

# QUALITY ACCOUNT 2019/20

**(FINAL v10.2)**

**6.11.20**

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# PART 1

## Quality statement

### 1.1 What is the Quality Account?

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

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

We hope that you find our Quality Account, **covering the financial year 2019/2020 – 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020** 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](http://www.combined.nhs.uk).

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

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

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

As the year began, we were delighted and extremely proud to announce that the Care Quality Commission had awarded the Trust an overall 'Outstanding' rating – the highest overall rating they can award. The news means that Combined Healthcare is one of only two specialist mental health Trusts in England with an overall 'Outstanding' rating.

The CQC rated the Trust as 'Outstanding' in 'Caring' and 'Responsive' domains, and 'Good' in 'Safe', 'Effective' and 'Well-led domains'.

Amongst the comments by the CQC in its Inspection Report about the Trust are the following:

- "Staff treated patients with compassion and kindness"
- "They respected patients' privacy and dignity and supported their individual needs"
- "Staff involved patients and those close to them in decisions about their care, treatment and changes to their service"
- "The Trust listened and acted on the feedback from patients their families and carers"
- "Risk assessments were completed and updated regularly"
- "Staff knew how to keep patients safe and reported incidents"
- "There was a good response to any sudden deterioration whereby patients could just walk into any location or call the duty person"

- “The Trust was actively engaged in leading, influencing and shaping local sustainability and transformation plans”
- “The Trust included and communicated effectively with patients, staff, the public and local stakeholders”

Everyone employed by, or in partnership with the Trust, works tirelessly to provide the best possible care. Everyone should be really proud of the CQC report which recognises the really excellent compassionate and responsive way we support service users and carers day-in, day-out.

To achieve this ‘Outstanding’ rating is rare, and a real testament to our excellent staff who aspire to deliver true person-centred care in partnership with service users and carers. Our ambition is to continue to strengthen integration alongside our partners.

But we made clear we were far from complacent and we wanted our journey of improvement to continue. Our relentless focus and aim is to be Outstanding in ALL we do and HOW we do it. This includes continuing to strengthen integration alongside our partners and our engagement with staff, our service users, their families and communities.

We believe there are three key building blocks to make an organisation Outstanding:

- the **people** of the organisation are the fabric of the organisation that makes us tick. Their ability to be self-motivated, enjoy what they and want to do more;
- the ability to operate effectively **as a team**, supporting one another and enabling each other to be the best that we can be - an inclusive organisation and with a culture that’s compassionate to each other and to our service users; and
- **innovation** - the ability to not be complacent and to strive to improve and do better, but specifically orientated around innovative approaches.

Those are the three absolutely critical elements to an organisation being successful and at the heart of why we’ve been able to continually improve over a number of years.

We are delighted that this reputation for being outstanding and rejecting complacency has continued to be recognised externally, including by our regulators and leaders in the NHS.

We were proud to be singled out during the year 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 - in its Report – “Sustaining Improvement”.

In particular, the CQC said:

- at the heart of our success has been our continued focus on strong and accessible leadership;
- we invested in staff through training and support; and
- sustaining and improving in the long term is only possible through working in partnership.

It was also a pleasure to be able to welcome to the Trust the national Director for Mental Health services, Claire Murdoch, to officially open our unique 24x7, all-age Mental Health Crisis Care Centre - one of the jewels in our crown and a perfect embodiment of our three key building blocks - people, team and innovation.

**Our key achievements:**

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

- ✓ Best performing Trust in England for Improving Access to Psychological Therapies (IAPT) and recovery rates
- ✓ Highest dementia diagnosis rates for over-65s in the West Midlands
- ✓ Awarded Trailblazer status within Children and Young People's services (fantastic opportunity to identify and support emerging emotional concerns for children and young people)
- ✓ Cut average length of stay for learning disability admissions by 60%
- ✓ 21 consecutive years of financial balance against a programme of quality improvement
- ✓ Highest conversion rates to psychiatry training of any Medical School in England (as a University of Keele Teaching Hospital we have worked in partnership to strengthen the future workforce)
- ✓ Ensured safe staffing and have the lowest sickness rates of any Mental Health Trust in the West Midlands (by supporting staff health and well-being)
  
- ✓ No child forced to wait more than 18 weeks for a CAMHS assessment
- ✓ New mental health teams in partnership with schools across Staffordshire and Stoke-on-Trent
- ✓ Mental Health Crisis Access Centre - unique in the NHS in bringing together under one roof a whole range of teams offering a service to people of all ages, 24/7, 365 days a year.
- ✓ Led national pilot for the 'High Potential Scheme' to attract, select and develop talented senior members of staff into the leaders of tomorrow.
- ✓ The finest frontline Podcast in the NHS, covering all aspects of Trust's services, people and service users
- ✓ Met or exceeded required performance against all mental health national and local access and waiting time standards
- ✓ Met all targets in the national CQUIN framework – designed to reward genuine ambition and stretch Trusts, encouraging a culture of continuous quality improvement in all providers.

### Our key priorities:

During 2019, we set out our plans to continue our journey of improvement towards outstanding by moving to more integrated services, based on locality, working across North Staffordshire and Stoke on Trent. We play a key part in the Staffordshire Sustainability and Transformation Partnership and the development and provision of Integrated Care Teams that work in the community and join up care for long-term conditions – bringing together health and care providers including mental health, primary care, community services, acute services, social care and the voluntary sector.

We are proud to play a leading role in the 'Together We're Better' Sustainability and Transformation Partnership.

We continued our engagement with our service users and carers via a number of forums (both formal and informal) to deliver clinical services around evidence-based models of care that met the needs of our service users and carers.

Importantly, our Open Space Event in November 2019, brought together over 90 of our service users and carers to influence and shape how we prioritise specific approaches we take under our core quality SPAR priorities. In partnership with the Service User and Carer Council we also explored how we can increase opportunities for service users and carers to get involved with the Trust, building on the excellent work undertaken so far.

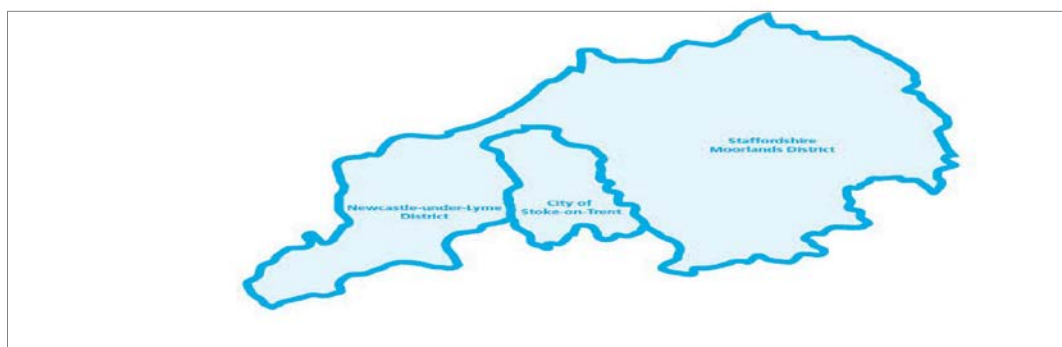
Of course, at the end of the period covered by this Quality Account the whole world encountered the unprecedented events of Covid-19, which is still ongoing as we write this statement. Whilst none of us can be certain of how these extraordinary times will end, the one thing we can confidently predict is that the remarkable people and teams who make up Combined Healthcare will continue to rise to whatever challenge is thrown at them with talent, dedication and a passionate commitment to caring for the population and communities it is our continuing privilege to serve.

Finally, we are pleased to announce that the Board of Directors has reviewed this 2019/2020 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 2019/2020.

Peter Axon, Chief Executive and David Rogers, Chairman

## 1.3 Introduction to North Staffordshire Combined Healthcare NHS Trust

- North Staffordshire Combined Health Care 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 1,358 permanently employed (WTE) and 179 other staff during 2019/20. These staff work from both hospital and community based premises, operating from over 30 sites. Our main site is Harplands Hospital, which opened in 2001, and provides the setting for most of our inpatient units.
- Our staff are committed to providing high standards of quality, and safe services. We service a population of approximately 464,000 people from a variety of diverse communities across Northern Staffordshire, providing services to people of all ages with a wide range of mental health and learning disability needs.
- Sometimes our service users need to spend time in hospital, but more often, we are able to provide care in outpatient, community resource settings, and in people's own homes. We also provide specialist mental health services such as Child and Adolescent Mental Health Services (CAMHS), Neuropsychiatry and Psychological Therapies, plus a range of clinical and non-clinical services to support the University Hospital of North Midlands NHS Trust (UHNM) and Midlands Partnership NHS Foundation Trust (MPFT).
- Our main commissioners are North Staffordshire (33%) and Stoke-on-Trent (49%) Clinical Commissioning Groups (CCGs). We also work very closely with the Local Authorities in these areas, in addition to our other NHS partners.
- We have close partnerships with agencies supporting people with mental health, substance misuse, and learning disability problems, such as Approach, We are With You, BAC O'Connor Gateway, ASIST, Brighter Futures, Changes, EngAGE, North Staffordshire Huntington's Disease Association, Mind, North Staffs Carers Association, Reach and the Beth Johnson Association.
- The Trust Board, comprising the Chairman and five Non-Executive Directors, the Chief Executive and six Executive Directors, lead our organisation. A General Practitioner, Staff Side Representative, and the chair of our Service User and Carer Council supplement the Board.
- Further information regarding our purpose, vision and values is contained in our Annual Report, which provides an overarching summary of our services. This can be found via our website at [www.combined.nhs.uk](http://www.combined.nhs.uk).



## 1.4 Services Covered by this Quality Account

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

**Figure 1:**

**Outstanding**

Our journey continues...

### Our Operational Structure



## 1.5 Our Vision and Quality Priorities

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

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

### Our Vision:

**"To be outstanding in all we do and how we do it"**  
**Our journey continues...**



## Our Quality Priorities:

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

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

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

## Our Values:

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

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

## Our Strategic Objectives:

1. To enhance service user and carer collaboration
2. To provide the highest quality, safe and effective services
3. To inspire and implement innovation and research
4. To embed an open and learning culture that enables continual improvement
5. To attract, develop and retain the best people
6. To maximise and use our resources effectively
7. To take a lead role in partnership working and integration



## 1.6 Quality of Services 2019/2020 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. Improvements during 2019/20 are summarised below:

### Under Quality Priority 1 'Safe' we have:

- ✓ **Worked towards our Zero Suicide ambition by**
  - Continued participation in the countywide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide
  - Hosting a regional Suicide Prevention Conference in November 2019, helping to raise the profile of suicide prevention and bereavement support
  - Registering 84% of staff in face to face suicide awareness training

- Making information more accessible via our website regarding bereavement and how to seek support following a suicide
- Continuing to roll out environmental ligature improvements
- ✓ **Focussed on improving physical health by**
  - Strengthening physical health monitoring for service users through updating the National Early Warning Score NEWS to NEWS2 for inpatient services and the Lester Tool for community services
  - Introducing a non-contact physical observations assessment
  - Continuing on our journey 'Towards Smoke-free'
  - Increasing compliance with Infection Prevention and Control (IPC) audits from 90 to 95%
  - Achieving 81.76% uptake of Flu vaccination for patient facing staff
- ✓ **Provided a safe environment by**
  - Improving our rating for safe services from 'requires improvement' to 'good' across Adult Community Services and Wards for Older People
  - Further refining the Falls Reduction Quality Improvement Project to reduce falls on older people's wards
  - Fully embedding the Community Safety Matrix across all teams
  - Maintaining 'safer staffing' in line with the National Quality Board (NQB)
  - Achieving 99.47% compliance with the Patient Led Assessment Environment (PLACE) which audits environments and cleanliness, remaining in the top performing quartile of Trusts nationally
  - Embedding an electronic system for the daily monitoring of fridge temperatures
  - Improving compliance with Mental Health Law, following the introduction of the Inpatient Safety Matrix and provision of additional bespoke training for staff
  - Developing and implementing a best practice cyber security solutions
  - Reducing the number of avoidable transfers between acute ward areas
  - Continuing to progress our Reducing Restrictive Practice Strategy
  - Embedding the 'Safewards' model within our mental health inpatient wards
  - Being a lead participant in the National Sexual Safety Collaborative as part of a wider Mental Health Safety Improvement Programme
- ✓ **Acknowledged the importance of clinical leadership in maintaining safe wards by**
  - Implementing our SPAR wards accreditation framework to enhance the quality of care on in-patient wards
  - Providing Trauma Informed Care training to all Acute Ward areas

#### **Under Quality Priority 2 'Personalised' we have:**

- ✓ **Strengthened person centeredness by**
  - Co-producing a Person Centeredness Framework with service users, carers and staff
  - Continuing to implement the Restraint Reduction Strategy, focussing on service user experience and person centred care
  - Expanding the NHS Improvement Therapeutic Observation, and AQuA Trauma Informed Care Quality Improvement projects across all acute wards
  - Taking our approach to inclusion to the next level, led by our diverse board.
- ✓ **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
- Increasing the number of service users being offered the opportunity to participate in research studies via adoption of a 'Consent to Contact' about research initiative
- Hosting an Open Space Event (November 2019) in partnership with the SUCC to enable service users and carers to influence and agree our quality priorities for 2020/21

### **Under Quality Priority 3 'Accessible' we have:**

#### **✓ Improved access to services by**

- Commencing development of electronic self-referral functionality for patients and carers to the Child and Adolescent Mental Health Service (CAMHS) hub
- Continued to develop the accessibility of our services by improving our system of access to interpretation and translation services and by introducing a new process of service user representation feedback called 'Observe and Act' to review our clinical services, including through an equality 'lens'.
- Opening a Psychiatric Intensive Care Unit (PICU) to reduce the need for service users to be cared for 'out of area'
- Working with health and social care commissioners to reduce delays in transfers of care
- Piloting video consultations in our community teams

#### **✓ Worked towards improving access to records by**

- Progressing the PatientAide protocol which will enable service users to control access to their own electronic patient record (year 1 of 3)

### **Under Quality Priority 4 'Recovery Focussed' we have:**

#### **✓ Promoted recovery by**

- Launching a virtual and physical wellbeing academy, providing people with education and learning experiences by way of supporting personal and social recovery
- Appointing 10 volunteer peer mentors, and 5 peer support workers; supporting their knowledge and skills development via a bespoke 10 week educational programme

## **1.6.1 Key achievements by Directorate**

### **Stoke Community**

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

Over the last 12 months, the Directorate has worked to establish strong and effective relationships both internally and externally. This is demonstrated via the recent award of the IAPT contract between MPFT and ourselves as a partnership arrangement.

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

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

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

The Trust lead role, in relation to older people's services, is held by the Directorate, and, are proud to continue to have excellent diagnosis rates across North Staffordshire. Stoke-on-Trent currently has the best diagnosis rates in the West Midlands at 88.5% against a National target of 66.7%. North Staffordshire also exceeds the national target at 75.6%.

This was achieved via excellent team working within the MSNAP accredited memory services, providing assessment, diagnosis and treatment for people with a number of conditions, including dementia. Additionally, there is a team working closely with GPs, to treat people living with dementia closer to home, and a further team supporting people at high risk of developing the condition.

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

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

Wait times for referral within the city CAMHS service to treatment have reduced significantly, with 95% of children being seen before 18 weeks, and 100% being assessed before 18 weeks.

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

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

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

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

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

Our organisational NHSI Service Review commended the Trust in the following areas; All age, 24/7 Crisis Hub, Digital exemplar work to structure referral management, and the ADHD clinical pathway including the shared care, and interface with primary care. This is underpinned by robust partnership working with the CCG, local authority, primary care, and local schools.

The digital exemplar for children and young people, families and carers is anticipated to be launched in May 2020.

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

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

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

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

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

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

## **Specialist Services**

The Directorate, established in October 2018, consists of services not rooted in place, or would be less viable if broken down into locality teams, such as, Learning Disabilities, Adult Mental Health Rehab and Neuropsychiatry, with an overarching purpose to grow and diversify services.

There are 2 key organising principles for the Directorate:

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

The contract for the Stoke Community Drug and Alcohol Service was secured at the same time as the formation of the Directorate. The new service commenced on 1<sup>st</sup> January 2019, with ourselves, as lead provided, overseeing arrangements. We Are With You, a national 3<sup>rd</sup> sector provider, and BAC O'Connor, a local provider supported arrangements. The Trust also supported this partnership in applying for a national scheme offering capital investment to improve services. The successful bid, will see £400k in funding, being used to ensure that people with alcohol issues can access excellent local facilities and services.

Stoke Heath Prison Healthcare was another new secured contract. The Trust has retained the clinical substance misuse element of healthcare at the Prison, and played a lead role in forming the new integrated Healthcare team with Shropshire Community NHS Trust leading on primary care. The Trust also provide the Specialist Mental Health Services within this new service. Significantly, this service received a 50% increase in funding, and will provide a 7 day mental health service, with the introduction of interventions for Psychological Therapies and Learning Disabilities.

Learning Disability Services secured additional funding to increase the level of support provided for people returning to the local area, who previously were sent outside the Staffordshire and Stoke-on-Trent area for their care.

The Darwin Centre CAMHS team have been leading on an initiative, working closely with NHS England, and a number of other NHS and Independent sector providers, to develop a case for using NHS England funding, currently used to invest in beds around the country, instead, being invested in more local services to prevent the need for hospital admission. As this new community based service initiative develops, the Darwin Centre will increasingly be expected to admit young people with higher levels of challenging behaviour. To better meet this new demand, the Trust is exploring options to re-provide the service on the main Harplands Hospital site, thus improving access to rapid response from other wards, senior nursing staff on site, and the 24/7 medical rota.

A review of Neuropsychiatry Services indicated the need to strengthen regional, if not, their national presence, whilst modernising service elements to better meet local needs, positioning themselves for future developments in this area.

Psychology Services hold numerous contracts with UHNM, MPFT, probation and CCGs to provide highly specialist psychology services for people outside mental health services, including cancer, bariatrics, probation and paediatrics. All contracts have once again been successfully secured, with discussions to expand into more areas taking place with partners.

The Adult Mental Health Rehabilitation and Resettlement Service commenced a service review. The outcome suggested a reduction in the number of inpatient facilities to improve the range of staff within one unit, and to allow the remaining staff to be available for work in the community. This development is currently underway, and will result in a better staffed service, focused on helping service users reach their maximum independence as a tenant with their own house, rather than the limiting environment of an NHS inpatient ward setting.

The Repatriation Team continued to deliver around £2m per year savings via better management and return of people with complex needs. The team are working closely with CCGs and MPFT to further develop alternative solutions to out-of-area and out-of-NHS placements.

## Acute and Urgent Care

The Trust Capital Investment Plan supported the Directorate to develop the existing Access Team to extend to an all age assessment service during 2019/20.

The purpose built Crisis Care Centre was developed, with £1.1M Trust investment, to further improve the crisis service delivery to the population of Stoke-on-Trent and North Staffordshire. The Centre opened on time and budget in October 2019, with the single objective of improving the quality of compassionate; easily accessible, recovery focussed care provided to people in crisis at any time of day or night, 365 days a year.

The official opening saw Claire Murdoch, National Director for Mental Health Services and Chief Executive of Central and North West London NHS Foundation Trust unveil the plaque to open the Centre.

The reputation of the Centre received two important endorsements within the first 6 months of opening. The first inclusion in the Report from the Positive Practice in Mental Health Collaborative on leading practice in “All Age Crisis Care Pathways.” This important report highlights the very best examples of crisis care across the age groups from children and young people’s mental health, through to adult and older people’s mental health services. It talks of the importance of equal and inclusive access, person centred care, and getting the right help at the right time in the right way. The Report was published at an event on February 4th 2020 at the House of Commons Churchill Room.

The second endorsement came from a visit by managers and staff working in a number of NHS Trusts across the West Midlands, seeking to learn how we have successfully delivered an all-age, 24/7, 365 days a year service, including walk-in facilities. The discussions and tour confirmed that the Centre is unique, an example that others are eager to follow.

The Directorate was successful in securing additional resource to expand the High Volume Users (HUU) service, which has an excellent track record on service delivery and performance. The additional investment created savings for the local Acute Trust provider, specifically Accident and Emergency Department, reducing multiple attendances where mental health concerns were the driver for attendance, along with additional investment to drive forward further crisis prevention via Crisis Café/Sanctuary Spaces service.

The service will strengthen closer working with providers of alternative crisis services such as Brighter Futures and Richmond Fellowship. Together they will work in close partnership to deliver Crisis Cafes / Sanctuary Spaces as a least restrictive option, and to support early intervention to prevent crisis. It is believed that adding additional resource to services already in place (to greater / lesser degree) enhances the crisis pathway for service users rather than establishing stand alone, new services that are disparate, and not integrated into already established crisis services. The team



supports an enhanced provision of support to staff in the Café's and other existing 3rd sector community facilitates in the management of risk and delivery of appropriate care and support. The crisis café provision operates in communities, aligned to services that already exist, with work focussing on prevention by providing low level interventions / support for people before they reach the point of crisis.

In line with national policy, and to ensure provision of appropriate mental health services to meet the needs of the local population, the Trust opened its state of the art Psychiatric Intensive Care Facility in October 2018, initially providing 4 beds to the population of Stoke-on-Trent and North Staffordshire. The Directorate have continued to develop this service, and in line with the STP mental health work stream priorities, have worked in collaboration with MPFT to ensure a Staffordshire wide approach to PICU provision, to meet the population needs, with a clear focus on reducing and eliminating the need for out of area admissions.

In July 2019 the Trust successfully opened a further 2 PICU beds and have developed Staffordshire wide partnership arrangements, and bed management protocols, to significantly reduce the need for out of area admission.

The NHS Long Term Plan and Five Year Forward View for Mental Health identified the need to eliminate inappropriate out of area placements for non-specialist acute care by March 2021. The overarching aim of the Directorate, and Trust is to support timely access to appropriate treatment in the least restrictive setting for a person's needs, as close to home as possible. The Directorate are pleased to report an on-going zero out-of-area admission rate position, and ongoing robust care models and processes to support effective gatekeeping, purposeful admission and effective discharge planning in partnership with the Home Treatment and Community team.

## 1.7 What the Care Quality Commission said about the Trust

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

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

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

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

Paul Lelliott went on to report:



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

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

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

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

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

#### Summary Rating Table:

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

#### Detailed Rating Table:

### Ratings for mental health services

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

### Comparison Table – 2015 to 2019:

Combined Healthcare CQC Service Ratings		
	2015	2019
Adult Inpatient	Requires Improvement	Good
CAMHS Community	Inadequate	Good
CAMHS Wards	Requires Improvement	Good
Adult Community	Requires Improvement	Good
Crisis	Inadequate	Outstanding
Community LD	Good	Good
LD Inpatient	Good	Good
Rehab	Requires Improvement	Outstanding
OP Community	Good	Outstanding
OP Inpatient	Good	Requires Improvement
Substance Misuse	Requires Improvement	Good
<b>Overall</b>	Requires Improvement	Outstanding

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

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

## 1.8 Building Capacity and Capability

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

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

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

## 1.9 Our People

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

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

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

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

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

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

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

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

We employ an average of 1,432 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:** We have been on a journey of staff engagement for 5 years, starting with the introduction of Listening into Action (LiA), a Trust wide approach to engagement, creating fantastic demonstrable results. LiA was really successful at creating change through engagement and involvement of staff, service users and carers, and helping influence a staff engagement culture at an organisational level. This saw the Trust improve its staff survey engagement scores, from being one of the lowest scoring Mental Health Trusts.

By developing both organisational and team engagement cultures through LiA, and the introduction of Towards Outstanding Engagement, we were able to prime the organisation for the next stage of developing a Trust approach to service improvement, improving team engagement, and facilitating improvements, resulting in better performing teams, ultimately improving the quality of care we provide to our service users.

**Health and Wellbeing:** Fostering a positive culture that supports the health and wellbeing of our workforce is of great importance. Significant progress has been made this year by focusing on a variety of Health and Wellbeing initiatives for our staff, including the initiation of a Health and Wellbeing Steering Group, which has led to a number of initiatives, including healthy eating education, our winter flu fighter campaign, the continuation of a physiotherapy fast track service. Building on the success of the Feel Good Friday initiative, we have continued to provide regular Health and wellbeing events. This has included a range of workshops and sessions for staff on topics such as menopause, improving sleep, stress reduction and improving diet. Our Wellbeing Academy is accessible by our service users and staff.

In December 2019 the Trust held its third Critical Incident Stress Management (CISM) Annual Conference, sponsored by the Royal College of Nursing (RCN). This provided an excellent opportunity to share good practice, and to network with colleagues from other organisations.

Schwartz Rounds commenced in April 2018, and continue to be a confidential monthly meeting, where staff from different professions and backgrounds come together to discuss the non-clinical aspects of their work. Centred on a particular case or theme, each meeting begins with a panel of presenters talking briefly about their own experiences.

The start of the COVID-19 pandemic saw us respond very quickly as a Trust, supporting and safeguarding our people because this is the right thing to do and a fundamental role to providing high quality services. Ahead of the National NHS Staff Offer of Support, we already established a dedicated internal COVID-19 staff support helpline, which supplemented our existing internal Staff Counselling and Support offers and our 24hr counselling offer through our partners Viv-Up.

The Trust leads the newly formed System Staff Psychological Health and Wellbeing group which was created at the start of the COVID-19 pandemic. This group works collaboratively to ensure we are able to better support our people working across the Staffordshire and Stoke-on-Trent system.

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

**Diversity & Inclusion:** The Trust has significantly advanced further development of its culture of inclusion throughout 2019-20, as well as continuing to demonstrate outstanding leadership in this area across the local care system. We have developed our Trust Board membership to be one of the most diverse in the country, with 3 BAME executive directors, a strong female membership,



and both LGB and Trans representation. We have been continuing the work of our Inclusion Council, led by our CEO, and our core inclusion projects overseen by this group. We have widened the remit of this group to cover the full range of protected characteristics and other equality groups. We have been working to further embed the role of our Staff Networks (BAME, LGBT+ and Neurodiversity) into the usual business of the trust, and will be launching an additional network, our Disability Staff Network later in 2020. We have hosted a number of well attended, and highly successful, conferences on inclusion topics (including our first BAME conference, our first LGBT+ conference and a second suicide prevention conference). We successfully delivered a first cohort of reverse mentoring, whereby 15 Trust senior leaders were paired with BAME or LGBT+ colleagues to share experiences, and develop learning, challenge established mind-sets, and promote inclusive action. We have significantly enhanced our joint working on inclusion across our local systems, including jointly launching a High Potential Scheme for future leaders, and this approach had enabled the selection of a diverse pool of candidates, supporting a more diverse future senior leadership talent pool of our local system organisations. We continue to our work in striving towards Outstanding Inclusion across the Trust, for the benefit of service users and staff alike.

**Leadership and Management Development:** We have continued to work with our leaders via our Leadership Academy, with the programme of events focussing on key strategic topics aligned to our Board Development Programme.

We have commissioned a cohort of accredited coaches to be a resource for the Trust, completing in 2020, resulting in a register of internal coaches to support our leadership and development activity.

Delivery of our In-Place leadership programme, to support our move to locality working for all senior leaders in the Trust was completed. The programme, delivered over 2 cohorts, included 6 taught sessions, and 6 Action Learning sets over a 14 month period. A co-design event was held in February 2019 to introduce and launch the programme.

A review of our leadership development offer took place. We are working in collaboration with other system partner NHS organisations to ensure maximisation of resources, specialist skills, and economies of scale to enhance our leadership offer throughout all levels within the Trust, helping ensure a clear channel of support, preparing our managers and leaders as they progress in their careers at the Trust.

To further supplement and support the development of our leaders and people, we have developed a number of internal coaches, and are leading the development of a coaching network across the Staffordshire STP.

**Recruitment and Retention:** Akin to many NHS organisations, recruitment and retention continues to be a major priority due to a national workforce shortage, and the ongoing challenge of nursing and medical recruitment. That said, as a Trust we have continued to improve our position, seeing significant reduction in our vacancy position over the period. A number of strategies have been implemented to support attracting potential candidates including, but not limited to, Apprenticeships, Return to Practice schemes, development of new roles, enhanced social media campaigns and collaborative recruitment campaigns. In terms of Retention, we are part of the NHSI National NHS Retention Scheme, and have implemented a number of strategies to retain our workforce, including flexible retirement, an enhanced retire and return offer, talent management, and improving our leadership offer.

**Learning Management:** We launched our new Learning Management System (LMS) in 2017 with a number of developed modules, from our subject specialists, aligned to the Core Skills

Training Framework. This alignment allows new employees to passport over to us their educational record and for leavers to take their record with them, ensuring efficacy across the health economy. There has since been two upgrades, one in 2018 to enable access to 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, followed by another in 2019, to integrate an Appraisal module to all staff members accounts. All staff have their own account which enables easy access for booking and completion of e-learning as required for their specific role. The LMS also houses a Course Catalogue, where staff can extend their learning above and beyond their mandated requirements. We continue to develop our offer through bespoke educational e packages, video packages and virtual learning sessions. This enables us to produce a flexible and responsive learning platform to meet the requirements of professional healthcare.

**Apprenticeships and New Roles:** We have continued to recruit to new apprentice positions and expand the range of apprenticeships to existing staff, enabling them to progress within their careers. In September, we improved our apprentice pay offer for new recruits, which has impacted on the numbers of applicants to vacant posts and reduced the length of time to recruit to vacancies. Staff undertaking apprenticeships at all levels from Level 2 – Level 7. We have promoted the development of functional skills within the trust through the BKSb e learning system for staff who are looking to undertake higher apprenticeships and don't meet the basic entry qualification in maths and English. We continue to explore the implementation of new apprenticeship routes into registered posts including physiotherapy, occupational therapy, social work and nursing. Wherever possible, we work with partner organisations to maximise the learning experience for apprentices, and to enhance understanding and networking across the health economy.

**Staff Awards:** We acknowledge and reward staff via our annual Recognising Excellence and Achievement in Combined Healthcare (REACH) Awards, and 'spotlight' the efforts of an individual and a team at our public Trust Board meetings and our annual event in July.

**Listening to Staff, including Freedom to Speak Up:** We continue to have well established platforms for listening and responding to staff. Our 'Dear Peter' initiative provides all staff with access to our Chief Executive, to anonymously raise any issues, concerns, service suggestions and compliments; responses are issued transparently via our staff intranet.

The Freedom to Speak Up Guardian, along with 15 Freedom to Speak Up Champions, actively support a positive culture to ensure staff feel comfortable and safe with raising concerns, and where requested, to do so in the strictest of confidence. The Champions work in a range of our localities, and represent a diverse staff and mixture of professional groups; to give staff the option of who they would be most comfortable with speaking up to.

During the coming year, the plan is to further promote and spread the Freedom to Speak Up message. A bespoke training package for the Freedom to Speak Up Champions will be provided with the aim of ensuring Champions become more visible, and provide a variety of outlets for raising concerns over quality of care, patient safety or bullying and harassment within the Trust. Freedom to Speak Up is included on every Directorate Board meeting agenda to ensure all staff have the opportunity to raise their concerns directly with their line managers. Assurance will be sought to ensure Speaking Up is included in all team level staff meetings.

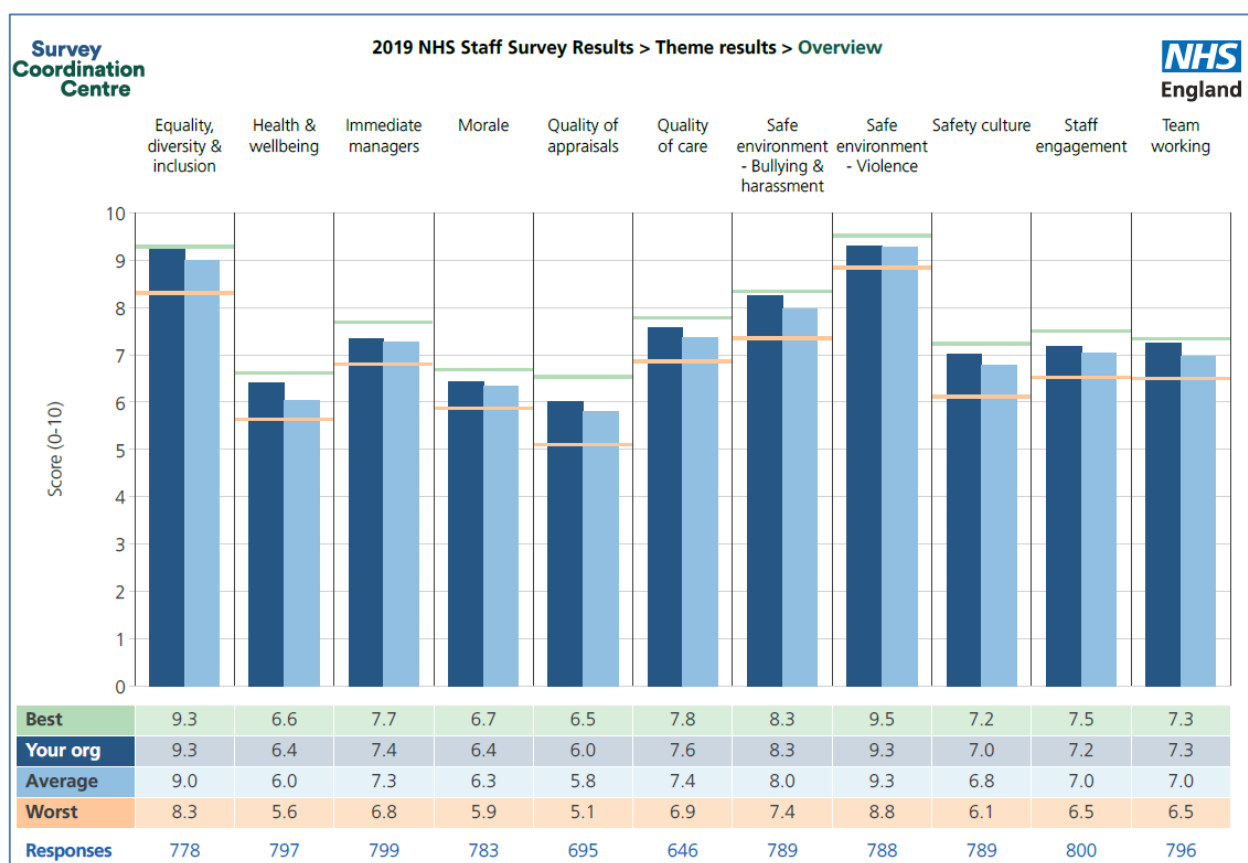
In February 2020 the Chief Executive commenced 'on the road' engagement sessions, these are used to help inform the next steps to further improving staff engagement via our listening and responding processes. The 'Active Listening' business process will be rolled out during the coming year.

**Staff Survey:** The National NHS Staff Survey provides us with an annual opportunity to monitor changes in what it feels like to work for the Trust over time. Our results for 2019 show a positive outcome when compared the other 23 Mental Health Trusts and Learning Disability organisations in England that we benchmarked against, and who used the same survey provider.

Research shows that Trusts with stronger staff recommendation scores, are also found to have stronger outcomes, in terms of quality of patient care and experience. Our response rate was 53%, with our benchmark median as 54%, when compared to our benchmark group. This year yielded the highest numbers of respondents to questionnaires returned.

Figure 2 below shows our benchmarking results. We scored above average in all 11 domains, and were either the highest scoring (or joint highest) in our benchmark group for 3 of these domains, including; a) Equality, diversity and inclusion; b) Safe environment (bullying and harassment); and c) Team working

**Figure 2:**



This year, we chose to strengthen our existing focus and support for the health and wellbeing of our workforce. This has been of particular importance during the acute and urgent phase of the COVID-19 pandemic. Positive progress during has been made, creating two work streams, focussing on different, yet interrelated elements of health and wellbeing.

- Physical and Environment
- Psychological

Some of the key positive changes for the physical and environment work stream have been:



- Providing additional support and a number of offers for our BAME colleagues. Covid-19 pandemic has thrown a spotlight on the experiences and health inequalities of our BAME staff during these challenging times, who have been adversely affected by the pandemic.
- Establishing an Inpatient ward group **to support the continuation of work around ensuring staff work in a safe environment, where bullying and harassment can openly be challenged.** Ward Managers have been taking ownership of actions, addressing the discriminatory behaviours experienced by staff in inpatient wards, with additional focus and attention supported by the Culture and Inclusion group of the Inclusion Council. Senior executives maintain close interest and support for change and cultural development to ensure highly visible leadership for this area of concern.
- Creating a much needed respite and downtime area for staff wishing to take time out from their frontline duties, by securing, re-purposing and renovating several rooms for staff, comprising of a lounge – “The Rainbow Suite” and adjacent garden, a new shower room and a fully kitted out kitchen. Additional rest rooms have also been fully equipped.
- Creating a staff support suite, offering our staff support, either face to face or online communication with our psychologists
- Raising staff awareness through providing information and celebrating cultural calendar events
- Regular deliveries through the use of Wellbeing Boxes to operational work bases, recognising their compassion and commitment during such challenging times.

## PART 2

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

#### 2.1 Engaging partners and stakeholders

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

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

#### 2.2 Quality planning, governance and quality improvement

Our Quality Strategy is underpinned by our Quality Improvement Programme, recognising that strong clinical leadership and engagement is essential to successfully delivering the strategy, and to achieving the desired changes in our quality and safety culture. Our Workforce Strategy

supports this via initiatives such as staff engagement, clinical supervision, staffing and recruitment, thus ensuring staff are supported and engaged to deliver high quality care.

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

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

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

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

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

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

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

- Changing our Directorate structure from specialities to localities to ensure that people receive seamless services, close to home

- Reviewing safer staffing across 24 hour services in line with National Quality Board standards
- Implementing the SafeCare module within E-rostering, to enable real time visibility of our in-patient staffing requirements
- Enabling a range of teams to undertake QI projects via training and project support from NHSI and AQuA

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

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

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

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

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

## 2.3 Summary of Quality Improvement Programme 2020/2021

Our Quality Priorities for 2020/21 were agreed with service users and carers at the Open Space event in November 2019. We proposed and presented a number of initiatives, voted for by service users and carers, which were agreed by the Board. These are set out in our Board Assurance Framework, agreed by commissioners, as follows:

### **Under Quality Priority 1 ‘Safe’ we will:**

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

- Continuing to lead and collaborate with the Health and Social Care agencies with a system-wide approach to our Zero Suicide ambition
- Continuing to roll out environmental ligature improvements
- Having a strategy to address loneliness within our service user group
- **Further develop clinical leadership to maintain safe wards by:**
  - Fully embedding our SPAR wards accreditation framework to enhance the quality of care on in-patient wards
- **Improve physical health by:**
  - Developing a non-contact observation form based on NEWS2, to support appropriate monitoring and the sepsis programme
  - Proactively implementing the annual Flu Vaccination programme, and developing a flu plan to achieve the 90% target
  - As part of the Serious Mental Illness (SMI) Transformation STP plan, we have worked closely with our CCG and primary care colleagues to develop a pathway in which to increase the number of service users with SMI having a joint physical and mental health review. The Trust has secured increased funding to support this pathway.
- ❖ **Strengthen our approach to supporting people with Dual Diagnosis by:**
  - Raising the profile of the dual diagnosis policy and strategy via Directorates
  - Establishing joint case review systems between substance misuse and mental health providers
  - Developing an e-learning package to increase access to training

#### **Under Quality Priority 2 'Personalised' we will:**

- ❖ **Strengthen person centeredness by:**
  - Building on the Person Centeredness Framework and ensuring our focus on the link with care-planning
  - Further embedding Trauma Informed Care across acute wards
  - Further reducing restrictive practice, in collaboration with service users and carers, via the Reducing Restrictive Practice Group
  - Ensuring that pathways consider transition, and recognising that this should be person-centred, reflecting individual needs rather than being age specific
  - Increasing our number of Peer Mentors and Peer Support Workers
  - Developing a strategy to meet PTSD needs beyond veterans
  - Extending the reach of our Inclusion and Unconscious Bias training to cover staff in non-leadership roles in our frontline inpatient services, as well as achieving 90% compliance for people in leadership positions
- ❖ **Encourage involvement by:**
  - Identifying quality priorities for 2020/21 in partnership with the SUCC and other stakeholders
  - Continuing to work in partnership with the SUCC, and use service user feedback (e.g. friends and family test) themes to influence the Trust's Quality Improvement agenda
  - Progressing the Autism Strategy, and engaging with service users, carers and partners
  - Further developing the role and 'voice' of our Staff Networks and how our networks support our work, and act as an 'expert by experience' reference point to support our colleagues and services

#### **Under Quality Priority 3 'Accessible' we will:**

#### ❖ **Improve access to services by:**

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

#### ❖ **Progress digital solutions to improve accessibility by:**

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

#### **Under Quality Priority 4 'Recovery Focussed' we will:**

##### ❖ **Promote recovery by:**

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

## **2.4 Statement of Assurance from the Board**

### **How progress will be measured and monitored:**

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

Quality was monitored by the NHS Staffordshire and Lancashire commissioning support unit (CSU) on behalf of North Staffordshire and Stoke-on-Trent CCGs.

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

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

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

### **Measuring clinical performance:**

Clinical audit, clinical excellence, and research and development, all contribute to measuring effectiveness, (including both clinical outcomes and patient-reported outcomes) safety, and patient experience via quantitative 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.

In 2019/2020, we introduced a new Improving for Quality Performance Report (IQPR), using statistical process charts to analyse trend data across both clinical and non-clinical performance metrics.

### **Quality governance assurance framework:**

Our NHSI oversight segmentation is band 2 - the highest is band 1, which gives Trusts maximum authority.

### **Litigation cases for 2019 / 2020:**

The number of cases has remained fairly static for non-clinical claims received during the period; there was no expenditure on non-clinical claims. We have been able to successfully defend claims, where we have been able to provide evidence that policies and procedures were followed. We continue to work closely with NHS Resolution, to use the intelligence acquired from both internal and external cases, thereby ensuring quality improvements are made.

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

The following services at the Trust are accredited: ECT Clinic; Wards 1, 2 and 3 (Adult wards at Harplands Hospital); Memory Clinics. Our learning disability wards, the young people's wards, and older person's wards have begun the accreditation process.

### **Learning lessons:**

2019/20 has been the 9<sup>th</sup> year the Patient Safety Team has delivered Learning Lessons sessions and bulletins. These provide our staff with the opportunity to learn lessons from both incidents and complaints. The sessions have continued to be offered on a monthly basis, and are well attended by clinical and non-clinical staff. One development during the period, has been the introduction of bite sized Learning Lessons videos, providing key safety information in less than a minute. The brand is now well recognised, both internally and externally, and has assisted in supporting the 'Just Culture' agenda.

## 2.5 Review of services

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

During the period from 1<sup>st</sup> April 2019 to the 31<sup>st</sup> of March 2020, we provided eight NHS services, and have reviewed all data available on the quality of care, in all of the NHS services we provide.

The income generated by the NHS services, reviewed in 2019/20, represents 100% of the total income generated from the Trust by provision of its NHS services for 2019/20.

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

## 2.6 Participation in Clinical Audit

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

During 2019/20, four national clinical audits, one national confidential inquiry, and one national review programme covered relevant health services, provided by the Trust, that were collecting data.

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

- Prescribing Observatory for Mental Health (POMH) (3 topics)
- Learning Disabilities Mortality Review
- National Audit of Inpatient Falls (NAIF)
- National Clinical Audit of Psychosis: EIP Spotlight Audit
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)

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.

<b>Title</b>	<b>Number of cases required to be submitted</b>	<b>Number of cases submitted</b>	<b>Percentage of cases submitted</b>
Antipsychotic prescribing in people with a learning disability under the care of mental health services (POMH Topic 9d)	No minimum number specified	87	NA
The use of depot / long-acting injectable antipsychotic medication for relapse prevention (POMH Topic 17b)	No minimum number specified	108	NA
Prescribing for depression in adult mental health services (POMH Topic 19a)	No minimum number specified	64	NA



National Audit of Inpatient Falls	All those meeting eligibility criteria (100% return)	2	100%
National Clinical Audit of Psychosis: EIP Spotlight Audit	All those meeting eligibility criteria (100% return)	86	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	All those meeting eligibility criteria (100% return)	6	100%
Learning Disability Mortality Review	All those meeting eligibility criteria (100% return)	30	100%

The reports of five national clinical audits were reviewed in 2019/20. Actions are monitored by the Trust's Clinical Effectiveness Group

### National Clinical Audit of Anxiety and Depression: Core audit

Good Practice	Key Actions
<ul style="list-style-type: none"> <li>Service users' assessments included social situation in 100% of cases and dependents in 95%.</li> <li>Substance misuse was assessed in 97% of cases.</li> <li>Where a medication review had taken place, this included response to treatment in 98% of cases.</li> <li>A discharge letter was sent in 100% of cases and 90% of these included details of medications.</li> </ul>	<ul style="list-style-type: none"> <li>To ask staff to ensure that all aspects of assessment are recorded in the Core Assessment Tool on Lorenzo.</li> <li>Response to previous treatments to be clearly recorded during initial ward reviews.</li> <li>To remind junior doctors of the need to clearly record provision of information and discussion of side effects when prescribing medication.</li> <li>To liaise with Nurse Practitioners to identify any support which can be provided by junior doctors in relation to discharge summaries.</li> <li>To develop an outline quality improvement project in relation to outcome measures.</li> </ul>

### National Clinical Audit of Psychosis: Early intervention spotlight 2018

Good Practice	Key Actions
<ul style="list-style-type: none"> <li>NSCHT was identified as one of the top performing Trusts in relation to service users with First Episode Psychosis (FEP) being offered supported employment programmes.</li> <li>Among North Staffordshire service users, 78% with FEP were allocated to and engaged with a care coordinator within 2 weeks of referral (among the top performing Trusts).</li> <li>NSCHT was also identified among the top performing Trusts in relation to service users receiving a full physical health assessment and any relevant interventions in the past year (94% compliance)</li> <li>There was considerably above average uptake of carer-focused education and support programmes (73% compliance).</li> </ul>	<ul style="list-style-type: none"> <li>To monitor risk to delivery of Cognitive Behavioural Therapy for Psychosis (CBTp) in relation to staffing levels.</li> <li>To review workloads in order to increase capacity for existing team members identified as Family Intervention providers and thereby improve availability of interventions.</li> <li>To facilitate a carer education and support group with input from carer representatives.</li> <li>To highlight the importance of undertaking outcome measures to the wider team. Data will also be reviewed to determine how it can best be used to inform clinical practice and improve service user experience.</li> <li>To develop SNOMED recording to inform MHSDS reporting and activity.</li> <li>CCG and provider to review investment calculations and discrepancies between local and national data. To review adequacy of investment and support business planning discussions.</li> <li>To develop workforce plan to include baseline position, skill mix and competencies in order to deliver the full range of NICE concordant care.</li> </ul>



### POMH 6d: Assessment of the side effects of depot antipsychotics

Good Practice	Key Actions
<ul style="list-style-type: none"><li>Where side effects had been identified during assessment, clinical management plans were evident in 17/19 cases.</li></ul>	<ul style="list-style-type: none"><li>Work to be undertaken with CMHT Consultants to create and upload a new user-friendly form onto Lorenzo that will capture patient side effect information to cover all audit standards.</li><li>To emphasise to teams the importance of physical examinations and physical health as a whole, together with the importance of accurately recording physical examinations on Lorenzo.</li><li>To liaise with CMHT Consultants to determine whether they monitor blood tests relating to side effects and if so, how these are recorded in Lorenzo. If necessary, to consider the development of a new Lorenzo form to record this.</li></ul>

### POMH 7f: Monitoring of patients prescribed lithium

Good Practice	Key Actions
<ul style="list-style-type: none"><li>Among service users who had been prescribed lithium for more than one year, two or more renal function tests and two or more serum lithium level tests had been undertaken in 97% of cases.</li><li>Among service users who had been prescribed lithium for less than one year, there was evidence of renal function tests, e-GFR or creatinine clearance and thyroid function tests prior to initiation of treatment in 5/6 cases.</li></ul>	<ul style="list-style-type: none"><li>To circulate findings to Directorate leads for cascade to staff in the form of an Executive Summary.</li><li>To display charts listing monitoring requirements for different medications on walls in clinic rooms.</li></ul>

### POMH 19a: Prescribing for depression in adult mental health

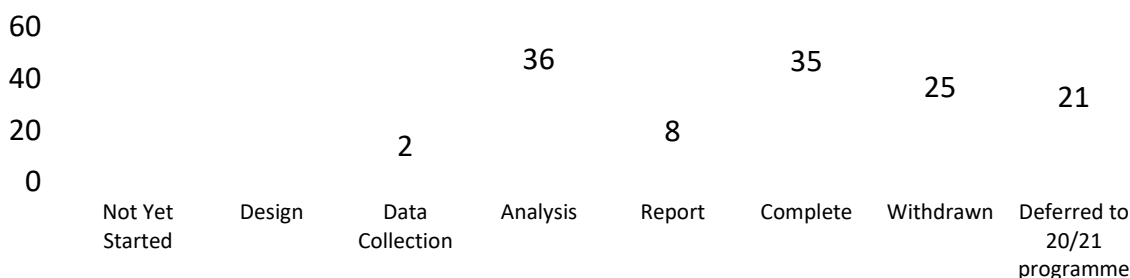
Good Practice	Key Actions
<ul style="list-style-type: none"><li>Among patient prescribed continuing, long-term antidepressant medication, symptoms and severity were considered at annual review in 91% of cases.</li><li>No service users in the sample had been prescribed dosulepin, trimipramine or T3 for depression.</li></ul>	<ul style="list-style-type: none"><li>To remind clinicians of the need to follow Trust policy relating to risk management and crisis planning.</li><li>To consider the possibility of including subheadings relating to medication adherence, medication response and side effects in the revised Standard Care Plan.</li><li>To remind clinicians of the availability of the Maudsley prescribing guidelines and the process for accessing them.</li></ul>

### Local clinical audit programme 2019/2020

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

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

Of the 81 active projects undertaken by the Clinical Audit Department during 2019/20, 35 (43%) were completed. The graph below, outlines the 127 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) (chaired by the Medical Director) for ratification. Once this process is completed, the reports are published and disseminated appropriately. Individual action plans are then entered onto the action plan-monitoring database, and regular updates requested from the action 'owners' to ensure progress is being made.

The reports of 100% of completed local clinical audits were reviewed during 2019/20, with actions to further improve the quality of healthcare provided in the following areas:

- Freedom to Speak Up process
- Frequency and documentation of rights information being provided to patients under Section 132 of the Mental Health Act
- Medicines storage and processes
- Physical health assessments for service users with Learning Disability / Autistic Spectrum Disorder
- Storage of, and processes relating to Controlled Drugs
- Tobacco and alcohol screening and interventions

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://combined.nhs.uk>).

## 2.7 Participation in Research, Development and Innovation

2019/20 saw the Research and Development (R&D) team, along with our research-active clinicians; continue to contribute to high-quality national portfolio research. R&D continued to work with the Clinical Research Network West Midlands (CRN WM) supporting our High Level Objectives (HLO's), and meeting our obligation to report on research initiation and delivery activity to the Department of Health, via the National Institute for Health Research (NIHR).

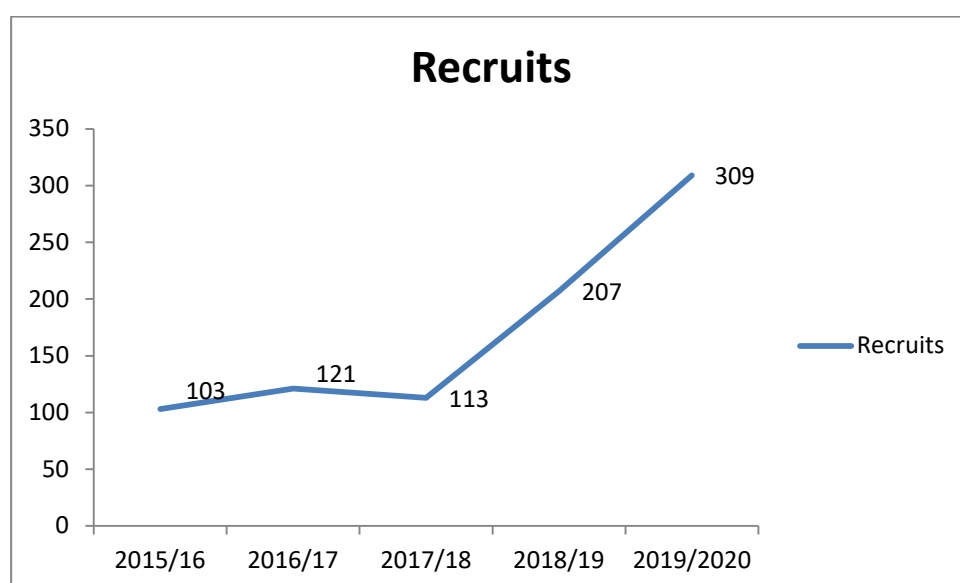
### 2019/20 Achievements:

- Our NIHR research 2019/20 recruitment target of 298 was met, with 309 participants recruited - an overview of recruitment is covered in more detail below
- We optimised the use of our 'Consent to Contact' approach, developed further to support our clinicians in talking to service users about opportunities for participating in research. Over 8,000 service users were asked if they would like to be contacted about research opportunities - with 990 (12%) consenting to be contacted for research; a 28% increase from 2018/19 (n=702)
- We established a number of Innovation platforms to spring-board innovation; this saw the launch of our Innovation Collaborative, 2019 Innovation Nation, and a re-launched Dragons' Den - covered in more detail below

### Research Delivery

During 2019/20 research-active clinicians, and the R&D team, worked together to recruit patients, carers and staff into 18 National Institute for Health Research (NIHR) studies. The emphasis of engagement with clinicians and clinical teams saw a 49% (n=102) increase from 2018/19 in the number of participants recruited into research studies. Recruitment rose from 207 in 2018/19 to 309 participants in 2019/20 - the highest number of recruits in the last five years (Figure 1). We were able to achieve this due to our change in strategy, and approach to recruitment, with a targeted focus on engagement and support for teams from the core R&D team.

**Figure 1.** Recruitment into NIHR studies over the last five years



## Research Management and Governance

During 2019/20, the R&D team updated the Research Management and Governance (RM&G) policy in light of the new UK Policy Framework for Health and Social Care Research, and began an implementation process for the new suite of Standard Operating Procedures (SOPs) for R&D. R&D implemented a more streamlined process around study feasibility and capacity and capability (C&C) assessment, with the C&C process now fully managed electronically via the EDGE database; a national research database supporting management and reporting of research performance and metrics.

The R&D team continued to support staff undertaking research as part of an educational qualification at local Universities of Keele and Staffordshire, in particular, supporting staff and an additional 10 student projects through the University and NHS approvals process.

## Innovation

Significant progress has been made to support Innovation, with a number of developments and initiatives aimed at spring boarding Innovation across the Trust.

**Innovation Nation 2019:** On Wednesday 25th September 2019, Dr Rebecca Chubb (Locum Consultant) and Kerri Mason (R&D Lead), supported by the R&D team, hosted the Trusts' second Innovation Nation event. The event built on the previous year's success, giving staff an opportunity to find out more about the fantastic innovations and work at the Trust. The event was the perfect way to celebrate innovation and to learn from each other, with a fantastic turnout of colleagues there to learn more about the wide-ranging and innovative projects and concepts underway.

**Dragons Den 2019:** The focus for the 2019 Dragons' Den re-launch, was to support and develop small-scale projects within practice, requesting financial and/or project support. Dragons' Den linked in with the Trust's successful Valuemakers Programme, aiming to maximise the use of resources intelligently and efficiently via innovative ideas. Reflecting the format of the television programme, applicants were given the opportunity to pitch their ideas to Trust decision makers, via a Dragons' Den panel; the following seven projects were successful:

- Jay McNeil: Trans Youth Cultural Exchange – Forming links between the Children and young people's group, and the world's first school for trans youth in Chile
- Community Learning Disability Team (CLDT) : Enabling Independence in the Community for Road Safety - Development of a road safety video-based assessment package for Learning Disability, focusing on road safety skills
- Stephanie Hutton: Anthology of Hope – Extending the idea behind the Wellbeing Academy's 'Writing for Wellbeing' classes, and encouraging creative writing ,with a wellbeing focus, offering more workshops from staff and people with lived experience who write
- Katie Lear-Thompson: Video Rehab and Movement Therapy – Pitched to purchase a MOTomed bike and Spoteee, a system of virtual reality videowalk and cycle routes all around the world, patients can explore distant locations whilst exercising
- Dr Becky Chubb: Frailty Simulation Suit – Pitch to buy a frailty simulation suit to improve the understanding and empathy of healthcare staff when managing frail older people

- Matthew Doughty, Ruth Richards and Phil Emery: Sexual Vulnerabilities video Education Support Tool – Pitched to create an evidence-based assessment tool to measure vulnerability within sexual relationships for people with learning disabilities
- Care Home Liaison Team: Music Therapy in Care Homes - Implementation and engagement of music therapy in care homes

**Innovation Collaborative:** Building on existing work and developments, the Innovation Collaborative was established as a forum to bring together existing Trust expertise, resources and processes to drive forward, support, and facilitate the development and adoption of innovation at the Trust.

The Innovation Collaborative links various departments and teams across the Trust, bringing knowledge and expertise together to review, triage and support Innovation ideas; both creation and adoption.

### Next Steps for 2020/21

The R&D team look forward to progressing engagement projects and initiatives into 2020/21. The team, supported by clinician engagement and recruitment initiatives, are committed to ensuring that all service users, carers and staff have the opportunity to participate in research.

Innovation projects and initiatives will be progressed into 2020/21, and following on from the success and feedback of our 2019 Innovation Nation event, are pleased to confirm that we are planning an Innovation Nation event for late 2020. The 2020 event will be a half-day event, with guest speakers, staff presentations and posters.

## 2.8 Statement from the Care Quality Commission

### Registration:

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

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

At the following locations:

- Lawton House (Trust Headquarters)
- Harplands Hospital
- Darwin Centre
- Dragon Square Community Unit
- Summers View
- Florence House

- Moorcroft Medical Centre

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

### **CQC inspection:**

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

There have been no enforcement actions required by the Trust during 2019/20.

### **CQC Special Reviews and Investigations:**

The CQC has not required the Trust to participate in any special reviews nor investigations during 2019/20.

## **2.9 Statement on Data Quality**

### **NHS Number and General Medical Practice Code Validity**

The Trust submitted records during 2019/20 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 outpatientcare

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

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

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

*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**

The Trust was subject to the annual external Clinical Coding audit during 2019/20, by NHS Digital approved auditors. The results reported in the latest audit for that period, for clinical coding (diagnosis and treatment), are:

- 100% Primary diagnosis correctly recorded (92% in 2018/19)
- 92.9% for Secondary diagnosis correctly recorded (94.8% in 2018/19)

The services reviewed in the sample were adult and older adult mental health. The Trust was commended for its high standard of coding accuracy, and a high level of commitment demonstrated from the Clinical Coding Team, to ensure a clinical coding provision.

### Relevance of Data Quality

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

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

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

### Data Quality Metrics

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

### Action to Improve Data Quality

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

Other actions include:

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

### Data Quality CQUIN

The launch of the Data Quality CQUIN for 2019/20 put the focus on two key areas, DQMI for MHSDS submission, together with the increased use of Snomed codes recorded as an Intervention via a Care Contact.

Most of our efforts in terms of improving Data Quality have been to ensure that the CQUIN targets are met, in particular, that our DQMI score improved, before new measures were introduced in November 2018 and April 2019. We continued to exceed our CQUIN targets for 2019/20.

### Data Quality Forum - Data issue management



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

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

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

### **Data Quality Assurance Framework**

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

- Oversight
- Process
- People
- Systems
- Measures

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

## **PART 3**

### **Review of quality performance for 2019/2020 (looking back) and statement from key partners**

**This section is in two parts:**

Section 3.1: Reviews our performance and progress against key priorities defined in last year's Quality Account.

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

#### **3.1.1 CQUIN**

The CQUIN payment framework is a national framework for agreeing local quality improvement schemes, making a proportion of our total potential income from CCGs (1.25%), conditional on the achievement of ambitious quality improvement goals, and innovations agreed between commissioner



and provider with active clinical engagement. The CQUIN framework is intended to reward genuine ambition and stretch trusts, encouraging a culture of continuous quality improvement.

The following table identifies the CQUIN quality improvement areas for 2019/20. Further details about the agreed goals, and those for 2020/21 can be found via our website: <https://combined.nhs.uk/about-us/quality>

CQUIN	Patient Safety	Clinical Effectiveness	Patient Experience	Innovation
<i>Staff Flu Vaccinations</i>	✓			✓
<i>Alcohol and Tobacco Screening and Interventions</i>		✓		✓
<i>72 Hour Follow Up Post-Discharge</i>	✓	✓		✓
<i>Mental Health Data Quality</i>	✓	✓		✓
<i>Use of Anxiety Disorder Specific Measures in IAPT</i>		✓		✓

### Staff Flu Vaccinations

#### SPAR priority: Safe

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

**Our goal:** We aimed to increase the proportion of frontline clinical staff vaccinated against flu during 2019/20.

**How did we monitor and report on progress?** An action plan was developed by the working group to monitor progress in implementing initiatives across the Trust. During the flu season, a weekly count of vaccines provided, was compared to the number of eligible staff, in order to calculate a percentage, and then share with NHS England.

**What did we achieve?** During 2019/20, 81% of frontline clinical staff across the Trust were vaccinated against flu, contributing to patient safety.

### Alcohol and Tobacco Screening and Interventions

#### SPAR priority: Personalised

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

**Our goal:** We aimed to ensure that people who access our services were asked about their smoking status, and alcohol intake and that where necessary, are provided with relevant advice and interventions.

**How did we monitor and report on progress?** A case note audit was undertaken, on a quarterly basis, to determine what proportion of inpatients had been assessed for smoking status and alcohol intake, of those who indicated they smoked or consumed alcohol to an unsafe level, how many had been given appropriate interventions.

**What did we achieve?** As a result of this CQUIN, we have continued to provide training to nursing staff to ensure they are aware of their responsibilities, in relation to smoking cessation and alcohol interventions. Processes have continued to be reviewed, to ensure patients are offered the support they need with smoking and alcohol consumption.

### 72 Hour Follow Up Post-Discharge

#### SPAR priority: Safe, Recovery-Focused

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

**Our goal:** We aimed to ensure that people who accessed our inpatient services were followed up appropriately on discharge.

**How did we monitor and report on progress?** Data was collected routinely as part of direct patient care, and submitted to the National Mental Health Services Data Set. The national team published monthly analysis of this data, showing what proportion of patients had been seen for a follow-up appointment within 72 hours of discharge. Alongside this work, we implemented a local target to follow up these patients within 48 hours. This was monitored internally by our Performance Team using the same routinely collected data.

**What did we achieve?** As a result of this CQUIN, we have continued to support the safety of our service users by ensuring follow up within a timely fashion, following discharge from our inpatient services.

## **Mental Health Data Quality**

### **SPAR priority: Safe, Recovery-Focused**

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

**Our goal:** We aimed to ensure collection of complete and accurate data in relation to our service users, in order to support services.

**How did we monitor and report on progress?** Data was collected routinely as part of direct patient care, and submitted to the National Mental Health Services Data Set. The national team published monthly analysis of this data, giving us a percentage score, based on the quality of the data submitted. Additionally, the national data showed what, in proportion of cases, specific data codes were present indicating that work such as assessment and intervention had taken place.

**What did we achieve?** As a result of this CQUIN, we have achieved a good level of data quality. This is important, as it will enable clinicians and service users to make informed decisions about treatment options.

## **Use of Anxiety Disorder Specific Measures in IAPT**

### **SPAR priority: Recovery-Focused**

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

**Our goal:** We aimed to increase the proportion of IAPT service users, with anxiety disorders, who completed tools, which tracked their progress whilst receiving interventions.

**How did we monitor and report on progress?** Data was collected routinely as part of direct patient care, and submitted nationally via the IAPTUS dataset. The national team published monthly analysis of this data, detailing what percentage of service users, with anxiety disorders, who were discharged from our IAPT services, had two or more scores recorded in relation to specified measurement tools.

**What did we achieve?** As a result of this CQUIN, we have reinforced processes to ensure that IAPT service users are offered the correct tools to measure their progress, whilst they are receiving treatment. During the life of the CQUIN, we achieved and maintained a percentage above the required level, important because these measures are used clinically, to help service users and clinicians to make decisions about treatment options.

## **Improving Services for People with Mental Health Needs who present to A&E**

**SPAR priorities:** Accessible; Personalised

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

**Our goal:** We aimed to work with colleagues from University Hospital of North Midlands, to reduce attendances at A&E, by people identified as frequently attending A&E, who would benefit from mental health and psychological interventions.

**How did we monitor and report on progress?** A Working Group was established with representatives from NSCHT, UHNM and other interested parties on a two-weekly basis. Progress against the CQUIN requirements was monitored, with the Commissioner Quality Lead for this CQUIN invited.

**What did we achieve?** Working together, NSCHT and UHNM have been able to demonstrate a reduction in attendances, by patients supported by this CQUIN, of over 30%. This is a fantastic achievement, and significantly exceeded the CQUIN requirement for a 20% reduction.

### Transitions out of Children and Young People's Mental Health Services

**SPAR priorities:** Accessible; Personalised

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

**Our goal:** We aimed to improve the transition process for people moving out of our children's services, into adult services, and ensured that those who were discharged back to primary care at the age of 18, were adequately supported during the discharge process.

**How did we monitor and report on progress?** Audits of case notes were undertaken, reviewing all service users who transitioned, or were discharged at transition age. Surveys were produced to determine how prepared service users felt at the point of discharge / transition, and whether they felt their goals had been achieved following transition.

**What did we achieve?** As a result of this CQUIN, we have improved our processes in relation to transitions from children's services. This should mean that service users are better supported, when moving from children's to adult services, or when stepping down into primary care at transition age.

### Preventing Ill Health by Risky Behaviour: Alcohol and tobacco

**SPAR priorities:** Personalised

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

**Our goal:** We aimed to ensure that people who access our services, were asked about their smoking status, and alcohol intake, and that where necessary, they were provided with relevant advice and interventions.

**How did we monitor and report on progress?** A quarterly case note audit was undertaken, to determine what proportion of inpatients had been assessed for smoking status, and alcohol intake, of those who indicated they smoked or consumed alcohol to an unsafe level, how many had been given appropriate interventions.

**What did we achieve?** As a result of this CQUIN, we have continued to provide training to nursing staff to ensure they are aware of their responsibilities in relation to smoking cessation and alcohol interventions. Processes have been streamlined to ensure patients are offered the support they need with smoking and alcohol consumption. This is both supported by, and supportive of our move towards Smoke Free environments, launched on 3 April 2018. A variation of this CQUIN is being taken forward into 2020/21, to further support a continued focus in this area.

## 3.1.2 Key Quality Priorities Achievements 2019/2020

### Priority: Zero Suicide Ambition

**Outcome:** We hosted a multi-agency Suicide Prevention Conference in November 2018. This provided an opportunity for partners to sign a Suicide Charter, which set out our determination to work together, with an ambitious aim for nothing less than zero suicide in Staffordshire and Stoke on Trent. A second conference was held in November 2019, again a successful event.

Additionally we have:

- Continued to facilitate the 'living well with risk group' to embed the strategy, and ensure involvement of people with lived experience
- Received patient stories of hope in different media formats, to share the recovery messages at both our Quality Committee and Board
- Where possible, involved family/carers to ensure their views are incorporated into risk management plans, highlighting any protective factors these relationships provide
- Maintained an overarching database to develop closing the loop on all lessons learnt from SI investigations
- Embedded panel review methodology to improve our learning from serious incidents
- 84% of registered staff in face to face suicide awareness training
- More accessible information via our website regarding bereavement, and how to seek support following a suicide
- Continued investment in environmental ligature improvements as per our 2016/19 plan
- Participated in the NHS England pilot programme for 48 hour post discharge follow-up appointments
- Delivered structured Clinical Management Training to staff in inpatient and community areas, to support the effectiveness of interventions with people with a personality disorder
- Fully embedded the Community Safety Matrix (CSM) across all teams

### Priority: Improved Physical Health Monitoring

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

Additionally we have achieved the following:

- We are now a smoke free organisation
- We continue to distribute and closely monitor E-cigs
- We continued improvement with Flu vaccination, achieving 81% uptake for patient facing staff
- We updated the National Early Warning Score NEWS to NEWS2 for inpatient services, and the Lester Tool for community services
- We Introduced a non-contact physical observations assessment

### Priority: Enhance Service User and Carer Involvement

**Outcome:** The Service User and Carer Council (SUCC) have engaged with the development of the Person Centeredness Framework, supporting the further development of care plans. They actively support the role out of Observe and Act, as well as carrying out other visits to service

areas, also co-delivering training. SUCC continue to work in collaboration regarding the Triangle of Care developments. Additionally we have representation from service users and carers across a range of our business and activity; including interviewing new recruits, co-facilitating a wide range of events, attending various committees including People, Culture and Development, Quality, Finance, Performance and Digital and Business Development.

Additionally we have:

- Held an Open Space Event in November 2019, to enable service users and carers to influence and agree our quality priorities for 2020/2021, in partnership with the SUCC to collaborate on improvement initiatives
- Used service user feedback on Friends and Family Test (FFT) themes to help influence our quality improvement agenda
- Continued to promote our virtual and physical wellbeing academy, to complement traditional rehabilitation approaches, by providing people with education and learning experiences as a means of supporting personal and social recovery
- Progressed our Restraint Reduction Strategy focussing on service user experience and person centred care
- Piloted video consultations within our Memory Services
- Implemented our SPAR ward accreditation programme to further enhance quality and safety on inpatient ward areas
- Engaged in the National Sexual Safety Quality Improvement Collaborative
- Successfully launched an electronic document management system, which supports safe transfer and discharge summaries to primary care services
- Co-produced a Person Centredness Framework with service users, carers and staff
- Developed and launched our Autism Strategy

### **Priority: Improvement in Medicines Management**

**Outcome: Implemented an electronic system for the daily monitoring of fridge temperatures, improved compliance in medicines management training and adherence to the Trust's updated Rapid Tranquilisation Policy.**

Additionally:

- In March 2019, the CQC noted in their inspection findings, that medicines safety had improved on the wards for older peoples and community teams
- The pharmacy strategy has been refreshed
- Work commenced to ensure delivery of integrated working within the community teams
- Pharmacists are working more collaboratively with clinical leads
- A programme of training was delivered to support dissemination and adherence to the Trust's new Rapid Tranquilisation Policy. Adherence continues to be monitored via the Clinical Effectiveness Group (CEG)
- A Cost Improvement Plan was implemented to optimise the efficiency savings for long acting injectable antipsychotics.
- A Clozapine Near Patient Testing clinic was piloted at Lymebrook Centre with further roll out planned for 2020/21
- Pharmacy have obtained funding from the Academic Health Science Network to support the piloting of Transfers of Care Around Medicine (TCAM) - a platform to support interface working with community pharmacies to ensure the safe on-going supply of medicines to patients post discharge

- The Pharmacy Team are working with colleagues across the STP to harmonise the joint drugs formulary
- In collaboration with the West Midlands Chief Pharmacist Network, we have adopted an enhanced Controlled Drug audit, to support monitoring and identifying and addressing any training needs
- Physical health monitoring clinics have been established across the community services to support adherence to on-going monitoring requirements
- Multidisciplinary collaboration to develop and implement a quality improvement project on ward 4, 'Parity of Esteem in Action – Fit for Frailty in Mental Health Care'
- Electrocardiogram (ECG) training is being rolled out to all medical staff
- There is on-going participation in Prescribing Observatory for Mental Health (POMH) audits

### **Priority: Review of Models of Care and Pathways**

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

Additionally:

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

### **Priority; Diversity and Inclusion is strengthened**

**Outcome: We have developed a diverse Trust Board with a high level of interest and understanding in how a diverse and inclusive Trust delivers better experiences for its service users, carers and workers alike. Our Director of Workforce, OD and Inclusion, Shajeda Ahmed, has worked tirelessly to advance inclusion through the Trust and local system. We have embedded our Inclusion Council as part of our processes, and 'usual business'. This group has a remit covering the full range of diversity and inclusion topics, while developing BAME inclusion remains a key focus. We have expanded, Inclusion Council membership to include a wide range of protected characteristics, including our Trust Staff Network Leads.**

Additionally:

- 2019-20 has been another extremely important year for us in terms of advancing equality, diversity and inclusion both within and the Trust and in our wider local health system.
- A key area of focus for us during 2019/20 has been BAME inclusion; however, we have also worked to progress inclusion for other equality groups, including LGBT and people with a disability
- We have continued to implement the Trusts diversity and inclusion plan, Workforce Race Equality Standard (WRES), and Workforce Disability Equality Standard (WDES) with further awareness sessions delivered to staff, and the Board with involvement from the Leadership Academy
- We have created a 'Stepping Up Alumni@ group formed from past participants of our 3 cohorts of 'Staffordshire Stepping Up' and we seek to continue to support and track the onwards development of these individuals through partnership working across the system.
- Our Open Space event in November 2019 was attended by service users, carers, partners and staff, to provide feedback and help to improve service quality and experience. Our BAME



Conference and LGBT+ Conference attracted attendance from service users and community representatives as well as a wide range of health and public sector professional from across the region. The High Potential Scheme (HPS), hosted by the Trust on behalf of the local health system, is helping to ensure a diverse future senior leadership talent pool for our organisations.

- The CQC acknowledged that we have developed many initiatives around supporting the Workforce Race Equality Standards since their last inspection
- We have appointed a BAME practice education project lead, to support academic and career aspirations for our BAME workforce and 2 BAME Inclusion Facilitator secondment roles offering individual development and supporting the advancement of BAME inclusion across the Trust.

### 3.1.3 Other Quality Achievements

#### Quality Improvement

During 2019/20 an increasing number of staff completed Quality Improvement (QI) training, and implemented projects within their teams, including Patient Safety, Restraint Reduction and Access and Waiting times. Successful projects included, the Ward 4 Falls Improvement Initiative, shortlisted for the Health Service Journal Value Awards.

Additionally, four senior staff were supported to complete the Advanced Improvement Practitioner Programme, providing them with increased QI knowledge and skills, being used to support the plan for clinical teams to be equipped with quality improvement methodology, knowledge and skills to take forward QI projects.

#### Safeguarding

The protection of our most vulnerable children and adults is a fundamental responsibility of all public agencies. We are committed to ensuring that people, who come into contact with our services, are safeguarded from abuse, in line with local and national policy. In support of this, the Safeguarding Team works with staff to support best practice and decision making around safeguarding issues. This support is delivered via a variety of mediums including training, supervision and individual case guidance. We also have a suite of policies covering safeguarding. Safeguarding has been strengthened during the past year by:

- Increased participation in safeguarding supervision, at individual and team level
- Development of an adult safeguarding level 3 training package, to enhance staff knowledge and skills, in line with the latest Adult Safeguarding Intercollegiate Guidelines (2018)
- Development of a sexual safety, and responding to sexual violence policy, with enhanced training provision around sexual violence, delivered by a specialist service
- Commissioning of specialist domestic abuse training, to continue to deliver enhanced awareness of domestic abuse to frontline staff
- Membership of both the Staffordshire and Stoke on Trent Channel Panels for local authorities, and the Stoke-on-Trent Prevent Board (part of the governments counter-terrorism strategy)

#### Infection Prevention Control (IPC)

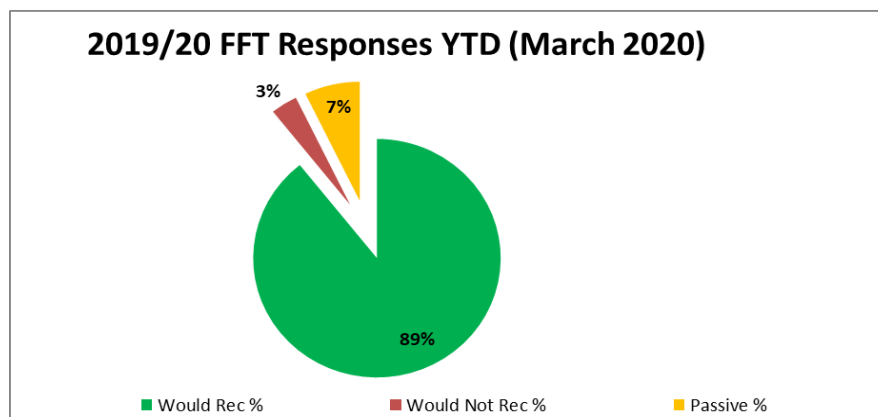
We have continued our extensive efforts to prevent all avoidable infections, and to minimise the risk of resistant organisms across our Health and Social Care footprint. Additionally, we have:

- Continued to implement the IPC work programme, approved by Board, including the sepsis action plan
- Appropriately investigated and shared lessons learnt about health care acquired infections with clinical areas and staff

### Service User and Carer Feedback

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

- **Patient Advice and Liaison Service (PALS)** - We recognise the importance of our PALS service in being a key source of information, and feedback for the Trust, and an early warning system for emerging issues and concerns.
- **Compliments** - Each year, our staff receive compliments and praise from people they have cared for. We are pleased to report that compliments have increased, which when combined with Friends and Family Test Feedback, has increased from 244 in 2016/17 to 2063 in 2017/18, 2,434 in 2018/19 and 2,251 in 2019/20.
- **Complaints** – Overall, we receive a very low number of complaints, compared to NHS benchmarking data. During 2019/20, we received 39 formal complaints, compared to 43 in 2018/19, 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, with continued focus on early resolution, and addressing of concerns via PALS, and front-line teams where possible. This past year, we have continued to strengthen our complaints procedure, to enhance the experience of those using the service, alongside ensuring timely and quality investigation and responses. We have also introduced centralised monitoring of actions arising from complaints.
- **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. We are pleased to report a continued rate of satisfaction, with 89% of patients who would recommend the Trust. Over 2,600 patients participated in the FFT, giving us their views across all services. Developments for 2019/20 have been service user involvement in designing new FFT cards, in preparation for the new NHS FFT process, from the 1/4/20, and online FFT question via our website.



- **Service User and Carer Council (SUCC)** - The SUCC continue to hold bi-monthly business meetings (the alternative monthly meeting is an educational/information meeting). This gives an opportunity for service users and carers to do more in depth work, and to ask questions,

contributing to various aspects of our services, e.g. care plans, letters, information leaflets and the CAHMs trailblazer. They plan the agenda, and identify areas they want to learn more about. The work they do reflects the pace of developments and change at the Trust. The educational workshops are continuing, with the aim of supporting and expanding the knowledge and skills of the Council, and increasing representation from other service users, carers. The Council are in the process of developing new material and information, to encourage service users and carers from all communities to increase diversity, as well as raise awareness for all staff across the Trust to the work and activities the Council take part in.

### **Volunteer Peer Mentors**

- Training was developed and delivered in-house
- There were 2 training cohorts (June and December 2019)
- Feedback was obtained – resultant changes made to training
- A video was produced (cohort 1) – showing interest and learning
- Teams identified appropriate mentees
- Teams provided a named person to support mentors
- Regular supervision is being undertaken between mentor and mentee
- Further training sessions planned for June and October 2020

### **Volunteering at the Trust**

Our volunteers play an important role, and is reported as both a positive and satisfying role. They bring valuable skills and enthusiasm to our patients, service users, carers, visitors and staff. It provides an opportunity for them to learn new skills, and to meet new people, helping them to gain useful experience, finding out whether working in healthcare is for them, experiencing being part of a team, and really importantly building confidence and self-esteem.

*“Volunteers come from all walks of life with a wide range of life experiences whether they are students, service users, carers, unemployed, in paid work or looking for change of career regardless of age”*

*“People volunteer for a range of reasons, including looking to gain experience in a healthcare environment or wanting to give a little back to the trust. We work to identify a volunteer role that suits skills, life experiences, and what they would like to get out of the opportunity”*

### **Our Volunteers**

- Acute Inpatient and Older Persons Wards (Harplands Hospital): Work alongside activity workers
- Ward 4 (Harplands Hospital): Provide carers support, working specifically with the Discharge team
- Ward 5 (Harplands Hospital): Provide mindfulness sessions for patients and staff (qualified therapist) – roll-out planned for Wards 6 and 7
- Carers Group (Tunstall): Provide carers support
- Tony Scott Garden (Harplands Hospital): Gardener provided
- Sutherland Centre: Provide administration support
- Summers View: Gardener provided
- Darwin Centre: Provide general support to team
- Memory Clinic (The Eaves): Provide administration support

- Community Drug Addiction Service (CDAS) (Edward Myers Unit, Harplands Hospital): Provide reception support
- Ken Jarrold Suite (Harplands Hospital): Provide administration support
- Physiotherapy Team (Harplands Hospital): Provide general support to the team
- Learning Disability Community / Health and Wellbeing Teams: Provide facilitation support for health and wellbeing sessions
- General: Patient Experience Facilitator / Volunteer Co-ordinator: Attends SUCC, Talk and Change Group, and Youth Council meetings

## Our Volunteer Groups

- Talk and Change Group: Support interview panels, attend events, share experience with professionals, comment on service provision / change, leaflets / information for services
- Youth Council (hosted by CHANGES): Comment on service change / provision, environment of service provision, leaflets / information for young people

## Supporting Carers

- We work within the 6 principles of the 'Triangle of Care'
- We have carers links in each team
- Our carers links attend network meetings - develop knowledge / share good practice
- We are developing an online training package to support all teams to work collaboratively with carers

## Continuing Support

It is positive for us to continue receiving expressions of interest from service users, and carers, with a willingness to be a part of our involvement and engagement agenda.

## Patient Led Assessment Care Environment (PLACE)

The programme, led by the Head of Facilities, continues to deliver excellent outcomes. Each PLACE inspection team includes 50% patient representation, and we received very positive feedback from our patient assessors, who were actively engaged in the process.

The Trust's overall score for cleanliness is 99.47%, which continues to be a fantastic achievement. Our programme of work will continue into 2020/21.

PLACE 2019	Cleanliness %	Food and Hydration			Privacy, Dignity and Well Being %	Condition, Appearance and Maintenance %	Dementia %	Disability %
		Food and Hydration %	Organisation Food %	Ward Food %				
Harplands Hospital	99.21	98.66	95.83	100.00	97.16	96.05	96.23	92.68
Dragon Square	100	N/A	N/A	N/A	90.48	100.00	N/A	85.71

A&T Unit	100	94.90	91.12	100	88.37	97.30	N/A	86.54
Darwin Centre	100	98.88	97.83	100	88.37	98.65	N/A	88.46
Florence House	100	92.93	93.38	92.55	85.37	100	N/A	84.62
Summers View	98.57	97.94	95.94	100	82.93	100	N/A	88.46
<b>NSCHT Organisation score</b>	<b>99.33</b>	<b>98.26</b>	<b>95.74</b>	<b>99.67</b>	<b>94.69</b>	<b>96.80</b>	<b>96.23</b>	<b>91.35</b>
<b>National Average Score</b>	<b>98.62</b>	<b>92.51</b>	<b>91.37</b>	<b>93.67</b>	<b>87.52</b>	<b>96.38</b>	<b>83.47</b>	<b>83.92</b>
<b>National Average score per MH/LD site</b>	<b>98.48</b>	<b>92.23</b>	<b>89.67</b>	<b>94.40</b>	<b>91.74</b>	<b>95.40</b>	<b>89.29</b>	<b>87.01</b>

## 3.2 Reporting against Core Indicators

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

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

### 3.2.1 Patient Safety Incidents

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

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

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

Area of performance	Incidents (clinical and non-clinical)		
Impact*	2017/18	2018/19	2019/20
General incidents	4,330	5164	5916

<b>Moderate</b>	80	75	53
<b>Major</b>	9	6	6
<b>Catastrophic</b>	65	91	71
<b>Total</b>	4484	5336	6046
<b>Major and Catastrophic incidents as a % of total (i.e. those incidents resulting in severe harm or death)</b>	1.7%	1.8%	1.3

\*Impact on service provision/environment/person

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

The table below, relates to the number of patient safety incidents that were reported to the NRLS prior to year-end. There is a slight differentiation from the figures above, as these are only patient safety incidents, not uploaded to NRLS until our verification process is complete.

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

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

### Never events:

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

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

### Serious incidents:

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

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

In 2019/20 we have:

- ✓ Maintained strong performance in relation to the timely investigation, quality of completed investigations, and the approaches taken to learning from serious incident investigation, including developing our review panel approach to learning from serious incidents
- ✓ Monitored and identified learning and trends, reported and shared learning from these via our governance structures from ‘Team to Board’
- ✓ Shared learning in an open, transparent and compassionate manner, with families and carers via our ‘Being Open’ and Statutory Duty of Candour Policy Framework
- ✓ Continued to raise staff awareness, and embedded statutory requirements relating to patient safety via a series of initiatives, forming part of our on-going programme of patient safety education
- ✓ Complied with statutory duties, and monitored this via our governance structures
- ✓ Shared data and reports externally via the Clinical Quality Review Meeting (chaired by Commissioners)
- ✓ Been audited to assess our processes in terms of the management of unexpected deaths. (This determined that the Board should take ‘substantial assurance’ that processes are robust, thorough, and met key standards in line with ‘National Guidance on Learning from Deaths’ (2017)).

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

## Learning lessons:

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

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



identified, and improvement actions implemented

- ✓ Continued inclusion of Duty of Candour awareness within our mandatory training programme

### 3.2.2 Readmission Rates

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

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

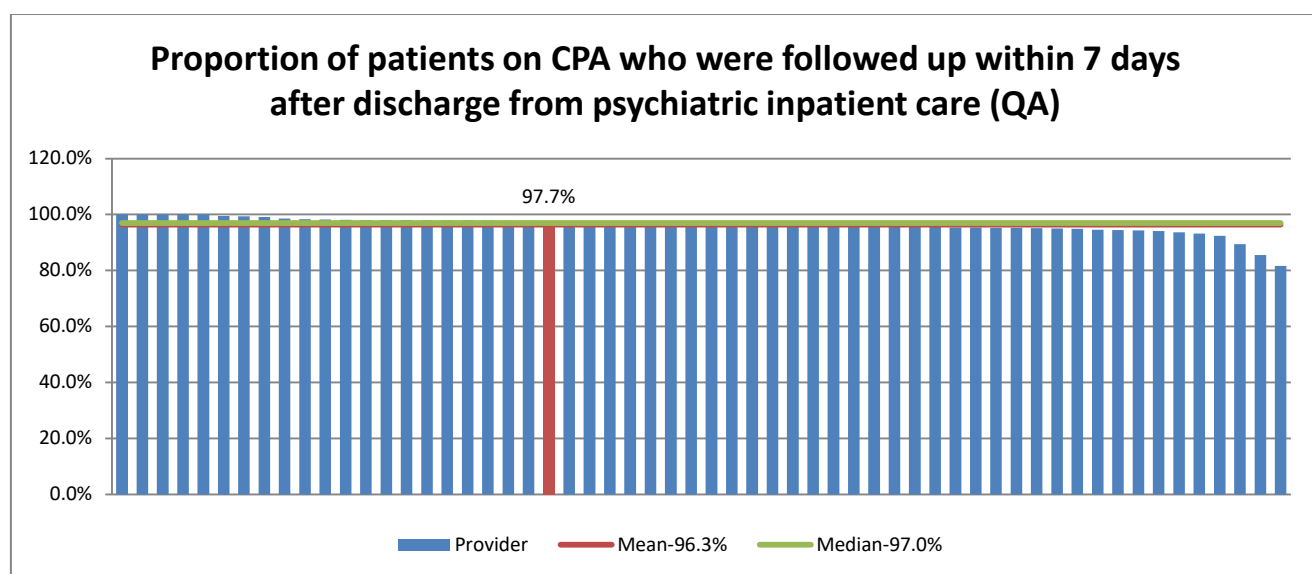
### 3.2.3 Patients on Care Programme Approach (CPA) followed up 7 days after discharge from in-patient care

In February 2019, we participated in an NHSE regional pilot, to implement 48 hour follow up from all adult acute wards, which extended to all wards in October 2019. Our performance for 48 hour follow up was 89.6% for 2019/20.

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

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

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



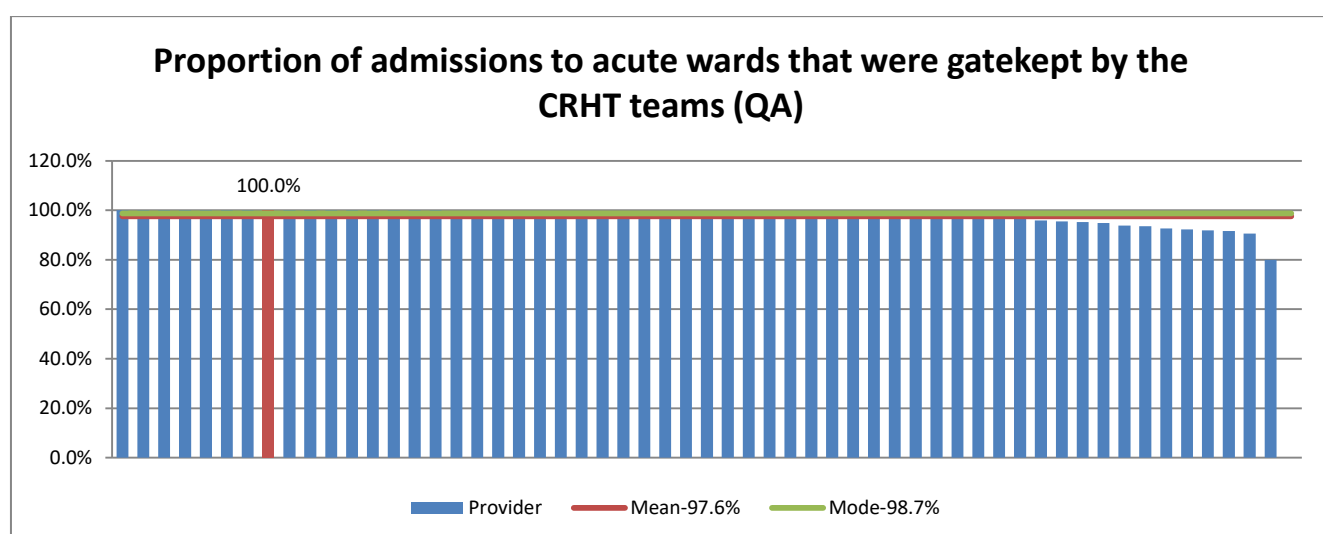
Source: NHS England (2019/20 Quarter 3)

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

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

Area of performance	Crisis resolution gate kept admissions – acute											
<b>Performance:</b>	100% of patients admitted to acute inpatient wards were gate kept by the CRHTs at the end of 2019/20.											

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>2018/19</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>2019/20</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



Source: NHS England (2019/20 Quarter 3)

### 3.2.5 Patient Experience of Community Mental Health Services – The Annual Mental Health Community Survey 2018

The CQC use a survey, to find out the experiences of people who receive care and treatment.

Reported data is from the national survey data published by the CQC in November 2019. The survey asks people to answer questions about different aspects of their care and treatment. Based on their responses, the CQC will give an NHS Trust a score out of 10 for each question (the higher the better), and will also receive a rating of 'about the same', 'better' or 'worse'. Responses were received from 228 people who use our services.

- We performed least well in the 'Medicines' category scoring "worse" for this section, and were placed in the "worse" category for 2 of the questions, scoring slightly lower than last year's survey for the other 2 questions (though this was not in a statistically significant way)
- We performed "about the same" as other NHS Trusts nationally for 27 questions
- We did not perform better than other NHS Trusts nationally in any of the survey questions

#### Summary of Performance

There were small increases in scores compared to the 2018 survey (ranging from 0.2 to 0.9) against 10 questions:

- ✓ Did the person or people you saw understand how your mental health needs affect other areas of your life? 7.0 (+0.2)
- ✓ Have you agreed with someone from NHS mental health services what care you will receive? 5.5 (+0.2)
- ✓ Were you involved as much as you wanted to be in agreeing what care you will receive? 7.3 (+0.2)
- ✓ Does this agreement on what care you will receive take your personal circumstances into account? 7.6 (+0.5)
- ✓ In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working? 6.7 (+0.4)
- ✓ Did you feel that decisions were made together by you and the person you saw during this discussion? 7.4 (+0.3)
- ✓ Were these NHS therapies explained to you in a way you could understand? 8.0 (+0.4)
- ✓ Were you involved as much as you wanted to be in deciding what NHS therapies to use? 7.4 (+0.9)
- ✓ In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work? 4.0 (+0.9)
- ✓ In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? 5.7 (+0.3)

There was no change in score, against 1 of the survey questions, compared to the 2018 survey:

- ✓ Were you given enough time to discuss your needs and treatment?

There were small decreases in scores compared to the 2018 survey (ranging from 0.1 to 0.9) against 12 questions:

- ✓ Have you been told who is in charge of organising your care and services? 6.8 (-0.1)

- ✓ Do you know how to contact this person if you have a concern about your care? 9.8 (-0.1)
- ✓ How well does this person organise the care and services you need? 8.0 (-0.1)
- ✓ Were you involved as much as you wanted to be in decisions about which medicines you receive? 6.7 (-0.3)
- ✓ In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? 7.0 (-0.7)
- ✓ In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs? 3.7 (-0.2)
- ✓ In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits? 3.4 (-0.1)
- ✓ In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity? 3.9 (-0.7)
- ✓ Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? 6.0 (-0.9)
- ✓ Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you? 3.2 (-0.4)
- ✓ Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? 8.0 (-0.2)
- ✓ Overall I had a good experience 6.6 (-0.1)

Community Teams have action plans in place to help further improve performance. In particular, we have strengthened our approach to care planning, designed to evidence holistic assessment, recovery focussed care planning and service user participation. A Community Safety Matrix (CSM) Audit tool has been launched to monitor quality of face to face interactions with service users, with assurance gained, and actions agreed, on a monthly basis for improvement.

## PART 4

### Annexe

## 4.1 Engagement and Statements from Key Partners

### Engagement

The Trust remains committed to working collaboratively with its partners, and key stakeholders, and has engaged them in the development and publication of this Quality Account.

*We would like to take this opportunity to thank everyone who has worked with us, your views and comments have helped shape this Quality Account*

### Development

We sought 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 could be changed. All feedback received was responded to, and reviewed, as part of the engagement and design process for this Quality Account.

### Priorities

We asked our SUCC what priorities they would like to see reported in this Quality Account. In addition, we held a number of engagement meetings, including dedicated 'drop in' sessions, attended events and received communications from our partners, to agree our key quality priorities.

### Drafting and Sharing

In line with Department of Health guidance, we produced a draft Quality Account, and shared this with our key partners: Local commissioners; Local Health Watch organisations; and Local Authorities (Overview and Scrutiny Committees). Statements from each, are provided below.

### Comments from Key Partners

#### Healthwatch Stoke-on-Trent

Healthwatch Stoke-on-Trent congratulates the Trust on your outstanding results from the CQC inspections.

We would also like to congratulate the Trust on the work that has been done on the PICU Unit especially in opening of two extra beds. Healthwatch members were very impressed when we visited the unit last year and we look forward to a return visit when we are able to come.

Finally we want to congratulate everyone involved in putting this report together not easy during the present climate.

On behalf of Stoke on Trent Healthwatch mental health group we look forward to working with the Trust on your Quality Improvement Programme for 2020/2021.

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

Stoke-on-Trent City Council Adults and Neighbourhoods Overview and Scrutiny Committee reported that due to the impact of COVID-19, the council has only held a very limited number of Overview and Scrutiny Committee's and it has therefore not been possible to comment on the Quality Account.

#### Staffordshire Council Health Scrutiny Committee

No commentary received from the Staffordshire Council Health Scrutiny Committee.

#### Staffordshire & Stoke-on-Trent Clinical Commissioning Groups (CCGs)

Staffordshire & Stoke-on-Trent Clinical Commissioning Groups (CCGs) are pleased to comment on this Quality Account 2019/2020.

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

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

- Achievement of an overall rating of 'Outstanding' following CQC inspections in January and March 2019, this is a huge credit to the hard work of the Trust's staff.
- The opening of a unique all age Mental Health Crisis Care Centre with the single objective of improving the quality of compassionate; easily accessible, recovery focussed care provided to people in crisis at any time of day or night, 365 days a year.
- Throughout 2019/20 the CCGs, in partnership with the Trust and Staffordshire and Stoke-on-Trent Health Watch have undertaken a programme of announced Quality Visits which have provided 'real time' assurance on the quality of services provided by the Trust. The CCGs would like to thank staff for their continued support and open approach to these visits.
- The CCGs welcome the Trust's continued drive to improve care for patients with Learning Disabilities.

However, 2019/2020 has not been without its challenges:

- Like many NHS organisations recruitment and retention continues to be a major priority for the Trust due to a national workforce shortage and the ongoing challenge of nursing and medical recruitment. The Provider is part of the NHSI National NHS Retention Scheme, and have implemented a number of strategies to recruit and retain workforce, which has enabled them to make good progress.

#### Priorities for 2020/21

Commissioners welcome the specific priorities identified for 2020/21, which the Trust has set out in this account and are pleased to see that Quality Priorities for 2020/21 were agreed with Users and Carers at the Open Space event in November 2019 and by the Board. In particular, the four key quality 'SPAR' priorities:

- Safe - services will be consistently safe.
- Personalised - care will be personalised to the individual needs of service users.
- Access - processes and structures will guarantee access for service users and their carers.
- Recovery - focus will be on the recovery needs of those with mental illness.

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



Marcus Warnes  
Accountable Officer



Heather Johnstone  
Director of Nursing and Quality

### Comments from Key Partners

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

The statements above include a small number of additional suggestions for changes to the format/content of the Quality Account. This section describes whether the suggestions have been responded to in the final draft:

### You said:

On diversity and inclusion in relation to the Trust Board, acknowledging the range of people noted, are there any members with lived experience i.e. service or ex-service user on the Trust Board or plans to have them?

### Our response:

We have a specific role on the Trust Board for the Chair of our Service User and Carer Council. This is specifically a role for someone with lived experience as a Trust service user who has accessed Trust services or as a carer for someone who has accessed Trust services. (Currently held by the latter).

We additionally have at least one individual on our Trust Board with a declared invisible disability.

Furthermore, we recognise that, in line with the general population, many people live



with experience of mental ill health, though many choose not to share this. One can assume then, that many working in the Trust and on our board will have a lived experience of mental health (and mental ill health), which helps give insight through their practice and work roles.

**You said:**

Freedom to speak up. Do the Trust have the numbers / data for reports from staff? If so, how do they measure the outcomes for this to bring about change or positive outcomes in clinical areas especially?

**Our response:**

Quarterly reports are provided to the People Culture Development Committee and are presented annually to the Trust Board. We also carry out an annual audit, alongside our staff survey. Teams have 'Speak up' as a regular meeting agenda item and this is also an agenda item at Directorate meetings. Concerns and good practice will be echoed in these forums. We recognise the value in ensuring that staff are fully engaged with these reviews and the subsequent outcomes and will therefore ensure that this is given priority during the next 12 months.

**You said:**

Having been involved in the quality reviews with the CCGs I would like to see a Trust commitment that all the staff within the teams have access and feedback to the review reports.

**Our response:**

Reports from CCG Quality Reviews are initially shared with Team and Ward Managers. They will then be forwarded for discussion at Team and Directorates meetings for discussion and then cascaded to ward/team level. The Trust will continue to work with Team and Ward Managers and the CCG's to ensure that outcomes and actions of quality reviews is widely shared and understood.

**You said:**

What are the plans and timescale for further improvement developments to Lorenzo to improve user access?

**Our response:**

The Trust will continue to optimize the Lorenzo Electronic Patient Record (EPR) to achieve high end-user satisfaction built on a platform of direct engagement with staff. The Trust are continuing to undertake this work as part of our continual digital developments and it forms a key element of the Trusts Digital Aspirant programme.

**You said:**

Assessment of the side effects of depot antipsychotics says work to be undertaken.

What tool has been identified or is in use and has training for staff been identified as a need and has a time scale been identified?

**Our response:**

The Trust currently use the Glasgow Antipsychotic Side-effect Scale (GASS). Staff receive training on using this where appropriate in their clinical area of practice. This scale was in use prior to the audit but it was found that having it as a paper based tool meant that the results were not always consistently scanned and saved within the same area within the patient's electronic record therefore it was recommended that an adapted version be created to address this issue and made available to practitioners. This has now been completed.

## 4.3 Auditor Statement of Assurance

Not required for 2019/20

## 4.4 Trust Statement

We are pleased to publish this Quality Account for the financial year 2019/20 (1 April 2019 to 31 March 2020).

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

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

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

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

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

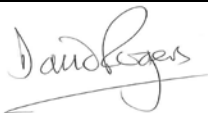
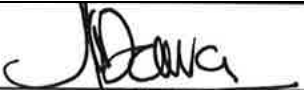

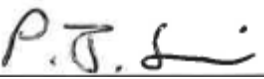
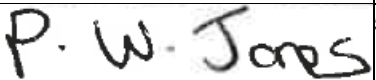


The Directors are required, under the Health Act 2009, to prepare a Quality Account for each financial year. The Department of Health (DoH) has issued guidance on format and content of annual Quality Accounts (which incorporates legal requirements in the Health Act 2009, and the National Health Service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

Account) regulations 2010 (as amended by the National Health Service (Quality Account) Amendment Regulations 2011)).

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

- It presents a balanced picture of the Trust's performance over the period covered
- The performance information reported, is reliable and accurate
- There are proper internal controls over the collection and reporting of measures of performance included, and that these controls are subject to review, to confirm they are working effectively in practice
- The data underpinning the measures of performance reported is robust and reliable, conforms to specified data quality standards, prescribed definitions, and that this is subject to appropriate scrutiny and review
- It has been prepared in accordance with Department of Health guidance

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

Name and Position	Signature	Date
David Rogers, Chair		5 November 2020
Janet Dawson, Non-Executive and Vice Chair		5 November 2020
Russell Andrews, Non-Executive		5 November 2020
Patrick Sullivan, Non- Executive and Senior Independent Director		5 November 2020
Phil Jones, Non-Executive Director		5 November 2020
Joan Walley, Non-Executive		5 November 2020
Tony Gadsby, Associate Non-Executive		5 November 2020
Pauline Walsh, Associate Non-Executive Director	<i>Professor P Walsh</i>	5 November 2020

Peter Axon, Chief Executive		5 November 2020
Dr Buki Adeyemo, Executive Medical Director		5 November 2020
Lorraine Hooper, Executive Director of Finance, Performance and Estates		5 November 2020
Kenny Laing, Executive Director of Nursing & Quality		5 November 2020
Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion		5 November 2020
Jonathan O'Brien, Executive Director of Operations		5 November 2020
Chris Bird, Director of Partnerships, Strategy and Digital		5 November 2020
Tosca Fairchild, Assistant Chief Executive Officer		5 November 2020

David Rogers

Chair

A handwritten signature in cursive script, appearing to read 'David Rogers', with a horizontal line underneath.

Peter Axon

Chief Executive

A handwritten signature in cursive script, appearing to read 'Peter Axon', with a horizontal line underneath.

## 4.5 Glossary

**AIMS** - Accreditation for inpatient rehabilitation units

**ASD** - Autistic spectrum disorder

**ADHD** - Attention deficit hyperactivity disorder

**ASIST** - Advocacy services in Staffordshire

**CAMHS** - Child and Adolescent mental health services

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

**CDAS** – Community drug and alcohol service

**CLRN** - Comprehensive local research network

**CPA** - Care programme approach

**CPD** - Continuing professional development

**CPN** - Community psychiatric nurse

**CQC** - Care quality commission

**CQUIN** – Commissioning for quality and innovation

**DOH** - Department of health

**ECT** - Electroconvulsive therapy

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

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

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

**IAPT** - Improving access to psychological therapies team

**IM&T** - Information management and technology

**IT** - Information technology

**KPI** - Key performance indicator

**Metric** - method of calculating performance

**Mind** - Mental health charity network

**MPFT** – Midlands partnership foundation NHS trust

**MRSA** - Methicillin-resistant staphylococcus aureus

**NDTI** - National development team for inclusion

**NEWS** – National early warning score

**NHSLA** - NHS litigation authority

**NICE** - National institute for health and clinical excellence

**NIHR** - National institute for health research

**NPSA** - National patient safety agency

**NRLS** – National reporting and learning system

**NSCHT** - North Staffordshire combined healthcare NHS trust

**PALS** - Patient advice and liaison service

**PBR** - Payments by results

**PIP** - Productivity improvement pathway programme

**POMH** - Prescribing observatory for mental health

**QIPPP** - Quality, innovation, productivity, partnership and prevention

**LPS** - Liaison psychiatry service

**R&D** - Research and development

**REACH** - Local advocacy project supporting people with learning disabilities

**RETHINK** - Mental health membership charity

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

**STOMP** - Stopping over medication of people

**STP** – Staffordshire transformation programme

**SUS** - Secondary user's service

**TDA** - Trust development authority

**UHNM** - University hospital of north midlands NHS trust

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

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



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NHS, Trust Trentham Business Centre, Bellringer Road, and Trentham Lakes South,  
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Or visit our website: [www.combined.nhs.uk](http://www.combined.nhs.uk)