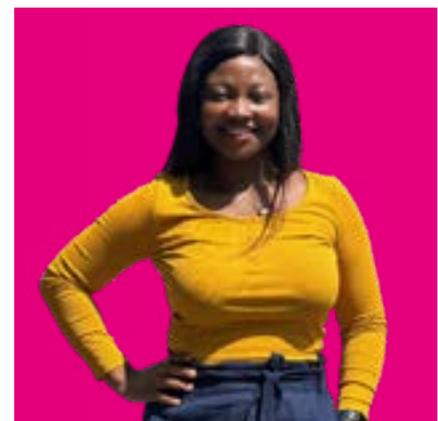


Outstanding

Our journey continues



Quality Account
2023/24



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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 1st April 2023 to 31st March 2024 helpful in enlightening you about our work and priorities to date, to improve services over the coming year.

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

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

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

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

It is now just over 5 years since the Care Quality Commission awarded the Trust an overall "Outstanding" rating – the highest overall rating they can award. The news confirmed Combined Healthcare as 1 of only 2 specialist mental health Trusts in England with an overall 'Outstanding' rating.

At that time, we said we were far from complacent and our journey of improvement would continue. Our focus and aim was, and remains, to be Outstanding in ALL we do and HOW we do it, including continuing to strengthen integration with our partners and engagement with staff, service users, their families and communities.

We were proud at that time to be singled out by the Care Quality Commission as an example for others to learn from in how to sustain improvements in high quality care and performance after receiving an Outstanding rating.

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

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

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

In this regard, it was pleasing to see the continuing development by our community mental health teams of Clinical Pathways during 2023 and into 2024, which has meant that the specific physical and/or mental health needs of our service users are being delivered by a consistent model in line with best practice national guidance.

Our Early interventions team has maintained a level 4 – “Top Performing” status in the annual National Clinical Audit of Psychosis (NCAP) and have developed performance monitoring tools to support developments with NCAP.

The runaway success of our Wellbeing College – developed and delivered in true partnership and co-production with service users and stakeholder organisations has also been a particular highlight of the year.

The Health & Justice (H&J) service has been rolled out in partnership with colleagues at Midlands Partnership Foundation Trust. This service integrated and expanded on the existing Liaison and Diversion and Primary Care Mental Health Treatment Requirement service, now offering a Reconnect Service.

One of the jewels in our crown, Step On celebrated its 10th birthday this year and hosted an event to showcase the excellent work, recovery focused employment outcomes and benefits the service brings. The service was rated as having “GOOD Fidelity” to the Individual Placement Support (IPS) model in the external IPS Grow Fidelity review. Step On was part of a tender with Stoke Local Authority using UKSPF funding to develop an Inclusive Employability Hub, supporting those who are economically inactive to find work. This service is part of a pilot running from January 2024 until March 2025, and is already showing positive outcomes.

In our Older Person’s Service, memory services are proud of their diagnosis rates - presently the highest in the country. The service is an MSNAP (memory services national accreditation programme) accredited service and are involved in the national audit of dementia.

As part of the Stoke-on-Trent City Council Family Hub roll-out which focuses on Perinatal Mental Health, the Parent and Baby team are working collaboratively with the local authority within co-located hubs in order to support parents within their own communities. The Parent and Baby unit team has expanded over the past 12 months which has allowed the team to increase access to the service and increased psychological interventions.

The Home Treatment Team have achieved the Royal College of Psychiatrists’ Quality Network for Crisis Resolution and Home Treatment accreditation. The team were also winners of “Placement of the Year” by Keele University.

The Primary Care Directorate expanded during 2023/24 to include Talking Therapies for Stoke and North Staffordshire and Mental Health PCN ARRS roles, having a team of approximately 240 across the various services, and supporting an integrated approach to primary care provision. The Directorate further expanded its general practices in 2023/24 with the integration of Keele Practice, based on the Keele University campus, in October 2023, adding to the existing general practice provision of Moorcroft Medical Centre, based in Stoke-on-Trent, (Hanley and Bentilee) and Holmcroft Surgery, situated in Stafford. The directorate is now serving a general practice population of approximately thirty two thousand people.

We place on the record our pride at delivering an unprecedented 25th consecutive year of achieving financial surplus, making us one of the strongest financial performers in our region.

This performance enables us to provide examples of our determination to deliver historic capital investment in the medium term future. This includes eradicating dormitory accommodation and shared bathroom facilities as part of a major capital upgrade at Harplands Hospital.

Partnerships are something we hold dear and something we do well. We are proud to have worked, for example, with local government colleagues, the voluntary sector and organisations such as Port Vale FC to introduce Community Lounges and Family Hubs to support our local populations directly in the communities they call home.

We have continued to develop and advance the NHS vision for integrated care and new models of delivery towards a strong Staffordshire and Stoke-on-Trent Integrated Care System.

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.

One thing we keep constantly in mind is that strategies, plans and aims are nothing without brilliant, talented, determined and compassionate people to make them a reality. If there is one major theme that has run throughout everything we have done this year, it has been our unwavering commitment to protecting and promoting the health and wellbeing of everyone for whom we have responsibility - service users and staff. In this regard, one of the most welcome things we saw this year was the results of the NHS Staff survey which showed us maintaining our track record of positive feedback from our staff.

Our key achievements:

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

- Above average scores across all NHS People Promises and Themes in the NHS Staff Survey
- Praised by our service users for our commitment to partnership in involving them in deciding our priorities and making our appointments
- Proud of our record in innovation in research, digital, communications and engagement - including ground breaking new digital production facilities
- Winners of the HSJ “NHS Trust of the Year” 2022 - the first ever mental health Trust to win the accolade
- Our long-term Trust Strategy 2023-2028 driving forward improvement and transformation, underpinned by 3 strategic priorities - Prevention, Access, Growth
- Transforming access to wellbeing information, advice and help for all ages through unique digital All-Age Wellbeing Portal, including online self-referral
- Expanded Primary Care Directorate now providing GP services to over 32,000 people
- Community Mental Health provision being transformed across Staffordshire and Stoke-on-Trent through dedicated programme
- Mental Health Crisis Access Centre bringing together under one roof a whole range of teams offering a service to people of all ages, 24/7, 365 days a year
- Eradicating dormitory inpatient and shared bathroom facilities as part of major capital improvements at Harplands Hospital
- All Trust staff granted a Health and Wellbeing Day, an additional day’s leave specifically for staff to focus on their own health and wellbeing
- One of the strongest Freedom to Speak Up infrastructures in the country, with every Directorate – as well as all staff networks - Black, Asian and Minority Ethnic, LGBT+, Neurodiversity and Disability - represented with a champion
- Quality Improvement (QI) team providing expertise to our clinical teams, service users and carers focusing on “what matters to them”
- Proud to be called a Keele University Teaching Trust - with highest conversion rates to psychiatry training of any medical school in England
- The Inclusion Council making us truly inclusive and equal in the way we treat and support our staff and service users
- REACH staff awards, recognising achievements and excellence, delivered in live event, livestream, online catch-up and Virtual Reality.
- The finest frontline podcast in the NHS, covering all aspects of Trust’s services, people and service users.

- Strengthened ASD screening process reducing the time it takes to respond to referrals and improved signposting
- New Clinical Pathways ensuring specific physical and/or mental health needs of service users are being delivered by a consistent model in line with best practice national guidance
- Expanded Mental Health Support Teams providing a service to around 40,000 children and young people within 92 education providers across Stoke-on-Trent and North Staffordshire.
- Expansion of Parent and Baby unit team, increasing access to the service and increased psychological interventions
- Step On Team celebrating its 10th Birthday by introducing Inclusive Employability Hub, supporting those who are economically inactive to find work
- Trust Greener NHS Plan unveiled, as part of a system-wide greener agenda on which we are proud to be the local system lead
- Winners of ‘Exemplary Placement Provider’ and ‘Keele Alumni Achievement’ titles in Keele University annual awards
- All Age Access Team Regional Winners in the NHS Parliamentary Awards Excellence in Mental Health Care Award following nominations from 3 Members of Parliament
- Proud to receive accreditation for being Veteran Aware
- New Transformation Management Office created to drive over 30 transformation projects at Trust and system level

Our key priorities:

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

In 2023; we unveiled our new five-year Trust Strategy 2023-2028.

Our new strategy outlines the ambitions over the next five years in addressing how we respond to the evolving wellbeing needs of our local population and changes in our NHS and government landscapes.

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

Our three strategic priorities are:

- Prevention – we will commit to investing in providing high- quality preventative services that reduce the need for secondary care;
- Access – we will ensure that everybody who needs our services will be able to choose the way, time and the place in which they access them; and
- Growth – we will continue to grow high quality, integrated services delivered by an innovative and sustainable workforce.

Finally, we are pleased to announce that the Board of Directors has reviewed this 2023/2024 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 2023/2024.



Dr Buki Adeyemo
Chief Executive



Janet Dawson
Chair

1.3 Introduction to North Staffordshire Combined Healthcare NHS Trust

North Staffordshire Combined Healthcare NHS Trust was established in 1994 and provides mental health, substance misuse and learning disability care to people predominantly living in the city of Stoke-on-Trent and in North Staffordshire. We employ an average of 1,608 permanently employed (WTE) during 2023/24. These staff work from both hospital and community based premises, operating from over 30 sites. Our main site is Harplands Hospital, which opened in 2001, and provides the setting for most of our inpatient units.

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

Sometimes our service users need to spend time in hospital, but more often, we can provide care in outpatient, community resource settings, and in people's own homes. We also provide specialist mental health services such as Child and Adolescent Mental Health Services (CAMHS), Neuropsychiatry and Psychological Therapies, plus a range of clinical and non-clinical services to support the University Hospital of North Midlands NHS Trust (UHNM) and Midlands Partnership University NHS Foundation Trust (MPUFT). We have grown our primary care offer and successfully integrated a further primary care practice this year.

Our main commissioners are North Staffordshire (33%) and Stoke-on-Trent (49%) Integrated Care System (ICS). We also work very closely with the Local Authorities in these areas, in addition to our other NHS partners.

We have close partnerships with agencies supporting people with mental health, substance misuse, and learning disability problems.

The Trust Board, comprising the Chairman and five Non-Executive Directors, the Chief Executive and six Executive Directors, lead our organisation. A General Practitioner, Staff Side Representative, Executive Dean for Health at Keele University and the chair of our Service User and Carer Council are members of the Board.

Further information regarding our purpose, vision and values is contained in our Annual Report, which provides an overarching summary of our services. This can be found via our website at www.combined.nhs.uk.

1.4 Services Covered by this Quality Account

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

Our four directorates are:

- Community;
- Specialist Services;
- Acute Services and Urgent Care; and
- Primary Care.

1.5 Our Vision and Quality Priorities

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

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

“To be Outstanding in ALL we do and HOW we do it”

Our Quality Priorities:

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

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

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

Our Values:

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

Proud to CARE – Compassionate, Approachable, Responsible and Excellent



Our Strategic Priorities:

2023 saw the launch of our new strategy for North Staffordshire Combined Health care.

“The Future of North Staffordshire Combined Healthcare NHS Trust, Our Strategy, 2023 – 2028’ was developed after many months of engagement with our staff, service users and external stakeholders to deliver a strategy which addresses the needs of our diverse, local population, whilst remaining true to our Trust values.



These three priorities are underpinned by our four key enablers, which are the pillars of why, how and what we do.

- Quality – which is about personalised, safe and effective care
- People – developing our workforce and ensuring Combined Healthcare continues to be a great place to work
- Partnerships– we value the contribution and ability we have to work in collaboration with multiple stakeholders
- Sustainability – as we work towards delivering net zero, we want to reduce our carbon footprint and ensure all of our resources are using renewable energy.

1.6 Quality of Services 2023/2024 Directorate 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.

Community Directorate

The 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 in line with the ambitions of the Long Term Plan and Community Mental health Framework.

Investment from the Community Transformation Programme has allowed Community Mental Health Teams to provide additional roles to support access to psychological therapies for service users. It has also allowed the creation of a dedicated Intensive Outreach Team who have developed a service model and pathway working collaboratively with the Adult CMHT’s for those with short term enhanced needs and support.

The Sutherland Centre, The Lymebrook Centre, The Ashcombe Centre and The Greenfields Centre (Our Adult Community Mental Health Services) have been on another fantastic journey this past year. The development of Clinical Pathways throughout 2023 and continuing through in to 2024, has meant that the specific physical and/or mental health needs of our service users are being delivered by a consistent model in line with best practice national guidance. In order to achieve such pathways a significant amount of hard work has been required to improve the electronic patient records (EPR) system; key improvements include: a reduction in duplication for staff and repetition for services users, smarter functionality making updates easier and therefore releasing more time in meaningful interactions with our service users.

Our adult and older adult services have introduced an improved approach for our care planning. This enables us to achieve the new nationally co-produced standards; we have gone the extra mile to further co-produce with our service users and carers locally to design the format of the care plan. The care plan is co-produced with services users through the use of the DIALOG scale which is a patient recorded outcome measurement tool. It allows service users to identify areas in which they would like support to change and improve their level of satisfaction from a health and wellbeing perspective. Service users are encouraged to set recovery goals, and these are captured and measured using an additional patient rated outcome measure- GBO (Goal Based Outcomes). To support the roll out and implementation of our new care plan the Trust has commissioned an ‘in- person’ training programme which focusses upon the interactions between our clinicians and the service user and having patient centred recovery focused conversations that lead to a meaningful co-produced care plan.

All 4 Adult Community Mental Health Teams have worked together to improve the experiences felt by its users by assisting in the development of a business intelligence tool to monitor key performance indicators around its phone lines in to the Centre’s. This will enable access to improved data and intelligence around peak activity times, in order for us to identify peak times and appropriately align resource according to this information so that our Community Mental Health Centre’s are more accessible via the telephone.

In order to improve communication with our service users, we have created and successfully piloted an automated text system within adult CMHT’s, this is with the intention to further roll out throughout all relevant Trust Services. We are seeing benefits from this method of communication with fewer ‘Did Not Attend’ (DNA) appointments and therefore more people receiving the care they need. Our pilot site for this saw a 37% decrease in DNA’s in the 30 days post launch when compared to the pre-launch average.

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

The Directorate recognises the role it plays, in terms of broader health system requirements, working closely with UHNM to support the needs of older people via its Outreach service. This enables rapid access to step down services, with a focus on community, rather than bed-based support options. The service has responded readily to increased demand, and has expanded its support accordingly through 2023/24.

Our preparing for Adulthood Lead continues to improve and develop the transition pathways for young adults and ensure they meet with national standards. CAMHS and Adult practitioners are now regularly joining each other's MDT's to discuss young patients approaching 17.5 yrs. Communication between CAMHS and CMHT's, patients, parents/carer's has improved and CAMHS and Adult practitioners are working jointly with young people to identify their needs and prepare them for transition from CAMHS. Strong community partnerships have been developed and multiple projects are taking place with community partners such as Stoke City Community Trust and PVFC to broaden the opportunities for young people prior to and post discharge.

Our Children and Young People Community Mental Health services (North and South Stoke CAMHS) have been accepting their own team referrals since July last year. This has given us the ability to gate keep referrals at the front door in an efficient manner and offer the most appropriate service in connection with our partnership workers to offer the best service for young people and their families.

During the last year CAMHS have taken significant steps to improve the transition for young people leaving CAMHS and accessing adult services. We have strengthened links with Adult CMHT, Talking Therapies and community resources to ensure a smooth transition with the support of our Preparing for Adulthood Lead.

North Staffs CAMHS have successfully embedded the referral triage team and strengthened communications with wider services, having various interface meetings to improve access. They have also strengthened the physical health clinics in line with national guidance relating to Disordered Eating and have successfully embedded a new 'Wellbeing Coping Skill's group to enhance therapy provision and reduce waiting times.

The 'Looked After Children's' CAMHS team continues to work closely with colleagues from Stoke on Trent Children's Services; offering consultation, assessment, therapeutic intervention and training as its central remit. The team works collaboratively with multi-agency colleagues from health, the local authority, education and third sector organisations to support evidence-based practice which specialises in attachment and trauma for children and young people who have experienced adverse circumstances within the care and development.

We continue to encourage educational provisions to adopt a whole school approach to mental health and wellbeing which will ultimately mean that even more children as well as their parents/carers and the staff in schools will benefit from MHST support with less focus on one to ones and more focus on group work and staff training.

Our Children and Young People (CYP) eating disorder service has reviewed our Avoidant/Restrictive food intake disorder (ARFID) pathway and developed positive working relationships with other teams offering consultation and advice. The team have developed and rolled out an ARFID training package for Primary schools. A service evaluation has been completed for planned therapeutic admissions to UHNM with intensive in reach from the teams supports recovery, parental engagement and confidence and has significantly reduced the need for CAMHS in-patient admissions.

Step On celebrated its 10th birthday this year and hosted an event in order to showcase the excellent work, recovery focused employment outcomes and benefits the service brings. The service was rated as having "GOOD Fidelity" to the Individual Placement Support (IPS) model in the external IPS Grow Fidelity review.

The Autism Spectrum Disorder (ASD) team CYP & Adult has strengthened the screening process during 2023, resulting in a reduction in the time it takes to respond to referrals, improving signposting to other services where appropriate and offering brief support to families whilst awaiting assessment.

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

Specialist Services

The Specialist Directorate provides a diverse range of services with pathways of community services operating across localities and inpatient units for Substance Misuse, Learning Disability, Neuropsychiatry and Children and Adolescent Mental Health (CAMHS) as well as a Short Breaks Respite bed service for children with complex needs. Across the Directorate our staff are skilled multi-professional practitioners from many different disciplines – psychiatrists, nurses, psychologists, occupational therapists, mental health practitioners, play and parenting practitioners, art therapists, social workers and trainees. These staff are supported by a dedicated group of administrators. The Directorate has 3 services:

- Neuropsychiatry, Adult Mental Health Rehabilitation & Psychology services;
- Learning Disabilities and CAMHS Inpatient Beds
- Substance Misuse inpatient detoxification

Our Neuropsychiatry services is one of only 4 such services in the UK. It provides a highly specialist treatment pathway for people with neurological conditions that not only impacts physically but has a significant impact on mental health and wellbeing, such as, Parkinson disease, Huntington's disease, epilepsy and acquired brain injuries.

The service offers a complete pathway from community services, out- patient clinics and inpatient care.

Following the transformation of Adult Mental Health Rehabilitation services over

the last 3 years the service offers a complete Rehab Pathway Model; that includes a community inpatient ward (Summers View) and the Community Rehab Team; which is able to offer a unique supported living experience (Hilda Johnson House).

The Community Rehab Team offers support focused on keeping people in their existing accommodation or helping people transition to community from hospital placements working closely with the Complex Care Mental Health Team and Early Intervention Team.

This pathway is also supporting those returning to the locality from out of area inpatient units and has a single referral process. The team works seamlessly with the Complex Care Mental Health Team with a joint MDT approach which now includes Specialist psychology input.

Our Complex Care Mental Health Team provides care for people with complex psychosis or other serious mental health issues requiring specialist assessment, treatment and support to stabilise an individual's symptoms and help them live successfully in the community. Inclusive working with Summers View, Hilda Johnson House and the Community Rehab Team enables successful, timely repatriation from out of area placements to the Service Users local or preferred community.

The Specialist Directorate continue to manage a range of contracts to provide highly specialist psychology services to other providers. This includes specialist psychology provision from spinal injuries to stroke, probation to pediatrics, cancer to cystic fibrosis (all age) and a range of other services. This recognises the Directorate's ability to recruit to these specialist posts by offering comprehensive supervision, leadership structure and embedding research into our team cultures.

The Directorate provides a range of services to clients with a learning disability. We provide care and support to help each person live in their own home, to be in control of their lives and engaged in their community. Where this is not possible it offers excellent assessment and 24-hour treatment support in the bedded Assessment and Treatment Unit, where individual packages of care are designed, leading to discharge and successful placements close to their homes. This inpatient unit links closely with the Intensive Support Team. This team provides service users, families and carers with access to rapid response, intensive assessment, treatment and support at times of crisis to reduce the need for admission to hospital. The team also supports timely discharges from inpatient services.

The Transforming Care Programme looks after people with a learning disability and/or autism. People in these cohorts require highly complex care packages and are generally placed with independent sector providers, either locally or out of area.

Our community teams bring together community learning disability nurses, psychiatrists, occupational therapists, physiotherapists, speech and language therapists, clinical psychologists and other applied psychological therapists. These teams work in partnership with local authorities and other organisations to provide a range of care services and therapies.

Our Primary Healthcare Facilitation and Acute Liaison Service works closely with our local mainstream and specialist health services to reduce the overall health inequalities experienced by people with learning disabilities.

The Specialist Children's Short Break Service at Dragon Square offers residential short breaks, including day visits, for children and young people between the ages of 4-19 years with severe learning disabilities and other complex needs. The service is registered with Ofsted as a children's home that can support children with learning disabilities, physical disabilities and sensory impairments and is rated as Good.

The multi-disciplinary Children's Community Learning Disability Team provides specialist assessment and treatment interventions to children with a diagnosed learning disability with associated complex health needs.

The Darwin Centre (Children and Adolescent Mental Health) is a bedded inpatient unit, providing specialist mental health services for young people and their families between the age ranges of 12-18 years. The centre is open 24/7. The catchment area covers Staffordshire, Shropshire and the West Midlands.

The Intensive Support Hub which was commissioned last year, continues to directly support patients at the Darwin Centre, 7 days a week. This team supports young people locally at risk of admission to an inpatient bed intensively and where possible reducing the need for admission.

The Edward Myers Unit continues to offer hospital based detox and treatment for substance misuse. The unit accepts local and national referrals and following its recent digital movement and advertising of the unit has seen a recent surge in referrals. The unit now has plans to expand and increase capacity to accommodate the demand.

The Community Hospital Alcohol Team (CHAT) continued to support UHNM with patients who require alcohol detoxification, attending emergency portals and daily ward visits to prepare the patient for continuation of their detox whilst in the community. Excellent partner agency working and collaboration with the Integrated Care Board in creating a unified approach was put underway in creating a fast track alcohol treatment service.

Acute and Urgent Care

Our Acute Inpatient Services provide inpatient care to adults and older age adults at the Harplands Hospital. Wards 1, 2, 3 and Psychiatric Intensive Care Unit (PICU) accommodate working age adults, and Wards 4, 6 and 7; older adults (aged 65yrs & over).

Adult Acute Inpatient Wards

The Psychiatric Intensive Care Unit (PICU) is a bedded intensive unit designed to a high specification. We provide intensive nursing support for working age adults 18-65 both male and female, who are presenting in an acute phase of their illness. We work alongside a Trauma Informed Model of Care and treat patients individually delivering high standards of quality care and intensive nursing. Our team members are trained to deliver comprehensive mental state assessment and psychological evidence-based interventions as well as de-escalation techniques. PICU have continued to work within the National Association of Psychiatric Intensive Care Units framework and achieved accreditation for four consecutive years. Reducing restrictive practices has remained a focus throughout 2023/2024, helping to support the implementation of a less intrusive zonal observation approach to care. Additionally, a positive culture has been supported by the ongoing adoption of the SafeWards principles which has supported recovery for some of our most acutely unwell patients.

Ward 1 is a bedded mixed gender acute admissions ward for patients between the ages of 18-65. It prides itself in being a dynamic, fast paced acute ward specializing in complex mental health needs.

Ward 1 have adopted a positive/evidence based MDT model which reviews patients holistically and promotes care and treatment. They have also adopted an improved HCSW competency framework to induct and develop HCSW roles and responsibilities. Ward 1 is a mixed sex ward, the ward has engaged with the Trust Diversity and Inclusion Leads to ensure the care non-binary and transgender patients is not compromised and their needs are accommodated.

Ward 2 is a bedded acute ward for males of working age. It offers assessment and initial treatment for males with a variety of mental health needs, and work closely with other services to ensure ongoing recovery. It prides itself in offering intuitive, person-centred interventions; keeping people at the heart of everything we do. Ward 2 have a ward based personal trainer that provides exercise and wellbeing initiatives to patients on the ward. They also work within a MDT model which includes an Advanced Nurse Practitioner and support from a Consultant Nurse.

Ward 3 is a bedded female acute ward within the Acute and Urgent Care Directorate. It provides person-centred and compassionate care for woman aged 18+ when experiencing a wide variety of mental illnesses. The staff team on Ward 3 pride themselves on their holistic and multi-agency approach offering Psychiatry, Psychology, Nursing, Finance advice, Housing advice, Exercise programs, Occupational and Diversional Therapy encompassing the patient as a whole and recognising the additional stressors influencing our patients. The refresh and implementation on an evidence based self-harm pathway model of care supports the Trust direction in the care and management of patients with emotionally Unstable Personality disorder.

Older Age Adult Acute Inpatient Wards

Ward 4 is a dual care Assessment unit commissioned inpatient ward. The service accepts patients with complex physical health needs and organic illnesses and supports them to reach their maximum potential before identifying the most appropriate discharge destination which best meets the patient's needs.

The service supports timely discharge from Royal Stoke University Hospital (UJHM) and admission/transfer avoidance via the emergency portals. The service operates an MDT model with involvement from health, social care, and independent agencies. Other agencies may be involved dependent on the individual's needs. Ward 4 prides itself on the close work with families and carers ensuring they are kept informed and involved from the point of admission to discharge.

Ward 4 continues to adapt to ensure that we offer the same excellent level of care and experience to our patients and their relatives. We are pleased to have been able to restart our family group, offering support for families whose relatives have been admitted to ward 4. Ward 4 continues to work flexibly to support continued pressures across the system, ensuring we maintain effective partnership working to support patient flow.

Ward 6 is a bedded mixed inpatient ward for patients with a diagnosis of dementia and associated complex health needs. It provides outstanding care, using a person-centred individualized approach based around the principles of the Newcastle Model. The Ward's aim is to make a positive difference to the lives of patients and support them to live well with Dementia, and wherever possible return home or support them and their carers to find the appropriate 24 hour care setting for their on-going needs. Ward 6 are committed to ensure that the patient journey is a memorable one for the right reasons. Over the last 12 months, Ward 6 has introduced 3 initiatives:

- The Purple Wristband initiative, which clearly and easily identifies patients who have a Respect form in place to ensure decisions are upheld in certain situations.
- Yellow Socks – patients at risk of falls wear yellow socks to be easily identifiable.
- Sunflower initiative – for those patients who wear dentures, a sunflower picture is on the wall in their bedroom to alert staff and reduce the risk of patients losing their dentures.

Ward 7 is a bedded functional unit for elderly patients over the age of 65. The ward offers mixed gender accommodation for short-term assessment and treatment, supporting service users on an informal basis or those requiring support under the Mental Health Act. Patients admitted to the ward will receive a full assessment of needs which is carried out by a multidisciplinary team to ensure a holistic and person-centred approach to aid an individual's recovery. Both the inpatient and community teams work closely and collaboratively to ensure safe and timely discharge back into the community.

Ward 7 has a dedicated Carer Support worker who provides dedicated support to carers, which is underpinned by the national triangulation of care ethos, where carers, people who use services and professionals focus on working in equal partnership to promote safety, support recovery and sustain wellbeing. Innovative MDT working continues to be effective in ward 7. MDT Screen 1 is a system used to support the remote attendance of external professionals into ward rounds and reviews.

The Electroconvulsive Therapy (ECT) department comprises a small team of specialist doctors and nurses and offers both an in-patient and outpatient service. ECT operates twice a week and provides therapy for both inpatients and outpatients across the Trust. Our ECT team support medical and nursing students, often receiving positive feedback.

Urgent and Emergency Mental Health Care – Crisis Care Service Line The Crisis Care Centre, based at Harplands Hospital, opened in October 2019 and is situated at The Harplands Hospital. The Centre brought together many NHS specialists within the Trust to offer crisis care services for individuals of all ages, 24/7 and 365 days a year.

The Crisis Care Centre is an essential component of the urgent care pathway and provides an all age single point of access to mental health services whilst also offering an immediate response for individual's experiencing a mental health crisis either by telephone or in person to ensure individuals are signposted to the most appropriate pathway to meet their needs.

The below services are based at the Crisis Care Centre at Harplands Hospital:

- All Age Access – Single Point of Contact
- Home Treatment Team
- STR Pathway

All Age Access works collaboratively alongside key external stakeholders including West Midlands Ambulance Service, Staffordshire Police, University Hospital of North Midlands and the Local Authority to ensure the care and services provided are the best they can be. As part of the community transformation the service has successfully reviewed processes and pathways to ensure that service users receive a mental health assessment of a routine nature within their locality mental health team and are currently working with CAMHS colleagues to develop the same processes and pathways for children and young people. The All Age Access Team were Regional Winners for the NHS Parliamentary Awards – The Excellence in Mental Health Care Award following nominations from 3 MP's, and attended the finals held in London.

Home Treatment Team have achieved the Royal College of Psychiatrists' Quality Network for Crisis Resolution and Home Treatment accreditation. We have now produced a new carer's leaflet which has been shared at the Service User Council for feedback and involvement. This is given to carers alongside asking about having time to speak to practitioners alone, copies on intervention plans and the offer of a carers assessment (with patient consent). The team were winners of "Placement of the Year" by Keele University.

The High Volume Users Team work holistically with service users who are regularly attending A&E. Our goal is to help reduce the number of individuals that need to attend A&E and attempt to get most, if not all, of their needs met within Primary Services. The team have developed and expanded the existing role of the team, continuing to work closely with Emergency Department and UHNM hospital wards to support discharge planning and providing them with valuable information to improve the quality of care to minimise readmission. As a result of the in-reach work the team provide a link between acute hospital services and community services to aid continuity of care for the service user, which improves their outcomes. The team have developed close links with homeless agencies and regularly attends the homeless hub. The team have completed a piece of work to explore how the Team can better support individuals with alcohol dependencies to access services and improved level of care.

Support Time and Recovery (STR) - Crisis Café

The STR Team is alternative crisis pathway providing low level support and interventions to service users in self-defined crisis, they hold a caseload as well as support the community together lounges, the Community Lounges are held in community settings as opposed to health premises and are facilitated by the LA, STR's and Charities where people can get support with food, debt, housing, mental health and other social adversities.

The Mental Health Liaison Team (MHLT) is part of the Crisis Care Service Line and aims to provide a timely comprehensive multidisciplinary assessment service to people presenting with urgent mental health problems in the emergency portals and inpatient settings at the acute hospital, University of North Midlands (UHNM). It also aims to increase the detection, recognition and early treatment of impaired mental well-being and mental disorder through effective liaison with partners in other departments within the acute trust. The objective of the service is to work with the acute trust in developing joint care pathways for patients with mental illness. The service is provided to people of all ages and comprises of doctors, nurses, social workers, Occupational Therapist and psychology.

The Team has faced unprecedented challenges over the year with the increase of referrals across all age ranges, and the introduction of a new way of working in response to the new NICE guidelines relating to self-harm, presentations. With the hospital being a major trauma centre they also can face the added complexities of supporting those that maybe out of area and then linking them back into local services. The team won an award for 'Partnership Working' which demonstrates the hard work they do with other services.

The Community Triage Team (Street Triage) work with people suffering mental distress who have come into contact with Staffordshire Police. The team work collaboratively and is based with the First Response Team at Staffordshire Police to offer advice and assessment for people where there are concerns about their mental health.

The Place of Safety/136 is for people in extreme mental distress who are detained for their own safety and the safety of others under Section 136 of the Mental Health Act by the police. Under Section 136, people can be detained for assessment for up to 24 hours.

Primary Care Directorate

The Directorate has significantly expanded over the past 12 months with the inclusion of Talking Therapies and Primary Care Network (PCN) Additional Roles Reimbursement Scheme (ARRS) Mental health teams into the Primary Care team, supporting integrated and community based care.

General practice services have also continued to develop with the integration of Keele Practice in October 2023, including general medical services provision for university based students. The Directorate providing dedicated support to quality to approve and assure services across the general practice teams, ensuring that the clinical offer is consistent across all practices whilst recognising the need to meet local health populations and building on the Directorate Care Quality Commission (CQC) rating of 'good' overall with 'outstanding' in the well led domain.

The General practice service teams aim to provide a responsive approach, monitoring access and patient satisfaction to ensure the clinical model best meets local patient needs whilst maintaining a consistent approach across the services. The practices also work closely with their respective PCNs, developing networking opportunities and working with local practices in partnership. Software has been successfully implemented at Moorcroft and Holmcroft, with Keele set to follow in April 2024; enabling patients to digitally request an appointment or information online.

Patient satisfaction continues to be an area of continuous improvement and focus for our general practice teams, care navigation also supporting the number of patients being seen by the right person at the right time has increased.

The North Staffordshire and Stoke on Trent NHS Talking Therapies for Anxiety and Depression team continues to provide assessment and psychological therapies as first choice interventions for depression and anxiety. The service provides a timely service, exceeding the national target of 75% of service users having received treatment within 6 weeks. The Talking Therapies team have continued to develop strong and effective relationships both internally and externally. This is demonstrated through continued partnerships with neighboring Trusts such as MPFT, UHNM, Local Authorities and the Voluntary Community and Social Enterprise (VCSE) Sector, supporting a step up, step down approach to patient care.

Our Primary Care Directorate ARRS Mental Health team continue to support the development of PCN teams, with the creation of additional mental health posts and growing PCN mental health teams. An ARRS Mental Health dashboard has been developed to provide data around the number of referrals and episode outcomes, providing additional information around ARRS MH performance. The ARRS MH team also working with both internal and external partners to develop effective partnerships and improve pathways to service users.

The Directorate continues to recruit to key posts within the leadership team, having successfully recruited to Associate Director, Clinical Lead, Senior Practice Lead, Service Lead posts, whilst developing a number of roles with oversight of multiple practice sites for specific work streams during 2023/24.

1.7 What the Care Quality Commission said about the Trust

The Trust continues to maintain the overall “Outstanding “ rating from the Care Quality Commission (CQC) since 2019 and is fully compliant with the registration requirements of the CQC under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Trust is registered with the CQC. The CQC has not taken enforcement action against the Trust during 2023/24 and there are no conditions on registration. The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

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

Summary Rating Table:

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

Detailed Rating Table:

Service	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Long-stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
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	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Community mental health services for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Outstanding

Ratings for Primary Medical Services

Good	Good	Good	Good	Outstanding	Good
Nov 2021	Nov 2021				

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

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

Building Capacity and Capability

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

- Dr Buki Adeyemo was appointed to Chief Executive Officer in December 2023
- Dr Dennis Okolo was appointed to Chief Medical Officer in February 2024
- Janet Dawson was appointed as Trust Chair from 1 April 2024
- Pauline Walsh was appointed as a Non-Executive Director and Senior Independent until 2025
- Patrick Sullivan stepped down as Non-Executive Director / SID in December 2023
- Joan Walley stepped down as Non-Executive Director in November 2023
- Jennie Koo was appointed as Non Executive Director - Diversity and Inclusion from March 2024
- Russell Andrews was extended as Non-Executive Director until 2025
- Philip Jones was extended as a Non-Executive Director until 2025
- Tony Gadsby was extended as a Non-Executive Director until 2024
- Keith Tattum was extended as an Associate Non-Executive Director until 2024
- Kerry Smith was appointed as Interim Chief People Officer from January 2024

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.

1.8 Our People

At Combined our outstanding people are our greatest asset, and as such we continue to develop our people, and the culture within which they work, to enhance our service user’s experience and outcomes, and improve performance with increased staff engagement and improved morale.

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

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

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

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

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

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

We employ an average of 1,699 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.

Just Restorative Learning Culture and Civility

In developing a civil, just and fair learning culture, we are committed to creating an environment of physical and psychological safety for all, ensuring that all staff at the Trust feels safe, valued and respected, through education and promotion of healthy, constructive discussion and challenge. We have completed the 1st year of our 3 year programme to develop and embed a Just Restorative Learning Culture and Civility building on Combined’s already strong foundations of equity, equality and fairness.

Staff Engagement/Health & Wellbeing/Rewards:

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:

- Wellbeing days provided for people to attend to support their personal health and wellbeing, including sessions: Yoga, Emotional Freedom Technique, Emotional Regulation, Nutrition, Crafting, Sound Baths, Physical Health Checks
- Christmas cards and gift vouchers provided to all our people, including people on the bank, thanking them for their care and compassion shown every day to the people of North Staffordshire
- Providing Health and Wellbeing boxes to our teams working the Christmas and New Year Bank Holidays

- Long Service Awards are now an annual feature with a successful event in 2023 recognising long service to the Trust and the NHS at key points: 20 years, 25 years, 30 years, 35 years, 40 years and 45 years. Our people each receive a card and badge celebrating their achievement for each key date and for those achieving 20 years for the first time a voucher.
- A key indicator of our success is our improvement in our NHS Staff Survey Employee Engagement theme score. This has grown from a score of 6.7 in 2015 to 7.34 in 2023 and we continue to successfully maintain this position. An overview our latest staff survey results (2022/23) is provided later in this report

During 2023/24 we invested significantly in listening to our staff. Engagement sessions were delivered Trust wide to review and develop our People Plan for 2023 and beyond. During 5 weeks we engaged with our people through face to face meetings, visiting services, virtual meetings and online and hardcopy survey's, asking people what matters to them, what makes them proud and how can we improve their life, now, in 12 months and beyond.

Throughout the year we take our staff survey results which are followed up with staff survey action events, designed to encourage teams to take ownership of their results, to motivate services to improve collaboration with their teams, and to create bespoke changes to meet individual needs. Whether through formal listening tools like the NHS Staff Survey, or through informal conversation with leaders and their teams, we have succeeded in building an environment where people feel listened to and included. Positive relationships and trust have been established through supportive everyday behaviours and wellbeing actions, which in turn have provided us with the feedback needed to continue to make improvements.

Health and Wellbeing:

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

Our approach to supporting staff has been:

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

Through this approach we are constantly adapting and targeting support to the current needs of our staff and by focusing 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-focused culture for our workforce which will adapt to the needs of our staff in a proactive manner.

Our people are such a valued and integral part of the Trust and their hard work, dedication and effort over the last 12 months has ensured we have been able to continue providing high quality care for our patients, local communities and general population, despite the challenges.

Over the last 12 months, the Trust has continued to take a proactive approach in supporting our staff through what have remained difficult and challenging times. Some of our activities include: Regular communication, workshops, resources, wellbeing newsletters that support staff wellbeing;

- A health and wellbeing week that was aimed at getting to staff to recognise the challenges they had faced, reflect and then start to reconnect with colleagues, family and friends to move forward;
- Health and Wellbeing Days focusing on activities to promote personal wellbeing: crafts, sound baths, relaxation, nutrition, yoga, Emotion Freedom Technique, Sensory and Emotional Regulation, Benefits of Chocolate to name a few;
- Health Checks for staff: Blood pressure, pulse, weight, blood tests etc.;
- Support Groups: Weight Management, Menopause, Running Club, Men's Health Group, Women's Health Group, Combined Choir with more planned for the future;
- The Staff Psychological Wellbeing Hub has carried out workshops, assessments and been a point of referral for signposting staff; Staff
- Support and Counselling Services has delivered workshops, individual counselling and worked with teams through critical incidents;
- The Trust recognizes the impact the economy has on individual's wellbeing and has worked with Wagestream to set up a system that allows staff early access to a portion of their salary, to build savings and access financial education;
- A financial toolkit has been developed, this includes links to sources of support and money saving hint and tips;
- We have recruited a growing number of staff to act as Wellbeing Ambassadors, their role is to support and sign post staff within their teams and to support their teams with information related to good health and wellbeing in the workplace and beyond. We currently have 28 recruited and plan for each team to have an Ambassador. In addition they are able to act as eye and ears for the wellbeing steering group highlighting areas for improvements;
- Carers peer to peer support network has been developed, this is in recognition of the additional challenges and pressure that staff who have caring responsibilities can face;
- Continue to build and develop our extensive network of CISM (Critical Incident Stress Management) training practitioners

Leading with Compassion:

Our compassion scheme enables staff, patients, carers and relatives to recognise when they believe someone has demonstrated an act of compassion. We continue to encourage the use of this scheme as part of our Induction welcome with all newly recruited staff. Since we implemented the scheme in 2016 we have received over 2300 nominations.

Leadership Development:

Our Inclusive Talent Management approach continues and is now underpinned by Our Combined People Plan following a series of engagement activities across the Trust in Feb 2023. 5 Key Priority Areas were identified following engagement from across the Trust with the previous Quality Development Conversations, Leadership for All & Growing Our Future Workforce embedded into the new Achieve Potential & Aspirations priority & underpinning work streams:

Achieve Potential & Aspirations by providing the best opportunities for our people:

- **Potential & Development Conversations:** We have continued to deliver work streams to support people to get the most out of their appraisal & development conversations and continuing to capture employee feedback on the process. We have introduced Scope for Growth Conversations to pilot groups including our leadership programme, our positive action development programmes, our leadership alumni and other selected groups. We have also launched our Career & Development Planning Guide to support individuals with the shaping and development of their own careers with a career development page in creation to support this work stream.
- **Coaching Culture:** We have also continued to offer and grow our system Coaching & Mentoring approach with our new Leadership Mentoring Programme, expanding our Coaching Culture E-learning platforms and 1:1 career coaching offers. We continue to be supported by the West Midlands Coaching and Mentoring pool, in partnership with other system stakeholder groups. This has benefits to both our people and coaches themselves by having a diverse & experienced pool of coaches and ongoing Continued Professional Development (CPD).
- **Leadership Development:** This work stream encompasses the offers available across the Trust to ensure collective, compassionate & inclusive leadership practices are embedded at every level of the organisation. We have introduced 2 new Trust Leadership Programmes including Foundations in Leadership & Management for B4-6 leaders and Combined Connects for B7+ leaders from across the Trust.
- **Leadership Academy:** We continue to develop our bi-monthly Leadership Academy, with an ongoing programme of events focusing on key strategic or operational topics aligned to our Trust Strategy, People Plan or emerging organisational needs. This continues to promote the key principles of networking, Continuing Professional Development, learning extension and/or a spotlight on good practice leadership across the Trust with external speakers enhancing the offers when required.

- **Leadership & QI Programme:** We continue to run our Leadership & QI programme for our preceptee staff which is now part of our Gold Standard preceptorship programme. The focus continues to be on understanding and developing personal leadership, embedding Quality Improvement principles and the implementations of a quality improvement project.
- **Inclusive Talent Management:** This work stream focusses on creating pipelines of talent at every level of the organisation through succession planning, career development pathways, early career engagement and recruitment offers so spans a number of teams including widening participation, recruitment, nursing and external partners. Our twice per year Leadership Alumni offer has also commenced to ensure our former
- **Leadership & Development delegates** continue to embed, role model and pay forward the development which they have benefitted from, such as; SDI workshop, opportunities to work with local schools, mentor development, external speaker sessions and CPD.

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 a national workforce supply shortage, this has resulted in an ongoing supply challenge in nursing and medical recruitment. That said, we have continued to significantly improve and stabilise our vacancy position.

During 2023/24 we have further improved the time taken to recruit new staff by fully embracing digital methods, offering our candidates an improved, streamlined on-boarding experiences through our Trac Recruitment system. We have further developed our values based, inclusive assessment centres including the introduction of an Inclusive Recruitment Guardian networking group to grow our workforce and develop new talent.

In 2023/24 the Trust developed a number of digital campaigns promoted through social media to highlight local areas and services that are not as well known to potential applicants such as Primary Care, Parent and Baby and Neuropsychology, the campaigns offered useful insight and were successful in attracting Newly Qualified Nurses and external applicants into these vacancies.

The Trust also supported a Prince's Trust Programme to encourage new to care applicants from our local community to consider healthcare positions, the Trust successfully appointed five applicants from this cohort.

Our Recruitment Team have been focusing on improving customer experience for both internal colleagues and new applicants. In July 2023 a survey was produced and feedback has been used to develop a programme of training and support to improve customer experience. In 2024 a roadshow will take place highlighting the importance of safe and fair recruitment and offer the service managers and colleagues an opportunity to learn more about the recruitment process and participate in improving practices.

In terms of retention, work has progressed as part of phase 2 of the ICS Retention Programme and following on the NHSI Retention Scheme, We have continued to review and implement a number of strategies to retain our workforce, including:

- Flexible retirement policy review to provide greater opportunities for flexible retirement
- Embracing agile and flexible working, including a Trust wide survey to feed into our awareness and learning strategy and the self- rostering pilot across two inpatient wards
- Improving our people practices by adopting a learning culture approach and practices reviewing the on-boarding process and preceptee experience
- Growing our apprenticeship offer and talent management approach
- Improving our leadership development offer with the introduction of Foundations in Leadership & Management and Combined Connects

As part of our retention programme we have redesigned our preceptorship programme for newly registered professionals following the recommendation of NHSE (2022) National Preceptorship Programme Guidance. We have been thrilled to be awarded an interim quality marker, a significant milestone that underpins the Trusts commitment to excellence in education and practice for newly registered practitioners.

We will continue to review and develop plans as part of Phase 3 where we will look to consolidate the various initiatives.

Learning Management:

Our Learning Management System (LMS), which was launched in 2017, and following an upgrade is now integrated with the national E-Learning for Health service, which gives us access to over 600 validated e-packages, allowing flexibility and adaptability to respond to learning needs as they arise.

2023/24 has seen an increase in accessibility for personal and career development training for all staff following a revitalised Appraisal module to focus more on career and personal development. Additionally, we have added to our traditional delivery methods of face-to-face sessions and e Learning packages, a third extremely successful delivery method of virtual delivery through MS Teams and Zoom. This has enabled people to join interactive sessions delivered both internally and externally, enabling access to expert specialist subjects from across the world.

2023 saw embedding and development of e-learning and increased investment into restructuring the way training is delivered. The transformation of learning into the digital world has opened up more opportunities for development due to improved accessibility. 2024 will see virtual reality and simulation type training for students and staff alike. The Trust has procured technology that will take virtual learning one step further and allow engagement across stakeholders for CPD and mandatory training.

Work Experience:

2023 saw the return of face to face work experience, requests for placements have continued to increase and the Trust has adopted a hybrid approach to the placements allowing access to placements for young people age 15 plus who cannot access the clinical areas with more planned for the coming months. February 2023 launched the system wide “Virtual Work Experience” week was attended by over 300 students from schools/colleges across Stoke and Staffordshire. The week consisted of webinars, question, and answer sessions, meet the mentor and online audio and video content about roles across our local authority and NHS providers. There have been further successful cohorts and the Trust now has on demand access which supports the hybrid approach to work experience and increases accessibility.

Face to Face/Work Experience											
Total 23/24	Female	Male	Non-binary	Trans	Female/Male non-binary	Prefer not to say	White	Black	Asian	Mixed	Prefer not to say/Other
12	9	4	0	0	0	0	5	0	1	0	5

On Demand/Virtual Work Experience	Date	Format	Participants	Bronze	Silver	Gold	Programme	Female	Male	Trans Female/Male non-binary	Prefer not to say	White	Black	Asian	Mixed	Prefer not to say/Other	First General School	Eligible Ex Free or care	Carer	SEN or Disabled		
Mental Health	Jul-Sept 23	On Demand	289	127	26	136	8.8	89%	8%	1%	1%	1%	52%	3%	24%	4%	3%	2%	37%	26%	3%	4%

Kings Fund (formally The Princes Trust)

The Trust has facilitated 2 cohorts of the Get Started programme in collaboration With the Kings Fund resulting in the recruitment of 1 HCSW in 2023 with 4 job offers made in Jan 2024. The programme continues to grow and link in with System partners to look how we embed this collaboration alongside our Apprenticeship programmes.

T levels

The Trust is working with the ICS to embed T levels across the patch, excitingly our first placement will feature our estates directorate as our pilot placement with plans to expand placements within our Specialist directorates for Learning Disability nursing and Allied health professionals.

Careers into Schools

The Trust is undertaking a pilot using Meta verse technology VR Park, we are pioneers with this Technology as the software has not been used in an NHS Trust to date. This will help our Trust to attract a wider range of people into NHS careers. The first event in schools will commence in February 2024.

Apprenticeships and New Roles:

In 2023/24 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 fourth year in a row. We are proud that we have over 100 active apprentices. We continue to maximise our levy spend.

Following the success of our Registered Nurse Degree cohorts, we recruited an additional 20 apprentice Trainee Nurse Associates. In 2023 we successfully welcomed 5 Social Worker Degree apprenticeships with plans for additional cohorts in 2024/25. We have implemented our first Occupational Therapy apprenticeships and had 5 apprentices enroll in 2023 with more commencing in 2024. We continue to support the ICS Health and Social Care rotational apprenticeship programme, with our first HCSW apprentices commencing in 2023 in our Learning Disabilities services as part of this scheme. The Trust is working with the ICS to identify apprenticeship roles for future Kings Fund programmes.

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:

Our fantastic REACH Staff Awards are one of Combined's flagship and most popular events – running since 2015 and have grown each year in terms of nominations received, breadth of Awards and quality of the event. For 2023, we had a fabulous new venue for the event. The 2023 REACH Awards took place on 15th November 2023 in the Keele Hall Ballroom. And the feedback from our attendees was that it was the best REACH Awards ever.

For those not able to attend in person, the whole event was broadcast live via this website – and people could choose whether or not to watch the livestream in normal mode or in a fabulous Virtual Reality experience, so they could enjoy the best seat in the house, direct from their living room or workplace.

Also, for 2023, we were delighted to be presenting REACH in partnership with our main event sponsor, Interclass. We were also proud and grateful for award sponsorship from an unprecedented number of organisations:

- CACI
- Dedalus
- IT Works Health
- Port Vale FC
- SERCO
- Stoke City FC
- Town Hospitals Ltd
- Unison

As part of the ceremony, we unveiled a special film celebrating the outstanding partnership between Combined Healthcare and Interclass which is delivering fantastic new facilities at our Harplands Hospitals through Project Chrysalis. This can be viewed on our YouTube channel

Listening to Staff, including Freedom to Speak Up:

We continue to have well established platforms for raising concerns, being heard and people feeling supported.

- Our established Freedom to Speak (FTSU) Up Network continues to focus on localised support within all services and our FTSU Guardian delivers reactive personalised support to our people and proactively supports the creation of open and safe cultures throughout the Trust. Local data shows an increase in the number of people using this valuable platform to raise concerns, indicating an improvement in people feeling safe to speak up and confident that our organisation will support change. The FTSU Guardian has reviewed the position of all existing FTSU Champions to ensure we recruit and support a diverse range of roles and people in this voluntary post to meet the needs of our people and our services, with a specific focus; and using data to identify areas of greatest need. Champions will continue to be supported to promote FTSU at local team level and where necessary, further recruitment will take place.
- Freedom to Speak Up continues to be strengthened through the use of mandatory learning through the 'Speak up', for all staff and the 'Listen up' and 'Follow up' learning for managers and leaders. In October 2023, we held a full range of activities to support Freedom to speak month and our FTSU Guardian is working to develop a communication and engagement plan to map out activity for this forthcoming year. This includes the FTSU Guardian being integral to the ongoing development of Restorative and Just Learning culture.
- Our 'Dear Bukki' initiative provides all staff with access to our Chief Executive, enabling our people to anonymously raise any issues, concerns, service suggestions or compliments. Responses are provided transparently to all concerns using our staff intranet.

These important platforms are promoted regularly throughout the Trust along with alternative routes for our people to raise concerns and feel heard.

Staff Survey:

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

We strive to ensure that our data is used effectively, listening to the needs of our people as we plan to make improvements in the areas where feedback has been received. Our response rate has again been good and we thank our people for what they have told us. We feel proud that so many of our people feel willing, able, safe and enthusiastic to share their experience and views.

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

We will celebrate our overall achievements and will reassure our people that our data will be studied in detail, as we listen to everything we have been told. We will continue to focus on the delivery of our People Plan objectives through Trust-wide and bespoke directorate plans to engage with and address those areas where we need to do more.

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

Inclusion and Belonging:

The Trust continues to place equity, diversity and inclusion - and creating a sense of belonging - at the heart of our People approach. We remain unrelenting in our passion to make health and care wholly equitable, diverse and inclusive. We strive to be the best that we can be on developing greater inclusion and being Outstanding in how we do just that.

We are proud to have delivered further tangible progress and to be again recognised among the best performing Trusts for the Workforce Race Equality Standard (in which we had the best score nationally for belief in equal opportunities by our Global Majority heritage colleagues) and Workforce Disability Equality Standard (in which we performed 7th best nationally (top 4%) for overall performance).

Other key inclusion quality highlights are summarised below:-

1. Engaged with our local communities at a range of community events including Stoke Pride and Armed Forces Day, through our Community Services Transformation process and in delivering a range of Wellbeing College learning events which are free to attend to community members and workforce alike
2. Improved accessibility to our sites and services and Trust information:
 - We increased the numbers of service users and carers accessing our AccessAble which are detailed Accessibility Guides providing information on what access will be like when visiting one of our Trust services. This enhances peoples experience of using Trust services, reduces anxiety and improves attendance and additionally, drives further improvements in accessibility; (From January 2023- January 2024, there have been 4563 users and 7395 page views)
 - We launched the use of our new Accessibility Toolbar to support service users, carers and colleagues and particularly those who are neuro-diverse in utilising our Trust internet (and intranet for colleagues). We have also committed to building in much greater accessibility by design into our new internet and intranet platforms which are in development planned for launch in 2025.

- We have refocused on Accessible Information and Communication for service users and carers, ensuring that colleagues are aware of how to ensure people's accessible information and communication needs are identified, flagged, recorded, shared and acted on.
3. Supported our diverse workforce and colleagues in minoritised and/or marginalised groups:
 - We have advanced the working of our Staff Networks and further integrated these groups as powerful vehicles for positive change through the organisation, to the benefit of staff and our service users;
 - We launched our Anti-Racism Statement during Race Equality Week 2024 as part of our work to deliver on our 3-year change programme on race inclusion using The RACE Equality Code framework. As an anti-racist organisation, we commit to being proactive, taking action to tackle and eliminate all forms of racism at source, including working actively to de-bias our people processes;
 - We have extended our Differently Abled Buddy Scheme programme and support across the ICS - developing awareness, understanding and experiences around disability and neuro difference,
 4. Continued to educate our Trust and system workforce on inclusion across the ICS, through delivery of a number of programmes, including: Inclusion School, New Futures, Comfortable Being Uncomfortable with Race and Difference and WRES Champions development.

As always, we have met our annual statutory and NHS inclusion duties in publishing our Trust Diversity and Inclusion Annual Report 2023 and other annual equality reporting obligations, including the WRES, WDES, and Gender Pay Reporting.

Further detail on the Trust's delivery against its 2023-24 Diversity and Inclusion delivery programme, including our Inclusion and Belonging Annual Report, will be published on the Trust website by the end October 2024.

PART 2

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

2.1 Engaging partners and stakeholders

Within the portfolio of the Director of Strategy and Partnerships, the Transformation Management Office (TMO) was formally launched in April 2023. Since its formation, TMO has delivered project and programme support across all areas of the Trust, developing excellent working relationships with corporate and operational teams as well as partners across Staffordshire and Stoke – On - Trent.

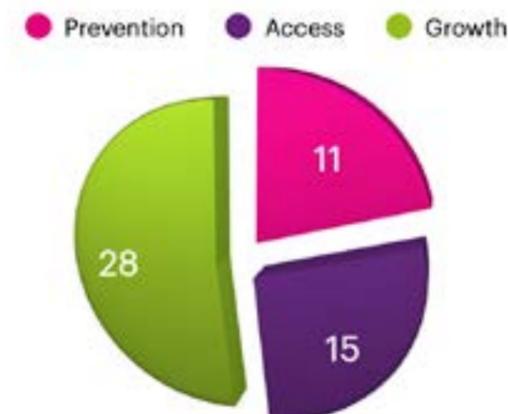
The TMO team ethos is outlined below:



As well as the more practical elements of project and programme management, TMO is playing an increasing role in supporting colleagues across the Trust to navigate the complexities of System working and system-wide transformation, including as part of Provider Collaborative models, in delivering the Trust's Sustainability Programme and coordinating the emerging Inpatient Quality Transformation Programme.

During 23/24 TMO has successfully managed 43 projects and programmes. 18 of those have now closed to TMO involvement following completion of all relevant activities, with 25 ongoing as we approach the new financial year. These projects and programmes have contributed to the Trust's Strategic Priorities and Enablers, as set out below.

Projects/Programme by Strategic Priority



Projects/Programme by Strategic Enabler



In delivering these projects and programmes, TMO has continued to review and strengthen its methodologies, including our approach to benefits realisation to help us more accurately understand what difference has been made.

Looking forward to 2024/25; the TMO will continue to support the achievement of the Trust's strategic vision with a focus on continual learning and improvement from the transformational activities delivered.

2.2 Quality planning, governance and quality improvement

Quality Improvement:

Our shared purpose is to embed Continuous Quality Improvement in all areas of our work so that “Improvement Thinking” becomes part of everyday life.

The Quality Improvement Team endeavours to give the people closest to the issues affecting care the time, permission, skills, and resources to solve them, bringing about a measurable improvement. Quality Improvement (QI) projects focus on “what matters to you” improving the experience of staff and the enjoyment of our work at Combined.

Work has begun using the NHS IMPACT self-assessment tool this allows us to identify our strengths and opportunities for development when applying our organisational-wide approach to improvement and provides a framework to build and develop our refreshed strategy moving forward.

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

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

This year has seen the growth of Co-production and QI a clear example of this is the Co-produced Patient Experience Team Project where the aim was

“To improve complainant satisfaction with the complaints process, aiming for better communication that is compassionate, empathetic and person- centred and improve the response time.”

The key results were;

We do not use ‘upheld,’ ‘not upheld’ or ‘partially upheld’. The complaint response is now more compassionate, and person-centred. We have a new offer, to walk people through the complaint response process. There are check-in points to keep the complainant informed. Where complaints involve challenging conversations, we acknowledge this. We are co- producing and co-delivering our new Reviewing Officer training and we have a Peer review panel.

This focus on Co-production has continued with our Partners across our ICS a Co-produced and delivered training workshop for people with lived experience who would like to be part of a group in a QI project. This is now delivered at the North Staffordshire Combined Wellbeing College and by our partner organisations. We will continue to work with our Reducing Restrictive Practice and QI collaborative which has supported staff with the delivery of the improvement projects and given people the opportunity to share their learning for example, Reducing the use of Rapid Tranquilisations on Ward 3.

We have connected our assurance processes with a new role, Towards Outstanding Regulatory Compliance Lead, using Quality Improvement methodology to move action plans forward, this will be a key focus throughout 2024/25 to ensure every team has a ‘towards Outstanding’ Improvement plan. Similarly, we are working with our Patient Safety Team using Quality Improvement methods within the Patient Safety Incident Framework.

2) Developing capability in Improvement skills

We will continue to use the Model for Improvement as our map or guide to delivering Quality Improvement. Our QI team has designed and delivered a comprehensive suite of learning opportunities to support teams and individuals to understand problems before they act, set measurable aims, test on a small scale, and learn fast without fear of failure.

114 people have undertaken training with 8 completing our flagship Improvement Leaders Programme becoming QI Leaders. Each participant in this programme has undertaken a QI project poster which is shared at a celebration event. Similarly, 6 Nurses in their Preceptorship year have also completed improvement projects as part of the preceptees programme. There are 51 currently active projects and 40 completed on Life QI with 186 people using the platform to keep their projects on track.

QI Mentoring, one-to-one support to individuals will continue throughout 2024/25 as they deliver improvements where they work; this approach has been extremely popular with medical colleagues and Team Leads.

This year has seen the growth of our Integrated Care System (ICS) QI Network with system partners and Shropshire and Telford & Wrekin we have delivered 4 Connect, Learn and Share QI Network sessions. We have continued developing relationships across our ICS via the Continuous Quality Improvement Sub-Committee creating Continuous Quality Improvement Resources for our ICS.

3) Engaging and inspiring belief in QI

Processes have been improved creating reliability by design and increasing productivity for example, the project aims to reduce the Memory Service, wait times from referral to assessment.

Our focus continues to be on connecting people and sharing the learning, by delivering days such as Inspiring Combined with the Audit, Research and Evaluation teams and monthly Ideas Cafes.

Sustainability a QI approach can help identify and reduce waste. This year the Darwin Centre developed their own QI project encouraged by ICS partners removing single-use plastics from the medication process; initially this was co-produced with the young people on the ward and led to more Environmentally Friendly initiatives across the ward.

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

We will continue to connect the QI approach to our assurance processes, staff survey action plans, audits, and innovation throughout the Trust, linking QI projects with the key pieces of work, including capacity and demand issues. Our “what matters to you approach” will give our staff the permission and ability to resolve daily work issues locally, creating a continuous quality improvement culture and enabling our workforce to enjoy their work and thrive.

2.3 Statement of Assurance from the Board

How progress will be measured and monitored:

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

Quality was monitored by our monthly Performance meetings, through Board Committees and through the Trust’s Integrated Quality Performance Report (IQPR). There is a contract in place to ensure clarity regarding the services commissioned for local people, the expectations of the service provider, and expectations for the quality of services.

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

The Trust registered with the Care Quality Commission in 2010, without conditions, to provide a range of regulated activities. We have self-assessed against the outcomes, defined by the regulations, and declared compliance against all including the NHS Provider License 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 these needs, and national priorities. We have continued to evolve our Improving Quality & Performance Report Board Report (IQPR), primarily using statistical process charts to analyse trend data across both clinical and non-clinical performance metrics. This enables the Trust to demonstrate quality improvement and describe the process changes that have resulted in it. It also enables the early detection of any issues and development of performance improvement plans to rectify them.

Litigation cases for 2023 / 2024:

Employee/Public Liability – Claims 2023/24

The number of non-clinical claims remains low, three new claims have been received during this period, two employee liability and one public liability (agency nurse). Liability has been repudiated on two and the Trust is awaiting a response from the claimant’s solicitors. Liability was admitted on the third, as the claimant had not received any statutory/mandatory training due to an oversight. One public liability claim from 2018 was due to go to trial in February 2024, however settlement was agreed prior to the court date following advice received from Legal Counsel, therefore this would mean the Trust paying the excess on the scheme of £3,000. A trial date of 3rd April 2024 has been set for an employee liability claim from 2020, however we are working closely with NHS Resolution and panel solicitors to resolve with matter prior to that date. A further case is in the early stages and information gathered has been sent to NHS Resolution for their assessment. 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 2023 - 2024

The number of clinical claims remains low, three new claims have been received since April 2023.

From 2021

- Two clinical negligence claims received in 2021, one is settled and one is ongoing with NHS Resolution and outsourced solicitors, the claim continues with mediation with the claimant’s solicitors.

From 2022

- Two data breach claims, have both been settled.
- One clinical negligence claim following a road traffic accident, is ongoing.
- Two clinical negligence claims for misdiagnosis, one is settled and one is ongoing.
- One clinical negligence claim for an in-patient fall, is ongoing.

From April 2023

- One new claim for misdiagnosis and inaccurate recording, in early stages of investigation.
- One new negligence claim for failure to assess and admit.
- One new negligence claim for failure to escalate to an appropriate bed.

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

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

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

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

Our Electroconvulsive Therapy (ECT) Service has the Electroconvulsive Therapy Accreditation Service (ECTAS) accreditation. The Mental Health Liaison Team have submitted evidence and received their peer review for PLAN's accreditation and are also awaiting final confirmation. Our Home Treatment team were proud to receive confirmation of their accreditation with Standards for Crisis Resolution and Home Treatment teams (QNCRHTT) in May 2023. We are proud that in Q4 2022/23 our Memory Services successful reaccredited with the Memory Service Network Accreditation Programme (MSNAP). The Parent and Baby service will also start the accreditation process for the Perinatal Quality Network (PQN) in 2023/24 now there is a substantive Consultant which is a requirement under the standards.

2.4 Review of services

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

During the period from 1st April 2023 to the 31st of March 2024, we have reviewed all data available on the quality of care, in all of the NHS services we provide.

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 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 that key element of clinical governance.'

During 2023/24, 9 national clinical audits, 2 national confidential enquiries, and one national review programme covered relevant health services, provided by the Trust where eligible cases were identified and were collecting data.

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

Learning Disabilities Mortality Review (LeDeR)

- National Audit of Cardiovascular Disease Prevention
- National Audit of Dementia: Spotlight Audit in Community- Based Memory Assessment Services
- National Audit of Inpatient Falls (NAIF)
- National Clinical Audit of Psychosis: EIP Spotlight Audit 2024 (Bespoke Audit)
- National Clinical Audit of Psychosis: EIP Spotlight Audit 2024 (Routine Audit)
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
- National Core Diabetes Audit
- National Obesity Audit
- NCEPOD – End of Life Care
- Prescribing Observatory for Mental Health (POMH) (2 topics)

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
Learning Disability Mortality Review	All those meeting eligibility criteria (100% return)	31	100%
National Audit of Dementia: Spotlight audit in community-based memory assessment services	Minimum of 50	55	110%
National Audit of Inpatient Falls	All those meeting eligibility criteria (100% return)	2	100%
National Clinical Audit of Psychosis: EIP Spotlight Audit 2024 (Bespoke Audit)	100	100	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	All those meeting eligibility criteria (100% return)	23*	100%**
NCEPOD End of Life Care	4	4	100%
The use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services (POMH Topic 22a)	No minimum number specified	80	NA
Monitoring of patients prescribed lithium (POMH Topic 7g)	No minimum number specified	68	NA

Title	Number of cases required to be submitted	Number of cases submitted	Percentage of cases submitted
National Audit of Cardiovascular Disease Prevention	NA – Data extracted automatically from the General Practice Extraction Service.		
National Core Diabetes Audit	NA – Data extracted automatically from the General Practice Extraction Service.		
National Obesity Audit	NA – Data extracted automatically from the General Practice Extraction Service.		
National Clinical Audit of Psychosis: EIP Spotlight Audit 2024 (Routine Audit)	NA – Data extracted from MHSDS by NHS Digital		
*Cases confirmed as having had contact with the Trust in the year before their death. **Cross-Checking returns completed.			

The reports of 4 national clinical audits were reviewed by the provider in 2023/24 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 Topic 20b: Valproate prescribing in adult mental health services

Good Practice	Key Actions
<ul style="list-style-type: none"> Plasma level monitoring of valproate treatment is only used when there is evidence of ineffectiveness, concerns about medication adherence or closely related side effects. Of patients recently prescribed valproate 3 out of 4 had a review of therapeutic response, side effects and medication adherence within 3 months of initiation. 	<ul style="list-style-type: none"> To remind prescribers in CMHTs what the standards are when initiating valproate treatment and how to document this appropriately. To remind prescribers of the requirements for women of childbearing age on valproate treatment.

POMH Topic 7g: Monitoring of patients prescribed lithium

Good Practice	Key Actions
<ul style="list-style-type: none"> All patients recently prescribed lithium had received e-GFR and thyroid function tests prior to initiation. Serum level had been measured at 6 months in 95% of cases. In 95% of cases, U&Es and e-GFR tests had been conducted at 6 months. 	<ul style="list-style-type: none"> To check that baseline monitoring requirements for specified medications (including lithium) are included in the trainee doctor handbook. To develop a chart for lithium monitoring for display at Medicines Monitoring / Physical Health clinics. To explore specific side effect monitoring tools for lithium.

National Clinical Audit of Psychosis: Spotlight on EIP Services 2023

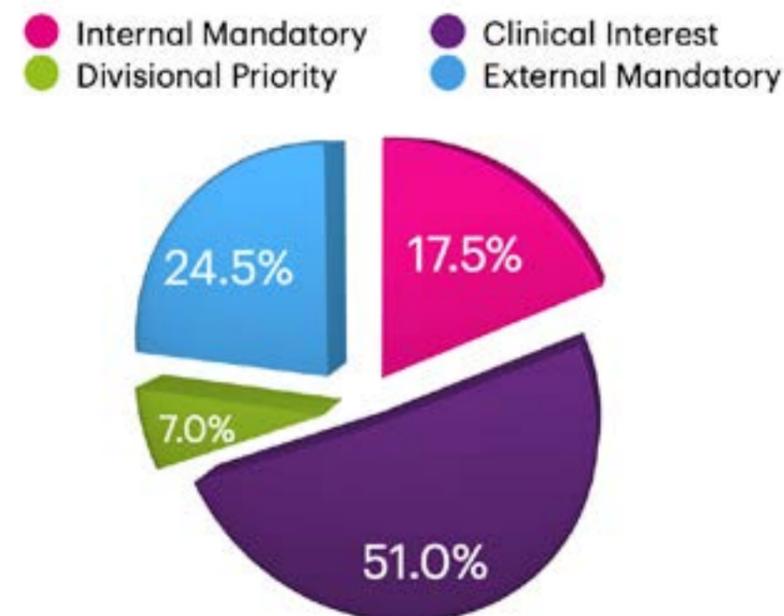
Good Practice	Key Actions
<ul style="list-style-type: none"> Trust service rated Top Performing for 2023. Uptake of carer-focused education and support had risen to 93% from 69% in 2021. Positive progress in collection of paired outcome measures, which had risen from 57% in 2021 to 78% in 2023. 	<ul style="list-style-type: none"> To continue to work to improve SNOMED coding for assessments and interventions. To link in with CAMHS colleagues to build on joint training. To further develop dashboard reporting in conjunction with Business Intelligence colleagues.

NCEPOD Transition from Child to Adult Health Services

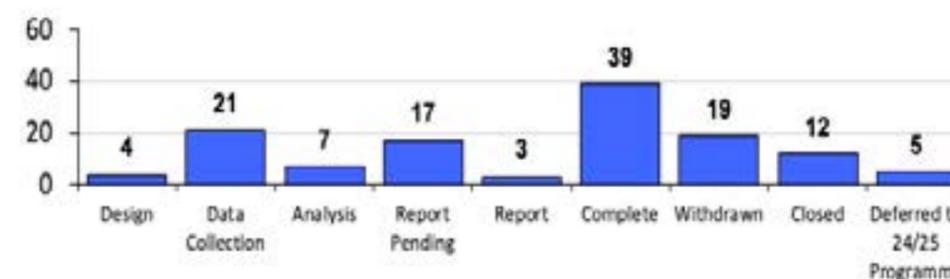
Good Practice	Key Actions
<ul style="list-style-type: none"> N/A - Data reported nationally at aggregate level. Organisational data only requested from the Trust. 	<ul style="list-style-type: none"> To complete review Transitions policy. To develop and roll out coproduced training sessions for clinical staff.

Local clinical audit and evaluation programme 2023/2024

All projects on the clinical audit programme (with the exception of clinician interest projects), were facilitated by the Clinical Audit Department. The programme is split into four priority levels in line with national requirements / standards, including National Institute for Health and Clinical Excellence (NICE) guidance, POMH and 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 103 active projects undertaken by the Clinical Audit Department during 2023/24, 39 (38%) were completed and 12 (12%) were national projects which had been completed but for which no report had been provided. The graph below, outlines the 127 projects registered on the clinical audit programme for the period, and their status:



For all clinical audits on the formal programme of work, an action plan to improve the quality of healthcare is developed in conjunction with the project steering group. The process includes reviewing the findings, and devising appropriate actions to reduce any shortfalls identified. The action plans are agreed with the audit lead, and then submitted to the Clinical Effectiveness Group (CEG) 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 and evaluations were reviewed by the provider in 2023/24 and NSCHT intends to take the following actions to improve the quality of healthcare provided:

Areas for action include but are not limited to:

- Review of new care planning process for adaptation to CYP services.
- Design of new healthy lifestyle advice leaflet for distribution to patients with ADHD.
- All patients to be offered hepatitis and HIV screening before discharge from the Edward Myers Centre, with clear documentation in notes.
- To ensure that all patients have an ECG completed and reviewed prior to admission for detoxification at the Edward Myers Centre.
- Development of an easy read NEWS2 poster for key ward areas.
- Development of a coproduced pre-transition questionnaire and
- Preparing for Adulthood wellbeing passport.
- Update of the digital wellbeing portal to include adolescent depression.

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

In 2022, we developed a three-year research and innovation roadmap - aligned to several strategic influences, including the Trust strategy and ambitions to inspire research, evidence in practice, and innovation. Below, we explore and share some of the areas of work to support the roadmap during 2023/24.

Supporting the successful set-up and delivery of National Institute of Health Research (NIHR) research.

Supporting and ensuring the successful set-up and delivery of research in the Trust remains a priority. The Research and Development (R&D) team played an integral part, supported by clinicians and teams, in finding suitable studies and ensuring rapid assessment, alongside providing valuable support around feasibilities (n=84), set up, amendments (n=29), delivery, close-out (n=13), and archiving.

During 2023/24, the Trust hosted 23 studies (n=14 NIHR portfolio, n=9 non-portfolio), recruiting 233 participants (n=109 NIHR portfolio, n=124 non-portfolio) – a significant increase in NIHR portfolio participants from the 2022/23 figures (n=35).

Engagement in research

We are pleased to report an increase in Principal Investigators (PIs) over the past year, rising from seven to 10, 43%. The uptake of Trust staff undertaking Good Clinical Practice (GCP) training, the minimum standard training requirement for involvement in research, increased by 142% from 12 to 29.

The R&D team continued to provide extensive support and guidance to Trust staff conducting research, providing valuable support and guidance throughout the research lifecycle to assist local Universities (Staffordshire and Keele) in their research sponsorship roles. The Trust are partners of Staffordshire and Stoke-on-Trent, Shropshire, Telford, and Wrekin Research Partnership (SSHERPa), collaborating, supporting, and leading on various workstreams.

Strengthening research and evidencing practice

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

Over the last 12 months, there has been a significant increase in the number of evaluations across the Trust, which form part of the Clinical Audit and Evaluation reporting, with the R&D leading on more strategically focused evaluation activity, including a learning review for GP vertical integration and the review for Community Mental Health Transformation.

Our two Clinical Academic posts continue to strengthen and develop our research portfolio – collaborating with universities, publishing their work, and developing future proposals for research and evaluation. We encourage staff to evidence their practice and share and showcase their work and saw a 100% increase, from six to 12 in activity for publications and presentations from the previous year.

Publication Spotlight

- Lines, J. & Krishnadas, K. (2023). “Developing an outcome measure for an adult intellectual disabilities intensive support team – a practice paper”. *Advances in Mental Health and Intellectual Disabilities*, Vol. 17 No. 3, pp. 202-212.
- Baldwin, O., Breed, A., Grayling, J., Haque, A., McCormack, D., Methley, A., Yates, S., & King, L. (2023). What makes a ‘good’ neuropsychological assessment? An evaluation of service user and professional stakeholder opinions. *Clinical Psychology Forum*, 365, 24-31.
- Gaskell, C., Simmonds-Buckley, M., Kellett, S., Stockton, C., Somerville, E., Rogerson, E., & Delgadillo, J. (2023). The Effectiveness of Psychological Interventions Delivered in Routine Practice: Systematic Review and Meta-analysis. *Administration and Policy in Mental Health and Mental Health Services Research*, 50(1), 43–57.

The R&D team, alongside an external writing company, hosted a successful Research Sponsorship Programme for 20 interested staff - aimed to support journal and grant development and writing skills and develop our research portfolio further.

Innovation

Innovation at Combined is orientated around innovative approaches and forms one of the three key building blocks to making an organisation Outstanding. During 2023/24, we hosted a Summer of Innovation and other key events and initiatives which focused on supporting, developing, and showcasing innovation, these included:

Inspiring Combined 2023

The Research, Quality Improvement, and Clinical Audit teams came together to host a joint event which was aimed at inspiring staff to take ideas forward and make change happen. Happy Ltd, as our guest speaker, brought sunshine to the room with tips, tools, and advice on creating a happy workplace. Attendees participated in breakout sessions – all aimed at empowering creativity. Teams were invited to share what inspires them to innovate and improve in a “sofa-style” hosted discussion. Planning for a second event, Motivating Combined 2024, is currently underway.

Dragons’ Den 2023

2023 Dragons’ Den saw applicants pitch to our fantastic panel, which consisted of our Chief Executive, Dr Buki Adeyemo, our Chief Finance Officer, Eric Gardiner, our Deputy Chief Medical Officer, Dr Ravi Belgamwar, and our Peer Recovery Coach, Toni Ellam. The six Dragons’ Den pitches included exploring digital interventions in neuropsychology, using virtual reality with young people, exploring sensory integration spaces, and supporting staff incentives for sustainability and resources for service user wellbeing. All ideas were supported, with some fully funded or offered support to pilot and bring back.

2023/24 Dragons’ Den Spotlight: Enhancing Accessibility and Wellbeing through Digital Assistants, supported by Wavemaker

In recognising the need to address barriers to technology adoption, the Wavemaker project aimed to bridge the digital divide by providing smart speakers with display screens who may have little to no access to technology. Through qualitative and quantitative methods, the project provided valuable insights into the benefits, challenges, and improvements associated with digital assistants. Overall results showed that a digital assistant in the home can provide access to information and support to help improve and manage health and wellbeing.

Ideas Café 2023

Ideas Cafe is a support platform for all staff to start thinking about, sharing, or gaining support for ideas and innovations. During 2023/24, we hosted several ideas cafes across professional groups and topic areas. For 2024, Ideas Cafe joined with the Quality Improvement Cafe to further support the focus on improvement.

Looking forward to 2024/25

2023/24 was an exciting year for research, evidence, and innovation. In 2024/25, we look forward to strengthening our profile, exploring new and exciting ways of working to support our research and innovation roadmap and staff ideas, and developing our research and evaluation portfolio further.

2.7 Statement from the Care Quality Commission

North Staffordshire Combined Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) (registration number CRT1- 17707835325), and are registered to carry out the following regulated activities:

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

At the following locations:

- Lawton House (Trust Headquarters)
- Harplands Hospital
- Darwin Centre
- Dragon Square Community Unit
- Summers View
- Hilda Johnson House (formerly Florence House)
- Moorcroft Medical Centre (branch surgery Moss Green)
- Holmcroft Surgery
- Keele GP Practice (University Medical Centre Keele)

Further information regarding our registration and compliance process can be found in the papers to the Trust Board at <https://www.combined.nhs.uk/about-us/cqc-rating/registration-with-the-care-quality-commission/> on the Trust's Public Website or on the Care Quality Commission's (CQC) website at: www.cqc.org.uk

CQC inspection:

Following our inspection in December 2018 and January 2019, and as noted earlier in this report, the CQC rated the Trust as 'Outstanding' for which we have maintained. There have been no further inspections.

There have been no enforcement actions required by the Trust during 2023/2024 CQC Special Reviews and Investigations:

The CQC has not required the Trust to participate in any special reviews nor investigations during 2023/2024.

2.8 Statement on Data Quality

Data Quality Maturity Index (DQMI)

The DQMI is a monthly publication intended to raise the profile and significance of data quality in the NHS by providing Trusts with consistent and transparent information about their data quality.

NHS Providers, and any third sector organisations providing secondary Mental Health services are measured against key national datasets to create a composite indicator of data quality at a provider level.

The latest published DQMI score for the trust stands at 94.1% (October-23). We are working with clinical services and our data warehouse supplier to continuously improve our data quality position and are confident we will achieve the target of 95% by the end of 2023/24.

NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2023/24 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, included in the latest published data (October-23).

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

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

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

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

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

Data Security and Protection Toolkit

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

External Clinical Coding Audit

In December 2023 the Trust was subject to the annual external clinical coding audit for 2023/24 by NHS Digital approved auditors. The results in the audit report for clinical coding (diagnosis and treatment) are:

- 98% Primary diagnosis correctly recorded
- 97.7% for Secondary diagnosis correctly recorded
- 100% for Primary Procedure correctly recorded
- 100% for Secondary Procedure correctly Recorded

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

Relevance of Data Quality

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

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

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

Data Quality Metrics

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

Action to Improve Data Quality

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

Other actions include:

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

Data Quality Forum - Data issue management

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

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

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

Data Quality Assurance Framework

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

- Oversight
- Process
- People
- Systems
- Measures

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

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

Data Quality Internal Audit

In the Internal Data Quality Audit 2023/24, MIAA undertook a KPI Data Quality Review of the 30-day Emergency Readmissions metric to provide assurance that systems and processes are in place to accurately report performance against the Trust's key performance indicators (KPI).

They made an overall assessment opinion of substantial assurance with one medium and one low improvement opportunities.

The report concluded that there is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.

Looking ahead

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

Meeting Key National Performance/ Data requirements 2024-25

- Implementation of new Waiting Time standards
- Performance monitoring of NHS Mental Health Operational Planning forecasts
- Implementation of MHSDS V6

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

Performance clinics have been fundamental in increasing engagement at directorate, service line and team levels. The meetings are held on Microsoft Teams which is the ideal setting for the performance team and clinical services to efficiently collaborate. Validation of performance KPI's and driving improvements in data quality are the key focus within these meetings.

PART 3

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

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

The CQUIN framework is a national framework which prioritises the achievement of ambitious quality improvement goals, and innovations agreed between commissioner and provider with active clinical engagement. The CQUIN framework is intended to reward genuine ambition and stretch trusts, encouraging a culture of continuous quality improvement. All CQUINS for 2023/24 were prioritised nationally, with the following indicators applying to Trust services:

CQUIN 2023/24

CQUIN	Patient Safety	Clinical Effectiveness	Patient Experience	Innovation
Flu Vaccinations for Frontline Healthcare Workers	✓			✓
Routine Outcome Monitoring in Specified Mental Health Services		✓	✓	✓
Use of Restrictive Practice in Adult / Older Adult Settings	✓	✓		✓
Use of Restrictive Practice in Tier 4	✓	✓	✓	✓

Flu Vaccinations for Frontline Healthcare Workers SPAR priority: Safe

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

How did we monitor and report on progress? An improvement plan was developed by the working group to monitor progress in implementing processes across the Trust. For 2023/24, flu vaccinations were brought back in-house, having been primarily offered to staff alongside COVID-19 booster vaccinations at our neighbouring acute Trust, UHNM during the 2022/23 flu season. Flu vaccinations were recorded using the Fusion system and regular reports provided via workforce and the Infection Prevention and Control team.

What did we achieve? Throughout 2023/24, the Trust has continued to publicise and prioritise the vaccination of frontline clinical staff, in order to contribute to patient safety.

- Monthly seasonal flu planning meetings commenced in July 2023 in order to complete all the necessary actions to ensure the vaccine were made available from 25 September 2023 through to the end of February 2024, taking into consideration lessons learned from the previous year’s campaign.
- 46 peer vaccinators were recruited and attended flu vaccination training (or for those who had undertaken the training previously on-line e-learning modules were undertaken). On completion of training all peer vaccinators completed individual competency assessments to enable them to assist the infection prevention and control team in administering staff flu vaccinations safely.
- The seasonal flu campaign was officially launched on 25 September 2023 by the Infection Prevention and Control Team (IPCT) via all communications platforms
- The Seasonal Written Instructions were approved (written instructions by which specific medicines can be supplied and administered without a doctor’s individual prescription).
- The Trust’s Electronic Staff Records (ESR) system was used to identify any teams, sites, or services where there was less uptake so extra effort could be directed to those areas.
- On review of staff survey, our staff indicated a weekly prize draw incentive would encourage staff to uptake flu vaccination and was a great way to say ‘Thank you’.
- Vaccination was delivered on site via static clinics held in EMU and roving teams
- There was a 21.5% increase recorded for the uptake of the flu vaccine compared to the previous year’s data. 1579 NSCHT staff received the vaccination, a total of 53.32% as of 23 February 2024.
- Uptake of the Covid-19 winter vaccination for NCSHT staff was 32.80%, an increase of 1.21% from the previous year. MPFT vaccination team supported the delivery of on-site vaccination for both patients and staff on selected dates.

Routine Outcome Monitoring in Specified Mental Health Services SPAR priority: Recovery-Focused

Our goal: We aimed to improve on our use of outcome measures with service users in our adult mental health, children and young people's and perinatal services in order to inform care and increase service user satisfaction. In adult services we also aimed to improve the use of patient reported outcome measures (as opposed to those which are completed by clinicians).

How did we monitor and report on progress? The Working Group met regularly to review data and identify actions for improvement. Data was extracted quarterly at national level from the Mental Health Services Data Set (MHSDS) and internal data was also regularly reviewed.

What did we achieve? Good progress has been made, though this work stream will continue to be monitored as part of ongoing pathway development.

- The use of three core outcome measures (Goal Based Outcomes (GBO), Dialog and Recovering Quality of Life (ReQoL)), has been integrated into new clinical pathways which are being implemented across adult community services.
- The use of outcome measures for children and young people has been reviewed, and these are also intended to be built into pathways moving forward.
- Work has been undertaken to improve data quality, including attaching SNOMED codes to outcome measures in Lorenzo.

Use of Restrictive Practice in Adult / Older Adult Settings SPAR priority: Safe

Our goal: We aimed to ensure a high level of data quality in relation to restrictive interventions recorded across our adult and older adult services. This was intended to support implementation of the Mental Health Units (Use of Force) Act 2018, which came into force in 2022.

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

What did we achieve? Teams have been supported by our restrictive practice lead and Performance Team to focus on this important aspect of care and ensure that the requirements of the Act can be met.

- Data quality was high at the start of the CQUIN and this was reviewed to identify any areas for improvement.
- The Performance Team liaised with the Trust's data warehouse providers to ensure that data pulled through to MHSDS, increasing compliance.

Use of Restrictive Practice in Tier 4 CYPMH Settings SPAR priority: Safe

Our goal: We aimed to ensure a high level of data quality in relation to the use of blanket restrictions recorded at our Darwin Centre inpatient facility for children and young people and whether these were a precursor to incidents of restrictive practice. This follows on from the 2022/23 CQUIN, which focused on data quality for incidents of restrictive practice more generally.

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

What did we achieve? What did we achieve? Delivering the CQUIN has helped the team to focus on working more effectively to understand, develop and review the presentation and needs of young people in relation to blanket restrictions.

- Information relating to blanket restrictions is included in admission booklets and an easy read poster has also been designed.
- All incidents of restrictive practice are reviewed to identify whether or not a blanket restriction was a precursor to the incident.
- A checklist has been developed to provide guidance and support to staff in ensuring incidents are documented appropriately.
- Surveys were shared with staff and children / young people to obtain their feedback on blanket restrictions. The findings of these surveys have been reflected on by the team to improve practice and patient experience moving forward.

3.1 Key Quality Priorities and Achievements 2023/ 2024

Our Key Quality Improvements during 2023/24 are provided below:

Under Quality Priority 1 'Safe', we have:

demonstrated continuous learning from harm incidents by:

We have successfully transitioned to the new PSIRF framework and all patient safety incidents are reported via the Learning from Patient Safety Events (LFPSE) system; the key principals of this Patient Safety Framework:

- Compassionate engagement and involvement of those affected (including our staff)
- A system – based approach to learning; with considered and proportionate responses
- Supportive oversight focused on strengthening responses and striving for improvement.

All of these principals are underpinned by our drive to ensure that we have a restorative just culture throughout the Organisation.

2023/24 has been the 13th year the Patient and Organisational Safety Team has delivered Learning Lessons sessions and bulletins. 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. Everyone is welcomed to attend. Bespoke Learning lessons events have also taken place within services / Directorates, these have included;

- Falls in our older persons inpatient Wards,
- Drug related deaths in our substance misuse services
- A safeguarding session regarding cuckooing in Community Teams
- A learning overview from serious incidents within our Crisis Care Centre
- The importance professional curiosity within community services
- Learning Disability Mortality Review (LeDeR) within Learning Disability services
- Barriers to delivering high quality care and raise awareness on how to best support needs of people with Learning Disabilities on acute mental health ward with our Learning Disability Services.
- Importance of meaningful activity to patient safety reduce incidents within our acute inpatient ward.
- Achievements, changes and improvements made as a result of incident findings within our CAMHS Inpatient ward.
- Learning from complaints and complements and the value of co- production

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

Copies of Learning Lessons Bulletins and Learning Lessons sessions summaries are available on Learning Lessons CAT (our internal website) and also emailed to all staff through the Newsround system. Recordings of previous sessions are also available for staff who were unable to attend. Bespoke highlight sessions will continue to be available throughout 2024/25, these are informed by themes and trends elicited through the Patient Safety Experience group meetings which are held regularly with our clinical leads.

Implemented Standardised Outcome Measures in clinical service by:

- Co-producing the implementation of the new Care planning standards, supporting the move away from CPA.
- Implementing Dialogue Plus, ReQoL and Goal Based Outcome Measure Patient reported Outcomes measures (PROMS) in line with National requirements and embedded in the Electronic Patient Record (EPR) to support effective monitoring and reporting
- The use of outcome measures for children and young people has been reviewed, and these are also intended to be built into pathways moving forward.
- Developed and Co-deliver in-person training to Adult and Older Person's community teams and plan to roll out throughout the Trust.
- Patient Reported Outcome Measures accessible via PatientAide App.

Continuously strive to meet performance within safer staffing:

- We continue to report monthly safer staffing figures, with each inpatient area receiving a deep dive review into safe staffing numbers, skill mix and quality indicators twice a year.
- Provided E-Roster training, advice and supervision to ward managers throughout the year.
- Embedding Safe Care Tool, highlighting the importance of safe staffing decisions being made in line with acuity.
- Working to improve KPI reporting to directorates and individual teams.
- Rolling recruitment onto the Trust bank, with an In-person Induction programme now in place.
- Implemented Community safer staffing metrics and commenced reporting via the Monthly safer staffing report.
- Introduced accessible induction for any new agency staff members, ensuring adequate information, training and checks are in place prior to commencing their first shift.
- Expanding E-roster training within Temporary Staffing Team.
- Twice a year deep dive reviews of staffing, skill mix, workforce issues with each individual ward manager with recommendations reported through to the Trust Board.
- Monthly Safer Staffing reports presented to the Senior Leadership Team, Quality Committee and Trust Board.
- Maintained focus on growing our nursing workforce.

Focused on maintaining Retention rates for staff by:

- Providing Trauma Informed Care training to all Acute Inpatient wards; throughout 2023/24, all wards have also received RAID training, which also promotes trauma informed and therapeutic leadership within care delivery.
- We provide Clinical Leadership Programmes for our Band 5 and Band 6 staff to enhance leadership and quality improvement skills; alongside bite size Quality Improvement training sessions available to all registered and none registered staff.
- Our Co-produced 'Reflect & Connect forum' which takes place on a monthly basis with all inpatient ward managers offers dedicated space and time for ward managers to focus on best practice and delivering high quality patient care, alongside receiving reflective supervision in a psychologically safe forum.
- We have now trained 114 leaders in our in-house Quality Improvement Leaders programme and actively support staff to pursue their interest in Quality Improvement.
- We have dedicated Professional Nurse Advocates (PNA) supporting our newly registered nurses and also offering in-reach supervision to all Nurses and ward managers within our in-patient wards.
- We are currently piloting the introduction of Professional Nurse Educators (PNE's), a nationally recognised role to offer education, supervision from within the inpatient teams which is responsive and purposeful to the needs of the teams at any given time

- We are in the early stages of preparation of the national Inpatient Transformation Programme, which will have a clear focus on cultures, safety and clinically lead therapeutic care.
- Enhanced our Preceptorship programme, as part of our Gold Standard offer.
- Improved offer of training and development for inpatient staff, with the introduction of Enhanced Clinical Practitioner training.

Under Quality Priority 2 'Personalised' we have:

Year on Year increase in Service User and Carer engagement and Co-production by:

- Supporting Service User and Carer involvement by coproducing Quality Improvement training specifically for Service Users. Staff can also attend this workshop, it promotes an understanding of the value of inclusion and coproduction principles in Quality Improvement projects.
- Further developing a digital Friends and Family Test (FFT) to improve accessibility, increase service user engagement and provide real-time feedback from service areas.
- Continuing our peer and involvement staff collaborative network group which includes members from MPUFT to further enhance our learning culture and to support Peers across the Integrated Care System (ICS). We intend to continue this beyond the community transformation period.
- Volunteers and Service User Carer council members completing Observe and Act training and carried out site assessments, providing feedback to clinical areas on topics such as service user experience and access.
- Our volunteer Peer veteran's supporting our veteran accreditation work and delivered a Help for Heroes accredited course specifically for veterans via our Wellbeing College.
- Collaborating with the Service User and Carer Council (SUCC) and using service user feedback (e.g. friends and family test) themes to influence our Quality Improvement agenda.
- Continuing to increase the number of service users being offered the opportunity to be involved in all aspects of the Trust.
- A programme of service user and carer engagement sessions continue to help progress the Service user, carer strategy
- Continue to maintain our links with the Youth Council (hosted by CHANGES Staffordshire)
- Service User and Carer Council continue to contribute to Trust business and service changes. For example Project Chrysalis plans, CASST pathway, rehabilitation service change Hilda Johnson House.
- Embedding Peer Ambassador Training pack to deliver in schools as part of the Preparing for Adulthood care pathway; delivered to school students in YR 12 and 13, with additional pastoral support in their Peer Ambassador roles.
- Developed a range of opportunities to support our Service users to share their stories with us which are then heard at our monthly Trust board meetings.

Embedding the cultures, systems and process to support Co-production throughout the Trust:

- Delivering five terms of our fully coproduced Wellbeing College (since Sept 2022) and incrementally increasing the number of registered student's each term. Students can be service user/carers/staff or members of the public. We have been able to drive holistic recovery focused practice through the college workshops.
- Continuing to co-produce additional Wellbeing College workshops to increase the variety of wellbeing opportunities and offering alternative volunteer opportunities for people with lived experience to coproduce and co-facilitate workshops. We have also increased the number of community partners we work with, again increasing community-based opportunities for the college students to access.
- Co-produced improvements & Co-delivered training to improve our complaints response; reinforcing person centred, compassionate responses to concerns and complaints.
- Delivering workshops and presentations at our conferences and to students and preceptees on Coproduction and the value of lived experience in our services. We have also been able to embed the CHIME recovery model across multiple platforms as a universally understood model in the Trust.
- Launching a coproduced coproduction logo which can be added to Trust documents to say that Coproduction principles have been used in the development of it.
- Learning disabilities expert by experience engagement in development days and events, coproducing and co-delivering a wellbeing college workshop - now looking to broaden their offer to share their experiences at Keele University and with a local special needs primary schools.
- Transforming the volunteer policy to become an Involvement and Coproduction policy, with a Standard Operating Procedure which includes differing volunteer opportunities, training and a process for paying involvement fees and participation in research studies.
- Embedding our Coproduction Team to advertise and consolidate our involvement offer in our service design and delivery across the Trust.
- Co-Produced Quality Improvement training for service users Carer's and volunteers.

Increasing our recruitment into the workforce of people with lived experience:

- Recruiting and developing our Volunteer Patient Safety Partners (PSP) role to promote and support improvements in patient safety.
- Worked in Partnership with Implementing Recovery through Organisational Change (ImROC) to develop our Peer workforce strategy and commitment to improving career pathways within the Trust.
- Recruiting to a Senior Peer Worker post to support the delivery of the Peer Workforce strategy and to offer peer to peer supervision and networking.
- We have recruited peer recovery coaches through a local VSCE organisation, CHANGES Health and Wellbeing Staffordshire.

- Embedding the new on boarding process for peer recovery coaches, ensuring access to statutory and mandatory training and access to the electronic patient records as required.
- All Peer recovery coaches continue to have access to ImROC peer mentor training and Peer Supervisor training.
- A Peer Recovery Coach role is embedded into the Multi-disciplinary team in each of our Community Mental Health Teams.
- We have successfully supported our volunteers with lived experience into paid peer roles in the Trust where they have identified those aspirations.
- Recognising the value of Peer Support Workers and Experts by Experience in our teams, we have continued to strengthen our Trust wide approach with a dedicated network to ensure a continual learning approach to successfully embedding these roles.

Providing continual access to our staff for Continual Professional Development:

The LMS now houses 12 chapters: Statutory & Mandatory, Staff Counselling and Support, Health & Wellbeing, Admin & Corporate, Information & Bite-size Workshops, Organisation & Personal Development, Physical Health Training, Talent & Leadership, Quality Improvement, Digital & Clinical Systems, Coaching Culture and Physical Skills, supporting over 300 courses.

Our CPD outside of our On-line offer has expanded also, here are some examples of the training and development our staff have attended during 2023/24:

- Funded attendance at numerous conferences –nationally, regionally and locally
- Funded numerous leadership programmes –nationally, regionally and locally
- Non-Medical Prescribing programmes
- Therapeutic Intervention and therapy training and development;
 - CBT Essentials
 - Sleep Conference
 - Family and multifamily therapy for bulimia
 - Tai Chi for Therapist CPD Course
 - Advanced Drawing and Talking
 - Makaton L1&2
 - Practice Educator Course
 - EMDR 1&2
 - Prince 2
 - Foundation Chartered Governance Institute
 - Physical Assessment
 - Principles of Physical Assessment
 - Degree / Masters Module(s)
 - AFRID training
 - Level 1 BSL
 - Trauma Sense Programme
 - Safety Intervention Foundation and Advanced Training

- BTEC Level 5 in Practice Leadership
- DDP L1
- Professional Nurse Advocacy
- Enhanced Clinical Practitioner

Under Quality Priority 3 'Accessible' we have:

Working towards integrated care pathways across the NHS, Local Government and VCSE organisations

Our community transformation programme is going from strength to strength with positive working relationships being further consolidated with our partners across Stoke-On-Trent and Staffordshire, this is evident throughout the content of this quality account, below are a few more examples of working with partners and charities to improve access to recovery focused interventions for people within our communities;

- The local Community Lounge offer is tailored to provide support to the community across 18 locations, making them easily accessible to local people. Free of charge to attend, the Lounges aspire to create a sense of pride and belonging within the community and maximise the strengths of our connections. The Lounges provide a place for residents, families and individuals to gain local advice and support on a range of topics. Mental health professionals from Combined Healthcare attend sessions to provide mental health and wellbeing support to attendees, we have also;
- We have contributed to the success of the community lounges within Stoke on Trent and continue to work with our partner to expand on the value based relationships that have been developed.
- Contributed to the 'Extended Logic Model (ELMO) Report' published in relation to the Community Lounges in Stoke in February 2024.
- Following a community grant 'wavemaker' worked with us to create a series of resources for young people who are transitioning from Child to Adult services.
- We have worked the 'Recast' project with the British Ceramics Biennial, supporting individuals with co-occurring needs through pottery and art work.
- We have partnered with Staffordshire and Cheshire Equine Assisted Psychotherapy (SCEAP) community project for young people and adults with severe mental illness, giving them opportunities to interact with horses, promoting healing and mindfulness.
- The Restoration Shack is a furniture restoration and community space for individuals with serious mental illness and co-occurring needs, supporting people to gain new skills and upcycling furniture.

Sustaining Improvement in our Quality Improvement Projects and programme:

- Covid 19 Bespoke Education Packages- which was recognised as a positive Quality Improvement project by the Royal College of Psychiatrists/NHS
- Developed bespoke physical health teaching education package, including; oral care, respiratory rate training, pain assessment in dementia, Chronic Obstructive Pulmonary Disease (COPD), and bowel care.
- We achieved national recognition via the Nursing Times Awards for a quality improvement initiative in frailty management.

Increasing the use of digital technology in our service offer to our communities:

- Further improved our All-Age Wellbeing Portal, it's a dynamic front door digital flagship access for the Trust that contains clinically governed and co-produced information to the population without the need to access primary care services or have a mental health referral. The portal provides people of all ages with high-quality preventative information reducing the need for secondary care. It Details support and guidance to develop and maintain Mental Health Wellbeing and resilience at a time a place suitable for the user. Since the Launch of the portal in 2020 the portal has had over 42,000 hits by people around the world and the Trust has received over 1600 electronic referrals.
- Launched our Patient Aide app. The app is for patients and service users and highlights a move towards enhancing patient engagement and healthcare communication at the Trust. PatientAide is a platform designed to empower patients and aid clinicians, transforming the way they both interact with the healthcare services at Combined Healthcare. PatientAide marks a positive change in healthcare technology, providing secure access to essential services and crucial information necessary for patients to actively participate in managing their health and wellbeing.
- Continue to make progress with Community Aide, this allows staff to effectively make records at the point of care and in partnership with patients. This also supports reduction of Mileage/paper/post etc.
- Software has been successfully implemented at Moorcroft and Holmcroft, with Keele set to follow in April 2024; enabling patients to digitally request an appointment or information online.

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

Ensured effective leadership within our teams as confirmed by the Staff Survey data for 2023/24;

The National NHS Staff survey is carried out annually, the results for 2023 are publically available. 66% of our staff completed their staff survey. The results demonstrated that our leadership within the Trust compares positively to other Organisations, with us consistently achieving above average scores. Here are some examples of this in relation to compassionate leadership:

My immediate manager works together with me to come to an understanding of problems

	2021	2022	2023
Our Result	78.88%	77.02%	78.56%
National Average	75.23%	76.13%	77.09%

My immediate manager is interested in listening to me when I describe challenges I face

	2021	2022	2023
Our Result	79.83%	78.46%	79.50%
National Average	77.10%	78.25%	79.15%

My immediate manager cares about my concerns

	2021	2022	2023
Our Result	79.60%	77.47%	79.38%
National Average	76.52%	77.18%	77.92%

My immediate manager takes effective action to help me with any problems I face

	2021	2022	2023
Our Result	77.34%	75.41%	76.84%
National Average	72.54%	73.25%	74.90%

Working with our partners to identify and address health inequalities:

There has been a dedicated focus around addressing inequalities throughout 2023/24, here are some examples in practice;

The use of the Health Equality Assessment Tool across Community Services has highlighted areas of need that are particularly pertinent to the Stoke Locality due to its high levels of deprivation. This has culminated in additional resources into Voluntary, Community and Social Enterprise (VCSE) partners to provide bespoke resource requirements, for example, a Health and Lifestyle Service, Financial Capability Advisor, Peer Recovery Workers and Future Focus Support Workers. These roles work collaboratively across adult Community Mental Health Teams to enhance the holistic offer of support associated with the broader determinants of Mental health. Collaboration with the Community Mental Health Transformation Programme has enabled partnerships with our Voluntary, Community and Social Enterprise to go from strength to strength. As such 2 of our partnerships have been spotlighted and shortlisted by the Health Service Journal (HSJ) Partnership Awards 2024.

A dedicated team has focused on increasing the uptake of annual physical and mental health checks for those on the local Severe Mental Illness (SMI) register, this has improved the ability for early identification of associated health conditions and also improved the interventions required in order to reduce the health inequalities which this cohort of service users face. System wide working has continued in order to deliver nationally driven targets around ensuring those on the GP SMI register are invited in for an annual review of both their physical and mental health needs. These connections in the Trust and across our ICS has helped to support a growth in staff skills and competencies throughout 2023.

The Mental Health Support Team (MHST) has continued to grow, we have recruited a whole school approach co-ordinator and a systemic family practitioner who are creating a powerful voice in schools, looking at the systemic challenges in education provisions that prevent young people from having good mental health. We currently cover 92 education provisions which equates to a pupil population for circa 40,000 children that are benefitting from our service, and we are growing - we have been awarded funding to create two further teams for Jan 2025 – this means we are adding a further 30-40 schools with an additional 16,000 children that will be supported.

The Health & Justice (H&J) service has been rolled out in partnership with MPFT in 2023, this service integrated and expanded on the existing Liaison and Diversion and primary care Mental Health Treatment Requirement service, now offering a Reconnect Service. The primary aim is to support people leaving prison who have health and social care needs to re-establish links and support within the community. Working with people from 12 weeks pre-release up to 6 months post release. Staffordshire Reconnect has successfully rolled out into 5 prisons within Staffordshire, as well as accepting referrals for individuals from out of area prisons and referrals up to 28 days post release. Staffordshire has also been selected as a pilot site to support the development of voluntary attendance police interview pathways. This will work via our referrals hub, providing timely assessments and intervention for those in contact with the police via non-custody routes.

The Parent & Baby service are part of the Stoke-on-Trent City Council Family Hub roll-out which focuses on Perinatal Mental Health, the team are working collaboratively with the local authority within co-located hubs in order to support parents within their own communities. The Parent and Baby unit team has expanded over the past 12 months which has allowed the team to increase access to the service and increased psychological interventions. The Bonding and attachment pathway has strengthened the offer to families to support mums' mental health and their baby's emotional development. The team continue to provide educational support to raise awareness in partnership with other agencies which supports collaborative working. The team are currently co-producing literature with Health visiting colleagues to support primary care staff involved in care and support for families in the perinatal period of parenthood.

Our Step On service was part of a tender with Stoke Local Authority using UK Shared Prosperity Fund (UKSPF) funding to develop an Inclusive Employability Hub, supporting those who are economically inactive to find work. This service is part of a pilot running from January 2024 until March 2025, and is already showing positive outcomes.

Our Autism Spectrum Disorder (ASD) team CYP & Adult are working closely with Special Education Needs and Disabilities (SEND) colleagues and other stakeholder agencies to develop a needs-based referral profile, using the Portsmouth Profile Tool. The team are using a capacity model to complete assessments within a 30-day period which families are responding positively to.

Ensuring that interventions offered to service users are informed by NICE guidance within our services

There is evidence throughout this report which supports that we provide a vast range of NICE compliant / evidence based interventions; however, here are some specific examples:

The MHST is focused on using the iThrive model to support children to – THRIVE by encouraging a positive environment in education, the team also work collaboratively with education staff to signpost to the right service at the right time and where needed offer low intensity CBT based interventions to children and young people.

The MHST prides itself in its accessibility and the effectiveness that early intervention and prevention in children's mental health can be.

Our Early interventions team has maintained a level 4 – “Top Performing” status in the annual National Clinical Audit of Psychosis (NCAP). The team have developed performance monitoring tools to support developments with NCAP. Early Detection Interventions & Engagement (EDIE) which is our At Risk Mental States (ARMS) pathway continues to grow and develop our offer to support those at ultra-high risk of developing a psychosis. The service has developed a fully co-produced service video to raise the profile of ARMS. The team have developed groups, pathways and interventions to meet the distinct needs of those identified with an ARMS.

The Specialist Adult Eating Disorder (SAEDS) team continue to develop pathways for adults experiencing an eating disorder. First Episode Rapid Early Intervention for Eating Disorders (FREED) model which was in development last year (2022/2023) is now in place; additionally our increased service offer now includes other specified feeding or eating disorder (OSFED) and Binge Eating Disorder (BED) as part of the referral criteria.

Community Assessment Stabilisation & Treatment Team (CASTT) are now running with two treatment options, Structured Clinical Management and Mentalisation Based Therapy. These are both evidence based multimodal treatments for those with complex emotional needs or personality disorder. The team are gaining good treatment outcomes for this client group and are now expanding to enhance our offer to a broader client group who experience complex emotional needs.

Our Adult Attention Deficit Hyperactivity Disorder (ADHD) Team commenced in July of 2023 and offers NICE complaint assessment and treatment for our adult population with undiagnosed ADHD.

Our Acute Inpatient Wards are underpinned by the Trauma Informed Model of Care and treat patients individually delivering high standards of quality care and intensive nursing. Our team members are trained to deliver comprehensive mental state assessment and psychological evidence-based interventions as well as de-escalation techniques.

Our Female Acute Inpatient ward has adopted an evidence based self-injury reduction protocol with support from their psychology team which supports females with emotionally unstable personality disorder.

Other Quality Achievements

Safeguarding

Safeguarding Children, Young People and Adults at risk is a statutory duty of organisations across the health economy. We are committed to ensuring that people, who come into contact with our services, are safeguarded from abuse. In support of this, the Safeguarding Team works with staff to ensure they are aware of their safeguarding roles and responsibilities in not only recognising and responding to abuse but in relation to access training and supervision. We also have a suite of policies covering safeguarding. Safeguarding has been strengthened during the past year by:

- Contributing to Statutory reviews such as; Domestic Homicide Reviews, Rapid Reviews, Child Safeguarding Practice Reviews, Child Death Overview Panel, and Safeguarding Adult Reviews and sharing any learning across the organisation and part of learning lessons.
- Attending Subgroups and task and finish groups that sit under the Stoke-on-Trent Safeguarding Children's Partnership, Staffordshire Children's Board, Staffordshire and Stoke-on-Trent Safeguarding Adults Board, Domestic Abuse Commissioning Board and Domestic Homicide Board; enabling the Trust to be involved and a part of these processes.
- Producing safeguarding reports that demonstrate and provide assurance that we recognising and responding to abuse, that we have a safe and effective workforce, that we work in partnership and that we are learning from safeguarding incidences.
- The safeguarding team working to deliver extra safeguarding sessions for Adult Safeguarding Week, Children's Safeguarding week and contributing to the Adult Safeguarding Board Practitioners Forum.
- The development of an annual audit schedule linking effectively with wider Trust agendas and to provide assurance of safeguarding practices within NSCHT
- The Development of Trust Adult Safeguarding Level 3 and Domestic Abuse e-learning packages; enabling access and more specific training tailored to the needs of the trust and local area.
- Supporting the Domestic Abuse Champions across the Trust with a quarterly domestic abuse forum to enable education, professional development and provide group peer supervision.
- Increasing the safeguarding supervision offer across all clinical teams.
- Training compliance for Safeguarding Children's Level 1 and 2 is 90% Safeguarding Children's Level 3 is 87% Safeguarding Adult's Level 3 is at 91% and Prevent is at 96%.
- Continuing to offer and deliver group and individual supervision to members of Trust staff.
- Working in partnership with the Provider Collaborative within the Integrated Care System to drive improvements in patient outcomes and experience for our local population
- Developing the Domestic Abuse and Sexual Violence Charter which aims to enforce a zero tolerance approach to unwanted, inappropriate and harmful sexual behaviours within NHS services which may affect both patients and members of staff.
- Improving the Electronic Patient Record, allowing for much clearer recording of safeguarding information.

Infection Prevention and Control (IPC)

Infection prevention and control is an essential component of our care. We want our patients to feel they are safe and receiving the best possible healthcare with us. While the risk of an infection is small, continuing to reduce the risk of infections remains of paramount importance. The Trust has a zero tolerance to healthcare associated infections (HCAI).

The Trust demonstrates its commitment to quality improvement in IPC practice for the prevention of HCAI through the annual IPC audit programme and education and training programmes. The following is an outline of the performance in these areas during this reporting period:

- Annual environmental audits have been completed across the organisation. Audits demonstrate the Trusts compliance to the Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and related guidance (revised July 2022). Overall Trust compliance on the 23.02.2024 is 86.3%
- Mandatory training (e-learning) - at the end of Q4 overall trust IPC training compliance excluding bank staff was 97%. Bank staff compliance is 77%. The ward and area managers are working towards increased training compliance.
- Quarterly IPC Link Worker completed.
- Use of the weekly Newsround as a means of communication to staff.
- Quarterly IPC Newsletters with the introduction of 'At a Glance' resources available on CAT.
- Quality improvement project for standardisation of aseptic non touch technique (ANTT)

Our Infection Prevention and Control Team use a surveillance system to monitor and record data on Alert Organisms and Alert Conditions found in the patients that we care for. Alert organisms and alert conditions are those that may give rise to outbreaks. The table below is based on locally produced information in the absence of information available from an independent source. Alert Organisms are those bacteria responsible for several difficult to treat infections in humans e.g. MRSA, MSSA & E-Coli bacteraemia, Clostridium difficile and Covid-19 diagnosed through laboratory tests. Preventing outbreaks depends on prompt recognition of one or more infections with alert organisms and instituting special control measures to reduce the risk of spread of the organism.

The below table shows our performance over the last 3 years.

Alert Organisms

Year	MRSA Bacteraemia	E Coli Bacteraemia	MSSA	Clostridium Difficile	HCAI Covid-19
2023/24	0	0	0	0	77
2022/23	0	1	0	1	140
2021//22	0	0	0	1	67

Service User and Carer Feedback

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

Patient Advice and Liaison Service (PALS) - We recognise the importance of our PALS service in being a key source of information, and feedback for the Trust, an early warning system for emerging issues and concerns, and a time limited opportunity to resolve low level concerns without recourse to the formal complaints process. During 2023/24 the Trust received 212 PALS contacts.

Compliments - Each year, our staff receive compliments and praise from people they have cared for. During 2023/24, the Trust received 1703 compliments, as direct compliments to teams or via Friends and Family Test (FFT) responses. The Trust is currently piloting a digital solution giving service users and their families the opportunity to provide real time customer feedback at the point and time of care delivery.

Complaints – Overall, we receive a very low number of complaints, compared to NHS benchmarking data. During 2023/24, we received 50 formal complaints, which when set against the circa 300,000 face to face and telephone clinical patient contacts equates to 0.01% of the clinical activity undertaken. Our focus continues to be on early resolution, and addressing of concerns via PALS, and front-line teams where possible. This past year, we worked with service users to co-produce a new approach to compliant responses, which are much more person centred and compassionate. The training which has been delivered to staff who investigate complaints was also co – delivered with service users. During 2023/24 the Complaints and PALS processes were audited by MIAA 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 2023/24, 2724 service users participated in the FFT process, giving us their views across all services. We are pleased to report a continued high rate of satisfaction, with 85% of patients who rated the Trust as good or very good, 8% were undecided and 7% rated the Trust as poor or very poor. The Trust has invested in new technology to offer new and wider opportunities for service users to feedback their experiences of our services. Since April 2021 we have had the functionality for service users to respond to text messages, complete the FFT questionnaire via a QR code, via a link on the Trust website or via a link which will be added to all correspondence distributed from Lorenzo. Or visit our website: www.combined.nhs.uk

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

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

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

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

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

We have introduced Patient safety partner into clinical areas and we have supported these individuals to access training opportunities in readiness to develop the role. We are actively raising awareness of the benefits and the value of coproduction via our inpatient Wellbeing college bite-size workshops which will start to be delivered from April 2024 from the Harplands site. These workshops will be facilitated by peers and will be accessible to inpatients, carers and staff.

We have reintroduced volunteers onto our wards and we have reflected the varied volunteer involvement and coproduction roles in our new volunteer, involvement and Coproduction policy. The policy gives us the framework to offer a payment for involvement for specific projects in the Trust. Observe and Act training has been delivered and assessments of clinical areas implemented.

The community learning disabilities Talk and Change Group is meeting monthly. There have been online meetings with service users and carers and the involvement collaborative group involving MPFT service users and carers has also continued and is set to continue beyond the Community Transformation programme end as we value the relationship and learning we can share between ourselves.

The Youth Council (hosted by CHANGES well-being service): has continues to meet and are actively working on a new plan of work.

The Trust carers links meet quarterly and share good practice and updates throughout this forum. Carers also co-produced the new pages in the digital aspirant programme which can be viewed on the Combined Wellbeing portal. This work have been reflected in our Year one Triangle of care achievements which will embed good practice in how we support our carers.

Patient Led Assessment Care Environment (PLACE) 2023

The Patient Led Assessment Care Environment (PLACE) for NSCHT was completed in line with the target dates set by NHS England. PLACE aims to promote the principles established by the NHS England that focus on areas that matter to patients, families and carers:

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

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

PLACE 2023	Cleanliness %	Food and Hydration			Privacy, Dignity and Well Being %	Condition, Appearance and Maintenance %	Dementia %	Disability %
		Food %	Organisation Food %	Ward Food %				
Harplands Hospital	99.16	98.57	95.92	100	98.09	96.67	98.69	96.88
Dragon Square	100	N/A	N/A	N/A	100	97.62	N/A	100
A&T Unit	95.83	92.76	87.06	100	92.68	79.76	N/A	90.38
Darwin Centre	100	93.82	88.83	100	97.56	100	N/A	92.31
Hilda Johnson House	100	N/A	N/A	N/A	92.11	98.78	N/A	92.31
Summers View	100	N/A	N/A	N/A	92.31	97.50	N/A	84.62
NSCHT Organisation score 2023	99.23	97.92	94.94	100	97.36	96.54	98.69	95.55
National Mental Health and LD average scores 2023	98.10	91.80	90.40	93.00	94.50	95.80	90.40	89.60
National (mean) average score –all site types 2023	95.50	87.70	90.00	86.90	87.70	92.20	81.50	81.20

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 have successfully transitioned to the new PSIRF framework and all patient safety incidents are reported via the Learning from Patient Safety Events (LFPSE) system. A new policy and plan have been developed based upon the current incident profile and demographics of our current patient cohort. All patient incidents continue to be reported via Ulysses (our trusts incident reporting system). The NHS agreed definition for reportable Patient Safety Incidents is as follows:

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

Data is fluid, and alters over time, therefore the table below represents our position at year end, in relation to the number of Patient Safety Incidents within our Incident report system, and the harm impact, in comparison to previous years. All incidents (clinical and non-clinical), are displayed.

Area of performance	Incidents (clinical and non-clinical)		
Impact*	2021/22	2022/23	2023/24
General Incidents	5500	5529	5244
Moderate	96	50	70
Major	11	9	13
Catastrophic	60	76	71
Total	5667	5664	5398
Major and Catastrophic incidents as a % of total (i.e. those incidents resulting in severe harm or death)	1.3%	1.5%	1.55%

*Currently data available until Q3

The above table illustrates an increase in the number of incidents reported for the time period of 2021/22 – 2023/24 in yearly breakdowns.

All incidents are subject to weekly review and analysis, ensuring issues / trends are quickly identified, and actions implemented, enabling improved delivery of care services.

The table below, relates to the number of patient safety incidents that were reported to the NRLS prior to year-end (year end is reflected as 30/09/2023 due to transition to LFPSE).

Area of performance	Incidents reported to the National Patient Safety Agency (NPSA)
Performance:	There were 2751 NRLS incidents reported during 2023/24*. Of these, the number of incidents resulting in severe harm or death of service users as a percentage of the total was 3.05%.

* Reporting period is 01/04/23 – 30/09/23 due to transition to new reporting system

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 2023/24.

Area of performance	'Never events'
Performance:	There were no 'Never Events' during 2023/24

* Reporting period is 01/04/23 – 31/03/24

Serious incidents:

For the purpose of this report, we are working towards the previous serious incident standard until 30/11/2023 where we transitioned to our PSIRF plan. 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 2023/24 we have:

- Implemented and completed a project plan to help migrate to the new PSIRF national system on how we manage patient safety incidents and will come into our new way of working from September 2023.
- Maintained strong performance in relation to the timely patient safety reviews, quality of completed investigations, and the approaches taken to learning from serious incident investigation, including developing our learning lessons approach
- Monitored and identified learning and trends, reported and shared learning from these via learning lessons processes
- 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 relevant training packages
- 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)

Learning lessons:

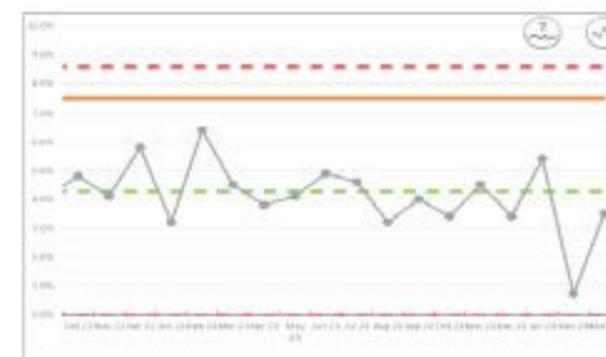
We have progressed the following safety improvement initiatives, to improve our incident reporting and management framework:

- Continued advancement of the Learning Lessons framework (quarterly bulletin, and monthly Learning Lessons workshops for staff)
- Introduction of proportionate reviews in October 2023 to help develop learning response to patient safety incidents using systems engineering in patient safety (SEIPS) allowing the incident to be reviewed in a safety II lens
- Continued advancement of Patient Safety Incident (PSI) reviewer training, for investigating officers, team leads and senior managers.
- Continued partnership working across wider system, including local authorities, neighbouring NHS Trusts and social care, to promote good mental health, patient safety, and reduction of stigma by participating in local, regional and national events.
- Continued weekly review and analysis of all incidents, to ensure themes and trends are quickly identified, and improvement actions implemented.
- Progressed a review of our hate crime reporting processes to ensure that we are using a co-produced response to supporting our staff and patients that are affected by these hate crimes.
- Continued partnership working with Staffordshire Police, Stoke and Staffordshire Local Authorities, National Highways, and British Transport Police in relation to review and assessment of Staffordshire and Stoke-on-Trent Suicide Prevention Partnership
- Priority Sites, aiming at exchange of information and ensuring that each agency is aware of recent incidents at each site as well as putting mitigations in place.
- Continued partnership working with Medical Examiner Office in reviewing all non-coronial inpatient deaths, in order to ensure that each deaths is scrutinised, that the bereaved family if appropriately supported, and to improve the quality of death certification.
- Continued partnership working with Stoke-on-Trent and Staffordshire Local Authorities in reviewing and learning from Drug and Alcohol related Deaths, as well as wider prevention of those deaths.

3.2.2 Readmission Rates:

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

Area of performance	Patients re-admitted within 30 days of discharge
Performance:	The readmission rate for 2023/24 was 3.8% against the less than 7.5% target. During 2022/23 this was 4.8% and 4.5% during 2021/22.



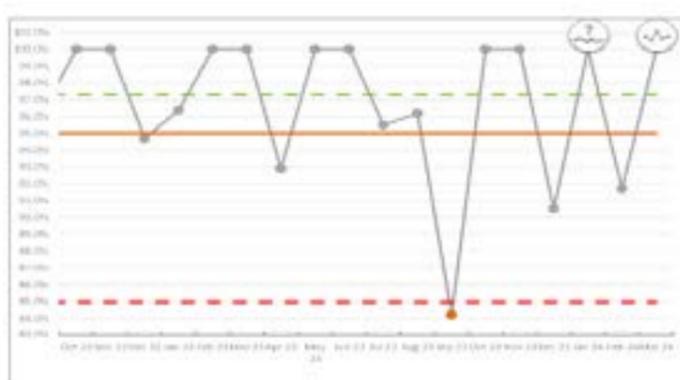
12 Month Trend											
3.8%	4.2%	4.3%	4.6%	3.2%	4.0%	3.4%	4.3%	3.4%	3.4%	0.7%	3.3%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

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

Area of performance 7 day follow up of Care Programme Approach (CPA) patients

Performance: There is strong national evidence that the period following discharge has shown to be a **high risk** period for service users at risk of suicide and self-harm. To mitigate these risks, and provide appropriate support to service users, we aim to ensure that every adult is followed up within 7 days of discharge. Our average level of performance for the year was 95.9%.

This remains a Trust aspirational standard for all (not only those on CPA) and is included in the IQPR (Integrated Quality & Performance Report) to Board with a target of 95%.



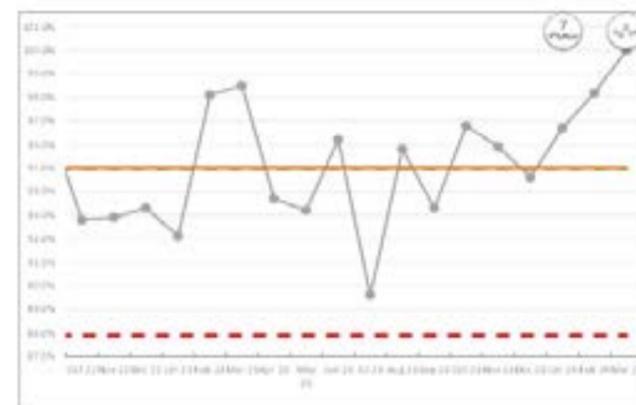
12 Month Trend

Apr	92.9%	100.0%	100.0%	95.5%	96.2%	94.2%	100.0%	100.0%	90.5%	100.0%	91.7%	100.0%
May												
Jun												
Jul												
Aug												
Sep												
Oct												
Nov												
Dec												
Jan												
Feb												
Mar												

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	97.00%	95.70%	100%	100%	100%	100%	100%	97.30%	97.40%	96.90%	93.50%	98.70%
2021/22	97%	96.90%	100%	100%	97.10%	100%	100%	97.20%	93.90%	100%	90.90%	96.20%

3.2.4. 48 Hour Follow Up

The Trust's performance continues to be positive for the aspirational Trust standard 48 hour follow up and for 2023/24 was 95.3% against a target of 95%. This was 94.6% in 2022/23, 94.4% during 2021/22 and 94.5% during 2020/21. This compares to the national standard to have 80% of follow ups undertaken in 72 hours.



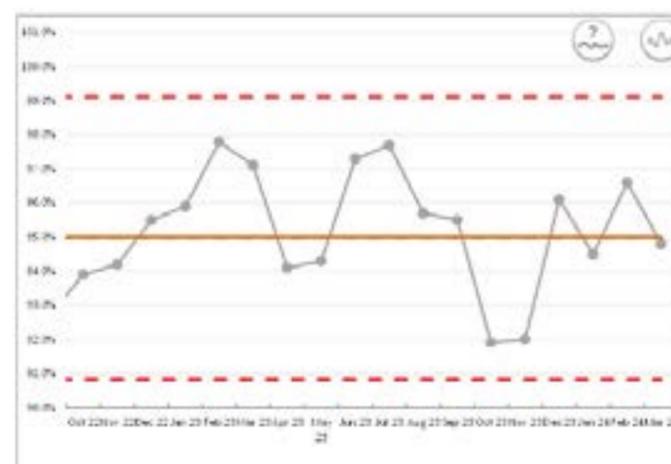
12 Month Trend

Apr	93.7%	93.2%	96.2%	89.6%	95.8%	93.3%	96.8%	95.9%	94.6%	96.7%	98.2%	100.0%
May												
Jun												
Jul												
Aug												
Sep												
Oct												
Nov												
Dec												
Jan												
Feb												
Mar												

Breach rectification reports are completed for every patient who was not followed up within 48 hours, and/or 7 days to provide assurance that every patient had been supported appropriately, following discharge in line with our policy.

3.2.5. Referral to Assessment within 4 Weeks

The Trust's performance for Referral to Assessment within 4 weeks (1st contact) for 2023/24 was 95% against a target of 95%. This was 94.9% during 2022/23, 96.6% during 2021/22 and 97.5% during 2020/21.



3.2.6. Referral to Treatment within 18 Weeks

The Trust's performance for Referral to Treatment within 18 weeks (2nd contact) for 2023/24 was 96.4% against a target of 92%. This was 97.1% during 2022/23, 98% during 2022/23 and 99.3% during 2021/22.



3.2.7. Patient Experience of Community Mental Health Services - the annual Mental Health Community Survey

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 2023, the survey was sent to 1750 people who had received care from the Trust between April and May 2023. 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 March 2024 (<https://www.cqc.org.uk/publications/surveys/community-mental-health-survey>).

The national findings showed that experiences of community mental health services are generally poor. In particular crisis care, support while waiting, involvement in and planning care, quality of care, and support with other areas of life were identified as areas for improvement. At Trust level, support while waiting was benchmarked as somewhat better than expected, however the following areas for focus were identified:

- Support in other areas of life
- Contacting services
- Obtaining service users' views on the quality of care
- How medications are discussed with service users

The results of the survey are under review by an internal working group, which is in the process of developing a responsive action plan. This will be approved at Trust level in due course and progress monitored via the Performance Pack.

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.

On 13th March 2024, we held a Service user / Carer and Stakeholder engagement event at Port Vale football Club. The primary reason for the event was to present the draft quality account for 2023/ 2024 and to seek engagement and feedback which will help to validate or improve on the findings from within the quality account, alongside reviewing our quality objectives going forward into 2024/2025.

The event was well attended with service user and carer representatives and over 30 different partners who we work in collaboration with to ensure that we can provide high quality, safe and outstanding care.

Service users and stakeholders were given the opportunity to review the draft quality account in advance of the event and opportunities were created throughout the day for feedback to be shared about what went well during 2023/24 and what we can improve on going forward into 2024/25.

Sharing the draft Quality Account

In line with a Department of Health Guidance, the draft Quality Account was shared with all of our key partners and stakeholders. We gained feedback from those who attended the event on 14th March 2024, whilst extending the offer of feedback to anyone wishing to contribute, but unable to attend the event.

Stakeholder Engagement event 2024:

Below is a summary of the feedback we received:

What went well?

Service users / carers and Stakeholders told us:

- They welcomed our approach to being Outstanding in all that we do and how we do it, which means we will not be complacent.
- We were doing well with service user and carer engagement in the Trust, although some felt that we could make further improvements in the extent into which we engage.
- People felt positive about the work which is underway to eradicate dormitories and the associated environmental improvements in the Inpatient Wards.
- The co-produced improvement work in relation to how we respond to complaints is an excellent start, this now needs focus to embed going forward.
- The community lounges are proving to be a positive resource to supporting wellbeing and improving recovery, they are accessible, within the Patients locality and evidence of excellent partnerships with the Local Authority and other VSCE partners.
- Our dedicated focus on staff wellbeing was welcomed and encouraged. Our Combined Run Club and Choir were seen as areas of good practice.
- That the transforming care (care planning and person centred care) training has been delivered and received well from some stakeholders who attended, they particularly commented on the positive impact of the training being co-delivered with people with lived experience.
- Some stakeholders had experience working with us in Quality Improvement initiatives which they felt worked well and would like to see more of.
- That Combined fosters positive relationships and partnership with a wide range of organisations and encouraged us to continue to further develop new partnerships.
- Our training offer to Clinical support workers was welcomed.
- The Wellbeing College is proving to be an excellent community led support for people, it's approachable, accessible and truly co-produced.
- People are excited about the PatientAide App, but equally would like us to be cognisant of digital poverty and choice.
- Our focus going forward on Patient Reported Outcome Measures (PROMS) and how these can be used to monitor and improve service delivery was welcomed.

Areas for continued focus in 2024 /25

Service users / carers and Stakeholders told us:

- To consider dementia friendly training
- To continue to share intelligence beyond organisational boundaries
- To strengthen the focus on the needs and potential inequalities for LGBT+ communities
- To have a clear focus on addressing the needs of hard to reach members of our communities and improve on inequalities gaps
- To continue to strengthen patient feedback and engagement
- To improve our communication channels with our communities/service user/carers

- To continue to grow partnerships with wider stakeholders and people with lived experience
- Continue to strengthen the service user carer voice and input into this quality account
- Continue our focus on supporting staff wellbeing
- Further strengthen lived experience roles, ensuring that there is parity when compared to wider clinical workforce roles
- To focus on addressing digital poverty within our communities to promote improved accessibility
- To strengthen the focus on people waiting for assessment, with a plan to improve experience
- To strengthen our focus on disability awareness within the organisation

Comments from key partners

[Staffordshire & Stoke-on-Trent Integrated Care Board \(ICB\) are pleased to comment on this Quality Account 2023/2024.](#)

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

The ICB would like to thank the Trust for their continued commitment to improving services and note the unveiling of a new five-year Trust Strategy 'The Future of North Staffordshire Combined Healthcare NHS Trust 2023-2028'. The strategy sets a sustained commitment to continuously improve services with co-production, recovery, and partnerships at the centre. We would like to thank and express our appreciation to all the Trust's staff for their continued hard work, commitment, and dedication.

The ICB would like to recognise the Trust's commitment to making progress improving the following quality and safety priorities during 2023/24:

- Transition to the new Patient Safety Incident Response Framework (PSIRF) with all patient safety incidents now reported via the Learning from Patient Safety Events (LFPSE) system.
- The continued success of the Wellbeing College, developed and delivered in partnership and co-produced with service users and stakeholder organisations.
- The integration of three core outcome measures, Goal Based Outcomes (GBO), Dialog and Recovering Quality of Life (ReQoL), into new clinical pathways which are being implemented across adult community services.
- The introduction of an improved approach to care planning in adult and older adult services which enables the trust to achieve the new nationally co-produced standards which have been co-produced with service users and carers.

We look forward to continuing collaborative working with the Trust and other system partners to see further quality improvements in the following areas over the coming year:

- Sustained commitment to reducing suicides, supported by a collaborative approach around real time suicide surveillance and continued partnership working.
- PSIRF supportive oversight focused on strengthening responses and striving for improvement to deliver a system-based approach to learning.
- Connecting assurance processes with quality improvement methodology to move action plans forward. This includes using quality improvement methods within the PSIRF.
- Ongoing recruitment and development of Patient Safety Partners (PSPs) to promote and support improvements in patient safety.
- Continued work to improve complainant satisfaction, aiming for better communication that is compassionate, empathetic, and person-centred with improved response times.
- To focus on addressing the needs of hard-to-reach members of the community and improve on inequality gaps.

Priorities for 2024/25

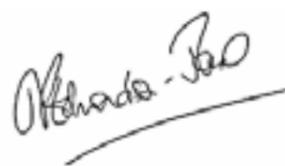
The Integrated care System will continue to support and collaborate in respect of the Trust's Quality priorities for 2024/25 and have recognised the following area as requiring further focused work to ensure that required standards are consistently achieved:

- Recruitment and retention as a major priority for the Trust requiring a continued response to service expansion set against a backdrop of a national workforce supply shortage. The Trust has made continued improvements to stabilise the vacancy position through several initiatives including further development of digital recruitment with a focus on retention including flexible retirement, agile and flexible working, growing the apprenticeship offer and improving leadership development.

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



Lynn Tolley
Assistant Chief Nursing & Therapies Officer
NHS Staffordshire and Stoke-on-Trent ICB



Dr Paul Edmondson-Jones MBE, (GMC Number 2549042)
Chief Medical Officer & Deputy Chief Executive
NHS Staffordshire and Stoke-on-Trent ICB

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

The Annual Quality Account was circulated to members of the overview and Scrutiny Committee with an offer for members to review, comment and raise any enquires or issues for the Trust to consider going forward.

The following responses / queries were returned back from Stoke –on-Trent city council:

- In respect of the clinical audits and confidential enquiries the numbers required for submission are either very low, for example 2 in the case of inpatient falls, or otherwise in the case of CV disease prevention, diabetes, obesity and psychosis – the data was extracted automatically therefore not shown. The committee member was concerned at the relatively low numbers audited and in particular that the numbers were not shared for conditions linked to health inequalities which are prevalent in Stoke-on-Trent, being a deprived area. Whilst it appears these numbers were requested as part of national clinical audits, can the committee have reassurance that further audits are taking place, with the findings shared, as a means of monitoring quality and improvements?

Trust Response:

In accordance with Quality Account guidance, the Trust is required to share the number and proportion of cases submitted for national audits where they apply to Trust services. Depending on the sample criteria, there may only be a small number of cases which are eligible for submission, as in the case of the National Audit of Inpatient Falls. Audits based on extraction from existing data systems by national teams do not rely on the Trust making a submission as such, therefore no number can be provided. Alongside national clinical audits, the Trust's annual Clinical Audit and Evaluation programme includes local projects aligned to Trust strategic objectives and priorities, to ensure that areas of best practice and areas of focus for quality improvement can be identified. Progress against the 2023-24 programme is reported in the account, alongside a selection of actions undertaken in response to audit findings. Individual audit project's, alongside quality indicator reviews do take place as a matter of routine within the Trust and findings are used to promote and support quality improvement activity and learning.

- The committee member also expressed concern about the relatively low uptake of Covid and Flu vaccinations amongst staff, at 32.8% and 53.3% respectively. The member asks if staff are incentivised to take up vaccinations as clearly there is a safety issue in terms of transmission from staff to patients.

Trust Response:

Our Flu campaign for 2023/24 focused around ensuring that vaccines were easily accessible, alongside offering incentives and promoting the importance of vaccination for individuals, our patients and the staff we work with.

Here is a brief overview of our approach to the vaccination programme.

Monthly seasonal flu planning meetings commenced in July 2023 in order to complete all the necessary actions to ensure the vaccine were made available from 25 September 2023 through to the end of February 2024, taking into consideration lessons learned from the previous year’s campaign.:

- 46 peer vaccinators were recruited and attended flu vaccination training.
- The seasonal flu campaign was officially launched on 25 September 2023 by the Infection Prevention and Control Team (IPCT) via all communications platforms
- On review of staff survey, our staff indicated a weekly prize draw incentive would encourage staff to uptake flu vaccination and was a great way to say ‘Thank you’. The prize drawer offers were ‘Love2Shop’ vouchers varying in value from £25 to £250.
- There was a 21.9% increase recorded for the uptake of the flu vaccine compared to the previous year’s data. 916 NSCHT staff received the vaccination, a total of 53.32%.
- Uptake of the Covid-19 winter vaccination for NCSHT staff was 32.80%, an increase of 1.21% from the previous year. MPFT vaccination team supported the delivery of on-site vaccination for both patients and staff on selected dates.

Staffordshire City Council Adults and Neighbourhoods Overview and Scrutiny Committee

The Annual Quality Account was circulated to members of the overview and Scrutiny Committee on 9th May 2024, with an offer for members to review, comment and raise any enquires or issues for the Trust to consider going forward. The Trust has not received any responses, or queries from members of the Staffordshire City Council Committee.

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.

Staffordshire County Council Health and Care Overview and Scrutiny Committee

The Staffordshire County Council’s Health and Care Overview and Scrutiny Committee received an informative and useful session on the North Staffordshire Combined Healthcare Trust (NSCHT) Quality Accounts and welcomed the activity undertaken both last year and planned for the coming year. We were pleased to see the positive culture of the organisation demonstrated in the report, particularly relating to lessons learned, co-production and access to services. We were also pleased to see the positive example of employing and engaging with people with lived experience.

We felt that the Quality Account was particularly lengthy and the public would benefit from an executive summary of the contents. We would also welcome a focus on the Women’s Health Strategy next year and a focus on further progress on co-operation with Primary Care. Within the document there are a lot of initiatives, however there are not any SMART targets associated with these which we would like to see in future.

We acknowledge the importance of partnerships for a seamless patient and carer journey. We are also mindful that there should be equity of service across Staffordshire.

In March 2024, the Committee had the opportunity to attend a site visit to the Trust to follow up from last year’s Quality Account session, which was highly informative and helped bring into perspective many of the services and successes outlined in this year’s Quality Accounts and it is good to see that our comments from previous years have been reflected and acted upon by the Trust

4.2 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 subsequent Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.

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
Janet Dawson, Chair	
Russell Andrews, Non-Executive and Vice Chair	
Prof Pauline Walsh, Non-Executive and Senior Independent Director	
Phillip Jones, Non Executive Director	
Jennie Koo, Non-Executive Director - Diversity and Inclusion	
Tony Garbby, Associate Non-Executive	
Dr Keith Talburn, Associate Non-Executive Director	
Dr Baki Adeyemo, Chief Executive	
Dennis Okoko, Chief Medical Director	
Eric Gardiner, Chief Finance Officer	
Kerry Laing, Chief Nursing Officer	
Kerry Smith, Interim Chief People Officer	
Ben Richards, Chief Operating Officer	
Elizabeth Mellor, Interim Chief Strategy Officer	

4.3 Glossary

ADHD - Attention Deficit Hyperactivity Disorder
 AFRID - Avoidant / Restrictive Food Intake Disorder
 AMHS – Adult Mental Health Service
 ARMS - At Risk Mental State Service
 ARRS - Additional Roles Reimbursement Scheme
 ASIST - Advocacy Services in Staffordshire
 CAMHS - Child and Adolescent Mental Health Services
 CASTT - Community Assessment Stabilisation & Treatment Team
 CHIME - Connectedness, Hope, Identity, Meaning and Empowerment
 COPD - Chronic Obstructive Pulmonary Disease
 CPA - Care Programme Approach
 CPD - Continuing Professional Development
 CQC - Care Quality Commission
 CQUIN – Commissioning for Quality and Innovation
 DOH - Department of Health ECT - Electroconvulsive Therapy ECG - Electrocardiogram
 ECTAS - Electroconvulsive Therapy Accreditation Standards
 FFT – Friends and Family Test

ICS – Integrated Care System
 ICB – Integrated Care Board
 IMHA – Independent Mental Health Advocacy Service
 IMCA – Independent Mental Capacity Advocate
 IPC – Infection Prevention & Control
 IQPR - Integrated Quality & Performance Report
 IT - Information Technology
 IMROC – Implemented Recovery Through Organisational Change
 KPI - Key performance indicator
 LD – Learning Disability
 LFPSE – Learning from Patient Safety Events
 Metric - method of calculating performance
 MPUFT – Midlands Partnership University Foundation NHS Trust
 MSNAP - Memory Services National Accreditation Programme
 NCAP - National Clinical Audit of Psychosis
 NEWS – National Early Warning Score
 NHS – National Health Service
 NICE - National Institute for Health and Clinical Excellence
 NIHR - National Institute for Health and Care Research
 NPSA - National Patient Safety Agency
 NRLS – National Reporting and Learning System
 NSCHT - North Staffordshire Combined Healthcare NHS Trust
 PALS - Patient Advice and Liaison Service
 PCNs - Primary Care Network's
 PEWS – Paediatric Early Warning Score
 PICU – Psychiatric Intensive Care Unit
 PNA- Professional Nurse Advocate

POMH - Prescribing Observatory for Mental Health
PROM – Patient Reported Outcome Measure
PRSB – Professional Records Standard Body
PSP - Patient Safety Partners
QI – Quality Improvement
R&D - Research and development
REACH - Local advocacy project supporting people with learning disabilities
SMI – Serious Mental Illness
STR – Support Time Recovery
SUCC – Service User Carer Council
THRIVE - Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support
UHNM - University Hospital of North Midlands NHS Trust
VCSE – Voluntary Community & Social Enterprise Sector
WRES - Workforce Race Equality Standard
WDES - Workforce Disability Equality Standard

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

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

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