

Our Ref: NG/RM/25045
Date: 27th February 2025

Nicola Griffiths
Deputy Director of Governance
North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Trentham
ST4 8HH

Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 28th January 2025. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

Under the Freedom of Information Act please can you provide the following information:

- Any improvement plans produced in relation to The Darwin Centre and its move into level 3 oversight.
Please see Appendix 1 attached.
- Any minutes of meetings in which the Darwin Centre/ its level 3 oversight is discussed.
Please see Appendices 2 and 3 attached.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Nicola Griffiths
Deputy Director of Governance

Darwin- Recommendations and Actions

WMPC- Level 3 surveillance process

February 2025

| Recommendations | Actions taken | Responsible Person/s | Trajectory | BRAG |
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| 6.1. Where identified, address door delay issues to ensure they do not impact staff responses. Optimising door functionality prevents critical delays during emergencies. | <ol style="list-style-type: none"> 1. Environmental changes to door fail safe 2. Fire evacuation review and processes updated 3. Rapid review processes progressing in relation to recent incidents 4. Confirmation that there is no delay in response time for staff responding to a psychiatric/medical emergency. 5. Air Lock now installed at entrance to unit to further enhance security/reduce AWOL risk. | Associate Director | Complete | |

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| 6.2. Put in place personal emergency plans for YP so that safe evacuation of young people can be achieved in event of emergency. | <ol style="list-style-type: none"> 1. Fire evacuation review completed 2. Fire drill completed for 13th January 2025. Next due April 2025. 3. PEEP's now complete and signed off by fire officer, to be monitored going forward. | Matron | Complete | |
| 6.3. Implement robust recruitment strategies for MDT roles. Filling vacancies ensures comprehensive care delivery and prevents staff burnout. | <ol style="list-style-type: none"> 1. Sign off given for agency-extended agencies approved, searching via recruitment agency Retinue. 2. Matron covering Ward Manager in the interim- stabilisation plan. 3. Ward manager appointed on the 24th January. Experienced candidate successful. 4. Consultant and Clinical psychologist interviews taking place 10th February 2025. 5. Experienced Dietician appointed on the 4th February 2025. 6. Family Systemic worker – Locum offers are being reviewed. 7. OT – Continues to be a challenging post to recruit to however Trust cover is being | Matron/Clinical Director | May 2025 | |

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| | provided whilst post is advertised. | | | |
| 6.4. Whilst the training and mentorship programme was in place, further development to enhance the ongoing support arrangement for RGNs (and all new staff) to bridge skill gaps is required. | <ol style="list-style-type: none"> 1. Daily task sheets put into place and working well to ensure all nursing disciplines are contributing as per their skill set. 2. PEF team offering 1:1 support to RGNs including pastoral care for overseas nurses to support with personal circumstances. 3. PEF team have provided laptops to RGNs with resource packages to use on and off duty should they choose to. 4. Covering ward manager is an RGN who is supporting and role modelling expectations from the RGN staff. 5. Please see additional support packages below. | Matron/Clinical Director | Complete | |
| 6.5. Improve compliance in priority areas like Suicide Mitigation and Core Physical Competencies. Adequate training equips staff to manage | <ol style="list-style-type: none"> 1. Bespoke training sessions based at the Darwin Centre for ease of releasing staff for face to face and Suicide mitigation have been scheduled in for March to capture remaining outstanding staff. | Matron/Clinical Director/ Associate Director | March 2025 | |

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| high-risk situations effectively. | 2. All other training referenced including CPR and Safeguarding is above 90% compliant | | | |
| 6.6. Ensure that compliance to training is overseen regularly and training figures and access to training is adhered to and in line with Trust standards. Regular reviews and audit ensure sustained competency across critical skills. | <ol style="list-style-type: none"> 1. Current training performance is monitored and managed by service manager and overseen by Matron. This is also reviewed in monthly Trust performance meeting with execs and Trust quality assurance meeting. 2. Current M10 (January 25) training sits at 88% against an 85% Trust target. | Matron/Clinical Director/Associate Director | Complete | |
| 6.7. Put in place comprehensive risk assessments with corresponding individualised care plans that contain clear update schedules. Consistency improves care continuity and enhances safety. | <ol style="list-style-type: none"> 1. All care plans and risk assessments have been assessed to be of a high standard and have been reviewed both internally by the Trust and by the WMPC. 2. Monitoring by the ward manager, Directorate and Trust performance meetings continue. | Matron/ Clinical Director | Complete | |
| 6.8. Ensure full co-production and discharge planning is evident in all | <ol style="list-style-type: none"> 1. MDT meetings now have a focus on planning discharge from admission. 2. Midweek MDT action monitoring now in place. | Matron/Clinical Director | Complete | |

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| aspects of care and care plans. Engaging YPs fosters shared ownership and better discharge outcomes. | <ol style="list-style-type: none"> 3. Darwin are involved in Trust co produced care planning work which will improve the quality going forward. 4. Positive feedback from the WMPC regarding the structure and effectiveness of the MDT following improvements made. | | | |
| 6.9. Provide interim solutions for activity planning until the coordinator returns. Maintaining activity levels reduces risk and supports therapeutic engagement. | <ol style="list-style-type: none"> 1. Patients have an individualised activity time table. HCSW are allocated activities to complete with the YPs across 7 days including evenings. 2. Current activity worker on none patient facing duties due to ill health however is writing activities plans and supporting staff in their delivery of these activities. | Matron | Complete | |
| 6.10. Consider the instalment of a de-escalation space to manage crisis. Dedicated spaces facilitate safer, more effective crisis interventions. | <ol style="list-style-type: none"> 1. Bespoke enhanced support suit being developed as part of a successful WMPC bid. 2. Flooring being completed W/C 10th February 2025 which will take 2 weeks. Lighting and Artwork will be completed thereafter. | Matron/Clinical Director /Associate Director | April 2025 | |
| 6.11. Embed a culture of post-incident debriefing for staff and YPs. | <ol style="list-style-type: none"> 1. Psychology gap has impacted reflective sessions however ward manager is chairing these | Matron | Complete | |

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| Debriefing fosters emotional recovery and improves learning from incidents. | <ul style="list-style-type: none"> until Psychology posts are recruited to. 2. Darwin has availability of CISM including psychological first aide and PNA sessions. 3. “Hot” debriefs are now embedded post all incidents. | | | |
| 6.12. Ensure and maintain comprehensive incident reporting systems. Accurate documentation supports transparency and quality improvement. | <ul style="list-style-type: none"> 1. Patient safety team lead thematic analysis of incident reporting and management. 2. WMPC have access to LFPSE which is live incident data with notifications received in 24hrs. 3. Darwin also review any significant incidents or incident themes with the WMPC to jointly learn and improve service provision. | Head of Patient and Organisational Safety/Matron | Complete | |
| 6.13. Conduct regular reflective practice sessions to foster professional growth and team cohesion. Reflective sessions enhance team dynamics and staff resilience. | <ul style="list-style-type: none"> 1. Impacted by lack of Psychology in the short term however ward manager is chairing reflective session in the interim. 2. PNA sessions taking place on site at the Darwin. 3. Reflect and Connect engagement for managers 4. SWARTZ rounds engagement. 5. Hot debriefs allow for reflection. 6. CISM Trust offer for incidents available. | Matron | Complete | |

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| | <p>7. NHSE MHA QI Program where staff are accessing coaching/reflective sessions from the team medics.</p> <p>8. All supervision also have protected time for reflection.</p> | | | |
| <p>6.14. Review the terms of reference and format of the MDT to encourage clearer leadership and allocation of actions related to patient needs, care and treatment. Effective leadership ensures clarity in decision making and goal alignment.</p> | <p>1. TOR for MDTs reviewed within directorate. Confident with structure and outcomes evidenced by feedback from the WMPC.</p> <p>2. SBAR used for all patient updates.</p> <p>3. Action monitoring now embedded.</p> <p>4. MDT chaired by Matron or designated deputy going forward.</p> | <p>Matron/Clinical Director /Associate Director</p> | <p>Complete</p> | |

TRUST BOARD

Minutes of the Private Section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday 9th January 2025 at 1.00pm via MS Teams

Present:

Chair: Janet Dawson
Chair

Directors:

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| Russell Andrews Non-Executive Director / Vice Chair | Dr Buki Adeyemo Chief Executive (CEO) | Eric Gardiner Chief Finance Officer / Deputy CEO |
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| Pauline Walsh Non-Executive Director | Tony Gadsby Associate Non-Executive Director | Elizabeth Mellor Chief Strategy Officer |
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| Kerry Smith Interim Chief People Officer | Dr Roger Banks Associate Non-Executive Director | Zoe Grant Deputy Chief Nursing Officer |
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| Rachael Birks Deputy Chief Operating Officer | Jennie Koo Non-Executive Director | Dr Dennis Okolo Chief Medical Officer |
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Martin Evans
Non-Executive Director

In attendance:

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| <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Senior Executive Assistant | Nicola Griffiths Deputy Director of Governance / Board Secretary |
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The meeting commenced at 1:00pm

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| 01/25 | APOLOGIES FOR ABSENCE Kenny Laing, Chief Nursing Officer Ben Richards, Chief Operating Officer | Action |
| 02/25 | DECLARATION OF INTEREST RELATING TO AGENDA ITEMS No declarations were made. <i>Noted</i> | |
| 03/25 | MINUTES OF THE MEETING HELD ON THE 12TH NOVEMBER 2024 The minutes were agreed as a true and accurate record. <i>Approved / Received</i> | |
| 04/25 | ACTION MONITORING SCHEDULE AND MATTERS ARISING FROM THE MINUTES | |

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| | <p>There were no actions from the previous meeting.</p> <p><i>Noted</i></p> | |
| 05/25 | <p>CHIEF EXECUTIVE REPORT</p> <p>Dr Buki Adeyemo updated the Board on activities undertaken since the last meeting and drew the Board's attention to other issues of significance or interest.</p> <p><u>Critical Incident</u></p> <p>Dr Dennis Okolo alerted the Board to these incidents and oversight meetings that are taking place regarding the Darwin Centre which is the regional adolescent unit with the lead provider, Birmingham Women's and Children's Hospital.</p> <p>We have been aware within the Trust that there are challenges around vacancy and recruitment, skills and experience of staff within that unit. There have been some incidents, where a couple of residents managed to leave the unit and travel to Nottingham, this triggered an oversight meeting from the lead provider. An action plan is being worked through with the Provider Collaborative. Meetings have taken place and following a visit, additional points were noted, which led to an escalation to Level 3 in terms of their oversight scheme. Feedback received was that the young people did not come to any harm, however, one reported allegations of sexual assault whilst off site.</p> <p>Pauline Walsh queried the potential implications and if the action plan would address these. She also noted the concerns relating to culture within the unit and was this part of the issues.</p> <p>Zoe Grant responded that the escalation from level 2 to level 3 by the Collaborative was a little bit incongruent as the immediate actions that needed to be taken were around the safety of the unit and addressing the fire locks. The issues that were raised were from a subsequent visit, and from an organisational point of view, we already had oversight of these and carried out own unannounced internal visit. Therefore, we run the risk of having duplicate action plans and processes, however we are working with the teams to ensure these are amalgamated. The issues raised by the Collaborative as issue that we are already addressing and have been to the Quality Committee. The Collaborative were assured the actions were being addressed and mitigations were in place and indication was that would be reviewed in a month's time with a view to downgrading from the Level 3 surveillance.</p> <p>Quality Committee will monitor on behalf of the Board and keep them informed</p> <p><i>Noted</i></p> | |
| | <p>DATE AND TIME OF NEXT MEETING</p> <p>The Private Board Meeting has been scheduled for Thursday 13th February 2025 at 1.00pm Boardroom, Lawton House and via MS Teams</p> | |

The meeting closed at 2.00pm

Signed: _____
Chair

Date _____

Darwin Quality Improvement Group

27th December 2024, 11:00 -12:30 Via Microsoft Teams

Minutes

| Present | | Name and Role | Initials |
|------------|--|---------------|------------|
| Attending | [REDACTED] | | [REDACTED] |
| | [REDACTED] | | [REDACTED] |
| | [REDACTED] | | [REDACTED] |
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| [REDACTED] | | [REDACTED] | |
| [REDACTED] | | [REDACTED] | |
| Ref | Item | Outcome | Format |
| 1 | Welcome, Introductions & apologies for absence (Chair: Jo Hemming) <ul style="list-style-type: none">[REDACTED] chaired this meetingAttendees and apologies shown above | Noted | Verbal |
| 2 | Declarations of interest (Chair: Jo Hemming) None were recorded. | Noted | Verbal |
| 3 | WMPC Overview <p>[REDACTED] gave a brief overview and set the context for the purpose of this Quality Improvement group meeting and communicated that she was hopeful this process would not be prolonged from a Quality Assurance perspective (based on the progress noted in collaborative working since concerns identified.</p> <p>The PC holds the oversight for quality and are accountable to NHS England for quality assurance. They do this through utilisation of The Quality Assurance and Improvement Framework (QAIF).</p> | Information | Verbal |

There have been a series of 4 incidents over a couple of weeks from Darwin in which a number YP managed to escape from the unit resulting in increasing levels of harm. These incidents prompted a closer look into physical/relational security via on site quality visits.

Initially Darwin had moved into level 2 oversight (escalating concerns) of The QAIF but due to outstanding concerns that require further actions and improvement plans, this has been moved to a Level 3 oversight position (evident concern). ■ added that the unit/team have been fantastic in supporting the PC's oversight activity and supporting efforts to maintain quality and safety of the unit.

Feedback from PC visit

■ provided some details regarding the incidents and what the PC had found on their visit to Darwin. The 4 incidents involved young people and their absconsions from the unit, following this, the Quality team from the Provider Collaborative had visited Darwin.

- 16/11/24 – One young people were able to exit the ward by use of force and entered the site car park. They were returned to the ward by staff unharmed.
- 17/11/24 – Two young people absconded by assaulting a staff member to take their pass card. Young people involved were able to travel to Nottingham, subsequently being returned by the police, unharmed.
- 24/11/24 - Two young people used perfume to activate the fire alarms on the ward, which in turn released locking mechanisms on doors that enabled the young people to abscond to a local restaurant. Subsequently returned by the police, unharmed.
- 29/11/24 - Two young people used perfume to activate the fire alarms on the ward which in turn released locking mechanisms on doors enabling the two young people to abscond. Returned to the ward by police and subsequent allegations of serious harm have been made, including sexual assault.

Quality Team included Quality & Patient Safety Leads (■ & ■), Interim Quality Assurance Lead (■), Head of Case Managers (■) and Case Manager ■. On their visit to Darwin, the team had noticed some work had already commenced around exits and doors (installation and reprogramme to the new fail lock system).

As per the process, the Case Managers spoke to the young people and the Quality team discussed the situations with the staff and were able to access and assess the clinical records (such as the ligature risk assessment, search policy, training records). Findings suggest the MDT shortage (mainly around psychology, OT and family therapists) and poor training percentages were outstanding issues that would need addressing.

The Quality team had provided the team with a summary report that contained a list of recommendations to support improvements in quality and safety. Darwin team are utilising the recommendations in the report to form their improvement plan.

Follow up visit on the 23rd of December

A letter had gone out to Darwin on the 20th December informing the team of the quality team's follow up meeting scheduled on the 23rd.

Feedback given;

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| | <p>Aerosols are no longer accessible and are stored in the 'quiet room' away from the young people.</p> <p>A letter had been sent out to families asking for them to collect restricted items.</p> <p>Regarding the Christmas Rota, there was a good skill mix, and new staff are not working over the Xmas period (mainly used to support observations). 1 New years Eve shift was outstanding, waiting on two support workers availability.</p> <p>In regard to Environment, the unit are awaiting dates as to when the estates would be able to implement the air lock, fire officer ensured all doors are compliant to the new process and staff had completed fire drills.</p> <p>Personal evacuation plans in case of emergencies have been added to every young people's care plan).</p> <p>A number of admin/cleaning staff have not completed the safeguarding/CPR training which impacts percentages, a plan is in place re this.</p> <p>Incidents have reduced since the installation of the new doors; one young person had been tying ligatures (this is being well managed).</p> <p>Work is still due to be completed on care plans. The unit was quite settled and the YP were in communal areas, engaged with activities.</p> <p>■ summarised the 4 incidents which triggered the WMCP's response, a lot of work from Darwin and the wider leadership team had been started to support immediate safety concerns and we are seeing the evidence of the impact of this. There has been concern raised during visits around safe staffing (skill mix) and MDT provision. The issues that remain outstanding are the MDT gaps that affect clinical care and outcomes, physical security and training of staff as they are having an adverse impact on young people.</p> <p>Colleagues had no queries or questions for ■ and ■.</p> | | |
| 4 | <p>Other stakeholder updates/intelligence sharing</p> <p>None were shared.</p> | Noted | Verbal |
| 5 | <p>Provider response</p> <p>■ provided a brief synopsis and additional comments regarding ■ recommendations. Topics discussed were physical environment (awaiting lead time on Maglock/Airlock for future proofing doors), updated evacuation plans (formal fire drill on 14th which will then occur quarterly), PEEP plans and recruitment strategies (dietician, OT, family systemic worker, clinical psychologist, consultant psychologist and assistant psychologist).</p> <p>Additionally, the RGN package has led to staff engaging more meaningfully with activities and hopeful that this will encourage teams to work together/harness collaboration and move to a positive culture shift. Challenges have occurred with onsite training and ■ assured the group that despite CPR appearing as a low percentage, this is included within other modules and there are trained colleagues on every shift. Darwin are engaged with the Trust's coproduced care planning work and all care plans have risk incidents attached within and logged within the risk assessments. Activity Planning: looking to move one of the support workers who has a passion for coordination into this role for the interim period.</p> | Noted | Verbal |

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| | <p>An action was recorded for [REDACTED] To meet with TOUCAN quality team to give more clarity as to how the data would need to be presented to ensure comprehensive incident report systems are maintained.</p> <p>Due to the lack of psychology within the team, Darwin are exploring if there's available capacity within the trust. [REDACTED] will chair the MDT's going forward with WMCP Case Manager present ([REDACTED]) to support.</p> <p>Colleagues had no comments or queries for [REDACTED]. [REDACTED] summaries and thanked the Darwin team for their collaboration and proposed some offers of help. The PC would be able to link Darwin with BWC head of psychological therapies (extensive experience in recruiting psychologists) and can give links to other units who have experienced similar journeys (knowledge in how to assimilate and encourage teams to work in harmony). Additionally, the PC would be able to give details to our expanded coproduction team and they would be able to support with the care planning.</p> | | |
| 6 | <p>Overview of patient safety priorities and support required/ Key Risk/Issues including mitigating actions Overview</p> <p>The PC doesn't envision this to be a long process and a couple more QIG's scheduled to ensure we are moving into a positive direction. The next meeting is scheduled on the 31st January.</p> <p>The best points of contact for Darwin would be [REDACTED] and [REDACTED] (until the 27th of Jan) and to ensure [REDACTED] and [REDACTED] are cc'd in emails for oversight.</p> | Noted | Verbal |
| 7 | <p>Updates and Any Other Business</p> <p>[REDACTED] added they are happy to support from ICB perspective. [REDACTED] thanked for feedback and to have shared support within the system as this has been helpful. [REDACTED] will reflect how we can do more of this outside of the QIG process.</p> | Discussion | Verbal |
| <p style="text-align: center;">CLOSE Next Meeting: 31st January 2025</p> | | | |

| Darwin QILG Action Log December | | | | | |
|---------------------------------|----------------------------------|---|------------|------------|--------|
| Ref. | Item | Action | Lead | Due date | Status |
| 1. | Catch up meeting to discuss Data | An action was recorded for [REDACTED]/WMCP Case Manager to meet with [REDACTED]/Darwin team to give more clarity as to how the data would need to be presented to ensure comprehensive instant report systems are maintained. | [REDACTED] | 31/01/2025 | Open |