
2020/21	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

3.2.5 Patient Experience of Community Mental Health Services – The Annual Mental Health Community Survey 2019-20

On an annual basis, the CQC commission a national survey to explore the experiences of people who receive care and treatment from community mental health services, which all mental health Trusts participate in. For 2019-20, the survey was sent to 1250 people who had received care from

the Trust between September and November 2019. Survey response data was analysed by the national survey team and national and Trust-level results were subsequently published by the CQC on their website in November 2020 (<https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020>).

The national report showed that people were consistently reporting poor experiences of NHS community mental health services, with few positive results, and identified crisis care, support and wellbeing, accessing care, family / carer involvement and communication as areas for improvement. Due to the COVID-19 pandemic, the 2019-20 Community Mental Health Survey was classed as not directly comparable with previous reports, however the findings suggested a decline in service user satisfaction locally. Having reviewed the survey results, the following areas for focus were identified:

- Appointment frequency / duration
- Staff attitudes / understanding
- Organising care
- Medication reviews
- Physical health needs
- Financial / Benefits help and advice
- Family / Carer involvement
- Overall service user experience

The results of the survey were reviewed by Associate Directors and a comprehensive action plan developed, which includes the following:

- To source and provide an efficient and cost-effective digital solution to obtaining feedback on patient satisfaction such as Friends and Family Test, patient surveys.
- To consider the introduction of Quality of Life outcome measures when reviewing outcome measures generally in preparation for the 2021/22 CQUIN (currently suspended).
- To confirm that inclusion and unconscious bias training is mandatory for all staff and that attendance rates are monitored.
- To ensure that service users are provided with clear guidance on the role of the Care Coordinator and what services are available to them.
- To ensure that the use of the GASS tool to record side effects is fully embedded.
- To review the provision of medicine reviews for service users who do not have a diagnosis of Severe Mental Illness.
- To better understand progress in relation to the implementation of the Triangle of Care and current workstreams relating to family and carer involvement and drive these forward.

Progress against the action plan is reviewed on a monthly basis and monitored via the Performance Pack. The 2020-21 survey was distributed in February –March 2021 and results will be reviewed in due course to determine any improvement in service user experience or any areas which require further action.

PART 4

Annexe

4.1 Engagement and Statements from Key Partners

Statement for North Staffordshire Combined Healthcare NHS Trust Quality Account 2020/2021

Staffordshire & Stoke-on-Trent Clinical Commissioning Groups (CCGs) are pleased to comment on this Quality Account 2020/21.

The quality assurance framework that Commissioners use, reviews information on quality, safety, patient experience, outcomes and performance, in line with national and local contractual requirements. The CCGs' Quality representatives meet with the Trust on a bi-monthly basis to seek assurance on the quality of services provided. The CCGs work closely with the Trust and undertake continuous dialogue as issues arise, attend relevant Trust internal meetings and conduct quality visits to clinical areas to experience the clinical environment, listening to the views of patients and front line staff.

The CCG would like to acknowledge and thank all the Trust's staff for their hard work throughout the last 12 months during the impact of the COVID-19 pandemic. The staff have worked under extreme pressure in an ever changing situation. Despite this the staff have shown resilience and rapidly changed the way they worked by implementing the following:

- Introducing a family support service to help provide essential communication between families and patients while visiting restrictions were in place.
- Transforming outpatient appointments into telephone and video consultations with improved use of technology at MDT.
- Adapting community services to meet the need of patients and relatives.
- Delivery of an enhanced Infection Prevention and Control (IPC) audit programme.

The CCGs would like to recognise the Trust's commitment to improving quality during an unprecedented time as demonstrated by the following achievements:

- Announcement of the biggest capital investment in Acute and Community Mental Health Services. The funding will help to create a new proactive model of community-based mental health care in partnership with primary care, local authorities, the voluntary, community and social enterprise sector, service users, families and carers.
- During the pandemic the number of quality visits was reduced, however, four virtual visits were undertaken. The visits provided assurance on the quality of services provided by the Trust, staff were open and transparent and gave good insight into the management of COVID-19.
- Continued participation in the countywide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide.
- Development of a digital Friends and Family Test (FFT) to improve accessibility and increase service user engagement.
- Collaboration with the Service User and Carer Council (SUCC) to identify themes to influence the Quality Improvement agenda.
- Continued recruitment to new apprentice positions and expansion to the range of apprenticeships on offer to existing staff.

However, 2020/21 has been an extraordinary time for all due to the pandemic which has increased the existing challenges for the Trust, we look forward to working closely with the Trust to see further improvements over the coming year including:

- Recruitment and retention continues to be a major priority due to a national workforce shortage with an ongoing challenge of nursing and medical recruitment. The Trust continue to work hard to improve recruitment through several strategies that support attracting potential candidates including: apprenticeships, return to practice schemes, development of new roles, enhanced social media campaigns, collaborative recruitment campaigns and streamlining recruitment practices to take full advantage of digital technology.

Priorities for 2021/22

- Commissioners welcome the specific quality priorities identified for 2020/21, which the Trust has set out in this account and are pleased to see the involvement of Users and Carers. In particular the four key quality 'SPAR' priorities:
 - Safe - services will be consistently safe.
 - Personalised - care will be personalised to the individual needs of service users.
 - Access - processes and structures will guarantee access for service users and their carers.
 - Recovery - focus will be on the recovery needs of those with mental illness.
- In November 2020, the Trust unveiled their updated strategy which sets out sustained commitment to continuously improve services and takes account of national requirements and local priorities. The strategy is built around four strategic themes:
 - Quality - to provide the highest quality, safe and effective services
 - People - to attract, develop and retain the best people
 - Partnerships - to actively promote partnership and integrated models of working
 - Sustainability - to increase efficiency and effectiveness through sustainable development.
- Securing funding to develop a Wellbeing and Recovery College; with core project groups being established from April 2021.

We look forward to working together with the Trust to ensure continued improvement over the coming year. The CCGs wish to state that to the best of their knowledge, the data and information contained within the quality account is accurate.



Marcus Warnes
Accountable Officer



Heather Johnstone
Director of Nursing and Quality

4.2 Amendments made to initial draft Quality Account following feedback from Stakeholders

Awaited

4.3 Auditor Statement of Assurance

Awaited

4.4 Trust Statement

We are pleased to publish this Quality Account for the financial year 2020/21 (1 April 2020 to 31 March 2021).

It re-confirms our commitment to continually drive improvements in services, and to remain transparent and accountable to the general public, patients, commissioners, key stake holders, and those who regulate our services.

To ensure our Quality Account covers the priority areas important to local people, we have consulted with our key stakeholders in the voluntary and statutory sectors, with local authorities and with our staff. Their valuable comments have been listened to and, where appropriate, incorporated into this document to help strengthen involvement in our services moving forwards.

In line with recommendations in the Francis inquiry, this Quality Account is signed by Trust Board members, to provide assurance of a true and accurate account, of the quality of services provided by North Staffordshire Combined Healthcare NHS Trust.

We can confirm that we have seen the Quality Account that we are happy with the accuracy of the data reported, are aware of the quality of the NHS services provided, and understand where we need to improve the services we deliver.

4.4.1 Statement of Director's Responsibilities in respect of the Quality Account

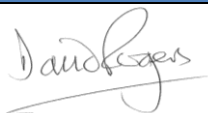
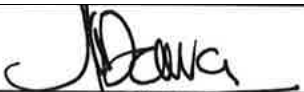

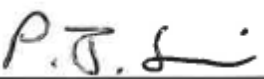
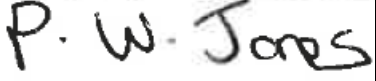
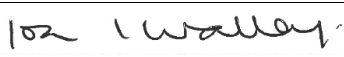
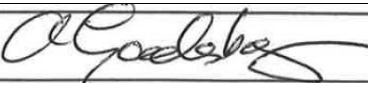


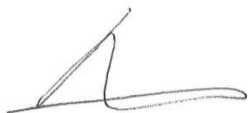
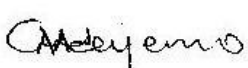
The Directors are required, under the Health Act 2009, to prepare a Quality Account for each financial year. The Department of Health (DoH) has issued guidance on format and content of annual Quality Accounts (which incorporates legal requirements in the Health Act 2009, and the National Health Service (Quality Account) regulations 2010 (as amended by the National Health Service (Quality Account) Amendment Regulations 2011)).


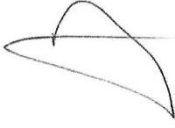



In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- It presents a balanced picture of the Trust's performance over the period covered
- The performance information reported, is reliable and accurate
- There are proper internal controls over the collection and reporting of measures of performance included, and that these controls are subject to review, to confirm they are working effectively in practice

- The data underpinning the measures of performance reported is robust and reliable, conforms to specified data quality standards, prescribed definitions, and that this is subject to appropriate scrutiny and review
- It has been prepared in accordance with Department of Health guidance

The Directors confirm that, to the best of their knowledge and belief, they have complied with the above requirements in preparing the Quality Account.

Name and Position	Signature	Date
David Rogers, Chair		
Janet Dawson, Non-Executive and Vice Chair		
Russell Andrews, Non-Executive		
Patrick Sullivan, Non- Executive and Senior Independent Director		
Phillip Jones, Non-Executive Director		
Joan Walley, Non-Executive		
Tony Gadsby, Associate Non-Executive		
Dr Keith Tattum, GP Associate Director		
Pauline Walsh, Associate Non-Executive		
Peter Axon, Chief Executive		
Dr Buki Adeyemo, Executive Medical Director		

Eric Gardiner, Executive Director of Finance, Performance and Estates		
Kenny Laing, Executive Director of Nursing & Quality		
Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion		
Jonathan O'Brien, Executive Director of Operations		
Chris Bird, Director of Partnerships, Strategy and Digital		

David Rogers

Chair



Peter Axon

Chief Executive



4.5 Glossary

AIMS - Accreditation for inpatient rehabilitation units

ASD - Autistic spectrum disorder

ADHD - Attention deficit hyperactivity disorder

ASIST - Advocacy services in Staffordshire

CAMHS - Child and Adolescent mental health services

CCG - Clinical commissioning group (made up of local GPs, these groups replaced primary care Trusts (PCTs) as commissioners of NHS services from 2013/14)

CDAS – Community drug and alcohol service

CLRN - Comprehensive local research network

CPA - Care programme approach

CPD - Continuing professional development

CPN - Community psychiatric nurse

CQC - Care quality commission

CQUIN – Commissioning for quality and innovation

DOH - Department of health

ECT - Electroconvulsive therapy

EngAGE - Stoke-on-Trent forum for people over 50 to give their views

Health Watch - Local independent consumer champions, represents the views of the public

HRG4 - Health resource group (standard groupings of clinically similar treatments)

IAPT - Improving access to psychological therapies team

IM&T - Information management and technology

IT - Information technology

KPI - Key performance indicator

Metric - method of calculating performance

Mind - Mental health charity network

MPFT – Midlands partnership foundation NHS trust

MRSA - Methicillin-resistant staphylococcus aureus

NDTI - National development team for inclusion

NEWS – National early warning score

NHSLA - NHS litigation authority

NICE - National institute for health and clinical excellence

NIHR - National institute for health research

NPSA - National patient safety agency

NRLS – National reporting and learning system

NSCHT - North Staffordshire combined healthcare NHS trust

PALS - Patient advice and liaison service

PBR - Payments by results

PIP - Productivity improvement pathway programme

POMH - Prescribing observatory for mental health

QIPPP - Quality, innovation, productivity, partnership and prevention

LPS - Liaison psychiatry service

R&D - Research and development

REACH - Local advocacy project supporting people with learning disabilities

RETHINK - Mental health membership charity

SPA - Single point of access (to mental health services)

STOMP - Stopping over medication of people

STP – Staffordshire transformation programme

SUS - Secondary user's service

TDA - Trust development authority

UHNM - University hospital of north midlands NHS trust

The Trust is committed to providing communication support for service users and carers whose first language is not English. This includes British Sign Language (BSL). This document can be made available in different languages and formats, including Easy Read, upon request.

If you would like to receive this document in a different format, please call us on 0300 123 1535 ext. 4651 (Freephone 08000328 728) or write to us using our FREE POST address:

Freepost RTCT-YEHA-UTUU

Communications & Membership Team North Staffordshire Combined Health Care
NHS, Trust Trentham Business Centre, Bellringer Road, and Trentham Lakes South,
Stoke-on-Trent, ST4 8HH

Or email us on: qualityaccount@combined.nhs.uk

Or visit our website: www.combined.nhs.uk