

# QUALITY ACCOUNT

## 2021/22

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## PART 1

### Quality statement

#### 1.1 What is the Quality Account?

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

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

We hope that you find our Quality Account, **covering the financial year 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022** helpful in enlightening you about our work and priorities to date, to improve services over the coming year.

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

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

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

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

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

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

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

At that time we made clear we were far from complacent and that our journey of improvement would continue to deliver our vision **to be outstanding - in ALL we do and HOW we do it.**

Since making that commitment, we have been singled out by the Care Quality Commission as an example for others to follow in our ability to sustain improvement after being rated Outstanding.

We are delighted and proud that in this latest year covered by this Quality Account our primary care leadership in our surgeries at Moorcroft and Moss Green was rated Outstanding by the Care Quality Commission.

Proof positive that our determination to deliver our vision burns as strong and bright as ever.

We provide system-wide leadership for a range of key areas across Staffordshire and Stoke-on-Trent, as well as continuing to strengthen integration alongside our partners as we develop and advance the NHS vision for integrated care and new models of delivery towards a strong Staffordshire and Stoke-on-Trent Integrated Care System.

We are also delivering huge innovation and partnership through our joint delivery across Staffordshire and Stoke on Trent of the Community Mental Health Transformation Programme.

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

We place on the record our pride at delivering an unprecedented 23rd consecutive year of achieving financial surplus, making us one of the strongest financial performers in our region.

This performance enables us to provide examples of our determination to deliver historic capital investment in the medium term future – including eradicating dormitory accommodation and shared bathroom facilities as part of a major capital upgrade at Harplands Hospital - as well as introducing new services, such as our new Maternal Mental Health Pathway, and the transformation of Adult Mental Health Rehabilitation services to offer a new Rehab Pathway Model with community inpatient ward, new supported living unit and new Community Rehab Team.

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

Patient Medication and Administration (EPMA) deployed to deliver efficient and safe electronic prescribing and medicines administration to inpatient wards.

We were also proud to continue our nationally leading innovation in communications and engagement by choosing World Delirium Awareness Day to launch Combined Virtual Reality (CVR) with a VR delirium training offering that was stunning in its imagination and impact. And not content with that, we followed up by launching our very own digital television station – Combined Television (CTV).

Over the course of the year, we continued to develop and embed our organisational strategy - based around our four themes of Quality, People, Partnerships and Sustainability.

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

In this regard, one of the most welcome things we saw this year was the results of the NHS Staff survey, which showed us to be the highest scoring Trust in the entire NHS across the NHS People Promises and Themes.

### **Our key achievements:**

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

- ✓ One of only a few mental health Trusts in England with an overall 'Outstanding' rating from the Care Quality Commission - praised by CQC for our ability to sustain improvement after receiving an Outstanding rating
- ✓ 23rd consecutive year of achieving financial surplus - making us one of the top financial performers in the region
- ✓ Newly appointed Quality Improvement (QI) team providing expertise to our clinical teams, service users and carers focusing on "what matters to them"
- ✓ The highest scoring trust in the entire NHS across the NHS People Promise and Themes in the national staff survey
- ✓ Implementing the biggest capital investment in acute and community mental health services in our history
- ✓ National Gold Award winners of the Lived Experience Charter, with peer mentors at the heart of our strategy
- ✓ First ever, dedicated service for Adult Eating Disorders, providing support and care that has simply not been available for our local residents previously
- ✓ Supported living units giving opportunities for service users to live independently with staff available for support 24/7

- ✓ A strong Freedom to Speak Up infrastructure within every Directorate – as well as all of our Staff networks BAME, LGBT+, Neurodiversity and Disability which are all represented with a champion
- ✓ All trust staff granted a Health and Wellbeing Day, an additional days leave specifically for staff to focus on their own health and wellbeing
- ✓ Mental Health Crisis Access Centre – continues to bring together under one roof a whole range of teams offering a service to people of all ages, 24/7, 365 days a year
- ✓ Continuing to embed the work of our Inclusion Council in 'how we do things in the Trust', helping us to review, challenge and extend on the inclusive and equitable way we treat and support our staff and service users
- ✓ Expanded perinatal services improving mental health and well-being for all women of childbearing age and their families, preconception to 12 months post-delivery, including new Maternal Mental Health Pathway.
- ✓ Early Interventions Team awarded level 4 – “Top Performing” - status in the annual Royal College of Psychiatrists National Clinical Audit of Psychosis (NCAP).
- ✓ Winners of HPMA Awards 2021 for Equality, Diversity and Inclusion
- ✓ Celebrated in national case study for rethinking ADHD care
- ✓ Learning Disability Service's new role – Experts by Experience - finalists in the Recruitment Industry Disability Initiative Awards in 2021



*Community Learning Disabilities team raising awareness for World Down Syndrome Day*

### **Our key priorities:**

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

In November 2020, we unveiled our organisational strategy which sets out our sustained commitment to continuously improve services and takes

account of national requirements and local priorities. This strategy is built around four strategic themes:

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

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

Finally, we are pleased to announce that the Board of Directors has reviewed this 2021/2022 Quality Account, and confirm that this is an accurate and fair reflection of our performance. We hope that this Quality Account provides you with a clear and concise picture of how important quality improvement, safety and service user and carer experience is to us at North Staffordshire Combined Healthcare NHS Trust. We hope you enjoy reading our Quality Account 2021/2022.

Dr Buki Adeyemo, Interim Chief Executive and David Rogers, Chairman



A handwritten signature in black ink that reads "David Rogers".

David Rogers - Chair

Buki Adeyemo – Interim Chief Executive

A handwritten signature in black ink that reads "Buki Adeyemo".



## 1.3 Introduction to North Staffordshire Combined Healthcare NHS Trust

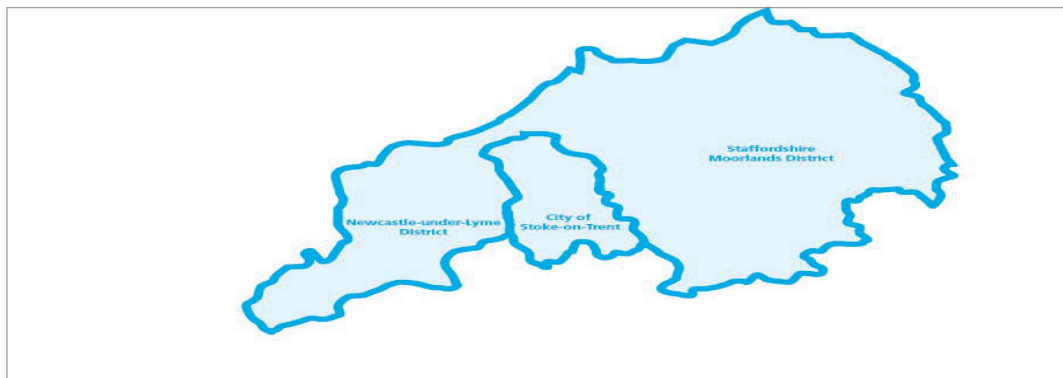


- North Staffordshire Combined Healthcare NHS Trust was established in 1994 and provides mental health, substance misuse and learning disability care to people predominantly living in the city of Stoke-on-Trent and in North Staffordshire. We employ an average of 1,414 permanently employed (WTE) during 2021/22. These staff work from both hospital and community based premises, operating from over 30 sites. Our main site is Harlands Hospital, which opened in 2001, and provides the setting for most of our inpatient units.
- Our staff are committed to providing high standards of quality, and safe services. We service a population of approximately 464,000 people from a variety of diverse communities across Northern Staffordshire, providing services to people of all ages with a wide range of mental health and learning disability needs.
- Sometimes our service users need to spend time in hospital, but more often, we are able to provide care in outpatient, community resource settings, and in people's own homes. We also provide specialist mental health services such as Child and Adolescent Mental Health Services (CAMHS), Neuropsychiatry and Psychological Therapies, plus a range of clinical and non-clinical services to support the University Hospital of North Midlands NHS Trust (UHNM) and Midlands Partnership NHS Foundation Trust (MPFT). We have grown our primary care offer and successfully integrated a further primary care practice this year.
- Our main commissioners are North Staffordshire (33%) and Stoke-on-Trent (49%) Clinical Commissioning Groups (CCGs). We also work



very closely with the Local Authorities in these areas, in addition to our other NHS partners.

- We have close partnerships with agencies supporting people with mental health, substance misuse, and learning disability problems, such as Approach, We are With You, BAC O'Connor Gateway, ASIST, Brighter Futures, Changes, EngAGE, North Staffordshire Huntington's Disease Association, Mind, PeGIS (Parent Engagement Group in Stoke), North Staffs Carers Association, Reach and the Beth Johnson Association.
- The Trust Board, comprising the Chairman and five Non-Executive Directors, the Chief Executive and six Executive Directors, lead our organisation. A General Practitioner, Staff Side Representative, Executive Dean for Health at Keele University and the chair of our Service User and Carer Council are members of the Board.
- Further information regarding our purpose, vision and values is contained in our Annual Report, which provides an overarching summary of our services. This can be found via our website at [www.combined.nhs.uk](http://www.combined.nhs.uk).



## 1.4 Services Covered by this Quality Account

This Quality Account covers five Clinical Directorates (including specialties, primary care and services). During the past year we have continued our journey of further integration of services, based on locality, working across North Staffordshire and Stoke on Trent. During the period (1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022), the Trust provided or sub-contracted eight relevant health services; sub-contracting two non-NHS organisations in respect of Improving Access to Psychological Therapies (IAPT). Refer to Figure 1 below which displays our operational structure.

**Figure 1: Our Operational Structure**

Stoke Community	North Staffs Community	Specialist Services	Acute and Urgent Care
Adult CMHT Older People CAMHS IAPT ..... Outreach Team Older People Care Home Liaison / Physio Memory Services Vascular Wellbeing Primary Care Dementia	Adult CMHT Older People CAMHS IAPT ..... CAMHS Eating Disorders Specialist Adult Eating Disorders Liaison & Diversion Criminal Justice Team Step On Early Intervention MH Youth Offending Team	Children's Short Breaks Assessment and Treatment Children's Community LD Team Community Learning Dis Team Healthcare Facilitation Intensive Support Team Transforming Care Partnership Team Darwin Centre CAMHS Intensive Support Hub ..... Psychology Contracts Summerview Hilda Johnson House Ward 5 Neuro Neuro Community Services Community Rehab Team Out Of Area / Resettlement Team	Access Team Home Treatment Team (Adult) IOU (Adult / Subs Misuse) Community (Street) Triage Place of Safety Site Managers High Volume Users ..... Mental Health Liaison Team CAMHS Central Referral Hub Children's Psychology
Adult CMHT Older People CAMHS IAPT ..... DOLS/BIA/Stoke AMPH Team ASD Assessment Kniveden Parent & Baby Co-operative Working	Adult CMHT Older People CAMHS IAPT ..... LAC Yellow House Mental Health Support Teams ASD School Age Community Assessment Stabilisation Treatment	Community & Hospital Alcohol Team Stoke CDAS Stoke Heath Prison SM Inpatients (EMU)	Wards 1, 2, 3 ICU Acute Nurse Practitioners Acute Therapies ..... Wards 4, 6, 7 Physiotherapy ECT Team ..... <b>Primary Care</b> Primary/General Medical Services Locally Enhanced Services Primary Care Development PCN Support Education

## 1.5 Our Vision and Quality Priorities

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

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

### Our Vision:

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

### Our Quality Priorities:

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

- Our services will be consistently **Safe**
- Our care will be **Personalised** to the individual needs of our service users
- Our processes and structures will guarantee **Access** for service users and their carers

- Our focus will be on the **Recovery** needs of those with mental illness

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

### Our Values:

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

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

### Our Strategic Objectives:

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



## 1.6 Quality of Services 2021/2022 Key achievements

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

Our Key Quality Improvement during 2021/22 are provided below; these are also outlined in section 2.3 of this report:

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

- ✓ **Worked towards our Zero Suicide ambition by**
  - Continuing our participation in the countywide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide. We have also refreshed the Trust Suicide Prevention Strategy.
  - Introducing Connecting with People: suicide awareness and response modules, which is an evidence-based approach to

suicide assessment and mitigation. This training is also being rolled out across the whole of the local healthcare system as part of a standardised approach to improving the care of people at risk of suicide.

- Holding a virtual suicide prevention conference 2020/21, using digital technology to bring people together; to showcase the progress made towards the Stoke-on-Trent and Staffordshire wide suicide prevention partnership strategy.
- Continuing to roll out environmental ligature improvements

✓ **Focussed on improving physical health by**

- Developed the SMI (severe mental illness) physical health check pathway is to ensure that both the Trust and our Primary Care Network's (PCN's) across North Staffordshire and Stoke-on-Trent work together – with the goal of ensuring equitable access to annual physical and mental health checks for all people living with SMI.
- Developed and integrated into practice a new SMI Annual Mental and Physical Health Check (AMPHC) template within our electronic patient record system, Lorenzo.
- Set up new and supplemented existing physical health clinics in the community, to provide the first part of the health check.
- Released a podcast to highlight the importance of SMI physical health checks.
- Worked with Staffordshire University to produce clinical skills training days for teams, with the aim of building knowledge, skills, and confidence.
- Networked with community-based health promotion campaigners to develop health kits to enhance healthy lifestyle self- management.
- Implemented an eLearning package for all staff around the importance of SMI physical health checks.
- Progressed completion of SMI health checks during 2021/22 contributing to an overall 'system wide' completion rate of 67%.
- Delivering the Trust Infection Prevention and Control Board Assurance Framework
- Continuing to increase the frequency of physical health monitoring within inpatient services, using the National Early Warning Score (NEWS2) in response to the ongoing COVID-19 pandemic
- The continued delivery of an enhanced Infection Prevention and Control (IPC) audit programme in response to COVID-19
- Continued delivery of an enhanced IPC and Physical health digital learning package for staff to support our response to COVID-19
- Securing funding to review and improve the existing smoking cessation offer to inpatients, with delivery taking place in 2022/23

- Working with colleagues from across the local system to enhance accessibility of cessation services for all service user groups
- Supporting the local COVID-19 vaccination programme with 45 trained vaccinators
- Delivering a successful COVID-19 vaccination programme with 91% of Trust staff receiving the vaccination.
- Achieving 100% compliance with Infection Prevention and Control (IPC) audits
- Achieving 90% IPC training compliance
- To support the timely and safe review of pathology results guidance has been shared across clinical teams, this has been complemented with improvements to sampling labelling processes

✓ **Provided a safe environment by**

- Launching a new Reducing Restrictive Practice Strategy, written collaboratively with service users
- Continuing to embed the 'Safewards' model within our mental health inpatient wards and have established a Clinical Network to re-enforce our continual learning approach to Reducing Restrictive Practice.
- Receiving national recognition for our work as a key partner in the National Sexual Safety Collaborative as part of a wider Mental Health Safety Improvement Programme and continue to progress this area of focus.
- Achieving our ambition to be affiliated to the Crisis Prevention Institute following their successful certification to the Restraint Reduction Network Training Standards.
- Maintaining 'safe staffing' in line with the National Quality Board (NQB) requirements
- Relaunching the 'SafeCare' module to support inpatient areas to deliver safe staffing requirements.
- Providing assurance regarding our compliance with the Use of Force Act, which became a lawful requirement in April 2022.
- Successfully rolling out Quality Improvement initiatives focused on safe wards and improving patient experience.
- Developing our plans to implement 'Responding to Disclosures' training provided by Savana, the leading experts around sexual violence and abuse in North Staffordshire
- Continuing to maintain excellent environmental and cleanliness standards.

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

- Increasing safeguarding supervision across all clinical teams
- Increasing training compliance for Safeguarding Children's Level 1 and 2 to 91%, Safeguarding Children's Level 3 is 85%,

Safeguarding Adult's Level 3 is at 86% and Prevent is at 92% all above the target of 85%

- Involvement in further training opportunities for the trust delivered as part of Safeguarding weeks (Adults and Children), Practitioner's forum and during group supervision with teams.
- Developing relationships with local Domestic Abuse services, GLOW and New Era, which, has supported the development of designated Domestic Abuse Champions in the Trust to further develop practice, and learning around Domestic Abuse.

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

- Continued modification to the implementation of our SPAR Wards accreditation in response to COVID-19 restrictions; with a planned re-launch of our original model in 2022/23.
- Providing Trauma Informed Care training to all Acute Ward areas and exploring Trauma informed leadership for training for our leaders.
- Providing Clinical Leadership Programmes for our Band 5 and Band 6 staff who are aspiring to a leadership positions.
- Continuing to hold our Ward Manager Task and Finish forum with an intended review planned for 2022/23.
- Launching our Quality Improvement Leaders programme.
- Training 10 nurses to become Professional Nurse Advocates with a full rollout of the model, commencing in our inpatient areas.

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

✓ **Strengthened person centeredness by**

- Continuing to develop our Autism Strategy in partnership with service users and carers.
- Launching our new Reducing Restrictive Practice Strategy, focussing on service user experience and person centred care.
- Developing a dedicated Quality Improvement Team who have begun to rollout a number of Person Centred Quality Improvement initiatives; promoting and re-enforcing our learning culture.
- Further developing a digital Friends and Family Test (FFT) to improve accessibility, increase service user engagement and provide real-time feedback from service areas.
- Successfully recruiting a Recovery and Experience Lead to oversee the rollout of a fully co-produced Wellbeing College and further progress our recovery focused care agenda.
- Commencing the co-production of our Wellbeing College and successfully recruiting to a Wellbeing Facilitator post, with the intention of launching our first fully co-designed, co-delivered programme in the summer of 2022.



- We have resourced support from ImROC (Implementing Recovery through Organisational Change) who will provide expert support to enhance our peer mentor / peer worker roles.
- Developing a network with existing peer workers to further enhance our learning culture and ensure the roles are well embedded within the Organisation.
- Implementing digital innovations to support a more person centred approach to care delivery.
- Supported service user involvement and co-production in the development of the mental health community transformation programme.

✓ **Encouraged involvement by**

- Collaborating with the Service User and Carer Council (SUCC) and using service user feedback (e.g. friends and family test) themes to influence our Quality Improvement agenda
- Continuing to increase the number of service users being offered the opportunity to participate in research studies through our consent to research initiative
- Completing a programme of Service User and Carer (SUC) engagement sessions to support the development of the Trust SUC Strategy
- Delivering our Service User and Carer Engagement Strategy
- Employing a number of Peer Mentors with the support of CHANGES Health and Wellbeing Staffordshire through transformation funding.
- Maintaining our virtual links with the Youth Council (hosted by CHANGES Staffordshire)
- Our Service User and Carer Council has continued to meet virtually and contribute to Trust business and service changes. For example Project Chrysalis plans and then updates, CASST pathway, rehabilitation service change Hilda Johnson House.

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

✓ **Improved access to services by**

- Embedding the electronic self-referral functionality for patient and carers to the CAMHS hub
- Continuing to strengthen our Diversity and Inclusion Strategy
- Continued the use of new technology to embed video consultations in our community teams
- Use of video technology to advance MDT working
- Launching 'One Health & Care Record' in the Trust – a system-wide forward thinking project providing a secure digital shared care record for people living in Staffordshire and Stoke-on-Trent to improve joined up care provision

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

✓ **Promoted recovery by**

- Produced a strong vision for our fully funded Wellbeing College and have commenced the co-production of the college with the intention of rolling our first fully co-designed and co-delivered programme in the summer of 2022.
- Recognising the value of Peer Support Workers and Experts by Experience in our teams, we have strengthened our Trust wide approach with a dedicated network to ensure a continual learning approach to successfully embedding these roles.
- We will shortly host Peer support recovery Coaches employed by CHANGES Staffordshire and placed in our CMHT's.
- Working in partnership with ImROC (Implementing Recovery through Organisational Change), we have peer support workers who will gain Peer Mentor qualification.
- Involving service users and carers in various aspects of service redesign for the Community Mental Health Framework transformation programme including evaluation and procurement.
- Developing a post COVID volunteer restart programme with a phased return in April 2022.
- Patient Experience Facilitator attends the West Midlands CYP Collaborative. As part of the work of the collaborative there have been two events one for Children and Young People (CYP) and one with parents / carers to explore people's experiences of Inpatient Units across the West Midlands.

## **1.6.1 Key achievements by Directorate**

### **Stoke Community**

The Stoke Community Directorate is proud to deliver adult, children's and older people's services across the City of Stoke-on-Trent.

The Directorate has led a successful programme of Community Mental Health Transformation over the last year, providing strong foundations to build upon for the next 2 years of delivering the ambitions of the Long Term Plan and Community Mental health Framework.

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

The use of the Health Equality Assessment Tool across Community Services has highlighted areas of need that are particularly pertinent to the Stoke Locality due to its high levels of deprivation. This has culminated in the ring-fencing of

budgets to support contracts within the VCSE for a Financial Capability Advisor, Peer Recovery Workers and Future Focus Support Workers. These roles will work across adult CMHT's to enhance the holistic offer of support associated with the broader determinants of mental health.

The Directorate supports innovation and integrated practice via participation in local groups such as The Homeless Reduction Board. Dedicated posts have demonstrated a commitment to new ways of working such as the Mental Health Practitioners in Primary Care, Multiple Disadvantage Nurse Consultant Role and Community Engagement Lead.

Memory services continue to excel in achieving high dementia diagnostic rates, despite the challenges of COVID-19. Diagnostic rates of 80% were achieved in the City and 70% in the County. These were possible through excellent team working within the Memory Services National Accreditation Programme (MSNAP), providing assessment, diagnosis and treatment for people with a number of conditions, including dementia. Additionally, there is a team working closely with GPs, to treat people living with dementia closer to home, and a further team supporting people at high risk of developing the condition.

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

Stoke Community Directorate has led on the expansion of perinatal services, to improve mental health and wellbeing for all women of childbearing age and their families, preconception to 12 months post-delivery. This year the team has been successful in securing additional funding to set up and implement the Maternal Mental Health Pathway. This involves working with women who have experienced trauma and loss during previous pregnancies and is focused on early Intervention. There will be further expansion of roles in the coming year including midwifery.

CAMHS services continue to go from strength to strength and have begun to develop systemic family therapy including new roles and training opportunities for existing staff. CAMHS services work closely with external partners such as PEGIS and other VCSE organisations across the City

The Mental Health Support Teams have embedded and developed their service to engage with 62 schools across the Stoke-on-Trent and North Staffordshire. The team have been recognised regionally and nationally for their whole school approach.

There are a number of generic priority areas for taking the Directorate forward over the coming months. These include transforming services via strengthening

clinical pathways, further developing relationships with partner organisations, and improving integration of physical and mental health.

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

## **North Staffordshire Community**

Over the last 12 months the Directorate has continued to establish strong and effective relationships with our Primary Care Networks. This is demonstrated through the collaborative approach in implementing Mental Health Practitioners into Primary Care settings through the Additional Roles Reimbursement Scheme (AARRS). The Mental Health Practitioners are now able to work with other PCN based roles to help address the biopsychosocial needs of patients with mental health needs providing consultation, advice, triage and liaison as well as supporting seamless pathways into secondary mental health services.

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

The CAMHS 'Looked After Children's' Team have adapted their working practices introducing Network Support forums that involve all agencies surrounding the child giving a broader insight into the world of that child. They have continued to operate the consultation model and training to social workers and carers giving them insight and a source of therapeutic strategies to use to support the care of the child.

The Staffordshire wide Liaison and Diversion service, in partnership with MPFT, continues to work in line with the national framework working with all vulnerabilities in the criminal justice system, demonstrating effective partnership working, and collaboration across health and justice settings including probation, police and court. The team have a strong peer mentor pathway, which recognises the importance of including those with lived experience of the criminal justice system in our offender health pathways. This work has resulted in the team being selected as one of six pilot sites to trial the "Lived Experience Charter."

The Youth Offending Teams continue to provide health interventions into the Newcastle-under-Lyme team. The team have successfully completed training in trauma focused Cognitive Behaviour Therapy (CBT) in order to increase the support and interventions offered to this highly vulnerable client group.

The Early Intervention Team has achieved a level 4 “Top Performing” status in the annual National Clinical Audit of Psychosis (NCAP). The team have successfully developed the “at risk mental state” (ARMS) service and are now proactively working to prevent psychosis developing. The evidence shows that if we provide evidence based interventions for those at ultra-high risk of developing a psychosis, we can prevent them from developing psychosis if there is early intervention which provides the best possible longer term prognosis for the individual.

Due to the geographical area of Staffordshire and the Staffordshire Moorlands it was identified that at times service users under CAMHS and older person community mental health teams can have significant travel times to attend appointments. The Ashcombe CMHT have worked collaboratively with teams and now provide appointments in appropriate clinical space enabling service users of all ages to be seen within their own locality, improving ease of access to support.

Lymebrook CMHT continue to provide evidence based access to physical health monitoring, they have expanded the Advanced Nurse Practitioner workforce and improved physical health pathways introducing dedicated medication monitoring clinics.

North Staffs CAMHS have been able to further develop their Physical Health Clinic enabling the timely completion of physical observations. During these appointments advice is also offered around healthy eating, meal plans and exercise that young people and parents have found extremely beneficial. The team have also appointed their first Apprentice Social Worker Student and are supporting the placements of others onto the programme. Having students from a variety of disciplines supports the learning environment and holistic approach to assessment and intervention.

The Specialist Adult Eating Disorder Service (SAEDS) team has reached its first birthday. During the 2021/22 they have developed staff to deliver NICE concordant evidence based care to clients as well as a strong transition pathway to ensure a seamless transition between our youth and adult teams. They have developed and delivered eating disorder awareness training and are piloting carer packages via the VCSE.

CYP eating disorders have successfully recruited to new vacancies identified and upskilled staff to meet the growing demand for the service and expand the service offer in order to include those with an Avoidant Restrictive Food Intake Disorder (ARFID) diagnosis and ensure we continue to provide NICE concordant evidence based interventions.

The Step On service continues to go from strength to strength, working collaboratively with MPFT to provide a Staffordshire wide service. Step On epitomises the values of lived experience and recovery and has presented in multiple forums to demonstrate this including the National Occupational

Therapy Show, to the Trust Board and to the People, Culture and Development committee. The team have successfully supported over 200 secondary care service users into work, enhancing their quality of life and recovery journey.

We have expanded the workforce in our older adult service in order to strengthen our physical health offer and SMI physical health clinics are now embedded into practice. The team manager represents older adults as a group who may experience health inequalities to support recognising and meeting the needs of older adults.

The newly formed CASTT service (Community Assessment Stabilisation & Treatment Team) was launched on the 1<sup>st</sup> February 2021 and offers a pan trust service to those service users that are diagnosed with a personality disorder. The NHS Community Mental Health framework refers to the delivery of care to those individuals diagnosed with a personality disorder to include the provision of intensive and assertive support, long term care, and support for those who may be at risk of exclusion from their community. The team have implemented the Structured Clinical Management model and Specialist Psychological Therapy in the form of Mentalised Based Therapy (MBT), a type of long-term psychotherapy.

## **Specialist Services**

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

There are two key organising principles for the Directorate: To manage contracts where services are provided outside the Trust and to seek opportunities to bid for new contracts as tendered.

NSCHT are the lead providers of the Stoke Community Drug and Alcohol Service (CDAS), working in partnership with two independent sector organisations, We Are With You, a national provider, and BAC O'Connor, a local provider of substance misuse services and psychosocial interventions. The Trust supported this partnership in applying for a national scheme offering capital investment to improve services. The successful bid has resulted in a new facility being developed within Hanley Town Centre. The new premises at Birch Terrace is aimed at helping people with alcohol use issues. Service user feedback has indicated this new facility is very much welcomed and provides a safe environment enabling 1-1 support to those directly affected by alcohol misuse. The newly refurbished site saw a visit by the Chief Medical Officer for England, Chris Whitty, who was impressed at the functionality of this service in providing bespoke provision to a target population within the Stoke on Trent locality.



Over the last 12 months Substance Misuse has seen financial investment into varying disciplines within the sector. The Dame Carol Black review secured the promise of over £80 million funding nationally. This was directly aimed at improving access to service and treatments for those individuals who fall within the realm of addiction. There have been several caveats to the funding spend, but none the less it has been welcomed in all areas, with a particular focus on detox and rehabilitation. Further funding streams from the 10 year strategy bill have allowed for new teams to be developed within CDAS with a focus on the rough sleeper's element of the system, providing flexibility and improvement in accessing services for those hard to reach. This latest development is still within the development stage and recruitment into varying posts are still to be finalised.

It's safe to say, that the investment into substance misuse, will in time provide visible improvements across the board in terms of stability, for the long term drug user with the ability to now offer improved access to a range of specialist services, ranging from housing support to physical health treatment as well as the improved transition in accessing mental health with the employment of a Community Mental Health Link nurse, bridging that gap from community to CMHT services.

The Edward Myers Unit (EMU) has very recently become part of the West Midlands Framework, sitting within a consortium of 15 other providers of medically managed and medically monitored detoxification units. Those requiring a detoxification of opiates or alcohol now have a plethora of choice of where they would like to go to receive their treatment. EMU has seen a diverse influx of patients received from all areas of the country as far south as London, choosing NSCHT's very own unit to start their journey into recovery due to the complexity of care and specialism of service provision that the unit can offer.

The changes and developments seen across the substance misuse services is a reflection of the continued dedication and growth of the teams and will no doubt continue to flourish.



Learning Disabilities Services consist of a 6 bed inpatient adult unit, a children and young person's short breaks service, and community services which support both children and adults. The services use an integrated approach to provide a step up and step down service to our clients, with an emphasis on supporting clients in the community, as opposed to inpatient settings. Our short breaks service offers crucial support to families to prevent family breakdown.

During the pandemic we have continued to drive transformation, and recently on-boarded our early adopter pilot. This service addresses the long term plan, in providing a keyworker for children and young people with learning disabilities and autism. Referrals come directly from the Dynamic Support Register (DSR). This is a local all age register for children, young people and adults with learning disabilities and or autism. It identifies where increased awareness and improved planning is required for those at high risk of placement breakdown or hospital admission. We have a distinct Key Worker Team that supports children and young people age 0-25 who are identified on the Dynamic Support Register

Our relocated Intensive Support Team, and Community Learning Disabilities Teams (County and Stoke on Trent) continue to align their offer to keep clients safe and supported in the community. During the pandemic these teams have managed an increased level of acuity and risk. The teams have adapted approaches initially to bring about Covid Safe spaces to ensure business continuity. We are currently progressing back to face to face delivery and building on a more agile mind-set.

Community Learning Disability CAMHS service offers assessment and pathways to our moderate to severe learning disabled children and young people. We recently innovated to address a shortfall in our psychology offer by supporting a nurse through the Children's and Young Person's IAPT (improving access to psychological therapies) mental health training. On completion of this course she will support our young people with common mental health difficulties. We acknowledge a further gap in physical health and strive to offer solutions to bridge this.

The Assessment and Treatment Unit have worked tirelessly to offer safe and effective care for our very complex clients on the unit. Our focus in the spring is to review the staffing and environment to highlight key transformation recommendations that will impact on morale and culture. We are due to welcome our new Ward Manager to the unit who we know will bring new enthusiasm.

We have also brought into our teams a Forensic Liaison role to work with our clients with forensic needs and an ASD (Autism) Liaison role to advocate on reasonable adjustments for clients with LD and ASD. Our Acute Liaison work continues to provide an invaluable service advising on reasonable adjustments for clients using the services of UHNM.

We also embedded a Clinical Lead across LD services, this role focuses on driving up standards, supporting our medical and clinical structures, identifying service improvements, and completing and embedding pathways.

Learning disability services continue to develop to accommodate new legislation, guidance and standards. The teams and senior staff are committed to delivering high quality services underpinned by the Trust vision and values.

The Children, Young People intensive support Hub (CYP ISH), have been operating since April 2021, and support young people from the age of 12-18 a new initiative funded by local CCGs. The Team consists of a Service Manager, Qualified Nurses, Healthcare Support Workers, Psychologist, Occupational Therapist, Youth Worker and Social Worker. The CYP ISH Team are dedicated to provide assessments and treatment to young people accessing Community Child and Adolescent Mental Health Services (CAMHS). The CYP ISH Team work closely with Care-coordinators, children and their families to develop therapeutic interventions to prevent young people from being admitted into an inpatient bed, the Team also supports young people already in an inpatient unit during home leave and upon discharge to ensure they and their families receive evidence based effective intensive support. The service operates 7 days a week from 8am to 8pm. The CYP ISH Team work alongside the Darwin Centre who are responsible for the gatekeeping and the bed management for general adolescent beds within our region. This provides the opportunity for the CYP ISH to review referrals for possible Tier 4 admissions and offer an alternative to a hospital admission.

Neuropsychiatry Services have continued to integrate inpatient and community services to ensure a consistent approach developing shared roles in addition to medics we now have Occupational Therapists, Neuropsychologists and Clinical Nurses working across both areas.

Psychology Services hold numerous contracts with other NHS providers, e.g. UHNM, MPFT, CCGs and with probation services to provide highly specialist psychology services for people outside the direct care of mental health services. All contracts have once again been successfully secured, with additional contracts being agreed in the last few months. We continue to provide Senior Psychology support to the Post COVID-19 Assessment Clinics that operate as a single point of contact for anyone suffering with symptoms 12 weeks or more after experiencing COVID-19. In addition we now provide Neuropsychology to those requiring on going assessment and treatment related to "Long COVID" who have ongoing issues with memory, concentration, anxiety and mood as well as physical symptoms of fatigue and breathlessness.

The Adult Mental Health Rehabilitation services continue to develop now offering an inpatient community unit, a supported housing unit and a Community Rehabilitation Team. There is now greater opportunities for service users who require ongoing rehabilitation to be supported on their recovery journey in a setting that is best suited to them including in their own homes. The Community Team have also been supporting service user who are returning from out of area placements moving back to their local community. The team will further evolve along with the NHS 5 year plan where local discussions are centred on developing more intensive community support alongside the Community Mental Health Teams.

From 1 April 2021, the Specialist Directorate took over commissioning responsibilities for two services; complex mental health and the Transforming Care Programme which looks after people with a Learning Disability and/or Autism. These services were previously commissioned by the CCGs across Stoke on Trent and Staffordshire. People in these cohorts require highly complex care packages and are generally placed with independent sector providers, either locally or out of area. Though relatively small in number, under 200 people across both cohorts, many have high levels of need and complex care requirements.

With direct responsibility for commissioning now placed with the Trust; opportunities now exist to demonstrably improve care and safety and to reduce the reliance on out of area placements by investing in new services or strengthening existing services to cater for the needs of this group of people.

On behalf of NHS England (Midlands), the Transforming Care Programme team have piloted a 'Safe and Well' review process for those receiving hospital treatment, which is designed to collate information from a variety of sources and provide a clear picture of the quality and safety of care and treatment provided and the experience of the service user and their families, carers and advocates. The pilot has been very successful and is to be rolled out across the Midlands.

An external review of opportunities to develop or strengthen local services, which includes working in partnership with the local authority, private and voluntary sectors, will conclude in 2022. The review will provide recommendations that inform future plans to increase local service provision that better meet the needs of this population and in doing so, will reduce the reliance on out of area admissions.

The COVID-19 Pandemic continued to create significant challenges to our services in both inpatient and community areas. The workforce continue to adapt to the situation and have imbedded new ways of working into their model of care delivery including video conferencing, which alongside face to face appointments will be part of the offer to service users as an alternative.

## **Acute and Urgent Care**

Our Home Treatment team are currently working through the HTAS accreditation and developing a document to capture all the evidence required to help achieve this accreditation and showcase the great work completed by the team.

The All Age Access team continue to work with our system partners in enacting the Long term Plan (NHS 2019) which seeks to ensure 24/7 access for service users in crisis and closer alignment to the 111 service to support the local population of Stoke on Trent and North Staffordshire. The Rough Sleepers initiative within the Crisis Care Centre has sought to align to wider system partners including the Homeless Hub and has also been integral in developing our in house pathways across directorates to ensure robust and sustainable

support in order to meet the varying challenges experienced for our multiple disadvantaged patients.

All Age Access CAMHS work stream has also gained new investment to support the development of the CAMHS crisis and single point of access service, in conjunction with Changes (system partners). This will see the recruitment and expansion of the workforce to support the referral process, navigation support and low intensity interventions. A QI project has also been undertaken to review the pathway within CAMHS crisis/single point of access service in order to review efficiency, purpose, flow and improve outcomes in relation to waiting time standards. The QI project has enabled a refocus of the service delivery pathway, patient flow needs and a subsequent improvement in waiting time standards which has improved access to required services. The new online referral portal is in its final stages of preparation for a go live date in 2022; this will enable all incoming referrals to be managed electronically through one portal. This will improve the collation of referral information and help to identify the service that they require as well as streamlining the process via one access point.

The High Volume Users (HVV) team identified that due to a number of pressures within the Acute Trust there was a reducing trend of referrals into the service. The team completed a brief quality improvement project to review the current situation and identify potential challenges and remedies. The result has been improved patient experience and an enhanced profile for the service to assist with increasing uptake, improve wellbeing and avoid admissions for this patient group. The HVV completed a 'pilot' project which sought to enhance mental health support within the emergency portals of UHNM Royal Stoke rather than waiting for referrals being sent over via a data pull - an automated computer referral where data is sent without a request being made. The team maintained visibility in the Emergency Department (ED) and offered support / education to the wider team; again raising the profile of the team. The pilot supported their ability to identify patients at source which has meant that patients have engaged whilst in ED rather than having to reply to letters and calls at a later date. The 1:1 contact at source has improved service user engagement which has led to a drastic reduction in "drop out" rate and improvement in referral numbers.

The Older Persons Inpatient wards have been involved in a number of QI projects including an early facilitated discharge/in reach project in partnership with the Outreach Team. This has resulted in the development of a 'Welcome Pack' for patients/families; support for patient wellbeing through 'keeping me well' sessions, overseen with support of the Psychology Team; this rolling programme of 10 sessions includes sleep hygiene, breathing techniques, relaxation, recognising emotions and posture.

Ward 2 developed a Recovery Booklet is a service user coproduced document; it was originally designed in 2020 and shortlisted for Nursing Times Award 2021.

The Recovery Booklet is coproduced and owned by the patient and helps them to have full involvement in their care and recovery.

The Booklet is now embedded into ward practise and helps to facilitate a positive culture and recovery focussed model of care. It is an ever evolving document, individualised to changing patient groups and needs, service needs and national drivers and is evaluated frequently to ensure its relevance. However, the book has also allowed a change in culture and positive practices, which has grown into a concept that has empowered the team to translate ideas of recovery into the pathway of the service. It utilises the skills, resources and expertise of the whole team, the patients and carers to promote recovery, which can be challenging within acute mental health services. In the future the project will continue to grow and evolve and has been successfully embedded/adapted across the acute directorate and the wish is we can focus on moving the project forward to electronic/smart based version and rolling out across neighbouring services.



*Ward 2 nominated for Nursing Times Award*

Ward 4 were nominated for placement of the year via Keele University and have been working on a Falls Reduction Programme which has seen a significant reduction in falls over the past 7 months. Ward 6 have welcomed a new Ward Manager and won the Gold Award for their involvement in the implementation of RITA (Reminiscence Interactive Therapy Activity). Ward 7 have gained Royal College of Psychiatrists Accreditation, Quality Network for Older Adults Mental Health services.





*Ward 7 staff*

The ECT team gained ECT Accreditation Standards (ECTAS) and have continued to work with the ECTAS team to support sharing of wider good practice.



*ECT team members*

Within the adult acute inpatient settings (Wards 1, 2, 3 and PICU) the teams have had a real focus on supporting staff wellbeing and across the teams a number of events and initiatives have taken place and a number of ward 'stories' have been presented. The teams have continued to strive to deliver high quality care in very challenging circumstances including the impact of COVID-19. The adult inpatient areas have been involved in a number of QI projects which have seen direct improvements relating to patient care and service delivery.

### **Primary Care Directorate**

The Primary Care Directorate's Moorcroft and Moss Green practice received their first CQC visit in October 2021. The Directorate is very proud to have been awarded an overall rating "Good" and has achieved "Outstanding" in the domain of well led. This is a fantastic achievement for the service and a reflection of the

commitment and hard work of the entire primary care team. The positive culture and innovative approach by the service was noted by the CQC.

The Directorate is also pleased to announce the integration of Holmcroft Surgery which took place in January 2022. The service welcomes a team of 34 members, including clinical and non-clinical staff, who provide general practice services to a population of 10,000 patients within the Stafford area. The Directorate is currently working with the team to support the practice and develop service improvements, including the implementation of the Directorate's clinical model.

The Primary Care Directorate is proud of the services it offers and continued to offer throughout the COVID-19 pandemic, ensuring a responsive approach and a continued expanded mix of face to face and remote appointments to meet the clinical needs of patients. The Directorate has had a strong focus on the restoration of services at the Moss Green site, with the move of vaccinations from the practice to the Staffordshire University vaccination site. The Directorate is very fortunate to have an external Portakabin (sourced by the Trust), so are easily able to see suspected COVID-19 cases in this building, thus negating the exposure to other patients and staff.

The team has adopted an agile approach to providing care including on-site and remote working which has ensured resilience and business continuity within the directorate and are extremely proud that sickness levels remain amongst the lowest in the Trust. Agile working is something that the team is keen to continue to implement, recognising the benefits of this for both the recruitment and retention of staff.

During 2021/22, the Primary Care Directorate has continued to support the Trust response to the COVID-19 pandemic, including COVID-19 vaccination planning and delivery for both staff and patients. The Directorate have worked closely with Trust inpatient services to ensure that the Joint Committee on Vaccination and Immunisation (JCVI) priority groups have been vaccinated as effectively and as efficiently as possible. The Directorate have also provided vaccinations and vaccination support to Trust staff.

As part of their Primary Care Network, the Directorate has continued to support the Staffordshire and Stoke-on-Trent COVID-19 vaccination programme, including the roll out of COVID-19 booster vaccinations and the vaccination of housebound patients. In addition to COVID-19 vaccinations, a successful flu vaccination campaign was also undertaken by the service during 2021/22 for an increased eligible patient cohort.

The Directorate recognises that there is an increased telephone demand as General Practice moves to a more remote way of working and which is reflected in national patient satisfaction survey results. In response to this, the Directorate has implemented an action plan around telephone satisfaction improvements. The service monitors and evaluates call volumes on a weekly basis to identify

trends and to continue to develop service improvements in collaboration with the telephony teams.

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

General Practices are remunerated for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. This is monitored via a system called the Quality and Outcomes Framework (QOF). Although elements of the QOF remained paused during 2021/22 with protected income, the Directorate opted to continue with most elements, providing assurances that care continued to be of the highest standard. Each patient who is identified as a member of our frail elderly population has continued to receive regular reviews and an updated care plan. Where patients are unable to attend the practice, this has been undertaken by our Urgent Care Practitioners Team who have provided routine community home visits. In addition, our nursing team have continued utilise innovative and effective ways of reaching patients remotely, ensuring that long term conditions were both monitored and managed.

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

The Directorate continues to recruit to key posts within the team and have successfully recruited three Salaried GP members within a challenged workforce environment and who will commence in post in spring 2022. The clinical lead (with oversight from the Clinical Director) has implemented a competency framework for all Advanced Clinical Practitioners and regular protected learning afternoons take place for ANPs and AHPs as well as the Practice Nurse team, providing assurances both to the directorate and wider organisation that care is of the highest standard.

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

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC) and continues to maintain the overall "Outstanding" rating from the CQC. The Trust had the CQC Transitional Monitoring Approach (TMA) call on the 10th February 2021. We are delighted to have received positive verbal feedback however the CQC currently do not publish the outcome of the TMA calls. In the absence of routine CQC inspections the trust continued to meet with CQC for regular engagement meetings.

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

The CQC highlighted:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was a demonstrated commitment to best practice performance and risk management systems and processes.
- Leaders were dedicated to reducing risk and protecting patients from harm, the service had made the decision to appoint external consultants to ensure the service was as safe as it could be
- Practice leaders were innovative and openly shared with others.
- Staff views and suggestions were actively used to make improvements to services within the practice.

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

#### Summary Rating Table:

##### Are services

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

#### Detailed Rating Table:

### Ratings for mental health services

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

### Ratings for Primary Medical Services

#### Primary medical services

Good	Good	Good	Good	Outstanding	Good
Nov 2021	Nov 2021	Nov 2021	Nov 2021	Nov 2021	Nov 2021

### Comparison Table – 2015 to 2019:

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

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

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

## 1.8 Building Capacity and Capability

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

- David Rogers was extended as Trust Chairman until April 2023
- Dr Buki Adeyemo became Interim CEO in December 2021
- Ben Richards was appointed as Executive Director of Operations
- Dennis Okolo was appointed as the Interim Executive Medical Director
- Patrick Sullivan was extended as Non-Executive Director / SID until December 2023
- Janet Dawson was extended as Non-Executive Director / Vice Chair until 2025
- Joan Walley was extended as Non-Executive Director until November 2023
- Russell Andrews was extended as Non-Executive Director until 2023



- Philip Jones was extended as a Non-Executive Director until 2023
- Toyin Higgs is shadowing the Board as part of the NHSI NeXT Director Scheme

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

## 1.9 Our People

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

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

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

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

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

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

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

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

We employ an average of 1,414 permanently employed (WTE) staff; with the majority providing professional healthcare directly to our service users. We also have an active staff bank supporting our substantive workforce. We have continued to strengthen our Temporary Staffing function to allow greater provision and flexibility, making it more adaptive to service needs and removing, wherever possible, the need for agency provision.

### **Staff Engagement:**

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

- Health and wellbeing days provided in the form of extra annual leave, thanking people for their outstanding hard work and service during the pandemic
- Health and wellbeing vouchers provided to all people, including people on the bank, thanking them for the care and compassion shown every day to the people of North Staffordshire during the pandemic
- Packages of thanks sent to staff working from home, including a message of thanks from our senior leaders, with stationary and chocolates included, to help make the working day a little easier and to show our appreciation for the ongoing hard work to ensure our services remain safe and efficient

- Building a '[Rainbow Suite](#)' during the pandemic to provide our people with a breakout space to relax and re-energise away from busy clinical work areas
- Providing regular thank you and appreciation messages with wellbeing packages to teams throughout the year, whilst still celebrating diversity and inclusion during calendar events such as Eid, Ramadan, Easter and Christmas bank holidays
- A key indicator of our success is our year-on-year improvement in our NHS Staff Survey Employee Engagement theme score. This has grown from a score of 6.7 in 2015 to 7.4 in 2020 (see Figure 1). An overview of our latest staff survey results (2021/22) is provided later in this report.

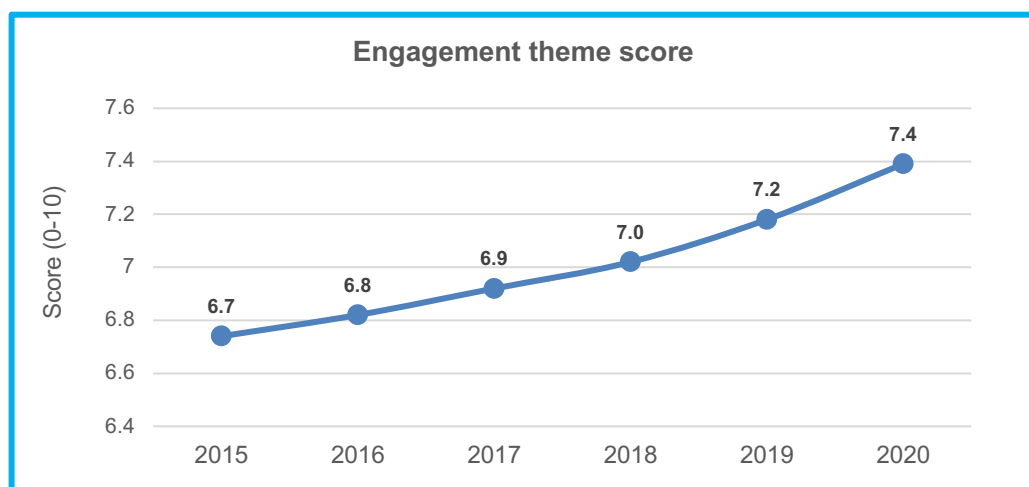


Figure 1 – NHS Staff Survey engagement theme scores, North Staffordshire Combined.

During 2021/22 we invested significantly in listening to our staff. Employee engagement sessions were delivered to address queries and concerns, providing safe psychological spaces for staff to communicate informally with our Engagement Lead. Time was prioritised for our inpatient areas, communicating with frontline staff who often have limited opportunity to read online communication.

Our staff survey results were followed up with staff survey action events, designed to encourage teams to take ownership of their results, to motivate services to improve collaboration with their teams, and to create bespoke changes to meet individual needs.

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

### **Health and Wellbeing:**

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

Our approach to supporting staff has been:

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

Through this approach we are constantly adapting and targeting support to the current needs of our staff and by focussing on self-care and self-help, we are aiming to reduce the longer-term psychological impacts on staff, reducing the number of staff requiring high intensive psychological support in the future.

We are continuing to create a psychologically safe and wellbeing-focussed culture for our workforce which will adapt to the needs of our staff.

### **Leading with Compassion:**

Our compassion scheme enables staff, patients, carers and relatives to recognise when they believe someone has demonstrated an act of compassion. We continue to promote and encourage the use of this scheme as part of our Induction welcome with all newly recruited staff. The scheme has proved to continue to be a successful measure for adding a level of personal value to, and for each other. This year, between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022, we have received 127 nominations from our clinical and non-clinical teams. Our scheme continues to be in demand for future implementation into the forthcoming year.

### **Leadership Development:**

We have continued to work with our leaders via our Leadership Academy, with a programme of events focussing on key strategic topics aligned to our Board Development Programme alongside an element of Continuing Professional Development within each Leadership Academy.

We have launched the West Midlands Coaching and Mentoring pool utilising diverse experiences and backgrounds of coaches in partnership with other system stakeholder groups. This enable our people to get either an internal or external coach to support their development goals. Additionally, we have developed a suite of courses to support our managers and leaders to have coaching conversations and have more planned to be delivered through our Coaching Culture Platform which is embedded in our LMS. Coaches are supported in the Trust to have regular CPD and supervision through the pool, to ensure quality and development. As a Trust we are committed to supporting

our people's development through coaching and mentoring through the training of new coaches and support of the Combined Coaching Commitment.

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

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

We have successfully held leadership training programme for our Band 5/6 staff, with a focus on understanding and developing personal leadership and the opportunity to reflect on leading Quality Improvement initiative.

### **Recruitment and Retention:**

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

During 2021/22 we have significantly improved the time taken to recruit new staff by fully embracing digital methods, Assessment Centres and by undertaking a number of national recruitment campaigns for both Nursing and Medical Consultant posts.

In 2022/23 we will also be exploring overseas recruitment for a Nursing Cohort in partnership with the Shrewsbury and Telford NHS Trust.

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

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

In terms of Retention, following on the NHSI Retention Scheme we have continued to implement a number of strategies to retain our workforce, including flexible retirement, embracing agile working, improving our people practices by adopting just and learning culture practices, providing greater opportunities for

retire and return opportunities, significantly growing our apprenticeship offer and talent management approach, and also improving our leadership development offer.

### **Learning Management:**

Our Learning Management System (LMS), which was launched in 2017, is now integrated with E-Learning for Health, which gives us access to over 600 validated e-packages, allowing flexibility and adaptability to respond to learning needs as they arise. In 2020, we launched a new chapter specifically to support the Health & Wellbeing offer; this has been especially valued, supporting our people both professionally and personally through the challenges 2020 has afforded us. Additionally, we have added to our traditional delivery methods of face-to-face sessions and eLearning packages, a third extremely successful delivery method of virtual delivery through MS Teams and Zoom. This has enabled people to join interactive sessions delivered both internally and externally, enabling access to expert specialist subjects from across the world. 2021 saw more focus on e-learning and more investment into restructuring the way training is delivered. The transformation of learning into the digital world has opened up more opportunities for development due to improved accessibility.

### **Work Experience:**

Due to COVID-19, all face-to-face work experience opportunities across the system were stood down. Keen to get on the roadmap back to “normality”, we plan to provide virtual work experience opportunities and explore new ways of securing the future of the NHS workforce. Colleagues from Midlands Partnership Foundation NHS Trust (MPFT), North Staffordshire Combined Healthcare NHS Trust (NSCHT) and University Hospitals North Midlands (UHNH) have worked collaboratively to provide a virtual work experience that showcased the system career opportunities to schools across all localities. This fabulous opportunity for system working has now come to fruition. In February 2022 a system wide “Work Experience” week was attended by over 250 students from schools/colleges across Stoke and Staffordshire. The week consisted of webinars, question and answer sessions, meet the mentor and online audio and video content about roles across our local authority and NHS providers.

### **Apprenticeships and New Roles:**

In 2021/22 we continued to recruit to new apprentice positions and expand the range of apprenticeships on offer to existing staff, enabling them to progress within their careers. We have exceeded our Public Sector apprenticeship target for the second year in a row and continue to be in a strong position to spend our apprenticeship levy. Following the success of our first Registered Nurse Degree cohorts, we have had a further business case approved for an additional 20 apprentice nurses, with 5 commencing the BSc 3 year pathway in February and a further 15 planned to commence a 2 year MSc pathway in

September. We have developed our first Social Worker Degree apprenticeships, with 5 commencing in January. We have also made strides towards the implementation of our first OT apprenticeships and are aiming for 4 apprentices to commence in September. We continue to participate in the ICS Health and Social Care rotational apprenticeship programme, with our first HCSW apprentice commencing in January in our Learning Disabilities services as part of this scheme.

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

### **Staff Awards:**

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

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

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

### **Listening to Staff, including Freedom to Speak Up:**

We continue to have well established platforms for listening and responding to staff.

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



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

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

Following feedback from Chief Executive led engagement sessions regarding our Speak up Culture, we have successfully recruited into a dedicated FTSU Guardian post, which is a suitably senior role and allowing greater focus on the proactive support and cultural developments required to ensure we have the very best Speak up culture at Combined.

### **Staff Survey:**

A detailed analysis of the national NHS Staff Survey data confirmed Combined Healthcare is the best rated Trust in the entire NHS.

We were delighted that this year, more of our staff responded to the survey than at any time in our history. It's great that so many of our people feel willing, able and enthusiastic to tell us their experience and their views.

This year, the centrepiece of the staff survey was a series of questions asking all NHS staff across the country how their Trust is performing against the 7 promises and 2 themes in the national NHS People Promise.

Across those crucial promises and themes in the NHS People Promise – to coin a phrase – Combined Healthcare is “simply the best”.

- Combined is the number one, best performing Trust out of all 217 Trusts in the NHS Staff Survey. That's ALL NHS Trusts – not just mental health trusts.
- We are the best performing Trust in the entire NHS for recognition and reward.
- We are the best performing Trust in the entire NHS for flexible working.
- We are the best performing Trust in the entire NHS for staff saying “We are a team”
- We are in the Top 2 Trusts in the entire NHS for staff saying they have a voice that counts.
- We are in the Top 2 Trusts in the entire NHS for staff saying “We are always learning”
- We are in the Top 2 Trusts in the entire NHS for staff morale

- We are in the Top 3 Trusts in the entire NHS for compassion and inclusion
- We are in the Top 4 Trusts in the entire NHS for staff saying “we feel safe and healthy.”

These are quite incredible results and a real tribute to all of our people. And in particular how they all treat each other as colleagues and managers.

We could not have been prouder to be able to congratulate and thank them all on what they have told us.

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

As we celebrated our amazing overall achievement, we reassured all of our people that we will be studying those detailed results. Listening to everything we have been told and producing a Trust-wide action plan to address those areas where we need to do more. We were really pleased to see they have enabled their voice to be heard. And we promised to listen to you and will continue to support their wellbeing.

### **Health and Wellbeing:**

We have continued to use a 3-pronged approach to support the health and wellbeing of our people:

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

In addition, we have recognised the compassion, commitment and hard work of our people by providing a range of health and wellbeing offers as identified in the section of this report entitled “Staff Engagement”.

### **Diversity & Inclusion:**

Working to advance diversity and inclusion has continued to be a high priority for the Trust throughout the second year of COVID-19, despite the many and severe operational challenges the pandemic has imposed on our health and care systems and services. We have not relented in our pursuit of a more equitable and inclusive organisation, system and society, taking a high-profile and multifaceted approach as outlined below. We are extremely proud to have been recognised for excellence in our approach to growing workforce diversity and inclusion throughout this period, being credited with the following national

awards received during 2021-22. These awards recognise our unique approach and absolute commitment to the inclusion agenda.

- **Winner of the HPMa Mills and Reeve Award for Leading In Equality, Diversity and Inclusion 2021**
- **Finalist In the HSJ Staff Engagement Award 2021**
- **Finalist In the HSJ Workforce Race Equality Award 2020 (awarded In March 2021)**



Key to our approach has been pushing the boundaries on inclusion understanding through our Trust, local system and beyond. Our **Inclusion Schools** programme, on behalf of Staffordshire and Stoke-on-Trent Integrated Care System, has been pivotal in deepening understanding to influence and change behaviours through a 'show not tell' approach, based on powerful personal stories and conversation, reaching an ever growing multi-sector audience locally and nationally. Additionally, our **'Comfortable Being Uncomfortable with Race' cultural education programme**, also on behalf of our local ICS, has been challenging institutional and individual biases, micro-aggressions and incivility, and encouraging leaders to have challenging, culture changing conversations on race and difference. In a third key element, the Trust has worked hard to establish a fourth cohort local positive action development programme for aspirant leaders with ethnic diverse heritage from across the system. Hosted by the Trust, our **'New Futures'** works with an external provider with a track record of delivery on this type of learning to deliver a 5-day core programme to 34 individuals. The core programme is supplemented with a range of additional development offers, all geared at supporting participants to be 'ready now' when progression opportunities arise.

Our Trust Board continues to be diverse and strongly united around principles of diversity and inclusion. A number of our executive directors have spoken at online national events and conferences on inclusion-related topics, including our People Director and our Medical Director / currently Acting Chief Executive.

Our Inclusion Council, chaired by our CEO, works hard to ensure that we debate and develop in relation to a wide range of inclusion issues, and continues to seek out and apply the inclusion lessons from the COVID-19 pandemic to influence continued positive change, further 'upping our game' on inclusion. We have also continued to further develop, embed and extend the role, impact and reach of our Staff Networks at Trust and system levels, as well as contributing to national NHS Staff Networks.

We are proud that our clinical teams place diversity and inclusion firmly within their services and a number have taken exceptional steps to furthering this, including:

- Ensuring the availability of more accessible COVID-19 vaccination clinics for our local communities, including specifically catering for people with learning disabilities (in conjunction with system partners MPFT)
- Widening participation with local schools, to support growing our future healthcare workforce
- Embedding of annual health checks into the care of our service users with Severe Mental Illness (SMI)
- Working to improve access and engagement from expectant and new parents with diverse ethnic heritage into our pre- and post-partum mental health services
- Community engagement and consultation on health inequalities through Community Health teams and our Transformation team, in conjunction with system partners MPFT
- Four Experts by Experience posts established supporting for service users with learning disabilities into these paid roles with the Trust
- Paid Peer Support Worker roles established in a number of teams (service users into employment) – Step On, Early Intervention, CAST, CAMHS, and the Parent and Baby Unit teams (and Liaison and Diversion Service, hosted by Changes).
- Additionally, throughout 2021/22 our Step On team has supported 253 service users into a wide range of employer in the local area

In addition to these key elements, we are delighted to report the following progress through 2021/22, all despite the very significant operational pressures of the pandemic:

- Placing a strong emphasis on supporting inclusive workforce physical and psychological health and wellbeing throughout the ongoing pandemic, including launching a new Psychological Wellbeing Hub for the system, hosted by the Trust.
- Delivered throughout the year a celebratory and awareness-raising programme of diversity and inclusion-themed days, weeks and months, including representing the Trust at Stoke Pride, in a united effort together with local health and care system partners and delivering inclusion-themed Wellbeing Boxes to workforce teams across the Trust on several occasions through the year
- Begun our journey to being accredited and benchmarked under the Phase 2 of the NHS Rainbow Badge scheme
- Made measurable reductions in the known gaps in our workforce and service user equality data, particularly in relation to religion, disability and sexual orientation.
- Made significant progress in our Trust staff survey inclusion measures, including specifically on the race and disability measures in the

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), Including quarter by quarter improvements in our workforce representation in relation to ethnic diverse heritage and disability

- Continued with our High Potential Scheme, supporting the development of a diverse cohort of aspirant senior leaders through the first two cohorts of this flag-ship programme
- Developed a highly diverse team of executive directors who are well-informed and growing in confidence on inclusion matters and are engaged and Invested In Inclusion and the work of our staff networks
- Commenced implementation of an exciting new programme, **AccessAble**, to improve accessibility across our services to service users, carers and staff with a wide range of disabilities and neurodifference
- Won a £15K application for a WDES Innovation Fund Award to Improve Staff Retention with our Differently Abled Buddy Scheme proposal to better support new workers with disability, long-term health conditions and neurodifference to settle Into the organisation and to access reasonable adjustments and supportive equipment and facilities to assist them In becoming effective and empowered In their new roles

### Leadership and Development:

Working in partnership with our colleagues at UHNM we have:

- Co-produced and delivered a Leadership Development Programme. Two programme cohorts have been delivered, including a Gold and Platinum level, which will undoubtedly encourage greater system collaboration, great learning opportunities and improve outcomes for our service users.
- Our Leadership Academy has whenever possible continued to run, providing opportunity for our leaders to network and learn together. Supporting and shaping change through our collaborative approach
- Provided two cohorts of Quality Improvement and Leadership programmes for our nursing preceptees.

Research shows that Trusts with stronger engagement scores achieve better outcomes, in terms of the quality of patient care and staff experiences. We are incredibly proud as a Trust to celebrate the success of our improved year on year response rates. With the addition of a 4.8% increase in staff workforce during this last year, we achieved a **64.4%** response rate in 2021. This is an improvement of **3.7%** when compared to last year's response rates and should be recognised as a major success for our people recognising the importance of having their voices heard, despite the frequency of our people reporting feelings of fatigue and burn out due to the ongoing staffing issues, pressures and the Covid pandemic. When taking into account our workforce percentage increase, the above response rates improvement presents as an increase in staff survey uptake of **12.59%**.

The result is also commendable when compared to the overall response rates from all other organisations in the same comparator group who contracted with Quality Health. The overall response rate for this group was **47.1%**. North Staffordshire Combined **was by far the best in receiving our people voices and feedback, with a 17.3% improvement**, against such comparator groups.

Despite the ongoing constant pressures and challenges our people have admirably faced this year, our initial survey report is showing improvement.

The Staff Survey for 2021 will be aligned to the People Promise. The People Promise sets out in the words of our NHS people, the things that would most improve our working experience; such as health and wellbeing support, the opportunity to work flexibly, and to feel we all belong, whatever our background or our job. The People Promise is made up of 7 elements as indicated in Figure 2 below.

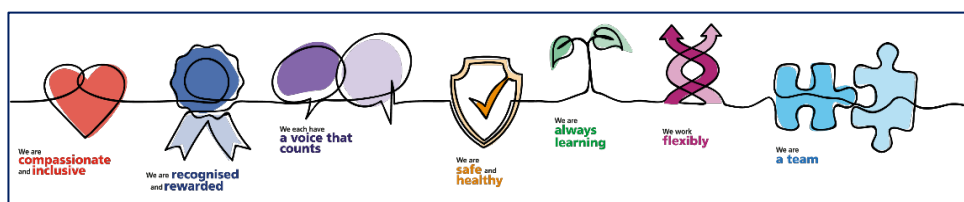


Figure 2. The People Promise Elements

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

## PART 2

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

#### 2.1 Engaging partners and stakeholders

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

We have continued to review areas for improvement via on-going development of comprehensive action plans. We will work in partnership with the CQC,

service users, carers and other key stakeholders to implement and sustain improvements and have therefore included partners in the development and publication of this Quality Account.

## 2.2 Quality planning, governance and quality improvement

The Quality Improvement (QI) team was created in October 2021 as a key enabler of the Trust's Quality Management approach. The Quality Improvement team uses a systematic evidence-based approach, using tools and techniques to improve the experience and outcomes for patients, service users, and carers. At Combined, we use QI to improve staff experience and enjoyment of our work by focusing on "what matters to you."

As a team, we aim to create an ethos where Quality Improvement becomes part of everyday life and gives the people closest to the issues affecting care the time, permission, skills, and resources to solve them, bringing about a measurable improvement.

Our three work streams contributing to the delivery of embedding a QI approach in our daily work are;

### Developing capability in Improvement skills

Our QI team has designed and initiated a comprehensive suite of learning opportunities for staff to understand and apply practical skills to Quality Improvement projects. We promote a QI approach not only to projects but also to our daily work. The QI Team's focus is to build the ability to understand problems before we act, set measurable aims, test on a small scale, and learn fast.

### Engaging and inspiring belief in QI

Looking forward, we will build on the success of the existing achievements by celebrating the learning from completed projects to ensure sustainability and spread using social media, film, websites, and podcasts. We proactively link with service users and underserved staff groups, promoting co-production, inclusion, and diversity. Our focus will continue to be on "what matters to you."

We will continue developing our relationships across our Integrated Care System, actively participating in the Continuous Quality Improvement Sub-Committee and designing the new QI Learning and Sharing QI Network with all system partners.

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

Moving forward, we will build upon new and current ideas, actively pursuing areas to add a QI approach to increase momentum and impact, e.g., Safe



Wards. We will continue to connect the QI approach to staff survey action plans, audits, and innovation throughout the Trust, linking QI projects with the key pieces of work, including staff well-being, retention, and recruitment. Our "what matters to you approach" will give our staff the permission and ability to resolve daily work issues locally, creating a continuous quality improvement culture and enabling our workforce to enjoy their work and thrive.

## 2.3 Statement of Assurance from the Board

### How progress will be measured and monitored:

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

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

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

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

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

### Measuring clinical performance:

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

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

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

## **Litigation cases for 2021 / 2022:**

### **Employee/Public Liability - Claims 2021/22**

Although the number of non-clinical claims remains low, five new claims have been received during this period, we have eight currently open which are ongoing. We have two ongoing claims where liability was initially repudiated but the claimant's solicitors are progressing these claims and one claim is in the process of being settled, this claim was due to go to trial in November 2021, however an agreement was made prior to the court date. No admission of liability and each party would pay their own costs. This would therefore mean the Trust paying the excess on the scheme of £10,000 as costs were considerably higher than that. Of the new claims, three claims relate to employee liability and two claims relate to public liability. We continue to work closely with NHS Resolution, to use the intelligence acquired from both internal and external cases, thereby ensuring quality improvements are made.

### **Clinical Claims 2021-2022**

Two new clinical claims have been received during this period following the conclusion of the inquest process for both cases. Both claims are in the early stages and both relate to clinical negligence. The Trust is being supported by NHS Resolution to work with the Claimants solicitors.

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

All Acute Wards, including the Psychiatric Intensive Care Unit (PICU) have commenced registration under the Royal College of Psychiatry (RCPSYCH) Quality Networks and Accreditation (QNWA) scheme. Full accreditation will remain pending until the completion of the ward environment works as part of Project Chrysalis. Our Electroconvulsive Therapy (ECT) Service has also completed the Electroconvulsive Therapy Accreditation Service (ECTAS) accreditation.

Our learning disability wards, the young people's wards, and older person's wards have begun the respective accreditation process. A Quality Network for Inpatient CAMHS Standards for Services (QNIC) peer review has been completed at Darwin and all accreditation standards have now been achieved therefore, they will move through the formal accreditation process in the coming six months. The Specialist Directorate are also planning to undertake the Accreditation process for Inpatient Mental Health Services (AIMS) at Summers View in the coming 12 months.

## **Learning lessons:**

2021/22 has been the 11<sup>th</sup> year the Patient and Organisational Safety Team has delivered Learning Lessons sessions and bulletins albeit virtually through MS Teams. These provide our staff with the opportunity to learn lessons from

incidents, complaints and also to share good practice. The sessions have continued to be offered on a monthly basis, and are well attended by clinical and non-clinical staff.

The Learning Lessons Framework is now well recognised, both internally and externally, and has assisted in supporting the 'Just Culture' agenda as well as playing a vital part in building a safety culture within the Trust. Learning Lessons aims to facilitate learning by promoting a fair, open, and just culture that abandons blame and promotes the belief that 'incidents cannot simply be linked to the actions of the individual healthcare staff involved but rather the system in which the individuals were working'. Looking at what was wrong in the system helps organisations to learn lessons that can prevent the incident recurring. In addition, Learning Lessons are not only focused on learning from adverse incidents and situations where things go wrong but also on exploring why things go right in everyday practice, on sharing what good practice looks like and on promoting the wider safety culture. This, in consequence enables staff to feel confident in highlighting when things have gone wrong and to share best practice.

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

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

## 2.4 Review of services

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

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

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

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

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

## 2.5 Participation in Clinical Audit

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

During 2021/22, nine national clinical audits, three national confidential enquiries, and one national review programme covered relevant health services, provided by the Trust and were collecting data.

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

- Prescribing Observatory for Mental Health (POMH) (2 topics)
- Learning Disabilities Mortality Review
- National Audit of Cardiovascular Disease Prevention
- National Audit of Care at the End of Life (NACEL)
- National Audit of Dementia: Spotlight Audit in Memory Services
- National Audit of Inpatient Falls (NAIF)
- National Core Diabetes Audit
- National Clinical Audit of Psychosis: EIP Spotlight Audit
- National Clinical Audit of Psychosis: Spotlight on Physical Health and Employment
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – Physical Health in Mental Health Hospitals
- NCEPOD – Transition from Child to Adult Health Services

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

Title	Number of cases required to be submitted	Number of cases submitted	Percentage of cases submitted
Prescribing for Substance Misuse: Alcohol detoxification (POMH Topic 14c)	No minimum number specified	49	NA

Prescribing for Depression in Adult Mental Health (POMH Topic 19b)	No minimum number specified	74	NA
National Audit of Inpatient Falls	All those meeting eligibility criteria (100% return)	1	100%
National Clinical Audit of Psychosis: EIP Spotlight Audit	100	100	100%
National Clinical Audit of Psychosis: Spotlight on physical health and employment	100	100	100%
National Audit of Care at the End of Life	All those meeting eligibility criteria (100% return)	4	100%
National Audit of Dementia: Spotlight audit in memory services	50	51	102% <sup>1</sup>
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	All those meeting eligibility criteria (100% return)	3	100% <sup>2</sup>
Learning Disability Mortality Review	All those meeting eligibility criteria (100% return)	13 <sup>3</sup>	100%
NCEPOD Physical Health in Mental Health Hospitals	5 clinician questionnaires	5 <sup>4</sup>	100%
NCEPOD Transition from Child to Adult Health Services	1 organisational questionnaire	1	100%
National Audit of Cardiovascular Disease Prevention	N/A – Data extracted automatically from the General Practice Extraction Service.		
National Core Diabetes Audit	N/A – Data extracted automatically from the General Practice Extraction Service.		

<sup>1</sup>A minimum of 50 case notes were required, with Trusts given the option to provide additional cases if they chose, up to a maximum of 100.

<sup>2</sup>A further notification was received on 16 March 2022 and was still under review at year end. This will be included in the 2022/23 figures.

<sup>3</sup>The number of eligible deaths reported and notified, for which local mortality reviews are undertaken. National LEDER reviews have also recommenced.

<sup>4</sup>Submission of all requested case note extracts and 3/5 clinician questionnaires was previously reported in the 2020/21 Quality Account, however the data collection period was extended due to the impact of the coronavirus pandemic and was ongoing at year end. The submission of all 5 clinician questionnaires is therefore confirmed as part of the 2021/22 Quality Account for clarity.

The reports of four national clinical audits were reviewed by the provider in 2021/22 and NSCHT intends to take the following actions to improve the quality of healthcare provided. Actions are monitored by the Trust's Clinical Effectiveness Group

#### **POMH 14c: Prescribing for Substance Misuse – Alcohol detoxification**

<b>Good Practice</b>	<b>Key Actions</b>
<ul style="list-style-type: none"> <li>• There was evidence that the decision to undertake alcohol detoxification was informed by a documented assessment of drinking history and a physical examination in 100% of cases.</li> <li>• Blood tests relevant to the identification of alcohol-related physical health problems were carried out during admission in 100% of cases.</li> <li>• Breath alcohol was measured as part of the initial assessment for alcohol detoxification for all cases identified from the Trust's specialist substance misuse ward.</li> <li>• Thiamine was prescribed parenterally in all cases identified from the Trust's specialist substance misuse ward.</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure that all adult mental health wards have access to a blood alcohol reader.</li> <li>• To highlight through training to adult mental health staff the need to prescribe thiamine parenterally.</li> <li>• To ensure that where referral to specialist alcohol services for continuing management does not take place, the reasons for this are recorded.</li> </ul>

#### **POMH 18b: Use of Clozapine**

<b>Good Practice</b>	<b>Key Actions</b>
<ul style="list-style-type: none"> <li>• Pre-Treatment screening included general physical examination and measures of blood pressure and pulse in all cases audited.</li> </ul>	<ul style="list-style-type: none"> <li>• To add the standard relating to discussion of off-label prescribing to the clozapine protocol, together with appropriate guidance.</li> <li>• To reiterate requirements in relation to physical health monitoring within the first two weeks of clozapine prescribing.</li> <li>• To develop processes for flagging change in smoking status to community teams on discharge.</li> <li>• To raise smoking cessation provision with the physical health group and CCG / IPC to identify any additional resources.</li> </ul>

### National Clinical Audit of Psychosis 2020-21: Focus on EIP services

Good Practice	Key Actions
<ul style="list-style-type: none"><li>• The service was benchmarked as “Top performing” for five standards, including service users with FEP being allocated to and engaged with a Care Coordinator within 2 weeks of referral, uptake of CBTp and uptake of family interventions.</li><li>• Uptake of family interventions had increased from 15% in 2019-20 to 34% in 2020-21.</li><li>• In 96% of cases, service users had received a full physical health assessment and any relevant interventions in the last year.</li></ul>	<ul style="list-style-type: none"><li>• To educate the team regarding necessary SNOMED codes in order to support improved data quality.</li><li>• To continue to develop a business intelligence tool to more accurately reflect performance internally.</li><li>• To continue proactive team engagement to embed use of outcome measures to inform support and interventions.</li><li>• To link in with CAMHS to identify opportunities for mutual training.</li><li>• To develop an offer of a tailored 1:1 lifestyle intervention for people prescribed clozapine.</li></ul>

### National Clinical Audit of Psychosis: Spotlight on physical health and employment

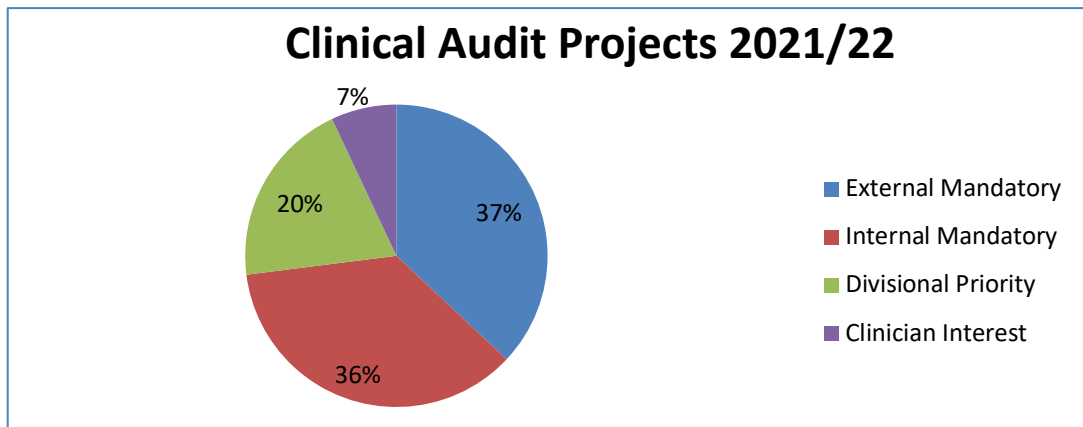
Good Practice	Key Actions
<ul style="list-style-type: none"><li>• Results showed performance above the national average in relation to monitoring for use of tobacco, use of alcohol and substance misuse.</li><li>• Family history of cardiovascular disease was recorded in 44% of cases, significantly above the national average of 27%.</li></ul>	<ul style="list-style-type: none"><li>• To review performance data relating to completion of family history information as part of the new physical health assessment tool.</li><li>• To promote the Step On service and referral process via Team Meetings and other mechanisms such as patient stories at Trust Board.</li><li>• To add information relating to Step On to the Digital Hub.</li></ul>

### Local clinical audit programme 2021/2022

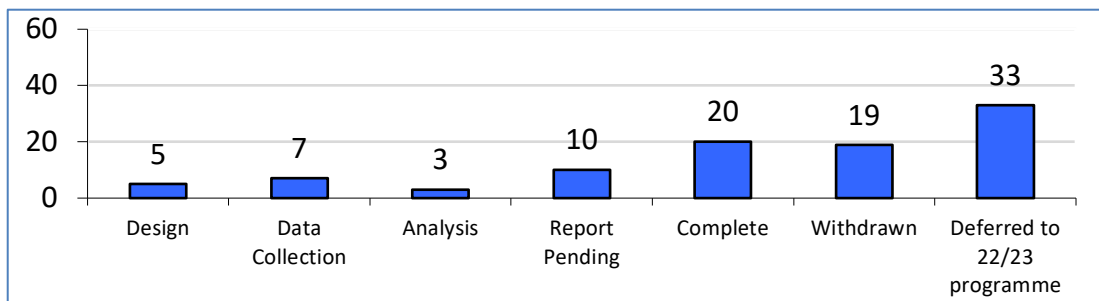
All projects on the clinical audit programme (with the exception of clinician interest projects), were facilitated by the Clinical Audit Team. The programme is split into four priority levels in line with national requirements / standards, including National Institute for Health and Clinical Excellence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

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





Of the 45 active projects undertaken by the Clinical Audit Department during 2021/22, 20 (44%) were completed. The graph below, outlines the 97 projects registered on the clinical audit programme for the period, and their status:



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

The reports of 100% of completed local clinical audits were reviewed by the provider in 2021/22 and NSCHT intends to take the following actions to improve the quality of healthcare provided:

**Areas for action include but are not limited to:**

- Communicate to Eating Disorder service staff that how services work together must be clearly documented in the care plan.
- Amendment of the Section 136 form to include the role of the doctor in the assessment.
- Development of a detailed leaflet of therapies available from the Eating Disorders service for distribution to service users.
- Inclusion of detailed information relating to the referral process for psychotherapy in the induction pack for trainee doctors.

- Signposting service users to PTSD related resources in the community while they are on the waiting list for therapy.
- Introduction of a neuropsychological assessment checklist to prompt adherence to standards.
- Completion of a patient rated outcome measure and clinician rated outcome measure at least twice during contact with the Home Treatment Team.
- Use of the Glasgow Antipsychotic Side-Effect Scale as an integral part of period physical health assessments undertaken by the Early Intervention Team.

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

## 2.6 Participation in Research, Development and Innovation

### Supporting Research, innovation and Evidence in Practice

During 2021/22 research, evidence and innovation continued to develop across the Trust, working to achieve the ambitions of our Research and Innovation strategy. 2022/21 saw a year of collaborations, working with our clinicians and clinical teams, to deliver and contribute to high-quality research studies within the Clinical Research Network West Midlands (CRN WM) and evidence practice through evaluations, service developments and improvements.

There were several key achievements during 2021/22 these included:

- Working with clinicians and clinical teams to deliver high-quality research and contribute to national studies;
- Working closely with our clinical and corporate teams to evidence practice through a number of evaluations such as; developments around physical health, mental health practitioner roles in primary care
- Optimising the use of Contact for Research in the Trust, increasing the number of service users asked about research;
- Hosting successful virtual events such as Innovation Nation 2021, Combined Collective, and a series of Lunch and Learn events.

### Research

#### Academic and publications

During 2021/22 two appointments; a Senior Clinical Lecturer and Clinical Lecturer were created to support our vision to develop our academic capabilities and capacity - linking in with Keele University. These roles will support future scoping and work towards our academic ambitions.

Several publications were shared in 2021/22, to note these included:

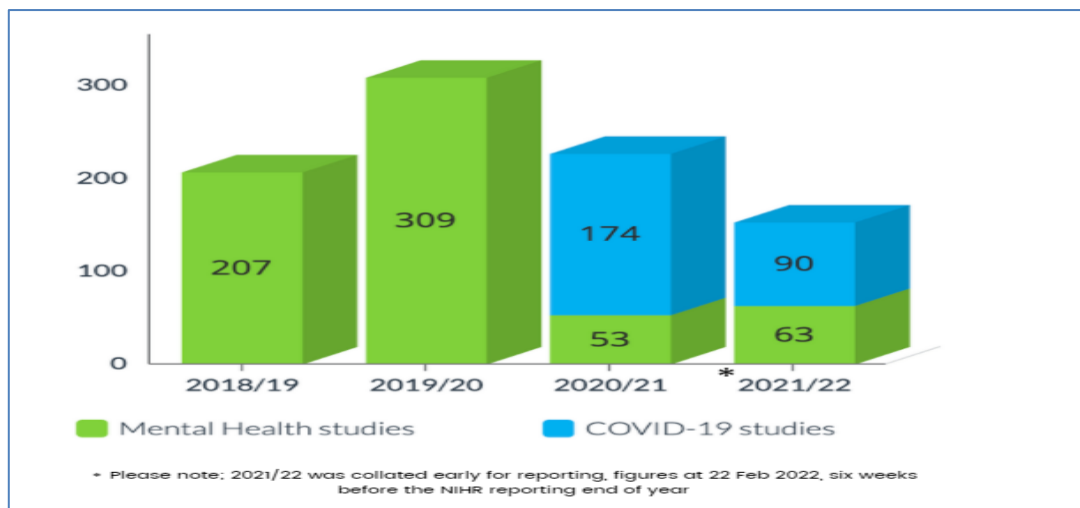
- Trends on referrals to liaison psychiatry teams from UK emergency departments for patients over 65 - Dr Rebecca Chubb (Wiley Online Library);
- Book: Helping your Child with Worry and Anxiety - Ann Cox, Consultant Nurse (Sheldon Press);
- Improving the quality of Neuropsychological assessment in practice: The development of a self-assessment audit tool - Lorraine King and Abigail Methley (Archives of Clinical Neuropsychology);
- An evaluation of intellectual disabilities intensive support team's interventions. – Jason Lines, Senior Clinical Psychologist, and Shaun Crank, Assistant Psychologist (International Journal of Positive Behavioural Support).

### Research Governance and Delivery

Supporting and ensuring successful delivery and setup of research in the Trust during 2021/22 remained a key priority. 2021/22 saw a gradual shift in focus, for R&D, from supporting Urgent Public Health (UPH) and COVID-19 related research to supporting the National Institute for Health Research (NIHR) managed research recovery framework, enabling rapid recovery of selected studies, and the return of research into other areas. The R&D team played an integral part in assuring local compliance and ensuring rapid assessment and recovery of selected studies in line with local, regional and national guidance, alongside providing valuable support around feasibilities, set up and delivery, for the return of research into other conditions.

During 2021/22 the Trust hosted 25 research studies (18 NIHR portfolio, and seven non-portfolio (four students) and recruited 153 participants - 90 related to UPH/COVID-19 studies (Figure 1). The reduction was due to a reduction in new studies, and reduction in COVID-19 database studies, which accounted for approximately 50% of recruitment during 2020/21.

**Figure 1. Overview of number of participants recruited to studies (2018 to 2022)**



In 2022/23 we plan to re-open for face-to-face research activity, resume student research activity, build on our recruitment targets to increase back to where we were pre-COVID-19, and develop our processes and expertise to work with Universities

The Trust met the set up target for all 11 research studies opened and met or exceeded recruitment targets in seven of the nine research studies closed during this period.

The number of staff acting as Principal Investigators slightly increased from 2020/21 by 20% from 10 to 12, with a further increase, 21%, in the number of staff completing Good Clinical Practice (GCP) training, the minimum training requirement for involvement in research.

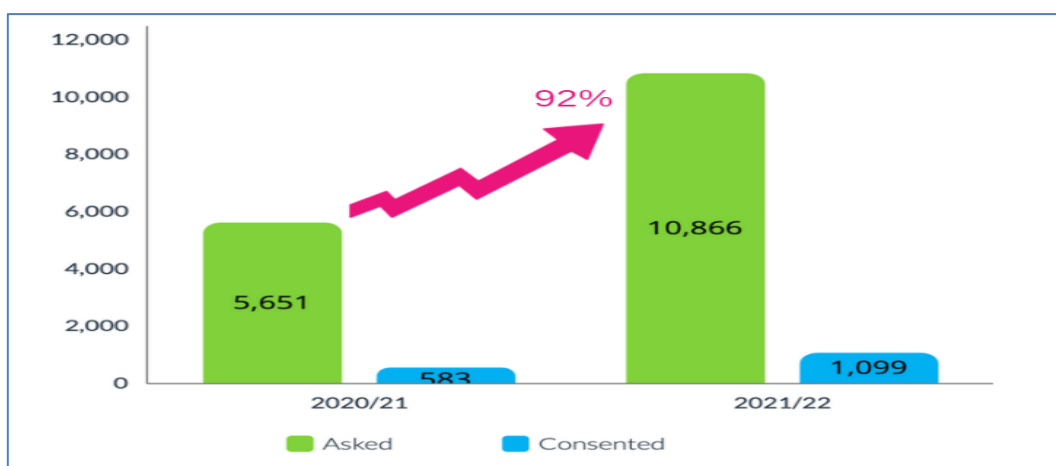
### **SPOTLIGHT RESEARCH STUDY: Child Anxiety Treatment in the context of COVID-19 (Co-CAT)**

Congratulations to the Children and Adolescent Mental Health Services (CAMHs) and School-based teams on reaching their recruitment target early for the Child Anxiety Treatment in the context of COVID-19 (CoCAT) study - a randomised controlled trial evaluating new online parenting interventions. The teams were involved with the identification and referral of participants and supporting families on the intervention. The teams worked hard during these challenging times to reach the site recruitment target ahead of schedule - eighth place, out of a total of 16 participating sites. Well done and our thanks to Dr Bindu Poornamodan, our local Principal Investigator, for leading on the research.

### **Contact for Research**

Over the last two years over 15,000 service users have been asked about research. Figures for Contact for Research in 2021/22 highlight that 10,866 people were asked to be contacted about research, an increase of 92% from 2020/21 figures (n= 5,651). Out of these, 1,099 (10%) gave consent to be contacted, a further 89% increase from 2020/21 (n=583) – with a monthly average of 110, up by 27% from 2020/21. These contacts are highlighted in Figure 2.

***Figure 2. Overview of number of people asked and consented to be contacted for research.***



Similar to 2020/21 it has been difficult to establish what impact this has had on recruitment due to ongoing limitations brought about by COVID-19. However, it is envisaged that face-to-face studies are due to resume in 2022/23.

Additionally, several projects are ongoing to ensure that Contact for Research continues to offer research opportunities for all and is as efficient as possible. Steps are being taken to establish a secure database for the storage of personal information of research participants outside of the Lorenzo system i.e. IAPT patients and family/carers of service users. After identifying a gap following requests such as family members to become involved in research, the R&D team has been working with Dedalus (who are a provider of healthcare software) and the Information Governance and Quality Improvement teams, to bring this initiative forward.

Furthermore, alongside our external database project, we have been seeking to develop a streamlined referral system. This is a system that would send an instant referral to the R&D team once a service user has given consent as part of their core assessment.

Following an extended period of scoping information about practice in other trusts and the formulation of a thorough literature review, the text messaging service pilot is being developed. It is again hoped that this will add to the efficiency of contact for research and make information more accessible for a wider audience, whilst improving response rates.

### Inspiring Innovative working

#### Innovation Nation

Innovation Nation is the Trust's yearly celebration of innovation, held since 2018. In 2021 Innovation Nation focused on the theme of joy, and how we can bring this to the workplace, spread joy through projects, and support wellbeing. The session was held virtually with a range of external and internal guest speakers, followed by a fantastic joy and happiness workshop, hosted by Creative Well Lives.

### **Innovation Projects**

Staff across the Trust were encouraged to explore new ways of working and thinking innovatively creating a wide range of projects and initiatives, to note these included but were not limited to:

- Piloting a six lead ECG machine; exploring the use of a remote six lead ECG machine and evaluate how well this was implemented into practice; Led by Dr Rebecca Chubb, Consultant Psychiatrist supported by R&D and Memory Services;
- Using YouTube to teach coping skills in acute Psychology. Led by Dr Rebecca Hutton, Principal Psychologist, Jessica Head, and Olivia Taylor, Assistant Psychologist;
- Snap Shot's initiatives; photo initiative developed during COVID-19 at a time when no visitors and/or relatives were allowed into the Harplands. Led by Steven Thompson, Activity Coordinator;
- Postcard Project; is a postcard for every month, for 12 months, that aims to support developing knowledge of physical health for mental health staff. Led by Dr Rebecca Chubb.
- An NHS First: Cognetivity Neurosciences works with Combined Healthcare to explore whether the ICA app was an acceptable clinical diagnostic tool within Memory Services. Led by Dr Rebecca Chubb, R&D and Memory Assessment Service.

### **Evidencing practice**

In 2021/22 the role of evaluation to support and evidence practice developed further, supporting changes to ways of working, improving care, and getting services to think about how they could be delivered in the future. Some examples of this to note include;

### **Developing an Evidence Platform**

New to 2021/22 was the development of the Evidence Platform; launched in August 2021. This connected platform aimed to support and guide our staff to develop, share, and showcase their evaluation, and improvement projects. Each page of the platform provides staff with information on how to develop their ideas, offering a space to share what they have done, gain support, and also find out more about what is going on across the Trust.

### **The Combined Collective**

Combined Collective forms one of the many platforms, the Trust supports to increase awareness and showcase fantastic developments and projects. May 2021 saw the first Combined Collective event held in the Trust - an informative session sharing and learning about projects in practice such as initiatives on the ward supporting families during COVID-19, developments to support recovery and outcomes, and actions from recent audits.

### **Projects**

Over the last 12 months, we have seen an increase in the number of requests for the R&D team to support staff to evidence practice and have led on several evaluations and service developments, which included, but were not limited to:

- Developing physical health roles on Ward 6 and 7; the project created insights into the needs of service users, training needs with staff, and explored how these roles could support and have a positive impact on future care;
- A review of the Mental Health Practitioners (MHP) role within Primary Care aimed to provide an overview of MHP processes across the 13 PCNs;
- Exploring GP's Perception of CAMHs; A GP feedback survey to help explore feedback about our new referral process and overall satisfaction with the CAMHs services;
- Development of the Community Mental Health Transformation Evaluation Framework; began scoping out a joint framework to deliver a three-year evaluation plan to explore service user, carers, staff, and stakeholder's views.

### Next Steps

2022/23 is exciting for research and evidence as we continue on our roadmap to achieving our Research and Innovation Strategy ambitions. We are committed to achieving our 2022/23 Board Assurance Framework (BAF) objectives and continue to be responsive and adapt to the needs of the Trust, our clinical teams and the CRN WM. 2022/23 will bring further opportunities to strengthen our relationships with both our clinical and corporate colleagues and externally with local organisations and Universities.

In 2022/23 we plan to re-open for face-to-face research activity, resume student research activity, build on our successes, and develop our processes and expertise to work with Universities.

The passion and drive to support and develop innovation will continue into 2022/23. Innovation platforms such as Innovation Nation, Lunch and Learn, and Combined Collective will continue to be delivered virtually, alongside new and exciting events such as the 2022 Dragons' Den relaunch.

## 2.7 Statement from the Care Quality Commission

### Registration:

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

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury



- Assessment or medical treatment for persons detained under the 1983 Mental Health Act
- Diagnostic and screening procedures
- Family planning
- Maternity and Midwifery services
- Surgical procedures

At the following locations:

- Lawton House (Trust Headquarters)
- Harplands Hospital
- Darwin Centre
- Dragon Square Community Unit
- Summers View
- Hilda Johnson House (formerly Florence House)
- Moorcroft Medical Centre
- Holmcroft Surgery

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

#### **CQC inspection:**

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

There have been no enforcement actions required by the Trust during 2021/22

The Trust has had three CQC Mental Health Act remote monitoring visits for PICU, Assessment and Treatment unit and Darwin ward.

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

The CQC has not required the Trust to participate in any special reviews nor investigations during 2021/2022

## **2.8 Statement on Data Quality**

### **Data Quality Maturity Index (DQMI)**

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

NHS Providers, and any third sector organisations providing secondary Mental Health services, are measured against a set of published key data elements.

Organisations can track their own performance against national, regional and individual providers.

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

As of March 2022 the Trust DQMI score was 97.8%, based on November 2021 data, against a National average of 79.9%, maintaining the Trust's position in the top 10 providers of Mental Health services in the country.

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

The Trust submitted records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, included in the latest published data.

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

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

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

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

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

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

### **Data Security and Protection Toolkit**

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

### **External Clinical Coding Audit**

In January 2022 the Trust was subject to the annual external clinical coding audit for 2021/22 by NHS Digital approved auditors. The results in the audit report for clinical coding (diagnosis and treatment) are:

- 92% Primary diagnosis correctly recorded
- 85.49% for Secondary diagnosis correctly recorded

The services reviewed in the sample were adult and older adult mental health. The Trust achieved and exceeded Data Security Standard 1 on Data Quality and achieved Data Security Standard 3 Training.

## Relevance of Data Quality

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

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

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

## Data Quality Metrics

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

## Action to Improve Data Quality

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

Other actions include:

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

## Data Quality Forum - Data issue management

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

The Data Quality Forum consists of representatives from corporate services and clinical directorates (data champions who take a leadership role in resolving data

integrity issues). The Forum is responsible for data issue management, and the process of reducing and removing barriers, that limit the effective use of data within the Trust. This includes identifying data quality issues, approving definitions, establishing quantification of issues, prioritising data quality problems, tracking progress, and ultimately resolving data quality issues.

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

### Data Quality Assurance Framework

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

- Oversight
- Process
- People
- Systems
- Measures

Within each theme, objectives are described, benefits associated with it, and current best practice such as:

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

dashboards. This enables improved identification of data quality issues, planning and prioritisation of actions and improvements.

Also included within each theme, is an Assurance Checklist to assist provider organisations to assess where they are in terms of data quality assurance and what gaps there might be, that the framework can help to support.

The Trust satisfies 22 out of the 25 measures included in Part 2 of the Data Quality Assurance checklist and is actively working towards compliance of the outstanding parts of the framework.

### Data Quality Internal Audit

An Internal Audit of the Trust's Data Quality processes was completed in Q1 2021 by KPMG, the Trust's internal auditors.

Our systems were assessed and awarded with *significant assurance with minor improvements*. Plans were already in place for most of these minor improvements, and the remaining improvements were incorporated into our processes within a few months.

The following statement from the KPMG Data Quality Audit summarises the main findings and provides assurance that our data quality processes are robust.

*We reviewed the Trust's data quality governance, structure and strategy through the overall governance arrangements in place relating to data quality. We have made an assessment of **significant assurance with minor improvement opportunities**. This means the system is generally well designed however minor improvements could be made and some exceptions in its operation have been identified.*

*We found that the Performance Team reported on key metrics and indicators; provided clear information to the Board and Senior Leadership teams; and achieved the external reporting NHS Data Quality Maturity Indicator (DQMI) target of 95%.*

*The Clinical Systems Team provide quick reference guides and real time assistance to the staff across the Trust to assist with data quality issues, especially concerning the Lorenzo system.*

Final review of the findings of the Data Quality Audit were completed and signed off in March 2022.

### Looking ahead

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

- Implementation of a new Data Warehouse in 2022/23

- Improved Snomed recording – to be able to report more effectively on diagnosis and clinical interventions
- Promotion of paired outcome measure to improve patient care - align to the CQUIN in 2022/23.
- Adherence to new Waiting Time standards from NHSE/NHSI.
- Supporting the Digital Aspirants programme in the Trust.
- Rolling out Performance clinics to improve data quality across all our Directorates

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

## **PART 3 - Looking Back – A review of our key priorities from last year's Quality Account and statements from key partners**

**This section is in two parts:**

**Section 3.1:** Reviews our performance and progress against key priorities defined in last year's Quality Account. CQUINS are reviewed, although these were suspended throughout the year due to the Coronavirus pandemic. You will also find additional detail relating to our Key Quality Priorities Achievements during 2021/2022. This section builds upon the information provided in sections 1.6 and 2.3 of the Quality Account and focusses on our continued Zero Suicide Ambition; Improvements in Physical Health Monitoring; Enhancing our Service User and Carer Involvement; Improving our Medicines Management; Reviewing our Models of Care and Pathways and strengthening our work around Diversity and Inclusion. These are followed by a number of additional quality improvements that we have achieved during 2021/2022.

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

### **CQUIN**

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

In line with the revised financial and contracting arrangements put in place during 2021/22 in response to the coronavirus pandemic, the operation of CQUINs was suspended throughout this time period. This meant that Trusts did not need to take action to implement CQUIN requirements, carry out CQUIN audits or submit CQUIN performance data, and block payments made to the Trust were deemed to include CQUIN. CQUINs are scheduled to recommence from April 2022 and preliminary work is ongoing to prepare for implementation.

### 3.1 Key Quality Priorities and Achievements 2021/2022

#### Priority: Zero Suicide Ambition Jackie W

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

Additionally we have:

- Continued our participation in the countywide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide
- Refreshed our Suicide Prevention Strategy, inviting people with a lived experience to participate in the development of the strategy
- In 2021/22, we introduced Connecting with People: suicide awareness and response modules, which is an evidence-based approach to suicide assessment and mitigation. This training is also being rolled out across the whole of the local healthcare system as part of a standardised approach to improving the care of people at risk of suicide.
- Continued to roll out environmental ligature improvements
- Received patient stories of hope in different media formats, to share the recovery messages at both our Quality Committee and Board
- Where possible, involved family/carers to ensure their views are incorporated into risk management plans, highlighting any protective factors these relationships provide
- Maintained an overarching database to develop closing the loop on all lessons learnt from SI investigations
- Embedded panel review methodology to improve our learning from serious incidents

#### Priority: Improved Physical Health Monitoring



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

**Outcome: During 2021/22 we developed a business case to better address the physical health needs for people with severe mental illness (SMI) and for older people; this is a priority in the NHS Long Term Plan (LTP) 2019 where we know that poor physical health is especially common in people with SMI, as is the risk of premature mortality.**

As part of the Trusts response to Staffordshire and Stoke-on-Trent Winter Plan 2020, the Physical Health Project aimed to:

- Improve the physical health of Trust's older patient cohort
- Improve patient flow and facilitate early discharge
- Prevent unnecessary attendances and transfers to University Hospital North Midlands (UHNM)
- Develop skills and confidence in managing physical health amongst the workforce

Early findings and engagement with clinicians and families and carers of service users demonstrated a significant positive impact in terms of patient journey and experience. Staff felt both better supported and equipped to deal competently with physical health conditions and the clinicians providing the project were able to offer ward staff support, mentoring and training. Above all, the project illustrated the increased need for the Trust to provide a better response to meeting the physical health needs of our patients.

Following project evaluation and a proof of concept presented to the Senior Leadership Team in May 2021 a project group was established comprising of clinical and corporate representation. Following a wider review which reflects the needs of all service users, a business case has been approved and which seeks to:

- Provide true parity of esteem in terms of physical and mental health care
- Improve patient outcomes
- Improve patient flow and early discharge
- Reduce unnecessary transfers to UHNM
- Support community based annual health checks
- Provide physical health trainers for employed staff
- Facilitate true integrated working

**Over the past year we have made progress in the following ways:**

- Continuing to increase the frequency of physical health monitoring within inpatient services, using the National Early Warning Score (NEWS2) in response to the ongoing COVID-19 pandemic

- The continued delivery of an enhanced Infection Prevention and Control (IPC) audit programme in response to COVID-19
- Continued delivery of an enhanced IPC and Physical health digital learning package for staff to support our response to COVID-19
- Securing funding to review and improve the existing smoking cessation offer to inpatients, with delivery taking place in 2022/23
- Working with colleagues from across the local system to enhance accessibility of cessation services for all service user groups
- Supporting the local COVID-19 vaccination programme with 45 trained vaccinators
- Delivering a successful COVID-19 vaccination programme with 91% of Trust staff receiving the vaccination.
- Achieving 100% compliance with Infection Prevention and Control (IPC) audits
- Achieving 90% IPC training compliance
- To support the timely and safe review of pathology results guidance has been shared across clinical teams, this has been complemented with improvements to sampling labelling processes

#### **Priority: Enhance Service User and Carer Involvement**

**Outcome: Establishing our Service User and Carer Engagement Strategy was a priority during 2021/22. The Strategy received approval from the Trust Board and will begin to develop through an operational group during 2022/23.**

**Outcome: Our virtual Service User and Carer Council meetings have continued throughout 2021/22. We have also maintained our virtual links with the Youth Council (hosted by CHANGES Staffordshire). We continued to have representation from service users and carers across a range of our business and activity; including interviewing new recruits and attendance at various committees, meetings and engagement forums.**

Additionally we have:

- Supported co-production within different aspects of service delivery including the Community Mental Health Framework Transformation program, where people who access services have been instrumental in service evaluations, procurements group and the delivery committee.
- Continued to recognise the huge value that volunteer peer mentors and peer support workers provide to the Trust and to people who use our services. The work of all volunteers continues to provide a valuable supplementary service, enhancing the experience of patients and visitors and supporting staff across the Trust. Volunteers are returning as part of the agreed phased return.
- From March 2022 we secured a number of Peer Mentors through transformation funding, who are based within each CMHT and employed by CHANGES.

- Recommended Observe and Act Training which will support service users to undertake face to face reviews of services and identify what we do well and where we need to improve.
- Developed and appointed to a new post of Patient Experience & Recovery Lead
- Worked in partnership with ImROC (Implementing Recovery through Organisational Change), to support our peer support and recovery workers to gain Peer Mentor qualification.
- Commenced work to 'map-out' all of the lived experience roles within the Trust. With plans to develop a formalised network to ensure that we have standardised and high quality training, supervision, support and shared experience. The network will also provide consistency with appraisals, development plans and will undertake a full training needs analysis for the role. Ultimately the aim is to create an environment for all of our lived experience roles that will support progression and career development.
- Work has continued to develop and promote the Wellbeing College. Including developing a social media presence with bespoke branding and launch dates.

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

- **Outcome: Continued to work with health and social care commissioners to ensure service users are located in the most appropriate environment and reduced delays in transfers of care.**
- The Moulster and Griffiths Learning Disability Nursing Model is being utilised for all new referrals across our learning disability services and is soon to be launched on Lorenzo.
- An options appraisal is being developed to ensure that our LD inpatient environment and staffing establishment supports high quality of care and positive service user experience.
- We will be piloting the use of the translation app CardMedic which supports communication with people to require easy read or use sign language.
- We continue to develop networks with local authority partners to support the early identification of people approaching transition who may require health support.
- Business cases have been submitted in the hope to introduce enhanced support to carers of those who have challenging behaviour and those approaching transition who have LD and complex needs (awaiting outcome).
- Our all age Crisis Care Centre received national recognition via the Positive Practice Collaborative, along with positive endorsement by Claire Murdoch, NHS England's National Mental Health Director
- The Board gave support for implementation of the Lorenzo Digital Exemplar business case
- Our CAMHS (Child and Adolescent Mental Health Service) services are working collaboratively with partners and key stakeholders across Stoke on Trent and Staffordshire, in the mapping and implementation of the

THRIVE Framework, to ensure that children and young people access the right level of mental health and emotional support at the right time.

- Our CAMHS ADHD Teams continue to receive national recognition and have been instrumental in the National ADHD programme (FOCUS) lead by the Academic Health and Science Network (AHSN), supported by NHS England/ Improvement.
- A new Transition Lead post has been created across CAMHS which further supports a seamless transition from CAMHS to AMHS (Adult Mental Health Services). This also ensures that a young person is involved in strengthened processes and shared decision making, in regards to, their continued care.
- The Psychiatric Intensive Care Unit (PICU) has developed a pan Staffordshire project initiation document to agree to no out of area PICU admissions, this has meant that the mixed sex PICU at Harplands now accepts female PICU patients from St George's hospital where there are no female PICU beds. The PICU has also developed relationships with HMP Dovegate to ensure rapid assessment of patients in prison requiring transfer under the Mental Health Act. This is in line with national directives when someone is assessed as requiring a PICU rather than a 'low secure' environment. MPFT remain the agreed 'gatekeepers' of low secure beds in our area.
- Our Psychiatric Intensive Care Unit (PICU) is now fully operational with 6 beds.

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

As outlined earlier in this report (Diversity and Inclusion section), the Trust has increasingly developed its leadership on inclusion both internally and at system and national levels under the direction of our Executive Director of People, OD and Inclusion, Shajeda Ahmed. Shajeda has tirelessly placed inclusion 'up front and centre' in how we do things at the Trust and in our local system. The Trust has very much risen to the inclusion challenge, pressing ahead with, and indeed further accelerating action in this area such that we were delighted to be recognised as Winner of the HPMA Mills and Reeve Award for Leading in Equality, Diversity and Inclusion (2021) as well as Finalist for the HSJ Workforce Race Equality Award 2020 (awarded In March 2021).

The Trust has made further significant improvements in a range of measures on inclusion, and particularly those on workforce race inclusion, through 2020-21, as evidenced by our Staff Survey and Workforce Race Equality Standard data. We have also continued to make improvements across a range of indicators within the Workforce Disability Equality Standard.

We are delighted with how much we have achieved on inclusion throughout the challenging period of the COVID-19 pandemic, but we won't stop there! We fully recognise that we still have much to do to truly break down inequity and barriers to equality for staff and service users alike, and to make real progress on health inequalities. We are more committed and more prepared

than ever to deliver truly outstanding Diversity and Inclusion for all our service users, carers and colleagues through 2022-23.

## 3.1.2 Other Quality Achievements

### Quality Improvement

#### Developing capability in Improvement skills

Our Quality Improvement (QI) team has designed and initiated a comprehensive suite of learning opportunities for staff to understand and apply practical skills to Quality Improvement projects. We promote a QI approach not only to projects but also to our daily work. The QI Team's focus is to build the ability to understand problems before we act, set measurable aims, test on a small scale, and learn fast.

#### Engaging and inspiring belief in QI

Looking forward, we will build on the success of the existing achievements by celebrating the learning from completed projects to ensure sustainability and spread using social media, film, websites, and podcasts. We proactively link with service users and underserved staff groups, promoting co-production, inclusion, and diversity. Our focus will continue to be on "what matters to you."

We will continue developing our relationships across our Integrated Care System, actively participating in the Continuous Quality Improvement Sub-Committee and designing the new QI Learning and Sharing QI Network with all system partners.

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

Moving forward, we will build upon new and current ideas, actively pursuing areas to add a QI approach to increase momentum and impact, e.g., Safe Wards. We will continue to connect the QI approach to staff survey action plans, audits, and innovation throughout the Trust, linking QI projects with the key pieces of work, including staff well-being, retention, and recruitment. Our "what matters to you approach" will give our staff the permission and ability to resolve daily work issues locally, creating a continuous quality improvement culture and enabling our workforce to enjoy their work and thrive.

### Safeguarding

Safeguarding Children, Young People and Adults at risk is a statutory duty of organisations across the health economy. We are committed to ensuring that people, who come into contact with our services, are safeguarded from abuse, in line with local and national policy and that as an organisation that we are able to fulfil our statutory duties. In support of this, the Safeguarding Team works with staff to ensure they are aware of their safeguarding roles and responsibilities in not only recognising and responding to abuse but in relation

to access training and supervision. The safeguarding team supports staff to achieve this by delivering training, supervision and individual case discussion. We also have a suite of policies covering safeguarding. Safeguarding has been strengthened during the past year by:

- Contributing to Statutory reviews such as; Domestic Homicide Reviews, Rapid Reviews, Child Safeguarding Practice Reviews, Child Death Overview Panel, and Safeguarding Adult Reviews and sharing any learning across the organisation and part of learning lessons
- Attending Subgroups and task and finish groups that sit under the Stoke-on-Trent Safeguarding Children's Partnership, Staffordshire Children's Board, Staffordshire and Stoke-on-Trent Safeguarding Adults Board, Domestic Abuse Commissioning Board and Domestic Homicide Board; enabling the Trust to be involved and a part of these processes.
- Producing safeguarding reports that demonstrate and provide assurance that we recognising and responding to abuse, that we have a safe and effective workforce, that we work in partnership and that we are learning from safeguarding incidences.
- The safeguarding team working to deliver extra safeguarding sessions for Adult Safeguarding Week, Children's Safeguarding week and contributing to the Adult Safeguarding Board Practitioners Forum.
- The development of an annual audit schedule linking effectively with wider Trust agendas and to provide assurance of safeguarding practices within NSCHT
- The Development of Trust Adult Safeguarding Level 3 and Domestic Abuse e-learning packages; enabling access and more specific training tailored to the needs of the trust and local area.
- Supporting the Domestic Abuse Champions across the Trust with a quarterly domestic abuse forum to enable education, professional development and provide group peer supervision
- Continued review of the resilience of the Safeguarding Team to represent NSCHT in a growing safeguarding system.

### **Infection Prevention and Control (IPC)**

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

- Delivered the Trust Infection Prevention and Control Board Assurance Framework.
- Continued to implement the IPC annual work programme approved by Board.
- Health care acquired infections are low and where necessary these are appropriately investigated and lessons learnt shared with clinical areas and staff.

- Continued the delivery of an enhanced IPC learning package for staff to support our response to COVID-19 e.g. Donning and Doffing PPE, FFP3 training
- The Flu/COVID vaccination programme was delivered clinically through partnership working with UHNM. We supported the programme by supplying vaccinators in support of clinics at UHNM, Local vaccination HUBS and GP practices.
- Achieved 100% completed generic Infection Prevention and Control (IPC) audits with supplemental audits being completed for COVID during declared outbreaks;
- Achieved 90.2% IPC training compliance;
- The Trust position at 31st December 2021 for COVID and Flu vaccination staff uptake rates were as follows: COVID-19: Fully vaccinated 93.9%, partially vaccinated 96%, booster 80.3%. Flu: 60.2%
- Maintained regular meetings with the CCG and other partner organisations to review and discuss wider HCE challenges in relation to IPC and COVID.

### **Service User and Carer Feedback**

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

**Patient Advice and Liaison Service (PALS)** - We recognise the importance of our PALS service in being a key source of information, and feedback for the Trust, an early warning system for emerging issues and concerns, and a time limited opportunity to resolve low level concerns without recourse to the formal complaints process. During 2021/22 the Trust received 280 PALS contacts compared with 287 in 2020/21.

**Compliments** - Each year, our staff receive compliments and praise from people they have cared for. During 2021/22, despite the pandemic the Trust received 1504 compliments, as direct compliments to teams or via Friends and Family Test responses, which is an increase on 2020/21. The Trust is currently piloting a digital solution on Ward 7 of the Harplands Hospital and at the Greenfields Centre to give service users and their families the opportunity to provide real time customer feedback at the point and time of delivery.

**Complaints** – Overall, we receive a very low number of complaints, compared to NHS benchmarking data. During 2021/22, we received 46 formal complaints, compared to 31 in 2019/20, which when set against the circa 300,000 face to face and telephone clinical patient contacts equates to 0.01% of the clinical activity undertaken. Our focus continues to be on early resolution, and addressing of concerns via PALS, and front-line teams where possible. This past year, we have continued to strengthen our complaints



procedure, to enhance the experience of those using the service, alongside ensuring timely and quality investigation and responses.

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

**Friends and Family Test (FFT)** – This is an important national feedback tool, supporting the fundamental principle that people who use NHS services, should have the opportunity to provide feedback on their experience. During 2021/22, 1588 service users participated in the FFT process, giving us their views across all services, which is an increase on 2020/21 when we received 1216 responses, this is despite the pandemic, which has resulted in fewer physical interactions with service users and less footfall at resource centres. We are pleased to report a continued high rate of satisfaction, with 91% of patients who rated the Trust as good or very good, which is a slight decrease on the 93% reported in 2020/21. During 2021/22, 6% were undecided the same as in 2020/21 and only 3% rated the Trust as poor or very poor, which is a slight increase on 2020/21 when 2% rated the Trust as poor.

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

Or visit our website: [www.combined.nhs.uk](http://www.combined.nhs.uk)

## **Advocacy Services**

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

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

Our advocacy services are independent, they do not make decisions for patients but will help patients who are unwell to articulate their feelings and to represent their views.

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

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

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

**Volunteer Peer Mentors** - Due to COVID-19 restrictions and the stand down of the volunteer workforce our volunteer Peer Mentors were also stood down. We have a process in place to ensure the safe reintroduction of volunteers into our service once it is safe to do so. Training is being developed for staff to raise awareness of the benefits of having a peer mentor within in the team and the value of coproduction at all levels of the organisation with our service users and carers

**Volunteering at the Trust** - We are reintroducing volunteers in a phased return starting in April 2022 following NHSE recommendations, and continued CPAG approval of the plan in keeping with any ongoing COVID-19 restrictions. Observe and Act will be restarting in March with training sessions booked and service users and carers encouraged to be part of this initiative. There are other initiatives coming online throughout the year to embed coproduction at all level of trust activity and business

**Our Volunteer Groups** - The impact on COVID-19 on our ability to continue to hold volunteer support meetings has, at times been difficult. Contact with the Talk and Change Group: has continued through a staff member, as these sessions were particularly difficult to hold online. There have throughout the year been online meetings with service users and carers in relation to the community mental health transformation programme.

**The Youth Council (hosted by CHANGES well-being service):** has continued through meetings on Zoom and alternate face to face meetings and a new plan of work is being drawn up.

**Supporting Carers** - The Trust carers links meet quarterly and share good practice and updates throughout this forum. Carers also co-produced the new pages for carers in the digital aspirant programme.

**Continuing Support** - Service Users and Carers co-produced the 'Service User and Carers Engagement Strategy'. The next stage is to draw up the action plan from the strategy which will be coproduced through a task and finish with interested service users and carer and will then be taken out for wider discussion with other service users and carers.

**Patient Led Assessment Care Environment (PLACE)** - In 2021, Patient Led Assessment Care Environment (PLACE) had to be suspended due to COVID-19 restrictions. However, environmental and cleanliness standards continued to be monitored by the Facilities team in partnership with Estates, Infection Prevention Control, Clinical teams and our PFI partners, with excellent standards been achieved.

## 3.2 Reporting against Core Indicators

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

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

### 3.2.1 Patient Safety Incidents

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

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

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

\*Impact on service provision/environment/person

Area of performance	Incidents (clinical and non-clinical)		
Impact*	2019/20	2020/21	2021/22
<b>General incidents</b>	5916	4666	5500
<b>Moderate</b>	53	80	96
<b>Major</b>	6	8	11
<b>Catastrophic</b>	71	68	60

<b>Total</b>	6046	4822	5667
<b>Major and Catastrophic incidents as a % of total (i.e. those incidents resulting in severe harm or death)</b>	1.3%	1.6%	1.3%

The above table illustrates an increase in the number of incidents reported for 2021/22. The rationale for this increase, has been explored, and relates to a number of factors, including a small number of people with complex needs being responsible for a large number of incidents, better awareness and reporting of incidents in the community, and increasing services. Over the last 3 years, there has been increased staff understanding of the need for incidents to be reported, and an indication of a learning and improving culture. All incidents are subject to weekly review and analysis, ensuring issues / trends are quickly identified, and actions implemented, enabling improved delivery of care services. The number of incidents is not yet at pre-pandemic levels however this is due to changes in the patterns of people accessing mental health services at different times during the last 2 years, rather than staff not reporting incidents. For example there was a reduction in inpatient self-harm behaviours during the lockdown periods and an increase in episodes of aggression in people with Serious Mental Illness; these changes impacted upon incident reporting which was both recognised and understood by the Trust.

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

Area of performance	Incidents reported to the National Patient Safety Agency (NPSA)
<b>Performance:</b>	There were 3449 NRLS incidents reported during 2021/22, a slight decrease from the previous year, as stated above. Of these, the number of incidents resulting in severe harm or death of service users (55) as a percentage of the total was 1.6%.

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

### Never events:

A never event is a serious, largely preventable, patient safety incident that should not occur if the available, preventable measures have been implemented

(for example, an inpatient suicide, using curtain or shower rails). The below table details our performance in 2021/22.

Area of performance	'Never events'
<b>Performance:</b>	There were no 'Never Events' during 2021/22.

### 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 2021/22 we have:

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

Area of performance	Serious incidents (SIs) (clinical and non-clinical)
<b>Performance:</b>	During 2021/22 there were 76 serious incidents reported by the Trust.

## Learning lessons:

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

- ✓ Continued commitment to quality improvement has led to implementation of various projects within teams including Patient Safety and Restraint Reduction project. We have also concluded our project as part of a National Learning Collaborative to improve sexual safety in mental health inpatient areas.
- ✓ Continued supporting senior staff through Quality Improvement Leaders Group, providing increased QI knowledge and skills (supporting clinical teams in learning quality improvement methodology, to progress more QI projects).
- ✓ Continued advancement of the Learning Lessons framework (quarterly bulletin, and monthly Learning Lessons workshop for staff to share learning outcomes of investigations and sharing of good practice implemented across the Trust).
- ✓ Introduction of 'Together at Combined' webpage as ways of recognising staff and teams achievements across the Trust, inspiring hope, promoting safety culture and sharing good practices.
- ✓ Continued partnership working with our key stakeholders to promote good mental health, and reduction of stigma by participating in local, regional and national events.
- ✓ Continued weekly review and analysis of all incidents, to ensure issues and trends are quickly identified, and improvement actions implemented.
- ✓ Continued inclusion of Duty of Candour awareness within our mandatory training programme.

### 3.2.2 Readmission Rates

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

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

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

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

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

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

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

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

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

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

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

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

Area of performance	Crisis resolution gate kept admissions – acute
<b>Performance:</b>	100% of patients admitted to acute inpatient wards were gate kept by the CRHTs at the end of 2020/21.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>2018/19</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>2019/20</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>2020/21</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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



## Health Community Survey 2020-21

On an annual basis, the CQC commission a national survey to explore the experiences of people who receive care and treatment from community mental health services, which all mental health Trusts participate in. For 2020-21, the survey was sent to 1250 people who had received care from the Trust between September and November 2020. Survey response data was analysed by the national survey team and national and Trust-level results were subsequently published by the CQC on their website in November 2021 (<https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2021>).

The national report showed that people were consistently reporting poor experiences of NHS community mental health services, with few positive results, and identified accessing care, crisis care, and service user and carer involvement as areas for improvement. Having reviewed the Trust's survey results, the following areas for focus were identified:

- Organising care
- Medication reviews
- Financial / Benefits help and advice
- Family / Carer involvement
- Reviewing care

The results of the survey were reviewed by an internal working group and a comprehensive action plan developed, which includes the following:

- Welcome Pack to be produced to include information on how care is arranged and who the keyworker will be.
- Documentation to be reviewed as part of the Digital Aspirant "Smart Documentation" work stream.
- A medications task and finish group to be convened to focus on the provision of information relating to medicines and what to expect from a medication review.
- Recruitment of Clinical Pharmacists within Community Mental Health Teams to support with medication reviews.
- Joint working with North Staffordshire Carers to provide staff upskill workshops to Community Mental Health Teams.

Progress against the action plan is reviewed on a monthly basis and monitored via the Performance Pack. The 2021-22 survey was distributed in February –March 2022 and results will be reviewed in due course to determine any improvement in service user experience or any areas which require further action.

## PART 4

### Annex

#### 4.1 Engagement and Statements from Key Partners

## Engaging our partners and stakeholders

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

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

## Development Stage

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

## Sharing the draft Quality Account

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

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

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)

#### **Statement for North Staffordshire Combined Healthcare NHS Trust Quality Account 2021/2022**

Staffordshire & Stoke-on-Trent Clinical Commissioning Groups (CCGs) are pleased to comment on this Quality Account 2021/22.

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

The CCG acknowledge that the Trust have had another year dominated by COVID-19, where the Trust have experienced increases in numbers of inpatients with COVID-19, combined with increased staff absence due to isolation rules. We would like to thank all the Trust's staff for their continued hard work, commitment, and innovation as they treat and care for patients during difficult times.

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

- Delivering innovation and partnership through joint delivery across Staffordshire and Stoke on Trent Transformation Programme.
- Continued development of the organisational strategy based around their four themes of Quality, People, Partnerships and Sustainability.
- Introduction of a Quality Improvement team providing expertise to clinical teams, service users and carers.
- Continued participation in the countywide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide, the Trust have refreshed their Suicide Prevention Strategy.
- Commencing the co-production of their Wellbeing College and recruitment of a Wellbeing Facilitator with the intention of launching a co-delivered programme in the summer of 2022.
- Continuation of remote quality visits, seven virtual visits were undertaken. The visits provided assurance on the quality of services provided by the Trust, staff were open and transparent and gave good insight into the management of COVID-19.
- Launching 'One Health & Care Record', a secure digital shared care record for people living in Staffordshire and Stoke-on-Trent to improve joined up care provision.
- The introduction of new services including the Children, Young People Intensive Support Hub and the Community Assessment Stabilisation & Treatment Team which supports people with borderline personality disorder.
- Provision of Senior Psychology support to the Post COVID-19 Assessment Clinics and Neuropsychology to those requiring ongoing assessment and treatment related to "Long COVID".

2021/22 has been an extraordinary time due to the pandemic which increased the existing challenges for the Trust, we look forward to continuing collaborative working with the Trust and other system partners to see further quality improvements in the following area over the coming year:

- Recruitment and retention continue to be a priority due to unprecedented service pressures as a result of COVID-19 and national workforce shortages. The Trust continue to work hard to improve recruitment through several strategies that support attracting potential candidates including apprenticeships, return to practice schemes, development of new roles, enhanced social media campaigns, collaborative recruitment campaigns and streamlining recruitment practices to take full advantage of digital technology.

### **Priorities for 2022/23**

The Integrated Care System will continue to support and collaborate in respect of the Trust's Quality priorities for 2022/23 and have recognised the following areas as requiring further focused work to ensure that required standards are consistently achieved:

- To continue to strengthen alongside partners improved integration of physical and mental health services.
- Maintain 'safe staffing' in line with the National Quality Board requirements and roll out to Community Services.
- To roll out online electronic management of incoming referrals through one portal to streamline the process via one access point.
- To explore further recruitment opportunities including overseas recruitment.
- Continue the project to eradicate dormitory accommodation.

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



**Marcus Warnes**  
Accountable Officer  
Officer  
Staffordshire and Stoke on Trent CCGs  
Trent CCGs



**Heather Johnstone**  
Interim Chief Nursing & Therapies  
Staffordshire and Stoke on

### Healthwatch Staffordshire

'Healthwatch Staffordshire welcome the publication of North Staffordshire Combined Healthcare's Quality Account 2021-22. As Healthwatch is the organisation that wants NHS Trusts to hear patients' voices and use their comments to improve services, we welcome the fact that the enhancement of service user and carer involvement throughout the Trust was a priority during this time, and looks like it will continue to be so. We are also pleased to read that the Trust sees all feedback as valuable information, and that the results from the most recent Annual Mental Health Community Survey (2020-21) were internally reviewed, and as a result, an action plan developed to improve people's experience.

We would also like to acknowledge the use of the Mental Health Strategy Funding to increase the voluntary sector contribution to mental health services.'

**Emma Ford on behalf of Healthwatch Staffordshire**

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

Your reference  
Our reference      FH/JCH  
Date                      23 May 2022



City of  
**Stoke-on-Trent**

**Alastair Forrester**  
Deputy Director of Nursing, AHP and  
Quality  
North Staffordshire Combined  
Healthcare NHS Trust

**Councillor Faisal Hussain**  
**Conservative Councillor**  
**for Meir South Ward**

Member Support Team  
Glebe Street  
Stoke-on-Trent  
ST4 1HH



Dear Alastair

### **Quality Account – Adult Social Care, Health Integration and Wellbeing Overview and Scrutiny Committee**

On behalf of the Adult Social Care, Health Integration and Wellbeing Overview and Scrutiny Committee, I would like to thank you for attending the committee meeting to present your organisation's Quality Account 2021/22 and for answering the committee's questions.

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

The committee would like to thank Alastair Forrester for his presentation of the draft North Staffordshire Combined Healthcare NHS Trust's Quality Account 2021/22 to the committee on 12 May 2022 and for the opportunity to comment on the Account.

### **General Comments**

The Quality Account is very well presented with a good level of detail for the reader. There is a clear vision, statement of values and objectives and a detailed list of services provided by the Trust.

### **Statement on Quality**

The committee were pleased to note that in 2019 the Care Quality Commission awarded the Trust an overall 'Outstanding' rating, making North Staffordshire Combined Healthcare NHS Trust one of only a few specialist mental health Trusts in England with such a rating. We were also pleased to note that the Trust had the CQC Transitional Monitoring Approach (TMA) in February 2021 and positive feedback was received, and that in the absence of routine CQC inspections the Trust continues to meet with CQC for regular engagement meetings.

### **Priorities for Improvement (2022/23)**

The priorities for 2022/23 are supported by the committee and they wish you well in relation to your zero-suicide ambition, however, did suggest that the Trust looks at after care for anyone who attempts suicide.

### **Review of Quality Performance for 2021/22**

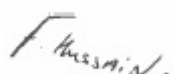
The committee were pleased to note that you are one of only a few specialist's mental health Trusts in England with an overall 'Outstanding' rating from the Care Quality Commission, and acknowledged your intention to try and maintain such a rating. The committee acknowledged that there had been a rise in mental health issues during, and in the aftermath of Covid-19 in the City which will continue to impact on your services. It was recognised that your services

had been working at extremis for some time and the impact which the past two years had had on the workforce.

The Committee were also pleased to note that the Mental Health Crisis Access Centre at the Harplands brings together a range of services under one roof, is open to people of all ages, 24/7, 365 days a year and offers a place of safety.

Should you require any further information or need any further assistance, please do not hesitate to contact myself or Julie Harvey, Scrutiny Lead Officer for the Committee.

Yours sincerely



Councillor Faisal Hussain  
**Councillor for Meir South Ward**  
Email: [faisal.hussain@stoke.gov.uk](mailto:faisal.hussain@stoke.gov.uk)  
Mobile: 07446 857666

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

You said:

We would like to see more detail relating to use of patient advocacy and learning from patient stories.

Our response:

We work closely with external advocacy services but we believe that part of our offer to service users and their families is to support them in raising concerns with the Trust. We have now included a section to explain how we work with local advocacy services.

To support learning from patient experience, we make an offer to people contacting the organisation to support them in drafting and agreeing the scope of their concerns and making them aware of the various options they have available to them to try to resolve the issues or gain answers as to why the issue has arose. We actively support patients and families and are happy to support them at MDT meetings where they may feel anxious or need additional support in order to ensure that their voice is heard and their views considered.

As a learning organisation we are continually trying to improve the services that we provide. We already have a strong culture of learning lessons and 'just culture' as reference earlier in the Quality Account. Patient stories are vital way of ensuring that our patients and service user voices are heard at every level up to Trust Board thus enabling patients to have the best possible experience. More importantly when we fall short in any area we always endeavour to learn and remedy these deficits. However, we recognise that to provide ongoing assurance we must build upon our already strong culture of 'being

open' by providing you with examples of what they have learned during the last twelve months.

We will be working with our Patient Experience and Recovery Lead to ensure that in future Quality Accounts we not only share examples of positive service user feedback but also show how we have changed practice when we have not met the standards expected.

You said:

How is learning from patient safety, complaints, PALs, patient stories etc. collated, themed and shared for learning and fed into future developments

Our response:

The Patient Experience processes are designed to take as much learning from patient's experiences and feed the learning back into to Trust, to try to ensure that lessons are learned and if necessary processes are changed or adapted to ensure that other people don't have the poor experiences of our services.

The final stage of the complaints process is to formulate an action plan which details the lessons learned from the complaint investigation and actions required to be taken. The action plan is owned by the directorate responsible for providing the service and is managed by the Quality Improvement Lead Nurse, and monitored by the Complaints Manager who provides a monthly report to the Clinical Safety Improvement Group which is a sub-committee of the Quality Committee.

The Directorates receive a monthly detailed report reflecting all of their Patient Experience contacts year to date in order for them to reflect and share the predominantly positive feedback received from patients and their families regarding the care and support they have received from our services.

You said:

Could the Quality Account be provided in an easy to read and user friendly format.

Our response:

We recognise the importance of making our information and reports accessible to a wide audience. We are planning to produce an easy read summary of this year's Quality Account and plan to work with service users and carers to ensure that this document meets the needs of our local populations.

## 4.3 Auditor Statement of Assurance

Not required for the 2021/22 Quality Account

## 4.4 Trust Statement

We are pleased to publish this Quality Account for the financial year 2021/22 (1 April 2021 to 31 March 2022).



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

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

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

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

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


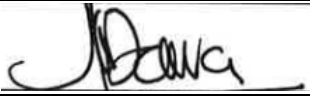
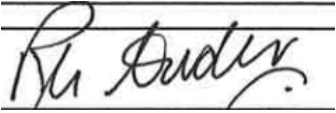
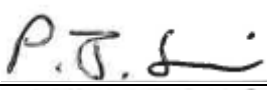
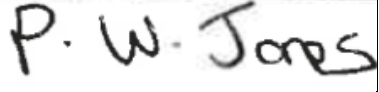
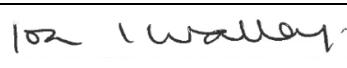
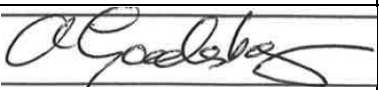
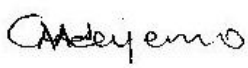

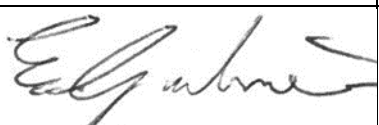
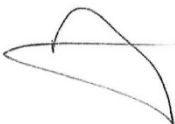
The Directors are required, under the Health Act 2009, to prepare a Quality Account for each financial year. The Department of Health (DoH) has issued guidance on format and content of annual Quality Accounts (which incorporates legal requirements in the Health Act 2009, and the National Health Service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

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

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

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

Name and Position	Signature	Date
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David Rogers, Chair		
Janet Dawson, Non-Executive and Vice Chair		
Russell Andrews, Non-Executive		
Patrick Sullivan, Non- Executive and Senior Independent Director		
Phillip Jones, Non-Executive Director		
Joan Walley, Non-Executive		
Tony Gadsby, Associate Non-Executive		
Dr Keith Tattum, GP Associate Director	<i>Dr K Tattum</i>	
Pauline Walsh, Associate Non-Executive	<i>Professor P Walsh</i>	
Dr Buki Adeyemo, Interim Chief Executive		
Dennis Okolo, Interim Executive Medical Director		
Eric Gardiner, Executive Director of Finance, Performance and Estates		
Kenny Laing, Executive Director of Nursing & Quality		

Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion		
Ben Richards, Executive Director of Operations		
Chris Bird, Director of Partnerships, Strategy and Digital		

## 4.5 Glossary

**ANP** – Advanced Nurse Practitioner

**AHP** – Allied Health Professional

**AIMS** - Accreditation for inpatient rehabilitation units

**ASD** - Autistic spectrum disorder

**ADHD** - Attention deficit hyperactivity disorder

**ASIST** - Advocacy services in Staffordshire

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

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

**CDAS** – Community drug and alcohol service

**CLRN** - Comprehensive local research network

**CPA** - Care programme approach

**CPD** - Continuing professional development

**CPN** - Community psychiatric nurse

**CQC** - Care quality commission

**CQUIN** – Commissioning for quality and innovation

**DOH** - Department of health

**ECT** - Electroconvulsive therapy

**ECTAS** - Electroconvulsive Therapy Accreditation Standards

**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)

**HTAS** – Home Treatment Accreditation Scheme

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

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

**IT** - Information technology

**KPI** - Key performance indicator

**LPS** - Liaison psychiatry service

**Metric** - method of calculating performance

**MIND** - Mental health charity network

**MPFT** – Midlands Partnership Foundation NHS Trust

**MRSA** – Methicillin Resistant Staphylococcus Aureus

**NDTI** - National Development Team for Inclusion

**NEWS** – National Early Warning Score

**NHSLA** - NHS Litigation Authority

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

**NIHR** - National institute for health research

**NPSA** - National patient safety agency

**NRLS** – National reporting and learning system

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

**PALS** - Patient advice and liaison service

**PBR** - Payments by results

**PIP** - Productivity improvement pathway programme

**POMH** - Prescribing observatory for mental health

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

**QI** – Quality Improvement

**QIF** - Quality Information Framework

**QOF** - Quality and Outcomes Framework

**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

**UCP** - Urgent Care Practitioners

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

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

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

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

Or email us on: [qualityaccount@combined.nhs.uk](mailto:qualityaccount@combined.nhs.uk)

Or visit our website: [www.combined.nhs.uk](http://www.combined.nhs.uk)