Towards Outstanding
Our quality journey

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Quality Account 2016/17

Contents

Chair and Chief Executive's Message

We are delighted to introduce this year's Quality Report, to look back with pride on a year of significant success and achievement, to look forward with excitement to the developments we are leading in our own services and our own people, and to celebrate our developing partnerships with health and care colleagues across Staffordshire and Stoke-on-Trent.

Care Quality Commission

In September, following a full inspection, we were delighted that the Care Quality Commission rated Combined Healthcare NHS Trust as a Good Organisation - with 10 out of 11 of our services rated as'Good' or 'Outstanding'.

We were also honoured to be told that they consider us to be the fastest improving mental health trust in the country.

This is a remarkable achievement and is a testament to our excellent staff, described by the CQC as "throughout the inspection, caring, empathetic and considerate towards patients".

It is, we believe, a fair and powerful endorsement of the improvements in outcomes, effectiveness, safety and leadership that Combined Healthcare has achieved as a result of our determined and thorough improvement journey that we commenced over three years ago.

We are immensely proud of the CQC findings. The only service the CQC found to be requiring improvement out of 11 services was our community services for children and young people who had made considerable improvements following an improvement programme since our first inspection 12 months previously.

Our key achievements

This Report sets out what we believe to be amongst our key achievements in improving the quality of our services. These include:

- being informed by the Care Quality Commission that they consider us to be amongst the fastest improving mental health trusts in the country;
- being named in a recent annual report on the use of IAPT services as one of the top performing CCGs for recovery with 56.7% of people being referred to the service moving to recovery last year. This work has been recognised by the Health Education West Midlands with the Leading for Service Improvement and Innovation Award and the Team Outstanding Achievement Award.
- our dementia diagnostic rate for people aged over 65 living in Stoke on Trent rated the highest at 87.9% in the West Midlands. This achievement is among the best nationally as identified by NHS England compared to National average of 67%
- our Growthpoint service chosen as a finalist in the Team Outstanding Achievement Award in the Health Education West Midlands Regional Leadership Recognition Awards. This team has supported dozens of service users in their recovery with a number having gone on to become self-employed or finding work with a local employer;
- officially recognised as the highest performing mental health trust for flu vaccination of front line staff, surpassing the national target of 75% achieving 79.7%.

Our key priorities

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 partnerships across the communities we serve. Our clinical services will deliver models of care and will reflect the needs of our service users and their experience of care. We will achieve this by having an on-going conversation with our service users and carers through a variety of both formal and informal feedback mechanisms.

We remain committed to working collaboratively with a range of partners and as such have again included 'three steps to engagement' in the development and publication of this Quality Account. This process included clear engagement in making the final choice of priorities for 2017/18, which were supported by stakeholders.

We set out how we plan to deliver our key priorities for improvement in the year to come.

Delivering leaderership and excellence for safe and high quality services

Delivering services that are safe and high quality is essential. And being seen to do so, in partnership with our service users and partner organisations across our communities is just as important. This Quality Report sets out the steps we have taken and the results obtained to continue to improve our services and our leadership.

We continue to promote new partnerships and new models of care. We are proud to play a leading role in a new alliance of health and care providers to design, deliver and transform NHS and council-led care services in North Staffordshire and Stoke-on-Trent. The new body is known as the "North Staffordshire and Stoke-on-Trent MCP Alliance". It is a bold initiative - drawing together leaders of hospital services, community services, GP practices and local government - to bring about radical improvements and new partnerships that deliver the best possible services to patients and their families. Patients, service users and the voluntary sector will have a powerful voice and influence over the decisions taken by the new body.

We continue to develop our strong and deepening partnership with the North Staffordshire GP Federation. This has included creating joint appointments between our own Executive Team and the Federation – including our new joint Director of Strategy and Development, Andrew Hughes and plans for further joint posts.

We are proud that our Medical Director chairs the West Midlands Medical Directors' Group.

Towards Outstanding

Being 'Good' is not the limit of our ambitions for Combined Healthcare.

During the year we refined our overall vision, to make it even more focused on what we want to achieve for ourselves and our service users. This refined vision is very clear, simple and determined - **"To be outstanding."**

Our Towards Outstanding improvement programme is centred on making this happen and to take us on our journey.

Our vision is underpinned by our quality SPAR priorities. These are to deliver services that are

- Safe
- Personalised
- Accessible
- Recovery-focused.

Our values make clear how we want to go about our business. These are to be "Proud to CARE" - being:

- Compassionate
- Approachable
- Responsible
- Excellent.

We have launched our Behaviours Framework, co-designed with our staff and service users - to ensure we live our values in all we do. The Behaviours Framework takes each of the four CARE values and provides examples of behaviours that would demonstrate that we are adhering to those values in our day to day working lives.

Strengthening the voice of service users

We continue to strengthen the voice and true partnership with people who use our services. We believe that if we are going to continue our journey of transformation we need to encourage real challenge from service users and enable them to work with us in our journey of improvement.

We are delighted that service users are participating in our recruitment and staff induction processes. Our Service User and Carer Council and our Children and Young People IAPT Youth Council are going from strength to strength. The Chair of the Service User and Carer Council is a member of our Board

This has informed the development of a service user engagement strategy. As part of our development of this strategy, we held a hugely successful Open Space Event, bringing together over 50 of our service users and carers to give us their views on:

- How we prioritise the specific approaches we take under our SPAR quality prorities; and
- How we can expand the ways in which service users and carers can get involved with the Trust.

Caroline Donovan
Chief Executive

Delivering the bottom line

Continuing to deliver services that are safe, personalised, accessible and recovery focused in a time of unprecedented financial challenge is a remarkable achievement. We are proud to have been able to achieve a financial surplus for the 18th consecutive year, something that puts us amongst the top financial performers in our region, delivering for taxpayers and the wider NHS economy as well as for our patients.

Hello to new faces

We have also been delighted to welcome onto our Board two new Non-Executive Directors, Joan Walley and Lorien Barber, who bring a wealth of experience from the political and parliamentary arenas and the voluntary sector. We also welcomed Andrew Hughes as our new Director of Strategy, following the departure of Tom Thornber, who leaves with our very best wishes.

David Rogers
Chair

Introduction

Welcome to our Trust

North Staffordshire Combined Healthcare NHS Trust was established in 1994 and provides mental health and learning disability care to people predominantly living in the city of Stoke-on- Trent and in North Staffordshire.

We currently work from both hospital and community based premises, operatingfrom approximately 30 sites. Our main site is Harplands Hospital, which opened in 2001 and provides the setting for most of our inpatient units.

Our team of 1,285 whole time equivalent (WTE) staff are committed to providing high standards of quality and safe services

We provide 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 much more often we are able to provide care in outpatients and community resource settings and in people's own homes.

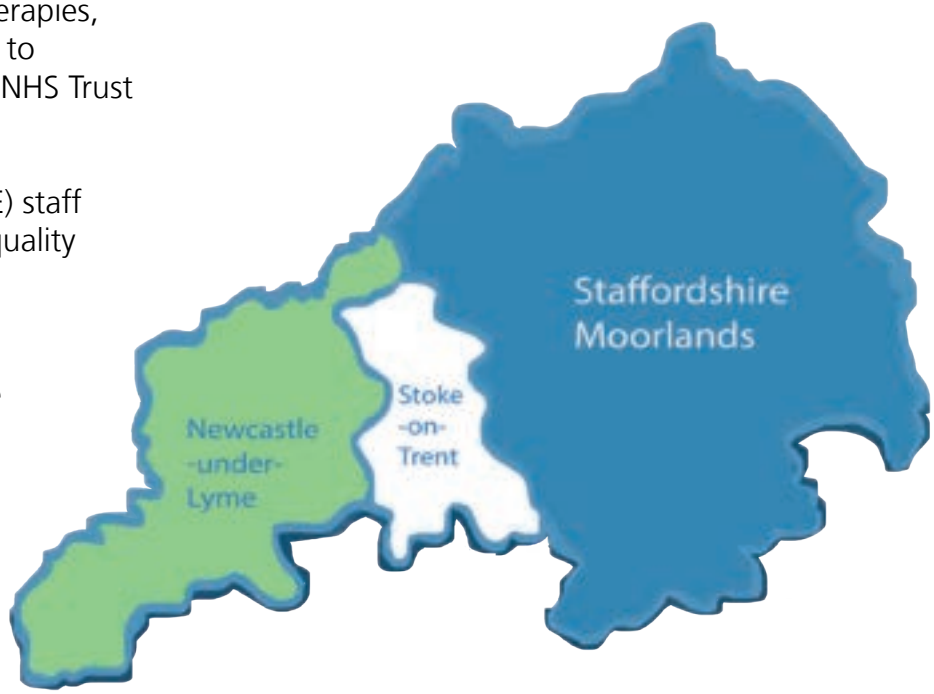
We also provide specialist mental health services such as Child and Adolescent Mental Health Services (CAMHS), substance misuse services and psychological therapies, plus a range of clinical and non-clinical services to support University Hospitals of North Midlands NHS Trust (UHNM).

Our team of 1,285 whole time equivalent (WTE) staff are committed to providing high standards of quality and safe services. We serve a population of approximately 464,000 people from a variety of diverse communities across Northern Staffordshire. The Trust's closing income for the year (2016/17) was £81.9m against a plan of £80.2m.

For 2016/17, our main NHS partners remain the two clinical commissioning groups (CCGs) – North Staffs CCG and Stoke-on-Trent CCG. We will also work very closely with the local authorities in these areas as we progress through 2017/18.

In addition, we work closely with agencies that support people with mental health problems, such as North Staffs Voice for Mental Health, Approach, ASIST, Brighter Futures, Changes, EngAGE, North Staffordshire Huntington's Disease Association, Mind, North Staffs Carers Association, Reach and the Beth Johnson Association.

Further information regarding our purpose, vision and values is contained in the Trust's Annual Report, which provides an overarching summary of the Trust's services, performance and finances for 2016/17 and will be available on the Trust's website at www.combined.nhs.uk



Welcome to our Quality Account

Welcome to our latest Quality Account, which covers the financial year 2016/17 – 1 April 2016 to 31 March 2017.

We produce a Quality Account each year, which is a report to the public about the quality of services we provide and demonstrates that we have processes in place to regularly scrutinise all of our services.

In 2016/17, Independent Auditors, Ernst and Young, were appointed by the Audit Commission to provide an independent assurance engagement and a limited assurance report to the Directors of the Trust. As a result, based on the results of their procedures, they concluded that the 2016/17 Quality Account was presented in line with requirements of the Regulations.

Patients, carers, key partners and the general public use our Quality Account to understand:

- ✓ What our organisation is doing well
- ✓ Where improvements in the quality of services we provide are required
- ✓ What our priorities for improvement are for the coming year
- ✓ How we have involved service users, staff and others with an interest in our organisation in determining these priorities for improvement

We hope that you find this Quality Account helpful in informing you about our work to date and our priorities 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. This can be given through the Trust's website www.combined.nhs.uk or by email to qualityaccount@northstaffs.nhs.uk.

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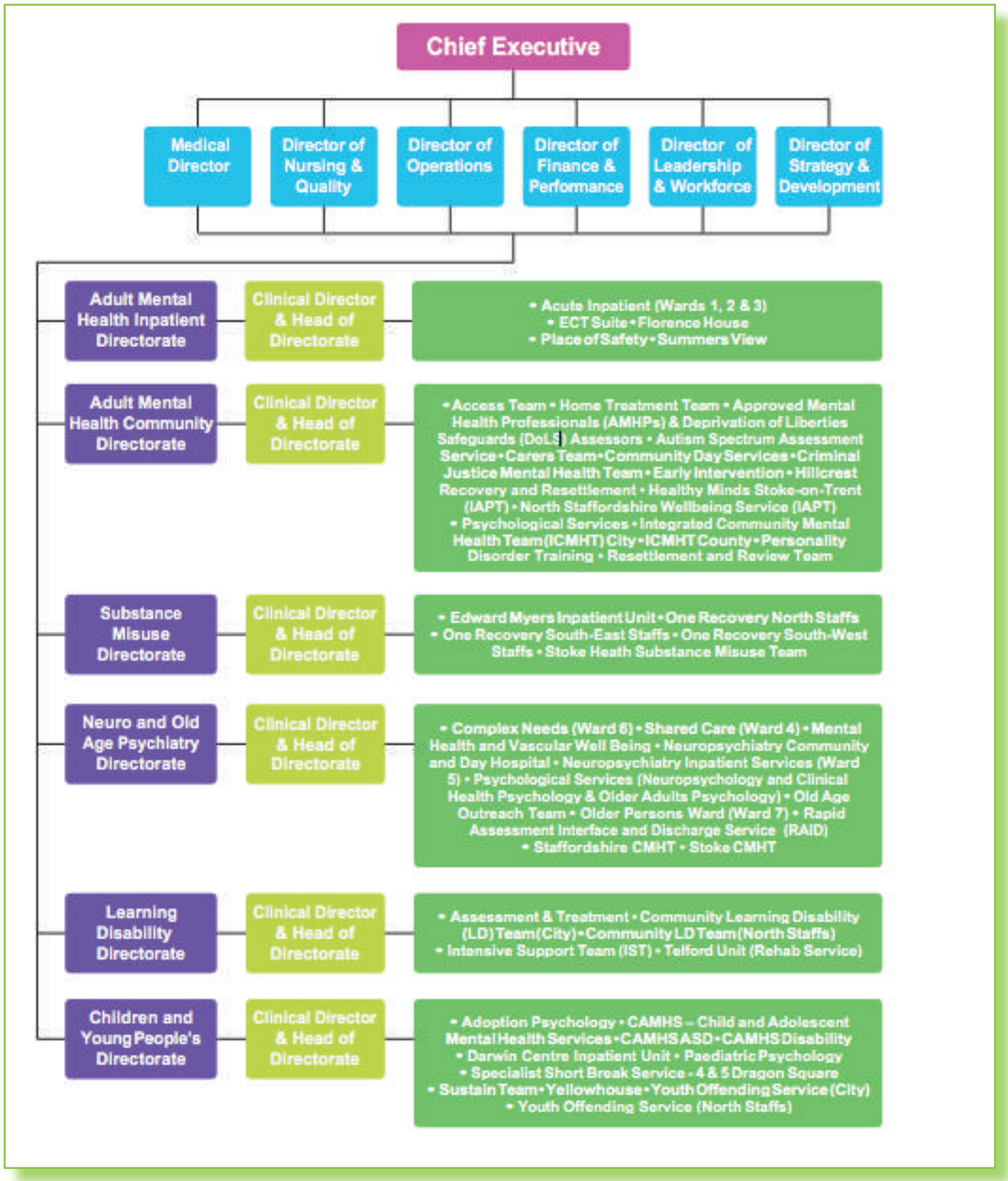
Services covered by this Quality Account

This Quality Account covers all six clinical directorates provided by the Trust. During the period from 1 April 2016 to 31 March 2017, the Trust provided or sub-contracted eight relevant health services (the Trust sub-contracts out to two non-NHS bodies in respect of improving access to psychological therapies (IAPT)). The core services we provide are shown below under our clinical structure.



Summary of key Quality Priorities

Quality Priorities

Our Quality priorities are aligned to the four strands of quality known as 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.

Details of 2016/17 performance against CQUIN metrics developed in line with these key priorities are given in Section 3.1.

Priorities 2017/18

- Ensure CQC core service rating is 'good' or 'outstanding'.
- Improved physical health monitoring.
- Implement our Suicide Prevention Strategy.
- Increase service user, carer and staff feedback to improve service improvement.
- Review of models of care and care pathways.

Detailed objectives have been developed in line with these key priorities, which are outlined in Section 2.2.

We also welcomed over 50 service users and carers to our first Open Space Event in March 2017 which provided an opportunity to give views on how we prioritise the specific approaches we take under our core SPAR priorities.

Strengthening staff engagement and team working through our continued involvement in the Listening into Action programme and Aston team-working model.

1.0 Statement on Quality

1.1 Our vision, values and objectives

The Trust's core purpose is to improve the mental health and wellbeing of our local population, some 470,000 people living across North Staffordshire and Stoke-on-Trent. Our strategic aim, as one of the main providers of care, is to develop enhanced and coordinated health and social care - as well as provide leadership and inspiration to others.

We strive to be recognised as a centre of excellence in both integrated and specialist care, bringing innovative solutions to the services we deliver and the strategies we develop, embedding a culture of continuous learning across our organisation, and supporting and inspiring others.

This is reflected in our vision, values and objectives. These guide not only how we deliver our services on a day to day basis, but also how we support and develop our people and our own organisation, how we manage and develop our partnerships and relationships with our service users, carers and families, as well as our external stakeholders across the local health and care economy.

Our vision and values

During 2016/17 we produced a refined statement of our vision which is **"To be Outstanding" - in all we do and how we do it.** We are on a journey towards that vision that we call "Towards Outstanding".

Our vision is underpinned by our SPAR Quality Priorities - to provide services that are safe, personalised, accessible and recovery focused. These guide all we do and are the benchmark against which we judge how we perform.

In delivering those services - as well as in all of our working relationships with service users, carers, families, stakeholders and each other, we are guided by our Proud to CARE Values - to be compassionate, approachable, responsible and excellent.

Our seven key objectives

We look to deliver our strategic aims and realise our vision by achieving seven key objectives:

1. Provide the highest quality services
2. Create a learning culture to continually improve
3. Encourage, inspire and implement research and innovation at all levels
4. Maximise and use our resources intelligently and efficiently
5. Attract and inspire the best people to work here
6. Continually improve our partnership working
7. Enhance service user and carer involvement.

1.2 Trust Care Quality Commission Comprehensive Inspection

We invited the CQC back to inspect our services following the first comprehensive inspection in September 2015 when we were rated as "Requires Improvement" overall. The September 2016 inspection found considerable improvements had been made and we were rated as "Good" overall.

Inspectors rated the care provided by staff to be "Good" following a review of whether services were effective, caring, responsive and well-led and rated it as Requires Improvement regarding whether services were safe.

Overall, 10 of the 11 core services were rated as either 'good' or 'outstanding'.

The CQC's Deputy Chief Inspector or Hospitals (and lead for mental health) Dr Paul Lelliott said:

"Since our inspections in 2015, the trust has made significant improvements to the quality of its care plans and risk assessments. Documentation consistently showed a collaborative approach to care that involved staff, patients, carers and families.

"Staff throughout the trust displayed a caring attitude towards people who used services. We saw several examples of staff showing kindness, empathy and putting peoples' needs first. Feedback from patients, carers and families was also very positive and staff ensured that delivery of care was carried out in a co-productive manner.

"The Trust board has become more settled and effective which helped to ensure governance systems were embedded.

"Nursing staff spoke very highly of the new substantive director of nursing.

"Staff told us that they now felt they had strong nursing leadership at a senior level in the organisation committed to clinical and leadership development".

The Report highlighted several areas of good practice including:

- ✓ The trust had done impressive work around deaf and hard of hearing patient groups particularly the Deaf Café, British sign language (BSL) training for staff and effectively addressing communication needs.
- ✓ The vascular wellbeing team manager had published a paper on the use of a camera for people with short term memory problems. They have since worked with the local clinical commissioning group (CCG) to incorporate the use of text messaging service and were working on an 'app' for patients with early onset dementia and mild cognitive impairment.
- ✓ The care home liaison team held multi-disciplinary meetings at five care homes. GPs and families reported that this worked well. The input of physiotherapy into care homes with patients at risks of falls had reduced hospital admissions.
- ✓ The community child and adolescent mental health services (CAMHS) had run a 'CAMHS in schools' project with special schools for the past 11 years. They had developed a pilot to introduce the model into mainstream schools.
- ✓ A military veteran's drop-in service had been established. Managers allocated one member of staff two days a week to develop this. It has succeeded quickly and, at the time of our inspection, had a caseload of 42 patients.

CQC Inspection Area Ratings
(Latest report published on 21 February 2017)

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

However, we do not remain complacent and there were areas highlighted to us for action including:

- Ensuring our rapid tranquillisation policy accurately reflects current prescribing guidance from national institute for health and care excellence (NICE) guidelines. Staff must record and have a consistent approach to the use of rapid tranquillisation as well as understanding its risks.

- Ensuring that our process of sending out monthly letters to young people on waiting lists from initial assessment to treatment is followed.

- Recording any prescribed medication that is given, omitted or refused on the patient's prescription charts.

- Ensuring young people are seen within 18 weeks from the point of referral.

To date, significant progress has been made, ensuring that actions identified are completed.

We will continue to monitor implementation and seek assurance that improvements to practice are made.

We are immensely proud of the CQC findings with 10 out of 11 core services rated as either good or outstanding. The only service the CQC found to be requiring improvement out of 11 services was our community services for children and young people who had made considerable improvements following an improvement programme since our first inspection 12 months previously.

The CQC report rated the Trust as "Requires Improvement" regarding whether services are safe, mainly due to improvements required to rapid tranquillisation policy and the need to improve the number of young people seen within 18 weeks of referral. The work to secure improvements has been undertaken, as we recognise that there are still improvements to be made in a minority of our services.

All core services have comprehensive improvement plans in place to address the areas noted in the CQC reports and to date significant progress has been made with many of the 'must' and 'should' do requirements being addressed and rated as 'complete' following a robust assurance process through our performance management arrangements.

Our biggest challenge was reducing the waiting times for our community CAMHS services. However, significant progress has been made and we are now meeting the national target of seeing everyone within 18 weeks for initial assessment with on-going monitoring of performance on a weekly basis. The CAMHS teams have monitoring measures in place to review young people who have been assessed and have introduced screening for the right intervention and if appropriate, sign posting to other services.

	Overall	Safe	Effective	Caring	Responsive	Well-led
Adult Inpatient	Good	Good	Good	Good	Requires Improvement	Good
CAMHS Community	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Good
CAMHS Wards	Good	Good	Good	Good	Good	Good
Adult Community	Good	Requires Improvement	Good	Good	Good	Good
Crisis	Good	Good	Good	Good	Good	Good
Community LD	Good	Good	Good	Good	Good	Good
LD Inpatient	Good	Good	Good	Good	Good	Good
Rehab	Good	Good	Good	Good	Good	Good
OP Community	Outstanding	Good	Good	Outstanding	Outstanding	Good
OP Inpatient	Good	Requires Improvement	Good	Good	Good	Good
Substance Misuse	Good	Good	Good	Good	Good	Good
Overall	Good	Requires Improvement	Good	Good	Good	Good

1.3 Quality of Services - Key Achievements

We have a lot to be proud of

We have a dedicated workforce, excellent feedback from our service users and have managed significant change over the past few years in line with local need as well as national policy. Our on-going commitment is delivering high standards of quality and safe services through engagement with service users and key partners.

Feedback from service users and carers:
The Trust enjoys close relationships with service users, carers, and the very well organised North Staffs Voice for Mental Health.

We are proud of the continued success of the Service and User Carer Council, the Chair of which is a member of the Trust Board

Key priorities for 2016/17

Commissioning for Quality and Innovation Scheme
Last year we aligned our plans for improving the quality of services under our quality priorities, SPAR, with the Commissioning for Quality and Innovation (CQUIN) scheme for 2016/17, which is a national framework for agreeing local quality improvement schemes and makes up a proportion of our total potential income from CCGs (2.5%). This is conditional on the achievement of ambitious quality improvement goals and innovations agreed between commissioner and provider with active clinical engagement.

We identified five priority areas that contribute to improved quality of care. Part 3.1 of this Quality Account provides a statement against each of the priority areas.

Against the CQUIN financial and performance framework, in total we achieved 100% of the schemes.

Key achievements at a glance

- The Trust improved its rating from "Requires Improvement" to "Good" following a CQC inspection of its services in September 2016 and was noted to be the fastest improving mental health trust in the country.
- Officially recognised as the highest performing mental health trust for flu vaccination of front line staff, surpassing the national target of 75% achieving 79.7%.
- Quality improvement given significant praise and recognition by our regulators, our service users and staff.
- Launched "Towards Outstanding", as part of our on-going journey of improvement.
- Launched our Leadership Academy to develop our staff in delivering high quality services.
- Created a joint appointment of Director of Strategy and Development with the GP Federation to further develop strong and effective partnership arrangements.
- Appointment of two new Non- Executive Directors bringing a wealth of experience from the parliamentary and voluntary sectors.
- The Trust has continued to implement a new Electronic Patient Record and its Digital by Choice Strategy, Raising our Service Excellence (ROSE, received endorsement from the Department of Health.
- We remain at CQC risk banding of level 1 (low risk).
- Launched our Behaviours Framework co-designed with service users and staff to ensure we live our values in all we do including "Go Engage" to develop a culture of continuous improvement towards greater staff engagement.
- Taking a lead role in the North Staffordshire and Stoke on Trent MCP Alliance to lead and transform health and social care services.
- A number of successful conferences and events held during 2016/17 including an Open Space event where more than 50 service users and carers gave us their views on our quality priorities.
- Led by the service user and carer Council we have expanded ways in which service users and carers get involved in the trust. Including the establishment of the Children and Young People's Council. They have been innovative in generating new ideas to get young people involved. Their role will continue to grow as our CAMHS service continues on it journey towards outstanding.
- For the first time the trust were the hosts of a nursing conference, held on the 12 May 2016, and attended by 145 nurses. The conference entitled 'Nursing at its Best @combined' was rated as a big success.
- Significant progress made by the Healthy Minds Stoke on Trent team in supporting service users towards recovery and improving access to psychological therapies (IAPT).
- An NHS Digital national report has shown they have achieved the 10th highest rate of recovery out of 211 CCG commissioned services across England in 2015/16.

More key achievements and good news stories

- ✓ In a recent annual report on the use of IAPT services, North Staffordshire was named as one of the top performing CCGs for recovery with 56.7% of people being referred to the service moving to recovery last year. This work has been recognised by the Health Education West Midlands with the Leading for Service Improvement and Innovation Award and the Team Outstanding Achievement Award.

- ✓ Growthpoint service chosen as a finalist in the Team Outstanding Achievement Award in the Health Education West Midlands Regional Leadership Recognition Awards. This team has supported dozens of service users in their recovery with a number having gone on to become self-employed or finding work with a local employer.

- ✓ Best Practice and successes in recovery focussed care was showcased in partnership with service users, Changes and Brighter Futures at our Recovery & Wellness Conference on 27 February 2017.

- ✓ Dementia diagnostic rate for people aged over 65 living in Stoke on Trent rated the highest at 87.9% in the West Midlands. This achievement is among the best nationally as identified by NHS England compared to National average of 67%. The work of the teams has been extremely positive for service users who can access help and support at an earlier stage.

- ✓ We have been shortlisted in the Academic Wales Award for Excellence in Organisational Development for the Leading with Compassion scheme whereby staff, patients and carers are able to recognise someone who they believe has demonstrated compassion.

- ✓ We have progressed our programme of joint quality monitoring visits with Commissioners and Healthwatch colleagues. The focus of the visits is to give Commissioners and Healthwatch an opportunity to feedback to the Trust that services are patient centred, safe, effective and responsive. This feedback supports the Trust's clinical governance and assurance processes and will be used to support the Trust's journey toward providing outstanding services.

- ✓ Introduction of unannounced monthly assurance visits to wards led by an executive director of the board, a non-executive director of the board, a service user/carer representative, peer manager and a member of the Trust's governance team. The visits are informed by team's quality performance and risk indicators, including opportunity for observations of good practice and areas for development.

- ✓ The achievement of our staff and teams recognised at a number of national and regional awards.

- ✓ Allied Health Professional (AHP) Conference was held on the 16 February 2017 promoting and celebrating range of skills, interventions and best practice provided by AHPs. Attendees also contributed to the development of a new Trust AHP Strategy.

1.4 Building Capacity and Capability

Our continuous cycle of Board development activities acts as an organisational catalyst. Board development workshops led by the Chair determine the future topics and agendas of the Board development programme, executive time out sessions, senior management plenary and directorate development activities, acting to cascade and co-ordinate learning activities across the Trust.

During 2016/17, the trust board has become more settled with an increase number of directors in substantive posts and this has helped to ensure that governance systems are embedded.

Our GP Associate Board members continued to support and strengthen the Board from a primary care perspective. The Chair/Vice Chair of our Service User and Carer Council continues to play a full part in both the open and closed board.

Workforce
We employ 1,285 (WTE) staff, with the majority providing professional healthcare directly to our service users.

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

Our People and Culture Development Committee meets at least six times a year and has a transformational approach to the workforce agenda.

We focus on:

- **Cultural Development:** Fostering a positive culture that supports health and wellbeing 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: healthy eating education, our winter flu fighter campaign and our "Feel Good Friday" and "Wellbeing Wednesday" sessions.

  This initiative has encompassed a wide variety of Health and Wellbeing topics including Staff Counselling services, Occupational Health surveillance Checks, Staff Side advice and HR workshops. This initiative has been extremely well received with many staff reporting taking positive actions to improve their health and wellbeing. Such initiatives demonstrate our commitment to supporting a healthy workforce.

- **Team working and team leadership:** Prioritising development of team working and team leadership across the organisation through the continued rollout of the Aston Team Leadership Programme. Over 170 Managers, Team Leaders and Deputies have undertaken this evidence-based programme which comprises five workshops and an online set of materials to support team leaders implementing the best possible team working practices.

  The evidence shows that by working in this way there are productivity, patient experience and staff wellbeing benefits. We aim to increase the number of our staff who feel that they are part of a 'real' team and as a consequence to increase our relative position on the staff survey in relation to team working indicators.

- **Proactive stress management and resilience approach:** Through our Staff Counselling and Support service, we provide a vast range of services including preventative and responsive mechanisms of support.

  In supporting increased resilience, the service works to identify stress flash points and provide debrief sessions for staff following incidents.

- **Leadership and management development:** Our People Management Programme – a modular scheme that develops managers in multiple aspects of their management competency and participation in the Leadership Academy development programmes.

- **Mentoring / Coaching / 360 Degree appraisal:** The Trust has introduced and begun to embed the Healthcare Leadership Model into leadership training programmes and is using the associated 360 degree feedback tool to help managers and leaders to receive feedback on their leadership strengths and development areas.

  We are further developing our internal mentor resources to help grow leadership capacity and capability and to support leaders at all stages of their development. We are committed to encouraging our leaders at all levels to participate in coaching conversations, utilising internal and external coaches as appropriate to their role. This approach engages our leaders in finding their own solutions to the issues they address and offers a supportive but challenging environment for them to think and explore options available to them.

- **Apprenticeships:** 2016/17 has been a year to prepare for the implementation of the apprentice levy which comes into force in April 2017. We have networked with partner NHS Trusts within the health economy and regionally to develop knowledge about apprenticeships and provide support across the sector. In 2016/17 we had 6 new apprentices start, comprising of 4 newly recruited apprentices and 2 existing members of staff undertaking apprentice qualifications, with 13 apprentices in total on the programme at the end of March 2017. We are delighted that one of our apprentices was highly commended in the Non Clinical category of the Health Education England West Midlands Apprentice Recognition Awards 2017.

- **Care Certificate**: The Healthcare Support Worker Programme assists provides a development pathway for all support workers across the organisation. We have implemented the introduction of the Care Certificate for new staff in bands 1-4 who have no previous experience of health or social care and our existing five-day foundation programme will be converted to align with the requirements of the Care Certificate in the near future.

- **Staff engagement:** We have embedded the NHS Constitution and have developed and enhanced our own values in relation to staff engagement, reinforced through Team Charters, the Aston Team journey, the personal development and review process, our recruitment and induction processes and development of our Trust behaviours framework.

We acknowledge and reward staff through 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. Nationally we have been nominated for two Healthcare People Management Association (HPMA) Awards.

- Our Feel Good Friday health and wellbeing initiative has been chosen as a finalist in the Social Partnership Forum Award for partnership working. This initiative enables staff to receive information and advice on a range of health and wellbeing aspects.
- We have also been shortlisted in the Academic Wales Award for Excellence in Organisational Development for the Leading with Compassion scheme whereby staff, patients and carers are able to recognise someone who they believe has demonstrated compassion.

Our CEO's blog is read widely and strengthens openness and honesty as part of our drive for authentic leadership. We have well-established means of listening and responding to staff, including the appointment of our Freedom to Speak up Guardian, and the Dear Caroline initiative which provides all staff with access to our Chief Executive to anonymously raise any issues, concerns, service suggestions and compliments.

The National NHS Staff Survey provides us with an annual opportunity both to monitor changes in what it feels like to work for the Trust over time and to benchmark against other mental health trusts.

The Staff Friends and Family Test, which is undertaken on quarterly basis, provides further important comparative analysis. 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.

Members of the Executive Team also visit teams on a monthly basis for informal Q&A sessions, giving staff an opportunity to share in successes in their services as well as discussing challenges with an executive. This has proven to be a great way of developing two-way conversations and empowering staff to raise issues of concern.

Developing a culture of continuous improvement towards greater staff engagement will be enhanced by adopting the Go Engage programme. This bespoke evidence based approach which is due to be implemented in 2017, provides data at team level to highlight areas for local cultural improvement and has been found to be three times more effective than improving culture at a trust wide level.

Better use of information

The Trust has continued its "Digital by Choice" strategy (Information Management and Technology) during 2016/17 and is underway with the implementation of a new Electronic Patient Record (EPR) under the Raising Our Service Excellence (ROSE) programme. The Lorenzo (EPR) systems will support staff in accessing clinical information more efficiently.

Historic paper records continue to be scanned and added to the electronic system throughout the year. The Trust is working with local health economy partners as part of the Digital workstream within the Staffordshire STP programme and is actively involved in the development of an Integrated Care Record (ICR) and the implementation of a Technology Enabled Care Service (TECS) programme of work.

National and local best practice recommendations throughout the year have been incorporated into our Information Governance Framework.

The Trust is continuing it's IT hardware replacement programme for all devices over five years old and has installed Wi-Fi for staff, patients and guests across all Trust-owned sites.

1.5 Quality of Services - Key Priorities 2017/18

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 partnerships across the communities we serve. Our clinical services will deliver models of care and will reflect the needs of our service users and their experience of care. We will achieve this by having an on-going conversation with our service users and carers through a variety of both formal and informal feedback mechanisms.

We remain committed to working collaboratively with a range of partners and as such have again included 'three steps to engagement' in the development and publication of this Quality Account, as outlined in Section 3.3. This process included (at step 2) clear engagement in making the final choice of priorities for 2017/18, which were supported by stakeholders.

We will commit to building on our quality systems and learning from CQC inspections to ensure a continuous programme of improvement.

Following the September 2016 CQC inspection we have continued to review areas for improvement through the on-going development of comprehensive action plans and will work in partnership with the CQC, service users, carers and other key stakeholders to implement and sustain improvements.

Strong clinical leadership is critical to the successful completion of our quality objectives and influencing / leading desired changes in our quality and safety culture. To achieve successful and sustainable quality improvement changes, staff have to be engaged in the process. We have a quality strategy and workforce strategy with leadership initiatives such as staff engagement, clinical supervision, staffing and recruitment, thus ensuring staff are supported and engaged to deliver high quality care.

1.6 Trust Statement

We are pleased to publish this Quality Account for the financial year 2016/17, i.e. 1 April 2016 to 31 March 2017. It re-confirms our commitment to continually drive improvements in services and to remain transparent and accountable to the general public, patients, commissioners, key stakeholders and those that 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, have been incorporated into this document to help strengthen involvement in our services going forwards.

In line with the recommendation of the Francis Inquiry, this Quality Account is signed by all Trust Board members to provide assurance that this is 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 the Trust needs to improve the services it delivers.

David Rogers, Chairman		28/6/17
Patrick Sullivan, Non-Executive Director		28/6/17
Joan Walley, Non-Executive Director		23/6/17.
Tony Gadsby, Non-Executive Director		23/6/17
Lorien Barber, Non-Executive Director		28/6/17
Bridget Johnson, Non-Executive Director		23/6/17
Dr Keith Tattum, GP Associate		27.6.17.
Caroline Donovan, Chief Executive		28.6.17.
Dr Buki Adeyemo, Executive Medical Director		23/6/17
Suzanne Robinson, Executive Director of Finance and Performance		23.6.17
Paul Draycott, Executive Director of Leadership and Workforce		28/6/17
Maria Nelligan, Executive Director of Nursing and Quality		28/6/17
Andrew Hughes, Interim Joint Director of Strategy and Development		23 June 2017
Dr Nasreen Fazal-Short Acting Director of Operations		23/6/17

1.7 Statement of Directors' 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 has issued guidance on the form and content of the annual Quality Account (which incorporates the 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:

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

2.0 PRIORITIES FOR IMPROVEMENT (LOOKING FORWARD) AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1 Plans for improvement

Engaging our partners and stakeholders – 'Three steps to engagement'

In any year, trusts have a number of competing priorities in terms of improving service delivery, providing value for money and good quality service provision. We are committed to working collaboratively with a range of partners and as such have included 'three steps to engagement' in the development and publication of this Quality Account. The three steps and comments from partners are included in Section 3.3, which outlines how key partners have been involved determining our annual priorities.

Performance quality monitoring framework

This Quality Account is underpinned by a comprehensive Performance Monitoring Framework (PQMF), which monitors the quality of services we provide. It also provides detailed information on other key performance indicators concerned with access and outcomes.

Where performance or quality metrics are not on target, clinical directorates provide rectification plans, including action planning, for performance review by the Trust Executive. The PQMF enables granular reporting of weekly and monthly dashboard reports to clinical teams and Trust committees, with an overview maintained by the Trust Board.

Monthly Clinical Dashboards have been enhanced to provide better visualisation of the most important performance measures and quality indicators, thereby enabling trends to be more easily identified. Key priorities are reviewed to ensure that the pressing indicators of quality are in focus. The review of individual clinical teams' compliance with CQC and Mental Health Act standards continued during the year, with results being used to drive improvements in the services provided to patients.

The Trust uses local and national benchmarking information to add intelligence and insight to our performance management processes. Benchmarking enables the performance of the directorates to be analysed and they are supported in identifying how improvement in quality, productivity and efficiency can be achieved. Benchmarking with others will also help to determine how the Trust will become outstanding in all areas.
The Trust remains a key member of the NHS Mental Health Benchmarking Reference Group.

The Trust's Quality Committee continued to actively monitor the quality of services. Robust assurance is provided to Trust Board, service users and commissioners on performance measures.

2.2 Priorities for improvement and goals agreed with Commissioners

Key priorities for improvement

As previously described, in determining our priorities we have engaged extensively with our stakeholders to ensure the priorities meet the needs of our local population.

We are committed and ambitious in our endeavour to provide the highest quality mental health services. Our Board's business is driven by the quality plan as defined by our four on-going priorities, known as 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.

Progress monitoring

Progress to achieve these quality priorities will be monitored and measured through individual area milestones, with regular reports to the Executive Team and Quality Committee on progress made, risks identified and mitigation plans developed. Progress will also be reported through the Learning from Experience Report and Clinical Effectiveness Report to each meeting of the Quality Committee and to the commissioner-led Clinical Quality Review Group.

Key quality priorities for 2017/18:

Every CQC core service rating is 'good' or 'outstanding'

- All core services have comprehensive improvement plans in place to address the areas identified in the CQC inspection and to date significant progress has been made with many of the 'must' and should' do requirements being addressed and rated as 'complete'. We will continue this robust assurance process through our performance management arrangements.
- CAMHS Community Services rated as 'good'.
- Adult Community Services will be rated as 'good' for the safe domain.
- Older Persons Inpatient Services rated as 'good' for the safe domain.

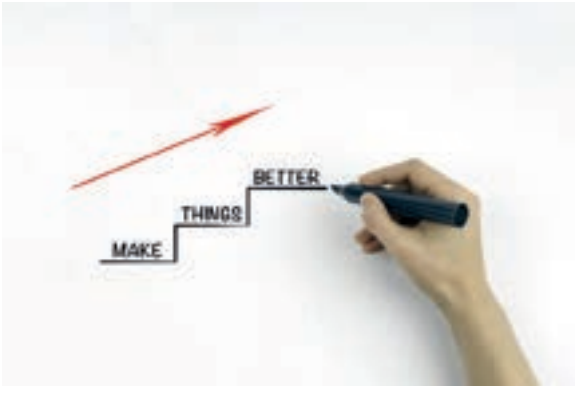
Improved Physical Health Monitoring

Our improvement plans include the following action:

- Becoming a smoke free organisation.
- Increased staff recognition of the 'deteriorating patient' in relation to the onset of sepsis.
- Flu vaccination campaign will be delivered achieving national targets of at least 75% frontline staff receiving the vaccination.
- A falls reduction programme will be developed and implemented resulting in a 30% decrease in the number of falls.
- A programme of prevention and assessment of cardiometabolic disease will be developed and implemented in older adult inpatient services.
- 100% compliance with physical health monitoring and recording post rapid tranquilisation.

Implement Our Suicide Prevention Strategy 2016-18

- Continue to facilitate the 'Living Well with Risk Group' to embed this strategy and facilitate participation from people with lived experience.
- Support the development of patient held "apps" or applications that promote recovery from depression, encourage hope and help seeking behaviour at the point of personal crisis.
- Use stories of hope from patients in different media formats to share the recovery messages.
- We will plan to integrate our records digitally with Health and Social Care, within the next 5 years. This will enable us to assist primary care to manage patients who are not in mental health services who are feeling suicidal.
- We will incorporate family/carers views into risk management plans, and highlight any protective factors that these relationships provide.
- We will strengthen our staff training in supporting patients with suicidal ideation.
- We will audit Trust investigations of suicides annually to give a clearer picture of the patients' lives, their presentations and our service responses prior to the incident.
- Strengthen training for dual diagnosis care pathways with a focus on higher risk patients.



Increase service users', carers and staff feedback to improve service development

- The Service User and Engagement Strategy will be refreshed by the Service User and Carer Council.
- We will ensure that there is a service user and carer representative at the mental health Sustainability and Transformation Plans (STP) Board.
- There is service user and carer representation on our trust committees facilitated through the Service User and Carer Council.
- We will develop a network of peer support workers.
- We will provide an enhanced understanding of the financial position for service users, carers and staff.
- To support personal and social recovery we will develop a recovery collage.

Review of Models of Care and Care Pathways

- Review our care pathways underpinned by work on productivity that took place during 2016.
- Plan to deliver directorate specific and cross directorate benefits of productivity improvements linked to a review of the 2 year plan.
- To complete an acute care pathway with a Psychiatric Intensive Care Unit (PICU) with an enhanced Place of Safety.

Additional objectives for 2017/18 aligned to SPAR priorities

Safe

- Further embedding of unannounced assurance visits with quarterly reporting to the Quality Committee and Trust Board.
- Implement an inpatient assessment accreditation framework with 100% of wards participating by March 2018.
- Further investment in environmental ligature improvements in accordance with 2016/19 plan.
- Investment in workforce development – staff knowledge of risk assurance will be strengthened.

Personalised

- Extension of the FLO and autographer innovation to develop a self-managed integrated care pathway for dementia patients.
- Implementation of the Diversity and Inclusion Plan.

Accessible

- Compliance with all national waiting times targets and 18 week waits for definitive treatment for all services.
- Work in collaboration with Primary Care and the University Hospital of North Midlands (UHNM) to become more accessible to patients through the use of video consultation.
- Re-launch Dragon's Den led by the Service User and Carer Council and supported by the Trust's R&D team with a focus on innovation and value makers empowering innovation across our workforce and service users.
- Develop and implement an Allied Health Professional and Social work strategy.
- An Estates (buildings and land) optimisation strategy will be developed with partner organisations.
- Continue to work with health and social care commissioners to ensure that every effort is made to ensure that service users are located in the most appropriate environment and reduce delays in transfers of care.

Recovery focussed

- Recovery principles will underpin our strategic priorities, policies, procedures, risk assessments and care plans.
- Care plans are completed with individuals and are wellbeing and recovery focussed.
- Further education of front line staff in recovery focussed care.
- Consistent use of outcome measures to assess the level of recovery for service users.
- Continue to develop evidence based psychological interventions in our adult acute wards.

A further 'Open Space' event is being held in January 2018 to give views on how the Trust and the Service User and Carer Council will prioritise our quality priorities for 2018/19.

2.3 Statement of assurance from the Board

How progress will be measured and monitored

This section is provided to offer assurance that the Trust is performing well as assessed internally via the Trust's own processes; externally (therefore providing independent assurance); through processes to measure clinical outcomes; through audit and research and development; and through participation in national projects and initiatives.

The majority (83%) of clinical services provided by North Staffordshire Combined Healthcare NHS Trust in 2016/17 were commissioned by the two local Clinical Commissioning Groups – North Staffordshire CCG (35%) and Stoke-on-Trent CCG (48%).

Quality was monitored by 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.

The Trust signed the Standard National Contract covering service delivery in 2016/17 on 25 April 2016. The contract is largely block in nature with the two local CCGs, although the associate element of the contract is cost and volume with thresholds. The contract contains specific targets on a range of performance measures.

All elements of this contract will be monitored through a CSU-led series of monthly meetings, with relevant associated data sent to the CSU as the co-ordinating body on a monthly basis.

Compliance with the Health and Social Care Act 2008 and the Essential Standards of Quality and Safety

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

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 through quantitative and qualitative information. This includes reporting data regarding the impact of services on patients.

The clinical audit programme is developed to reflect these needs and the national priorities. Further information is contained below.

National Projects and Initiatives

This section includes reference to the national projects and initiatives that we are applying to improve the quality of our services. Some areas are mandatory and others we have chosen to apply to allow us to scrutinise our processes and services and compare our outcomes to other providers.

Quality governance assurance framework

Our NHSI Oversight segmentation is band 2; the highest segmentation being band 1 which gives Trusts maximum authority.

Litigation cases for 2016/17

The numbers have remained static for non-clinical claims received for 2016/17 with only two being registered for employee liability.

The expenditure on non-clinical claims has seen a 14% reduction from the previous year. The Trust has been able to successfully defend claims where we have been able to provide evidence that policies and procedures have been followed. We continue to work closely with the NHS Litigation Authority (NHS Resolution) to use the intelligence learnt from these cases thereby ensuring quality improvements.

National quality improvement projects (service accreditation programmes): Managed by the Royal College of Psychiatrist's Centre for Quality Improvement (CCQI)

- The Trust's one ECT Clinic is accredited.
- Three wards (1, 2 and 3 at the Harplands Hospital) for working age adults are accredited.
- Two rehabilitation wards: (Florence House and Summers View) are accredited.
- Our Older Person's wards have commenced the accreditation process this year.

National quality improvement projects (service quality networks): Managed by the Quality Network for Inpatient Care (QNIC) - Darwin Centre

The Trust has continued to support the development of the Darwin Centre with further investment in staffing. The unit is now fully compliant with QNIC multidisciplinary staffing levels. A major programme of building work has been undertaken during 2016 to enhance the overall physical environment and it is anticipated this will be reflected in the ratings following the next QNIC inspection in May 2017.

- Environment and facilities 91%
- Staffing and training 93%
- Access admission and discharge 92%
- Care and treatment 98%
- Information, consent and confidentiality 80%
- Young people's rights and safeguarding children98%
- Clinical governance 91%

Learning Lessons

The Trust's Learning Lessons strategy has gone from strength to strength over the past year with 296 staff attending a monthly session over the past 12 month period. We are pleased to note the positive feedback from the CQC inspection with recognition of the Learning Lessons Programme as a model of good practice with staff awareness and bulletins well embedded in the Trust.

Staff feedback has been 100% positive with staff generating ideas for future sessions. We have utilised social media including Twitter to spread the initiative and benefits of wider learning. Future planning will see the development of an intranet web page providing a library of learning resources.

Learning Lessons Sessions

From January 2016 we increased the sessions to monthly in response to increased demand 'taught' with the aim of encouraging ownership of incidents and helping to develop a positive sharing culture.

The new sessions also incorporate health and safety into the learning by facilitating sessions on human factors and learning from incidents in other industries.

The Trust's Health and Safety Advisor has facilitated sessions looking at the systems and processes that required strengthening in order for our staff to consider their own team's working practices.

Video clips from the NHS Institute for Innovation and Improvement on human factors have been shown and discussed at Learning Lessons sessions.

"I would recommend the session, it is a good way to learn and reflect. Very interesting and thought provoking".

"The sessions were interesting and I would recommend them – nice touch with the revalidation forms as well."

Feedback

"Key points for me today were effective communication which is essential.

"It was interesting to know what incidents happened in the trust and why. I enjoyed the video; the main message from this was around reflective practice and learning how to improve on this".

"I would definitely recommend the session as I think it was great for everyone to share experiences of their workplace and how things are done differently".

"I found this morning's session very interesting and thought provoking, as always. I was particularly struck by the discussions around referring to family members as protective factors on risk plans".

"The session's key points were the importance of communication and leadership in our own individual roles and that of others".

Learning Lessons Leads

We have seen the development of Leads across a wider range of teams responsible for disseminating key learning messages.

Site Visits

A new development for 2016 has seen the introduction of site visits by the Health and Safety Advisor and Patient Safety Manager. This has served as an opportunity to look at safer systems of work, share learning from incidents and ensure that the quarterly health and safety assessments are on schedule.

This positive approach assists teams to consider their everyday practice and to ensure that systems are consistent and safe.

Future Learning Lessons Plans for 2017/18

- External speakers at Learning Lessons sessions
  Use of different media and infographics to present learning in easy to understand ways
- Implementation and embedding the Suicide Prevention Strategy, incorporating good practice in managing risk.

2.4 Review of services

This section is provided to offer assurance that we have included all of the services mandated for inclusion.

During the period from 1 April 2016 to 31 March 2017 North Staffordshire Combined Healthcare NHS Trust provided eight NHS services. The Trust has reviewed all the data available on the quality of care in all of the NHS services provided by the Trust.

The income generated by the NHS services reviewed in 2016/17 represents 100% of the total income generated from the provision of NHS services by North Staffordshire Combined Healthcare NHS Trust for 2016/17.

The Trust's six main services, as referred to above, are listed in the introductory section of this Quality Account – see 'Services Covered by this Quality Account'.

2.5 Participation in clinical audit

National confidential inquiries and national clinical audits

"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 2016/17, two national audits and two national confidential inquiries covered NHS services the trust provides.

During that period the trust participated in both (100%) of these national clinical audits and both the national confidential inquiries, as follows:

- Prescribing Observatory for Mental Health (POMH) – 100%
- Early Intervention in Psychosis – 100%
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH) – 100%
- Young People's Mental Health (National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – 100%

The national clinical audits and national confidential inquiries that the trust participated in, and for which data collection was completed during 2016/17, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or inquiry.

TITLE	% of cases submitted	% of cases required to be submitted
Prescribing Observatory for Mental Health (POMH): prescribing topics in mental health services:		
Prescribing antipsychotic medication for people with Dementia (topic 11c)	45%	100% [1]
Monitoring of patients prescribed lithium (topic 7e)	45%	100%[1]
Rapid tranquillisation (topic 16a)	100%	100%[1]
Prescribing high dose and combined antipsychotics (topic 1g)	100%	100%[1]
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/ NCISH)	100%*	100%
Early Intervention in Psychosis Young People's Mental Health (National Confidential Enquiry into Patient Outcome and Death)	100% 100%	100% 100%**

* This data is collected centrally on a rolling basis as part of the NCI process
1 Please note that for POMH audits there is no minimum requirement of cases to be submitted.
For Topics11c and 7e an adequate sample size was obtained without the need to submit 100% of cases relevant to the sample population, therefore the Trust still met the 100% requirement for POMH.

**Please note that this study was still open at the time of writing and the figures not finalised.

The reports of 2/2 national audits (as specified above) were reviewed by the provider in 2015/16 and actions agreed for implementation are detailed below.

In one case the report was released on the 21 March 2017 and is currently under review. In three cases the audit data is still being analysed by the Royal College of Psychiatrists and the reports will be reviewed by the provider on their release.

POMH 11c: Antipsychotic medication for people with dementia	Action completed
A raising awareness of standards presentation with medical staff.	On-going
The presentation will include a reminder to all teams of the importance of documentation.	On-going
The group noted good performance in community teams but some areas for improvement in in-patient services, although the sample of inpatients audited was very small. The results of the audit will be shared with teams to highlight areas of non-compliance and to remind them of the standards.	✓

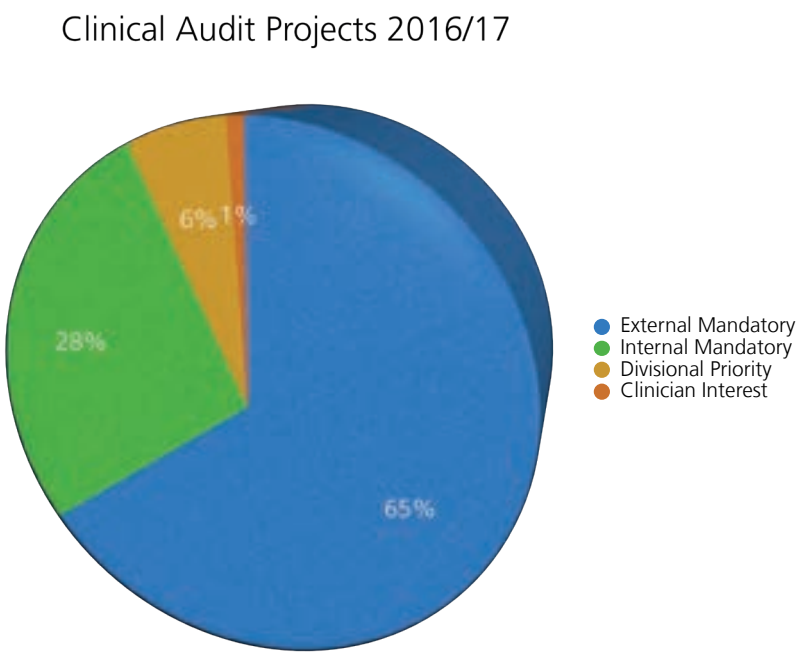
POMH 7e: Monitoring of patients prescribed lithium	Action completed
A review will be undertaken to ensure that weighting scales are available to all community teams and Service Managers will be advised that weight / BMI should be measured before initiating treatment with lithium and documented in the clinical record.	On-going
A laminated aide memoire reminding staff of the tests to be undertaken prior to initiating treatment with lithium will be provided for display in clinic rooms.	On-going
In all cases which did not meet the standard for two or more serum lithium tests being undertaken per year, service areas will be contacted to investigate the reasons for this and any actions identified will be implemented appropriately.	On-going
A laminated aide memoire reminding staff of the tests to be undertaken 6 monthly during lithium maintenance treatment will be provided for display in clinic rooms.	On-going
A review will be undertaken to ensure that weighting scales are available to all community teams and Services Managers will be advised that weight / BMI should be measured during lithium maintenance treatment and documented in the clinical record.	On-going
The new physical assessment tool under development in Lorenzo will be reviewed to ensure that it meets all requirements.	

The results of POMH audits are disseminated to and action plans agreed at the Trust's Clinical Effectiveness Group.

Local clinical audit programme 2016/17

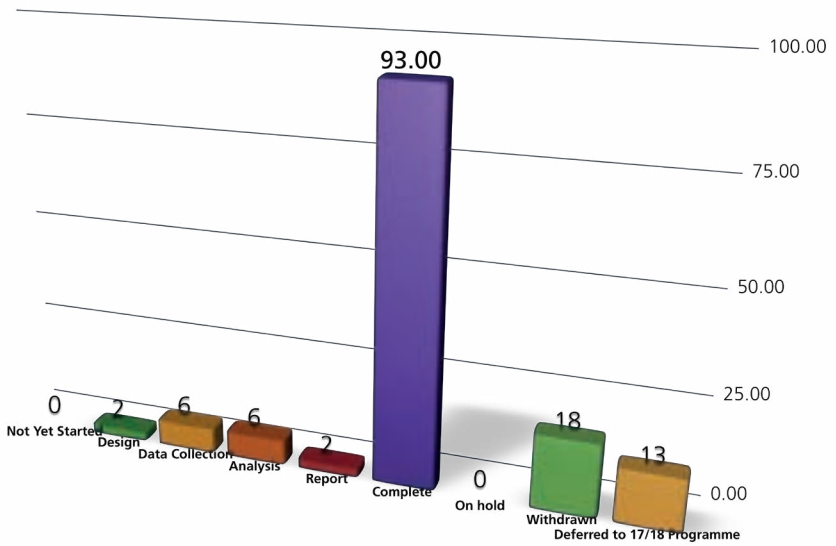
All projects on the clinical audit programme were facilitated by the Clinical Audit department. The programme is split into four priority levels in line with national requirements/ standards, including National Institute for Health and Clinical Excellence (NICE) guidance, POMH and standards produced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

The following chart reflects the total number of projects identified for 2016/17 split by the four priority areas:



During the year a total of 93 projects were completed by the Clinical Audit department and all 93 reviewed by the provider in the reporting period. All completed audits contained a comprehensive action plan agreed by the Trust and all stages of the audit cycle undergo a robust validation exercise to ensure the reliability and quality of data reported.

The graph below outlines project status for the 140 projects registered on the clinical audit programme for 2016/17:



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

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 information on completed clinical audits and the clinical audit programme can be obtained from the Trust's Clinical Audit Department.

2.6 Participation in Research

During 2016/17 the Research and Development (R&D) team has continued to contribute to NHS national research through the delivery of high quality portfolio and commercial research. The Trust has successfully exceeded its expected recruitment target, demonstrating a marked improvement on last year's figure with a recruitment total of 118, which is 124% of our overall target and represents a 21% increase from 2015/16. Our in-house portfolio is also not restricted to research but provides support to both individuals and projects predominately in the form of evaluation expertise but also in relation to specific elements of project work which draw upon research knowledge and skills.

It would not be possible for us to undertake any form of research without the involvement of our service users and carers.

We recognise that for many individuals research offers an opportunity to take a more active role in care and make an active contribution to the development of new knowledge while at the same time experiencing an enhanced quality of care.

We are committed to increasing the opportunities that our service users and carers have to participate in research and this is illustrated by our recruitment figures.

We firmly believe that service user involvement is crucial to high quality research, not just at the point of implementing a protocol but all through the study design process.

For this reason we are delighted that during 2016/17 with the support of the Service User and Carer Council we have attracted a service user representative to join our R&D Steering group and their contribution will help to shape the future of research within the Trust.

For staff, research provides an opportunity for personal and professional development and the enhancement of skills and knowledge, leading to a higher standard of care delivery and enhanced job satisfaction.

The R&D team have continued to work towards developing the research culture through engagement with clinical teams and external partnerships. 2016/17 has seen a real commitment to research as a Trust aspiration, with one of seven Trust objectives for both the one and five year plans being to encourage, inspire and implement research and innovation at all levels.

Research engagement

Within the Trust we have sought to extend the level of engagement across the organisation. One of the "quick wins" identified through Listening into Action was to include research within the annual staff appraisal process. As a result we have had a number of individuals approaching the R&D team to ask how they can become involved in research.

We have also undertaken engagement process with clinical teams. The Edward Myers inpatient unit not only became our first Research Ready Team but were recognised at our Annual Reach Awards for their research activity.

November 2016 saw a re-vamp of our Bi-monthly R&D steering meeting with a shift in emphasis from a business meeting to a research forum. The Research Forum is space in which interested individuals can share their ideas, projects, plans, successes and failures within a supportive community comprising of members from NSCHT and key partners / stakeholders. The feedback received to date has been that this is both a valuable and enjoyable forum and it is our aspiration to continue to extend the membership and reflect the outputs in future reports.

Student Research

Student research is an important part of our in-house portfolio. We recognise that a positive experience will promote an individual's on-going engagement in research, help towards developing our overall capacity and capability, and contribute towards the development of a research culture. The R&D team provide a valuable service to staff conducting research as part of a higher educational programme (e.g. Masters, PhD, other professional doctorates), supporting them through the process of registering their projects, and applying for the relevant regulatory approvals. An evaluation of the service provided has demonstrated that it has taken the stress out of the process, provided advice and guidance, and seen less amendment submissions.

Delivery of Clinical Trials of Medicinal Products (CTIMPS)

Developing our capacity and capability to deliver CTIMP studies is an important aspect of our research development. We recognise that CTIMPS not only offer the potential to generate commercial income but also provide opportunities for our service users to be involved in the development new treatments. During 2016/17 our portfolio has included 1 CTIMP study to which we have recruited 6 participants. We have been selected as a site for an additional CTIMP study which will be run in partnership with the UHNM.

External Engagement

Our research endeavours should reflect the clinical landscape and, just as the value of delivering clinical care in partnership across the community is recognised as an essential requirement for service development so too are our research partnerships. During 2016/17 we have been widening our engagement with our local community, other NHS organisations, academic institutes, voluntary agencies, commercial companies, local authorities and even schools, focussing upon quality engagement and collaborative development. Much of our engagement work has focussed upon developing our network and "sowing the seeds" for future research collaborations As a result of this engagement we have some projects that are moving forward as formal research partnerships.

Key achievements during 2016/17

Autographer plus Flo

The "Autographer plus Flo" approach was developed as a protocoled memory support intervention targeting people with MCI and people with mild to moderate dementia. Participants were given an Autographer wearable camera (formerly known as 'Sensecam') which was theirs to keep permanently or for as long as they found it useful and of benefit. Participants were asked to regularly wear it during their everyday activities as a lifelogging device and to review their images from Autographer on a computer at least three times per week. Participants were signed up to receive Flo text messages based on a once-repeated 13 week protocol. Text messages were of two types: once daily text messages designed to support wellbeing and management of memory problems. Basic reminders to participants to wear their Autographer and to review their images at least three times a week were also sent by text message.

Be-Able App

The idea for a modular App that people with memory problems could use to assist with self-management of their MCI or dementia and other vascular risk factors was a natural development from the Autographer plus Flo work. In February 2017 the Capital Investment Group reviewed a business case for investing in a first stage demonstrator Be-Able app. It was agreed that there would be an investment in building a demonstrator Be-Able app. The preliminary development work on this started in March 2017.

NO GAP

Last year we reported on the development of collaboration between the trust and the University Hospitals of North Midlands (UHNM), in which our research and clinical skills and clinical caseload combined with UHNM's existing clinical trials expertise & clinical support services expertise aim to deliver Neurodegenerative research more effectively.

This year we are delighted to report that the partnership has gone from strength to strength resulting in the team being recognised at the National Institute for Health Research Clinical Research Network West Midlands Annual Awards as the winners of the Collaboration in Research Award. This award recognises the success of the project particularly in terms of the development of a collaborative model and also the development of a joint research coordinator role. The team were also invited to run a workshop at the annual National Institute for Health Research (NIHR) Clinical Research Network (CRN) Conference in order to share their partnership as a model of best practice. The team were also delighted to receive a second award, this time from the University Hospital of North Midlands at their Night of Stars Awards for Research Impact.

The NO GAP team were also successful in securing a further one year's NIHR CRN Strategic funding for 2017/18 for the Joint Dementia Research Coordinator post, shared across both organisations.

Moving forward the team have extended their collaboration to form a partnership - recently re-branded as the NeurO-deGenerative Research Active Partnership (NO GAP). NO GAP aims to ensure that every patient and carer has access to high-quality Neurodegenerative research across North Staffordshire. The NO GAP team consisting of both NHSCT & UHNM Research and Clinical staff promotes a partnership and collaborative approach to research delivery across, building and sharing capacity and demonstrating how working together closes the gaps and strengthens access to Neurodegenerative research.

EDGE data

Edge is a new electronic research patient management system adopted by the NIHR which provides comprehensive data concerning research activity in one system. The system has been introduced on the back of new approval processes for NHS research which aim to streamline and enable faster set up of studies. The changes have presented a considerable challenge for NHS trusts which have been required not only to adopt new working practices but also to migrate existing data onto the new system. This has been a significant additional piece of work which has been achieved well within the prescribed timeframes and our performance has been acknowledged formally with a letter of thanks from the system developers.

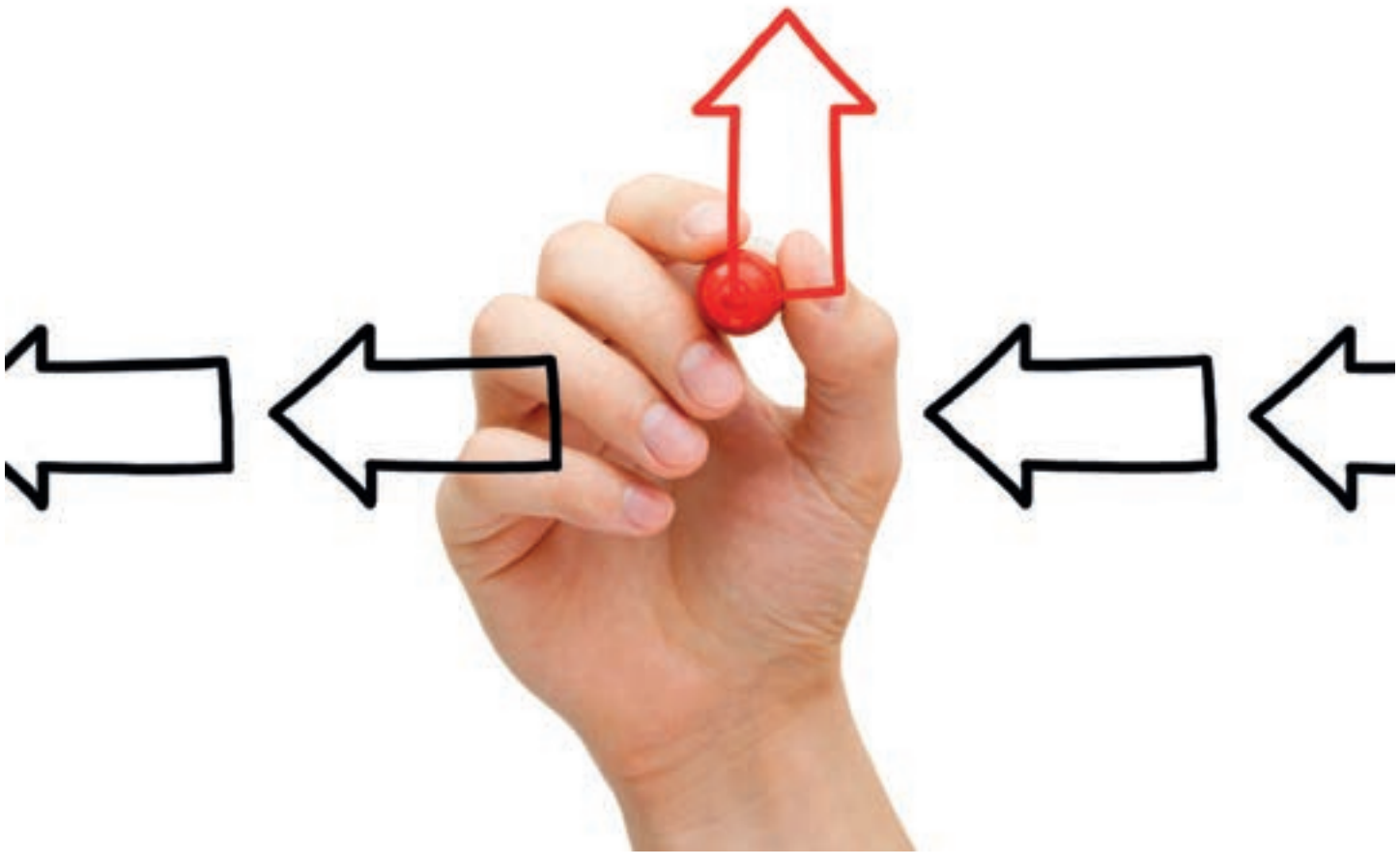
Example of some of the External Engagement Projects undertaken in 2016/17:

- The Autographer plus Flo project was disseminated through a report, poster presentations at two conferences and an exhibition which was developed with and hosted by "Letting in the Light", a local Arts and Health organisation in July 2016.
- Application in partnership with "Letting in the Light", to Nominet Trust's Digital Arts and Creative Ageing investment programme. (August 2016).
- The Alcohol-Related Brain Injury Project brought together representatives from organisations across North Staffordshire to work together on a scoping paper which addresses the management and development of an Alcohol Related Brain Injury pathway.
- Two of our team were successful in securing places on the National Institute for Health Research programme (NIHR-Ashridge Programme for the R&D Function within the NHS). This is a national bespoke leadership programme which promotes shared learning and partnerships across NHS organisations and aims to develop a national network for R&D managers and Directors.
- The Schools Project which is an innovative development of research workshop and engagement tools for schools to inspire and increase awareness & engagement of research in 12-14 year old students. The project was initiated by R&D team members and involves both UHNM and a number of local schools.

2.7 Goals agreed with Commissioners

Commissioning for Quality and Innovation (CQUIN) framework
A proportion (2.5%) of the total potential income from CCGs in 2016/17 was conditional on achieving quality improvement and innovation goals agreed with commissioners through the CQUIN framework.

As an incentive 1.5% of the Trust's total, potential income from CCGs for 2016/17 has been linked to delivery of CQUIN targets and the Trust has agreed five CQUIN indicators with the commissioners. The CQUIN indicators for 2016/17 were identified as the Trust's key priorities last year and as such are reported on in Section 3.1.



2.8 Statement from the Care Quality Commission

Registration

North Staffordshire Combined Healthcare NHS Trust is required to register with the Care Quality Commission and its current registration status is Registered - Registration Number CRT1- 1467551366. The Trust is registered to carry out the following regulated activities:

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

At the following registered locations:

- Lawton House
- Harplands Hospital
- Dragon Square
- Summers View
- Florence House
- Darwin Centre

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

CQC Inspection

Following the inspection in September 2016 the CQC changed the overall rating for the Trust from "requires improvement" to "good". There has been no enforcement action required by the Trust during 2016/17.

CQC special reviews and investigations

The CQC has not required the Trust to participate in any special reviews or investigations during 2016/17.

CQC Organisational Rating - Good

"Throughout the inspection, staff were found to be caring, empathetic and considerate towards patients.
Feedback from patients, carers and families was consistently positive regarding the quality of care and how staff treated th
Care plans were comprehensive, holistic and recovery-focused in all the teams that we visited"
CQC Inspection Report 2017

2.9 Statement on Data Quality

NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

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

- 99.9% for admitted patient care; and
- 99.9% for outpatient care.

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

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

- 99.9% for admitted patient care; and
- 99.9% for outpatient care.

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

Information Governance Toolkit attainment levels

The Trust's score for 2016/17 for Information Governance assessed using the national NHS Information Governance Toolkit was 75% (from 73% in 2015/16), and was graded green as all requirements achieved a minimum score of Level 2 resulting in a 'Satisfactory' result (the only results achievable are 'Satisfactory' or 'Not Satisfactory').

External Clinical Coding Audit

North Staffordshire Combined Healthcare NHS Trust was subject to the annual external clinical coding audit during 2016/17 by NHS Digital approved auditors. The audit results reported in the latest published audit for that period for diagnosis and treatment coding (clinical coding) are:

- 94% Primary diagnosis correctly recorded (98% in 2015/16)
- 93% for Secondary diagnosis correctly recorded (98% in 2015/16)
- 100% primary procedures correctly coded (100% in 2015/16)
- 100% Secondary procedures correctly coded (100% in 2015/16)

The services reviewed in the sample were adult mental health, child & adolescent mental health, elderly mental health and substance misuse.

The audit was undertaken by D&A Clinical Coding Consultancy Ltd, who are NHS Classifications Service approved auditors. The Trust was commended for its excellent level of coding accuracy and commended on the strong commitment to coding. It was further noted that there is a strong clinical engagement across all specialties.

Relevance of data quality and action to improve data quality

Data quality is central to understanding, delivering and managing safe services. Accuracy and timeliness underpins a high standard of collection, reporting and submission; we are taking the following actions to further improve data quality:

- Increasing the involvement of clinicians in the validation of data held in the IT systems.
- Continuing to actively manage data and key performance indicators.
- Continuing to focus on accurate and consistent patient clustering as part of readiness for Payment by Results.
- Developing new IT solutions for more effective performance monitoring and reporting.

The performance management forums within each directorate continue to operate effectively with a data quality improvement plan in place which is endorsed by our commissioners and forms part of the 2016/17 contract.

These forums are an opportunity to address data governance and data quality from end to end. The group's membership consists of corporate and clinical representatives and these data overseers take a leadership role in resolving data integrity issues and act as liaisons that manage the underlying information management infrastructure.

The primary objective is to mitigate business risks that arise from highly data-driven decision making processes. Setting data policies and standards, ensuring there is a mechanism for resolving data-related issues, facilitating and enforcing data quality improvement efforts and taking proactive measures to stop data-related problems before they occur.

3.0 REVIEW OF QUALITY PERFORMANCE FOR 2016/17 (LOOKING BACK) AND STATEMENTS FROM PARTNERS

This section is in three parts:

Section 3.1
Reviews performance against the key priorities defined in the 2015/16 Quality Account, which were aligned with the Commissioning for Quality Innovation Scheme (CQUINS), agreed with our local commissioners.

Section 3.2
Adds to the information provided in Section 3.1 and provides a summary of our performance against a range of quality indicators / metrics, which are of interest to people who use our services. Each quality indicator / metric is linked to one or more of the following three headings: Patient Safety, Clinical Effectiveness and Patient Experience.

Section 3.3
Includes reference to those involved in the development of this account and statements from key partners.

3.1 Performance against 2016/17 Key Priorities

The CQUIN payment framework is a national framework for agreeing local quality improvement schemes and makes a proportion of our total potential income from CCGs (2.5%) conditional on the achievement of ambitious quality improvement goals and innovations agreed between commissioner and provider with active clinical engagement. The CQUIN framework is intended to reward genuine ambition and stretch Trusts, encouraging a culture of continuous quality improvement in all providers.

For 2016/17, we identified priority areas which contribute to improved safety, clinical effectiveness, patient experience and innovation. Against the CQUIN performance framework, in total we achieved 100% of the schemes.

All schemes were achieved in full resulting in quality improvements for those using our services.

The following table identifies the CQUIN areas as identified by the CQUIN scheme for 2016/2017:

Staff Health and Wellbeing: Staff health initiatives

SPAR priorities
Safe

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

Our goal
We aimed to introduce innovative schemes to improve the physical and mental health and wellbeing of staff employed by the Trust.

How did we monitor and report on progress?
An improvement plan was developed by the working group to monitor progress in implementing processes across the Trust. Initiatives were agreed with Commissioners and a quarterly report detailing progress was submitted to them for review.

What did we achieve?
As a result of this CQUIN the Trust has consolidated and improved its health and wellbeing offer to staff and the Working Group will continue to take this work forward into 2017-18.

Staff Health and Wellbeing: Healthy food for NHS staff, visitors and patients

SPAR priorities
Safe

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

Our goal
The Trust was tasked with ensuring that where food and drink is sold on Trust premises, healthy food options are available and that foods high in fat, salt and sugar are not advertised or promoted on Trust premises or offered for sale at checkouts.

How did we monitor and report on progress?
An improvement plan was developed by the working group to monitor progress in implementing processes across the Trust. Information on the contracts which the Trust holds with food suppliers was provided to NHS England in June 2016 and March 2017. Local commissioners were provided with a quarterly reporting detailing progress.

What did we achieve?
As a result of this CQUIN the Trust has ensured that healthy food and drink options are offered wherever sold on Trust premises, including to staff working out of hours.

Staff Health and Well-being: improving the uptake of flu vaccinations for frontline clinical staff

SPAR priority
Safe.

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

Our goal
We aimed to increase the numbers of frontline clinical staff receiving the flu vaccination at the Trust.

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

What did we achieve?
In 2016-17 79.7% of frontline clinical staff across the Trust were vaccinated against flu. We were the top mental health trust in England. This is an excellent achievement and demonstrates a significant improvement on vaccination levels in 2015-16.

Physical Health: Cardiometabolic assessment and treatment for people with psychoses

SPAR priority
Safe.

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

Our goal
The Trust was tasked with implementing appropriate processes for assessing, documenting and acting on six cardio-metabolic risk factors in 90% of 50 randomly selected in-patients, 90% of Early Intervention team services users from a locally determined sample and 65% of 100 randomly selected community service users. National guidance stated that the selected patients should fall into the following categories (based on ICD-10 diagnostic codes):

- Schizophrenia
- Schizoaffective Disorder
- Bipolar disorder
- Drug induced psychosis

How did we monitor and report on progress?
An improvement plan was developed by the working group to monitor progress by implementing processes across the Trust. The data collected for the Quarter 4 audit was sent to the Royal College of Psychiatrists for central analysis and reporting for the inpatient and community components. The early intervention component data was collected and submitted to local commissioners.

What did we achieve?
As a result of the CQUIN, the Trust has now implemented screening for cardiometabolic risk factors for all inpatient and Early Intervention Team service users. Considerable progress has been made in assessing the physical health of our service users in community services and we will continue to build on progress made.

Physical Health: communication with General Practitioners

Spar Priorities:
Safe, Personalised

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

Our goal
In accordance with this CQUIN, we aimed to ensure that key information relating to service user's mental and physical well-being was communicated from the Trust to the service user's GP focusing on the following aspects of healthcare:

- Primary mental health diagnosis
- Secondary mental health diagnosis
- Physical health diagnosis
- Prescribed medications and recommendations
- Monitoring and treatment needs for cardiometabolic risk factors identified
- Care plan or discharge plan

How did we monitor and report on progress?
An audit was undertaken in Quarter 2 and the results reported to commissioners and discussed within the working group.

What did we achieve?
The results of the audit demonstrated that the required information was communicated to General Practitioners in 95% of cases.
Trust services continue to use the Health Care Information Form and the working group is currently reviewing its use going forward.

Green Light Toolkit

Spar Priorities
Personalised, Accessible

Why was this selected as a priority?
Feedback from patients with learning disabilities who had accessed mental health services was mixed and it was felt that mental health staff might not be confident in addressing the particular needs of this service user group.

Our goal
The CQUIN was designed to improve the quality of care for service users with learning disabilities when accessing Trust's mental health services.

How did we monitor and report on progress?
An improvement plan was developed by the working group to monitor progress in implementing processes across the Trust. A quarterly report detailing progress was submitted to commissioner for review, which included the results of a self-assessment against the Green Light Toolkit in Quarters 1 and 3 and a staff confidence survey in Quarters 1 and 3.

What did we achieve?
As a result of this CQUIN staff on adult inpatient wards and working in Access and Home Treatment and IAPT services have increased confidence in addressing the particular needs of patients with learning disabilities.

This work has also made a difference to patients whose needs have been met more effectively when accessing these services.

Person Centred Care Planning

SPAR priorities
Personalised, Recovery-Focused.

Why was this selected as a priority?
Care planning for service users is a fundamental element of care. Effective care plans have the potential to enhance and benefit patient experience. Nationally, since the Francis Report, the spotlight has been on ensuring that care planning is robust, involves the person receiving the care and is consistently a high standard. The Care Quality Commission (CQC) details in a similar way the need to evidence that care plans are meaningful.

Our goal
In prioritising this CQUIN we aimed to support service users in becoming more centrally involved in their care, with an emphasis on planning, goal setting and recovery.

How did we monitor and report on progress?
An improvement plan was developed by the working group to monitor progress in implementing processes across the Trust. Initiatives in four pilot areas were agreed with Commissioners and a quarterly report detailing progress was submitted to them for review.

What did we achieve?
As a result of this CQUIN we have developed initiatives which will ensure that service users are centrally involved in their care. We have also fed into the Trust's on-going work around recovery focused care which involves working with services users and carers to plan for discharge from services and to discover what recovery means for them.

Embedding a Safety Culture

SPAR priority
Safe

Why was this selected as a priority?

The Manchester Patient Safety Framework (MaPSaF) is a tool to help NHS organisations and healthcare teams to assess their progress in developing a safety culture. MaPSaF uses critical dimensions of patient safety and for each of these describes five levels of increasingly mature organisational culture.

The dimensions relate to areas where attitudes, values and behaviours about patient safety are likely to be reflected in the organisation's working practices. For example how patient safety incidents are investigated, staff education and training in risk management. The Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over the next three years and saving 6,000 lives as a result. This CQUIN ties into this ambition enabling the Trust to examine its current safety practices and how they can be improved.

Our goal

The overall aim was to ensure that the Trust has mechanisms in place to:

- Facilitate self-reflection on safety culture maturity
- Triangulate 'maturity' against other Patient safety metrics to develep localised Team interventions (action plans) to change the safety culture.

The Trust set out to identify higher 'maturity' teams from MaPSaF self-assessment and support teams to buddy up to provide peer support whilst delivering interventions via action plans. The ultimate aim of this was to develop the safety maturity of teams across the Trust in accordance with the MaPSaF and to improve the shared learning across wards/areas. We also looked at our policies around lone working and developed a mechanism for assessing and accrediting wards based on patient safety criteria.

How did we monitor progress?

An improvement plan was developed by the working group to monitor progress in implementing processes across the Trust. A quarterly report detailing progress was submitted to Commissioners for review, which included the results of a self-assessment against the MaPSaF undertaken by community services in Quarters 1 and 4.

What did we achieve?

This CQUIN has raised awareness within teams with regards to their safety culture. The self-reflection exercises have helped teams to identify where their respective strengths and weaknesses lie and the buddy system has helped teams to learn from each other and subsequently developed their practices. Over the 2 years that the CQUIN has run, there has been a shift in culture and teams are continuing to learn from each other.

3.2 Performance in 2016/7 as measured against a range of quality indicators

This section of the Quality Account provides a summary of our performance as measured against a range of quality indicators / metrics, which are of interest to people who use our services, indeed most were selected for inclusion by key stakeholders. The information is presented under the three main headings of: patient safety, clinical effectiveness and patient experience.

Each section describes the area being reviewed, the metric used to measure performance including the unique reference code and the overall Trust performance.

Patient safety

Environments and cleanliness – Patient Led Assessment Care Environment (PLACE)

Area of performance	Environments and cleanliness
Metric – method of calculating performance:	Trust Key Performance Indicator (KPI) - five environments/cleanliness as assessed by the PLACE) team
Performance:	We are proud of our excellent cleanliness standards. The Trust's overall score for cleanliness was 99.67%. Each PLACE inspection team included 50% patient representation and an independent validator on each assessment.

PLACE 2016	Cleanliness	Food & hydration	Privacy, dignity & wellbeing	Condition, appearance & maintenance	Dementia
Harplands Hospital overall site score	99.58%	97.64%	98.05%	98.15 %	96.26%
Dragon Square	99.63%	-	96.55%	99.39 %	-
A&T and Telford Unit	98.89%	94.08%	100%	97.59 %	-
Darwin Centre	100%	96.66%	94.12%	100%	-
Florence House	99.26%	94.28%	94.17%	100%	-
Summers View	100%	96.16%	97.33%	98.85 %	-
Trust overall score	**99.60%**	**97.20%**	**97.54%**	**98.44 %**	**96.26%**

Disability arrangements have been included for the first time in 2016 as part of PLACE. As with the Trust's other PLACE scores, the Trust has scored exceptionally well in this area, scoring well above the national average

2016 PLACE scores for Disability	
Harplands Hospital	95.6%
Dragon Square	100%
A&T and Telford Unit	100%
Darwin Centre (under refurbishment)	82.25%
Florence House	100%
Summers View	100%
Trust Overall Score	
National Average Score	96.4%
	78.84%

Incidents

Area of performance	Incidents (clinical and non-clinical)
Metric – method of calculating performance:	Trust Metric: QI PS
Performance:	Please refer to the table below for performance during 2016/17

	2015/16	2016/17
General incidents	4,037	4,553
Moderate	79	75
Major	6	3
Catastrophic	128	76
Total	4,250	4,750
Incidents resulting in severe harm or death as a % of total	5.0%	3.2%

Safeguard, the Trust electronic reporting system generates weekly and monthly scheduled incident reports / trends for directorates and individual teams which allows them to explore and interrogate incidents in order to further understand and improve patient and staff safety within each area.

The table above illustrates an increase in the number of incidents reported across the Trust for 2016/17. This is a positive reflection of 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, in order to ensure that issues / trends are quickly identified and actions implemented enabling improved delivery of care services.

Safety Improvement Initiatives

Embedding a Safety Culture CQUIN across community and inpatient teams has achieved either an improvement or maintenance of their previous self-assessment scores for this year. This demonstrates that a focus on patient safety and improving the culture for learning. Further focus on the details of this CQUIN are detailed in section 3.1.

In 2015, as part of the Safety Culture CQUIN, the Trust completed its pledge to "Sign up to Safety", joining a national campaign to improve patient safety in the NHS. An action plan was developed, outlining the actions to be taken in our commitment to reduce avoidable harm. We pledged to make our organisation more resilient to risks by committing to learn from incidents; we have developed our 'Learning Lessons' approach, producing bimonthly bulletins and holding monthly learning workshops designed to share learning from incidents.

This is an approach that has been shared at regional patient safety events and has attracted attention from other trusts interested in developing similar approaches to sharing learning. With support from service users we have developed the Service User and Carer Council thereby ensuring that the trust is more able to 'hear the voice' of the people who use our services and can offer an improved response to service user feedback. We have also embedded the concept of Being Open into everyday practice, encouraging and supporting staff to be candid in the event of something going wrong, through additional training and awareness sessions.

In recognition of the patient journey through the wider health and social care economy, the trust has improved its partnership working with other agencies. There is greater awareness that communication between agencies and an understanding of the role played by others improves overall patient safety. Joint discussions with multiple organisations have been held to review incidents and investigations. These have been well attended and positively reviewed and seen as an excellent example of the trust values (CARE) in action.

Underpinning all of this achievement has been the willingness of the trust staff to report and to learn from incidents. Staff have embraced the concept of 'putting safety first', for sharing learning and demonstrating a desire to understand incidents in order to improve practice and ensure the safety and wellbeing of the people who use of our services. A recent initiative "National Kitchen Table Week" encouraged trusts to host conversations. Like the kitchen table at home, this approach provides an opportunity for people to talk openly and honestly and be listened to. Holding our "Kitchen Table" at Harplands Hospital reception encouraged many conversations and ideas to share safety initiatives and to suggest new ideas that will be taken forward.

Incidents reported to the National Reporting and Learning System (NRLS)

Area of performance	Incidents reported to the National Patient Safety Agency (NPSA)
Metric – method of calculating performance:	KPI Number of incidents reported to the National Patient Safety Agency
Performance:	There were 2,590 NRLS incidents reported during 2016/17 which is an increase in the number of incidents reported from the previous year. Of these, the number of incidents resulting in severe harm or death (64) as a percentage of the total was 2.8%. This is a positive reduction in previous year's data and is a reflection of the reporting culture promoted by the Trust.

The Trust is required to report patient safety incidents to the national incident database known as the National Learning and Reporting System (NRLS). This is the only data collection agency nationally and the data submitted is analysed by subject experts to provide trusts with six monthly organisational reports, based on data submission.

Our culture of incident reporting has continued to improve as demonstrated through benchmarked data from the NRLS. Latest data illustrates our higher reporting rate per 1000 beds than the national reporting median for mental health trusts. Improved reporting of incidents helps to better identify risks and provides better opportunities to improve patient safety. 72% of all patient safety incidents reported were no harm incidents; this is in comparison to the national average of 64% and is a reflection of a positive reporting culture for reporting both harm and no harm incidents.

We are pleased to report that the national staff survey results for 2016 demonstrate our workforce commitment to reporting incidents, errors and near misses with a 95% respondent reply that they have reported errors, near miss and incidents witnesses over the previous month, a positive response to the fairness and effectiveness of procedures for reporting and an improvement in staff confidence and security in reporting unsafe clinical practice.

We will continue to focus on increasing community reporting to allow for on-going theme and trend analysis to identify areas for quality and safety improvement. We have introduced a peer review facilitated Inpatient Safety Matrix Safe Ward in addition to strengthening clinical pathways to enhance outpatient support and enhancing evidence based psychological treatments in line with NICE guidance. We will continue to use our internal reporting systems and external benchmarking opportunities to monitor progress against our quality improvement initiatives.

Never events

Area of performance	'Never events'
Metric – method of calculating performance:	Trust Metric: QI PS 8 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. An example would be an inpatient suicide using curtain or shower rails.
Performance:	Nil – No 'never events' in the Trust during 2016/17.

We are pleased to maintain our zero reporting of Never Events during 2016/17.

Serious incidents

Area of performance	Serious incidents (SIs) (clinical and non-clinical)
Metric – method of calculating performance:	Trust Metric: KPI 17.17 Investigating and reporting of serious incidents
Performance:	During 2016/17 there have been 57 serious incidents reported by the Trust. During 2016/17 no investigation breached the 60 working day dead-line.

In 2016/17 we have maintained a strong performance in respect of the timely investigation and quality of completed investigations and the approaches taken to learning from serious incident investigation.

We have maintained our performance of 100% of investigations undertaken within the required timescales by staff trained in Root Cause Analysis methodology. Following the CQC re-inspection of trust services in 2016, our management of serious incidents received positive feedback and highlighted the quality of the investigation reports, timely completion, candour responsibilities and approach to learning from incidents in our overall "Good" rating.

Key points learned from incident investigation are captured in a monthly Learning Lessons workshop and further complimented by regular academic learning events and the publication of the bi-monthly Learning Lessons bulletin; the bulletin was shared as an example of good practice on the Sign up to Safety website and there has been subsequent discussions and visits from other trusts, who expressed an interest in developing their own version of Learning Lessons using the approach developed by the Patient and Organisational Safety Team.

The Patient and Organisational Safety Team work in partnership with directorates to ensure that trends arising from incidents are discussed at directorate and team level meetings and reported to the Trust's Quality Committee and Trust Board oversight through the Medical Director as Executive Director Lead for Serious Incidents and Mortality Surveillance. Quarterly thematic review of serious incidents helps to identify emerging themes and trends and thematic reviews will be undertaken to facilitate learning and improvement.

We noted and responded to an increase in the number of serious incidents in the period July-September 2016 and undertook a deep dive review facilitating an opportunity for learning and improvement and the sharing of good practice.

We are pleased to report the development of a trust Suicide Prevention Strategy ratified by the Board in March 2017. The Strategy links to the National and Staffordshire Suicide Prevention strategies. We have highlighted a number of high priority areas from the strategy including staff training and awareness raising relating to national and local risk factors and developing staff with specialist skills in supporting families and carers bereaved by suicide. We welcome the opportunity to influence the Staffordshire Strategy from our own learning and improvement and the part that the trust plays in reducing stigma associated with mental ill health and building community resilience.

We are committed to learning when things go wrong and taking action to improve. Furthermore, we take responsibility to ensure that we share learning in an open transparent and compassionate manner with families and carers through our Being Open and Statutory Duty of Candour Policy Framework.

This policy provides Trust staff with guidance as to their roles and responsibilities in relation to this statutory duty.

In order to support the implementation of this policy, a series of initiatives have been delivered to raise staff awareness and embed the statutory requirements into practice. These initiatives form part of an on-going programme of education for all employees and are facilitated by the Patient and Organisational Safety Team. These include.

- Inclusion of Duty of Candour awareness within the Trust mandatory training curriculum.
- A series of workshops, using the "Learning Lessons" forum to discuss the duty and to set out responsibilities.
- Awareness sessions in individual clinical teams.
- Inclusion in the Trust Preceptorship programme.
- Inclusion in the Student Nurse learning programme.
- Training sessions facilitated for Governance Leads to support their quality and safety role within clinical directorates.

The Trust's responsibility for ensuring compliance with this statutory duty is monitored through a series of reporting mechanisms. In addition to the weekly Incident Review Group minutes reflecting the decision making for Duty of Candour threshold, additional assurance is given to the Board by means of reporting to the Clinical Safety Improvement Group, Quality Committee and Trust Board.

External data and reports are shared with the monthly Clinical Quality Review Meeting chaired by Commissioners. Whilst the Directorates are members of the internal governance forums, the Directorate Governance Leads are also responsible for ensuring that service user safety is an agenda item at Directorate meetings. In order to provide the Trust Board with assurance that there is full compliance with the statutory Duty of Candour requirements, the Trust's Clinical Governance leads carried out an audit of the arrangements within the Trust and concluded that the Trust was compliant in meeting these requirements.

We are pleased to receive positive feedback from our 2016 CQC inspection recognising our embedded approach across the trust and we will continue with this good work during the coming year.

Infection Prevention and Control

There have been no MRSA blood stream infections and no Methicillin Sensitive Staphylococcus Aureus (MSSA) blood stream infections reported. MRSA screening compliance remains at 100% for all those admissions who fulfil the criteria for screening.

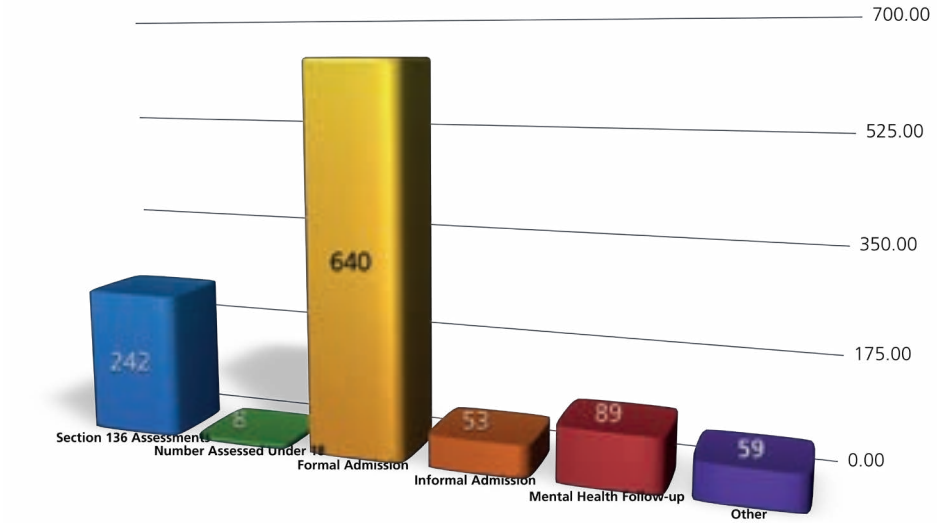
The Trust's target of zero avoidable HCAIs was therefore maintained.

Clinical effectiveness

Area of performance	Mental health activity
Metric – method of calculating performance:	QG.43 Mental health activity
Performance:	242 assessments under Section 136 of the Mental Health Act 1983 took place at Harplands Hospital Place of Safety. Of the 242 assessments completed, 8 were under the age of 18 years. The outcomes of all of the assessments are as follows: • 17% - Formal admission to hospital under the Mental Health Act • 22% - Informally admitted to hospital • 37% - To be followed-up by mental health / social care services • 24% - Other / care of family / own GP From the above data, it can be seen that 60% of those people assessed under Section 136 of the Mental Health Act are not admitted to hospital.

This data shows the number of assessments carried out under Section 136 of the Mental Health Act 1983 (police power to remove a person to a place of safety). The Harplands Hospital Place of Safety Assessment Suite is the first choice designated health-based place of safety and, where possible, all persons are assessed here.

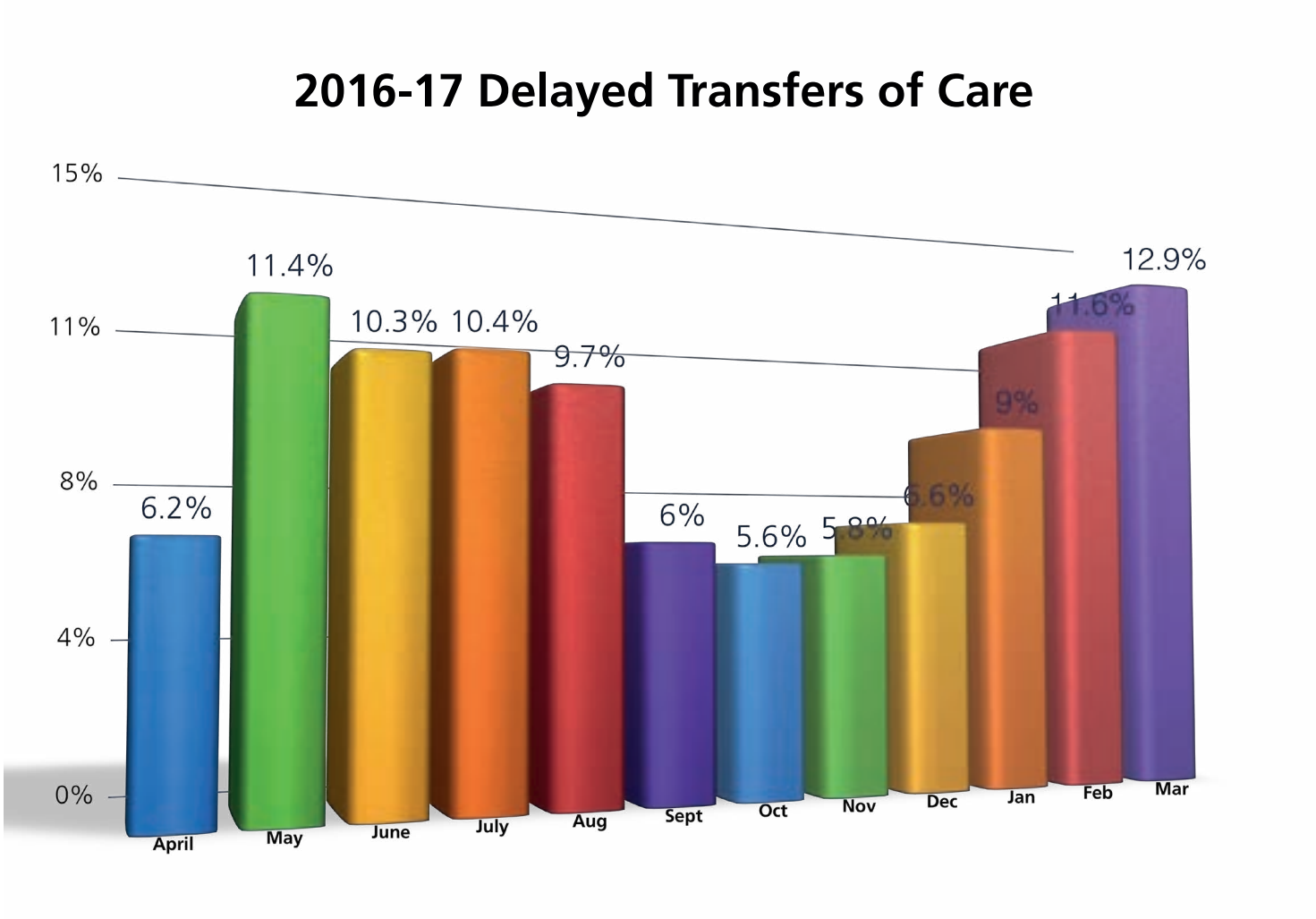
2016-17 Activity for Harplands Place of Safety



On occasions when the Place of Safety Assessment Suite is full, the Trust will seek to complete the assessment in an alternative health-based place of safety within Staffordshire and only when all health-based places of safety have been exhausted an individual needing support will be conveyed to the Northern Area Custody Facility at Etruria for completion of the assessment.

The data below shows the outcome of the assessments completed at Harplands Hospital's place of safety, in terms of admission to hospital and the number of cases where the person was under the age of 18 years, for the last five years.

Area of performance	Delayed transfers of care
Metric – method of calculating performance:	Delayed transfers of care
Performance:	Overall, for 2016/17 the Trust's rate for delayed transfers of care is 8.4% for the year, against a target of less than 7.5%. This reflects an increase from 5.76% reported for 2015/16 and is in line with the national position where there is an increase in whole system delays associated with high rates of bed occupancy and cuts to social care that are both causing extra pressures to build up across the NHS. The Trust is in discussion with health and social care commissioners to ensure that every effort is made to ensure that service users are located in the most appropriate environment. We are also focussing on this as an additional quality priority for 2017/18.



Area of performance	Physical health checks
Metric – method of calculating performance:	Physical health checks
Performance:	100% of physical assessments completed included all of the components listed: • A baseline physical examination • A baseline lifestyle assessment • A baseline haematological screening • A history of past physical, psychotropic and non- prescribed medications • Current use of physical, psychotropic and non-prescribed medications • MRSA screening

Area of performance	Compliance with 18 week waits
Metric – method of calculating performance:	18 week waiting time (all referrals)
Performance:	Performance for 2016/17 is 94.3% at year end.
	The Trust monitors the waiting time from referral for all service users who have been waiting to ensure that treatment is received within 18 weeks. The metric reports on the wait from when the patient is referred into the Trust to the time they are seen by a Trust member of staff.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	86.4%	87.2%	83.3%	87.4%	88.6%	90.4%	92.1%	92.0%	95.9%	95.7%	93.8%	94.3%

Area of performance	Patients re-admitted within 28 days of discharge
Metric – method of calculating performance:	The rate of unplanned readmissions for patients (adults and older adults) within 28 days is a key performance indicator for the Trust. The target for this metric is 7.5%
Performance:	For 2016/17 there were a total of 1825 admissions of which 201 were readmissions. By age range 0-15 yrs – 0, 16yrs or over – 201.

Area of performance	7 day follow up of Care Programme Approach (CPA) patients
Metric – method of calculating performance:	Follow up of CPA patients within seven days of discharge
Performance:	This 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, the Trust ensures that every adult is followed up within 7 days of discharge. There is a 95% national target. Our average for the year was 96.02%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	100%	100%	100%	100%	97.7%	100%	97.6%	98.1%	95.2%	100%	95.3%	97.0%
2016/17	97.5%	96.8%	96.9%	97.9%	96.2%	97.9%	100%	92.3%	97.5%	95.8%	92.5%	91.0%

Most recent published benchmarking data	Q4 2014/15 (%)	Q4 2015/16 (5)	Q3 2016/17%
Trust	100	97.5	94.6
National Average	97.2	97.2	96.7
Highest	100	100	100
Lowest	93.1	80	73.3

Area of performance	Crisis resolution gate kept admissions – acute
Metric – method of calculating performance:	KPI 17.14 acute admissions gate kept by Crisis Resolution teams
Performance:	Please refer to table below for performance during 2016/17. The national target is 95%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	100%	95.2%	93.2%	98.4%	97.5%	100%	98.6%	82.7%	100%	98.7%	100%	100%
2016/17	100%	100%	96.6%	100%	100%	98.9%	92.3%	97.7%	100%	100%	100%	100%

Most recent published benchmarking data	Q4 2014/15 (%)	Q4 2015/16 (5)	Q3 2016/17%
Trust	99	99.5	98.3
National Average	98.1	98.2	98.7
Highest	100	100	100
Lowest	59.5	84.3	88.3

Area of performance	Service users on Care Programme Approach (CPA) care review
Metric – method of calculating performance:	KPI 17.14 acute admissions gate kept by Crisis Resolution teams
Performance:	This is a national indicator to monitor compliance with CPA. The Trust has maintained performance and continues to ensure service users receive timely reviews of care to ensure that their care and support needs are met

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	91.6%	90.3%	90.1%	90.8%	92.8%	95.1%	95.0%	92.9%	93.2%	94.7%	94.2%	94.2%
2016/17	94.1%	92.4%	92.1%	92.0%	91.8%	91.4%	91.2%	89.4%	98.3%	95.8%	95.5%	96.2%

Area of performance	Patients in settled accommodation
Metric – method of calculating performance:	KPI 17.6i Percentage of patients who are in settled accommodation
Performance:	The core aim of the employment and settled accommodation outcome measure is to increase the proportion of the most socially excluded adults in settled accommodation and employment. This underpins a long-term vision of ensuring that vulnerable adults have the foundations they need to get their lives back on track. The Trust has maintained the percentage of patients in settled accommodation, with over 90 % for 2016/17, similar to 2015/16 and we have a plan to improve performance for 2017/18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	91.0%	91.0%	91.0%	90.0%	91.0%	91.0%	91.0%	91.0%	90.0%	90.0%	90/0%	93.4%
2016/17	93.2%	93.3%	94.0%	92.8%	91.2%	86.6%	90.4%	85.7%	89.3%	89.3%	89.3%	88.8%

Area of performance	Patients in employment
Metric – method of calculating performance:	Percentage of patients who are in employment
Performance:	The Trust has worked hard to increase numbers year on year in this well received local programme. The Trust continues to provide vocational support to our service users to increase the proportion of the most socially excluded adults in employment and this work will continue throughout the coming year to improve performance.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%
2016/17	12.8%	12.2%	12.0%	12.0%	11.2%	11.0%	11.6%	10.8%	7.9%	8.0%	7.8%	7.2%

Staff satisfaction

Area of performance	Staff satisfaction
Metric – method of calculating performance:	KPI 17.14 acute admissions gate kept by Crisis Resolution teams
Performance:	KPI 11.1 Staff satisfaction as measured by the annual national staff satisfaction survey

The annual NHS Staff Survey took place in September – December 2016.

The results, published on the 7 March 2017, reveal that our staff are feeling increasingly positive about working for the organisation. The responses demonstrate that our efforts and commitment to engaging our workforce is paying off. The NHS Staff Survey gives us an opportunity to understand the views of our staff and their experiences throughout their employment with us. Benchmarked data against other mental health trusts confirms the journey of the trust of its improvement towards outstanding.

A total of 618 NSCHCT staff took part in the latest questionnaire representing 51% of the workforce, slightly above the national response rate of 50%.

Our 2016 staff survey continues to build on improvements made in 2015. We have made a number of improvements on last year:

- Over 20% of the survey's 27 indicators demonstrate significant improvement
- Comparing like for like figures with 2015, over 70% of indicators have an improved score in 2016
- Above average scores posted against comparator NHS organisations in approximately a third of areas
- Strongest areas of performance are in reporting of errors and near misses, plus percentage of staff experiencing harassment, bullying, discrimination or abuse at work.

Perhaps the most positive result this year relates to staff's improving perceptions of the trust, seeing an improving workplace and patient / carer emphasis. All 5 indicators in the survey which measure these perceptions, show marginal improvement.

Areas of strength in terms of external comparison

Relative to other comparative trusts, the 2016 results highlight two key areas of strength. The first relates to the themes of reporting and witnessing errors:

- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents.

The second theme positively relates to statements that reveal low levels of discrimination:

- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
- Percentage of staff experiencing discrimination at work in the last 12 months

Areas for improvement highlighted by 2016 data

The areas for improvement arising out of the staff survey. In this section we will explore the following findings:

- Reduced response rate from 2015
- Our scores are average to the mental health community
- There are large variations within our directorates
- Notable and stubborn areas requiring improvement (e.g contributions towards improvements at work and quality of appraisal)
- New areas of decline relative to mental health average

By adopting the Go Engage approach in 2017, we aim to reduce variation across teams to ensure our staff survey has a more equitable experience at work. We will additionally understand our culture deeper than the staff survey currently permits, meaning we will have more potential to positively influence future annual results and more importantly the experience of our staff.

A range of actions have been developed by directorates. These plans have been informed by sharing the results throughout the trust and in facilitating directorate level conversations about what needs to improve.

Compared to last year's survey, the Trust has improved in a majority of areas, which are scored either as a percentage or a mark out of five. Of the 32 key findings that make up the Staff Survey, the Trust recorded average or above average performance in 26 (81.25%) of them, compared with other mental health trusts nationally. Measures where the Trust performed in the best performing category compared with other mental health trusts included:

- Percentage of staff experiencing discrimination at work in the last 12 months (the Trust's top ranked measure). KF20 10% compared better to national average 14%.
- Staff experiencing harassment, bullying or abuse from other staff in the last 12 months. KF26 19% compared better to national average 22%.
- Staff believing the Trust provides equal opportunities for career progression or promotion. KF21 88% compared better to national average 87%.
- Effective team working. KF9 (score 1 – 5) 3.86% above national average 3.85%.

The Trust's overall staff engagement score has increased from 3.55/5 to 3.71/5; this score represents staff members' perceived ability to contribute to improvements at work, their willingness to recommend the organisation as a place to work or receive treatment and the extent to which they feel motivated and engaged with their work.

The percentage of staff who feel that care of patients and service users is the Trust's top priority has increased by 11%, while the percentage of respondents who believe that the organisation acts on concerns raised by patients and service users has risen by 7%.

Furthermore, the percentage of those who would be happy with the standard of care provided if a friend or relative needed treatment has gone up by 7% and the percentage of staff who would recommend the Trust as a place to work has increased by 4%. In addition, the percentage of respondents who believe that the organisation provides equal opportunities for career progression or promotion has risen by 4%, while the percentage of staff suffering work-related stress in the last 12 months has dropped by 7%. Other areas where the Trust's score has improved upon last year include staff motivation at work and satisfaction with their level of responsibility and involvement.

These improving results follow a series of new initiatives launched by the Trust to improve staff engagement, including the Listening into Action Programme, which puts power into the hands of staff to deliver the way Trust services are run, the Chief Executive's weekly CEO blog, and team visits by members of the Executive Team for informal question and answer sessions. Additionally, the appointment of the Trust's Freedom to Speak up Guardian and continued success of the Dear Caroline website which provides an anonymous way for staff to raise any concerns or suggestions they may have about the quality of our services directly with the Chief Executive and a mechanism for all staff to receive feedback about their concerns and suggestions in a safe and timely manner.

Having considered the results, the trust is taking action to address a number of areas which will be reviewed and monitored by the Trust's People and Culture and Development Committee and progress reported to the trust board.

Patient Experience

In 2016/17 we have seen the development of the Service User and Carer Experience and Involvement Group, development of the Service User and Carer Strategy and work plan and a campaign to improve the response rate to the Family and Friends Test (FFT).

Friends and Family Test (FFT)

The Friends and Family Test (FFT) is an important feedback tool that supports 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 significant increase in FFT returns across the Trust following a campaign. In 2015 we were averaging 50 FFT returns per month. Our latest return rate of 550 in March 2017 is a result of the positive impact of the campaign and importantly, a sense check of the service user experiences of our service and our Q4 report reflects that 90% of people using our services would recommend us as a place to receive care.

Service User and Care Council

The Council continues to meet on a monthly basis, with an active and forward looking agenda.

We have seen the Chair of the Council stand down this year and acknowledge the leadership and support given in guiding the Council over the past year. The Chair of the Service User and Carer Council is a member of the Trust Board.

We have and will continue to seek wider involvement to support the Council, holding a recent Open Space event in March 2017 focussed on increasing service user and carer involvement across a range of trust business and activities. We are pleased to have received many expressions of interest and willingness to be a part of the engagement agenda of the trust.

The Annual Mental Health Community Survey 2016

The 2016 survey of people who use community mental health services involved 58 providers of NHS mental health services in England. We welcome the feedback from this Survey as it provides an additional feedback opportunity on service user experience and perceptions of our service.

While aspects of people's experiences have remained relatively stable, there is more work to do as part of our journey of improvement.

Our response rate of 33% was above the national average of 28%, and is comparable with our response rate for 2015 of 33%.

However, we would like to improve this position.

As a result, an action plan has been drawn up by our Community Directorate to address this and also respond to the points raised and further improve those areas. This will be monitored closely by the Service User and Carer Experience and Involvement Group and the Trust's Quality Committee. It will be reviewed and discussed by our Service User and Carer Council on an annual basis.

Patient Experience

Area of performance	Staff satisfaction
Metric – method of calculating performance:	KPI 16.1 Patient experience as measured by the annual national patient survey in relation to community based care – the most recent survey results were published in November 2016
Performance:	We are pleased with our most recent survey results.

Questions relating to	Score out of 10	How this score compares with other Trusts
Health and Social Care workers	7.6	About the same

"My care co-ordinator is really understanding. I feel this person totally understands me."

Questions relating to	Score out of 10	How this score compares with other Trusts
Organising care	8.5	About the same
Planning care	6.8	About the same
Reviewing care	7.5	About the same

"The care I received was the very best."

Questions relating to	Score out of 10	How this score compares with other Trusts
Changes in who you see	5.4	About the same
Treatments	7.3	About the same
Other areas of life (e.g. physical health, accommodation, involving family members etc)	4.6	About the same
Crisis care	5.9	About the same

I received art therapy and it has changed my life. The staff involved are brilliant, supportive, encouraging and after years of depression/PTSD I'm living a more normal life. Thank you NHS."

Questions relating to	Score out of 10	How this score compares with other Trusts
Overall views of care and services	7.2	About the same
Overall experience	6.9	About the same
Reviewing care	7.5	About the same

My life is improving I feel like I have more determination to overcome obstacles and move forward.Thank you."

Complaints Received

Area of performance	Staff satisfaction
Metric – method of calculating performance:	KPI 15.1 Complaint acknowledgements, response and trends
Performance:	Detail below

	2015/16	2016/17
Number of complaints	65	43
Number acknowledged within three working days	100%	100%

The Trust is committed to providing service users, families or members of the public with the opportunity to make a compliment, seek advice, raise concerns or make a complaint about any of the services it provides. We view all feedback, as valuable information about how trust services and facilities are received and perceived. We will continue to develop a culture that sees feedback and the learning from complaints as opportunities to improve and develop services.

Our focus this year has been on strengthening our complaints procedure to enhance the experience of those using the service alongside ensuring timely and quality investigation and responses. An improvement action plan shared with our external commissioners set out our improvement journey. We have worked in partnership with Staffordshire and Stoke Healthwatch and our Service User and Carer Council to implement improvements through investigation training, revised processes and improved oversight. It is pleasing to note the 2016 CQC inspection reported the trust's approach to managing complaints as effective and confidential and that the trust followed a robust process.

During 2016/17, 1 complaint was referred to the PHSO which following their careful review and consideration was not upheld. A further case referred to the PHSO was returned with a recommendation that further local resolution be explored to resolve the complaint.

Themes, Trends and Learning

During 2016/17 adult community directorate received the highest number of complaints. Whilst the directorate have the highest number of service user contacts, we are committed to analyse themes and trends, learn from feedback and take the improvement actions required to improve the experience of people using our services.

Looking back in 2016/17, complaints received generally fell within the categories of care planning, attitude of staff and communication issues. In response, we have undertaken a programme of customer care training with our clinical teams utilising service user and carer feedback as a means to provide a reflective learning environment in which to develop understanding of the service user perspective of our own behaviours. We emphasise the importance of local resolution and timely signposting where local resolution has been unsuccessful.

Compliments

Each year our staff receive compliments, thank you's and much praise from people they have cared for. Many patients want to write to thank staff personally or to praise the service that they have received. It gives staff a great boost when people take the trouble to pass on their positive feedback We are pleased to report that compliments received directly by the PALS service has increased from 157 in 2015/16 to 244 in 2016/17. This is a positive reflection on the services delivered by our staff and the acknowledgement of the CQC 2016 inspection feedback:

"Throughout the inspection, staff were found to be caring and considerate towards patients. Feedback from patients, carers and families was consistently positive regarding the quality of care and how staff treated them".

Patient Advice and Liaison Services (PALS) contacts

Area of performance	Patient Advice and Liaison Service (PALS) & compliments
Metric – method of calculating performance:	QI 1.8 Numbers and types of contacts via PALS and compliments
Performance:	400 PALS contacts and 244 compliments received during 2016/17

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. We are pleased to report the further strengthening of our approach to patient experience with the appointment of a whole time PALS officer.

During 2016/17 there have been 400 contacts compared with the previous year, when a total of 303 contacts were received. Themes identified on analysis relate to access and waiting times, concerns about customer care and signposting to other services. To ensure that concerns raised are addressed and actioned by the right person in a timely way, the Head of Directorate and Team Manager initially respond to outline the action taken and to the satisfaction of the individual concerned.

3.3 Engagement and statement from key partners

Engaging our partners and stakeholders – 'Three steps to engagement'

North Staffordshire Combined Healthcare NHS Trust remains committed to working collaboratively with a range of partners and as such has included three key steps in the development and publication of this Quality Account. As in previous years, all three steps have been successful and have resulted in key changes in the development and content of this Quality Account.

Step 1: Development stage

We have again developed a survey to seek the views of key partners, service user representative groups, local authorities and staff about what they liked and disliked about our previous Quality Account and what should be retained and what should be changed. We sent copies of the survey to all of these groups and included references to the survey in a public Trust Board meeting. All feedback received was responded to and reviewed as part of the engagement and design process for this Quality Account.

Step 2: Agreeing priorities The survey referred to above included a section about the priorities that key partners, service user representative groups, local authorities and staff would expect to see reported in our 2016/17 Quality Account. In addition, we have held a number of engagement meetings including dedicated 'drop-in' sessions, attended events and communications from our partners to agree our key quality priorities as follows:

- Commissioners – North Staffordshire Clinical Commissioning Group (CCG) and Stoke-on-Trent CCG
- Staffordshire Health Scrutiny Committee
- Stoke-on-Trent Overview and Scrutiny Committee
- Healthwatch, Stoke-on-Trent
- Healthwatch, Staffordshire

Step 3: Sharing the draft Quality Account

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

- Local commissioners
- Local Healthwatch organisations
- Local Authority Overview and Scrutiny Committees
-

We invited each partner to provide a statement for inclusion in the Trust's Quality Account. These statements are shown in the section below.

Comments from key partners

North Staffordshire Clinical Commissioning Group (CCG) and Stoke-on-Trent CCG

North Staffordshire CCG and Stoke-on-Trent CCG are making this joint statement as the nominated commissioners for North Staffordshire Combined Healthcare NHS Trust.

The contract and service specifications with the Trust detail the level and standards of care expected and how these will be measured, monitored, reviewed and performance managed. As part of the contract monitoring process, North Staffordshire CCG and Stoke-on-Trent CCG meet with the Trust on a bi-monthly basis to monitor and seek assurance on the quality of services provided. In addition to the contract meetings, the CCGs work closely with the Trust and undertake continuous dialogue as issues arise to seek assurance, which is also obtained via quality visits and attendance at Trust internal meetings.

The Quality Account covers many of the areas that are discussed at these meetings, which seek to ensure that patients receive safe, high quality care.

Review of 2016/17

It is pleasing to note the Trust's commitment to improving quality as demonstrated by the following achievements:

- The CCGs recognise the considerable amount of work undertaken by NSCHT staff to achieve a 'Good' rating by the Care Quality Commission following the inspection in September 2016.
- Throughout 2016/17 the CCGs have made a number of announced quality visits in partnership with the Trust's Governance Team, North Staffordshire and Stoke-on-Trent Healthwatch, to seek assurance and to support quality improvement of services. The CCG would like to thank staff for their open and honest approach to these visits.
- It is pleasing that the Trust has fully achieved delivery of the CQUIN schemes throughout the year and provided reports detailing the successes and the substantial improvements made for service users. As part of the delivery of the national Health and Wellbeing CQUIN the Trust was recognised as the highest performing mental health Trust in the country for flu vaccination of frontline staff doubling its performance compared with 2015 and was shortlisted as a finalist in the annual Healthcare People Management Association awards in recognition of the innovative Feel Good Friday / Wellbeing Wednesday initiative.
- In November 2016 the Trust attended the CCG's Quality Committee in common to present the Learning Lessons programme which is recognised as best practice by the West Midlands Patient Safety Collaborative. In February the Trust showcased their quality improvement work at the CCGs' Lunch and Learn Quality session. Both presentations were informative and well received.
- It is pleasing to note that the community teams for older people memory services were the top performing service in the West Midlands for diagnostic rates for dementia and the eighth overall in England.

However, 2016/17 has not been without its challenges and these will remain key areas of focus in 2017/18:

- The target number of children in treatment for 16/17 has been exceeded. The additional investment in Tier 3 was phased over a 2 year period 2016/17 and 2017/18 but all posts were recruited to in 2016/17. A waiting list initiative has been in place which has also delivered additional activity and the Trust is now achieving the national target of seeing everyone within 18 weeks for an initial assessment. The CAMHS teams have monitoring measures in place to review young people who have been assessed and have introduced screening for the right intervention and if appropriate sign posting to other services.
- Preventing suicides has been an area of both national and local focus throughout 2016/17 and continues to be of high importance moving forward. Commissioners have been pleased to see the implementation of the internal Suicide Prevention Strategy and active involvement of the Suicide Awareness Strategy for Staffordshire North.

Priorities for 2017/18

The Commissioners have worked closely with the Trust to agree quality improvements for 2017/18 in some areas using the national CQUINs framework to align priorities for development which will drive real improvements in quality and safety.

To the best of the commissioner's knowledge, the information contained within this report is accurate.

Tracey Shewan
Director of Nursing & Quality
North Staffordshire CCG & Stoke-on-Trent CCG

Marcus Warnes
Accountable Officer
North Staffordshire and Stoke on Trent CCG

Healthwatch Staffordshire

Introduction

Healthwatch Staffordshire was pleased to have been invited to comment on the Quality Accounts of the Trust and welcomes the detailed and comprehensive report. Vision, Values and Mission of the Trust are clearly outlined and the early part of the report is easy to understand and well addressed to the general public.

Healthwatch Staffordshire has been working closely with the Trust and will continue to do so during 2017/18.

It is commendable regarding the overall rating of 'good' for the CQC comprehensive inspection with 10/11 core services receiving either 'good' or 'outstanding'. Within the report there is significant comment and promotion of the Trust's commitment to continuing improvement. It is pleasing to see actions for improvement included as well as areas recognised as good practice. The Trust had received a score of requires improvement for the safety element of the CQC inspection, this is covered in the introductory section under summary of quality priorities and in more detail under 1.2 and 2.2. The fact that the Trust strives to achieve a rating of 'good' or 'outstanding' in every core service is also noteworthy.

The report contains a thorough explanation of its performance against objectives. There is good demonstration of key achievements and good news stories. The CQUINS are reported using the traffic light system is commendable.

The Trust is involved in various national clinical audits, national confidential enquiries and a local clinical audit programme and we acknowledge the level of resource this must involve. The evidence presented within the report includes the results and actions to be taken.

It is pleasing to note that the Trust is actively engaging with staff including learning lessons, research and development opportunities and a positive return from the Annual NHS Staff Survey. The report mentions some notable and stubborn areas requiring improvement and new areas of concern but it is difficult to pinpoint where these are identified and which planned actions match these. We understand this will be made more explicit.

There is clear demonstration of consultation and engagement. The priorities for improvement for 2017/18 are clearly set out with detailed explanations of how these will be met together with a thorough review of the Quality Performance for 2016/17.

The section Performance in 2016/17 as Measured Against a Range of Quality Indicators is well laid out with a good variety of information. With regard to Patients re-admitted within 28 days of discharge (p66) there is a target mentioned of 7.5 for re-admissions within 28 days of discharge and (pg 68) performance relating to Patients in Settled Accommodation and Patients in Employment). We understand commentary will be added in the further version as this will be useful to help the reader understand performance and what is being done to address this.

The Complaints Received section is very informative and addresses the continual improvement of the complaints process which provides reassurance.

Conclusion

Healthwatch Staffordshire looks forward to having the opportunity to review the 2017/18 Quality Account next year and particularly to be able to assess how the quality initiatives have impacted on the Trust's staff and the residents of Staffordshire.

Healthwatch Stoke-on-Trent

The Quality Account was presented and considered by Healthwatch Stoke-on-Trent on 17th May 2017 and following the presentation from NSCHT and responses to the questions raised, Healthwatch Stoke-on-Trent offers the following comments:

We are pleased to note the significant move forward by the Trust in improving all of its' priorities set for the year. The fact that it reached 100% against all CQUINS (such as patient safety, person centred care and staff health and wellbeing) is commendable.

Healthwatch Stoke-on Trent thank the Trust for the support it has given to the mental health sub group with its' CAMHS project While We Were Waiting. The group members visited a CAMHS hub and the unit at Dragon Square where they could talk to staff about the service. Staff also attended some of our meetings to discuss the project. This was very helpful in informing the work we did around the project.

We would note that we have seen steps forward in openness and engagement between NSCHT and its' partners (for example, the regular quality visits in which Healthwatch Stoke participate) and the Trust is seeking to grow this area during the coming year. It is commendable regarding the overall rating of 'good' for the CQC comprehensive inspection with 10/11 core services receiving either 'good' or 'outstanding'.

The fact that the Trust strives to achieve a rating of 'good' or 'outstanding' in every core service is also noteworthy.

Comments from those who attended the presentation include the following:

- We feel that some terms used should be better explained (such as 'CQUIN' and the 'Green Light toolkit'). Such explanations would make the document more understandable by the 'layman';
- We noted that success is measured for the Quality Account when quality priorities agreed with commissioners and key stakeholders have been achieved and validated by internal and external audit processes.
- The group would be interested to discover more about what the Trust does in terms of supporting possible employment for those with mental health issues, such as the Step on Service;
- Although customer care training has been put in place, one attendee felt that effective communication between staff and users should continue to be one of the highest priorities as was noted in the Learning Lessons section of the Quality Account;
- Since there is to be a move towards making development of the document more interactive and web based, we discussed how those without internet access can meaningfully contribute and it was pleasing to hear initiatives in this regard and proposals for a further Open Space Event;
- It would be helpful if performance figures, when used in the document, could show comparisons to other Trusts, accepting when benchmarking is meaningful and appropriate, to give a greater appreciation of the performance.

In conclusion Healthwatch Stoke-on-Trent believes the draft Quality Account presented is a fair reflection of successes achieved and a reasonable reflection of priorities. Healthwatch Stoke will continue to work with the Trust to help achieve its priorities throughout the forthcoming year and would be interested in contributing to independent reviews measuring progress.

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

On behalf of the Adults and Neighbourhoods Overview and Scrutiny Committee, I would like to thank you all for attending the committee meeting to present your organisation's Quality Account 2016/17 and for answering the committee's questions.

The committee would like to respond to the Quality Account by submitting the following statement:-

We welcome the opportunity to comment on the North Staffordshire Combined Healthcare Trust draft Quality Account 2016/17 and would like to thank Sandra Storey, Laurie Wrench and Dr Buki Adeyemo for their detailed presentation of the draft Quality Account to the committee on 22 May 2017.

General Comments

The Quality Account is very well presented with a good level of detail for the reader. There is a clear vision, statement of values and objectives and a detailed list of services provided by the Trust. The structure of the document meets the required format and clearly demonstrates the inclusion of all the mandatory contents as set out in the guidance for NHS Trusts.

The proposed addition, in the final Quality Account, of links to further information and videos to make the document more interactive were welcomed by the committee as a positive approach to improve engagement with the reader.

Statement on Quality

The committee were pleased to note that the September 2016 CQC Inspection overall rating had improved to 'Good' from the previous rating of 'Requires Improvement' in September 2015 and particularly welcomed how quickly the Trust had turned the previous judgement around. Although concerned that three of the five domains within community CAMHS service required improvement, there were 2/11 services requiring improvement around the safety domain. Overall 10/11 core services received a rating of either good or outstanding. We did recognise that the Trust was challenging two of the findings and had also implemented comprehensive improvement plans to address the areas highlighted by the CQC.

Priorities for Improvement (2017/18)

The priorities for 2017/18 are supported by the committee and we acknowledge the consultation undertaken by the Trust with key stakeholders to develop those priorities.

The committee were pleased to note the implementation of a 'Suicide Prevention Strategy 2016-18' as a priority and requested more statistical data around the suicide numbers, including a breakdown of the gender, age etc. of suicide victims and comparisons with statistical neighbours.

Review of Quality Performance for 2016/17

The committee were pleased to note 100% achievement of the schemes against the CQUIN financial and performance framework in 2016/17 and particularly pleased to see the continuation of the traffic light system used to identify last year's priorities identified by the CQUIN scheme, with details of the level of achievement and corresponding proportion of income achieved for each priority.

The committee welcomed the encouraging feedback from staff indicating that they are positive about working for the organisation, whilst recognising that there had been a reduced response rate compared to 2015.

It was disappointing to hear, at the committee meeting, confirmation that a ward opened at Harplands Hospital in response to the acute trust winter bed pressures had been decommissioned, but we were pleased to hear that the ward would be reopened from September 2017 and commissioned on a recurrent basis.

North Staffs Voice for Mental Health

North Staffs Voice for Mental Health (previously North Staffs Users Group) congratulate the Trust on their recent CQC visit in September 2016 in which 10 out of 11 of the Trust's core services were rated as either good or outstanding. We also want to congratulate the Trust in achieving their financial targets for the last 12 months (2016/17) as we feel this is important for the people who use their services.

North Staffs Voice have a good working partnership with the Trust and have found them very responsive to any comments or issues we have raised with them on behalf of service users and their work with us to resolve these if possible.

Over the last 12 months we have continued to be involved in a number of meetings held by the Trust and we attend Trust Board meetings regularly where we can and do raise any concerns there and Trust Board members are also very responsive.

We look forward to working with the Trust over the next 12 months towards achieving their goal of becoming an outstanding Trust and on behalf of service users ask that they involve us at an early stage in any plans/proposals to develop any new services or any proposed changes there might be to existing services so that we can inform, consult and involve service users as soon as possible.

3.4 Statement of changes

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

You Said	
North Staffordshire Clinical Commissioning Group (CCG) and Stoke on Trent CCG	
No changes required	
Healthwatch Stoke-on-Trent	
Explain terminology such as Green Light Toolkit and CQUIN	Described under 3.1
Healthwatch Staffordshire	
Positive return from the Annual NHS Staff Survey noted. To help the reader further, make more explicit areas of progress and action being taken	Described under 3.2 and will make more explicit
Performance data is well laid out with a variety of information. To help the reader further, additional information on readmissions, patients in settled accommodation	Additional information added pg. 54 & pg. 58
Stoke-on-Trent City Council's Adults and Neighbourhoods Overview and Scrutiny Committee	
The Committee were pleased to note the implementation of a 'Suicide Prevention Strategy 2016-18 and requested more statistical data around suicide numbers, including a breakdown of the gender, age, and comparisons with statistical neighbours.	A link to Public Health England on mortality outcomes provided. Contact details provided for Staffordshire Lead for further information, as required.

3.5 Auditor Statement of Assurance

INDEPENDENT AUDITOR'S LIMITED ASSURANCE REPORT TO THE DIRECTORS OF NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of North Staffordshire Combined Healthcare NHS Trust's Quality Account for the year ended 31 March 2017 ("the Quality Account ") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations ").

Scope and subject matter
The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following indicators:

- Crisis resolution gate kept admissions
- Incidents reported to the National Patient Safety Agency (NPSA)

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors
The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations) .

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

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate; t
- here are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations ;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 published on the NHS Choices website in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2016 to May 2017;
- papers relating to quality reported to the Board over the period April 2016 to May 2017; feedback from North Staffordshire and Stoke on Trent CCG dated June 2017; feedback from Healthwatch Staffordshire dated June 2017;
- feedback from Healthwatch Stoke on Trent dated June 2017;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 dated April 2017;
- feedback from the Stoke Adults and Neighbourhoods Overview and Scrutiny Committee dated May 2017;
- the latest Care Quality Commission inspection report dated February 2017; the 2016 National Staff Survey;
- the 2016 Survey of people who use community mental health services
- The Head of Internal Audit's Annual Opinion over the trust's control environment, dated April 2017
- The Annual Governance Statement for the year ended 31 March 2017 North Staffs Voice for Mental Health comments, June 2017

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of North Staffordshire Combined Healthcare NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and North Staffordshire Combined Healthcare NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed
We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations ; and reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations
Non-financial performance information is subject to more inherent limitations than financial information , given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time.

It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations. In addition, the scope of our assurance work has not included governance over quality or non mandated indicators which have been determined locally by North Staffordshire Combined Healthcare NHS Trust.

Conclusion
Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.
-

Ernst & Young
2 St Peter's Square, Manchester 29 June 2017

The maintenance and integrity of the North Staffordshire Combined Healthcare NHS Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the Quality Accounts since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of the Quality Accounts may differ from legislation in other jurisdictions .

3.6 Glossary

AIMS	Accreditation for Inpatient Rehabilitation Units
ASD	Autistic Spectrum Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ASIST	Advocacy Services in Staffordshire
CAMHS	Child & 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)
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 scheme
CSU	Commissioning Support Unit
DOH	Department of Health
ECT	Electroconvulsive therapy
EngAGE	Stoke-on-Trent forum for people over 50 to give their views Healthwatch 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
MRSA	Methicillin-resistant Staphylococcus Aureus
NDTi	National Development Team for Inclusion
NHSLA	NHS Litigation Authority
NICE	National Institute for Health and Clinical Excellence
NIHR	National Institute for Health Research
NPSA	National Patient Safety Agency
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
RAID	Rapid Assessment Interface and Discharge
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)
SUS	Secondary Users Service
TDA	Trust Development Authority
UHNM	University Hospital of North Midlands NHS Trust

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