

Quality Account

2022/23



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Part One

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 1st April 2022 to 31st March 2023 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

This Quality Account provides the Trust's latest testament of the quite remarkable journey whose destination we used to call "Towards Outstanding" and which, for the past four years, we have called towards being Outstanding in ALL we do and HOW we do it.

It stands once again as both a public record and as a tribute to our staff, our partners, our volunteers and all those who have displayed, sometimes in the most challenging of times, the very best that the NHS and our local communities can be.

It is now just over 4 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 1 of only 2 specialist mental health 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.

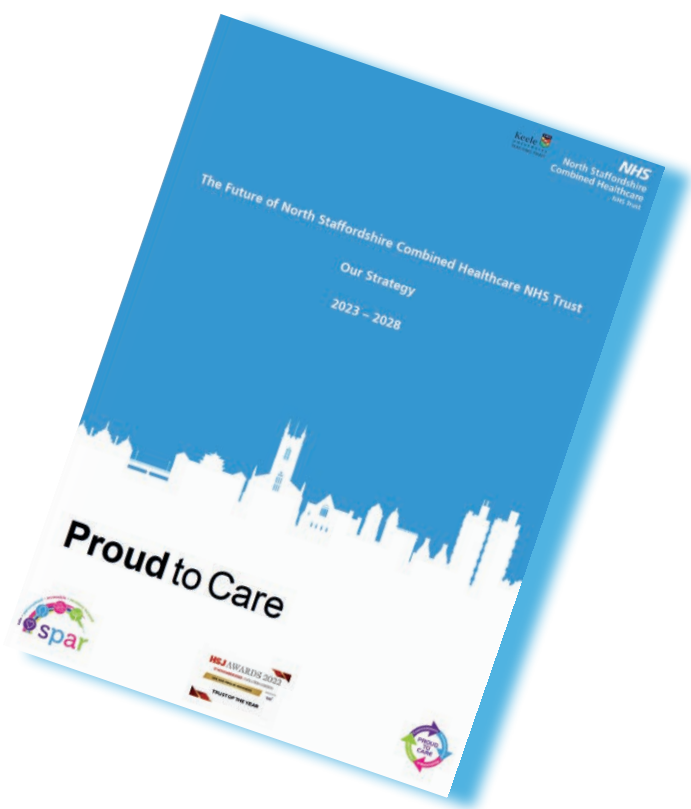
This Quality Account demonstrates how this relentless pursuit of continued, sustained quality, improvement and innovation burns as brightly as ever at Combined.

This includes unveiling our new five year Trust Strategy - "The Future of North Staffordshire Combined Healthcare NHS Trust 2023-2028". This was developed after many months of work and engagement with our staff, service users and external stakeholders to deliver a strategy which addresses the needs of our diverse, local population, whilst remaining true to our Trust values. We are grateful to the people who gave us their insights and feedback to inform our development of the strategy.

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 particularly delighted and proud that in this latest year covered by this Quality Account, North Staffordshire Combined Healthcare won the prestigious award of NHS Trust of the Year at the National Health Service Journal Awards. This was the first time a NHS mental health Trust won this accolade.

Our delight was compounded by our Memory Clinic also being recognised as the Psychiatric Team of the Year: Older-Age adults at the Royal College of Psychiatrists Awards 2022.



We place on the record our pride at delivering an unprecedented 24th 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. This includes eradicating dormitory accommodation and shared bathroom facilities as part of a major capital upgrade at Harplands Hospital - as well as introducing new services, such as our new Dynamic Support Register for children and adults with a learning disability and/or autism, an expanded role of our High Volume Users Team and newly commissioned services such as our Intensive Support Hub linked to the Darwin Centre



Partnerships are something we hold dear and something we do well. We are proud to have worked, for example, with local government colleagues, the voluntary sector and organisations such as Port Vale FC to introduce Community Lounges and Family Hubs to support our local populations directly in the communities they call home. These partnerships and engagement with service users and carers have led to the successful launch of the Trust's co-produced Wellbeing College in the summer of 2022.

We have continued to develop and advance the NHS vision for integrated care and new models of delivery towards a strong Staffordshire and Stoke-on-Trent Integrated Care System. We were delighted that our finance team, alongside our system colleagues, received recognition for their excellence by winning the 2022 HFMA Finance Team of the Year Award.

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, including the creation of two Clinical Academic posts to support the development of our academic capabilities and capacity. These roles will lead on the future scoping and work towards our academic ambitions.

We were also proud to continue our nationally leading innovation in communications and engagement through the success of our very own digital television station – Combined Television (CTV) - as well as introducing a new digital production studio in our Lawton House Head Quarters, providing state-of-the-art digital production and immersive training facilities, which will enhance our clinically focused training for staff and students going forward.

2022/23 was a year when we were delighted to welcome and showcase our outstanding services to a host of national leaders, including NHS England's Chief Executive Amanda Pritchard, the Chief Executives of NHS Providers and the NHS Confederation, Sir Julian Hartley and Mathew Taylor - and the Shadow Secretary of State for Health and Social Care, Wes Streeting MP.

We were also proud that our Chief Executive, Dr Buki Adeyemo, was elected to the Board of the NHS Confederation's Mental Health Network.

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

In this regard, one of the most welcome things we saw this year was the results of the NHS Staff survey which showed us – yet again - to have maintained our proud record of being the highest scoring Trust in our cohort in 4 out of 7 themes.



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 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;



- 24th consecutive year of achieving financial surplus - making us one of the top financial performers in the region;
- Quality Improvement (QI) team providing expertise to our clinical teams, service users and carers focusing on “what matters to them”;
- The highest scoring trust in 4 out of 7 NHS People Promise and Themes in our cohort in the national staff survey
- Implementing the biggest capital investment in acute and community mental health services in our history;
- A strong Freedom to Speak Up infrastructure within every Directorate – as well as all of our Staff networks BAME, LGBT+, Neurodiversity and Disability which are all represented with a champion;
- 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 – continues to bring 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;

- New and expanded Mental Health Practitioner posts aligned to Primary Care Networks across North Staffordshire and Stoke-on-Trent;
- Mental Health Support Teams providing a service to around 8,000 children and young people within 84 schools across Stoke-on-Trent and North Staffordshire;



- Family Hubs rolled out in partnership with local government, supporting parents in their own communities with Perinatal Mental Health ;
- Winners of 2022 HFMA Finance Team of the Year Award as part of the Staffordshire and Stoke-on-Trent Integrated Care System;
- Finalist in ‘Improving Mental Health through Digital’ category of HSJ Digital Awards 2023, for All-Age Access Wellbeing Portal initiative;
- New Dynamic Support Register for children and adults with a learning disability and/or autism at risk of placement breakdown and admission to hospital;
- Proud to receive accreditation for being Veteran Aware
- New Transformation Management Office created to drive over 30 transformation projects at Trust and system level – all designed to enhance and improve the quality of patient care; and
- Home Treatment Team winners of Placement of the Year from Keele University .

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 2023, we unveiled our new five-year Trust Strategy 2023-2028. Our new strategy outlines the ambitions over the next five years in addressing how we respond to the evolving wellbeing needs of our local population and changes in our NHS and government landscapes.

The strategy sets out our sustained commitment to continuously improve services with co-production, recovery and partnerships at the heart of how we work, ensuring national requirements and local priorities are taken into account.

Our three strategic priorities are:



Finally, we are pleased to announce that the Board of Directors has reviewed this 2022/2023 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 2022/2023



Buki Adeyemo

Dr Buki Adeyemo
Chief Executive



David Rogers

David Rogers
Chairman

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 1,608 permanently employed (WTE) during 2022/23. 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 can 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 University NHS Foundation Trust (MPUFT). We have grown our primary care offer and successfully integrated a further primary care practice this year.

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.

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 are members of 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 services which have been delivered from within a locality structure with an Associate Director and Clinical Director formally responsible for each Directorates. These are supported across the Trust by our Corporate Services.

Our five directorates are:

- Stoke Community;
- North Staffs Community;
- Specialist Services;
- Acute Services and Urgent Care; and
- Primary Care.

Our Operational Structure



Stoke Community	North Staffs Community	Specialist Services	Acute Services and Urgent Care	Primary Care
Adult CMHT Older People CAMHS (North/South Stoke)	Adult CMHT Older People CAMHS (North Staffs)	Children's Short Breaks Assessment and Treatment Children's Community LD Team Community Learning Dis Team Healthcare Facilitation Intensive Support Team Transforming Care Partnership Team Darwin Centre CAMHS Intensive Support Hub Psychology Contracts Summerview Hilda Johnson House Ward 5 Neuro Neuro Community Services Community Rehab Team Out Of Area / Resettlement Team Community & Hospital Alcohol Stoke CDAS Stoke Health Prison SM Inpatients (EMU) IOU (Adult / Subs Misuse)	All-Age Access Team Home Treatment Team (Adult) Community (Street) Triage Place of Safety Site Managers High Volume Users Mental Health Liaison Team Wards 1,2, 3 PICU Acute Nurse Practitioners Acute Therapies Wards 4, 6, 7 Physiotherapy ECT Team	Primary/General Medical Services Direct Enhanced Services Locally Enhanced Services Primary Care Development Primary Care Networks Education
				Corporate Services Estates Finance HR Recruitment Digital / IT Education and Training Communications Legal and Governance Organisational Development Strategy and Partnerships Clinical Audit Medical Law Research and Development Staff Support and Counselling Systems and Software Development Receptionists Transformation Management Office



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 evidence-based models 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 co-production and 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 the people we serve

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



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 2022/2023 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 Improvements during 2022/23 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. We have also refreshed the Trust Suicide Prevention Strategy.
- Maintaining the delivery of training in relation to Connecting with People: suicide awareness and response modules, which is an evidence-based approach to suicide assessment and mitigation. This training is also being rolled out across the whole of the local healthcare system as part of a standardised approach to improving the care of people at risk of suicide.
- Continuing to showcase the progress made towards the Stoke-on-Trent and Staffordshire wide suicide prevention partnership strategy via annual in person or virtual conferences. The last successful conference was held virtually with all partners in 2022.
- Continuing to roll out environmental ligature improvements via project Chrysalis and other bespoke aspects of work.

Focussed on improving physical health by:

- Continued to embed the Severe Mental Illness (SMI) physical health check pathway to ensure that the Trust and our Primary Care Network's (PCN's) across North Staffordshire and Stoke-on-Trent work together – with the goal of ensuring equitable access to annual physical and mental health checks for all people living with SMI.
- Work is in progress around embedding SNOMED codes into the SMI Annual Mental and Physical Health Check template on our Electronic Patient Record - Lorenzo. This will improve data transfer and improve access to meaningful clinical information about individuals.
- Expanded the SMI team resource to enhance our outreach function to provide additional review and signposting support for individuals to help meet their needs more holistically.
- Implemented a text messaging service in one of our sites to remind people of appointments; with a view of Trust wide roll out.
- Set up new and supplemented existing physical health clinics in the community, to provide the first part of the annual health check.
- Ways to make the health checks more accessible for service users have been explored. For example, a room at Port Vale Football Club has been identified as a potential clinic space.

- Networked with Primary Care Network's to secure space within some GP practices to facilitate the health check.
- Collaborated with the Voluntary Community and Social Enterprise (VCSE) sector (Everyone Health) to offer a healthy lifestyle course as a follow on from the SMI health check.
- Continued to support Community Mental Health Team's to enhance confidence and knowledge around physical health, to ensure that this becomes everyone's business.
- Progressed completion of SMI health checks during 2022/23 contributing to an overall 'system wide', with a physical health check completion rate of 62% for patients on the GP SMI register.
- Explored the implementation of an Electrocardiogram (ECG) interpretation service to enhance the health check process.
- Covid 19 Bespoke Education Packages- which was recognised as a positive Quality Improvement project by the Royal College of Psychiatrists/NHS
- Developed bespoke physical health teaching education package, including; oral care, respiratory rate training, pain assessment in dementia, Chronic Obstructive Pulmonary Disease (COPD), and bowel care.
- We achieved national recognition via the Nursing Times Awards for a quality improvement initiative in frailty management.
- Development and implementation of a Trust wide Respect / Do Not Attempt Resuscitation (DNAR) Standard Operating Procedure.
- Development of comprehensive Standard Operating Procedure to guide staff to recognise the signs and symptoms of the physically deteriorating patient.
- Provided staff with clear guidance to enhance the safe transfer of patients who require re-admission from a physical health hospital.
- Yellow Sock Campaign implemented within the older people's wards, which helps staff to visually recognise patients who are at high risk of falls.
- Delivering the Trust Infection Prevention and Control Board Assurance Framework
- Continued delivery of an enhanced IPC and Physical health digital learning package for staff to support our response to COVID-19
- Secured funding to review and improve the existing smoking cessation offer to inpatients, with delivery taking place in 2022/23
- Working with colleagues from across the local system to enhance accessibility of cessation services for all service user groups
- Supporting the local COVID-19 vaccination programme with 45 trained vaccinators
- Achieving 100% compliance with Infection Prevention and Control (IPC) audits
- Achieving 93% IPC training compliance
- To support the timely and safe review of pathology results guidance has been shared across clinical teams, this has been complemented with improvements to sample labelling processes.

Provided a safe environment by

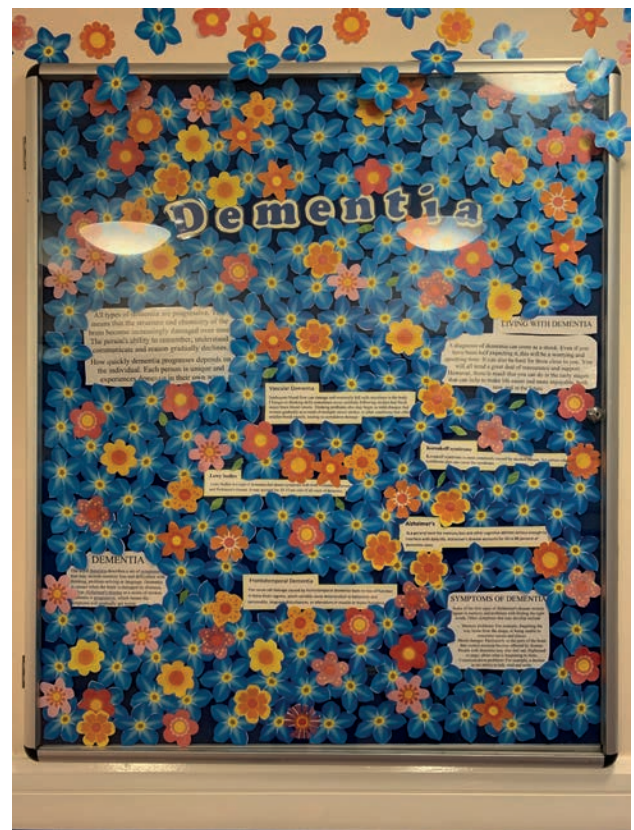
- Progressing the Reducing Restrictive Practice Strategy, written collaboratively with service users; to be reviewed in 2024.
- Launch of a Reducing Restrictive Practice and Quality Improvement Collaborative. The monthly meetings discuss progress against projects and also invite guest speakers, including; Importance of involving patients, Safe Wards.
- Continuing to embed the 'Safewards' model within our mental health inpatient wards.
- Achieved our ambition to be affiliated to the Crisis Prevention Institute (CPI) following their successful certification to the Restraint Reduction Network Training Standards.
- External confirmation by BILD Act, confirming our compliance with reducing restrictive practice training standards.
- Further improved our Safety Intervention training to include a stronger focus on trauma informed practice/ care.
- Further expansion of the Reducing Restrictive Practice team and safety intervention work based trainers, to support training and advice/guidance to Trust.
- Continue to provide assurance regarding our compliance with the Use of Force Act, which became a lawful requirement in April 2022.
- Successful progress against the safety intervention training recovery plan;
- Safety interventions 5 day foundation training - 91.26%
- Safety interventions 2 day refresher training - 82.28%
- We have an improved position in PLACE assessment scores with above national average results in all categories. 50% of the assessing team were patient / carer representatives. Our highest scoring areas were cleanliness and ward food with 99.32% and 99.67% respectively.

Continued to provide enhanced safeguarding support by

- Increasing the safeguarding supervision offer across all clinical teams
- Increasing training compliance for Safeguarding Children's Level 1 and 2 to 89%, Safeguarding Children's Level 3 is 77%, Safeguarding Adult's Level 3 is at 86% and Prevent is at 94%.
- Offered additional training as part of Safeguarding weeks (Adults and Children). Sessions were designed to enhance staff knowledge on current and relevant safeguarding topics as part of a 'lunch and learn'.
- Improved the Trust Domestic Abuse policy, in line with national legislation and Domestic Abuse Act 2021. The changes to the policy support staff through the process of supporting someone who is experiencing this type of abuse, from disclosure, risk assessment and safety planning.

Acknowledged the importance of clinical leadership in maintaining safe wards by:

- Providing Trauma Informed Care training to all Acute Ward areas and exploring Trauma informed leadership for training for our leaders.
- Providing Clinical Leadership Programmes for our Band 5 and Band 6 staff to enhance leadership and quality improvement skills.
- Co-produced an improved approach to the Ward Manager Task and Finish forum with our ward managers and matrons. The 'Reflect & Connect forum' now offers dedicated space and time for ward managers and matrons to focus on best practice and delivering high quality patient care.
- Continue to embed the Quality Improvement Leaders programme.
- Increased the number of Professional Nurse Advocates (PNA) to 16, with all newly registered nurses having direct access to the PNA's restorative supervision model, via the Preceptorship programme.



Under Quality Priority 2 'Personalised' we have:

Strengthened person centeredness by:

- Launching our fully coproduced Wellbeing College in the summer of 2022, and further progressed our recovery focused care agenda.
- Continuing to co - produce Our Wellbeing College prospectus with our Peer support workers, Experts by experience and community partners, offering workshops in a wide range of community venues.
- Recruiting and developing our Volunteer Patient Safety Partners (PSP) role to promote and support improvements in patient safety.

Supporting Service User and Carer involvement by:

- coproducing Quality Improvement training specifically for Service users.
- Co-produced improvements & Co-delivered training to improve our complaints response; reinforcing person centred, compassionate responses to concerns and complaints.
- Delivered training at our Peer development day to ensure our Peers understood the value of inclusion and coproduction principles in Quality Improvement projects.
- Further developing a digital Friends and Family Test (FFT) to improve accessibility, increase service user engagement and provide real-time feedback from service areas.
- Partnership work with Implementing Recovery through Organisational Change (ImROC) to develop our Peer workforce strategy and commitment to improving career pathways within the Trust.
- Recruited to a Senior Peer Worker post to support the delivery of the Peer Workforce strategy and to offer peer to peer supervision.
- Our senior Peer is working in partnership working with Keele University; training student nurses about the positive impact lived experience and co-production has on the delivery of high quality, recovery focused care.
- Established a peer network group which includes members from MPUFT to further enhance our learning culture and ensure the roles are well embedded within the Organisation.
- We held a development day specifically for Peers to celebrate their successes and our growing peer workforce.
- Our service user and carer council members are supporting our coproduced approach to the Trusts move away from Care Programme Approach (CPA) in adults & older person's secondary services, alongside other wider Community Mental Health Transformation programmes.
- We launched a coproduced coproduction logo which can be added to Trust documents to say that Coproduction principles have been used in the development of it.
- Volunteers and Service User Carer council members have completed Observe and Act training and carried out site assessments, providing feedback to clinical areas on topics such as service user experience and access.

- Our volunteer Peer veteran has supported our veteran accreditation work and received Peer mentor training with a view to offering a 'buddy scheme' peer support to veteran service users.
- Learning disabilities expert by experience engagement in development days and events, coproducing and co-delivering a wellbeing college workshop - now looking to broaden their offer to share their experiences at Keele University and with a local special needs primary schools.

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 be involved in all aspects of the Trust.
- Transformed the volunteer policy to become an Involvement and Coproduction policy, with a Standard Operating Procedure which includes differing volunteer opportunities, training and a process for paying involvement fees and participation in research studies.
- A programme of service user and carer engagement sessions continue to help progress the Service user, carer strategy
- We have recruited peer recovery coaches through a local VSCE organisation, CHANGES Health and Wellbeing Staffordshire.
- Developed a new on boarding process for peer recovery coaches, ensuring access to statutory and mandatory training and access to the electronic patient records as required.
- All Peer recovery coaches have accessed ImROC peer mentor training and Peer Supervisor training.
- A Peer Recovery Coach role is embedded into the Multi-disciplinary team in each of our Community Mental Health Teams.
- Continue to maintain our links with the Youth Council (hosted by CHANGES Staffordshire)
- Service User and Carer Council continue to contribute to Trust business and service changes. For example Project Chrysalis plans, CASST pathway, rehabilitation service change Hilda Johnson House.
- Launched a Coproduction Team to advertise and consolidate our involvement offer in our service design and delivery across the Trust.
- Implemented Peer Ambassador Training pack to deliver in schools as part of the Preparing for Adulthood care pathway; delivered to school students in YR 12 and 13, with additional pastoral support in their Peer Ambassador roles.
- Developed a range of opportunities to support our Service users to share their stories with us which are then heard at our monthly Trust board meetings.

Under Quality Priority 3 'Accessible' we have:

Improved access to services by:

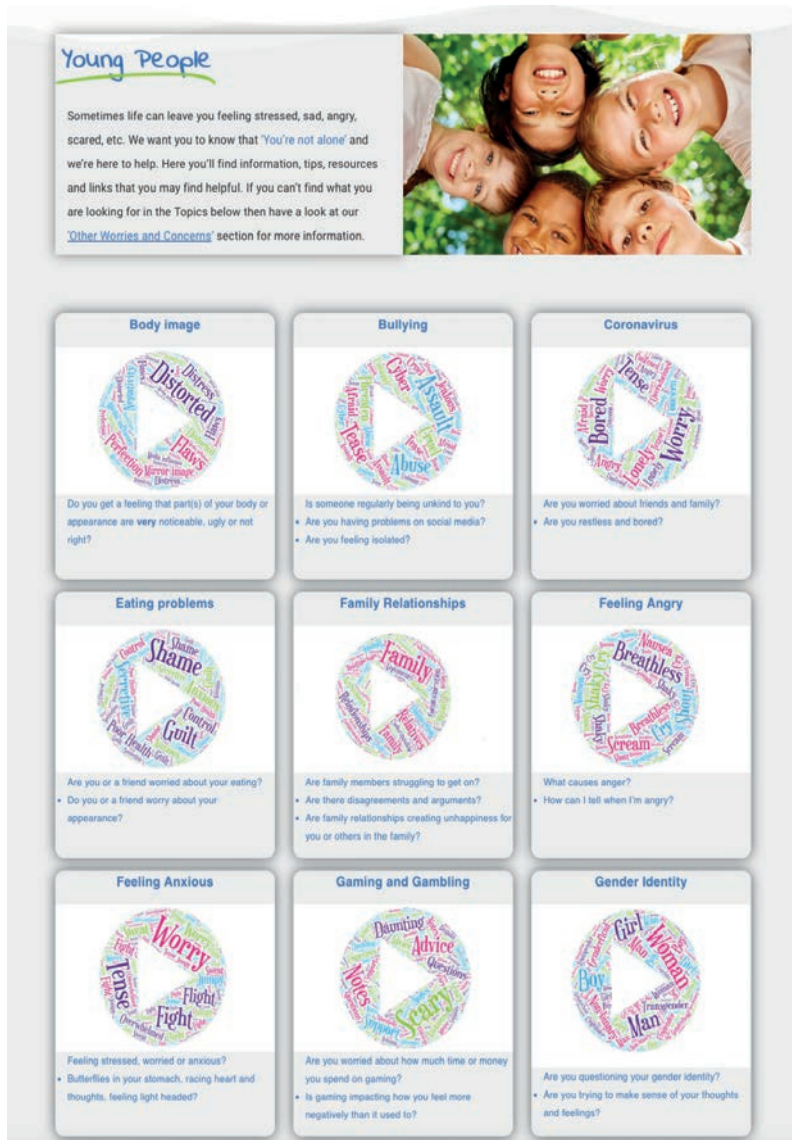
- Launching our All-Age Wellbeing Portal, which direct accepts referrals from people looking for support or advice from our mental health or learning disability services.
- Patient Aide is now in pilot within the Trust. This app gives service users access to their information and the ability to complete on-line assessments in their own time and submitted back to the Trust electronically. It also provides digital access to their appointments / correspondence. Planning for Patient Aide 5 scope has been submitted; includes aspects which will support the new waiting times standards.
- Community Aide 'Just Ask' is available to all Community Services. This allows staff and service users co-produce information at the point of care. This also supports reduction of Mileage/paper/post etc.

- We have delivered bespoke Care Certificate training to Peers in the Trust.
- Service users and carer engagement in evaluation and procurement processes associated with the Community Transformation programme.
- Volunteers have returned to our clinical teams as part of Covid 19 recovery.
- Patient Experience Facilitator attends the West Midlands Children and Young People (CYP) Collaborative. With events held for CYP and parents / carers to explore people's experiences of Inpatient Units across the West Midlands.

Under Quality Priority 4 'Recovery Focussed', we have:

Promoted recovery by:

- Actively promoting our Wellbeing College prospectus.
- Strong partnerships with our local VSCC organisations, who are coproducing, hosting and promoting the college within wider community services.
- Our college model is accessible to anyone over 18 years living in North Staffordshire and Stoke-On-Trent, helping to eliminate accessibility barriers, with approximately half of our student cohort being members of the public.
- Recognising the value of Peer Support Workers and Experts by Experience in our teams, we have strengthened our Trust wide approach with a dedicated network to ensure a continual learning approach to successfully embedding these roles.
- We have included lived experience and Connectedness, Hope, Identity, Meaning and Empowerment (CHIME) recovery model values into our Nursing conference and Allied Health Professionals (AHP) development days to embed our recovery focused values.
- We are preparing to launch Team Recovery Implementation plans (ImROC evidence based model) in our inpatient areas to support coproduction and peer opportunities.
- We have offered our volunteers with lived experience the opportunity to train and consider paid peer roles in the Trust when they are ready for employment.



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.

The Directorate has led a successful programme of Community Mental Health Transformation over the last year, providing strong foundations to build upon for the next year of delivering the ambitions of the Long Term Plan and Community Mental health Framework.

As a result of the Community Transformation Programme we have extended the provision of Mental Health Practitioners in of all 13 Primary Care Networks across Stoke and North Staffordshire, this has expanded access to care for people needing mental health support and will be further developed over the next 12 months, with additional resources being added to these teams.



Investment from the Community Transformation Programme has allowed Community Mental Health Teams to provide additional roles to support access to psychological therapies for service users.

The use of the Health Equality Assessment Tool across Community Services has highlighted areas of need that are particularly pertinent to the Stoke Locality due to its high levels of deprivation. This has culminated in additional resources being ring-fenced to support Voluntary, Community and Social Enterprise (VCSE) partners to invest in bespoke resource requirements, for example, a Health and Lifestyle Service, Financial Capability Advisor, Peer Recovery Workers and Future Focus Support Workers. These roles will work across adult Community Mental Health Teams to enhance the holistic offer of support associated with the broader determinants of mental health.

A dedicated team to help improve the uptake of annual physical and mental health checks for those on the local SMI register has improved the ability for early identification of associated health conditions, but also improve the interventions required in order to reduce the health inequalities which this cohort of service users face.

A new Multiple Disadvantaged Team has been set up to support people who struggle to engage with Mental Health services due to issues such as homelessness, alcohol and substance misuse and a forensic history.

Memory services continue to excel in achieving high dementia diagnostic rates, 83% were achieved in the City and 69% in the County above the national target. 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 UHNM 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 Mental Health Support Teams have embedded and developed their service and have been recognised regionally and nationally for their whole school approach. Stoke were successful in their bid for Wave 8 of Mental Health Support Team, increasing the offer to an additional 23 schools, taking the total number of schools covered by the service to 84 with a pupil population of approximately 8000 children/young people having access to this early mental health support. The new staffing cohort of four trainee Education Mental Health Practitioners (EMHPs), two senior (EMHPs) and two Children/Young People Wellbeing Practitioners (CYWPs) were successfully recruited to and commenced their training with Exeter and Derby Universities respectfully in January 2023.

Over the last year across the Core CAMHS within Stoke, there has been significant investment via Children & Young People; Improving Access to Psychological Therapies (CYPIAPT) to support training places to enhance the skill mix and vary the psychological treatment offer. Through this investment, Stoke CAMHS has successfully added to its Systemic Family Therapy offer and now offers Interpersonal Psychotherapy for Adolescents (IPT-A) and Non Violent Resistance (NVR) as part of its core treatment offer.

Stoke CAMHS has continued to embed the Thrive model (a trauma informed approach to meeting the emotional and social needs of children and young people), and hopes to fully implement this model in the coming year in partnership system partners, to ensure a system wide approach to implementation.

2022 saw the launch of a new Preparing for Adulthood (PFA) Clinical Lead. This role focuses on supporting 16-20 year olds who are either transitioning to Adult Mental Health Services from CAMHS or those who are utilising CAMHS services and require further support, but do not meet threshold for Adult Mental Health Services. The Clinical Lead has worked very closely with other statutory agencies and VCSE services to ensure alignment of policy and strategy for the best possible outcome for young people who are transitioning between services.

As a Trust, we commissioned a consultation with 'The Voice' to explore young people's experience of transition, and from this feedback, working groups have been created across all teams supporting the 16-20 cohort to improve transition pathways.

CAMHS services work closely with external partners such as Parent Engagement Group in Stoke (PEGIS) and other VCSE organisations across the City.

In our Parent and Baby services and following substantial investment into the Perinatal Services this year, there has been a successful period of recruitment, which supports the team to meet the expectations of the NHS Long Term Plan. Due to successfully recruiting to a substantive Psychiatrist position, the team will apply for Perinatal Quality Network accreditation.

As part of the Stoke on Trent City Council Family Hub Pilot, the Parent and Baby team are working collaboratively with the Local Authority to support co-located hubs in order to support parents within their own communities.

The Lotus Team have had a successful first year and continue to support birthing parents who have faced birth trauma. NSCHT successfully recruited its first Midwife into this team, which has improved outcomes for birthing parents and strengthened links with Maternity colleagues within UHNM NHS Trust.

The North Staffordshire and Stoke on Trent NHS Talking Therapies for Anxiety and Depression sits within the Directorate and continues to provide assessment and psychological therapies as first choice interventions for

depression and anxiety. The service provides a timely service 98.3-99% of services users having received treatment within 6 weeks in 22/23 exceeding the national target of 75% with a 100% of service users are treated within 18 weeks.

The service recovery rates are exceeding the national target of 50% at between 50-55% and 73.3% of service users reliably improve in their treatment, reporting subjective improvements in 22/23.

Over the last 12 months, the Directorate has worked to further develop strong and effective relationships both internally and externally. This is demonstrated through continued partnerships with neighbouring Trusts such as MPUFT, UHNM, Local Authorities and the Voluntary Community and Social Enterprise (VCSE) Sector.



In conjunction with the North Staffordshire Community Directorate there are a number of generic priority areas for taking the Community services forward over the coming months. These include strengthening clinical pathways, further developing relationships with partner organisations, greater access to psychological therapies 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 which are responsive to their needs.

North Staffordshire Community

Over the last 12 months the Directorate has continued to maintain effective relationships with our Primary Care Networks. This is demonstrated through the collaborative approach in implementing additional Support Time Recovery Workers (STR) into Primary Care settings through the Additional Roles Reimbursement Scheme (ARRS). The STR workers further strengthen the mental health offer to help address the biopsychosocial needs of people with mental health needs. They provide consultation, advice, triage and liaison as well as supporting seamless pathways into secondary mental health services. The role sits across both Stoke & North Staffordshire Community Directorates.

The Ashcombe Centre, our Community Mental Health Team in the Moorlands, has expanded over the last year and welcomed to the team Community Pharmacist, Mental Health Wellbeing Practitioner, Peer Support Worker and Future Focus staff all of which have enabled additional branches of support for our service users and positive feedback has been received. The team have been working to expand and improve clinical pathways by reviewing and restructuring the anxiety & depression and coping skills groups, which has improved service user engagement.

Community Mental Health Team's continue to work collaboratively with the Severe Mental Illness team to ensure evidence based access to physical health monitoring. To further improve physical health pathways. Additional Advanced Nurse Practitioners have been introduced who have implemented medicines monitoring clinics to streamline processes around lithium, antipsychotic and Attention Deficit Hyperactivity Disorder (ADHD) medication monitoring and opening up availability within our out-patient clinics.

The psychology team at Lymebrook Community Mental Health Team are working collaboratively with the core team, using a consultation model to ensure that all allocations and psychological interventions are evidence based and clinically indicated. Supervision, teaching and guidance is available to all practitioners, upskilling the work force and ensuring that all interventions are of high standard. A multitude of psychological based interventions are being offered via virtual groups and also on a one to one basis. The team have strengthened links across the locality, including third sector and voluntary organisations. Both Community Mental Health Teams now triage all routine referrals, improving the service user journey and further ensuring they are accessing the right support at the right time.

Liaison and Diversion (L&D) has been successfully recommissioned in partnership with MPUFT as part of a wider Integrated Offender Health service. This service includes an enhanced L&D offer, creating a hub for community referrals and the implementation of navigator roles, builds stronger links with the primary care Mental Health Treatment Requirement pathway and developed a reconnect service, supporting prison leavers with vulnerabilities to stabilise back in the community. Staffordshire L&D was selected to be part of a pilot in the developing Lived Experience Charter, being the only service to achieve a gold rating. This award is now rolling out nationally.

National Clinical Audit of Psychosis



The Youth Offending Team (YOT) continue to provide health interventions into the Newcastle-Under-Lyme youth offending team. The team have successfully completed Aim 3 training and remain a valued member of the Multi-Disciplinary Team (MDT).

Our Early Interventions team has achieved a level 4 – “Top Performing” status in the annual National Clinical Audit of Psychosis (NCAP). The ‘At Risk Mental States (ARMS) pathway continues to go from strength to strength and a centre for innovation. The team have presented at local universities and colleges to raise the profile of mental wellbeing, stress and coping. The team have developed their brand, with posters, leaflets and a video to enhance understanding of the service, experiences of our service users and promote the team’s aim of preventing psychosis developing.

The Specialist Adult Eating Disorders Team continue to develop pathways for adults experiencing an eating disorder which removes referral criteria based around weight and BMI to support the range of eating disorder diagnoses and supporting people on their recovery journey.

Children & Young People's eating disorders service has grown significantly over the past 18 months, this is in order to meet the increase in referrals and to develop a new Avoidant / Restrictive Food Intake Disorder pathway (ARFID). The team have undergone training, including; Maudsley Family therapy Anorexia Nervosa, Family Therapy Bulimia Nervosa and Family therapy ARFID, Cognitive Behavioural Therapy for ARFID and members of the team undertaking specific training to further enhance the skills within the service to ensure high quality of care; for example; sensory integration training.

The Step On service continues to go from strength to strength, working collaboratively with MPUFT to provide a Staffordshire wide Individual Placement and Support (IPS) service. The Team supports clients involved in secondary mental health services to gain meaningful paid employment using IPS principles. Step On epitomises the values of lived experience and recovery.



IPS is one of the targets measured against the NHS Long Term Plan with growing targets. In 2022/23 Step On exceeded these targets by engaging with 928 clients referred from clinical teams, 47 over the target for the year. Going on to support 262 clients into employment. The impact the team have made upon the lives of the clients supported has been incredible, with many now being discharged from mental health services and some individuals being employed in our own organisation. This service user feedback is regularly captured and highlighted as examples of excellence within the Trusts.

We have expanded the workforce in our older adult service in order to strengthen physical health pathways and have successfully developed and implemented therapeutic anxiety and depression groups. Integration within the community continues to develop with the team being representatives within the Port Vale and Stoke Football Club community hubs.

Community Assessment Stabilisation Treatment Team (CASTT) now offer two treatment options, Structured Clinical Management and Mentalisation Based Therapy. These are both evidence based multimodal treatments for those with complex emotional needs or personality disorder. All staff are now trained in Structured Clinical Management and a high proportion now also trained in Mentalisation Based Therapy. Thus far there have been a number of service users who have graduated from Structured Clinical Management with one starting volunteer opportunities within the team. The service utilise well embedded outcome measures, with most service users showing improvements in overall wellbeing and a reduction in risk.

The CAMHS 'Looked After Children's' Team continues to offer a specific consultation, intervention and training service for the looked after children of Stoke on Trent and also to their professional and care networks. The team has been heavily involved in the Trusts development of the Attachment and Trauma pathway and also in supporting the implementation of relevant NICE guidance throughout the wider CAMHS service.

The Children & Young Peoples Autistic Spectrum Disorder service, with additional investment is set to significantly expand, work is underway to develop the multidisciplinary team to enable the service to conduct assessments in a timelier manner and to develop a post-diagnostic intervention service. In addition, the team has reviewed their access pathway, with dedicated practitioners to lead on screening and reviewing referrals to the team, reducing the time it takes to respond to referrals, improving signposting to other services and offering brief support to families who contact the service while they are waiting to be seen.

North Staffs CAMHS service have successfully piloted and implemented a more direct referral triage process, utilising a varied discipline of professionals and developing strong working partnerships with third sector providers is demonstrating improved and seamless and timely access to the service.

Specialist Services

As lead providers of the Stoke Community Drug and Alcohol Service (CDAS), we work in partnership with two independent sector organisations, 'We Are With You' and BAC O'Connor. The newly refurbished premises at Birch Terrace is aimed at helping people with alcohol use issues. Service user feedback has indicated this facility is very much welcomed and provides a safe environment enabling one to one support to those directly affected by alcohol misuse. Earlier in the year, CDAS saw a visit by the Chief Medical Officer for England, Chris Whitty, who was impressed at the functionality of this service in providing bespoke provision to a target population within the Stoke on Trent locality. Through obtaining funding the service has expanded introducing a rough sleeper service that provides flexibility and improvement in accessing services for those hard to reach and also a community mental health link nurse, which bridges the gap from community to Community Mental Health Teams.

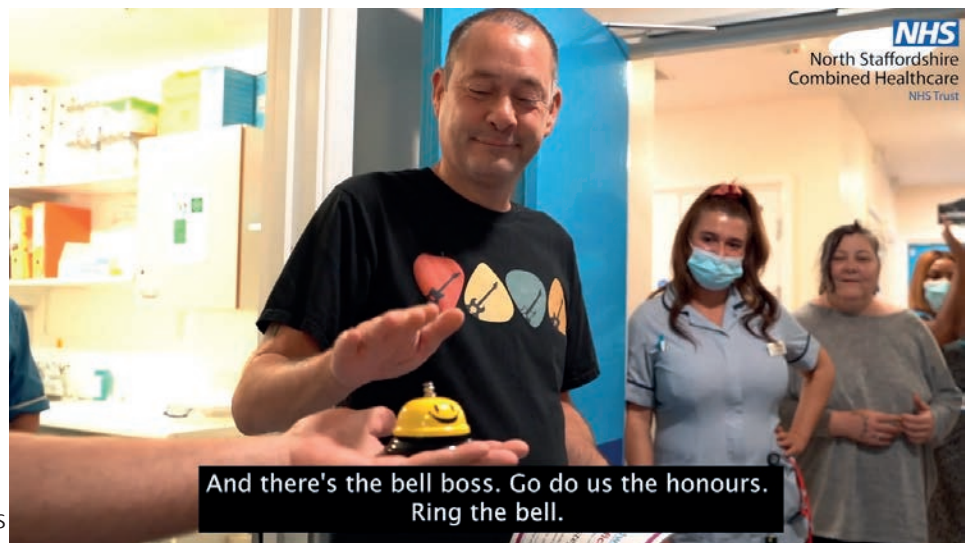
The Edward Myers Unit (EMU) has recently become part of the West Midlands Framework, sitting within a consortium of 15 other providers of medically managed and medically monitored detoxification units. Those requiring a detoxification of opiates or alcohol now have a plethora of choice of where they would like to go to receive their treatment. EMU has seen a diverse influx of patients received from all areas of the country, choosing NSCHT's very own unit to start their journey into recovery due to the complexity of care and specialism of service provision that the unit can offer. The changes and developments seen across the substance misuse services is a reflection of the continued dedication and growth of the teams and will no doubt continue to flourish.

Learning Disabilities Services consist of a six bed inpatient adult unit, a children and young person's short breaks service, and community services which support both children and adults. The services use an integrated approach to provide a step up and step down service to our clients, with an emphasis on supporting clients in the community, as opposed to inpatient settings. The service addresses the long term plan, in delivering a keyworker for children and young people with learning disabilities and autism. In addition, the service now uses a Dynamic Support Register, a system wide all age register for children, young people and adults with learning disabilities and or autism. It identifies where increased awareness and improved planning is required for those at high risk of placement breakdown or hospital admission.

The Assessment and Treatment Unit have worked tirelessly to offer safe and effective care for our very complex clients on the unit. We are currently working on a Learning Disability / Autism Review focusing on the Assessment & Treatment unit with a view of transforming our approach / model of care which will complete in 2023.

Our forensic liaison role focuses on clients with forensic needs and we have engaged with local police hubs to jointly work on a consistent approach for clients across the age range. Our acute liaison work continues to provide an invaluable service advising on reasonable adjustments for clients using the services of UHNM.

We successfully secured funding to deliver Positive Behaviour Support (PBS) Training and are developing this programme offer to deliver a quality PBS training programme across the system for families, carers, voluntary sector and special schools. An exciting project that strives to drive up standards, confidence and empowerment for our (0-25) children and young people with behaviours that challenge. This project endeavours to offer the early intervention approach to reduce crisis referrals



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Acute and Urgent Care

Our Acute Inpatient Services provide inpatient care to adults and older age adults via our inpatient wards at the Harplands Hospital. Wards 1, 2, 3 and Psychiatric Intensive Care Unit (PICU) are for working age adults.

Our Psychiatric Intensive Care Unit (PICU) have continued to work within the National Association of Psychiatric Intensive Care Units framework and achieved accreditation for three consecutive years. Reducing restrictive practices has remained a focus which has supported the implementation of a less intrusive zonal observation approach to care. A positive culture has been supported by the ongoing adoption of the Safecare principles which has supported recovery for some of our most acutely unwell patients.

Our other acute inpatient wards have showed progress in several areas; from adopting a Health Care Support Worker (HSCW) competency framework to induct and develop HSCW roles and responsibilities; they are actively working with diversity and inclusion leads to ensure the care of non-binary and transgender patients is not compromised and their needs are accommodated; they have expanded the multi-disciplinary offer to include dedicated advice and support around finances, housing, exercise programmes, occupational and diversional therapy within the inpatient setting and are also the proud winners of a Health Service Journal (HSJ) award for the co-production of a recovery booklet to empower patients to lead their own recovery from being an inpatient, through to and following discharge. The winning ward (ward 2) has seen a reduced rate of incidents and a reduction in readmissions since it has been embedded into practice. This same team is also leading the way on promoting positive staff wellbeing; team members have been involved in virtual cycle from Lands' End to John O'Groats to climbing Snowdon and have made generous donations to mental health charities. Additionally, a new post has been implemented to actively enhance and streamline the discharge pathways for patients within the adult acute wards, with the clear intention of improving the patient experience and reducing the length of stay in the hospital setting.

Our older person's inpatient Ward 4 is a bespoke service designed to support system flow pressures, offering inpatient services for patients with a dementia diagnosis who are ready for transfer from a hospital stay at UHNM and would benefit from wider holistic assessment of their longer term needs. The service has continually adapted to support system wide needs whilst offering the same excellent level of care and experience to our patients and their relatives. The ward were particularly pleased to restart their previously impactful family group, in line with COVID 19 recovery.

Our older persons; dementia diagnosis and associated complex health needs ward (Ward 6) have been proud to maintain a fully established team for a consistent period throughout 2022. They engaged in several quality improvement initiatives, including building confidence in clinical supervision, reducing restrictive practice and other initiatives such as the Sunflower Scheme, which is designed to reduce the loss of dentures in older adults and promote oral care.

The introduction of education Wednesdays to provide ongoing training to all staff and invite outside speakers to provide ongoing support and development. Yellow sock project to reduce falls on older adults Queens Jubilee party, "Receiving recognition from the lady in waiting, thanking Ward 6 for their involvement with the celebrations.



The Trust were able to recognise the benefits of ward 6 service through Impactful patient's stories presented at our Trust Board "Jackie's Story and Shirley's Story", both thanking the team for all their hard work and dedication.

Our older persons functional mental health ward (ward 7) have also celebrated successes during 2022 / 23 – the introduction of a new carer support worker role has been welcomed by carers of individuals who are receiving care on the ward. The role is underpinned by the triangulation of care and inclusive of patients, carers and professionals. The feedback received from carers, patients and staff has been really positive and negotiations have started to move this forward as a more permanent role.

The “Positive vibes” newsletter continues to be welcomed by team members; promoting positivity, team work and connectivity. The team have successfully embedded a hybrid approach to multi-disciplinary team meetings, supporting professionals who are external to the ward team to attend and contribute to patient care updates.

Our all age access service continues to respond to increasing demand and support needs of our communities to overcome the impact COVID 19 and wider social, economic challenges. As part of the wider community transformations, the service has successfully reviewed processes and pathways to ensure that service users receive a mental health assessment of a routine nature within their locality mental health team and are currently working with CAMHS colleagues to develop the same processes and pathways for children and young people.

They are currently working towards the aspirations in the NHS Long Term Plan to enable access to age appropriate care via NHS 111 selecting mental health option locally.

Our Support Time and Recovery (STR) pathway that sits within the Home Treatment Team adds quality to the support service users can access in the community, and looks to improve the access to mental health services through sport, with engagement of a local football club, and through effective community engagement.

Our High Volume Users (HVV) team have expanded their service offer within our local emergency services, social care and VCSE's. As a result of the in reach work the team can provide a link between acute hospital services and community services to aid continuity of care for the service user, which improves their outcomes. The team have developed close links with homeless agencies and are working with 111 and the Community rapid intervention services to identify gaps in service provisions with aim to work more collaboratively.

Acute and Urgent care teams were very proud of teams and team members who received recognition through our Trust REACH awards in 2022; ward 7's Advance Nurse Practitioner, received a highly commended “Proud to Care” award and their Deputy Ward Manager, receive the highly commended “Leading with Compassion”. A member of the all age access team won the Trust ‘Proud to Care’ Award (nominated by Trust members) and our Mental Health Liaison Team won the Partnership working award. Additionally, our Home Treatment team were winners of the Keele University “Placement of the Year” award.



Primary Care Directorate

The Primary Care Directorate have continued to build on their CQC rating of 'good' overall with 'outstanding' in the well led domain.

The service have invested dedicated support to quality approve and assure services provided by the newly integrated Holmcroft Surgery to ensure the clinical offer mirrors that of others within the primary care directorate.

The Primary Care Directorate continues to provide a responsive approach, expanding the mix of face to face and remote appointments to meet the clinical needs of patients and in line with patient choices. Over 85% of all appointments are now face to face.

The practices have worked closely with their respective PCNs and the Directorate is now beginning to realise the benefits of the ARRS roles. This is forecast to improve further during 23/24 with practices given the autonomy to recruit ARRS roles to benefit practices individually rather than the PCN as a whole.

Software has been successfully implemented at Moorcroft and Moss Green surgeries, with Holmcroft set to follow in April 2023; it enables all patients to request an appointment or information online. Patient satisfaction is improving as is telephony staff satisfaction. Care navigation is more successful and the number of patients being seen by the right person at the right time has increased.

The service have piloted a walk in cervical cytology service, which is proving to be successful and have also continued to manage our housebound population with visits from urgent care practitioners, advanced nurse practitioners, GPs and nurses.

The Directorate continues to recruit to key posts within the team and have successfully recruited one salaried GP and 2 advanced nurse practitioners who will commence in post in late spring 2023.

**Combined Healthcare's
Primary Care Leadership rated
Outstanding by CQC**
Posted November 26, 2021

North Staffordshire Combined Healthcare NHS Trust is proud to announce that its primary care leadership of Moorcroft Medical Centre and Moss Green Surgery has been rated as Outstanding by the Care Quality Commission – the highest leadership rating it is possible to achieve.

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Outstanding ☆

1.7 What the Care Quality Commission said about the Trust

The Trust continues to maintain the overall “Outstanding” rating from the Care Quality Commission (CQC) since 2019 and is fully compliant with the registration requirements of the CQC under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Trust is registered with the CQC. The CQC has not taken enforcement action against the Trust during 2022/23 and there are no conditions on registration.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

In November 2021 our primary services, Moorcroft and Moss Green received an announced inspection by CQC. The services were rated Outstanding in well led with an overall rating of Good. They continue to maintain these ratings.

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 ↑ Feb 2018	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018
Wards for people with a learning disability or autism	Good ↑ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018
Community-based mental health services for adults of working age	Good ↑ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018
Mental health crisis services and health-based places of safety	Good ↔ Feb 2018	Good ↔ Feb 2018	Outstanding ↑ Feb 2018	Outstanding ↑ Feb 2018	Good ↔ Feb 2018	Outstanding ↑ Feb 2018
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 ↑

Ratings for Primary Medical Services

Primary medical services

Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021
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The CQC postponed the ‘Well Led’ inspection, scheduled for April 2020, however, we have continued to ensure there is robust evidence to support the improvements that were recommended during the unannounced inspections in 2018/19. The following improvements are now embedded and continue to be monitored:

- 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

1.8 Building Capacity and Capability

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

- David Rogers was extended as Trust Chairman until March 2024
- Liz Mellor was appointed to Interim Director of Operations in June 2022
- Patrick Sullivan was extended as Non-Executive Director / SID until December 2023
- Janet Dawson was extended as Non-Executive Director / Vice Chair until 2025
- Joan Walley was extended as Non-Executive Director until November 2023
- Russell Andrews was extended as Non-Executive Director until 2023
- Philip Jones was extended as a Non-Executive Director until 2025
- Scheme

The Board has a wide range of experience and skills to provide effective leadership. 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 our outstanding people are our greatest asset, and as such we continue to develop our people, and the culture within which they work, to enhance our service user's experience and outcomes, and improve performance with increased staff engagement and improved morale.

To ensure we are maximising our impact towards achieving our vision, whilst considering national and system demands, we have continued to deliver our Combined People Strategy (2020-2025).

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

Shared Purpose	<p>Clarity of what we need to achieve and how we need to behave</p> <p>Clear understanding of how your role fits into the bigger picture of supporting the delivery of excellent care and achieving our Trust vision</p>
Autonomy	<p>You feel empowered to make decisions based on your knowledge and skill level.</p> <p>You are encouraged and supported to challenge the norm and identify improvements you can make to the way you work and deliver care</p>
To be Excellent	<p>You are encouraged to develop your knowledge, skills and behaviour to reach and maintain a level of excellence in your role</p> <p>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</p>

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 has focused on supporting these promises, ensuring we make North Staffs Combined an even better place for our people to work.

Regular updates are provided to our People, Culture and Development Committee, which is a sub-committee to the Board, ensuring progress and achievement against KPIs and key work streams such as Diversity and Inclusion and Health and Wellbeing. Great progress continues to be made in delivery our People promises however, we are not complacent. As such we are currently refreshing our People Strategy which will be relaunched in the summer of 2023. Following which there will be an annual review to ensure our strategy, and underpinning activities meet 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:

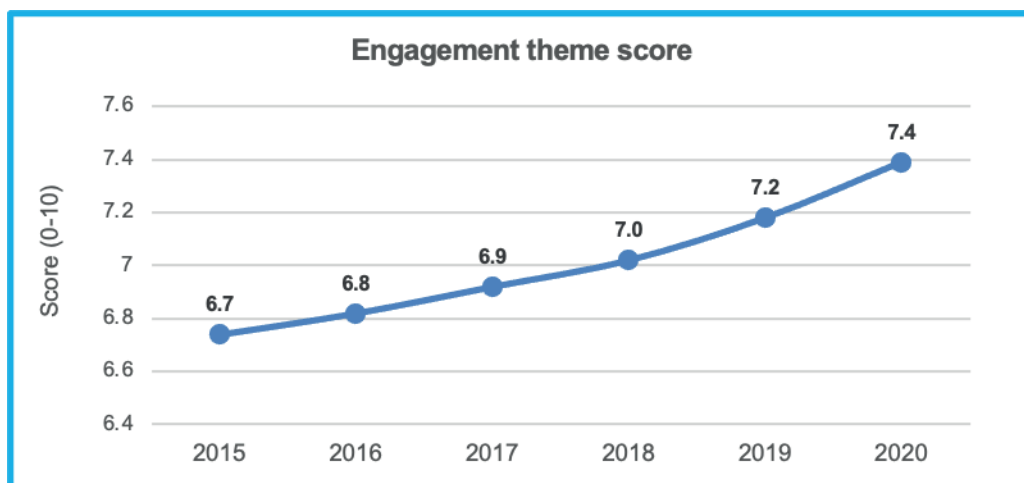
Our staff engagement journey continues to grow from strength to strength. Our 'personal touch' has proven to be effective in building solidarity between our community teams, inpatients teams and corporate service teams. We have listened to, included, recognised and rewarded our people, demonstrating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

Some of the key initiatives we have implemented this year:

- Health and wellbeing days provided in the form of extra annual leave, thanking people for their outstanding hard work
- Christmas cards and gift vouchers provided to all our people, including people on the bank, thanking them for their care and compassion shown every day to the people of North Staffordshire
- 'Providing Health and Wellbeing boxes to all of our teams; spring summer, autumn and winter as a regular thank you and appreciation. The wellbeing packages link into calendar events throughout the year, such as Eid, Ramadan, Easter and Christmas

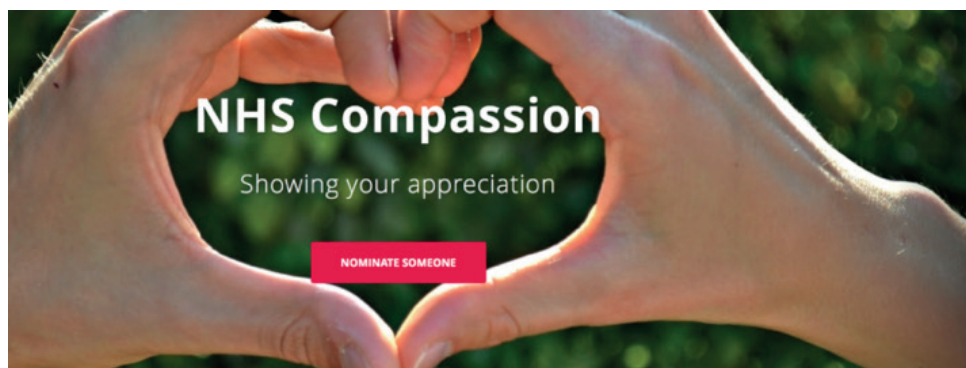
A key indicator of our success is our year-on-year improvement in our NHS Staff Survey Employee Engagement theme score. This has grown from a score of 6.7 in 2015 to 7.4 in 2020 (see Figure 1). An overview our latest staff survey results (2021/22) is provided later in this report.

During 2022/23 we invested significantly in listening to our staff. Engagement sessions were delivered Trust wide to review and develop our People Plan for 2023 and beyond. During 5 weeks we engaged with all of our people through face to face meetings, visiting services, virtual meetings and online and hardcopy survey's, asking people what matters to them, what makes them proud and how can we improve your life, now, in 12 months and beyond.



Throughout the year we take our staff survey results which are followed up with staff survey action events, designed to encourage teams to take ownership of their results, to motivate services to improve collaboration with their teams, and to create bespoke changes to meet individual needs.

Whether through formal listening tools like the NHS Staff Survey, or through informal conversation with leaders and their teams, we have succeeded in building an environment where people feel listened to and included. Positive relationships and trust have been established through supportive everyday behaviours and wellbeing actions, which in turn have provided us with the feedback needed to continue to make improvements.



Health and Wellbeing:

Supporting the health and wellbeing of our staff remains a high priority and something we continue to prioritise. We continue to be ahead of the game in terms of national best practice advice. Our internal offer coupled with the collaborative development of our system staff psychological wellbeing offer, provides our staff with a well-rounded and supportive offer of support and provision. Our approach to supporting staff has been:

- Engaging with our people
- Providing psychological safety
- Supporting and encouraging Self-Care/Self-Help

Through this approach we are constantly adapting and targeting support to the current needs of our staff and by focussing on self-care and self-help, we are aiming to reduce the longer-term psychological impacts on staff, reducing the number of staff requiring high intensive psychological support in the future. We are continuing to create a psychologically safe and wellbeing-focussed culture for our workforce which will adapt to the needs of our staff in a proactive manner.

Leading with Compassion:

Our compassion scheme enables staff, patients, carers and relatives to recognise when they believe someone has demonstrated an act of compassion. We continue to encourage the use of this scheme as part of our Induction welcome with all newly recruited staff. Since we implemented the scheme in 2019 we have received over 1500 nominations.

Leadership Development:

Our Inclusive Talent Management approach has 3 key work streams underpinning what and how we deliver some of our Leadership and Talent programmes of work:

1. Quality Development Conversations: This work stream focusses on how we enhance the experience of our people to support their performance, development and future careers. We have updated the online appraisal process and included a talent framework to capture richer data about our people's performance, potential, aspirations and readiness to also enable succession planning and career pathways. We have also redeveloped the supporting workshops for both managers and appraisees to ensure our people get the maximum benefits from their annual appraisal & development conversation.

2. Leadership for All: This work stream encompasses the offers available across the Trust to ensure collective, compassionate & inclusive leadership practices are embedded at every level of the organisation. One route to embed this is our bi-monthly Leadership Academy, with an ongoing programme of events focussing on key strategic or operational topics aligned to our Trust Strategy, People Plan or emerging organisational needs. The offer continues to offer the key principles of networking, Continuing Professional Development, learning extension and/or a spotlight on good practice leadership across the Trust.
3. Growing Our Future Workforce: This work stream focusses on creating pipelines of talent at every level of the organisation through succession planning, career development pathways, early career engagement and recruitment offers so spans a number of teams including widening participation, recruitment, nursing and external partners.

We have continued to expand our Coaching offer supported by the West Midlands Coaching and Mentoring pool, in partnership with other system stakeholder groups. This has benefits to both our people and coaches themselves by having a diverse & experienced pool of coaches and ongoing Continued Professional Development (CPD) and supervision. This has more recently been enhanced by embedding a number of Coaching Culture modules into our own Learning Management System. As a Trust and System we are now expanding the offer to include Mentoring as a development offer.

Our joint Leadership Development Programmes, System Connects Gold & Platinum, designed and delivered in partnership with UHNM colleagues has proved beneficial to our people in understanding system working and the networking this brings. Expressions of Interest have been opened for our Combined people with further discussions at system level at what the 2023 System Leadership offer brings incorporating more of our system partners has commenced.

Our bi-annual Leadership Ambassadors Development offer has also commenced to ensure our Leadership Programme Alumni continue to embed, role model and pay forward the development which they have benefitted from, such as; SDI workshop, opportunities to work with local schools, mentor development and facilitation skills.

We continue to run our Leadership & QI programme for our Band 5/6 clinical staff. This will be offered as part of our preceptorship programme during 2023, with consideration given to progressing the national preceptorship Gold Standard framework. The focus continues to be on understanding and developing personal leadership and leading a quality improvement project.

Start your project on Life QI



Recruitment and Retention:

Recruitment and retention continues to be a major priority for the Trust. We are continuing to respond to service expansion within our Community Mental Health Services and Primary Care Directorates. Set against the backdrop of continued unprecedented service pressures as a result of COVID-19 and a national workforce supply shortage, this has resulted in an ongoing supply challenge in nursing and medical recruitment. That said, we have continued to significantly improve and stabilise our vacancy position.

During 2022/23 we have significantly improved the time taken to recruit new staff by fully embracing digital methods, Assessment Centres and by undertaking a number of national recruitment campaigns for both Nursing and Medical Consultant posts.

We have taken a unique approach to recruiting Apprentice Degree Nurses externally into the Organisation, centralised Trust funding has supported 40 BSc / MSc Apprentice Nurses since 2021 through to 2022, with the final intake being recruited into September 2022 programme.

We have held a dedicated recruitment offer for Registered General Nurses, with an offer to provide University credited mental health skills development programme.

In terms of Retention and following on the NHSI Retention Scheme, we have continued to implement a number of strategies to retain our workforce, including flexible retirement, embracing agile working, improving our people practices by adopting just and learning culture practices, providing greater opportunities for retire and return opportunities, significantly growing our apprenticeship offer and talent management approach, and also improving our leadership development offer.

Learning Management:

Our 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. 2022 has seen an increase in accessibility for personal and career development training for all staff and a revitalised Appraisal module to focus more on career and personal development.

Additionally, we have added to our traditional delivery methods of face-to-face sessions and e Learning 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.

2022 saw embedding and development of e-learning and increased investment into restructuring the way training is delivered.

The transformation of learning into the digital world has opened up more opportunities for development due to improved accessibility. 2023 will see virtual reality and simulation type training for students and staff alike. The Trust is procuring technology that will take virtual learning one step further and allow engagement across stakeholders for CPD and mandatory training.

Work Experience:

2022 saw the return of face to face work experience, so far the Trust has facilitated 10 placements with more planned for the coming months. February 2023 a system wide "Virtual Work Experience" week was attended by over 300 students from schools/colleges across Stoke and Staffordshire. The week consisted of webinars, question and answer sessions, meet the mentor and online audio and video content about roles across our local authority and NHS providers.



These events have led to increased requests and interest for experience to pursue a career within a mental health and LD Trust. 2023 will invest in an all access link to the seminars and careers information.

Apprenticeships and New Roles:

In 2022/23 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 third year in a row with 81 apprentices approved to date and we continue to be in a strong position to spend our apprenticeship levy. Following the success of our Registered Nurse Degree cohorts, we recruited an additional 20 apprentice Trainee Nurse Associates and 21 nursing apprenticeships. In 2022 we successfully welcomed 5 Social Worker Degree apprenticeships with plans for additional cohorts in 2023. We have implemented our first Occupational Therapy apprenticeships and had 5 apprentices enrol in 2022/23. We participated in the ICS Health and Social Care rotational apprenticeship programme, with our first HCSW apprentice commencing in January 2022 in our Learning Disabilities services as part of this scheme.

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

On Thursday 10th November 2022 colleagues, sponsors and guests came together at the DoubleTree by Hilton Hotel in Stoke-on-Trent to celebrate all the successes across the Trust at the staff REACH Awards for 2022.

Those who joined in person were welcomed with a complimentary mocktail and several exhibition stands, showing partnership between the Trust and our sponsor organisations; Port Vale Football Club, CACI, ItWorks, Dedalus and Unison. Our Guest of Honour was the Chief Executive of the NHS Confederation, Mathew Taylor.

There were also stands for internal Trust teams, Combined Digital and a demonstration of the VR Delirium training for those who hadn't had the chance yet to be immersed into the virtual ward experience.

For those who couldn't attend in person, for the first time ever there was the opportunity to view the event online via a livestream and also in the metaverse, in virtual reality – for the best seat in the house.

It was a fantastic evening of celebrating staff, colleagues, volunteers and service users, rounded off with a surprise video message from Robbie Williams, introducing a very special version of his hit song, "Angels", accompanied by the dDeaflinks Choir.

Before the song, Robbie paid this tribute to the wonderful staff of North Staffordshire Combined Healthcare NHS Trust.

"Hi there. It's Robbie Williams here. As a local lad, I just wanted to say thank you for all of the amazing work you do and the care you provide for the people of the most fabulous place in the world. I can't be with you in person tonight, but I can be with you in spirit. So, by way of thanks, I thought you might enjoy this special performance of one of my songs. As the song says through it all, you offer those you care for protection, a lot of love and affection and when they come to call, you never forsake them. I hope you've had a great evening and be really, really proud of yourselves – just as we all are of YOU"



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 (FTSU) Up Network continues to focus on localised support within our services.

We have successfully recruited into a dedicated FTSU Guardian part time post, which is a senior role within the Trust and allows a greater focus on the proactive support and cultural developments required to ensure we have the very best Speak up culture at Combined.

The Guardian is supported by 20 FTSU Champions who have been recruited to represent a diverse range of roles and services throughout our organisation. Champions will continue to be reviewed, supported and assessed for proactive activity and capacity by the Guardian; and where necessary further recruitment will take place ensuring champions represent both clinical and non-clinical staff groups. FTSU actively encourages a positive being open culture, supporting staff to raise any concerns or issues they have.

Our 'Dear Buki' 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.

Freedom to Speak Up has been strengthened through the use of additional mandatory learning through the 'Speak up' and 'Listen up' for managers and leaders. In October 2022, we held a full range of activities to support Freedom to Speak month.

Staff Survey:

Our staff survey results have provided us again with a good set of results.

We have again been delighted this year, to have received our best ever staff response rates at any time in our history to the national staff survey. It's great that so many of our people feel

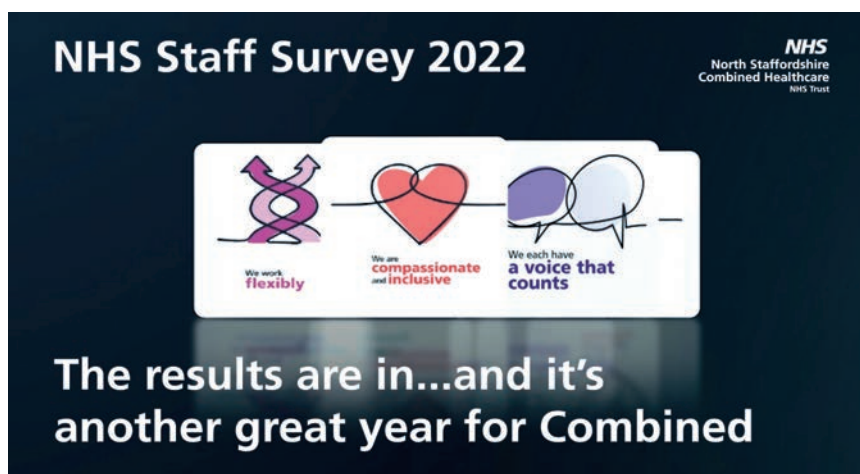
willing, able, safe and enthusiastic to tell us their experience and views.

The survey continues to be based around 7 NHS People Promises and two themes. Combined are delighted to have achieved the best scores in 6 areas of those promises and themes. These are great results and are a real tribute to our people. We are proud to be able to congratulate and thank them all on what they have told us.

At Combined Healthcare our continuing mission is to be outstanding in ALL we do and HOW we do it. These results tell us that in so many areas we collectively and individually are succeeding in that overall mission. But we will never be complacent. We know in the detail of what our people have told us, that there are still some areas of concern for some staff and teams.

We will celebrate our amazing overall achievement and reassure our people that we will be studying our detailed results, listening to everything we have been told and producing Trust-wide and bespoke directorate engagement plans to address those areas where we need to do more.

We therefore promise to continue to listen to our people and take action where needed to support their wellbeing.



Diversity & Inclusion:

The Trust continues to place diversity and inclusion at the heart of its people approach and we are unrelenting in our passion to create make health and care wholly equitable, diverse and inclusive. Our approach has been no less than to be the best that we can be on developing greater inclusion and being Outstanding in how we do just that. We are proud to have delivered tangible progress and to be recognised among the best performing Trust for the Workforce Race Equality Standard and Workforce Disability Equality Standard in 2021-22 and 2022-23.

Our Inclusion Schools programme, on behalf of Staffordshire and Stoke-on-Trent Integrated Care System, has been pivotal in deepening understanding to influence and change behaviours through a 'show not tell' approach, based on powerful personal stories and conversation, reaching an multi-sector audience locally and nationally. Our latest Inclusion School class focussed on creating an Anti-Racist ICS, with expert guests Karl George OBE and Yvonne Coghill CBE. Our ICS 'Comfortable Being Uncomfortable with Race' cultural education programme, has been further rolled-out in 2022-23 (with plans for expanding in 2023-24). This programme challenges institutional and individual biases, micro-aggressions and incivility, and encouraging leaders to have challenging, culture changing conversations on race and difference.



Our 'New Futures' positive action development programme for aspirant leaders with ethnic diverse heritage is coordinated by the Trust on behalf of the ICS. 34 individuals took part in our 2022 programme (Cohort 4) and up to 40 are due to commence Cohort 5 at the end of March 2023. The core programme is supplemented with a range of additional development offers, all geared at supporting participants to be 'ready now' when progression opportunities arise, supporting our Trust and system ambition to be representative and inclusive at every level.

We are proud that our Trust Board members continue to be diverse and strongly united around principles of equality and inclusion.

Our senior leaders are visible and active on the regional and national scene in relation to advancing inclusion. We have executive sponsors for our Trust and system staff networks. We have also continued to further develop, embed and extend the role, impact and reach of our Staff Networks at Trust and system levels, as well as contributing to national NHS Staff Networks. We are proud that our clinical teams place diversity and inclusion firmly within their services and a number have taken exceptional steps to furthering this.

In particular, our Learning Disabilities Services and our health checks for service users with Severe Mental Illness (SMI) service have been reviewing their service provision with an EDI lens under the Equality Delivery System framework. Our Transformation Team has been working with our Service User and Carer Council and local community representatives to develop our approach to tackling local health inequalities and to more effectively enhance the health literacy of our local population.

We successfully launched a Differently Abled Buddy Scheme to support new and existing staff with disabilities, long term health conditions and neurodiversity to get established in their roles, and to secure adjustments and equipment to support them in working effectively. This programme aims to aid the recruitment, retention and engagement of colleagues who are differently abled. It is estimated that differently abled colleagues' make up to a quarter of our workforce, thus this project aims to reduce the turnover of differently abled staff and enhance the effectiveness of service delivery. On the back of this success, we have secured further funding to extend the programme through 2023-24 and to widen application across the whole ICS, including Primary Care Networks.

In September 2022, the Trust also launched 'AccessAble' and our detailed access guides. These online guides document what access will be like when visiting a Trust service. It looks at the route getting in and what is available inside. Each guide documents our Trust service delivery premises through facts, figures and photographs designed to assist visitors in knowing what to expect in terms of buildings accessibility and features when attending specific Trust services. Our AccessAble improvement reports are additionally helping us to drive further improvements in accessibility by outlining areas for improvement. Our Estates and Facilities team are converting these recommendations into an improvement plan and timeline for the year ahead.

In 2022-23, the Trust became accredited and received feedback in support of developing further action and improvement in relation to:-

- The RACE Equality Code
- NHS Rainbow Badge (phase 2)
- Veteran Aware (Armed Forces Covenant)
-

Our Inclusion Council continues to be chaired by our CEO and works hard to ensure that we debate, develop and deliver in relation to a wide range of inclusion issues. In 2022-23 we reviewed our Inclusion Council projects for the coming year. These will focus on:-

1. Inclusive recruitment, development and talent management
2. Delivering the RACE Equality Code
3. Going for Gold: Delivering the NHS Rainbow Badge (Phase 2)
4. Just and Learning Culture of Civility and Respect

In addition to the above, we have delivered throughout the year a celebratory and awareness-raising programme of diversity and inclusion-themed days, weeks and months, and delivering inclusion-themed Wellbeing Boxes to workforce teams across the Trust on several occasions through the year. The Trust was represented at Stoke Pride as usual in 2022, along with system partner organisations. Plans are in development to attend Stoke Pride 2023 and additionally to be represented at the Armed Forces Day event at Longton Park.

Finally, we are delighted to have been recognised along with partner organisations for our collaborative system work leading in diversity and inclusion, as Finalists in the Midlands Inclusivity and Diversity Awards Scheme (MIDAS) Inclusive ICS of the Year Award.



Further detail on the Trust's delivery against its 2022-23 Diversity and Inclusion delivery programme, including our D&I Annual Report, will be published on the Trust website by the end October 2023.

Clinical Leadership and Quality Improvement

We have provided two cohorts of Quality Improvement and Leadership programmes for our nursing preceptees.

We await receipt of our more detailed reports with the alignment to the People Promise and our benchmarking report, to be able to breakdown and analyse the areas where our organisation needs to invest energy, using the voice of our most valuable resource; our people.

Part Two

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

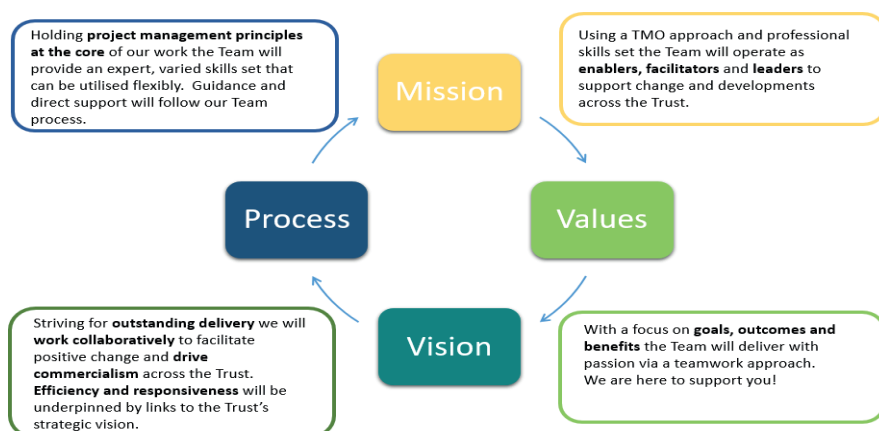
2.1 Engaging partners and stakeholders

Looking forward, our commitment is to provide high quality care for our service users and carers and will only be 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 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.

Within the portfolio of the Director of Strategy and Partnerships, the Transformation Management Office (TMO) was formally launched in April 2023. However the Programme Management Office (PMO) and the Transformation Office have effectively jointly developed practices and process, working together since September 2022.

The TMO team ethos is outlined below:



Our TMO team purpose is to:

Be the glue that helps bring all the parts of a complex initiative/programme/project together. To offer support over the whole cycle of transformation; preparing for, designing, mobilising and implementing change. To ensure an evidence-based and structured approach to change management. To actively and practically coproduce projects and programmes of change.

Our work as a TMO Team spans internal work across corporate and operational teams within the organisation and also works in partnership with other local health and social care providers.

Partnerships & Strategy	
Projects for Completion before 1st April 2023 <ul style="list-style-type: none"> - Keele GP Practice Business Case - Tender Mobilisation: Non-custodial - CRG HISS - CAMHS DPS (Stage 1 provider on-boarding) - Data Warehouse - COVID CAMHS Contracts: C22 & Changes - Substance Misuse (Phase 1) - Strategy Engagement & Planning 	Business Opportunities <ul style="list-style-type: none"> - Mid Cheshire Hospitals NHS Foundation Trust: exploration of potential SLA opportunity for bariatric and community pain psychology provision. - Primary Care & Baddeley Green GP Practice Integration. - LA income re: Multiple Disadvantage.
Transformation & Development <ul style="list-style-type: none"> - Substance Misuse – Phase 2 - LD&A Phase 2 - Adult CMH Transformation - CYP DPS (Stage 2 and beyond) - Patient Safety Incident Response Framework - Individual Care and Support Plans - Preparing for Adulthood - Involvement & Wellbeing College - CYP PBS Training - Primary/Secondary Care IAG Integration - NHS 111 	Green & Sustainability <ul style="list-style-type: none"> - Deliver national sustainability targets and business cases to pursue potential bids - To build sustainability business cases 40 Schemes under development - Development and delivery of bespoke training - Social Value - Working towards NET Zero
	Strategy & Planning <ul style="list-style-type: none"> - Chrysalis - Strategic & Operational Planning (System, Trust, Clinical Strategies) - Estates - Cost Improvement Programme

Looking forward to 2023/24; the TMO will always seek to support delivery of the Trust's strategic vision and will continue to strengthen based on our existing foundations.

2.2 Quality planning, governance and quality improvement

Quality Improvement

At Combined we are creating an ethos where Quality Improvement becomes part of everyday life and gives the people closest to the issues affecting care the time, permission, skills, and resources to solve them, bringing about a measurable improvement. There are now clear signs of progress across the Trust, with staff delivering measurable, sustainable improvements.

We use the Model for Improvement as our map or guide to delivering QI this gives us a systematic evidence-based approach to improving quality. The tools and techniques improve the experience and outcomes of service users, families and carers taking a coproduction approach to our work. QI projects equally focus on improving the experience of staff and the enjoyment of our work, by focusing on “what matter to you”

Our three primary drivers from our driver diagram are now all producing measurable improvements.

Developing capability in Improvement skills.

Our QI team has designed and delivered a comprehensive suite of learning opportunities for staff to understand and apply practical skills to Quality Improvement projects. We support teams and individuals to understand problems before they act, set measurable aims, test on a small scale, and learn fast without fear of failure. 88 people have undertaken training with 10 completing our flagship Improvement Leaders Programme becoming QI Leaders using a QI approach to leading change where they work. Each participant in this programme creates a QI project poster.

Our training has been very well received.

“I never understood quality improvement until today. Taking positivity back to the team.”

QI Mentoring, one-to-one support to individuals as they deliver improvements where they work, has been very popular with over 125 sessions being delivered this year. Across all roles within our organisation.

“I would say that it’s an invaluable resource to draw upon and allows the best chance for success. Having someone separate from the process gives you a space to work through things and offers insights that you might not have been able to see otherwise.”

This year has seen the launch of our Integrated Care System (ICS) QI Network with system partners Staffordshire and Stoke on Trent and Shropshire we have delivered 3 Connect, Learn and Share QI Network sessions. These are extremely popular with 60 – 80 attendees and a circulation of over 260.

With ICS partners we are coproducing an introduction to QI to enable service users, families and carers to successfully take part in QI projects.



We will continue developing relationships across our ICS via the Continuous Quality Improvement Sub-Committee.

Engaging and inspiring belief in QI

Our focus will continue to be on connecting people who are working on areas of change across Combined, for example, those working on involving cares or developing huddle boards, breaking down silo working and increasing learning.

Board development took place in December 2022, with a request for QI projects to be shared with the Board and for the QI team to update the Quality Committee and Senior Leadership Team.

Our Improvement Leaders group has strengthened by dividing into two. Firstly, a group promoting alignment and embedding of QI working closely with Quality leads and quality clinical forums. Secondly, a Trust wide open invite QI sharing group where we ask QI project leads to share their learning and progress.

Embedding QI in our daily work, North Staffordshire Combined - the best place to work

We see clear evidence that Wards and Teams are taking a QI approach to new issues as they arise. A culture of Continuous Quality Improvement is emerging.

There are 58 active projects on Life QI with 117 people using the platform, and a review Improvement project is now part of Quality forum conversations.

Reducing Restrictive Practice and QI collaborative has begun. This aims to support staff with the delivery the improvement projects focussed on reducing restrictive practices and sharing good practice.

Many processes have been improved creating reliability by design. Reducing waste has increasing safety, for example, improving the reliability of the review of ECGs at Greenfields, developing the electronic storage of personal files, and implementing an efficient Discharge Pathway for County Older Persons.

Moving forward, we will build upon current ideas, seek new opportunities to embed QI and keep agile, responding to requests for support to increase momentum and impact across every part of our organisation.

We will continue to connect the QI approach to staff survey action plans, audits, and innovation throughout the Trust, linking QI projects with the key pieces of work, including staff well-being, retention, and recruitment.

Our “what matters to you approach” will give our staff the permission and ability to resolve daily work issues locally, creating a continuous quality improvement culture and enabling our workforce to enjoy their work and thrive.

2.3 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 our monthly Performance meetings, through Board Committees and through the Trust’s Integrated Quality Performance Report (IQPR)

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 2022 / 2023:

Employee/Public Liability – Claims 2022/23

Although the number of non-clinical claims remains low, three new claims have been received during this period, two employee liability and one public liability. Liability has been repudiated on all three and the Trust is awaiting a response from the claimant's solicitors. One ongoing claim was due to go to trial in March 2023, however settlement was agreed prior to the court date following advice received from Legal Counsel, therefore this would mean the Trust paying the excess on the scheme of £10,000. A further three are ongoing and legal proceedings have

been issued in all three cases and are now being managed by panel solicitors. 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.

Clinical Claims 2022-2023

The two clinical negligence claims received in 2021 are ongoing with NHS Resolution and outsourced solicitors both claim cases are currently in mediation with the claimant's solicitors.

One original clinical claim from May 2020, claimant accepted Part 36 settlement sum, the case was closed and one original clinical claim from 2021 was discontinued.

From April 2022, the Trust has received a total of seven new clinical claims, which are as follows:

- Three new data breach claims have been received, all have been submitted to NHS Resolution. One claim has settled, one claim is at the mediation stage and one claim is in early stages of submission.
- One new clinical negligence claim following a road traffic accident.
- Two new clinical negligence claims for misdiagnosis.
- One new clinical negligence claim for an in-patient fall.

The Trust is continuing to be supported by NHS Resolution and outsourced solicitors to work with the Claimants solicitors for the above ongoing open cases.

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

The adult acute wards, including the Psychiatric Intensive Care Unit (PICU) have commenced registration under the Royal College of Psychiatry (RCPsych) Quality Networks and Accreditation (QNWA) scheme. Full accreditation will remain pending for wards 1, 2 & 3 until the completion of the ward environment works as part of Project Chrysalis.

For our older person's wards, Ward 7 has achieved full AIM's accreditation whilst Ward 6 are awaiting their final outcome following a positive peer review in March 2023. Our learning disability wards have begun the QNLD accreditation process. The Quality Network for Inpatient CAMHS Standards for Services (QNIC) peer review has been completed at Darwin and all accreditation standards have now been achieved therefore, they will move through the formal accreditation process in 2023/24

Our Electroconvulsive Therapy (ECT) Service has the Electroconvulsive Therapy Accreditation Service (ECTAS) accreditation.

The Mental Health Liaison Team have submitted evidence and received their peer review for PLAN's accreditation and are also awaiting final confirmation.

Our services within Stoke Heath have accreditation with the Quality Network for Prison Mental Health services (QNPMH). Our Home Treatment team were proud to receive confirmation of their accreditation with Standards for Crisis Resolution and Home Treatment teams (QNCRHTT) in May 2023.

We are proud that in Q4 2022/23 our Memory Services successfully re-accredited with the Memory Service Network Accreditation Programme (MSNAP). The Parent and Baby service will also start the accreditation process for the Perinatal Quality Network (PQN) in 2023/24 now there is a substantive Consultant which is a requirement under the standards.

Learning lessons:

2022/23 has been the 12th year the Patient and Organisational 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 incidents, complaints and also to share good practice. The sessions have continued to be offered on a monthly basis, and are well attended by clinical and non-clinical staff.



The Learning Lessons Framework is now well recognised, both internally and externally, and has assisted in supporting the 'Just Culture' agenda as well as playing a vital part in building a safety culture within the Trust.

Copies of Learning Lessons Bulletins and Learning Lessons sessions summaries are available on Learning Lessons CAT (our internal website) and also emailed to all staff through the Newsround system. Recordings of previous sessions are also available for staff who were unable to attend.

Moreover, to further promote 'Just Culture' agenda and learning culture within the Trust, an additional page was created on CAT called 'Together at Combined'. The page allows us to recognise the achievements of our hardworking staff and showcases good and effective practice. Recognition highlights new, efficient and innovative ways of working that others can learn from and be inspired by.

2.4 Review of services

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

During the period from 1st April 2022 to the 31st of March 2023, we 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 2022/23, 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'.

2.5 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 2022/23, 7 national clinical audits, 2 national confidential enquiries, and one national review programme covered relevant health services, provided by the Trust where eligible cases were identified and were collecting data.

During the period, we participated in all (100%) of these audits / enquiries / review programmes, for which we were eligible, as follows:

- Prescribing Observatory for Mental Health (POMH) (3 topics)
- Learning Disabilities Mortality Review
- National Audit of Cardiovascular Disease Prevention
- National Audit of Inpatient Falls (NAIF)
- National Core Diabetes Audit
- National Clinical Audit of Psychosis: EIP Spotlight Audit
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
- NCEPOD – Transition from Child to Adult Health Services

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
Prescribing High Dose and Combined Antipsychotics (POMH Topic 1h)	No minimum number specified	62	NA
Valproate Prescribing in Adult Mental Health Services (POMH Topic 20b)	No minimum number specified	61	NA
The Use of Melatonin (POMH Topic 21a)	No minimum number specified	56	NA
National Audit of Inpatient Falls	All those meeting eligibility criteria (100% return)	1	1
National Clinical Audit of Psychosis: EIP Spotlight Audit	100	100	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	All those meeting eligibility criteria (100% return)	23**	100%***
Learning Disability Mortality Review	All those meeting eligibility criteria (100% return)	26*	26*
NCEPOD Transition from Child to Adult Health Services	NA – Organisational questionnaire submitted during 2021/22, no clinician questionnaire requests received.		
National Audit of Cardiovascular Disease Prevention	NA – Data extracted automatically from the General Practice Extraction Service.		
National Core Diabetes Audit	NA – Data extracted automatically from the General Practice Extraction Service.		

*One case was not reported until April 2023.

**Cases confirmed as having had contact with the Trust in the year before their death.

***Cross-Checking returns completed.

The reports of 7 national clinical audits were reviewed by the provider in 2022/23 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

NCEPOD Physical Health in Mental Health Hospitals

Good Practice	Key Actions
<p>N/A - Data reported nationally at aggregate level. Small number of returns (n=5) required and returned by the Trust. All national recommendations reviewed during action planning and narrative recorded in relation to current processes.</p>	<ul style="list-style-type: none"> ∑ To coordinate the review and development of the Trust's Physical Health Policy, including training requirements. ∑ To develop a transfer / readmission protocol in line with requirements and in liaison with appropriate NSCHT / UHNM colleagues. ∑ To include the involvement of carers / friends / family in the patient's physical healthcare, including healthy lifestyle considerations, in the revised Physical Health Policy. ∑ To consider whether Clinical Aide can be used to support staff in facilitating ward handovers.

National Audit of Care at the End of Life

Good Practice	Key Actions
<p>N/A - Data reported nationally at aggregate level. Small number of returns (n=4) required and returned by the Trust. All national recommendations reviewed during action planning and narrative recorded in relation to current processes.</p>	<ul style="list-style-type: none"> ∑ To convene a Task and Finish Group to review all aspects of and issues associated with end of life care at the Trust.

National Audit of Dementia: Spotlight Audit in Memory Services

Good Practice	Key Actions
<ul style="list-style-type: none"> ∑ The proportion of patients receiving discussion of falls, eyesight / vision, hearing and alcohol consumption was 74.5%, which is considerably above the national average of 42.7%. ∑ All patients audited had received one or more physical health assessments. ∑ Practice in relation to joint working is in line with the national picture, with access to neurology, neuroradiology, geriatrics and Parkinson's disease services for ad-hoc advice. 	<ul style="list-style-type: none"> ∑ To develop a Task and Finish Group to focus on identified priority areas for quality improvement. ∑ To develop an internal assurance tool for use during Hub presentations. ∑ To liaise with team members to ensure that the decision making process and responsibilities in relation to referral for brain scans are clear. ∑ To monitor referral rates to the Alzheimer's Society and CST provision. ∑ To liaise with the Digital Team to determine whether SNOMED codes can be automatically pulled through to letters on Lorenzo.

POMH Topic 19b: Prescribing for depression in adult mental health

Good Practice	Key Actions
<ul style="list-style-type: none"> ∑ The practice standard relating to the management of depression in primary care unless it is complex, severe, treatment-refractory or places the patient or others at risk was met in all eligible cases audited. ∑ The proportion of patients under the care of services in the longer term and prescribed continuing medication whose care plan made reference to management strategies for potential triggers / precipitating factors had increased significantly since the baseline audit. ∑ Annual review addressing symptoms and severity had taken place in 92% of cases. The proportion of cases in which the annual review addressed side effects had increased significantly since the baseline audit. 	<ul style="list-style-type: none"> ∑ To reflect on results relating to the consideration of alcohol and substance misuse during review at specific CMHTs which scored less well for this audit standard. ∑ To reflect on results relating to the consideration of response to medication, medication adherence and side effects during review at specific CMHTs which scored less well for this audit standard. ∑ To raise the issue of obtaining a comprehensive treatment history from the EPR with the Digital Exemplar team for consideration.

POMH Topic 1h: Prescribing high dose and combined antipsychotics

Good Practice	Key Actions
<ul style="list-style-type: none"> Σ Where oral PRN antipsychotics and / or benzodiazepines were prescribed, there was a clear description of symptoms / behaviours for which the medication was indicated in 99% of cases. Maximum daily dose was specified in all cases. Σ The proportion of patients receiving a single antipsychotic medication within the licensed dosage range was above the national average. 	<ul style="list-style-type: none"> Σ To circulate advice to wards regarding the need to consider PRN medication during ward review / MDT and document appropriately. Σ To review quality assurance for PRN indications to ensure that correct indicators are recorded on EPMA and confirm whether indication is apparent on EPMA charts. Σ To cross-reference findings in relation to side-effect monitoring with other recent POMH audits.

POMH Topic 21a: Prescribing high dose and combined antipsychotics

Good Practice	Key Actions
<ul style="list-style-type: none"> Σ Target symptoms for melatonin treatment were documented in 98% of cases. Σ Annual review considered treatment efficacy in all cases and side effects in 93% of cases. 	<ul style="list-style-type: none"> Σ To circulate the approved melatonin factsheet and formulary information. Σ To remind all prescribers of the need to discuss off-label status with patients and appropriate others and record this in the clinical notes. Σ To remind all prescribers of the need to document efficacy with a quantifiable statement such as the reduced time taken to fall asleep or increase in total sleep time.

National Clinical Audit of Psychosis: Focus on EIP Services 2021-22

Good Practice	Key Actions
<ul style="list-style-type: none"> Σ The Trust's EIP service was benchmarked as Top Performing for a second year. Σ There had been an increase in uptake of Family Interventions, carer-focused education and support, and supported employment programmes since the previous audit. Σ 98% of service users audited had received a full physical health assessment and any relevant interventions in the last year. Σ The service is now able to provide CBT for ARMS patients aged 18-35 within the team. Σ All service users audited whose illness had not responded to an adequate trial of 2 different antipsychotics given sequentially had been offered clozapine. 	<ul style="list-style-type: none"> Σ To monitor uptake of Family Interventions and continue engagement work in line with national recommendations. Σ To review content of information leaflets provided to family members and the DVD previously produced. Σ To re-embed outcome measures across the team and ensure that the data collated through the BI tool correlates with data collected at team level. Σ To discuss the applicability of CBT for ARMS in over 35s at the national conference. Σ To continue to pursue joint training opportunities with CAMHS as they arise. Σ To review SNOMED coding to ensure that patients who decline clozapine can be recorded via MHSDS.

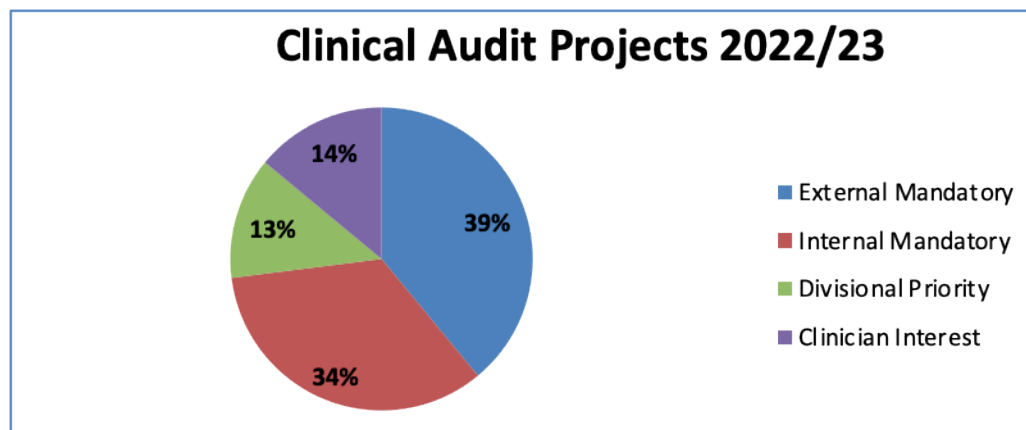
Local clinical audit programme 2022/2023

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.

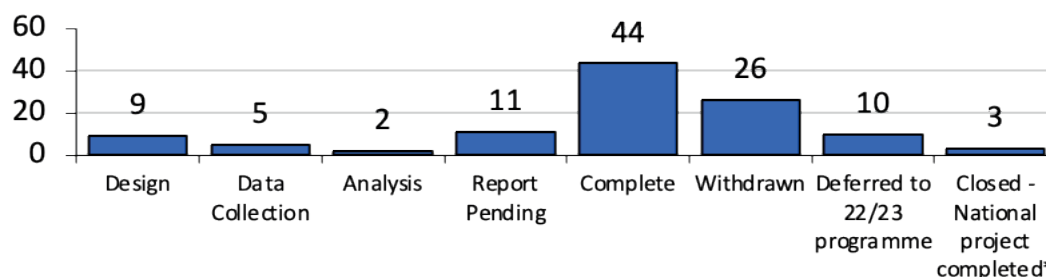
Once this process is completed, the reports are published and disseminated appropriately. Individual action plans are then entered onto the action plan-monitoring database, and regular updates requested from the action 'owners' to ensure progress is being made.

The reports of 100% of completed local clinical audits were reviewed by the provider in 2022/23 and NSCHT intends to take the following actions to improve the quality of healthcare provided:

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



Of the 74 active projects undertaken by the Clinical Audit Department during 2022/23, 44 (59%) were completed and 3 (4%) were national projects which had been completed but for which no report had been provided. The graph below, outlines the X 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.

Areas for action include but are not limited to:

- To make all ward Staff Nurses aware of the medical post-falls proforma, to be handed to doctors whenever a fall is being reviewed.
- To include the post-falls proforma in the induction package for trainee doctors at rotation.
- Stickers to be put around clinical areas to remind prescribers about recommended guidelines in relation to prescription of sedatives.
- To continue to engage patients in psychological therapy, coping skills groups, chain analysis and recovery planning to ensure high quality patient care on the ward (Ward 3).
- To distribute the How We Respond to Self-Harm leaflet and Therapeutic Contract to all patients (Ward 3).
- To undertake an audit of PSI attendance and Responsible Clinician attendance at first medical review following COVID-19 restrictions being lifted (CDAS).
- To remind clinical staff to ensure that the L3 form details when patient's rights have been read under Section 132 of the Mental Health Act.

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/>)

2.6 Participation in Research, Development and Innovation

Supporting Research, innovation and Evidence in Practice

Research, Evaluation, and Innovation

In 2022/2023, we developed a three-year roadmap - aligned to several strategic influences such as the Research and Innovation strategy 2020-25, ambitions to achieve University hospital status, and our Trust vision to inspire research and innovation. Here explore below some of the key areas of the roadmap and the work we have done over the last 12 months.

Research

Setting up research

Supporting and ensuring the successful set up and delivery of research in the Trust, during 2022/23 and the set-up target for 10 out of 11 research studies opened. Of these nine research studies closed during the period, eight met the set-up metric, six met the first patient recruited metric, and five met the recruitment to time and target metric.

Delivering research

2022/23 was a year in which we continued our journey to research recovery after COVID-19 and continued to engage with our service users, staff, and teams with opportunities to get involved in research.

The Research and Development (R&D) team played an integral part in assuring local compliance and rapid assessment of studies, alongside providing valuable support around contact for research, feasibilities (n=73), set-up, delivery, and close-out.

During 2022/23 the Trust hosted 23 research studies (11 portfolio, and 12 non-portfolio (nine students) and recruited 28 participants (NIHR portfolio studies) - a significant reduction in participation due to the limited number of studies adopted during this time.

We are pleased to report that with the resuming of student (academic) research, we have seen an increase in studies from our pre-pandemic figures.

The R&D Team provided extensive support and guidance to Trust staff conducting academic (student) research throughout the research lifecycle to assist local Universities (Staffordshire and Keele) in their research sponsorship roles.

Engaging and promoting research

During 2022/23 we continued to promote and facilitate the Contact for Research caseload and because of this work - maintaining a caseload of over 1,700 service user who has expressed interest in getting involved in research. Research engagement with clinical teams resumed, resulting in new contacts pending appropriate studies. Directorate engagement continued to be maintained via Directorate meetings and updates, Research and Development Steering Group, Clinical Effectiveness Group, Trust Newsround, and Trust Team Brief.



Strengthening our Academic Research

During 2022/23 two Clinical Academics posts were recruited, to support our vision to develop our academic capabilities and capacity - linking in with Keele University and working to develop links, knowledge and future proposal for research and evaluation. These roles will support future scoping and work towards our academic ambitions as part of the roadmap.

Several publications were published by staff across Combined in 2022/23, to note these included:

- A nurse-led model of care for ADHD
- An interpretive phenomenological study of nursing insights into the formation of the therapeutic nurse-patient relationship within acute psychiatric wards
- The risks and benefits of high-dose antipsychotic medication
- Monitoring drug interventions in people with bipolar disorder

Evaluation

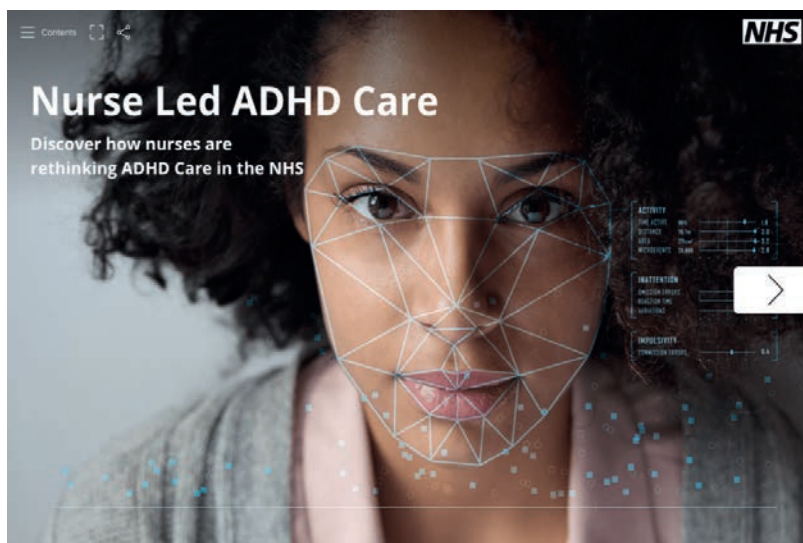
Over the last 12 months, there has been a significant increase in the number of evaluations that the R&D team has supported, led, and supported team and clinicians across the Trust with activities, to note these have included but are not limited to; supporting analysis of themes for the new Trust Strategy, providing support for survey development for staff and students, using Smart Survey, development and delivery of the Community Mental Health Transformation evaluation.

Supporting National Institute for Health and Care Excellence (NICE) guidance

The R&D Team continued to support the management and monitoring of NICE guidance via the Clinical Effectiveness Group (CEG) to assist the wider Medicine and Clinical Effectiveness Directorate, Trust policy, and clinical remit around monitoring and implementation.

Evaluation Spotlight – Community Mental Health Transformation Evaluation

Over the last 12 months, we have worked closely with the Transformation team to develop and deliver an evaluation, as part of the Community Mental Health Transformation. The evaluation aims to explore how changes may have impacted service and care delivery. The evaluation will gain insight into experiences of the journey so far, from service users, staff from community services, primary care, and the voluntary sector, via surveys and interviews.



Combined Collective 2022

Combined Collective formed one of the many platforms that the Trust supports to share, highlight, and disseminate fantastic work and projects. This online platform aims to increase awareness of the fantastic developments and work being undertaken across the Trust, within both clinical and corporate teams.

Our second Combined Collective event took place in May 2022. The event was an opportunity for our staff to highlight all things evaluation, audit, and quality improvement - combining speaker sessions and discussions to further support staff looking to develop their ideas or projects which include; insights into dog therapy, maternal mental health and improvement in pathways. The event was well received with some question-and-answer discussions and feedback from attendees.

Innovation

Innovation at Combined is orientated around innovative approaches and forms one of the three key building blocks identified to making an organisation Outstanding. We are proud of our track record in innovation which, during 2022/23 included some of the following:

Innovation Nation 2022

Innovation Nation is the Trust's yearly celebration of innovation, first held in 2018. Our 2022 Innovation Nation focussed on the theme of creating a spark in the workplace through creativity and innovation. The event was supported by a fantastic event webpage, creatively crafted by the R&D team. The event was filled with innovations and improvements and a bit of Disney magic! The event hosted a range of excellent speakers, including our guest speaker who shared insights into innovations and excellence - the Disney way and staff sharing their projects and stories about innovation and improvements. The event concluded with a spin-the-wheel giveaway – where four lucky staff were awarded prizes.

Dragons Den 2022

Dragons Den was relaunched for 2022 with a focus on supporting and developing small-scale projects within their practice. In June 2022, the panel met to hear pitches from six applicants, all of whom were supported to progress further, these included:

- Combined Transitions Ambassadors – Resources and support to introduce new roles for young people with lived experience in schools, local colleges, and Universities.
- Digital Enablement - Provision of 30 Amazon Alexa Echo devices within the Older Adults Community Mental Health Teams (CMHTs) to individuals who are routinely offered serious mental illness health checks
- Managing mid-life - to provide a series of interactive workshops covering a variety of perimenopausal/menopausal topics
- On boarding with Style - induction of a digital welcome magazine for new starters

- Snapdragon - Utilise and improve existing outdoor space at Lymebrook Centre to create a safe, relaxing, and therapeutic environment
- Therapy in Motion – Purchase an adapted vehicle for the specific use of delivering Cognitive Behavioural Therapy in the community for EI/EDIE patients

Ideas Café 2023

During 2022/23 the Innovation Collaborative group was re-established as the Idea's Café, which became a more informal discussion forum to share and get feedback on innovations and improvement. The first session was held with Medics, with further sessions planned for all other professional groups, teams, and corporate staff.

Looking forward to 2023/24

2023/24 is an exciting year for research, evidence, and innovation. We will not only build on and strengthen what we are currently doing but also explore new and exciting ways of working in Year two of our research and innovation roadmap.



2.7 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 CRT1-12327303198), 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 (branch surgery Moss Green)
- Holmcroft Surgery
- Stoke Heath Young Offenders Institute
-

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' for which we have maintained. There have been no further inspections.

There have been no enforcement actions required by the Trust during 2022/2023

CQC Special Reviews and Investigations:

The CQC has not required the Trust to participate in any special reviews nor investigations during 2022/2023

2.8 Statement on Data Quality

Data Quality Maturity Index (DQMI)

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

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.

The Trust had maintained its position in the top 10 providers of Mental Health services in the country at 97% until November 2022. There was an inevitable dip in data quality with the implementation of a new Data Warehouse at this time. Our MHSDS data quality score was 79.5% in December. We are working with our new Data Warehouse supplier with the aim of resubmitting our Mental Health Minimum Data Set (MHSDS) files from November 22 to March 2023 in order that we can take advantage of the multi-submission window that closes on the 22nd May 2023 and ensure an improved position. We are aiming to be in the Top 10 nationally once more in 2023/24.

NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2022/23 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
- 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 December 2022 the Trust was subject to the annual external clinical coding audit for 2022/23 by NHS Digital approved auditors. The results in the audit report for clinical coding (diagnosis and treatment) are:

- 94% Primary diagnosis correctly recorded
- 93.3% for Secondary diagnosis correctly recorded

The services reviewed in the audit were Adult Mental Illness and Old Age Psychiatry. The Trust achieved Standards Exceeded Data Security Standard 1 on Data Quality and achieved Standards Met on Data Security Standard 3, Training.

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 need 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 and evidence 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 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 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 such as:

1. Having a detailed and comprehensive systems training programme is critical to defining data quality responsibilities and expectations, establishing best practice and gaining user acceptance of the system. Training is used to provide clear understanding of how the system has been configured to deliver best practice, what good data quality looks like and how this directly supports delivery of high quality patient care. Furthermore, high quality systems training promotes user confidence, which reduces the risk of data errors.
2. Having a dedicated group within the organisation's governance structure to define and oversee the implementation the Data Quality Strategy and associated Data Quality Policies provides the focus to set and drive the data quality agenda. The Trust's Data Quality Forum meet on a regular basis to ensure our Data Quality policies and strategy remain relevant and are implemented.
3. We use internal data quality metrics to ensure that acceptable quality thresholds are clear, in place and visible to all. They provide assurance of adherence to national information standards and internal quality standards thereby offering confidence to data users across both primary and secondary use settings. The Trust manages a suite of internal metrics through the Integrated Quality & Performance Report (IQPR) and Directorate performance dashboards. This enables improved identification of data quality issues, planning and prioritisation of actions and improvements.

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 24 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.

Data Quality Internal Audit

In the Internal Data Quality audit 2022/23, KPMG reviewed the Trust's data quality governance, structure and strategy through the overall governance arrangements in place relating to data quality. They made an assessment of significant assurance with minor improvement opportunities.

KPMG found that the Performance Team reported on key metrics and indicators; provided clear information to the Board and Senior Leadership teams, and exceeded the national Data Quality Maturity Indicator (DQMI*) target of 80%; scoring consistently above 97%.

*the DQMI is a quarterly publication intended to raise the profile and significance of data quality in the NHS by providing Trusts with consistent and transparent information about their data quality. The DQMI uses a set of core data items across key national datasets to create a composite indicator of data quality at a provider level.

Looking ahead

Although the Trust is performing well in terms of ensuring excellent Data Quality across our systems, there are a number of initiatives underway to maintain and improve performance in the following areas:

- Meeting Key National Performance/ Data requirements 2023-24
- Implementation of new Waiting Time standards – step change in 2022/23
- Implementation of mandated Outcome measures from Q1 2023/24
- Implementation of the new Personalised Care Plan - by 31/01/24
- Implementation of 26 new data fields that contribute to the Trust's Data Quality Maturity Score - by 30/06/24

Our strong partnerships with Digital colleagues and closer collaboration with our Clinical teams across all areas of the Trust will enable us to continue on our journey towards ensuring outstanding data quality.

Part 3 - Looking Back – A review of our key priorities from last year’s Quality Account and statements from key partners

This section reviews our performance and progress against key priorities defined in last year’s Quality Account. This section builds upon the information provided in sections 1.6 and 2.3 of the Quality Account

CQUIN 2022/23

The CQUIN framework is a national framework which prioritises 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. All CQUINS for 2022-23 were prioritised nationally, with the following indicators applying to Trust services:

CQUIN	Patient Safety	Clinical Effectiveness	Patient Experience	Innovation
Flu Vaccinations for Frontline Healthcare Workers	✓			✓
Cirrhosis and Fibrosis Tests for Alcohol Dependent Patients	✓	✓		✓
Routine Outcome Monitoring in Specified Mental Health Services		✓	✓	✓
Biopsychosocial Assessments by Mental Health Liaison Services	✓	✓		✓
Delivery of Formulation or Review within Tier 4 CYPMH Settings	✓	✓		✓
Use of Restrictive Practice in Tier 4 CYPMH Settings	✓			✓

Flu Vaccinations for Frontline Healthcare Workers

SPAR priority: Safe

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. For 2022/23, flu vaccinations were primarily offered to staff alongside COVID-19 booster vaccinations at our neighbouring acute Trust, UHNM. Once the flu vaccination season was underway, regular updates were provided to us by UHNM.

What did we achieve? Throughout 2022/23, the Trust has continued to publicise and prioritise the vaccination of frontline clinical staff, in order to contribute to patient safety.

Cirrhosis and Fibrosis Tests for Alcohol Dependent Patients

SPAR priority: Safe, Personalised

Our goal: We aimed to refer inpatients identified as being alcohol dependent for bloods tests to identify indications of cirrhosis and advanced liver fibrosis.

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. Audits were undertaken quarterly, with results reported to the local Integrated Care System and to the national CQUIN team.

What did we achieve? The system for referral for appropriate blood tests was confirmed and publicised to staff. As a result of this CQUIN, patients identified as being at particular risk have been offered screening for cirrhosis and liver fibrosis, potentially enabling early detection of these conditions.

Routine Outcome Monitoring in Specified Mental Health Services

SPAR priority: Recovery-Focused

Our goal: We aimed to improve on our use of outcome measures with service users in our adult mental health, children and young people's and perinatal services in order to inform care and increase service user satisfaction.

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. Data was extracted quarterly at national level from the Mental Health Services Data Set (MHSDS) and internal data was also regularly reviewed.

What did we achieve? Alongside this CQUIN, the Trust has been reviewing its clinical pathways, and it has been important to ensure that outcome measures are used at appropriate points on the pathways, when they are most useful for service users. The Trust has been working to introduce outcome measures which are completed by the service user rather than by the clinician. Good progress has been made, though this is an ongoing workstream which will continue to be monitored into 2023/24 through the second year of this CQUIN.

Biopsychosocial Assessments by Mental Health Liaison Services

SPAR priority: Personalised, Recovery-Focused

Our goal: We aimed to ensure that people referred to our mental health liaison team due to self-harm receive a full person-centred assessment, including a detailed assessment of needs, risk assessment, care and risk management plan, and that they and their families are appropriately involved in this process.

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. Audits were undertaken quarterly, with results reported to the local Integrated Care System and to the national CQUIN team.

What did we achieve? As a result of this CQUIN, the quality of assessments provided has improved and staff confidence in their ability to undertake best practice assessments has increased. Alongside the CQUIN, the team have worked with partners at UHNM to offer side by side assessments with specialist mental health advice and to support the identification of risk on an individual basis in relation to individual circumstances.

Delivery of Formulation or Review within Tier 4 CYPMH Settings

SPAR priority: Personalised, Recovery-Focused

Our goal: We aimed to ensure that inpatients at our Darwin Centre children and young people's service receive a psychological formulation based on up to date information and input from the young person, their family and any other relevant sources, that this formulation is shared appropriately and that it is completed in a timely manner.

How did we monitor and report on progress? Audits were undertaken quarterly, with results reported to the provider collaborative.

What did we achieve? The team agreed a process for multidisciplinary formulations which was subsequently embedded in practice and monitored throughout the year. This was based on a widely recognised framework designed to integrate information from multiple sources to consider presenting, predisposing, precipitating, perpetuating and protective factors.

Use of Restrictive Practice in Tier 4 CYPMH Settings

SPAR priority: Safe

Our goal: We aimed to ensure a high level of data quality in relation to restrictive interventions recorded at our Darwin Centre inpatient facility for children and young people. This was intended to support implementation of the Mental Health Units (Use of Force) Act 2018, which came into force in 2022.

How did we monitor and report on progress? Data was extracted quarterly at national level from the Mental Health Services Data Set (MHSDS).

What did we achieve? The ward team has been supported by our restrictive practice lead to focus on this important aspect of care and ensure that the requirements of the Act can be met.

3.1 Key Quality Priorities and Achievements 2022/ 2023

Priority: Zero Suicide Ambition

Outcome: In previous years we have hosted and participated in successful suicide prevention events and despite the cancellation of the suicide prevention conference in 2020 due to COVID-19, we were able to deliver a virtual multi-agency Suicide Prevention Conference in 2021 and 2022. We are determined that suicide should be everyone's business and whilst zero suicide is not a target ambition, it is an acknowledgement that suicide is not inevitable and the death of even one person is a tragedy. We are committed to reducing suicides in both our patient population and the wider general population.

Additionally we have:

- Continued our participation in the countywide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide
- Refreshed our Suicide Prevention Strategy, inviting people with a lived experience to participate in the development of the strategy
- In 2021/22, we introduced Connecting with People: suicide awareness and response modules, which is an evidence-based approach to suicide assessment and mitigation. This training continues to be rolled out across the whole of the local healthcare system as part of a standardised approach to improving the care of people at risk of suicide, at present we have achieved 60% staff compliance with this training and with further planned sessions within 2023 will increase this figure further still.
- Continued to roll out environmental ligature improvements programme of work and supported via project Chrysalis.
- 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

- Completing a project plan to enable us to move towards the national ambition of PSIRF, plan embedded and good early progress made to support the journey that we will embark with a completion date of September 2023
- Embedded panel review methodology to improve our learning from serious incidents
- We continue to forge links within our partnership with real time surveillance and understanding as a partnership our current trends and themes and exploring potential new ways of working to support those at need and also who deliver interventions / services.

Priority: Improved Physical Health Monitoring

Outcome: We continued on our 'Towards smoke free' journey, to improve the Physical Health of service users and staff. National Early Warning Score (NEWS) for inpatient areas and the Lester Tool for community are now embedded in all our services.

Additionally we have:

- Implemented bespoke COVID 19 Education Packs. This was recognised as a QI project by the Royal College of Psychiatrists/NHS.
- Produced bespoke physical health teaching education packs, which include information and guidance about oral care, respiratory rate training, pain assessment in dementia, COPD, bowel care.
- Secured national recognitions via the Nursing Times Awards for our quality improvement around frailty management.
- Implementation of a Trust wide Respect/ DNAR SOP and e learning training programme.
- Reviewed our Physical Health Policy.
- Developed an extensive SOP to guide staff to recognise the signs and Symptoms of the physically 'Deteriorating patient'.
- Provided staff with clear guidance when transferring patients and considering re-admission from a physical health hospital
- Implemented the yellow sock campaign, which helps staff to visually recognise patients who are at high risk of falls.

Priority: Enhance Service User and Carer Involvement

Outcome: The Strategy received approval from the Trust Board actions carried forward with Service user carer council, peers and volunteers. We continued to have representation and involvement 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. We have Service Users and Carers coproducing new pathways and documents and developing and delivering our training.

Additionally we have:

- Supported co-production within different aspects of service delivery including the Community Mental Health Framework Transformation program, where people who access services have been instrumental in service evaluations, procurements group and the delivery committee.
- Continued to recognise the huge value that volunteer peer mentors and peer support workers provide to the Trust and to people who use our services. The work of all volunteers continues to provide a valuable supplementary service, enhancing the experience of patients and visitors and supporting staff across the Trust. Volunteers have returned to clinical areas.
- We have recruited, developed the role and trained Peer Recovery Coaches through transformation funding, who are based within each CMHT and employed by CHANGES.
- Recommended Observe and Act Training which will support service users to undertake face to face reviews of services and identify what we do well and where we need to improve.
- Developed and appointed to a new post of Patient Experience & Recovery Lead and appointed to a new post of Senior Peer support worker to start to plan out our Peer Workforce strategy.
- Worked in partnership with ImROC (Implementing Recovery through Organisational Change), to support our peer support and recovery workers to gain Peer Mentor qualification.
- We have developed a formalised peer network, which includes our MPUFT

counterparts to ensure that we have standardised and high quality training, supervision, support and shared experience. The network will also provide consistency with appraisals, development plans and will undertake a full training needs analysis for the role. Ultimately the aim is to create an environment for all of our lived experience roles that will support progression and career development.

- Work has continued to develop and promote the Wellbeing College. Including developing a social media presence with bespoke branding and website. The Wellbeing College will bring together our community partners onto the same platform to share knowledge, experience and opportunities for our wider communities.

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.

- The Moulster and Griffiths Learning Disability Nursing Model is now utilised for all referrals to nursing within LD services; adult and children, in patient and community. We are the first Trust in the UK to embed the models clinical tools onto our electronic Patient record; for which we were shortlisted a Nursing Times award 2022.
- An options appraisal is being developed to ensure that our LD inpatient environment and staffing establishment supports high quality of care and positive service user experience.
- We continue to develop networks with local authority partners to support the early identification of people approaching transition who may require health support.
- Business cases have been submitted in the hope to introduce enhanced support to carers of those who have challenging behaviour. The Learning Disabilities service is undergoing a service wide review to ensure that we are aware of where the gaps are, what we need to keep doing and can prioritise going forward.

- 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.
- Our CAMHS services are working collaboratively with partners and key stakeholders across Stoke on Trent and Staffordshire, in the mapping and implementation of the THRIVE Framework, to ensure that children and young people access the right level of mental health and emotional support at the right time.
- Our CAMHS ADHD Teams continue to receive national recognition and have been instrumental in the National ADHD programme (FOCUS) lead by the Academic Health and Science Network (AHSN), supported by NHS England/ Improvement.
- A new Transition Lead post has been created across CAMHS which further supports a seamless transition from CAMHS to AMHS (Adult Mental Health Services). This also ensures that a young person is involved in strengthened processes and shared decision making, in regards to, their continued care.
- We have continued to drive transformation, and embedded our early adopter pilot, the Keyworker Team. This service addresses the long term plan, in providing a keyworker for children and young people with learning disabilities and autism. Referrals come directly from the Dynamic Support Register (DSR). This is a system wide all age register for children, young people and adults with learning disabilities and or autism.
- We have introduced a physical health clinic to offer a solution to routine checks for our CYP, and hope to add blood testing in the future.
- Our Forensic Liaison role focuses on clients with forensic needs and we have engaged with local police hubs to jointly work on a consistent approach for clients across the age range. Our Acute Liaison work continues to provide an invaluable service advising on reasonable adjustments for clients using the services of UHNM.
- We have an ongoing Clinical Lead post across LD services holding the quality standards and oversight of our medical and clinical structures.
- We are in the process of building the team to deliver a quality PBS training programme across the system for Families, Carers, Voluntary sector and Special Schools.
- The Psychiatric Intensive Care Unit (PICU) has developed a pan Staffordshire project initiation document to agree to no out of area PICU admissions, this has meant that the mixed sex PICU at Harplands now accepts female PICU patients from St George's hospital where there are no female PICU beds. The PICU has also developed relationships with HMP Dovegate to ensure rapid assessment of patients in prison requiring transfer under the Mental Health Act. This is in line with national directives when someone is assessed as requiring a PICU rather than a 'low secure' environment.
- The acute and urgent care directorate are piloting a new vision based digital patient monitoring system that will record the patients cardio-respiratory vital signs, the system will also alert staff to patients movements which will enhance the clinical observation of patients. The system is known as Oxehealth and is managed by Oxevision, other mental health trusts that have found a reduction in violence and aggression as well as a reduction in slips/trips and falls.
- Staff training is being rolled out to train the acute and urgent care staff in evidence based interventions along with comprehensive mental state assessment.
- The Adult Community Mental Health Transformation Programme has commissioned VCSE provider organisations to co-deliver care and support to effectively address the holistic needs of service users within community services. These include, peer recovery workers, individual and group support for wider societal/social stressors, a financial wellbeing service and a health and lifestyles provision. Similarly, under this programme of work a detailed review of pathways across community services is underway at pace, aligning directly to the developing work associated with the move away from Care Programme Approach (CPA) towards personalised care and support plans.

- The emergence of mental health practitioners under the ARRS has seen a specialist workforce take shape within our Primary Care Networks. Provision of robust, specialist resource is delivering a trusted assessor model where the mental health need requires an onward referral into specialist services. Direct intervention delivery via Support Time and Recovery Workers is also ensuring local people are receiving timely, appropriate access to services within their community.
- Our Preparation for Adulthood Lead role is driving forwards the agenda for young adults 14-25 years and is making progress via a bespoke project group.

Priority: Diversity and Inclusion is further embedded and strengthened

Outcome - The Trust has again made further significant improvements in a range of measures on inclusion, as evidenced by our Staff Survey and our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data. We have been recognised for our stronger performance on these nationally mandated frameworks, as well as in relation to the RACE Equality Code and the NHS Rainbow Badge (Phase 2) assessments voluntary programmes.

Additionally we have:

- Paid dedicated time to Trust staff network leads to plan and deliver network duties for the first time, for 2022-23
- Incremental and sustained improvements in workforce equality monitoring / representation, including:
 - disability equality data capture – reaching almost 7%
 - Increase in ethnic diverse workforce to almost 10%
- Inclusion School sessions delivered to approximately 150 system leaders:
- Intersectionality and Inclusion: The Big Questions
- RACE Forward: Your Role in Creating an Anti-Racist ICS
- In the Top 10 Performing Trusts on multiple measures in the WRES and WDES 2022
- Gender Pay Gap reduced from 2021 gap (16.6% from 17.3%)
- New Futures programme delivered to 34

system aspirant leaders with ethnic diverse heritage in 2022 and a further 40 places commencing March 2023

- Comfortable Being Comfortable with Race and Difference rolled-out to over 60 Trust staff in 2022-23
- Part of a small group of Trusts nationally receiving the Bronze Award in the prestigious NHS Rainbow Badge (Phase 2) programme (with Silver for our Policies section).
- RACE Equality Code and Veteran Aware accreditations received
- AccessAble Detailed Access Reports live for 100% of Trust clinical services

Other Quality Achievements

Safeguarding

Safeguarding Children, Young People and Adults at risk is a statutory duty of organisations across the health economy. We are committed to ensuring that people, who come into contact with our services, are safeguarded from abuse. In support of this, the Safeguarding Team works with staff to ensure they are aware of their safeguarding roles and responsibilities in not only recognising and responding to abuse but in relation to access training and supervision. 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.
- Attending Subgroups and task and finish groups that sit under the Stoke-on-Trent Safeguarding Children's Partnership, Staffordshire Children's Board, Staffordshire and Stoke-on-Trent Safeguarding Adults Board, Domestic Abuse Commissioning Board and Domestic Homicide Board; enabling the Trust to be involved and a part of these processes.
- 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.

- The safeguarding team working to deliver extra safeguarding sessions for Adult Safeguarding Week, Children's Safeguarding week and contributing to the Adult Safeguarding Board Practitioners Forum.
- The development of an annual audit schedule linking effectively with wider Trust agendas and to provide assurance of safeguarding practices within NSCHT
- The Development of Trust Adult Safeguarding Level 3 and Domestic Abuse e-learning packages; enabling access and more specific training tailored to the needs of the trust and local area.
- 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 a growing safeguarding system.

Infection Prevention and Control (IPC)

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

Additionally, we have:

- Delivered the Trust Infection Prevention and Control Board Assurance Framework.
- Continued to implement the IPC annual work programme approved by Board.
- Health care acquired infections are low and where necessary these are appropriately investigated and lessons learnt shared with clinical areas and staff.
- The Flu/COVID vaccination programme was delivered clinically through partnership working with UHNM. We supported the programme by supplying vaccinators in support of clinics at UHNM, Local vaccination HUBS and GP practices.
- In-patients were supported with flu vaccinations through partnership working with MPUFT who visited and administered the vaccine to eligible patients.
- Achieved 100% completed generic Infection Prevention and Control (IPC) audits
- Supplemental audits and assurance during outbreaks being obtained through:

- Hand hygiene audits
- Matrons audits
- Ventilation charts
- Review of patient and staff vaccination status
- IPC training compliance in ward/area is monitored and reported to the IPC Group and Quality Committee, via the quarterly DIPC report.
- Head of IPC has regular meetings with the ICB and other partner organisations to review and discuss wider HCE challenges in relation to IPC.

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 2023/23 the Trust received 181 PALS contacts.

Compliments - Each year, our staff receive compliments and praise from people they have cared for. During 2022/23, despite the pandemic the Trust received 1798 compliments, as direct compliments to teams or via Friends and Family Test responses. The Trust is currently piloting a digital solution service users and their families the opportunity to provide real time customer feedback at the point and time of delivery.

Complaints – Overall, we receive a very low number of complaints, compared to NHS benchmarking data. During 2022/23, we received 31 formal complaints, 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 worked with service users to co-produce a new approach to compliant responses, which are much more person centred and compassionate. The training which has been delivered to staff who investigate complaints was also co – delivered with service users.

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, have been implemented which have further enhanced 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 2022/23, 2422 service users participated in the FFT process, giving us their views across all services. We are pleased to report a continued high rate of satisfaction, with 88% of patients who rated the Trust as good or very good, 8% were undecided and 4% rated the Trust as poor or very poor.

The Trust has invested in new technology to offer new and wider opportunities for service users to feedback their experiences of our services. 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

Advocacy Services

The Trust works with the local ASIST advocacy service. ASIST provides the Independent Mental Capacity Advocacy service (IMCA) and the Independent Mental Health Act Advocacy service (IMHA) in Staffordshire and Stoke on Trent. ASIST also offers advocacy to people in Stoke on Trent through a number of specialist projects including Care Act, BME, NHS Complaints and Parents Advocacy.

ASIST works alongside people with physical disabilities, learning disabilities or mental health conditions. They provide support for people who have difficulty speaking out, so that they can have an equal voice in the choices and decisions that affect their lives.

Service User and Carer Council (SUCC)

The Service User and Carer Council have reviewed the virtual meeting structure and based on members preferences, now hold alternating face to face and hybrid meetings.

Members of Service User and Carer Council have continued to be part of interview panels for a wide variety of posts throughout the Trust. They have been involved in different aspects of service delivery including the Community Mental Health Framework transformation work, service user pathways and service redesign. Volunteers have supported a review of our complaints process have coproduced Reviewing Officer training with us.

We have reintroduced peer mentors into clinical areas and have supported training opportunities for personal development. We are actively raising awareness of the benefits of having a peer mentor within in the inpatient teams and the value of coproduction at all levels of the organisation with our service users and carers.

We have reintroduced volunteers onto our wards and are working on our communications strategy to share the involvement opportunities in the Trust more widely. Observe and Act training has been delivered and assessments of clinical areas implemented. There are other initiatives coming online throughout the year to embed coproduction at all level of Trust activity and business

The community learning disabilities Talk and Change Group is meeting monthly. Throughout the year there have been online meetings with service users and carers in relation to the community mental health transformation programme.

The Youth Council (hosted by CHANGES well-being service): has continued meetings with alternate face to face & virtual meetings and are actively working on a new plan of work.

The Trust carers links meet quarterly and share good practice and updates throughout this forum. Carers also co-produced the new pages in the digital aspirant programme. Our crisis care pathway have worked with North Staff carers on an accreditation document and their offer to all carers of service users accessing services.

Service Users and Carers co-produced the 'Service User and Carers Engagement Strategy'. The action plan from the strategy has been coproduced through a task and finish with interested service users and carer and will then be taken out for wider discussion with other service users and carers.

Patient Led Assessment Care Environment (PLACE) 2022

The Patient Led Assessment Care Environment (PLACE) for NSCHT was completed in line with the target dates set by NHS England.

PLACE aims to promote the principles established by the NHS England that focus on areas that matter to patients, families and carers:

- Putting patients first
- Active feedback from the public, patients and staff
- Adhering to basics of quality care
- Ensuring services are provided in a clean and safe environment that is fit for purpose

All assessments were completed in accordance with the PLACE guidelines and with a team of at least 50% representation from NSCHT Service User Care Council (SUCC) or Patient representative. This year we had a total 5 patient assessors engaged in the PLACE assessments. We were fortunate to have an independent validator on two of our PLACE assessments.

PLACE 2022	Cleanliness %	Food and Hydration			Privacy, Dignity & Well Being	Condition, Appearance and	Dementia %	Disability %
		Food %	Organisation Food %	Ward Food %				
Harplands Hospital	99.10	98.62	95.92	100.00	98.56	96.69	98.04	97.67
Dragon Square	100	N/A	N/A	N/A	100.00	98.78	N/A	100.00
A&T Unit	100	92.07	92.55	91.43	97.37	91.67	N/A	94.00
Darwin Centre	99.32	97.35	95.21	100.00	97.56	100.00	N/A	92.56
Hilda Johnson House	100.00	N/A	N/A	N/A	94.59	98.75	N/A	92.31
Summers View	100.00	N/A	N/A	N/A	92.31	98.78	N/A	92.99
NSCHT Overall	99.32	98.25	95.73	99.67	97.98	97.08	98.04	96.99
National MH / LD services	97.70	91.30	91.80	91.80	93.90	95.50	90.50	89.20
National all Services 2022	97.50	89.90	90.20	89.70	84.70	95.10	79.20	81.10

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

At present 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. However with the current transition process to the new national standards for patient safety incident review, we will now start to report incidents in the same way via Ulysses however we will now submit incidents that are identified as PSI to a new national reporting system called the learning from patient safety events (LFPSE) system. 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”.

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

* Impact on service provision/environment/person

Area of performance		Incidents (clinical and non-clinical)		
Impact*	2020/21	2021/22	2022/23*	
General incidents	4666	5500	5529	
Moderate	80	96	50	
Major	8	11	9	
Catastrophic	68	60	76	
Total	4822	5667	5664	
Major and Catastrophic incidents as a % of total (i.e. those incidents resulting in severe harm or death)	1.6%	1.3%	1.5%	

The above table illustrates an increase in the number of incidents reported for the time period of 2020 – 2023 in yearly breakdowns. 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. 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 (data correct as of 28/02/2023).

Area of performance	Incidents reported to the National Patient Safety Agency (NPSA)
Performance:	There were 3008 NRLS incidents reported during 2022/23*, a slight decrease from the previous year, as stated above. Of these, the number of incidents resulting in severe harm or death of service users (65) as a percentage of the total was 2.16%.*

* 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.

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 2022/23.

Area of performance	'Never events'
Performance:	There were no 'Never Events' during 2022/23*.

Serious incidents:

For the purpose of this report, we are working towards the following standard; however will move over to PSIRF from September 2023. 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 2022/23 we have:

- Implemented a project plan to help migrate to the new PSIRF national system on how we manage patient safety incidents and will come into our new way of working from September 2023.
- 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)

Area of performance	Serious incidents (SIs) (clinical and non-clinical)
Performance:	During 2022/23* there were 79 serious incidents reported by the Trust.

Learning lessons:

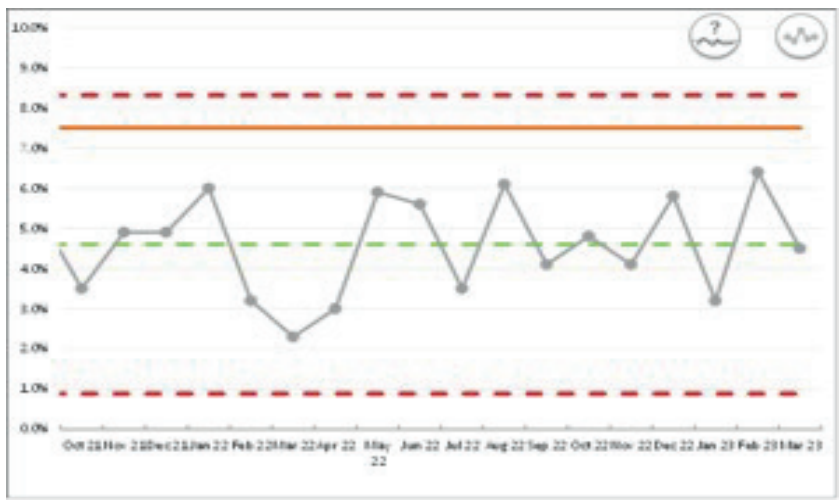
We have progressed the following safety improvement initiatives, to improve our incident reporting and management framework:

- Continued commitment to quality improvement has led to implementation of various projects within teams including Patient Safety and Restraint Reduction project. We have also concluded our project as part of a National Learning Collaborative to improve sexual safety in mental health inpatient areas.
- Continued supporting senior staff through Quality Improvement Leaders Group, 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 (quarterly bulletin, and monthly Learning Lessons workshop for staff to share learning outcomes of investigations and sharing of good practice implemented across the Trust).
- Introduction of 'Together at Combined' webpage as ways of recognising staff and teams achievements across the Trust, inspiring hope, promoting safety culture and sharing good practices.
- Continued partnership working with our key stakeholders to promote good mental health, and reduction of stigma by participating in local, regional and national events.
- 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 around embedding our person centred framework 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 2022/23 was 4.8% against the less than 7.5% target. During 2022/23 this was 4.5% and 5.1% during 2021/22.



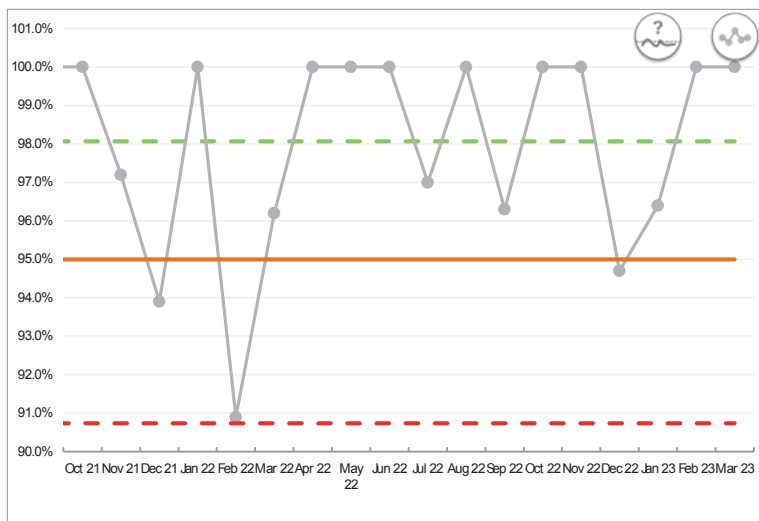
12 Month Trend											
3.0%	5.9%	5.6%	3.5%	6.1%	4.1%	4.8%	4.1%	5.8%	3.2%	6.4%	4.5%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

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

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 98.7%.

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%.



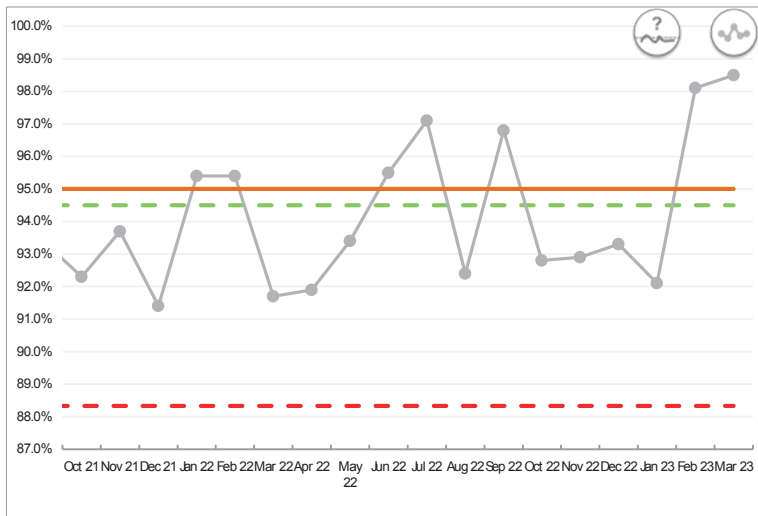
12 Month Trend

100.0%	100.0%	100.0%	97.0%	100.0%	96.3%	100.0%	100.0%	94.7%	96.4%	100.0%	100.0%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	97.0%	95.7%	100%	100%	100%	100%	100%	97.3%	97.4%	96.9%	93.5%	98.7%
2021/22	97%	96.9%	100%	100%	97.1%	100%	100%	97.2%	93.9%	100%	90.9%	96.2%
2022/23	100%	100%	100%	97%	100%	96.3%	100%	100%	94.7%	96.4%	100%	100%

3.2.4. 48 Hour Follow Up

The Trust's performance continues to be positive for 48 hour follow up and for 2022/23 was 94.6% against a target of 95%. This was 94.4% during 2021/22 and 94.5% during 2020/21. This compares to a new national standard to have 80% of follow ups undertaken in 72 hours.



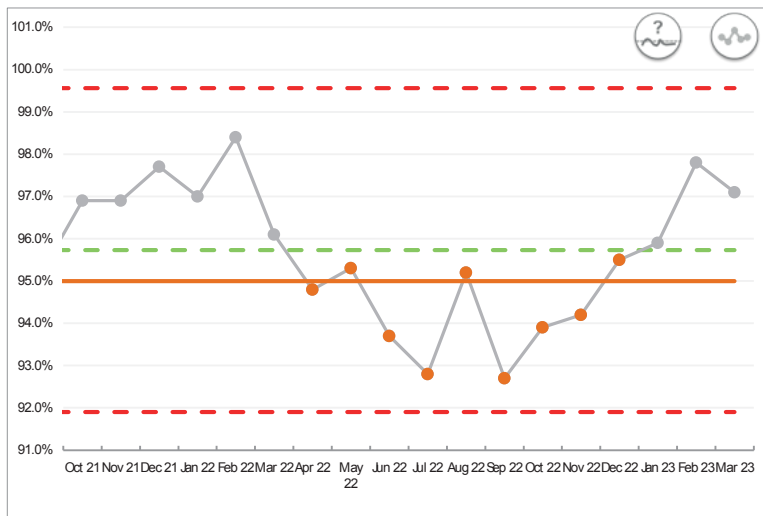
12 Month Trend

91.9%	93.4%	95.5%	97.1%	92.4%	96.8%	92.8%	92.9%	93.3%	92.1%	98.1%	98.5%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

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.

3.2.5. Referral to Assessment within 4 Weeks

The Trust's performance for Referral to Assessment within 4 weeks for 2022/23 was 94.9% against a target of 95%. This was 96.6% during 2021/22 and 97.5% during 2020/21.



12 Month Trend												
94.8%	95.3%	93.7%	92.8%	95.2%	92.7%	93.9%	94.2%	95.5%	95.9%	97.8%	97.1%	
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

3.2.6. Referral to Treatment within 18 Weeks

The Trust's performance for Referral to Treatment within 18 weeks for 2022/23 was 97.1% against a target of 92%. This was 98% during 2022/23 and 99.3% during 2021/22.



12 Month Trend												
97.7%	98.2%	96.9%	96.5%	95.6%	97.4%	97.0%	97.2%	96.9%	97.2%	98.5%	96.8%	
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

3.2.7 Patient Experience of Community Mental Health Services

The Annual Mental Health Community Survey 2020-21

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 2021-22, the survey was sent to 1250 people who had received care from the Trust between September and November 2021. 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 October 2022 (<https://www.cqc.org.uk/publications/surveys/community-mental-health-survey>).

The national report showed that experiences of community mental health services have remained poor. In particular, communication, accessing care, crisis care, service user involvement, and support and wellbeing were identified as areas for improvement. Having reviewed the Trust's survey results, the following areas for focus were identified:

- Support with physical health needs
- Care review meetings
- Awareness of Care Coordinator role
- Continuity of care / Awareness of treatment history
- Contacting services

The results of the survey were reviewed by an internal working group and a comprehensive mapping exercise undertaken to identify ongoing workstreams which are likely to impact service user experience and an action plan to address other issues identified, including:

- Ongoing review of care planning process and CPA policy
- Implementation of Patient Reported Outcome Measures
- Improvement of CMHT phone lines
- Reduction in the use of locum doctors in community teams
- Rollout of the Triangle of Care (across inpatients in year 1 and community services in year 2)
- Community pharmacists to support discharge reviews and other medicines-related processes
- Promotion of financial advice service provided by MoneyWise, alongside quarterly review of referral data and issues solved.

Progress against the action plan is reviewed on a monthly basis and monitored via the Performance Pack. The survey methodology is currently under review nationally and the Trust is linking in with the national team to provide feedback as part of this development process.

Part 4 –

Annex

4.1 Engagement and Statements from Key Partners

Engaging our partners and stakeholders

North Staffordshire Combined Healthcare NHS Trust remains committed to working collaboratively with a range of partners and as such has engaged partners in the development and publication of this Quality Account.

We would like to take this opportunity to thank everyone who has worked with us and provided assurance that your views and comments have helped to shape this Quality Account.

Development Stage

We have sought the views of key partners, service user representative groups, local authorities and staff about what they liked and disliked about our previous Quality Account and what should be changed. All feedback received has been reviewed and included in the design process for this Quality Account.

Sharing the draft Quality Account

In line with a Department of Health Guidance, we also produced a draft Quality Account and shared this with key partners as follows:

Local commissioners, Local Health watch organisations, Local Authority Overview and Scrutiny Committees and a local University.

We invited partners to provide a statement for inclusion in the Trusts Quality Account. The responses are shown in the section below.

Comments from key partners

Stoke-on-Trent City Council Adults and Neighbourhoods Overview and Scrutiny Committee

Stoke-on-Trent City Council held all out elections on 4 May 2023. Members were not appointed to the Adult Social Care, Health Integration and Wellbeing Overview & Scrutiny Committee until the Annual Council meeting on 25 May. Mindful of training needs and deadlines, the authority was not in a position to comment on Quality Accounts for 2022/23. However, we were assured that the Director of Adult Social Care would share the Quality Accounts with the new Administration and he and the Cabinet would work with us to help achieve the agreed priorities.

Staffordshire City Council Adults and Neighbourhoods Overview and Scrutiny Committee

Health Care and Overview and Scrutiny Committee welcomed this superb Annual Report which demonstrates that the Trust is well run and well managed financially. Members want to congratulate the Trust on excellent 69-70% staff survey response rates and encourage them to maintain or increase this high level.

Staffordshire & Stoke-on-Trent Integrated Care Board (ICB) are pleased to comment on this Quality Account 2022/2023.

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 ICBs' Quality representatives meet with the Trust on a bi-monthly basis to seek assurance on the quality of services provided. The ICB work closely with the Trust and undertake continuous dialogue as issues arise, attend relevant Trust internal meetings, and conduct quality visits to experience the environment, listening to the views of patients and front-line staff.

The ICB acknowledge that the Trust have had a challenging year following the impact of the pandemic and the requirement for different ways of working and fast-paced change. We would like to thank and express our appreciation to all the Trust's staff for their continued hard work, commitment, and dedication.

The ICB would like to recognise the Trust's commitment to making progress improving the following quality and safety priorities during 2022/23:

Achievement of multiple Awards including: the prestigious HSJ Awards 2022 'NHS Trust of the Year', Nursing Times Awards 2022, shortlisted for three awards in the 'Learning Disabilities Nursing' category and won in the 'Enhancing Patient Dignity' category and RCPsych Awards 2022 for Psychiatric Team of the Year: Older-age adults.

Quality improvement team providing expertise to clinical teams, service users and carers focusing on 'what matters to them'.

Transformation Management Office driving 30 transformation projects at Trust and system level to enhance and improve the quality of patient care.

Recruiting and developing Volunteer Patient Safety Partners (PSP) to promote and support improvements in patient safety.

Supporting Service User and Carer involvement by coproducing Quality Improvement training specifically for Service users.

Co-produced improvements and co-delivering training to improve complaints response; reinforcing person centred, compassionate responses to concerns and complaints.

However, 2022/23 has continued to be a challenging time for all following the pandemic and a difficult winter. We look forward to continuing collaborative working with the Trust and other system partners to see further quality improvements in the following areas over the coming year:

Recruitment and retention as a major priority for the Trust requiring a continued response to service expansion. The Trust has made continued improvements to stabilise the vacancy position through a number of initiatives including digital methods, Assessment Centres and national campaigns for both Nursing and Medical Consultant posts.

Priorities for 2023/24

The Integrated Care System will continue to support and collaborate in respect of the Trust's Quality priorities for 2023/24 and have recognised the following areas as requiring further focused work to ensure that required standards are consistently achieved:

Completing a project plan to move towards the implementation of the Patient Safety Incident Response Framework (PSIRF).

Implementation of mandated outcome measures from quarter 1 2023/24.

Implementation of the new Personalised Care Plan by 31 January 2024.

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

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

You said:

- The report could have more pictures and infographic's to make it public friendly

Our response:

The report which was presented to Staffordshire City Council Adults and Neighbourhoods Overview and Scrutiny Committee was a draft version, awaiting the relevant graphic updates, they have since been added to the final publication.

You said:

Members highlighted the need to gain clarity about aims and objectives about Children's Mental Health.

Our response:

The Trust accept this as helpful feedback and can offer assurance that Children's Mental Health Services are high on the priority agenda for improving access and early intervention. Our Objectives for 2023/24 give focus to Children's Mental Health services and assurance is monitored via our Board Assurance Framework.

4.3 Auditor Statement of Assurance

Not required for the 2022/23 Quality Account

4.4 Trust Statement

We are pleased to publish this Quality Account for the financial year 2022/23 (1 April 2022 to 31 March 2023).

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.




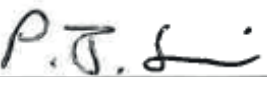




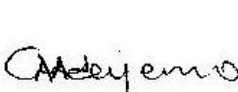
4.4.1 Statement of Director's Responsibilities in respect of the Quality Account







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
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	102 1 walley
Tony Gadsby, Associate Non-Executive	
Dr Keith Tattum, GP Associate Director	
Pauline Walsh, Associate Non-Executive	
Dr Buki Adeyemo, Interim Chief Executive	

Dennis Okolo, Interim Chief Medical Officer	
Eric Gardiner, Chief Finance Officer	
Kenny Laing, Chief Nursing Officer	
Paul Draycott, Chief People Officer	
Ben Richards, Chief Operating Officer	
Liz Mellor, Chief Strategy Officer	

4.5 Glossary

ADHD - Attention deficit hyperactivity disorder

AFRID - Avoidant / Restrictive Food Intake Disorder

AHP – Allied Health Professional

AHSN - Academic Health and Science Network

AMHS – Adult Mental Health Service

ARMS - At Risk Mental States

ARRS - Additional Roles Reimbursement Scheme

ASIST - Advocacy services in Staffordshire

BILD - British Institute of Learning Disabilities

CAMHS - Child and Adolescent mental health services

CASTT - Community Assessment Stabilisation & Treatment Team

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

CHIME - Connectedness, Hope, Identity, Meaning and Empowerment

COPD - Chronic Obstructive Pulmonary Disease

CPA - Care programme approach

CPD - Continuing professional development

CPI – Crisis Prevention Institute

CQC - Care quality commission

CQUIN – Commissioning for quality and innovation

CYPIATP - Children & Young People; Improving Access to Psychological Therapies

CYWPS - Children/Young People Wellbeing Practitioners

DIPC – Director of Infection Prevention & Control

DOH - Department of Health

ECT - Electroconvulsive therapy

ECG - Electrocardiogram

ECTAS - Electroconvulsive Therapy Accreditation Standards

EMHPs - Education Mental Health Practitioners

FFT – Friends and Family Test

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

HMP – Her Majesty Prison

IAPT - Improving access to psychological therapies team

ICS – Integrated Care System

ICB – Integrated Care Board

IMHA – Independent Mental Health Act Advocacy Service

IMCA – Independent Mental Capacity Advocate

IPC – Infection Prevention & Control

IQPR - Integrated Quality & Performance Report

IT - Information technology

IMROC – Implemented Recovery Through Organisational Change

KPI - Key performance indicator

LD – Learning Disability

LFPSE – Learning from Patient Safety Events

Metric - method of calculating performance

MPUFT – Midlands Partnership University Foundation NHS Trust

MSNAP - Memory Services National Accreditation Programme

NCAP - National Clinical Audit of Psychosis

NEWS – National Early Warning Score

NHS – National Health Service

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

PCNs - Primary Care Network's

PICU – Psychiatric Intensive Care Unit

PIP - Productivity improvement pathway programme

PNA- Professional Nurse Advocate

POMH - Prescribing observatory for mental health

PSP - Patient Safety Partners

QI – Quality Improvement

R&D - Research and development

REACH - Local advocacy project supporting people with learning disabilities

SMI – Serious Mental Illness

STR – Support Time Recovery

SUCC – Service User Carer Council

THRIVE - Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support

UHNM - University Hospital of North Midlands NHS Trust

VCSE – Voluntary Community & Social Enterprise Sector

WRES - Workforce Race Equality Standard

WDES - Workforce Disability Equality Standard

YOT - Youth Offending Team

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 Team North Staffordshire Combined Health Care NHS Trust, Lawton House,
Bellringer Road Stoke-on-Trent, ST4 8HH

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

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