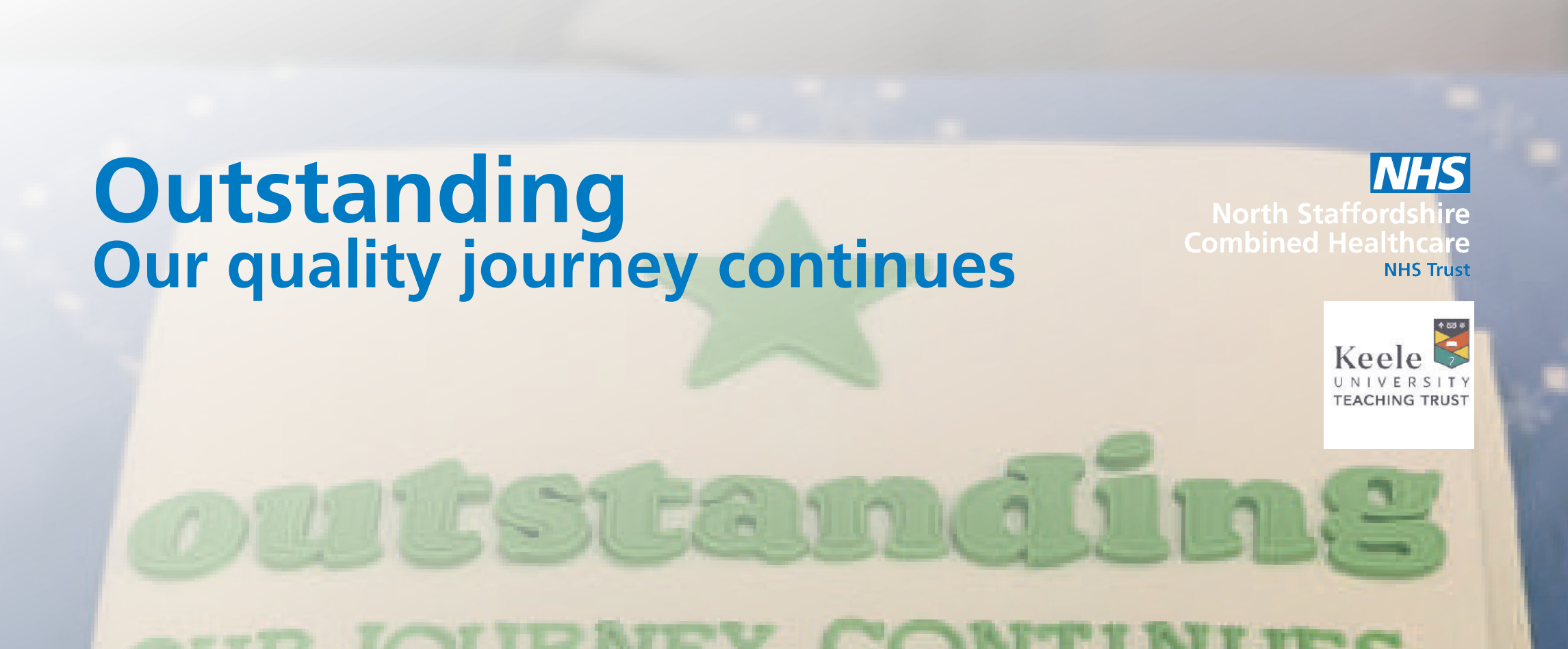
Outstanding
Our quality journey continues

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Keele
UNIVERSITY
TEACHING TRUST



PROUD TO CARE

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Quality Account 2018/19

Contents

What is the Quality Account

PART 1

1.1 What is the Quality Account?

Quality Accounts, which are also known as quality reports, are produced annually to provide information and assurance for service users, families, carers, the public and commissioners that the Trust regularly scrutinizes and reports on quality and shows improvements in the services we deliver. Quality Accounts look back on performance from the previous year explaining what the Trust has done well and where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement as a result of consultation with patients and the public. We hope that you find our Quality Account, which covers the financial year 2018/19 –1st April 2018 to 31st March 2019 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.

Feedback on this Quality Account can be given through the Trust's website www.combined.nhs.uk or by email to qualityaccount@combined.nhs.uk.

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

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

In March 2019, we were delighted and extremely proud to announce that the Care Quality Commission had awarded the Trust an overall "Outstanding" rating – the highest overall rating they can award. The news means that Combined Healthcare is 1 of only 2 specialist mental health Trusts in England with an overall 'Outstanding' rating.

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

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

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

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

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

Our key achievements:

This report sets out some of our key achievements in improving the quality of our services. These include:

- ✓ The best performing Trust in England for Improving Access to Psychological Therapies (IAPT) and recovery rates
- ✓ Our dementia diagnosis rates for over-65s are the highest in the West Midlands
- ✓ Awarded Trailblazer status within Children and Young People's services, fantastic opportunity to identify and support emerging emotional concerns for children and young people
- ✓ Average length of stay for learning disability admissions cut by 60%
- ✓ 20 consecutive years of financial balance against a programme of quality improvement
- ✓ As a University of Keele Teaching Hospital we have worked in partnership to strengthen the future workforce by supporting the highest conversion rates to psychiatry training of any medical school in England
- ✓ By supporting staff health and well-being we have ensured safe staffing and have the lowest sickness rates of any Mental Health Trust in the West Midlands.

Improvement achievements have been acknowledged through a number of awards throughout the past 12 months, these include:

- ✓ Awarded the accolade "NHS Provider of the Year" by Leading Healthcare 2019
- ✓ HSJ finalist for Diabetes Initiative of the Year for the Healthy Minds Integrated Long Term Condition Service
- ✓ HSJ finalist for Emergency, Urgent and Trauma Care Efficiency Initiative of the Year for the All Age Mental Health Liaison Service
- ✓ HSJ finalist for Improving Value in the Care of Older Patients Award for the Rapid Falls Improvement project
- ✓ Shortlisted for Public Sector Team of the Year by the Partnerships Awards
- ✓ To promote a diverse and inclusive culture for service users and staff we have launched the Inclusion Council to drive our inclusion, diversity and equalities agenda, particularly focusing on taking forward BAME inclusion projects.

Our key priorities

During 2018 we set out our plans to continue our journey of improvement towards outstanding by moving to more integrated services, based on locality, working across North Staffordshire and Stoke on Trent. We play a key part in the North Staffordshire and Stoke on Trent Alliance – bringing together health and care providers including mental health, primary care, community services, acute services, social care and the voluntary sector.

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

Our clinical services will deliver evidence based models of care that meet the needs of our service users and improve their experience of care. We will achieve this by continually engaging with our service users and carers through a variety of forums, both formal and informal.

Importantly, our Open Space Event in January 2019 brought together over 90 of our service users and carers to influence and shape how we prioritize the specific approaches we take under our core quality SPAR priorities.

In partnership with the Service User and Carer Council we also explored how we can increase opportunities for service users and carers to get involved with the Trust, building on the excellent work undertaken so far.

Finally, we are pleased that the Board of Directors has reviewed this 2018/19 Quality Account and confirm that this is an accurate and fair reflection of our performance. We hope that this Quality Account provides you with a clear picture of how important quality improvement, safety and service user and carer experience is to us at North Staffordshire Combined Healthcare NHS Trust. We hope you enjoy reading our Quality Account 2018/2019

.

Peter Axon,

ChiefExecutive

David Rogers,

Chairman

Welcome to our Trust

1.3 Introduction to North Staffordshire Combined Healthcare NHS Trust

- North Staffordshire Combined Health Care NHS Trust was established in 1994 and provides mental health and learning disability care to people predominantly living in the city of Stoke-on-Trent and in North Staffordshire. We employ approximately 1,306 staff who work from both hospital and community based premises, operating from over 30 sites. Our main site is Harplands Hospital, which opened in 2001 and provides the setting for most of our inpatient units.

- Our team of staff is committed in providing high standards of quality and safe services. We service a population of approximately 464,000 people from a variety of diverse communities across Northern Staffordshire. We provide services to people of all ages with a wide range of mental health and learning disability needs.

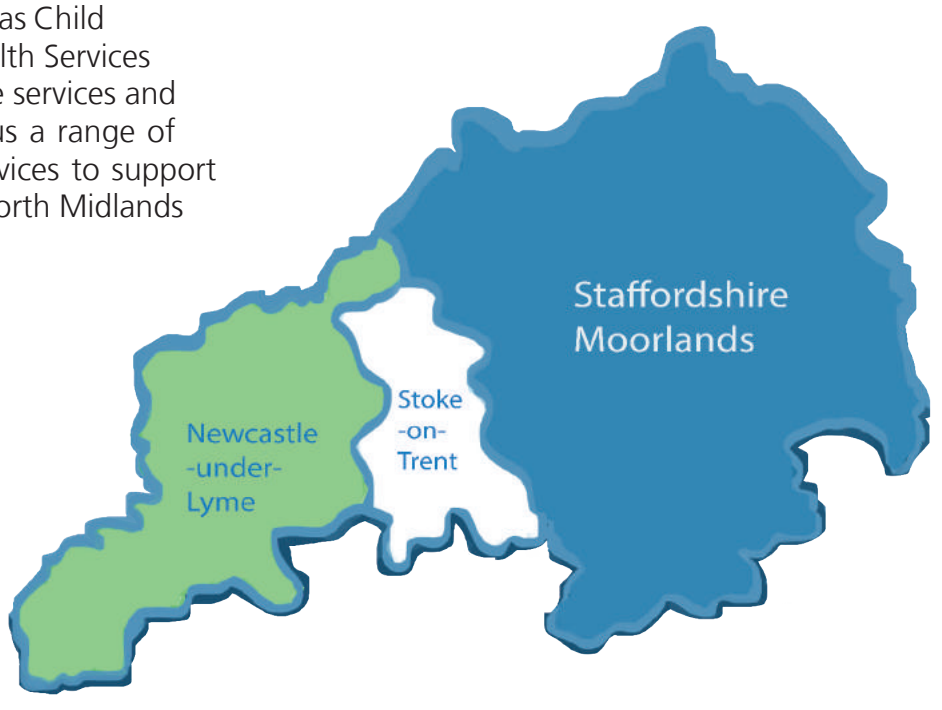
- Sometimes our service users need to spend time in hospital, but more often, we are able to provide care in outpatients, community resource settings and in people's own homes. We also provide specialist mental health services such as Child and Adolescent Mental Health Services (CAMHS), substance misuse services and psychological therapies, plus a range of clinical and non-clinical services to support the University Hospital of North Midlands NHS Trust (UHNM).

- For 2018/19, our main commissioners remained the two Clinical Commissioning Groups (CCGs); North Staffordshire (33%) and Stoke-on-Trent CCG (49%). We also work very closely with the local authorities in these areas in addition to our other NHS partners.

- We have close partnerships with agencies that support people with mental health and learning disability problems, such as Approach, ASIST, Brighter Futures, Changes, EngAGE, North Staffordshire Huntington's Disease Association, Mind, North Staffs Carers Association, Reach and the Beth Johnson Association.

- The Trust Board, comprising the Chairman and five Non-Executive Directors, the Chief Executive and six Executive Directors, leads our organization. A General Practitioner, Staff Side Representative and the chair of our Service User and Carer Council supplement the Board.

- Further information regarding our purpose, vision and values is contained in the Trust's Annual Report, which provides an overarching summary of the Trust's services and can be found on our website at www.combined.nhs.uk.



1.4 Services Covered by this Quality Account

This Quality Account covers four Mental Health and Learning Disability Directorates and one Primary Care Directorate provided by the Trust. During the year we transitioned to our new locality structure which was developed in partnership with staff. We will continue our journey of further integration of services based on locality working across North Staffordshire and Stoke on Trent.

During the period from 1 April 2018 to 31 March 2019, 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 services we provide are shown below under our operational structure.

1.5 Our Vision and Quality Priorities

Our overarching vision and quality priorities have not altered in 2018/19. Our core purpose is to improve the mental health and wellbeing of our local communities. Our strategy is to deliver an evidence-based model of care, which is appropriate to our service user needs and focuses on wellbeing and ongoing recovery. We aim to be recognized as a centre of excellence, bringing innovative solutions to the services we deliver and embedding a culture of continuous learning across our organisation. This is reflected in our vision, values and objectives, as well as our focus on quality and safety.

Our Vision:

"To be outstanding in all we do and how we do it"

Our Quality Priorities:

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

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

Our vision and quality priorities are underpinned by our values and delivered through our 7 strategic objectives.

Our Values:

Our values were developed by our staff, service users, carers and partners and are well-embedded across the Trust. They are:

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

Our strategic objectives:

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

1.6 Quality of Services 2018/ 19 Key Achievements

Our Quality Strategy is underpinned by our Quality Priorities and produced in collaboration with service users, carers and staff to ensure that it reflects the needs of the local population across North Staffordshire and Stoke on Trent. Improvements during 2018/19 are summarised below:

Under Quality Priority 1 'Safe' we have:

- ✓ Worked towards our Zero Suicide ambition by
  - o Participating in the county wide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide
  - o Hosting a multi-agency Suicide Prevention Conference in November 2018
  - o Continuing to invest in the environment to reduce ligature risks.
- ✓ Focused on improving physical health by
  - o Strengthening physical health monitoring for service users through embedding the National Early Warning Score (NEWS) for inpatient services and the Lester Tool for community services
  - o Continuing on our journey Towards Smoke-free
  - o Increasing compliance with Infection Prevention and Control (IPC) audits from 85% to 90%.
  - o Achieving 76% uptake of Flu vaccination for patient facing staff.
- ✓ Provided a safe environment by
  - o Improving our rating for safe services from requires improvement to good across Adult Community Services and Wards for Older People
  - o Further refining the Falls Reduction Quality Improvement Project to reduce falls on older people's wards.
  - o Implementing a standardized approach to safety and quality improvement through the Community Safety Matrix.
  - o Maintaining safer staffing in line with the National Quality Board (NQB).
  - o Achieving 99.47% compliance with the Patient Led Assessment Environment (PLACE) which audits environments and cleanliness, remaining in the top performing quartile of Trusts nationally.
  - o Improving medicines management following the introduction of an electronic system for the daily monitoring of fridge temperatures.
  - o Improving compliance with Mental Health Law following the introduction of the Inpatient Safety Matrix and provision of additional bespoke training for staff. Developed and implemented best practice cyber security.
- ✓ Acknowledged the importance of clinical leadership in maintaining safe wards by
  - o Developing SPAR wards accreditation framework to enhance the quality of care on in-patient wards.

Under Quality Priority 2 'Personalised' we have:

- ✓ Strengthened person centredness by
  - o Co-producing a Person Centeredness Framework with service users, carers and staff.
  - o Continuing to implement the Restraint Reduction Strategy, focusing on service user experience and person centred care.
  - o Expanding the NHS Improvement Therapeutic Observation and AQuA Trauma Informed Care Quality Improvement projects across all acute wards.
- ✓ Encouraged involvement by
  - o Collaborating with the Service User and Carer Council (SUCC) and using service user feedback (eg friends and family test) themes to influence the Trust's Quality Improvement agenda.
  - o Increasing the number of service users being offered the opportunity to participate in research studies through adoption of a consent to research initiative.
  - o Hosting an Open Space Event in January 2019, in partnership with the Service User and Carer Council to enable service users a carers to influence and agree our quality priorities for 2019/20.

Under Quality Priority 3 'Accessible' we have:

- ✓ Improved access to services by
  - o Commencing development of electronic self-referral functionality for patient and carers to the CAMHS hub.
  - o Strengthening our Diversity and Inclusion strategy as acknowledged by the CQC.
  - o Opening a Psychiatric Intensive Care Unit (PICU) to reduce the need for service users to be cared for 'out of area'.
  - o Working with health and social care commissioners to reduce delays in transfers of care.

- ✓ Worked towards improving access to records by
  - o Progressing the PatientAide protocol which will enable service users to control access to their own
  - o Electronic patient record (year 1 of 3)

Under Quality Priority 4 'Recovery Focused we have:

- ✓ Promoted recovery by
  - o Launching a virtual and physical wellbeing academy providing people with education and learning experiences as a means of supporting personal and social recovery.
  - o Appointing 10 volunteer peer mentors and 5 peer support workers; supporting their knowledge and skills development through a bespoke 10 week education programme.

1.6.1 Key achievement in detail by Directorate

Stoke Community

The Directorate has successfully re-organised to provide a place based model of care from October 2018. This supports the delivery of Adult, Children's and Older People's services across the City of Stoke on Trent split geographically into North and South Stoke operational patches.

The Directorate recognises the potential challenges around ensuring robust clinical pathways are supported within the new structure and is committed to working collaboratively with clinical leads and teams to ensure that specialist areas of practice are maintained and strengthened.

In recent months the Directorate has worked hard to develop strong and effective relationships with partner organisations. Specifically there has been a refocus upon the section 75 arrangements with the City Council and a commitment to strengthen the role of social work within the Trust.

The Directorate has positive links with numerous third Sector organisations and has recently worked in partnership with the Financial Inclusion Group to deliver an enhanced offer to service users in the City in relation to debt,
benefits and housing advice. This is particularly pertinent to the Stoke Locality due to high levels of deprivation and has culminated in a pilot through which a financial capability advisor (provided by the Citizen's Advice Bureau) will be working with the adult CMHT's over the next 6 months.

The Stoke Community Directorate holds the Trust lead role in relation to Older People's services and is proud to continue to have excellent diagnosis rates across North Staffordshire.

As of February 2019, the rate for people aged over 65 living in Stoke on Trent was 85.2% while in North Staffordshire it was 73.2%. This is against a national average of 66.7%. Much of this was achieved because of the excellent team working within their memory services. These services provide assessment, diagnosis and treatment for people with a number of conditions, including dementia. They also have a team that works closely with GPs to treat people living with dementia closer to home and a further team that supports people at high risk of developing the condition.

The Directorate recognises the role that it plays in terms of the broader health system requirements and works closely with The Royal Stoke University Hospital to support the needs of older people through its Outreach Service. This enables rapid access to step down services from the Acute Trust and places a focus upon community rather than bed based support options.

In relation to CAMHS services within the City, a number of exciting developments are underway to improve the experience of young people in the area. Trailblazer funding has been secured to develop services into local schools, reduce waiting times for treatment to 4 weeks and the development of a digital front door.

There is a further commitment to develop Improving Access to Psychological Therapies (IAPT) services for younger people and strengthen the pathway and processes to support a smoother transition into adult services.

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

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

North Staffs Community

Similarly, the overall aim of the North Staffs Community Directorate is to ensure that the residents of North Staffordshire, regardless of age, have an accessible and recovery focused service that is responsive to their needs. The Directorate is proud to be part of a CQC rated Outstanding organisation, this has been achieved due to the passion, commitment and tremendous hard work by all of their staff.

The Directorate has successfully taken the lead for the pan Staffordshire expansion of the liaison and diversion service, assuring parity of care delivery across Staffordshire. They are also leading on the award of the trailblazer pilot with their Children's and Young Person's services, mobilizing teams and aligning them to designated schools to delivery early interventions to young people to support emotional well-being at an early age. This is underpinned by robust partnership working with the clinical commissioning group, local
authority and local schools.

The IAPT team continues to over perform in the recovery rates for people presenting with common mental health issues.The Directorate has also been successful in receiving funding and support from the national digital programme to develop a digital front door and web based services for Children and Young People.

Specialist Services

Setting up this brand new Directorate in October 2018 has been a significant achievement in itself. Their overarching purpose is to grow and diversify services within the Trust and it is against this yardstick they have judged the new arrangements to have been a success.

The contract for Stoke Community and Drug Alcohol Services was won just as the Directorate was being formed. The new service commenced officially on the 1 January 2019 and they have overseen the arrangements being put in place as lead provider supported by Addaction, a national 3rd sector provider and BAC O'Connor a local provider. The Trust also supported this partnership to apply for a national scheme offering Capital investment to improve services. The successful bid will see £400k in funding coming to Stoke on Trent to ensure there are excellent facilities for people with Alcohol issues to access local services.

Stoke Heath Prison Healthcare is another new contract that was won in the early days of the Directorate forming. The Trust retained the Clinical Substance Misuse element of healthcare at the Prison but played a lead role in forming a new integrated Healthcare team with Shropshire Community Trust leading on primary care, the new service commenced on the 1 April 2019.

Within this new service the Trust will also provide the Specialist Mental Health Services. Significantly the Mental Health Services have received a 50% increase in funding as a result of the bid for the contract. Consequently, they will have a 7 day mental health service and will be introducing new interventions for Psychological Therapies and Learning Disabilities.

Learning Disability Services have secured additional funding from commissioners to increase the level of support provided for people returning to the local area who have been sent outside Staffordshire and Stoke on Trent for their care. New funding has also been agreed to continue with a post in the service that specialises in helping people who have a LD but have also been involved with Criminal Justice Services.

Darwin Tier 4 CAMHS has been working closely with NHS England and a group of other NHS and Independent sector providers to develop a case for using the funding NHS England invest in beds around the country, being invested instead more in local services to prevent the need for hospital admission. They have positioned themselves to lead on developing the business argument for change within the partnership and will be seeking funding from NHS England to support this work. Neuropsychiatry Services were helped to conclude an in-depth review of their service that had been commissioned prior to the Directorate formation. The review has indicated the need to strengthen regional, if not the national, presence of their Neuropsychiatry Service, whilst at the same time modernising service element to better meet local needs and at the same time position themselvesfor future developments in this area.

Psychology Services hold numerous contracts with UHNM, Midlands Partnership Foundation Trust, Probation and Clinical Commissioning Groups to provide highly specialist psychology services for people outside Mental Health Services. These range from Cancer to Bariatrics, Probation and Paediatrics. They have secured all of these contracts again and have been discussing expanding into more areas with their Partners.

Adult Mental Health Rehabilitation and Resettlement Service have commenced a review of how it works internally across the community, supported housing and inpatient services. The outcomes are not yet concluded but are pointing these services to develop more forward housing solutions with support rather than housing people in wards. The repatriation team that sits within the Resettlement element of service continue to deliver around £2m in savings each year to the local health economy through better management and return of people with complex needs who have been sent outside the NHS for specialist care.

Acute and Urgent Care

Mental Health Crisis Service and Health Based Place of Safety are proud to have achieved an Outstanding rating for their Mental Health Crisis Service and health based places of safety following the CQC most recent visit. Planning commenced in 2018 to develop a 24 hour, 365 day all age Crisis Care Centre with a planned opening during Autumn 2019.

Through a programme of training and development, the Mental Health Liaison Service implemented a Children and Young Person Liaison and Assessment Service, a model that the Directorate will build on in the development of the Trust's Access Services continuing their close collaboration with the Children and Young People's Hub Specialist Team.

The High Volume Users team has been instrumental in successfully reducing the number of visits to Emergency Departments and are pleased to receive positive feedback from partnership agencies reflecting the highly responsive service delivered.

Inpatient Wards for Older People with Mental Health Problems has maintained its focus on reducing restrictive practices with significant reductions in the number of physical restraints used on the wards for older adults with mental health problems. They also highlight the successful Quality Improvement Falls Reduction initiative resulting in greater recognition of falls causation with resultant environmental improvements across their wards. They are pleased to be a shortlisted finalist in the Health Service Journal Value Award (HSJ) Improving Value in the Care of the Older Patients Award category. The service is proud to see the staff on Ward 4 developing positive initiatives around the involvement of families in the care of their relatives with family members now volunteering on the wards to support others and recognised as "outstanding" practice in the CQC inspection report.

Inpatient Wards for Working Age Adults welcome the opening of 4 operational beds in the state-of-the-art Psychiatric Intensive Care Unit (PICU) in October 2018 following a successful recruitment campaign. They report an immediate impact for the local community in the significant reduction of out of area admissions to specialist PICU facilities at the time of greatest need ensuring that the care is delivered close to home. They continue their assertive recruitment drive to ensure optimum staffing experience to open the remaining 2 PICU beds during the Summer 2019.

The Directorate has achieved an overall reduction in bed occupancy and length of stay across the adult inpatient wards embedding the principles and practice of the Acute Care Model working closely with carers, families and community services. They are also pleased to report commencement of a capital funded reduced ligature work programme to improve the safety of inpatient environments.

1.7 What the Care Quality Commission said about the Trust

In March 2019 the CQC published their findings from their unannounced and well led inspections which took place within the Trust throughout January 2019. We are delighted to have received a rating of Outstanding from the CQC.

- The Trust is fully compliant with the registration requirements of the Care Quality Commission.
- The Trust is now one of two specialist Mental Health Trusts to be classed as Outstanding in England.
- Our Crisis services have made a significant improvement with an overall rating of Outstanding.
- We are pleased to have 3 of our 11 core services rated with an overall outstanding rating and proud that the CQC have attributed the Outstanding rating to the Caring and Responsive nature of our staff and services.
- It is particularly reassuring to note the Adult Community Services and Wards for Older People have improved their rating for Safe services from Requires Improvement to Good.

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

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

Paul Lelliott went on to report:

"We found a number of areas of outstanding practice at the Trust that were making a real difference to people's lives. Staff treated patients with compassion and kindness, respected their privacy and dignity, and supported their individual needs.

There was good leadership across the Trust and managers had the right skills to undertake their roles, while the Board had good understanding of performance.

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

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

Summary Rating Table:

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

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

Detailed Rating Table:

Ratings for mental health services

Ratings for mental health services

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

Comparison Table – 2015 to 2019:

Combined Healthcare CQC Service Ratings

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

1.8 Building Capacity and Capability

During the year, our Board membership has been refreshed and further enhanced with the appointment of a new Director of Workforce, OD, Inclusion and Communications, Director of Operations, Director of Finance, Director of Partnerships & Strategy and two Non-Executive Directors. A GP Associate Board member continues to give strength and support to the Board from a primary care perspective. The Chair of the Service User and Carer Council continues to be a full member of the Board influencing decisions made and ensuring they are service user focused.

The Board has a wide range of experience and skills to provide effective leadership. As part of our Board Development Programme we have undertaken a Board skills assessment. Our continuous cycle of board development acts as an opportunity for ongoing organisational development and quality improvement. A core component of the development programme is to ensure that all board members have a focus of continual improvement in order to deliver the highest quality, safe services for our community, within resources available. During 2018/19, the Trust built on its approach to Board Development; participating in the Advancing Quality Alliance programme (AquA) and linking this through to leadership and quality improvement across the wider Trust through the Leadership Academy.

1.9 Our Workforce

We employ 1,306 (WTE) substantive staff, with the majority providing professional healthcare directly to our service users. We also have an active staff bank which supports our substantive workforce. We have continued to strengthen our Temporary Staffing function to allow greater provision and flexibility which is more adaptive to service needs and removes wherever possible the need for agency provision. This has resulted in our use of agency staff to fulfill 'core' operations as remaining one of the lowest rates of any NHS Trust in the country.

We recognise that our outstanding 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 staff engagement and morale.

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

By developing both organisational and team engagement cultures through LiA and the introduction of Towards Outstanding Engagement, we are now priming the organisation for the next stage in our journey, which will see the development and introduction of a Trust approach to service improvement, improving team engagement and resulting in better performing teams, ultimately improving the quality of care we provide to our service users.

Health and Wellbeing: Fostering a positive culture that supports the health and wellbeing of our workforce is of great importance. Significant progress has been made this year by focusing on a variety of Health and Wellbeing initiatives for our staff including the initiation of a Health and Wellbeing Steering Group which has led a number of initiatives including healthy eating education, our winter flu fighter campaign, the continuation of a Physio fast track service and Pilates sessions which all staff are invited to attend. Our Wellbeing Wednesday and Feel Good Friday initiative has continued to be a great success. We have also offered additional support sessions for staff including Mindfulness and Bereavement & Loss. Our Wellbeing Academy is accessible by our service users and staff.

In December 2018 the Trust held its second Critical Incident Stress Management (CISM) Annual Conference which was sponsored by the RCN and provided an excellent opportunity to share good practice and to network with other colleagues from other organisations.

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

Leading with Compassion: This scheme enables staff, patients and carers to recognise someone who they believe has demonstrated leading with compassion. We have created an NHS compassion website www.nhscompassion.org incorporating a video which gives an overview of the scheme and some of the evidence behind why it is important. Staff and patients have nominated staff across all clinical and non-clinical areas resulting in 1199 nominations from across the Trust.

Diversity & Inclusion: 2018-19 has been another extremely important year for the Trust in terms of advancing equality, diversity and inclusion within the organisation and beyond. A key area of focus for us throughout this 12 month period had been on BAME inclusion; however we have also worked to progress inclusion for other equality groups, including LGBT and people with disability. Our work goes on as we continue our journey towards Outstanding Inclusion across the Trust. There is now a very well-established evidence based suggestion that organisations that put inclusion at the heart of their activities are more successful in a wide range of outcome measures, including service user and staff satisfaction and financial performance.

Leadership and Management Development: We have continued to work with our leaders through our Leadership Academy with the programme of events focussing on key strategic topics that are aligned to our Board Development Programme.
We have commissioned a cohort of accredited coaches to be a resource for the Trust. This cohort will complete during 2019–20 and will result in a register of internal coaches to support leadership and development activity. Work commenced with AQuA (Advancing Quality Alliance) to deliver an In-Place leadership programme to support the move to locality working for all senior leaders in the organisation. The programme will be delivered over 2 cohorts of approximately 25 delegates in each, attending 6 taught sessions and 6 Action Learning sets over a 14 month period. A co-design event was held in February 2019 to introduce and launch the programme.

Recruitment and Retention: Recruitment and retention continues to be a major priority for the Trust. Along with many NHS Trusts due to a national workforce shortage, Nursing and Medical recruitment remains an ongoing challenge. A number of strategies have been adopted to support attracting potential candidates including Apprenticeships, Return to Practice schemes, the development of new roles, enhanced social media campaigns and collaborative recruitment campaigns

Learning Management: We launched our new Learning Management System (LMS) in 2017 and upgraded our system in 2018 to enable every staff member to be able to access both what they need for their role and extra learning opportunities. Every staff member has their own account which enables our staff to easily access and complete e learning and to book onto classes. As a consequence we have seen month on month improvements in mandatory education and staff accessing e-learning development opportunities.

Apprenticeships and New Roles: Implementation of apprentice qualifications has helped to develop new roles and pathways to enable staff to progress within their career. Examples include the development of Assistant Practitioner and Nursing Associate roles. We are also exploring the implementation of new apprenticeship routes into registered posts including physiotherapy, occupational therapy, social work and nursing. Wherever possible we work with partner organisations to maximise the learning experience for apprentices and enhance understanding and networking across the health economy.

Staff Awards: 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 and an annual event in July.

Listening to Staff, including Freedom to Speak Up: 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 (Dear Peter from April 2019) which provides all staff with access to our Chief Executive to anonymously raise any issues, concerns, service suggestions and compliments.

To coincide with the 2018 Freedom to Speak up month, we launched our Freedom to Speak up Champions Initiative. Working with the Freedom to Speak up Guardian, the additional Champions have promoted a positive culture to ensure staff feel comfortable and supported to speak up about things that may concern them and in the strictest confidence. By having Champions across the Trust's localities and diverse staff and professional groups, the aim is to give staff a wide choice of who they may be most comfortable in speaking up to.

During 2019 the plan is to spread the Freedom to Speak up message further. The aim is to ensure Champions become more visible across the Trust and that there is a variety of outlets for raising concerns over quality of care, patient safety or bullying and harassment within the Trust. Freedom to Speak up will be included on every Team and Directorate agenda to ensure that all staff have the opportunity to raise their concerns directly with their line managers.

Staff Survey: 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. Our Trust is benchmarked against 23 Mental Health and Learning Disability Trusts in England.

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.

The results from the 2018 NHS Staff Survey benchmarked the Trust as the Best Performing Mental Health and LD Trust.

Our response rate was 58% - a 6% increase on last year and (a huge) 4% higher than the average rate in our benchmark group of 23 other mental health and LD Trusts in England.

This year the NHS staff survey has been presented differently and aggregated into 10 themes: One of the 10 is "Safer environment – bullying and harassment".

We scored the highest nationally for all Mental Health Trusts.

We scored above average for another 6 out of the 10 themes

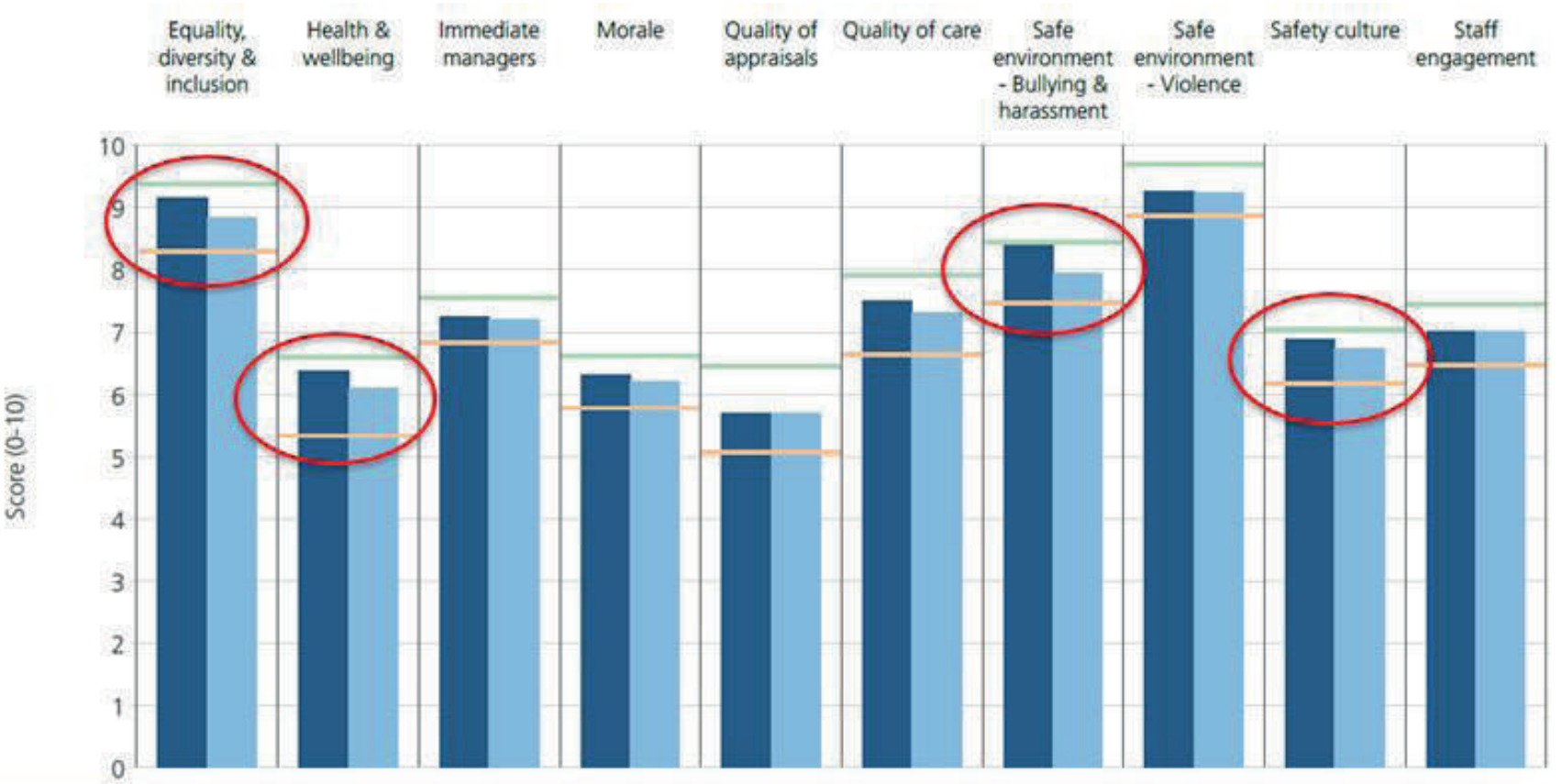
- Equality, Diversity and Inclusion
- Health and Wellbeing
- Safety Culture
- Morale
- Quality of Care
- Immediate Managers

And average for 3 themes:

- Quality of Appraisals
- Staff engagement
- Safe environment from violence
- Teams have action plans to respond to themes and trends arising from the survey

NHS
North Staffordshire Combined Healthcare
NHS Trust

Theme results



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.4	6.6	7.5	6.6	6.4	7.9	8.4	9.7	7.0	7.4
Your org	9.2	6.4	7.3	6.3	5.7	7.5	8.4	9.3	6.9	7.0
Average	8.8	6.1	7.2	6.2	5.7	7.3	7.9	9.3	6.7	7.0
Worst	8.3	5.3	6.8	5.8	5.1	6.6	7.5	8.9	6.2	6.5
No. responses	775	786	790	783	694	616	783	776	784	796

PART 2

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

2.1 Engaging partners and stakeholders

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

Following the January 2019 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. As such we have included partners in the development and publication of this Quality Account.

2.2 Quality planning, governance and quality improvement

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

We have strengthened our approach to Quality Improvement (QI) and during 2018 were a pilot site for the new NHS Improvement board development programme for quality improvement. Furthermore training and project support in relation to QI have been delivered at a variety of levels within the trust and this will continue during 2019-20. As part of the restructure of our directorates we have strengthened QI by introducing Quality Improvement Leads in each Directorate who will lead QI projects.

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

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

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

Quality improvement is monitored through a number of methods overseen by the Quality Committee including:

- Delivery against our CQC Improvement Plans
- Performance Review and Quality Dashboard
- Listening into Action: Improving staff engagement and improving services
- The BAF containing a description of our quality goals
- Learning Lessons: Learning, sharing and taking action to provide safe and effective services through monthly publications and interactive learning events
- CQUIN initiatives: Identifying clear priorities on which to base the annual initiatives, national priorities
- A programme of quality assurance / improvement visits including:
  - External announced visits led by the CCG and Healthwatch
  - Internal unannounced assurance visits led by the Executive, representative from service user and carer council and Non-Executive Directors.
- Monthly Director question and answer sessions
- The Commissioner led, Clinical Quality Review Meeting (CQRM)
- This Annual Trust Quality Account
- CQC Well-Led inspections

We have further developed our capacity and capability to implement quality improvement and change through a review of services to ensure that we have the right resources in the right place at the right time to meet the needs of service users and carers. We did this by;

- Changing our directorate structure from specialities to localities to ensure that people receive services that are seamless and close to home
- Reviewing safer staffing across 24 hour services in line with National Quality Board standards
- Implementing the SafeCare module within e-Rostering to enable real time visibility of Trust wide in-patient staffing requirements
- Enabling a range of teams to undertake QI projects through training and project support from NHSI and AQuA.

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

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

Learning from the Gosport Review (June, 2018) we have taken steps to review levels of assurance against the key areas of concern highlighted, in order to ensure that such events would be highly unlikely to occur within this organisation.

The following assurance processes are embedded:

- Incident reporting is robust with weekly incident monitoring and reporting via teams, through to directorates and executive committees.
- Complaints reporting and procedures; reporting through Trust reporting structures
- Freedom to speak up and Dear Caroline; reporting through Trust reporting structures
- Serious incident monitoring and Mortality review groups; reporting through Trust reporting structures
- Medicine Organisational Governance (MOG); reporting through Trust reporting structures.'

A fully developed action plan was approved and is being monitored through our Senior Leadership Team in March 2011

2.3 Summary of Quality Improvement Programme 2019/20

Our Quality Priorities for 2019/20 were agreed with service users and carers at the Open Space event in January 2019 and agreed by the Board as set out in the Board Assurance Framework and agreed with commissioners.

Under Quality Priority 1 'Safe' we will:

- Continue to work towards our Zero Suicide ambition by
  - Further developing the system wide approach to suicide prevention
  - Continuing to invest in the environment to reduce ligature risks
- Further develop clinical leadership to maintain safe wards by
  - Implementing the SPAR wards accreditation framework to enhance the quality of care on in-patient wards
  - Delivering a QI program to increase compliance with Mental Capacity Act and Mental Health Act
- Improve physical health by
  - Introducing NEWS2 as the latest evidence based early warning systems to support the sepsis programme
  - Proactively implementing the annual Flu Vaccination programme
- Strengthen our approach to supporting people with Dual Diagnosis by
  - Raising the profile of the dual diagnosis policy and strategy through all directorates
  - Establishing joint case review systems between substance misuse and mental health providers
  - Developing an e-learning package to increase access to training.

Under Quality Priority 2 'Personalised' we will:

- Strengthen person centredness by
  - Embedding the Person Centredness Framework, including a range of person centred approaches and tools in collaboration with service users, carers and staff in particular continuing to improve care planning
  - Further embedding Trauma Informed Care across acute wards
  - Further reducing restrictive practice, in collaboration with service users and carers, through the Reducing Restrictive Practice Group
- Encourage involvement by
  - Identifying quality priorities for 2020/21 in partnership with the SUCC and other stakeholders
  - Continuing to work in partnership with the Service User and Carer Council (SUCC) and use Service User feedback (eg. friends and family test) themes to influence the Trust's Quality Improvement agenda.

Under Quality Priority 3 'Accessible' we will:

- Improve access to services by
  - Achieving
    - 100% compliance for referral to assessment (1st contact) in 18 weeks in general and 4 weeks in CAMHS
    - 92% compliance for referral to treatment (2nd contact) in 18 weeks
    - 100% compliance with 3 hour assessment target for service users entering the Place of Safety
  - Developing a strategy for people with Autism
  - Developing a pathway for people with complex needs particularly Emotionally Unstable Personality Disorder
  - Continuing to work with health and social care commissioners to minimise use of out-of-area beds and reduce delays in transfers of care
  - No out of area admission to inpatient units

- Progress digital solutions to improve accessibility by
  - Continuing to 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
  - Developing the protocol to give the patient control to access their own electronic patient record (year 2 of 3) and continue our work with staff around education and on-going development of the electronic patient record system (Lorenzo)
  - Further developing the use of technology through the digital exemplar to improve access to CAMHS services and be more responsive.

Under Quality Priority 4 'Recovery Focused' we will:

- Promote recovery by

  Continuing to embed the Wellbeing Academy to provide people with education and learning experiences as a means of supporting personal and social recovery
  - Embedding and further developing peer mentoring, volunteering and employment opportunities for people with lived experience
  - Undertaking transformation of community pathways to promote person centredness, recovery and underpin integration with primary care
  - Scoping impact of loneliness and PTSD on service users to inform service delivery.

2.4 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 Trusts 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.

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

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

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

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 information. This includes reporting data regarding the impact of services on patients. The clinical audit programme is developed to reflect the needs and the national priorities. Further information is contained below.

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 2018/19:

The numbers have remained fairly static for non-clinical claims received for 2018/19, there was no expenditure on non-clinical claims during the 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 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 Psychiatrists' centre of quality improvement

The Trusts one ECT clinic is accredited. Three wards (1, 2 and 3 at the Harplands hospital) for working age adults are accredited. Our Memory Clinic services are accredited. Our learning disability wards, the young people's wards and older person's wards have commenced the accreditation process.

Learning lessons:

This is the 8th year that the Patient Safety Team has delivered Learning Lessons sessions and bulletins. These both provide all Trust staff with the opportunity to learn lessons from both incidents and complaints. The Learning Lessons sessions have continued to be offered on a monthly basis and are well attended by clinical and non-clinical staff. The Learning Lessons brand is now well recognised both internal and external to the Trust and has assisted in supporting the just culture agenda.

2.5 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 1st April 2018 to the 31st of March 2019 the sNorth 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 2018/19 represents 100% of the total income generated from the provision of the NHS services by the North Staffordshire Combined Healthcare NHS Trusts for 2018/19.The Trust's main services, as referred to above, are listed in the introductory section of this Quality Account- see 'services covered by this Quality Account'.

2.6 Participation in Clinical Audit

During 2018/19, eight national clinical audits, one national confidential inquiry and one national review programme covered relevant health services that the trust provides.

During that period the trust participated in all (100%) of the national clinical audits, both (100%) of the national confidential inquiries / national review programmes which it was eligible to participate in, as follows:

- Prescribing Observatory for Mental Health (POMH) (4 topics)
- Learning Disabilities Mortality Review
- National Clinical Audit of Anxiety and Depression (NCAAD)
- NCAAD: Spotlight on Psychological Therapies
- National Audit of Care at the End of Life (NACEL)
- National Clinical Audit of Psychosis: EIP Spotlight Audit
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)

The national clinical audits and national confidential inquiries that the trust participated in, and for which data collection was completed during 2018/19, 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.

'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.'

Title	Number of cases required to be submitted	Number of cases submitted	Percentage of cases submitted
Assessment of the side effects of depot antipsychotics (POMH Topic 6d)	No minimum number specified	91	NA
Monitoring of patients prescribed lithium (POMH Topic 7f)	No minimum number specified	70	NA
Rapid tranquilisation (POMH Topic 16b)	No minimum number specified	5 (all those meeting inclusion criteria)	NA
Prescribing clozapine (POMH Topic 17a)	No minimum number specified	35	NA
National Clinical Audit of Anxiety and Depression	100	100	100%
NCAAD: Focus on psychological therapies	146	146	100%
National Audit of Care at the End of Life	NA - Organisational data only	NA - Organisational data only	NA
National Clinical Audit of Psychosis: EIP Spotlight Audit	All those meeting eligibility criteria (100% return)	82	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	All those meeting eligibility criteria (100% return)	N/A No eligible cases in 2018/19	N/A
Learning Disability Mortality Review	All those meeting eligibility criteria (100% return)	10	100%

The reports of four national clinical audits were reviewed in 2018/19. Actions are monitored by the Trust's Clinical Effectiveness Group:

National Clinical Audit of Psychosis

Good Practice	Key Actions
• A high proportion of service users were offered / provided an intervention for smoking, where appropriate. • 100% of service users were offered / provided an intervention for hazardous use of alcohol, where appropriate. • 99% of service users with an F20/F25 diagnosis had a current care plan	• To consider the usefulness and feasibility of implementing QRISK across the Trust • To cascade flowcharts detailing physical health interventions to staff. • To consider the possibility of providing information leaflets relating to antipsychotic drugs online via the Trust website. • To undertake a snapshot survey of consultants to determine whether they routinely offer information to patients regarding their medicines and involve them in decision making, and where they record this.

POMH 16b: Rapid tranquilisation

Good Practice	Key Actions
• There was evidence of debrief taking place in 4/5 cases. • Debrief had taken place within 24 hours in all applicable cases.	• Ward staff to be advised that the individual completing the incident form should email the ward team advising that the care plan needs to be reviewed following the ward round. • Staff to be advised that incident reports relating to rapid tranquilisation where haloperidol has been used should indicate whether the patient is haloperidol naïve and, if so, whether an ECG has been undertaken recently. • Data relating to haloperidol prescribing and ECGs will be included in the monthly rapid tranquilisation report, together with data relating to offer of oral medication. • Other trusts will be approached via POMH-UK to determine how they are implementing and recording BARS and discussions will take place internally to agree whether local implementation is appropriate and feasible.

POMH 18a: Use of clozapine

Good Practice	Key Actions
• Pre-Treatment screening included physical examination, with assessment of the cardiovascular system.	• Clinicians will be encouraged to undertake additional monitoring with the support of the Home Treatment team if the service user is not an inpatient at the time of initial prescription. • When off-label prescriptions are identified by the pharmacy team they will highlight this to the prescribing consultant in order for them to complete an off-label prescribing form in accordance with Trust policy. • Clinicians will be reminded of the importance of ensuring that secondary psychosis can be excluded before prescribing clozapine and that this is recorded appropriately in the electronic patient record.

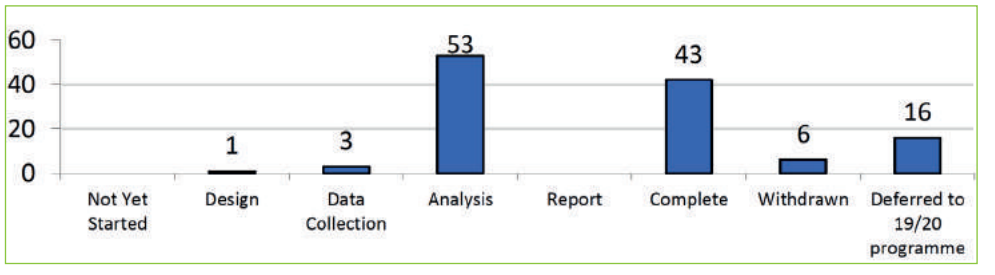
National Audit of Care at the End of Life

Good Practice	Key Actions
• All recommended policies and guidance relating to care at the end of life were in place. • The trust had access to a Specialist Palliative Care Team outside of the hospital. • Compliments were received by the trust in relation to end of life care in a high proportion of cases.	• The results of the audit will be summarised and communicated to all relevant staff and highlighted via the Senior Leadership Team.

Local clinical audit programme 2018/19

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

Of the 100 active projects undertaken by the Clinical Audit Department during 2018/19, 43 (43%) were completed. The graph below outlines project status for the 122 projects registered on the clinical audit programme for 2018/19:



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

The reports of 100% of completed local clinical audits were reviewed during 2018/19 with actions to further improve the quality of healthcare provided in areas of:

- Care planning
- Risk assessments
- Mental capacity act assessments
- Transitions from children's to adult's mental health services
- Tobacco and alcohol screening and interventions
- Physical health assessments and interventions
- Medicines storage and processes

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

2.7 Participation in Research

During 2018/19 the Research and Development (R&D) team, along with our research-active clinicians, continued to contribute to national and international high-quality portfolio and commercial research. We continued to work with the Clinical Research Network West Midlands (CRN WM) supporting the High Level Objectives (HLO's) and met our obligation to report on research initiation and delivery activity to the Department of Health, via the National Institute for Health Research (NIHR).

2018/19 Achievements:

- ✓ All 5 R&D objectives identified in the Trust's Board Assurance Framework (BAF) were fully achieved
- ✓ Dragons Den, co-led with the Service User and Carer Council, was re-launched with a focus on innovation and value makers
- ✓ Good practice innovations that the Trust has been shortlisted for or won have been converted into published articles
- ✓ We progressed work to increase the number of Honorary Lecturer roles for Doctors, Allied Health Professionals, Nursing and Social Work
- ✓ With input from Service Users, a 'Consent to Contact' approach was developed to aid informing service users about opportunities for participating in research.

Research Delivery

During 2018/19 research active clinicians and the R&D team worked together to recruit patients, carers and staff into 21 National Institute for Health Research (NIHR) and Commercial studies on our research portfolio, with a further educational student projects undertaken within the Trust.

The emphasis of engagement with key stakeholders saw an 83% increase in the number of participants recruited into research studies, rising from 113 in 2017/18 to 207 participants in 2018/19, the highest number of recruits in the last five years. The West Midlands Clinical Research Network has commended the Trusts efforts in helping patients participate in research.(see graph)

Research Management and Governance:

Research Policy: During 2018/19, the R&D Department continued to embed the new UK Policy Framework for Health and Social Care Research and the new EDGE research management system. The Trust was commended by the West Midlands Clinical Research Network for the high quality of its work and data submitted to the new system.

Safety Reporting: Adverse Event (AE), Serious Adverse Event (SAE), Serious Adverse Reaction (SAR) and Serious Unexpected Serious Adverse Reaction (SUSAR) are reportable to Sponsors and Regulators of research (CTIMP and Non-CTIMP studies). The Trust as a Host site for research is contracted to comply with Sponsor and Regulatory requirements. During 2018/19 there were no reported adverse events for hosted research.

Training: Legally, all Investigators involved in clinical trials are required to hold a valid Good Clinical Practice (GCP) training certificate, and refreshers should be undertaken every 24 months. During 2018/19 there were 10 active Investigators and 100% compliance with valid certification.

Innovation and Evaluation: Significant progress has been made to support Innovation across the Trust, with a number of developments and initiatives, with some due to take place in 2019/20:

- BeAble App Development
  In 2018/19 the Vascular Wellbeing Team and BitJam Ltd, supported by the R&D Team, began Stage 1 prototype development for the BeAble App. The BeAble concept comprises an "App on prescription", providing service users with the option of engaging collaboratively with their care, through the medium of digital technology, focussing specifically on supportive self-management. There has been positive feedback from both clinicians and service users. Stage two and three of BeAble App developments are being explored in 2019/20.

- Innovation Nation October 2018
  Innovation Nation was the Trust's first research and innovation conference and showcasing research, evaluation and innovation projects and practice. Supporting the Trust objective to "Encourage, implement and inspire research and innovation at all levels", this was well attended by staff and key stakeholders and was considered to be a lively and forward-thinking event. Given its success, plans for a further conference for Autumn 2019 are currently underway.

2.8 Statement from the Care Quality Commission

Registration:

North Staffordshire Combined Healthcare NHS Trust is required to register with the Care Quality Commission (registration number CRT1-6179202103). The Trust is registered to carry out the following regulated activities:

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

At the following locations:

- Lawton House (Trust Headquarters)
- Harplands Hospital
- Darwin Centre
- Dragon Square Community Unit
- Summers View
- Florence House
- Moorcroft Medical Centre
- Moss Green Surgery

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 December 2018 and January 2019, and as noted earlier in thisreport, the CQC rated the Trust as 'Outstanding'.

There have been no enforcement actions required by the Trust during 2018/19.

CQC Special Reviews and Investigations:

The CQC has not required the Trust to participate in any special reviews or investigations during 2018/19.

2.9 Statement on Data Quality

NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2018/19 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
- 100 % for outpatientcare.

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:

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

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

Data Security and Protection Toolkit

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

External Clinical Coding Audit

North Staffordshire Combined Healthcare NHS Trust was subject to the annual external clinical coding audit during 2018/19 by NHS Digital approved auditors. The audit results reported in the latest published audit for that period for clinical coding (diagnosis and treatment) are:

- 92% Primary diagnosis correctly recorded (98% in 2017/18)
- 94.8% for Secondary diagnosis correctly recorded (91.3% in 2017/18)

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

Relevance of Data Quality

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

Good data quality is essential to ensuring that, at all times, reliable information is available throughout the Trust to support clinical and/or managerial decisions. Poor data quality can create clinical risk, compromise effective decision making and impact on the Trust's ability to monitor standards of care and secure income for its services. Safe and efficient patient care relies on high quality data. By taking responsibility for their clinical data, clinicians can improve its quality and help drive up standards of care.

Data Quality Metrics

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

Action to Improve Data Quality

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

Other actions include:

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

Following a review of the "Model Hospital" dashboards, the Trust identified that data quality could be improved in the accuracy and regularity of patient demographics data, in particular their accommodation and employment status. Updated guidance has been issued to clinical staff and reports are reviewed each month to help improve performance.

Data Quality Forum - Data issue management

The Trust has a clear management structure that clarifies the responsibilities and accountabilities for those individuals who enter data. This ensures that there is accountability for low levels of data quality and accuracy.

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

The Forum also ensures a high standard of data quality within the clinical systems across the Trust and changes that need to be made to systems or processes to deliver improvements in data quality. The Forum also ensures that all clinical and non-clinical staff are aware of their responsibilities surrounding excellent standards of data quality through continuous communication and promotion of standards.

PART3
Review of quality performance for 2018/19 (looking back) and statement from key partners

This section is in two parts:
Section 3.1: Reviews performance and progress against the key priorities defined in last year's Quality Account.
Section 3.2: Adds to the information provided in section 3.1 and provides a summary of our performance against core quality indicators/metrics as mandated by NHS England. Each quality indicator/metric is linked to one or more of the following three headings: patient safety, clinical effectiveness and patient experience.

3.1.1 CQUIN

The CQUIN payment framework is a national framework for agreeing local quality improvement schemes 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.

The following table identifies the CQUIN quality improvement areas for 2018/19. Further details of the agreed goals and for the following 12-month period can be found at https://combined.nhs.uk/about-us/quality

CQUIN	Patient Safety	Clinical Effectiveness	Patient Experience	Innovation
Staff Health and Wellbeing	✓			✓
Physical Health	✓	✓		✓
Improving Services for people who present at A&E	✓	✓		✓
Transitions from CYPMHS to AMS	✓	✓	✓	✓
Preventing Ill Health by Risky Behaviours		✓		

Staff Health and Wellbeing: Improvement of Health and Wellbeing

SPAR priority
Safe

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

Our goal: We aimed to improve the culture of health and wellbeing across the Trust, as demonstrated through the annual Staff Survey.

How did we monitor and report on progress? An action plan was developed by the working group to monitor progress in implementing initiatives across the Trust. The results of the annual Staff Survey, which is coordinated, analysed and reported on nationally, were reviewed to determine level of compliance in accordance with national requirements.

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 beyond the life of the CQUIN.

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

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 ensuring that where food and drink is sold on Trust premises, healthy food options are available, that foods high in fat, salt and sugar are not advertised or promoted on Trust premises or offered for sale at checkouts, and that percentage targets are met around the proportion of sugar sweetened beverages and food high in fat sugar and salt offered for sale.

How did we monitor and report on progress? An action plan was developed by the working group to monitor progress in implementing initiatives across the Trust. Local commissioners were provided with a quarterly report detailing progress. The Trust signed up to the national Sugar Sweetened Beverages (SSB) national data collection exercise and submitted data in relation to this on a quarterly basis.

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

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

SPAR priority
Safe

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

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

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

What did we achieve? In 2018-19, 76% of frontline clinical staff across the Trust were vaccinated against flu, contributing to patient safety.

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 cardiometabolic risk factors in 90% of a sample of inpatients, 90% of Early Intervention Team service users and 75% of a sample of community service users, who fell into the following categories (based on ICD10 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.

Data relating to inpatients and community service users was submitted for central analysis by the Royal College of Psychiatrists. Data relating to EI service users was submitted as part of the National Clinical Audit of Psychosis EI Spotlight Audit for central analysis.

What did we achieve? As a result of this CQUIN, the Trust has continued to build on progress made in previous years in assessing the physical health of our service users and ensuring that they are offered the right interventions.

Physical Health: Collaboration with Primary Care Clinicians

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 the 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 in a timely fashion. We also aimed to work with GP colleagues to reduce discrepancies between their patient registers and those held by the Trust, and to develop a protocol to outline physical health monitoring responsibilities across primary health care and secondary mental health services.

How did we monitor and report on progress? An improvement plan was developed by the working group to monitor progress. Quarterly reports detailing progress were shared with Commissioners, which included the results of a case note audit.

What did we achieve? As a result of this CQUIN the Trust has strengthened links with CCG and primary care colleagues and has worked to align Trust and primary care databases. Digital processes and information flows have also been reviewed over the course of the year.

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

SPAR priorities
Accessible; Personalised

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

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

How did we monitor and report on progress? A Working Group was set up which was attended by representatives from NSCHT, UHNM and other interested parties on a two-weekly basis. Progress against the CQUIN requirements was monitored by this group, to which the Commissioner Quality Lead for this CQUIN was also invited.

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

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

SPAR priorities
Accessible; Personalised

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

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

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

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

Preventing Ill Health by Risky Behaviour: Alcohol and tobacco

SPAR priorities
Personalised

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

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

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

What did we achieve? As a result of this CQUIN the Trust has continued to provide training to nursing staff so that they are aware of their responsibilities in relation to smoking cessation and alcohol interventions. Processes have been streamlined to ensure that patients are offered the support they need with smoking and alcohol consumption. This is both supported by and supportive of the Trust's move towards Smoke Free environments, which was launched on 3 April 2018. A variation of this CQUIN is being taken forward into 2019/20, which will further support a continued focus on this important topic.

3.1.2 Key Quality Priorities Achievements 2018/19

Priority: Zero Suicide Ambition

Outcome: The Trust hosted a multi-agency Suicide Prevention Conference in November 2018. This provided an opportunity for partners to sign a Suicide Charter setting out their determination to work together with an ambitious aim for nothing less than zero suicide in Staffordshire and Stoke on Trent from 2019 onwards.

Additionally we have:

- Continued to facilitate the 'living well with risk group' to embed the strategy and ensure involvement of people with lived experience.
- Received patient stories of hope in different media formats to share the recovery messages at both our Quality Committee and Board.
- Where possible we have involved family/carers to ensure that their views are incorporated into risk management plans, highlighting any protective factors that these relationships provide.
- Developed an overarching database to develop closing the look on all lessons learnt from SI investigations
- Developed and embedded panel review methodology to improve learning from serious incidents

Continued to invest in the environment to reduce ligature risks as per our 2016/19 plan.

Priority: Improved Physical Health Monitoring

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

Additionally we have achieved the following:

- The Trust is now a smoke free organisation.
- As part of our PDSA cycle, e-cigs have been distributed and this has been closely monitored and evaluated. A vending machine was installed in October 2018 for patients and staff to use at a cost which has received positive feedback.
- A continued improvement with Flu vaccination achieving 76% uptake for patient facing staff.
- Threshold agreed with UHNM for patients transferring to Royal Stoke which has seen a reduction in transfers ensuring patients are treated in the most appropriate environment that meets their needs.
- Compliance with physical health monitoring and recording post rapid tranquilisation is monitored through monthly review of incidents and subsequent completion of physical health monitoring.

Priority: Enhance Service User and Carer Involvement

Outcome: The Service User and Carer Council (SUCC) have engaged with the development of the Person Centredness Framework and we have representation from service user and carer's across a range of Trust business and activity; including interviewing new recruits, co-facilitating a wide range of events, attending various committees including People, Culture and Development, Quality, Finance, Performance and Digital and Business Development.

Additionally we:

- Held an open Space Event in January 2019 to enable service user and carers to influence and agree our quality priorities for 2019/20 in partnership with the Service User and Carer Council who will collaborate on improvement initiatives.
- Relaunched our innovation strategy co-led with the Service User and Carer Council. have used Service User feedback on Friends and Family Test (FTT) themes to help influence our quality improvement agenda.
- Launched a virtual and physical wellbeing academy to complement traditional rehabilitation approaches by providing people with education and learning experiences as a means of supporting personal and social recovery.
- Commenced introduction of a Restraint Reduction Strategy focussing on service user experience and person centred care.

Priority: Improvement in Medicines Management

Outcome: Implemented an electronic system for the daily monitoring of fridge temperatures, production of generic labels to reduce the risk of labeling issues, and improved compliance in medicine management training.

Additionally:

- In March 2019, the CQC noted in their inspection findings that medicines safety had improved on the wards for older peoples and community teams.
- Refreshed pharmacy strategy.
- Work commenced to ensure delivery of integrated working within the community teams
- Pharmacists working collaboratively with clinical leads.
- On-going monitoring of rapid tranquilisation.

Priority: Review of Models of Care and Pathways

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

Additionally:

- PICU operational from October 2018 with plans for further extension.
- Progression of the project management of major capital schemes including crisis care centre business case and crisis pathway services.
- Approval of the Lorenzo Digital Exemplar business case by the Trust Board.

Priority; Diversity and Inclusion is strengthened

Outcome: Launched the inclusion council to drive our inclusion, diversity and equalities agenda

Additionally:

- 2018-19 has been another extremely important year for the Trust in terms of advancing equality, diversity and inclusion within the organisation and beyond.
- A key area of focus for us throughout this 12 month period had been on BAME inclusion;
  However, we have also worked to progress inclusion for other equality groups, including LGBT
  and people with disability.
- Continued to implement the diversity and inclusion plan and Workforce Race Equality Standard (WRES), with further awareness sessions delivered with staff, Board and Leadership Academy involvement.
- Third cohort (and largest to date) of the Stepping up Programme commenced in February 2019 with participants from across our STP partners and beyond.
- Open space event in 2019 attended by service users, carers, partners and staff to provide feedback and help improve service quality and experience.

Acknowledged by the CQC that the Trust has developed a lot of initiatives around the Workforce Race Equality Standards since their last inspection.

3.1.3 Other Quality Achievements

Quality Improvement

During 2018/19 an increasing number of staff completed Quality Improvement (QI) training and implemented projects within their teams including Patient Safety, Restraint Reduction and Access & Waiting times. Successful projects include the Ward 4 Falls Improvement Initiative shortlisted for the Health Service Journal Value Awards.

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

Safeguarding

The protection of our most vulnerable children and adults is a fundamental responsibility of all public agencies. The Trust is committed to ensuring that people who come into contact with our services are safeguarded from abuse in line with local and national policy. In support of this, the Safeguarding Team works with staff to support best practice and decision making around safeguarding issues. This support is delivered through a variety of mediums including training, supervision and individual case guidance. The Trust also has a suite of policies covering all areas of safeguarding. Safeguarding has been strengthened in the past 12 months by:

- Increased participation in safeguarding supervision and individual and team level across the Trust.
- The development of an adult safeguarding level 3 training package in order to enhance staff knowledge and skills in line with the latest Adult Safeguarding Intercollegiate Guidelines (2018).
- The development of a sexual safety and responding to sexual violence policy, with enhanced training provision around sexual violence delivered by a specialist service.
- Specialist domestic abuse training commissioned in order to continue to deliver enhanced awareness of domestic abuse to frontline staff.

Membership of both the Staffordshire and Stoke on Trent Channel Panels for local authorities and the Stoke-on-Trent Prevent Board (part of the governments counter-terrorism strategy).

Infection Prevention Control (IPC)

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

- Continued to implement the IPC work programme approved by Board, including the sepsis action plan.
- Had zero healthcare acquired infections in 2018/19

Service User and Carer Feedback

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

- Patient Advice and Liaison Service (PALS) - we recognise the importance of our PALS service in being a key source of information and feedback for the Trust and an early warning system for emerging issues and concerns.
- Compliments - Each year our staff receive compliments and praise from people they have cared for. We are pleased to report that compliments and Friends and Family Test Feedback have increased from 244 in 2016/17 to 2063 in 2017/18 and 2,434 in 2018/19.

- Complaints - Overall the Trust receives a very low number of complaints compared to NHS benchmarking data. The Trust received 43 complaints for 2018/19 (33 in 2017/18), with continued focus on early resolution and addressing of concerns via PALS and front-line teams where possible. This year we have continued to strengthen our complaints procedure to enhance the experience of those using the service alongside ensuring timely and quality investigation and responses. We have also introduced centralised monitoring of actions arising from complaints.

- Friends and Family Test (FFT) - FFT is an important national 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 continued significant increase in FFT returns across the Trust with a high level of satisfaction; the FFT responses during 2018/19 evidence that 89% of people using our services would recommend us as a place to receive care.

Service User and Carer Council

The Chair of the Council is a member of the Board. The Council continues to meet on a monthly basis, with an active and forward looking agenda. These meetings alternate between business meeting and an educational workshop. The educational workshops are continuing with the aim of supporting the building of the knowledge and skills of the Council and increasing representation from other service users, carers and volunteers. These have been positively received with the Council identifying the educational topics, therefore meeting the development needs of the members. Furthermore the Council are developing an induction programme for all volunteers including encouragement to join the Council. We continue to seek wider involvement to support the Council, on increasing service user and carer involvement across a range of trust business and activities. This has included building relationships with members from other faiths and communities and we also have a BAME strategy to increase inclusivity and representation across diverse communities.

Peer Mentors

- The Volunteer Peer Mentor role has been developed during 2018/19 and ten peer mentors have been recruited and have commenced their bespoke training programme. Once completed peer mentors will commence their placements. The programme will run twice a year to capture new recruits.

Supporting Carers

- In preparation for the implementation of the Triangle of Care each team or ward has identified 2 carer's links. These links have attended training and are in the process of developing team specific carer's pathways across their service in order to ensure parity for carers.

We are pleased to have received many expressions of interest from service users and carers with a willingness to be a part of the engagement agenda of the Trust.

Patient Led Assessment Care Environment (PLACE)

The PLACE programme, led by the Head of Facilities, continues to deliver excellent outcomes. Each PLACE inspection team included 50% patient representation and there was an independent validator on each assessment. The Trust's overall score for cleanliness was 99.47% which continues to be a fantastic achievement. Our programme of work will continue during 2019/2020.

PLACE 2018	Cleanliness %	Food and Hydration			Privacy, Dignity and Well Being %	Condition, Appearance and Maintenance %	Dementia %	Disability %
		Food and Hydration %	Organisation Food %	Ward Food %				
Harplands Hospital	99.30	96.36	93.39	98.04	97.19	98.79	91.99	97.95
Dragon Square	100	N/A	N/A	N/A	93.10	97.80	N/A	92.31
A&T Unit	100	94.43	89.22	100	100	98.75	N/A	100
Darwin Centre	100	96.98	93.79	100	96.77	99.46	N/A	100
Florence House	100	95.26	91.22	100	97.22	100	N/A	100
Summers View	100	95.71	91.40	100	96.30	99.46	N/A	100
NSCHT Organisation Average score	99.47	96.26	93.08	98.47	97.07	98.90	91.99	98.28
National Average Score	**98.47**	**90.17**	**89.97**	**90.52**	**84.16**	**94.33**	**78.89**	**84.19**
National Average score per MH/LD site	**98.40**	**90.60**	**88.80**	**92.20**	**91.00**	**95.40**	**88.30**	**87.70**

3.2.Reporting against Core Indicators

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

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

3.2.1 Patient Safety Incidents

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 organisational reports, based on data submission. The National Reporting and Learning System's definition for reportable Patient Safety incidents is as follows:

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

All patient safety incidents are reported on the Trust incident reporting system, they then go through a verification process before being uploaded to NRLS. This results in data altering over time, therefore the table below represents the position at year end, in relation to the number of patient safety incidents within Ulysses and the harm impact in comparison to previous years.

Area of Performance	Incidents (clinical and non-clinical)		
Impact	2016/17	2017/18	2018/19
General Incidents	4,553	4,330	5,164
Moderate	75	80	75
Major	3	9	6
Catastrophic	76	65	91
Total	4,707	4,484	5,336
*Major and Catastrophic/Death incidents as a % of total (i.e. those resulting in harm or death)	1.7%	1.7%	1.8%

*impact on service provision/environment/person

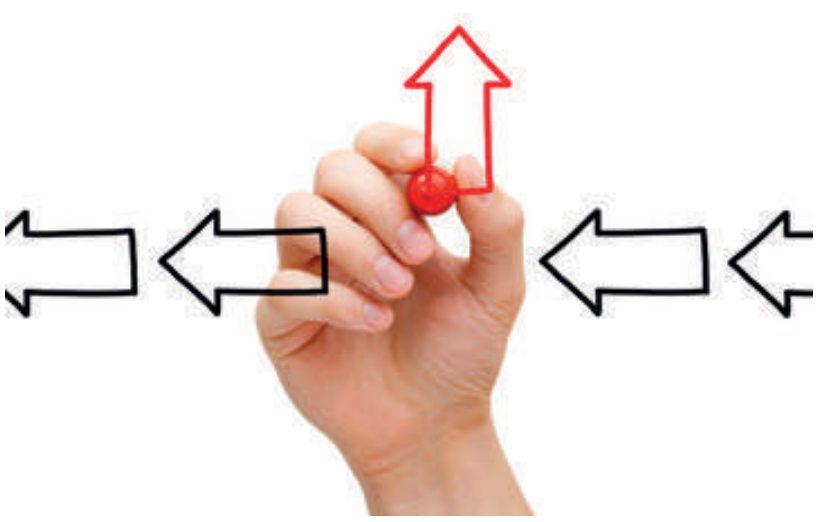
NB 2016/17 and 2017/18 data has been restated from previous Quality Accounts to reflect that the calculation is based on major and death / catastrophic incidents only.

The table above illustrates an increase in the number of incidents reported across the Trust for 2018/19. The rationale for this increase has been explored and is in relation to a number of factors. These include a small number of people with complex needs being responsible for a large number of incidents, better awareness and reporting of incidents in the community and increasing services (eg opening of additional wards). In the last 3 years there has been increased staff understanding of the need for incidents to be reported and an indication of a learning and improving culture. All incidents are subject to weekly review and analysis, in order to ensure that issues / trends are quickly identified and actions implemented enabling improved delivery of care services.

The table below relates to the number of patient safety incidents that were reported to the NRLS prior to year-end. This differs slightly from the figures above as these are only patient safety incidents and are not uploaded onto NRLS until the verification process is complete.

Area of performance	Incidents reported to the National Patient Safety Agency (NPSA)
Performance:	There were 2,527 NRLS incidents reported during 2018/19, a slight increase in the number of incidents reported from the previous year. The reasons for this increase are included above. Of these, the number of incidents resulting in severe harm or death of service users (41) as a percentage of the total (2527) was 1.6%. In comparison 2017/18 was 1.4% (30 incidents out of 2096 incidents).

Our culture of incident reporting has continued to improve during 2018/19 as demonstrated through benchmarked data from the NRLS. The latest data illustrates our higher reporting rate per 1000 beds than the national reporting median for mental health trusts. During the reporting timeframe (April 2018-September 2018) 96% of incidents reported to NRLS were either no harm or low harm incidents (72% and 24% respectively).



Never events:

A never event is a serious, largely preventable, patient safety incident that should not occur if the available preventable measures have been implemented. An example would be an inpatient suicide using curtain or shower rails. The table below details the Trust performance in 2018/19.

Area of performance	'Never events'
Performance:	One near miss – The Trust reported one near miss never event which did not result in harm. The required actions were in place to prevent the incident occurring i.e. the failure of a shower curtain rail to fall when pressure applied and therefore the Trust took action to alert the wider NHS of the potential for patient harm.

Serious incidents:

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

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

In 2018/19 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.
- ✓ Monitored and identified learning and trends, reporting and sharing learning from these through Trust governance structures from 'Team to Board'
- ✓ Share learning in an open, transparent and compassionate manner with families and carers through our Being Open and Statutory Duty of Candour Policy Framework.
- ✓ Continued to raise staff awareness and embedded statutory requirements relating to patient safety through a series of initiatives which form part of the on-going programme of patient safety education
- ✓ Complied with statutory duties and monitored this through Trust governance structures.
- ✓ Shared data and reports externally through the Clinical Quality Review Meeting chaired by Commissioners.
- ✓ Been audited by the Trust auditors to assess the Trust process in terms of the management of unexpected deaths. This determined that the Board should take 'substantial assurance' that the process was robust, thorough and met the key standards in line with 'National Guidance on Learning from Deaths' (2017).

Area of performance	Serious incidents (SIs) (clinical and non-clinical)
Performance	During 2018/19 there have been 105 serious incidents reported by the Trust

Learning from incidents and strengthening our quality governance arrangements:

The Trust has taken forward the following safety improvement initiatives to improve its incident reporting and management framework: Continued membership of the Advancing Quality Alliance (AQuA) to strengthen the Trust's approach to Quality Improvement (QI).

- ✓ Our commitment to quality improvement has led to an increasing number of staff completed QI training and projects implemented within their teams including Patient Safety, Restraint Reduction and Access.
- ✓ Senior staff have been supported to complete the Advanced Improvement Practitioner Programme which provided them with increased QI knowledge and skills, which will be used to support clinical teams in learning quality improvement methodology and to take forward more QI projects.
- ✓ Advancement of the Learning Lessons framework. Bi-monthly bulletin and a monthly Learning Lessons workshop where staff listen to the learning outcomes of investigations and share their stories.
- ✓ Partnership working with our key stakeholders to promote good mental health and the reduction of stigma by participating in national events such as 'Brew Monday' with the Samaritans and the Parkinson's 'Get it on Time' campaign.
- ✓ All incidents continue to be subject to weekly review and analysis, in order to ensure that issues and trends are quickly identified and improvement actions implemented.
- ✓ Inclusion of Duty of Candour awareness within the Trusts' mandatory training curriculum.

Training sessions have been facilitated for senior managers to support their quality and safety roles within clinical directorates.

3.2.2 Readmission Rates

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

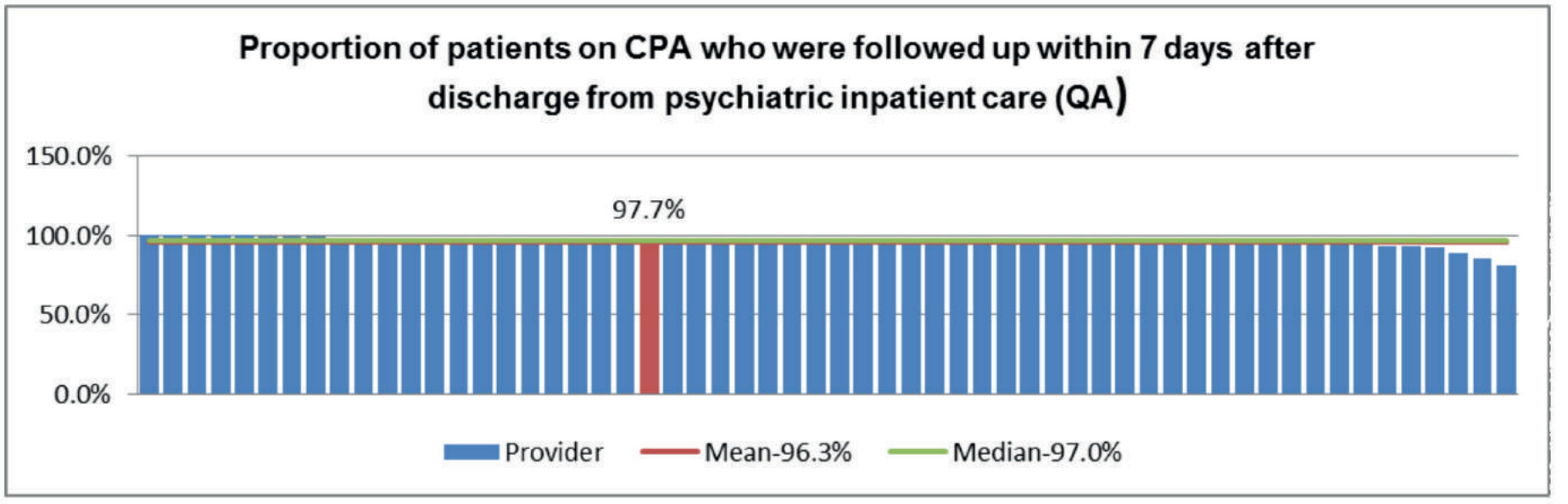
Area of performance	Patients re-admitted within 30 days of discharge
Performance:	For 2018/19 the readmission rate was 5.4% for the year against the 7.5% target. For 2017/18 this was 5.2%

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

This is a key focus for the Trust and from February 2019 commenced a pilot to ensure 48 hour follow up from all adult acute wards. The standard operating procedure has been to ensure that the standard is achieved in all settings in 2019/20. Reports are provided for every patient who was not followed up within 48 hours and/or 7 days to provide further scrutiny and remedial action. The table below details the results of follow up of CPA patients within seven days of discharge against a target of 95%

Area of performance	7 day follow up of Care Programme Approach (CPA) patients
Performance:	There is strong national evidence that the period following discharge has shown to be a high risk period for service users at risk of suicide and self-harm. To mitigate these risks and provide appropriate support to service users, the Trust aims to ensure that every adult is followed up within 7 days of discharge. Our average level of performance for the year was 97.7%. This is a key focus for the Trust and from February 2019 commenced a pilot to ensure 48 hour follow up from all adult acute wards. The standard operating procedure has been to ensure that the standard is achieved in all settings in 2019/20. Reports are provided for every patient who was not followed up within 48 hours and/ or 7 days to provide assurance that there were no clinical issues arising from the delays.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	100.0%	96.9%	94.1%	93.1%	86.7%	97.4%	92.9%	97.4%	90.9%	95.7%	93.9%	96.1%
2018/19	100.0%	97.9%	98.7%	96.3%	96.4%	98.0%	97.1%	100.0%	96.2%	97.3%	97.1%	97.0%



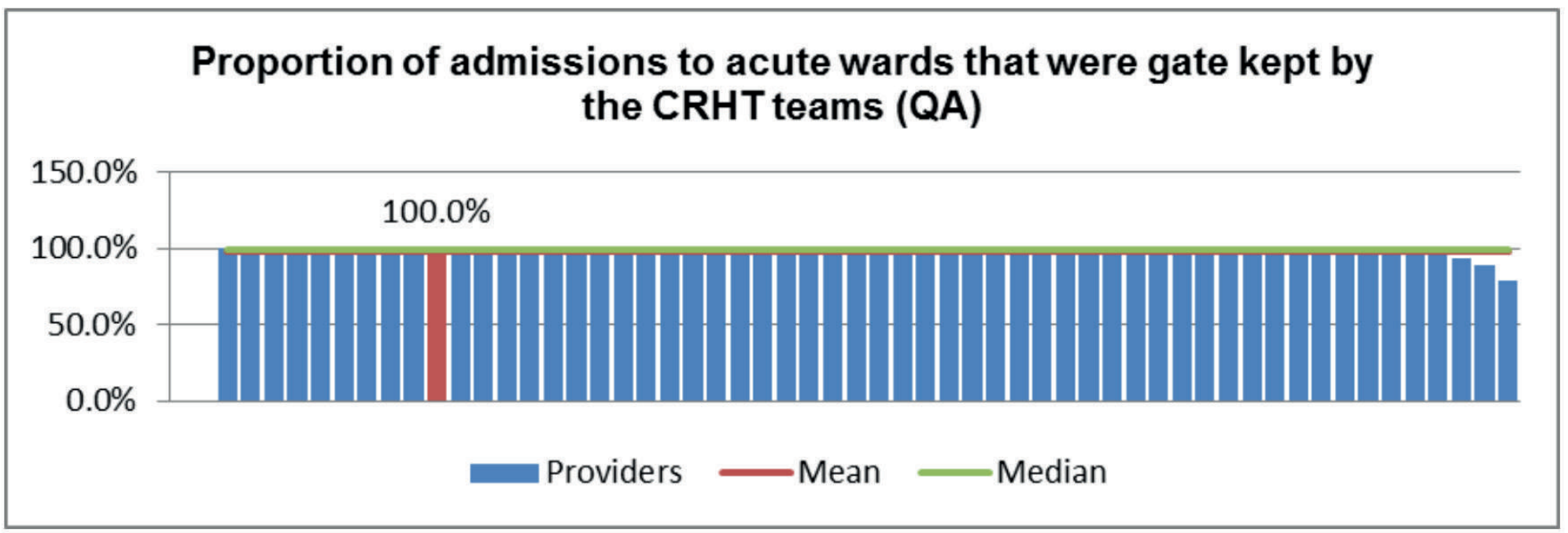
Source: NHS England

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

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

Area of performance	Crisis resolution gate kept admissions – acute
Performance:	100% of patients admitted to acute inpatient wards were gate kept by the CRHTs at the end of 2018/19.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	100%	100%	96.6%	100%	100%	98.9%	92.3%	97.7%	100%	100%	100%	100%
2017/18	100%	98.5%	95.9%	97.2%	97.8%	98.6%	97.5%	100%	100%	100%	100%	100%
2018/19	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100%



Source: NHS England

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

The CQC uses a survey to find out the experiences of people who receive care and treatment.This data has been taken from the national survey data published by the CQC November 2018.

The CQC asks people to answer questions about different aspects of their care and treatment. Based on their responses, the CQC will give an NHS Trust a score out of 10 for each question (the higher the score the better). Each NHS Trust will also receive a rating of 'about the same', 'better' or 'worse'.

Responses were received from 225 people who use our Trust services. No questions received a worse score, in all questions the Trust performed either better or about the same in comparison to other Trusts that took part in the survey.

A summary of performance is provided against key metrics is provided below:

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

Area of Performance	Trust Score	How we compare
Health and Social Care - Giving enough time to discuss needs and treatment - Understanding how mental health needs affect other areas of patient's life	 7.0/10 6.8/10	 About the same About the same
Organising Care - Knowing how to contact this person if concerned about their care	 9.9/10	 Better
Medicine review - For those receiving medicines for 12 months or more, checks on how patients are getting on with their medicines.	7.7/10	About the same
Reviewing care - Feeling that decisions were made together by them and the person seen	7.1/10	About the same
Overall views Respect and Dignity - For feeling that they were treated with respect and dignity by NHS mental health services	8.2/10	About the same

PART 4 Annexe

4.1 Engagement and Statements from Key Partners

Engaging our partners and stakeholders

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

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

Development Stage

We have sought the views of key partners, service user representative groups, local authorities and staff about what they liked and disliked about our previous Quality Account and what should be changed. All feedback received was responded to and reviewed as part of the engagement and design process for this Quality Account.

Agreeing priorities

We asked our Service User and Carer Council what priorities they would like to see reported in this 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

Sharing the draft Quality Account

In line with a Department of Health Guidance, we also produced a draft Quality Account and shared this with key partners as follows: Local commissioners, Local Health watch organisations, Local Authority Overview and Scrutiny Committees.

We invite each partner to provide a statement for inclusion in the Trusts Quality Account. These statements are shown in the section below.

Comments from key partners
Staffordshire and Stoke on Trent Clinical Commissioning Groups (CCGS)

Staffordshire & Stoke-on-Trent Clinical Commissioning Groups (CCGs) are pleased to comment on this Quality Account 2018/2019.

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

The CCGs were pleased to note the improvements made on the 2018/19 quality priorities; achievements include:

- The CCGs wish to congratulate the Trust on achieving an overall 'Outstanding' CQC rating (CQC inspection during December 2018 and January 2019) and recognise the considerable amount of work undertaken by staff at all levels to achieve this.
- In November 2018 the Trust hosted a multi-agency Suicide Prevention Conference where partners signed a Suicide Charter setting out their commitment to reducing suicides.
- The Trust actively involve family/carers to ensure that their views are incorporated into any future development and listen to feedback from the Service User and Carer Council (SUCC).
- Throughout 2018/19 the CCGs, in partnership with the Trust and Staffordshire and Stoke-on-Trent Health watch have undertaken a programme of announced quality visits which have provided 'real time' assurance on the quality of services provided by the Trust. The CCGs would like to thank staff for their continued support and open approach to these visits. The 2019/20 quality visits programme has been agreed with the Trust.
- The CCGs welcomed the opening of the new purpose built Psychiatric Intensive Care Unit in October 2018.
- It is pleasing that the Trust is continuing to participate in the **Advancing Quality Alliance programme** (AQuA) as part of their everyday business.
- The appointment of a Restraint Reduction Lead to progress the implementation of the Trusts Restraint Reduction Strategy is a positive move towards reducing the number of restraints used.
- The Trust has continued to participate in the delivery of the five national CQUIN schemes throughout the year and have provided reports detailing the successes and the substantial improvements made for service users as a result of these schemes.

2018/19 has not been without its challenges and we look forward to further improvements in respect of:

- Recruitment and retention continues to be a major priority for the Trust due to a national workforce shortage, Nursing and Medical recruitment remains an ongoing challenge.
- The CCGs actively support the collaboration between the Trust and other stakeholders to reduce death by suicide as part of the Zero Suicide ambition and as part of the Suicide Awareness Strategy for Staffordshire and Stoke on Trent.
- The CCGs recognises the ongoing work to embed the new Organisational structure and will continue to monitor through quality assurance processes.

The CCGs are pleased to see the Trusts ongoing commitment to provide the highest quality mental health services through their four on-going priorities, known as SPAR.
Commissioners are pleased that the Trust continues to be an active partner within the Staffordshire Sustainability and Transformation Partnership. Overall the CCGs recognise that significant improvements in quality and safety have been seen at the Trust during a challenging period locally but also in the wider NHS. We look forward to working together with the Trust to ensure continued improvement over the coming year.
The CCGs wish to state that to the best of their knowledge, the data and information contained within the quality account is accurate

Heather Johnstone
Director of Nursing and Quality
Staffordshire CCGS

Marcus Warnes
Accountable Officer
Staffordshire CCGs

Healthwatch Stoke-On-Trent

Healthwatch Stoke-on-Trent congratulates the Trust on being awarded an overall Outstanding rating and achieving Outstanding in Caring and Responsive domains as well as being rated Good in Safe, Effective and Well led domains from their recent CQC inspection.

Healthwatch Stoke-on-Trent Mental Health Group also congratulates the Trust in the progress they have made in a number of services over the last 12 months and the new developments they have implemented in particular the no smoking policy implemented across the Trust and the development of the PICU Unit in difficult times for the NHS.

The Trust came to present their Draft Quality Account at our Mental Health Group meeting on 15th May 2019 and asked our opinions on the content and readability of the document and we are pleased that they have incorporated these into the second draft.

We do still have some concerns around care planning and although the Trust made progress over the last 12 months there is still more work to be done and we requested that this is identified clearly in the Quality Accounts. We are pleased to see that this has been done in their summary of Quality improvement programme 2019/20 under Quality priority 2 'personalised'.

The Trust has been very supportive in the work of our Mental Health Group over the last 12 months providing information we have needed to do our work.

We look forward to its continued support in the work the Mental Health Group will be doing in the coming 12 months around Adult Community Mental Health Services.

Healthwatch Staffordshire

The report is very well laid out, easy to read and understand which is helpful in terms of the public being able to read and understand it. It reflects well the work that has taken place to enable the organisation to achieve an 'outstanding' CQC rating and the pride in the work that has been done shines through in the report. Clearly a great deal of progress has been made in the past 12 months but it is encouraging to note that the trust has robust plans to improve even further.it is good to see that the trust continues to strive for improvement in the quality of the service based on locality working and particularly the level of commitment to partnership working with other local providers including the 3rd sector to offer a holistic service to the population of North Staffordshire.

The report demonstrates staff are involved in the development of the new locality structure and are also central to the improvement plans put in place by the trust and that both staff and service users are active in the co-production of various improvement plans.

The report provides a clear framework for the organisation to work towards achieving improvement in all aspects of the service. There is a lot of mention in the report about co-production with service users carers and staff and this engagement is woven throughout the report.

It is mentioned in the report that the repatriation team has delivered £2million in savings by the better management and repatriation of people with complex needs back into the county, it would be useful to know how many residents were returned to county in the past 12 months and how many new placements have been made outside of county due to lack of appropriate services within county

It would also have been interesting to have details on numbers relating to 'The high volume users team' which has been instrumental in reducing the number of visits to ED's. The detail would really highlight the improvements made

It is really pleasing to see that the trust has received an outstanding rating from CQC and the improvement over a 4 year period is very heartening to see. The commitment to continuous improvement is heartening and knowing the trust is not planning to become complacent and not see room for further improvement.

The Health and Wellbeing service offered to staff indicates a trust that values its staff and this in turn is clearly having a positive impact upon the delivery of the service and most certainly is reflected in your staff survey figures which clearly indicate the impact of the services in place for staff. It would be interesting to know what the staff turnover rates are and whether these initiatives have resulted in a lower than average national staff turnover?

Accepting that there is an increase in reporting of incidents/never events. It would have been good to know what the catastrophic incidents were and what learning came from these. Increased reporting is good but what is being done to reduce the number of incidents?

You also mention the work done on reducing suicide rates but I could not gauge whether you had met your target for reducing suicides to zero as this was not clear but if met is certainly something to 'shout about.'

Overall this is a clear and concise report of what the trust has done to achieve such a good improvement all round and a clear plan for continuous improvement over the next 12 months. I look forward to reading of the further improvements that will ensure the trust retains its 'outstanding' rating for the foreseeable future.

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

The Adult and Neighbourhoods Overview and Scrutiny Committee have asked the Trust to record the following in the Quality Account. Unfortunately due to the timing of the 2019 Local Elections and the election of new Councillors and committee it has not been possible on this occasion to comment on the Trust's Quality Account.

Staffordshire Council Health Scrutiny Committee

We are directed to consider whether a Trust's Quality Account is representative and gives comprehensive coverage of their services and whether we believe that there are significant omissions or issues of concern.

There are some sections of information that the Trust must include and some sections where they can choose what to include, which is expected to be locally determined and produced through engagement with stakeholders.
We focused on what we might expect to see in the Quality Account, based on the guidance that Trusts are given and what we have learned about the Trust's services through health scrutiny activity in the last year.

We also considered how clearly the Trust's draft Account explains for a public audience (with evidence and examples) what they are doing well, where improvement is needed and what will be the priorities for the coming year.

Our approach has been to review the Trust's draft Account and make comments for them to consider in finalising the publication. Our comments are as follows:

Introduction, the Vision and key achievements are well articulated, and the explanation of the Quality Account process is present. A list of services provided by the Trust is included. The statement from the Board is signed by both the Chair and CEO.

Priorities, we note how and why they were chosen. The means intended to monitor, measure and report to board level is described. The CQC report is well presented. However, the priorities for 2019/20 don't seem to address issues raised in the CQC report. We would have liked to see a clear link between the two.

Statements of Assurance, Evidence of participation in local and national clinical audits and subsequent outcomes are explained. The importance research is acknowledged and there is detail of research undertaken reasons and subsequent results. We are of the opinion that more statistical information would be useful.

Registration with the CQC is present in the report.

Review of quality performance, CQUIN income, it is noted that the 2.5% of potential income was conditional to on achieving quality improvement and innovation goals agreed with the Commissioners through the CQUIN Framework. The achievements on 2018/19 priorities are noted but some statistical information would make the information more useful. We are not clear that what has been achieved is what the Trust was contracted to achieve through the CQUIN.

We are pleased to note that each of the quality/metric indicators is linked or more of the three headings of Patient Safety, Clinical Effectiveness and Patient experience. An explanation of how, by whom and the rational for choice of the indicators is present. Some comparison to national indicators and definitions of some terms used, for example under patient safety incidents - "catastrophic" would have been helpful.

Information is present in relation to specific services and what the patients and public have to say about them.

Indicators and evidence in respect complaints, staff and patient surveys, inspection and benchmarking together with detail of performance against national priorities is available to the reader.

We again commend the Trust for the commitment to provide communication and support for service users and carers whose first language is not English and to those who need other formats.
A glossary of terms is also present.

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

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

You said:
We note how and why priorities were chosen. The CQC report is well presented however, the priorities for 2019/20 do not seem to address issues raised in the CQC report. We would like to see a clear link between the two.

Our response:
Our Open Space Event in January 2019 brought together service users and carers to help shape our 2019/20 priorities. The CQC published their Inspection report on the 28 March 2019. We have linked the two, the focus of which is to continue our journey to a more improvement led organisation. The Quality Account sets out how we will do this by engaging our partners and stakeholders alongside strengthening our quality planning and governance arrangements.

You said:
CQUIN income, we are not clear what has been achieved is what the Trust was contracted to achieve through CQUIN.

Our response:
In previous years we have included a table detailing the % of CQUIN achieved. CQUIN is being presented differently this year in part because of the total number of metrics measured and how payment is calculated throughout the course of the year. Once CQUIN performance against agreed goals has been finalised a table will be uploaded on to the Trust's website at https://combined.nhs.uk/about-us/quality

You said:
The importance of research is acknowledged and there is detail of research undertaken, reasons and subsequent results. We are of the opinion that more statistical information would be useful.

Our response:
Our report highlights that the Trust has achieved its highest number of recruits in the last 5 years, including statistical details of training provided. We have taken the opportunity to strengthen the data further.

You said:
We are pleased that each of the quality / metric indicators is linked to the three headings of Patient Safety, Clinical Effectiveness and Patient Experience. Some comparison to national indicators and definitions of some terms used would have been helpful.

Our response:
The report highlights that we have a higher reporting rate than the national reporting median for mental health trusts. While the terminology used in the Quality Account is the terminology used by the National Reporting and Learning System (NRLS), we have taken the opportunity to further explain some of the terminology used.

You said:
We do still have some concerns about care planning and although the Trust have made progress over the last 12 months there is still more work to be done and we requested that this is identified clearly in the Quality Accounts. We are pleased to see that this has been done their summary of Quality Improvement Programme 2019/20 under Quality priority 2 'personalised'.

Our Response:
Our Quality Improvement Programme 2019/20 highlights that we will continue to improve care planning by embedding the Person Centredness Framework.

You said:
It would be useful to know more detail about the repatriation team regarding how many patients were returned to county and how many new placements made outside of the county in the last 12 months. It would also be interesting to have details on the High Volume User's Team' which has been instrumental in reducing visits to Emergency Departments.

Our Response:
The data with commissioners is that 13 patients have been repatriated during 2018/19. The data regarding the small number of outside placements will be formally reported when confirmed with commissioners. We are receiving positive feedback from the Emergency Departments regarding our High Volume User's Team. We are collaborating with UHNM to develop our data sharing processes which will enable us to articulate this information in more detail.

You Said:
It would be interesting to know what the staff turnover rates are and whether these initiatives have resulted in a lower than average national staff turnover

Our Response:
National turnover rates for MH & LD Trusts for 2018 is 12.56%, the Trust's rate for 2017/18 is 12.60%. National figures for 2019 have not yet been released. We are aiming for improvement following initiatives such as the Health and Wellbeing Service.

You Said:
Good to know more detail regarding catastrophic incidents and learning including what is being done to reduce the number of incidents.

Our response:
While the terminology used in the Quality Account is the terminology used by the National Reporting and Learning System (NRLS), we have taken the opportunity to further explain some of the terminology used. Under the section serious incidents safety learning initiatives are highlighted including learning from incidents.

You Said:
Has the Trust met its target for reducing suicides to zero?

Our response:
The Quality Account set outs how we are working with partners across Staffordshire and Stoke on Trent with regards to suicide prevention. Under key achievements we highlighted that we hosted a multi-agency Suicide Prevention Conference in November 2018. This provided the opportunity for the partners across the area to sign a Suicide Charter setting out a commitment to work together with an ambitious aim for less than zero suicide from 2019 onwards. Under the Section Quality Improvement Programme 2019/20 we have set out our commitment to continue working towards the zero suicide ambition by further developing the system wide approach to suicide prevention.

4.4 Trust Statement

We are pleased to publish this quality account for the financial year 2018/19, 1 April 2018 to 31 March 2019.

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

Name and position	Signature	Date
David Rogers, Chairman		27/06/19
Patrick Sullivan, Non-Executive Director		25/6/19
Russell Andrews, Non-Executive Director		27/06/19
Tony Gadsby, Non-Executive Director		27/06/19.
Janet Dawson, Non-Executive Director		27/6/19.
Joan Walley, Non-Executive Director		27/6/19.
Dr Keith Tattum, GP Associate		27/6/19
Peter Axon, Chief Executive		27/6/19.
Dr Buki Adeyemo, Executive Medical Director		27/6/19
Lorraine Hooper, Executive Director of Finance, Performance and Estates		27/6/19
Linda Holland , Executive Director of Workforce, OD and Inclusion		27.06.19
Maria Nelligan, Executive Director of Nursing and Quality		27/6/19
Christopher Bird, Executive Director of Partnerships and Strategy		27-06-19
Jonathan O'Brien, Executive Director of Operations		27/6/19

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

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The department of health 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 satisfying 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 this 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

David Rogers

Chair

Peter Axon

Chief Executive

4.3 Auditor Statement of Assurance

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

This report is produced in accordance with the terms of our engagement letter dated 5 June 2019 for the purpose of reporting to the Directors of North Staffordshire Combined Healthcare NHS Trust (the 'Trust') in connection with the Quality Account for the year ended 31 March 2019 ("the Quality Account").

This report is made solely to the Trust's Directors, as a body, in accordance with our engagement letter dated 5 June 2019. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019 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 permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors as a body, for our examination, for this report, or for the opinions we have formed.

Our work has been undertaken so that we might report to the Directors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

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, the National Health Service (Quality Account) Amendment Regulations 2012 and the National Health Service (Quality Account) Amendment Regulations 2017 ("the Regulations").

Scope and subject matter
The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following indicators:

- Percentage of admissions to acute wards gate kept by the Crisis Resolution Home Treatment Team (CRHT); and
- Percentage of patient safety incidents resulting in severe harm or death.

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

Respective responsibilities of Directors and Ernst & Young LLP
The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and Social Care 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;
- 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; and
- the Quality Account has been prepared in accordance with Department of Health and Social Care 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 accordance with section 8 of the Health Act 2009 and the criteria set out in the National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011, the National Health Service (Quality Account) Amendment Regulations 2012 and the National Health Service (Quality Account) Amendment Regulations 2017 ("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 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 the other information sources detailed in the 'NHS Quality Accounts Auditor Guidance 2014-15'. These are:

- Board minutes for the period April 2018 to June 2019;
- papers relating to quality reported to the Board over the period April 2018 to June 2019;
- feedback from Staffordshire and Stoke on Trent CCGs dated 06/06/2019;
- feedback from Healthwatch Staffordshire dated 31/05/2019;
- feedback from Healthwatch Stoke on Trent dated 01/06/2019;
- feedback from the Stoke Adults and Neighbourhoods Overview and Scrutiny Committee dated 07/05/2019;
- feedback from the Staffordshire Council Health Scrutiny Committee dated 17/05/2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated March 2019;
- the latest national patient survey dated 22/11/2018;
- the latest national staff survey dated 26/02/2019;
- the Head of Internal Audit's annual opinion over the trust's control environment dated May 2019;
- the annual governance statement dated 24/05/2019; and
- the Care Quality Commission's Inspection report dated 28/03/2019.

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.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed
We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included, but were not limited to:

- 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.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Account. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent 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 and Social Care. 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.

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 2019:

- 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 LLP
2 St Peter's Square, Manchester
27 June 2019

Notes:

1. 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 Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.

2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

4.5 Glossary

AIMS- Accreditation for inpatient rehabilitation units.
ASD- Autistic spectrum disorder
ADHD- Attention deficit hyperactivity disorder
ASIST- Advocacy services in Staffordshire
CAMHS- Child & 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
DOH- Department of health
ECT- Electroconvulsive therapy
EngAGE- Stoke-on-Trent forum for people over 50 to give their views
Health watch- Local independent consumer champions, represents the views of the public.
HRG4- Health resource group (standard groupings of clinically similar treatments)
IAPT- Improving access to psychological therapies team
IM&T- information management and technology
IT- information technology
KPI- key performance indicator
Metric- method of calculating performance
Mind- Mental health charity network
MRSA- Methicillin-resistant staphylococcus Aureus
NDTI- National Development team for inclusion
NEWS – National Early Warning Score
NHSLA - NHS Litigation Authority
NICE - National Institute for health and clinical excellence
NIHR - National institute for health research
NPSA - National patient safety agency
NSCHT- North Staffordshire Combined Health Care NHS Trust
PALS- Patient advice and liaison service
PBR- Payments by results
PIP- Productivity improvement pathway programme.
POMH- Prescribing Observatory for mental health
QIPPP- Quality, innovation, productivity, partnership and prevention.
LPS - Liaison Psychiatry Service
R&D- Research and development
REACH - Local advocacy project supporting people with learning disabilities
RETHINK- Mental health membership charity
SPA - Single point of access (to mental health services)
STOMP - Stopping Over Medication of People
STP – Staffordshire Transformation Programme
SUS- Secondary user's service
TDA - Trust development Authority
UHNM - University Hospital of North Midlands NHS Trust

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