



Mental Health Concern  
is part of

**CONCERN**<sup>c</sup>  
THE MENTAL HEALTH AND  
WELLBEING GROUP

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## Quality accounts 2015/16

- our commitment to quality and improvement
- service user satisfaction and experience
- governance and clinical audit
- staff survey

Focus area	Detail	2016/17 CQUIN
<b>Meaningful activity in dementia care</b>	<p>When people with dementia have behaviours that challenge, and live in a 24-hour supported environment, the lack of meaningful activity can mean that people become bored and more easily frustrated.</p> <p>However, organised activities can be difficult to arrange as the people we work with often lack the social skills or concentration to engage in sustained activity. One-to-one work using memory boxes is effective for less mobile residents, but is difficult to sustain with more mobile residents. The use of activity 'stations' for the more mobile group is a method of providing meaningful activity which is gaining traction.</p> <p>Stations are designed, sensitive to age, gender, and culture, for residents to encounter in their environment, sometimes as a stimulus to further social interaction. As residents explore their environment they 'come across' and interact with, for example, a 'hats, coats, and gloves' or 'mechanical items' station.</p> <p>The role of staff is then to 'join in' with activities that residents take an interest in, and to replenish, clean and reorganise the station so that it stays safe and available for their use.</p>	<p>Research recommended activities for people with dementia, that can be readily organised as activity stations.</p> <p>Undertake a dementia care mapping of the areas where stations are likely to be installed. Set up 'activities working groups' in each of the participating homes, including family carers where possible, to design locally- and culturally-sensitive activity stations. Recommended designs are then risk-assessed and modified. Fund the groups to design and procure the equipment for the stations in these areas and trial the activity stations. Activities working groups monitor responses to the stations informally and refine the materials and equipment on offer at each station.</p>

### HR updates

See below for progress on areas identified for development following the 2015 staff survey.

### Organisational Values

We continue to embed our values into every aspect of employment, commencing with recruitment, through to induction and annual appraisal.

At every opportunity, we reinforce the values to our staff, ensuring they are clearly understood and applied on a daily basis, through interactions with service users, colleagues and other external contacts.

### Change management

A revised change management process was implemented in 2015 and the process has been effectively utilised recently whilst managing two fairly significant restructuring programmes.

The Group will be able to evaluate more accurately how the change management process is perceived by staff, particularly those that have been affected by such change, when we conduct our annual staff survey in June 2016.

### Employee Forum

A refreshed employee forum was implemented in April 2016, aspiring to represent all employees and provides a forum where new ideas, policy changes, and organisation matters can be discussed freely and proactively. We have received very positive feedback from staff since its introduction.

### Pay structure review

We are in the process of consulting with staff on a new proposed pay structure, the aims of which include:

- **Develop a sustainable and transparent pay policy that is financially viable in the long-term**
- **Provide further opportunity for career development**
- **Further harmonise terms and conditions**
- **Better align our pay bands and holiday entitlement to other providers (e.g. NHS)**

### Health and wellbeing

We are soon to introduce a corporate gym membership scheme for staff and family members, and we are organising health and wellbeing events for staff within our services.

## Looking forward to 2016/17

### Service development and redesign

We are already committed to ensuring that our services develop in line with the emerging reconfiguration requirements from 'Deciding Together'; any dementia service reviews; and the no doubt pressing need to improve efficiency, effectiveness, and 'cross-Tyne thinking' in health and social care.

We have proposed how we can support these agendas via our service development and improvement plans within our 2015/18 contracts with the CCG 2016/17 CQUIN focus and targets. Our CQUIN proposals for the year ahead have been accepted by commissioners.

Focus area	Detail	2016/17 CQUIN
<b>Digital empowerment of service users</b>	<p>As more and more aspects of daily life, social relationships and civic engagement are conducted through digital technologies of one kind or another, our challenge as a mental health service provider is to ensure that digital social inclusion is part of the daily practice of our services and the lives of our service users. We must include digital skills in the support we give generally in supporting people to work towards their recovery goals.</p> <p>We therefore aim to develop a Digital Social Inclusion Programme for our rehabilitation and recovery services. We hope to install wireless internet networks in all of our community settings to help people stay connected to family, friends, services, education, and leisure activities. Both staff and service users will be able to access and use this network together via a range of cheap, readily-available devices, such as smart phones, tablets and laptops.</p> <p>We will need to complete a digital skills baseline assessment for service users and staff to inform a Training and Deployment Strategy. We are also keen to incorporate 'digital champion volunteers' into our volunteer workforce.</p>	<p>Develop the procurement and deployment plan for a digital empowerment programme. Evaluation measures to be identified and baselines established by end of quarter. Deliver empowerment programme to staff. Start recruitment of digital ambassador volunteers. Continue with rollout and training programme, seeking to embed digital resources into documented recovery activities. Evaluate programme against established baseline measures, collect narrative and make recommendations for the following year.</p>
<b>Staff wellbeing and physical health</b>	<p>The Five Year Forward View made a commitment 'to ensure the NHS as an employer sets a national example in the support it offers its own staff to stay healthy'. This CQUIN builds on this promise and the developments made across England during the past year, through some of the work being undertaken within NHS England's Healthy Workforce Programme.</p> <p>A key part of improving health and wellbeing for staff is giving them the opportunity to access schemes and initiatives that promote physical activity, provide them with mental health support and rapid access to physiotherapy where required. The role of board and clinical leadership in creating an environment where health and wellbeing of staff is actively promoted and encouraged.</p>	<p>Launch Health and Wellbeing site on organisation's intranet. Offer corporate gym membership to all staff through a salary sacrifice scheme. Deliver health and wellbeing roadshows. Monitor via staff perception on how well supported they feel by the organisation regarding their overall health and wellbeing. Develop further health and wellbeing initiatives by extending our current EAP.</p>

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## Introduction and statement on quality from the Chief Executive

I am delighted to introduce our Quality Account for 2015/16

In our 30th year of operation (a landmark we will be celebrating later this year) our ability to develop and adapt to the evolving needs of the people we serve, and those who commission us, is evident in abundance throughout this report.

On reading this you will no doubt, as I did, get a real sense of the quality, range and diversity of our provision.

We, of course, always aim to meet the standards set by the relevant regulatory frameworks, external audit processes, and compliance regimes, but what is evident in this year's quality account is our improved governance arrangements and our ability to better capture and evidence service outcomes in a meaningful way.

The year has been challenging, as it has for all of us working in health and care. Implementing the Five Year Forward View, testing out 'New models of care', dealing with the continuing financial pressures; and the evolving integration and devolution agendas, all add to the complexity of the environment we work in.

For many years now we have strived to be more than just the 'sum of our parts'. We have demonstrated our commitment to this approach with our involvement in Newcastle's, health and care integration challenge, a number of Mental Health Programme Board work streams and a range of service developments in partnership with our NHS colleagues at NTW, NuTH and TEVV Foundation Trusts. We also have continued to represent, support and develop the wider VCS, including our role as a founding Board member of the Blue Stone Consortium.

We have also embraced the challenges posed by the increasing importance of information sharing, electronic records, interoperability and digital inclusion, with a range of exciting initiatives that will take shape in the year ahead.

Running through all our services and this report, are the values that we would like to be known for and tested on. The user and carer experience and satisfaction surveys are overtly structured around these values, so the response rates and results illustrated are extremely heartening. We will not rest on our laurels; and in the year ahead we are planning further engagement with 'the people we serve' on the relevance of both our value base and how this relates to what matters to people most

Ensuring we maintain our 'service focus', whilst at the same time playing our part in a rapidly changing health and care system will always be a challenge. I believe this report helps demonstrate we are striking the right balance and meeting that challenge



Brendan Hill  
CEO Concern Group



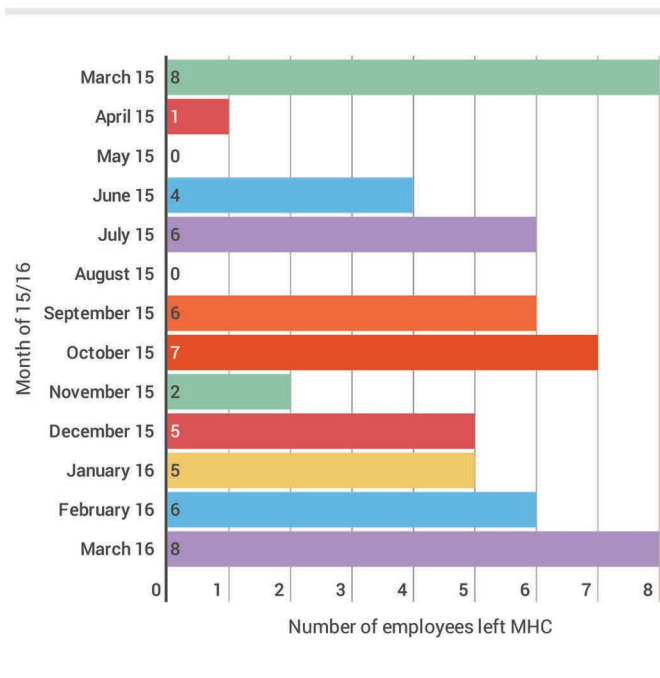
Our 2015/16 staff survey is due to be completed in June 2016.

We always recognise there is room for improvement and as a result of feedback from the 2014/15 survey, the following has been implemented:

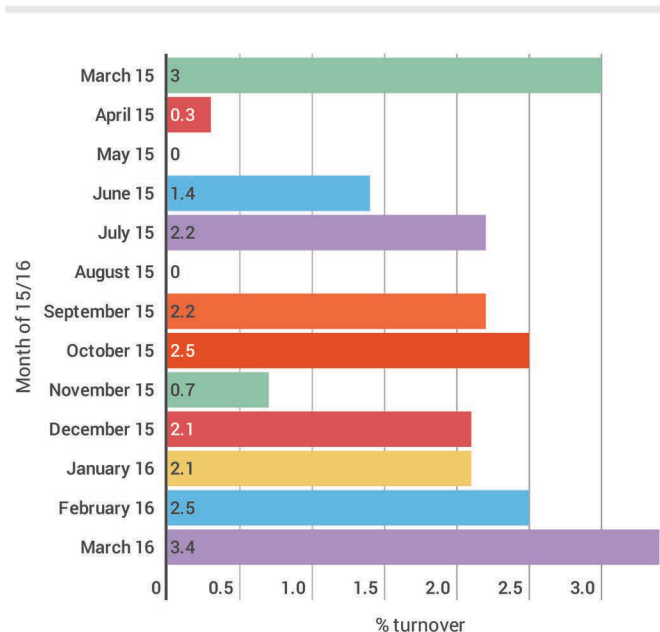
- further training was provided to managers on performance appraisal
- communication processes were improved with the introduction of:
  - communications briefing documents to be used by managers to brief staff, ensuring that key messages are delivered in a consistent and timely way
  - SharePoint, an enhanced Intranet site for access across the Group providing information on Group policies, feedback section for staff on issues that may impact upon them, communication and announcements page
- review of occupational health provider, which has resulted in a new contract being awarded offering more enhanced services accessible across the Group
- an awards ceremony, recognising the achievements of staff, is to be held every two years once the organisational values are fully embedded across the Group
- development of a management leadership programme

### Number of employees who left MHC,

March 15 - March 16



### % turnover of MHC employees, March 15 - March 16



## Statement on quality from Newcastle Gateshead, North Tyneside and South Tyneside Clinical Commissioning Groups

The CCGs welcome the opportunity to review and comment on Mental Health Concern's Draft Quality Account for 2015/16 and would like to provide the following commentary.

As commissioners, Newcastle Gateshead, North Tyneside and South Tyneside Clinical Commissioning Groups (CCGs) are committed to commissioning high quality services from Mental Health Concern (MHC) and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services. It is also crucial that the views and expectations of patients, service users and the public are listened to and acted upon.

The Draft Quality Account for 2015/16 provides a comprehensive description of the quality improvement work undertaken within the organisation and an open account of where improvements in priorities have been made. The CCGs recognise the work the organisation has achieved to date in the delivery of the 2015/16 priorities and in the ongoing delivery of the quality measures.

The CCGs also congratulate MHC in fully achieving all CQUIN targets for 2015/16 especially the improvements in strengthening the organisation's understanding of access and diversity undertaken by way of a research project. It is particularly pleasing to note the research project to help inform improvements to the access and diversity referrals and the annual improvement cycle initiated in the dementia care 24-hour nursing service.

The CCGs also acknowledge the robust governance structure underpinning MHC's corporate and clinical functions. Whilst governance is strong, it is a Care Quality Commission (CQC) requirement that compliance with the statutory duty of candour is evidenced by all healthcare providers. MHC must therefore ensure that records of conversations and correspondence are maintained when duty of candour has been initiated and it is noted that MHC's implementation of duty of candour has not been included in this Quality Accounts statement as suggested by NHS England.

The CCGs commend the results of inspections undertaken from December 2014 to March 2016 at six of the seven CQC regulated services, and that 'good' was scored on the majority of occasions.

This was supported by testimonials from service users and carers who were complimentary about the services on offer. It is also pleasing to note the emphasis on undertaking a programme of clinical audits employing appropriate audit tools.

MHC is to be congratulated on the results of work undertaken during 2015/16 on recovery-based outcomes has provided good results with users benefiting from enhanced feelings of well-being. This is also reinforced by the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) scores and MHC is to be applauded on the findings from the WEMWBS study being included in an article published in the well-respected 'Journal of Mental Health'.

The response rates to the annual feedback survey of service user satisfaction were good and with high rates of satisfaction across four key themes. The CCGs also acknowledge that the majority of respondents are either 'extremely likely' or 'likely' to recommend the dementia care services to friends and family. In addition to the service user survey, the staff survey also produced very positive results and it is clear that MHC is an organisation that offers high job satisfaction amongst employees with good teamwork and working relationships scoring highly. It is also pleasing to note that staff have welcomed the introduction of a refreshed employee forum.

In so far as we have been able to check the factual details, the CCGs' view is that the report is materially accurate. It is clearly presented in the format required by NHS England and the information it contains accurately represents MHC's quality profile. Finally, the CCGs would like to offer congratulations on the achievements outlined in this report which we believe accurately reflects MHC's commitment to delivering a high quality, and service user focussed services.

The CCGs look forward to continuing to work in partnership with MHC to assure the quality of services commissioned in 2016/17.

**Dr Neil Morris**  
Medical Director

**Chris Piercy**  
Executive Director of Nursing,  
Patient Safety and Quality

For and on behalf of

NHS Newcastle Gateshead CCG  
NHS North Tyneside CCG  
NHS South Tyneside CCG

## About us



We are based in the North East of England, where we provide a wide range of specialist mental health services, which are predominantly commissioned by the NHS and local authorities. We support many people with a wide range of mental health-related needs, including:

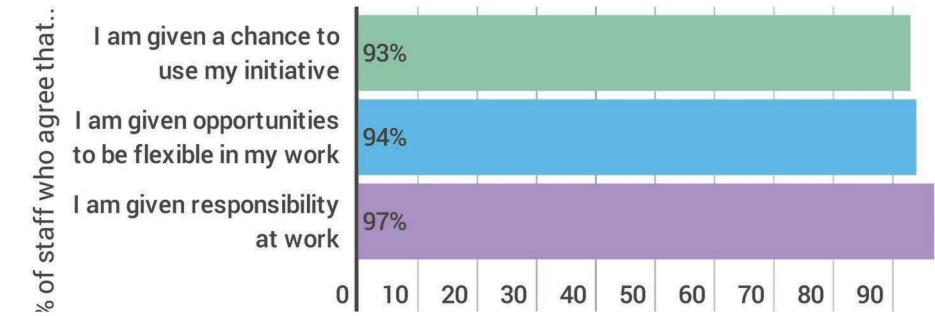
- people taking their final steps away from specialist mental health services and striving to get into work, education, or training
- people recovering from severe mental ill-health, who require support over long periods of time
- people with severe dementia and complex, challenging needs

We believe that our innovative approach to developing services, coupled with close partnerships between us and the people who use our services, enables us to provide high quality care and support that help people move on in their lives. Our services are clinician-led, providing a range of person-centred support with a focus on recovery.

We deliver care and support across four broad areas:

- Older People's Services
- Adult Rehabilitation and Recovery Services
- Community and Wellbeing Services
- Housing and Support Services

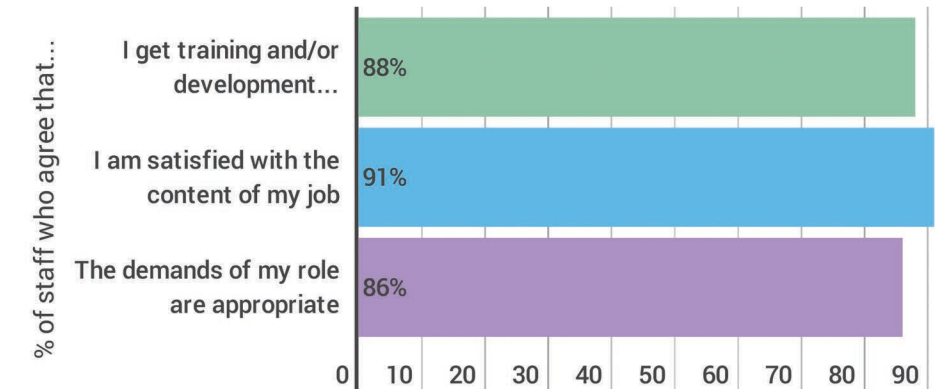
## How much say do you have in your work?



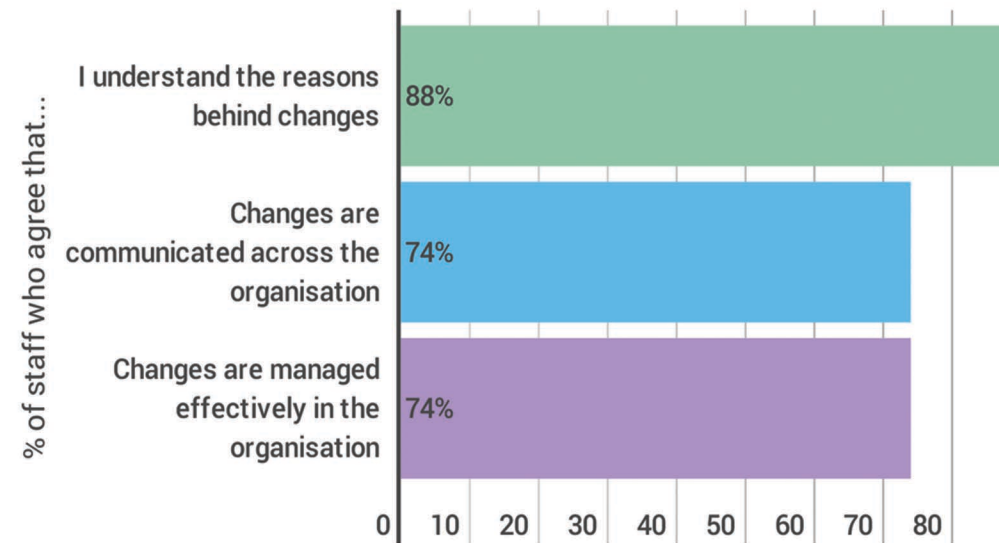
## Working relationships



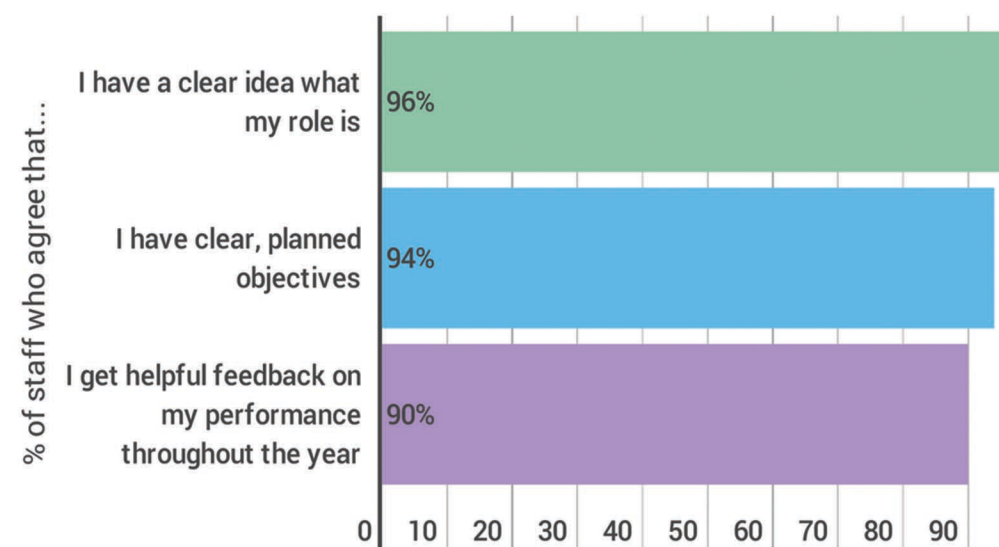
## Demands and development



## Organisational change



## Understanding of roles and responsibilities



### Older People's Services

We believe passionately in providing good care to people with dementia and their families. We also believe that it is entirely possible for anybody living with dementia to live a good quality and meaningful life. With the right help, this is a reasonable expectation for anybody living with dementia.

We have provided specialist dementia services for over 30 years and have learnt that enabling people with dementia to live well can be demanding, but very rewarding. This is why all of our dementia services and staff work to a strong set of values that have a clear person-centred focus.



### Adult Rehabilitation and Recovery Services

In our Adult Rehabilitation and Recovery Services we support people recovering from mental ill-health, who are often taking their first steps away from hospital. Our services are mostly commissioned by the NHS, which means that we can provide high levels of 24-hour specialist support, and can help those people that many other organisations can't.

We work with people to understand and manage their mental health condition, as well as to develop and practise the skills which are important to live a good and satisfying life with meaning and purpose.



### Housing and Support Services

In our Housing and Support Services we help people to secure good quality housing and provide a wide range of help, from really quite intensive bespoke packages, right through to low level day-to-day support and advice.

Our main focus is on helping people to have independence and to take control over their own lives.



### Community and Wellbeing Services

Our Community and Wellbeing Services help over 1,000 people each year to get back into work, education, or increase meaningful activity.

We also help people to rebuild their social support networks and develop friendships. We stick by them, to navigate through the sometimes complex health and social care system using our knowledge of what's out there to link people in.

## More about our services

### Older People's Services

We care for people who, because of their dementia, behave in ways that can be challenging or hard to understand. Our main focus is on getting to know the person as well as we can, so that we can meet their needs in ways that improve wellbeing. This is because we know that a person with dementia is just that – a person.

In Gateshead we provide four types of dementia services:

- **24-hour specialist nursing care**
- **respite**
- **short-term assessment (as an alternative to hospital admission)**
- **community challenging behaviour support**

### Rehabilitation and Recovery Services

Our specialist, 24 hour, nurse-led rehabilitation and recovery services help people with complex mental health problems to move from secure and hospital-based settings into the community. We also provide short-term relapse prevention packages as an alternative to hospital admission.

Our rehabilitation and recovery services focus on promoting:

- **positive move-on within one to three years**
- **relapse prevention**
- **employment and increased employability**
- **access to education**
- **living skills**
- **condition management**

### Supported Housing

Our Supported Housing service helps people with complex mental health problems to move out of hospital or 24-hour care and take up a supported tenancy in the community. It is a highly-specialised service with tiers of support and supervision, which gives people who have often spent many years in institutional environments the opportunity for independent living and social inclusion. It consists of four specific services:

- **Newcastle Supported Housing**
- **Gateshead Supported Housing**
- **EIP (Early Intervention in Psychosis) Supported Housing**
- **Step Ahead Housing**

## Community and Wellbeing Services

Mental Health Concern's community services help over 1,000 people each year to get back into work, education or increase meaningful activity.

We help people to rebuild their social support networks and develop friendships. We stick by them to 'navigate' through the sometimes complex health and social care system, using our knowledge of what's out there to link people in.

### Moving Forward

Our Moving Forward services in Newcastle, Gateshead, and South Tyneside can be accessed by anyone who has experienced mental health issues.

The service focuses on linking people up with activities, groups and community resources, with the aim for them to:

- **rediscover self confidence**
- **learn new skills or rediscover old interests**
- **build a stronger social network and have more people to do things with**
- **get back into education or training**
- **find paid or voluntary work**

### Mental Health Carer Support

In South Tyneside, we provide support to people who have caring responsibilities for people with mental health problems.

We work in partnership with other professionals to provide emotional and practical help, as well as helping people to find the support they need in their caring roles.

### Fulfilling Lives

The Fulfilling Lives programme is a Lottery-funded partnership between Mental Health Concern, Changing Lives, and Aquilla Way.

Together, we help adults who are likely to experience issues relating to three or more of the following:

- **mental ill-health**
- **homelessness**
- **drug and alcohol issues**
- **offending**

## Staff survey

Mental Health Concern conducts an annual staff survey, allowing the organisation to measure overall staff satisfaction.

Responses are valuable in illustrating employee wellbeing and help identify areas of good practice and areas we need to target for improvement. We use the results to inform the workforce strategy particularly in the areas of staff training, education, development and wellbeing.

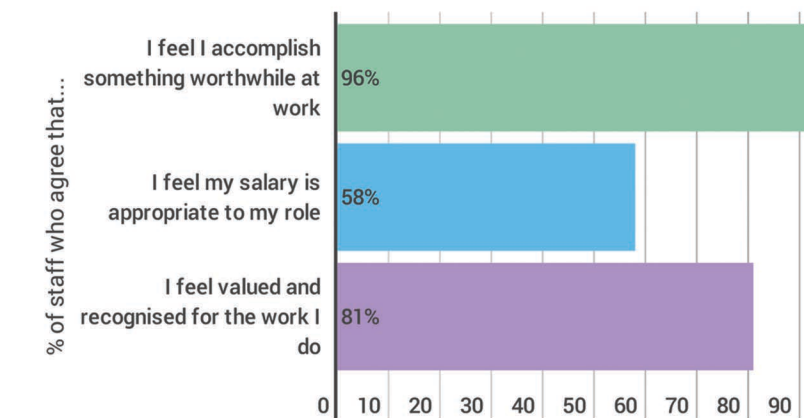
Overall, the 2015/16 survey was very positive; 96% of MHC staff agreed that they would recommend the organisation as a place to work.

The following areas are amongst those which received the highest satisfaction scores:

- **job satisfaction**
- **opportunities to use initiative**
- **level of support from immediate colleagues**
- **level of responsibility given in their role**

Below is a summary of some of the results of the survey.

### Job satisfaction



### Communication







### Ways to Wellness

Ways to Wellness is a social prescribing service for people with long-term health conditions in the west of Newcastle. The service aims to improve its users' quality of life and reduce their use of mainstream health services, by enabling them to lead healthier lives and better manage their conditions.

This is achieved by the provision of Link Workers, who help patients to identify and work to overcome the current barriers to managing their long-term health conditions.

### Chain Reaction

Chain Reaction launched in 2015 as a new service commissioned by Newcastle City Council, designed to support older people (55+) to live independently in the community.

By promoting the use of community-based resources and facilities, Chain Reaction encourages people to lead happier, healthier lives. It supports and sustains friendships in order to combat social isolation and to increase good emotional health and wellbeing.



## Our 2015/16 priorities for improvement and development (and how we did)

### Continue to develop our approaches in wellbeing

We are proud of our continuing joint work with Northumberland, Tyne & Wear NHS Trust and Tees, Esk & Wear Valley NHS Trust in developing these approaches.

This year we published the first of our papers, evaluating the reliability and sensitivity of the WEMWBs measure for people in secondary mental health services. We have found that the tool is a reliable measure of wellbeing in this client group.

With support from the North East Strategic Clinical Network, we have commissioned a project to develop a Positive Psychology and Wellbeing programme, jointly with people who have lived experience of poor mental health. We hope to evaluate the programme's effectiveness in 2016/17.

### Mapping ways of working and our IT systems

We have now completed our work to capture all systems and information flows across all of our various service areas.

We have found considerable duplication of effort and opportunities to simplify our processes, which we are working on during 2016/17.

We have also commissioned the development of a unified IT database system, which we are aiming to deploy in Q4 of 2016/17. As we develop this system, we will remain mindful of the interoperability agenda and ensure that we contribute fully to local, regional, and national initiatives.

### To achieve IG Accreditation level 2

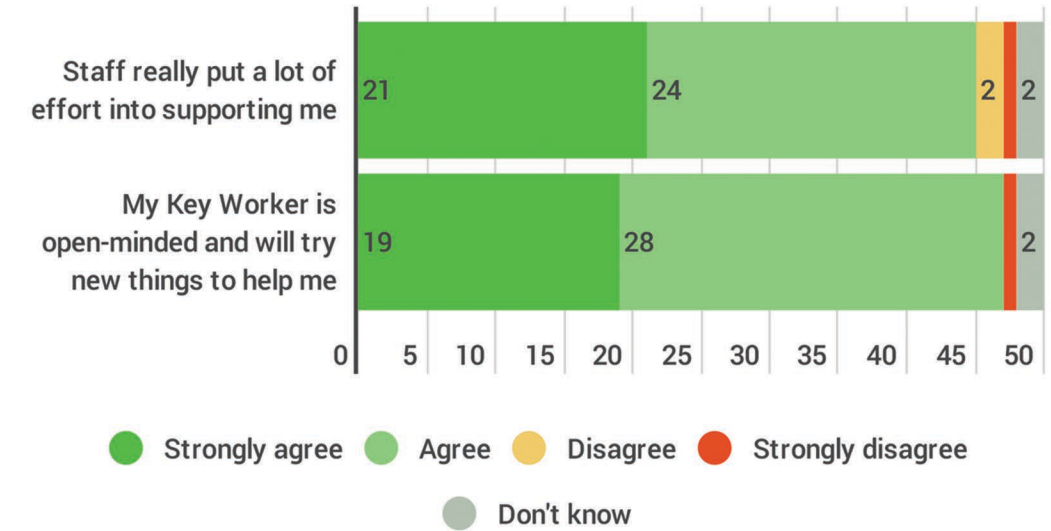
We were pleased to have achieved IG accreditation at level 2 in March 2015 and have recently published our 2016/17 submission, which shows we have built on a number of areas and have increased our attainment level to 68%.

### Our CQUIN focus and targets for 2015/16

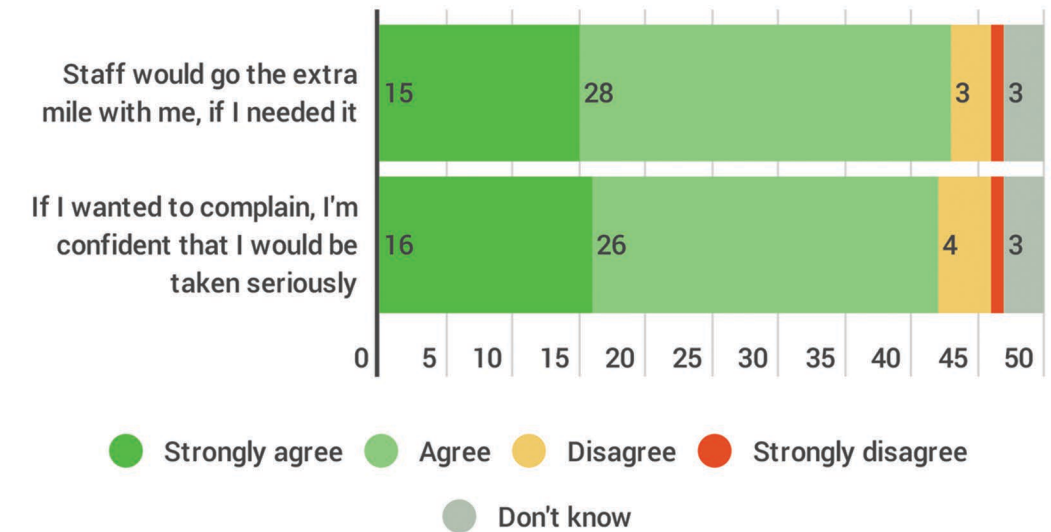
We are delighted to have fully achieved our CQUIN targets for another year, which have resulted in material improvements to our services and understanding of access and diversity trends. Below and opposite is a summary of our focus areas and attainment.

Focus	Detail	Progress and achievements
<b>Patient activation in physical health</b>	<p>Last year and in previous years we have developed initiatives to address parity of esteem between physical and mental health, building physical health interventions such as smoking cessation, eating well on a budget, exercise, and BMI-reduction as processes central to recovery.</p> <p>This year we sought to 'activate' service users in our rehabilitation and recovery and Moving Forward services around their physical health issues in a more focused and coordinated way.</p> <p>We drew on the latest developments in patient activation and associated measures: a successful approach to patient activation could also have positive impacts on mental health.</p>	<p>We have developed a training presentation and programme, aiming to:</p> <ul style="list-style-type: none"> <li>distinguish and separate the concept of patient activation from any other (e.g. socioeconomic class, education)</li> <li>explore, discuss, and critique the concept of patient activation as a valid and reliable predictor of health outcomes</li> <li>to discuss interventions focused on improving patient activation</li> </ul> <p>Unfortunately, we were unable to access our patient activation measure of choice, due to licensing and permissions issues (PAM-MH) and were unable to find a suitable alternative measure. This is why we focused on raising general awareness of activation, alongside motivational interviewing, to enrich the normal outcomes-focused approach with residents for whom physical health remains an important/high-risk issue.</p>

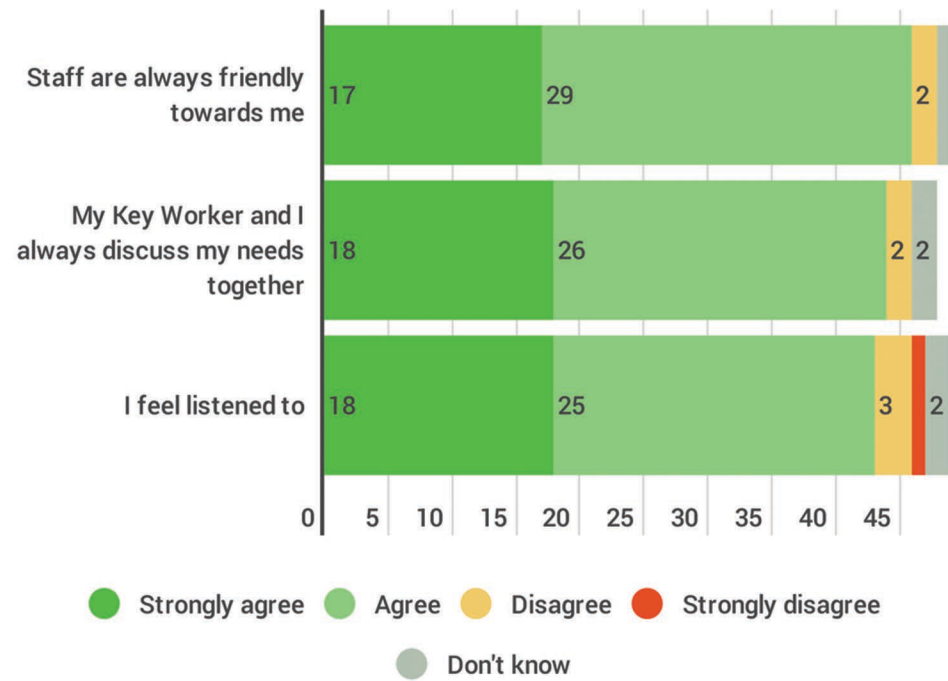
## Hard work, creativity, and innovation



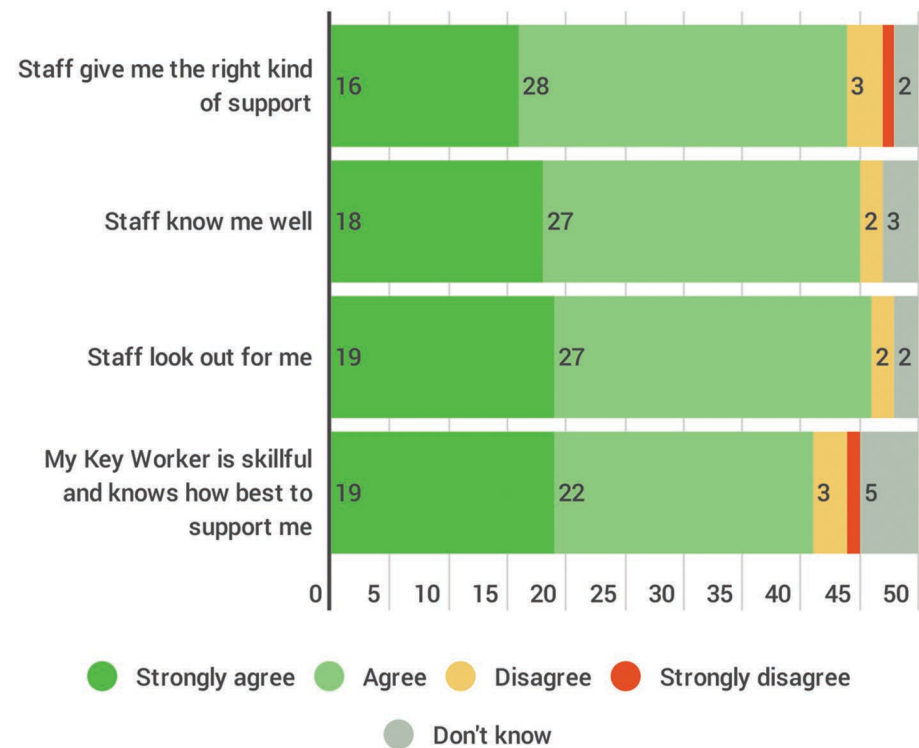
## Going the extra mile



## Open and friendly



## Experience and expertise



Focus area	Detail	Progress
<b>Access and diversity</b>	<p>In 2014/15 MHC compared its diversity profile with the general populations it served, resulting in new approaches to engaging the Jewish Kehilla in Gateshead and to engaging younger adults in our Moving Forward services. This addressed some barriers to accessing our services.</p> <p>During our work, we became aware that other barriers to access may exist between our referrers and ourselves. To indicate more precisely how representative our services are, we needed to identify our main referral sources, make comparisons between the diversity profiles of our main referrers and ourselves, then seek to explain differences and intervene where necessary, to correct under or over representation.</p> <p>We therefore embarked on a research project to find out whether referrals to our services match the diversity profiles of our main referrers, and where significant differences exist, sought explanations and where necessary intervening to remove barriers.</p>	<p>We found that:</p> <ul style="list-style-type: none"> <li>Ethnic diversity in MHC's Newcastle-based Rehab and Recovery services is representative of the diversity within NTW's in-patient Newcastle population. MHC's male residents are slightly more ethnically diverse than expected. The male/female gender split is also within 3% points of MHC and NTW's figures.</li> <li>Ethnic diversity in MHC's Gateshead based Rehab and Recovery services are representative of the ethnic diversity within NTW's in-patient Gateshead population. MHC's male residents are slightly more ethnically diverse than expected.</li> <li>Ethnic diversity in MHC's Newcastle-based community services are also representative of the ethnic diversity within NTW's Newcastle community services.</li> </ul>
<b>Family carers</b>	<p>Following previous CQUINs, each dementia care 24-hour nursing service is now involved in an annual improvement cycle.</p> <p>Following our involvement in organising the Newcastle 'Caring about Carers' conference, we were particularly keen to create an early intervention with family carers new to our dementia care 24-hour nursing services. This can be both a time of crisis and opportunity.</p>	<p>We have developed an early intervention strategy with family carers new to our dementia care services, to help ease adjustment, engage family carers in continuing their relationships in new ways and enriching our person-centred approach.</p> <p>We have developed a <i>Welcome to family carers</i> pack, that all families receive on or before their relative's admission into our dementia services. Using this pack as a basis, staff will now focus more closely on the impact the admission has on the family carer, with awareness of potential grief, loss of role, and guilt. Our keyworkers now routinely engage with the family carer to build trust and help them to adjust and involve them, as far as possible, in the process of assessment.</p>

## Our commitment to quality and improvement

### An overview of governance structures

Mental Health Concern, as part of Concern Group, is governed by an independent Board of Directors/Trustees, which is made up of members with experience from a broad range of relevant professions.

The Board have established a Corporate and Organisational Governance structure, supported by four committees and an experienced Executive Team. The Board and each of the committees meet every two months, providing regular contact between Board and management.

The quality of service provision and clinical performance, including the quality of outcomes for service users, are considered by the Quality and Service Delivery Committee. Members include those with clinical and commissioning experience, supported by the Directors of Services. This committee also receives updates from the Caldicott Guardian and service managers on a regular basis.

Similarly, the Human Resources and Finance Committees receive relevant reports on performance, training, regulatory compliance and internal control. Membership of the Governance Committee is the chair from each of the other three committees, plus the Vice Chair of the Board.

The Governance Committee oversees the Board's responsibilities for ensuring compliance, prudence and a duty of care in the operations of the Group, including all aspects of Information Governance.

### Summary of clinical governance

The clinical governance structure in MHC consists of: clinical audit, risk management, clinical effectiveness, quarterly performance monitoring meetings with commissioners, and external inspection by CQC and local authorities where services are jointly commissioned.

### Practice audit

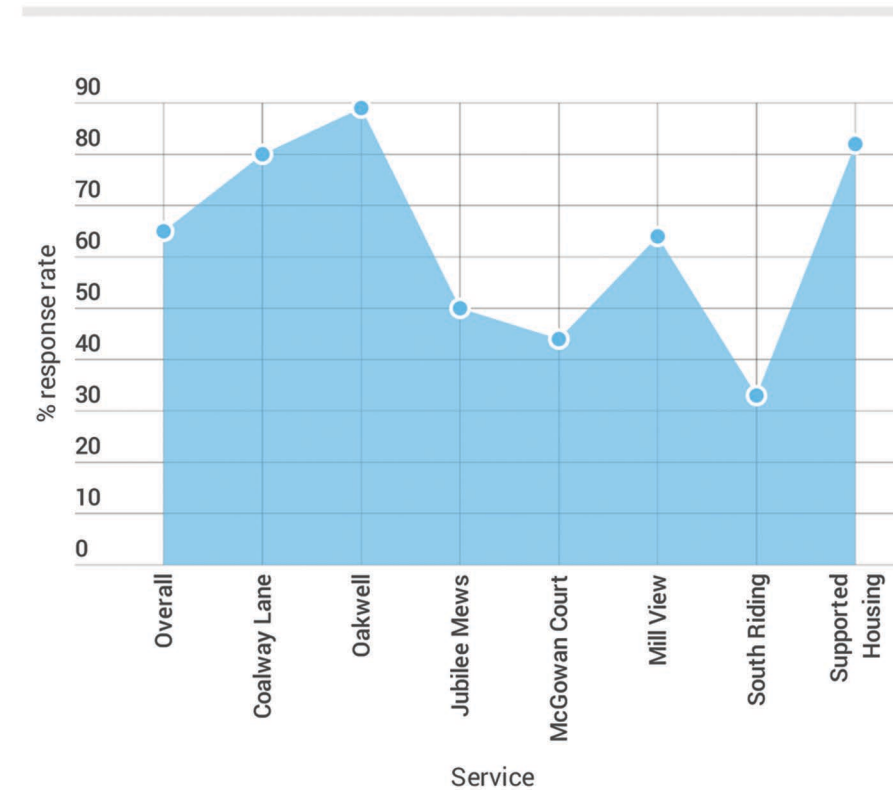
The purpose of clinical audit is to:

- maintain standards of practice as defined by the policy, culture and values of MHC
- evidence to commissioners and ourselves, the quality of practice in our services
- provide a degree of externality and objectivity to the process of clinical audit
- harmonise standards of practice between like-services
- gradually improve services over time
- incorporate external professional or commissioner-led standards

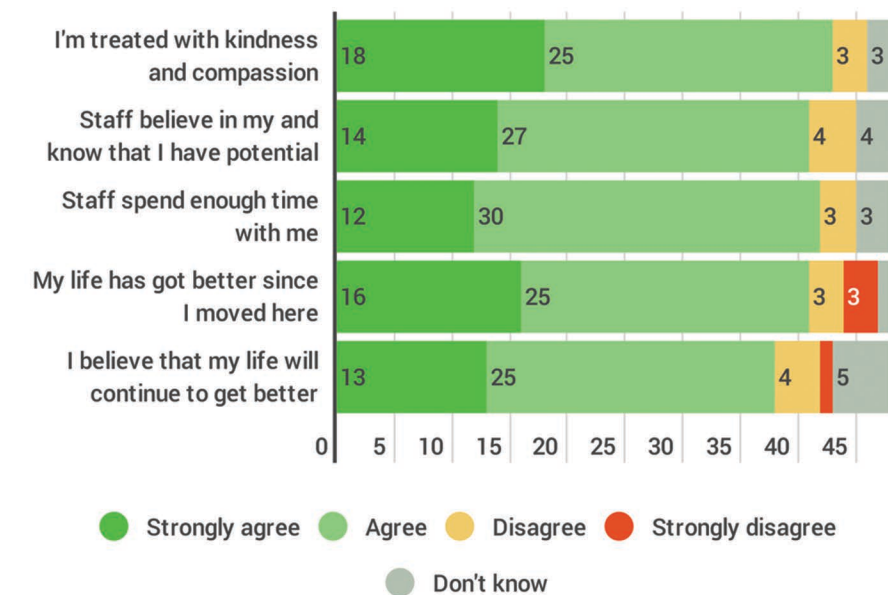
## Rehabilitation and recovery service user survey

Mental Health Concern conducts an annual survey of current residents of our 24-hour rehabilitation and recovery services and Supported Housing tenants. Below is a summary of the results from our most recent survey.

### % response rates



### Compassion and hopefulness



**Additional comments from the dementia care family carer survey**

'Fantastic team at Alderwood. Gives me peace of mind. They do go that extra mile or two.'

'One of the key aspects that makes Briarwood Meadows so homely and friendly both for residents and visitors is that the staff are not only really friendly but do not wear uniforms. No uniform gives more a sense of normality around the home and consequently more relaxed, calm and friendly. We would not like to see the introduction of uniforms.'

'The staff and management at Pinetree are fabulous. They work tirelessly to care for residents and do so with a smile.'

'Pinetree and possibly the other homes could have a handyman between them; this would help with minor repairs around home and gardens. In all the best care my wife could have, but for premises this needs a little more put in.'

'...I am very pleased with the home, the staff have been very kind and welcoming, my relative appears to be happy so I take this as a good sign. Staff have a difficult job to do and I'm sure they are all caring, from my observations.'



## Governance

Mental Health Concern operates seven CQC-regulated locations, within which we operate nine services.

We have been very pleased with the reports from our most recent CQC inspections. During 2015/16, six of our seven CQC-regulated services have been inspected under the new regulatory and inspection regime. We are confident that the areas identified in Pinetree Lodge's inspection were quickly addressed, and were the service to be inspected today, we would be confident that this would be shown.

At the time of publication of this quality account, our performance is as follows in the key quotes and summary of reports.

### McGowan Court

'Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.'

'People who lived at McGowan Court received effective care and support from well trained and well supported staff. Family members told us, "They always keep us well informed, they are very good that way" and "They're a nice crowd at McGowan Court".'

'We heard a member of staff discussing privacy with a person who used the service. The staff member told the person, "You're the boss in your own room. Everyone should ask your consent or permission to do something." [...] This demonstrated that staff respected people's privacy and dignity.'

### Oakwell

'People who lived at Oakwell received effective care and support from well trained and well supported staff. A family member told us, "Absolutely first class, they've been really good" and "I thank them for where [Name] is today. It's down to them".'

"Another person told us, "I love my room. I've been able to decorate it myself. [The registered manager] let me choose my own paint. Nowhere I've ever lived before allowed me to decorate or personalise my own room."

### Coalway Lane

'We observed the people using the service to be relaxed and they were open in posture when in the presence of staff. We saw there was humour in their interactions.'

'There was evidence that people using the service were involved in aspects of planning their care and treatment. One person told us, "I cried when I read my notes, it was the first time they had ever been written right; I feel really listened to." [...] They commented, "It's the first time in 20 years of being in mental health services that I feel really listened to and involved."

### Jubilee Mews

'Staff completed more specific risk assessments aimed at promoting positive risk taking. For example, where service users wished to self-medicate, or this was proposed as part of their programme of rehabilitation, there was a specific risk plan in place to support this. The overall aim was to maximise opportunities for people and increase individual responsibility; with staff identifying and taking steps to minimise risk and ensure positive risk taking.'

'Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us in great detail how they supported individual people in a safe and effective way.'

**"I feel that I have got my dignity back"**

- Oakwell service user

**"The staff are kind and caring, and really take the time to get to know you."**

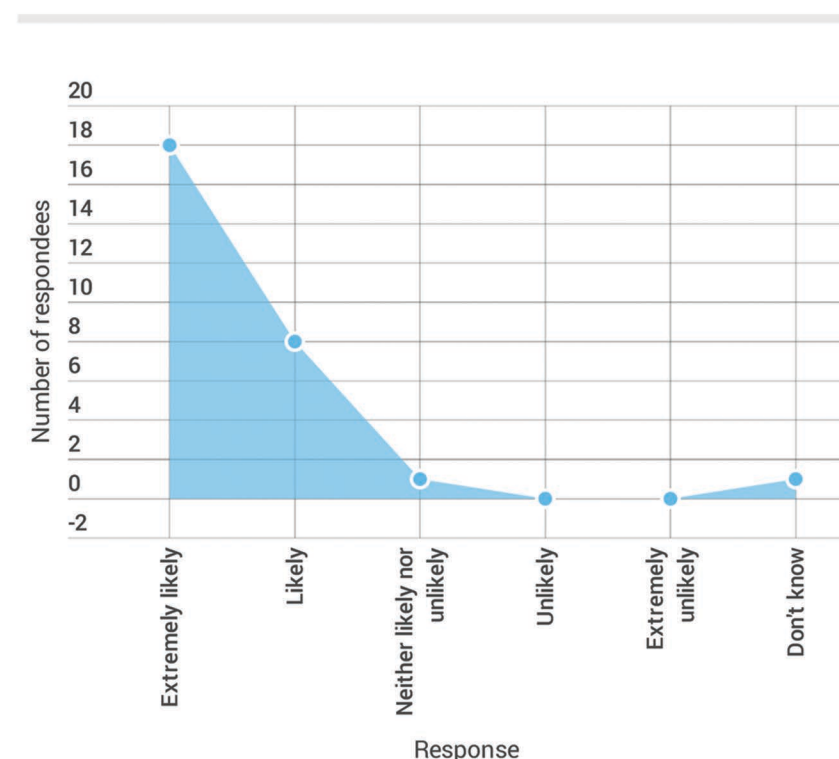
- Coalway Lane service user

**"(The staff) are patient and understand people"**

- McGowan Court family member

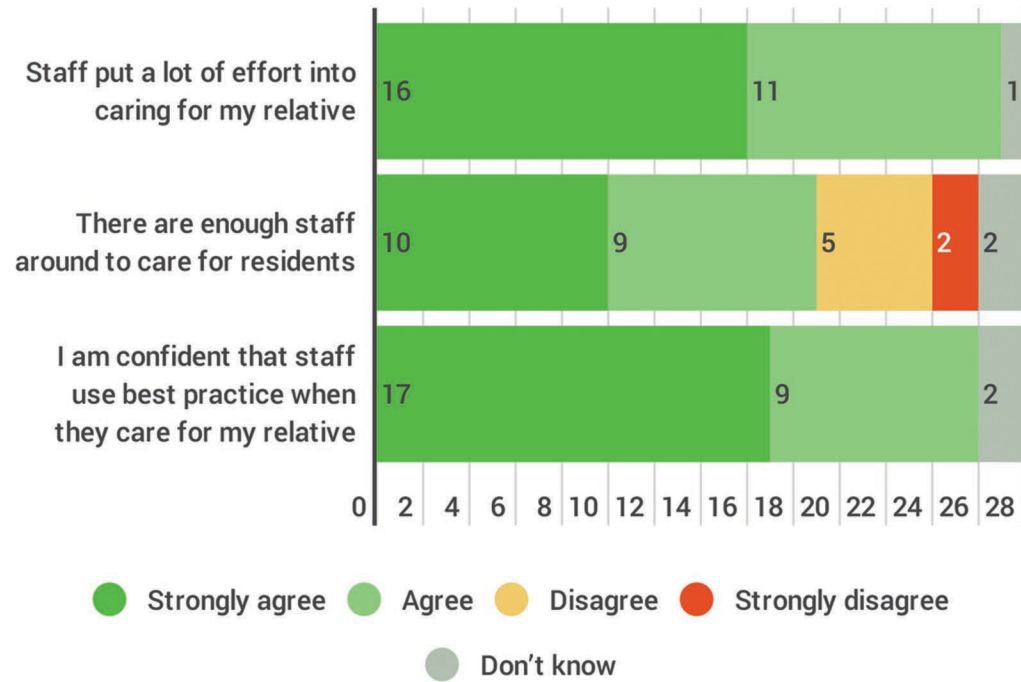
## Friends and family:

'How likely are you to recommend our dementia care services to friends and family if they needed similar care or treatment?'

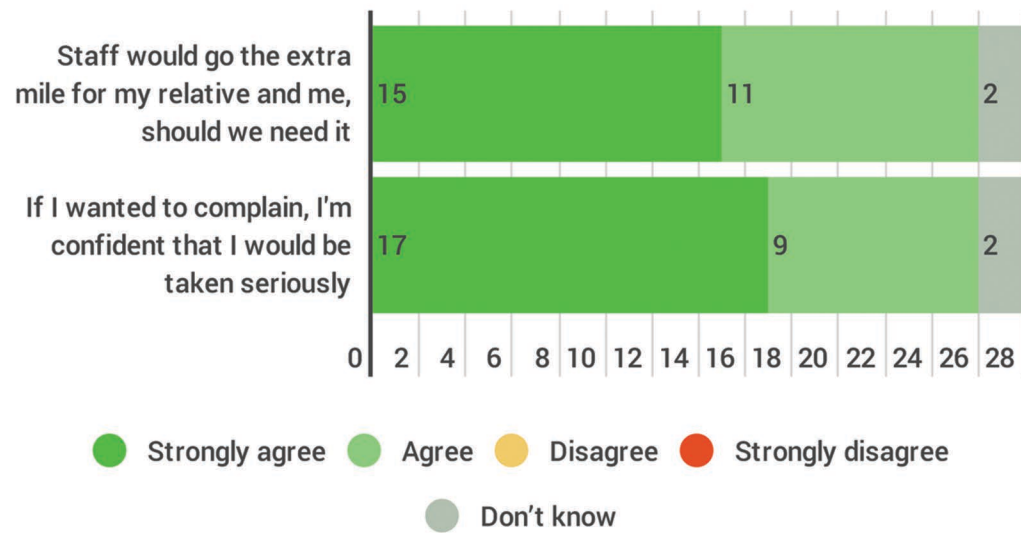


Focus	Detail	Progress and achievements
Some family carers felt that there could be more activities available for service users	<ol style="list-style-type: none"> <li>1) Review our therapeutic activities strategy</li> <li>2) Implement Nursing Associate role (six-month trial) into Pinetree Lodge team, with a specific focus on increasing activities</li> <li>3) Launch new volunteer strategy, part of which is targeted at befriending in dementia care services</li> </ol>	<ol style="list-style-type: none"> <li>1) Achieved</li> <li>2) Achieved</li> <li>3) May 2016 onwards</li> </ol>
Family carers did not like the idea of our staff wearing uniforms	Review the evidence for and against staff wearing uniforms in dementia services, given the strong negatively-weighted response from families.	Concluded that uniforms would not be worn by staff. We implemented name badges for the entire dementia care workforce.

## Hard work, creativity, and innovation



## Going the extra mile



## CQC inspection results

Service	Date of inspection	Overall rating	Is the service safe?	Is the service effective?	Is the service caring?	Is the service responsive?	Is the service well-led?
Jubilee Mews	March 2016	Good	Good	Good	Good	Good	Good
Oakwell	February 2016	Good	Good	Good	Good	Good	Good
McGowan Court	February 2016	Good	Good	Good	Good	Good	Good
Coalway Lane	January 2016	Good	Good	Good	Good	Good	Good
Alderwood	--	(awaiting report)	(awaiting report)	(awaiting report)	(awaiting report)	(awaiting report)	(awaiting report)
Pinetree Lodge	June 2015	Requires improvement	Requires improvement	Requires improvement	Good	Good	Good
Briarwood	December 2014	Good	Good	Good	Good	Good	Good

### Pinetree Lodge

'Visitors told us their relatives were safe at Pinetree Lodge. One person said, "I feel confident that they are very safe here." Another person told us, "I feel they are very safe here, there have never been any problems."

'We observed staff were attentive and responsive to people's needs at meal time and people were given sensitive assistance to eat their food. One to one support was seen to be carried out by several staff, who engaged with people at the table, making the meal time a social experience'

### Briarwood

'Staff described how they adapted their communication when supporting people to help them to understand what was happening and told us some people did not use verbal communication. They said they had a good understanding of people's individual communication needs, such as using pictures, flash cards, gestures and facial expressions to communicate with people. They said they spent time with people to explain what they were doing.'

'People had the opportunity to give their views about the care they received and these were acted on. For example, the registered manager told us they had changed the meal time arrangements following feedback from people who used the service. She said the service had responded to people's feedback and had changed the structure of the meal times. The registered manager said, "The ladies decided to have light lunch and then a main meal in the evening."

**"I feel very safe here, all staff are very kind to me."**

- Briarwood service user

**"My (relative) is really happy there which is a joy for me as I live out of area, I can contact them if I am not able to visit and they always seem happy."**

- Briarwood family member

## Clinical audit

Seven 'Balance of Care' audit tools have been developed, which mirror our service specialities:

- dementia care respite
- dementia care assessment
- dementia care
- community challenging behaviour service
- rehabilitation and recovery
- supported housing
- Moving Forward

Two further tools are used internally: medication audit for rehabilitation and recovery, and medication audit for dementia care.

### Audit process

Practice audit takes place in each of our services on a quarterly basis. The focus of the audit is a specified keyworker or link worker. If a service contains five keyworkers, each keyworker will know that they will be audited approximately every five quarters, in a non-predictable order.

At each visit, the previous quarter's audit recommendations and requirements are reviewed in addition to the new audit. In nursing services, the service manager is responsible for medication audit.

The Practice and Standards Manager audits the fact that medication audits have been completed at the correct frequency, and that recommendations have been carried out within the review period.

Last year we sharpened the recovery focus in our rehabilitation and recovery services. This meant 'SMARTer' clinical goals, more clearly defined outcomes, the inclusion of a formulation in the core assessment, the incorporation of GRiST risk management tool, and clearer evidence of least restrictive measures in place through Mental Capacity Act assessments.

This year, medication audit in dementia care has been reviewed and expanded to provide additional safeguards, in accordance with NICE guidance.

- 2+ items below min. standard in 3+ of 5 areas.
- Mix of 1/2 items below min. standard in 3 of 5 areas.
- No more than 1 item below min. standard in up to 2 of 5 areas.

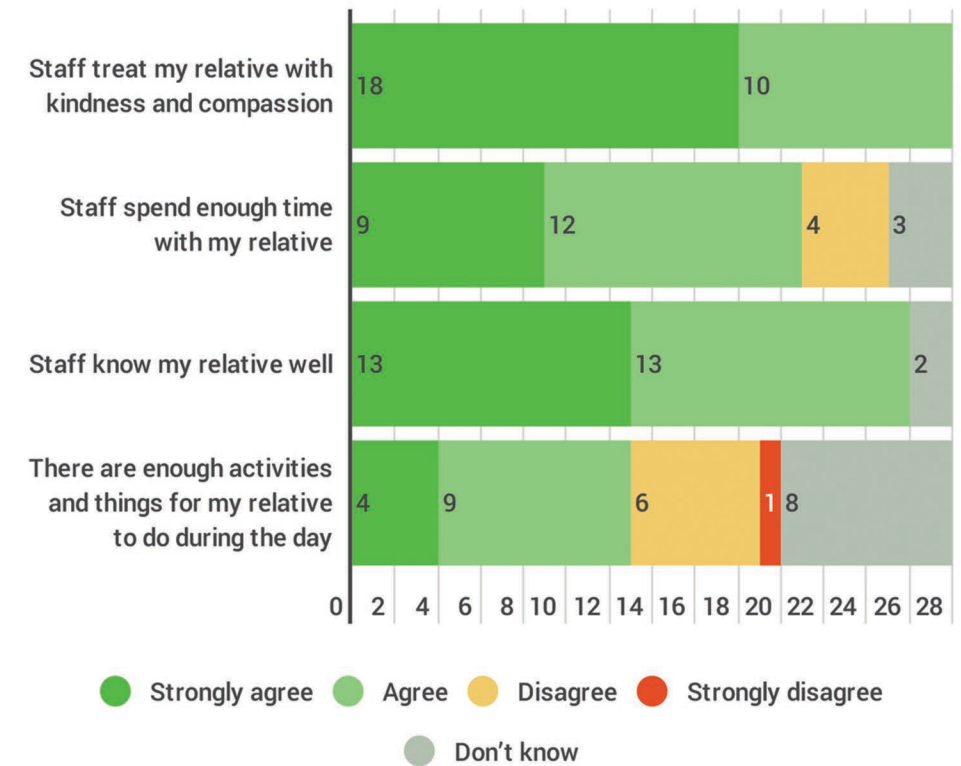
### Older People's Services

	Total red audits	Total amber audits	Total green audits
Alderwood: respite and assessment	0	1	4
Briarwood: Meadows	0	2	3
Pinetree Lodge	1	0	5

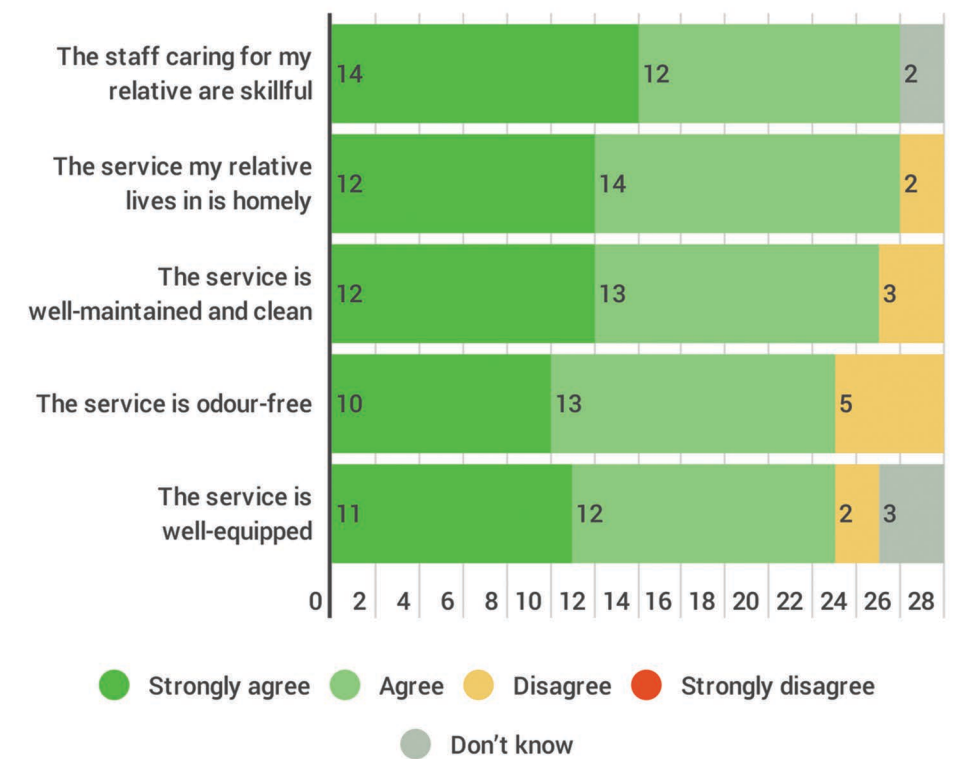
### Adult and Rehabilitation Services (including Supported Housing)

	Total red audits	Total amber audits	Total green audits
Alderwood: South Riding	0	3	0
Briarwood: Mill View	0	3	2
Coalway Lane	0	0	3
Oakwell	0	2	2
Jubilee Mews	1	3	0
McGowan Court	0	2	4
Supported Housing (Gateshead)	0	0	3
Supported Housing (Newcastle)	0	0	2

## Compassion and helpfulness



## Experience and expertise



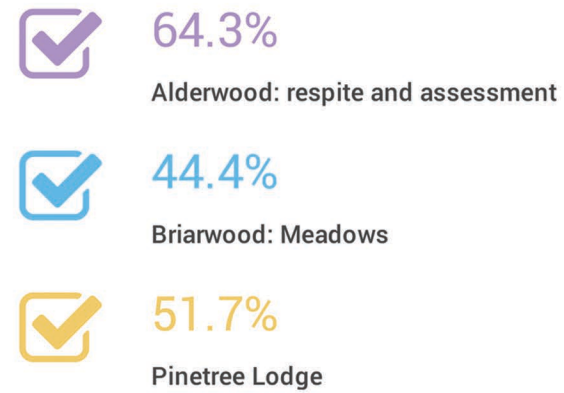


## Service user satisfaction and experience

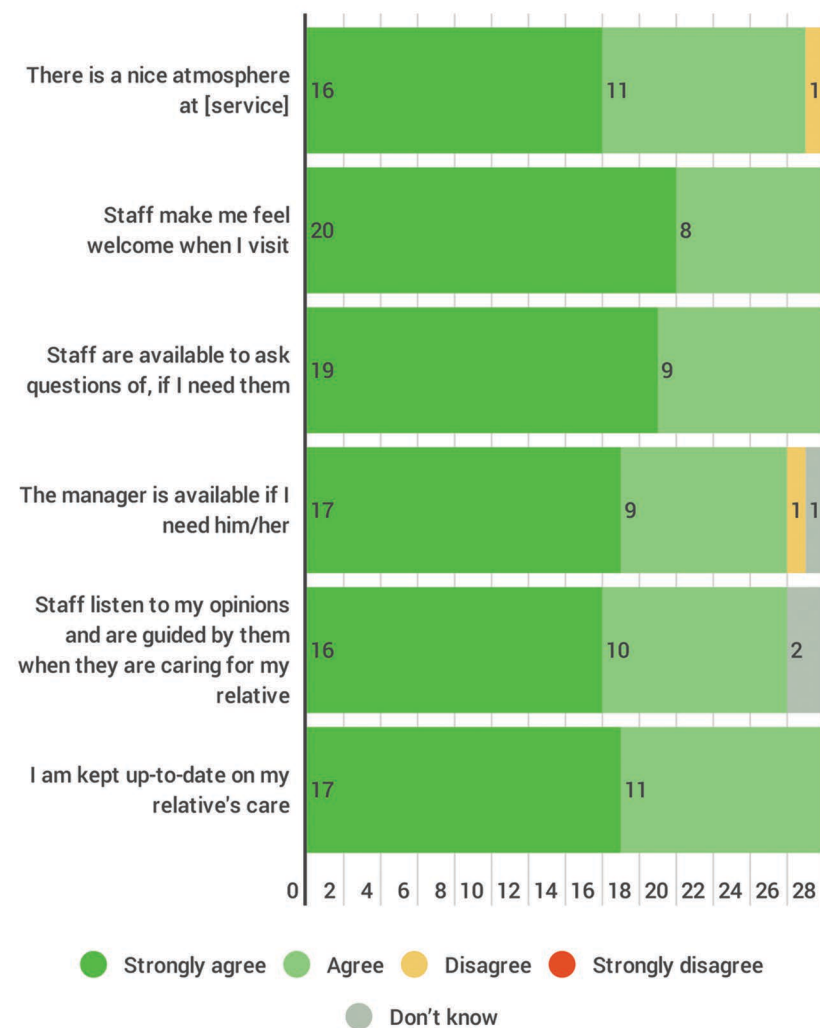
### Dementia care family carer survey

Mental Health Concern conducts an annual survey of families of current residents of our dementia care services. Below and opposite is a summary of the results from our most recent survey.

#### Response rates to dementia care family carer survey



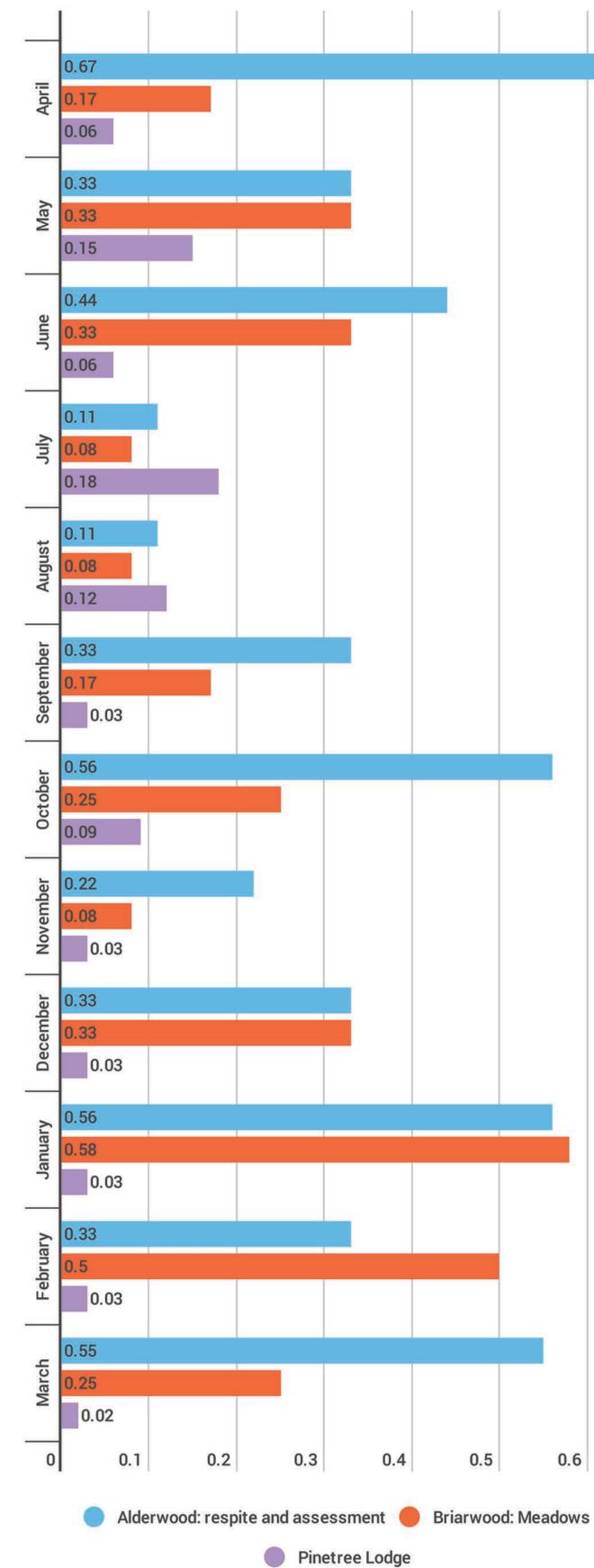
#### Being open and friendly



## Safety

### Clinical incidents 2015/16: falls prevention in dementia care services

#### Ratio of falls to service users



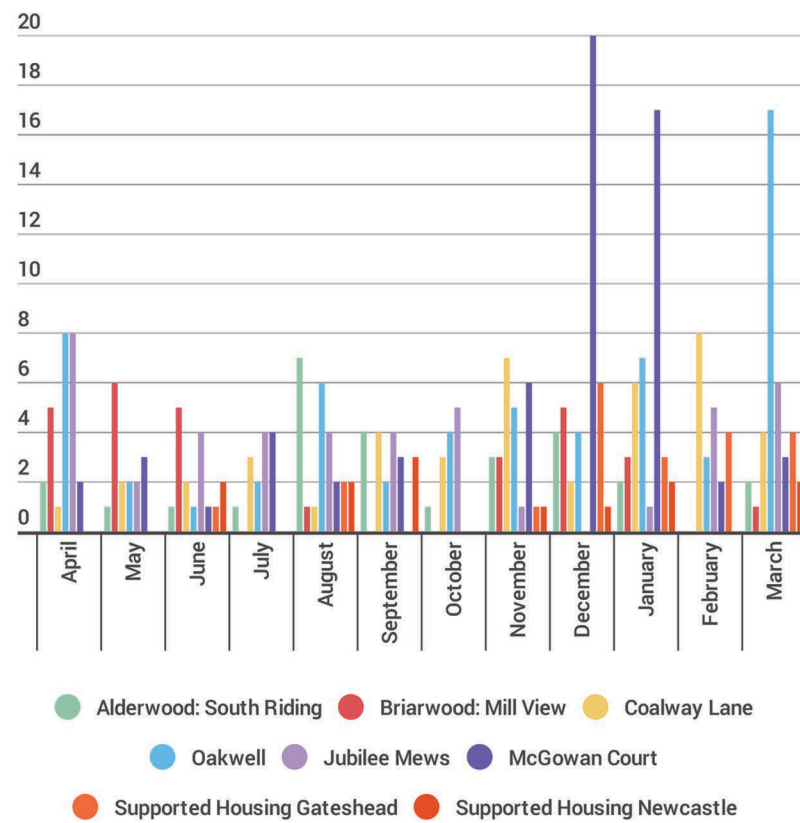
Overall, we are satisfied that the rate of falls across the year is indicative of services that maintain a balance between patient safety and promoting independence and positive risk-taking. Fall rates in all services have remained low generally, with all of our dementia services having considerably fewer than one fall per person per month across the year.

We would expect that the respite and assessment service at Alderwood would report more falls incidents, as the service supports people who are generally more active and acutely unwell than those living at Pinetree Lodge and Briarwood: Meadows.

We have noted that Briarwood Meadows have reported consistently more falls than Pinetree Lodge across the year. Our analysis has shown that Briarwood Meadows routinely reported a roll from a hi-lo bed (set at its low position) during the night as a slip, trip, or fall type incident. Once these incidents are removed from the data, the falls rates align well between services; we have clarified incident categorisation procedures further as a result.

**Clinical incidents**

**Clinical incident rates: rehabilitation and recovery services**

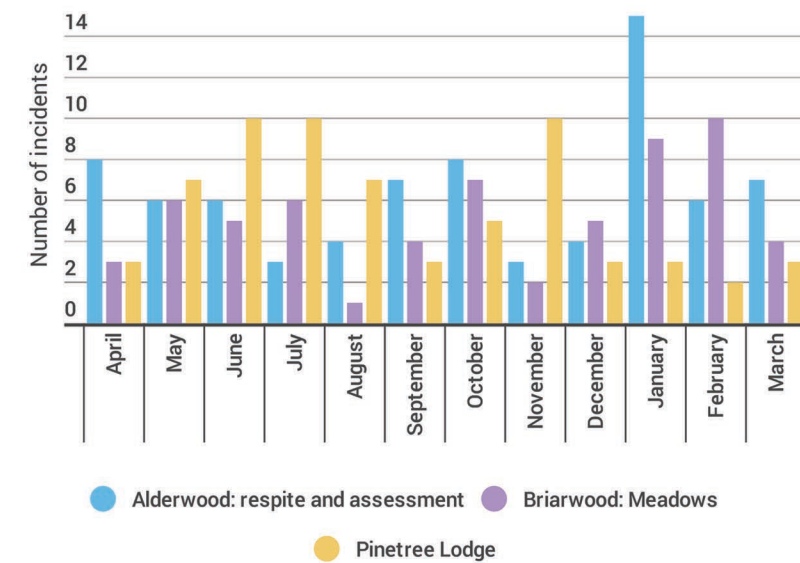


**Analysis of rehabilitation and recovery incident rates**

We have noted two months of high incident reports for McGowan Court in December and January, which were attributable to one service user who was physically ill.

The increase of incidents at Oakwell in March was also attributable to a period of high challenging behaviour and substance misuse in the service.

**Clinical incident rates: dementia care services**

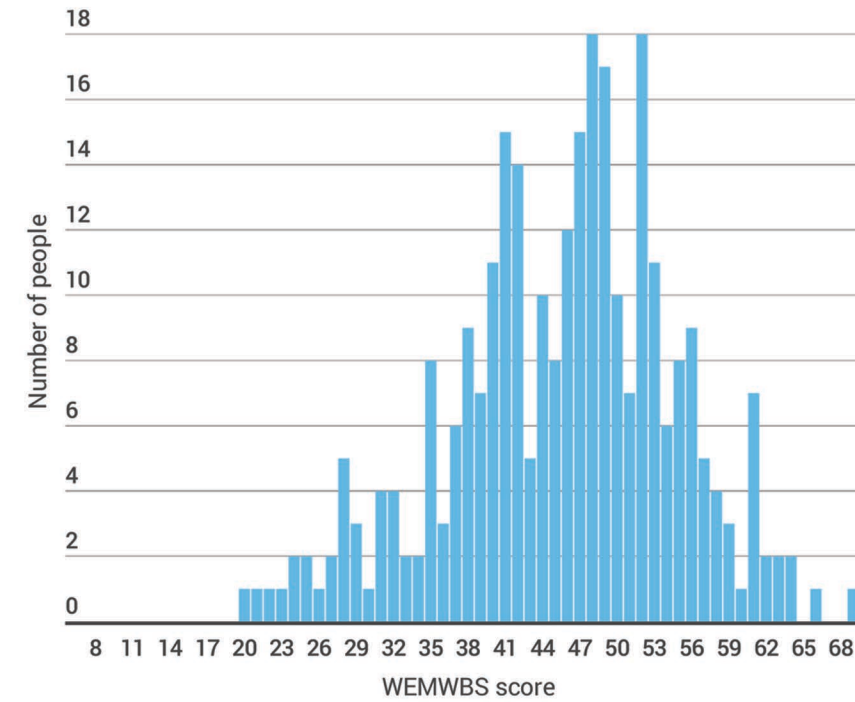


**Analysis of dementia care clinical incident rates**

We are satisfied that overall incident rates across our dementia services are at a reasonable level.

We noted a peak in incidents at Alderwood: respite and assessment in January 2016, which relates to a single service user with acute needs.

**WEMWBS distribution in our 24-hour services**

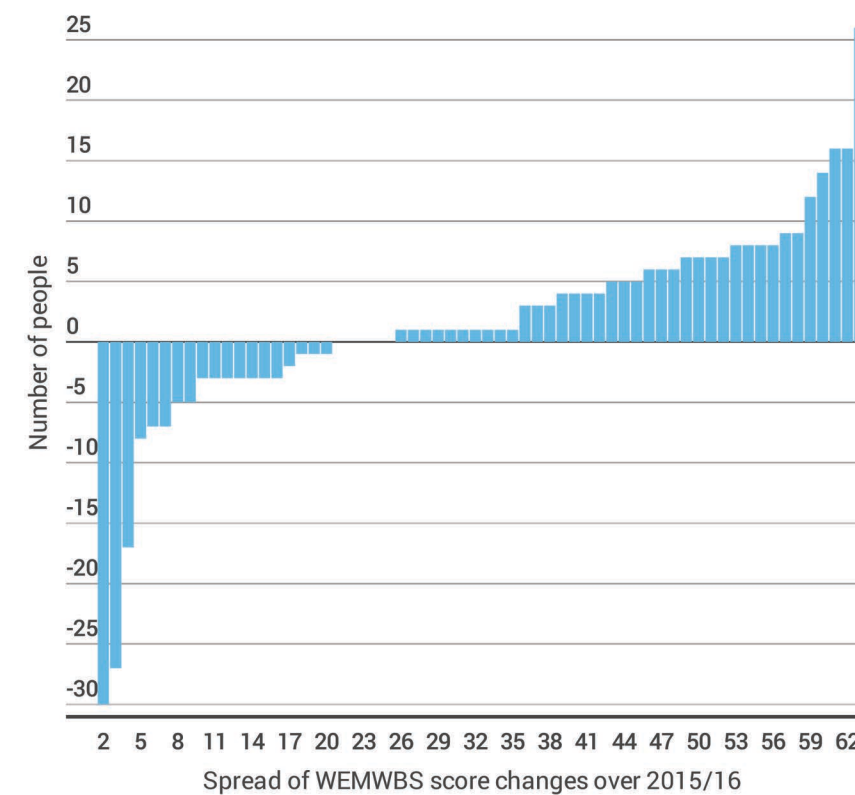


**Comment for spread of WEMWBS scores**

The mean average for MHC rehabilitation and recovery service users is 45.70; the mean average for UK population is 50.7.

We would expect our scores to be lower than the general population, however we are pleased that as demonstrated in the graph opposite, that we support the majority of our service users to improve their reported levels of wellbeing, as measured by the WEMWBS tool, over time.

**Spread of WEMWBS score changes over 2015/16**



## Wellbeing in rehabilitation and recovery services

### What is wellbeing?

Mental wellbeing is one aspect of overall wellbeing (others include physical and social aspects of wellbeing). Mental wellbeing is often divided into two perspectives: one which includes states of happiness and life satisfaction (the hedonic perspective), and the other which includes positive psychological functioning, good relationships with others and self-realisation/acceptance (the eudemonic perspective).

Mental wellbeing and mental health are different terms. 'Mental wellbeing' describes positive states of being, thinking, behaving and feeling, whilst 'mental health' is a term often used to incorporate a range of states, from excellent mental health to severe mental health problems. It is worth noting that mental wellbeing is often used interchangeably with the term 'positive mental health' and sometimes 'wellbeing'.

### Why is wellbeing important?

There is evidence that mental wellbeing is a good indicator of how people and populations are able to function and thrive. Past research and practice surrounding mental health and wellbeing have focused on mental health problems and on prevention of developing a mental disorder (mental health problem), rather than on mental wellbeing.

However, not much data have been gathered on levels of mental wellbeing or trends over time. Collecting before and after project data can tell us a lot about which strategies work best and what helps people to improve and sustain mental wellbeing.

### What is the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)?

WEMWBS is a scale which has been validated for the measurement of mental wellbeing among people aged 13 to 74 in the UK (the general population). It comprises 14 positively-worded statements with five response categories, from 'none of the time' to 'all of the time'.

### Is WEMWBS a valid scale for MHC rehabilitation and recovery service users?

MHC has contributed to a joint research project, alongside NTW and TEWV, to evaluate the reliability of WEMWBS in our common client groups, defined as 'secondary care'.

We have found that WEMWBS scores for this population are significantly lower than those in a general population, which is shown in our cohort data opposite. However, the data analyses support the use of WEMWBS in this population sample because the confirmatory factor analysis supports a one-factor solution, thus measuring a single underlying concept.

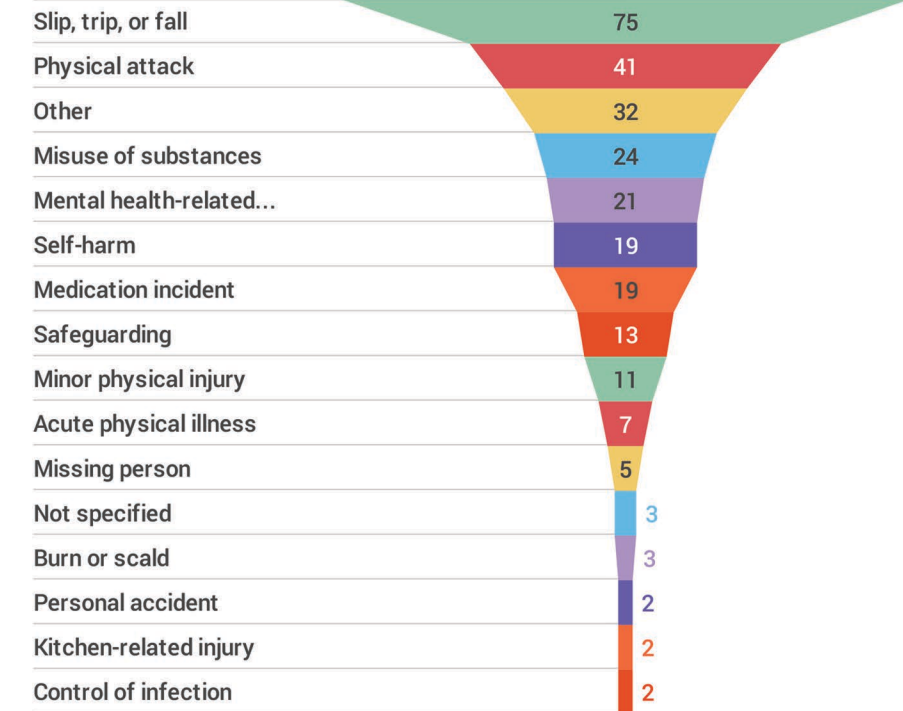
The findings from this study are important as they show that WEMWBS is a valid and reliable measure for our rehabilitation and recovery service users.

We are very proud that this work has now been published in the Journal of Mental Health. Our partnership work with TEWV and NTW in this area continues; we hope to publish a further paper later this year, examining the sensitivity to change over time of the WEMWBS measure.

We are also working closely with Durham and Newcastle Recovery Colleges and MHC's Moving Forward services to co-develop a positive psychology and wellbeing course, that can be delivered in a peer-led setting. This work is kindly supported by the Northern Strategic Clinical Network.

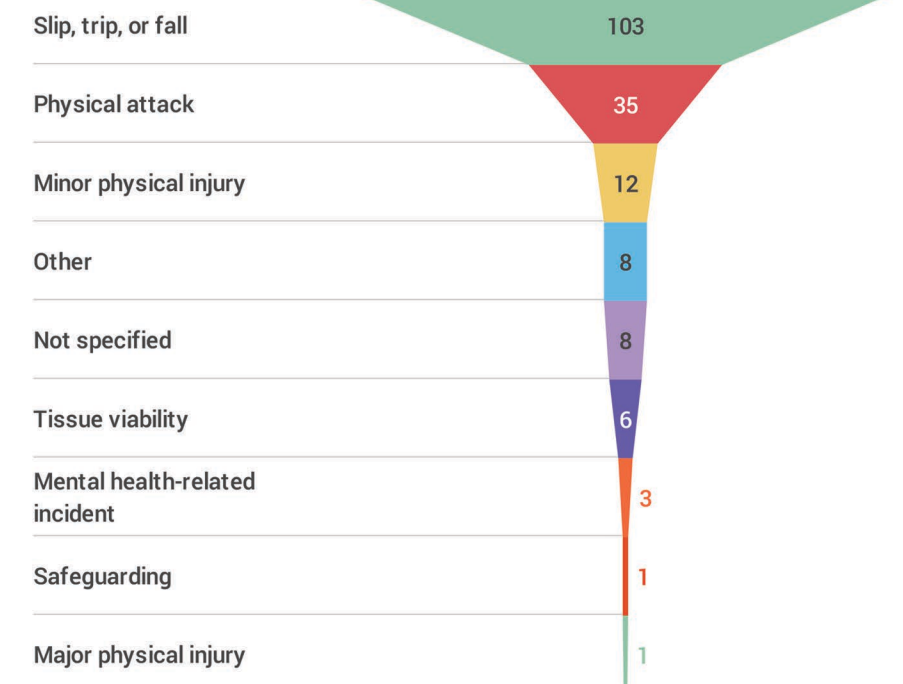
### All incidents by category:

#### rehabilitation and recovery services



### All incidents by category:

#### dementia care services



## Dementia care and Body Mass Index

	Overweight	OK	Underweight	N
Pinetree Lodge	2	26	5	33
Briarwood: Meadows	0	10	1	11
Alderwood: Derwent Cross	1	1	1	3
<b>Totals</b>	<b>3</b>	<b>37</b>	<b>7</b>	<b>47</b>

The six underweight people at Pinetree Lodge and Briarwood were those who were frail and in end-of-life care; move-on for these people would have been inappropriate.

Overall, we are delighted that the vast majority of people who live in our dementia services have a healthy BMI. We know that older and frail people can benefit from having a slightly higher BMI than the general population, which is why we worked closely with our dietetic and other physical health colleagues to extend the range of what we consider to be a healthy BMI upward to 29.

## Dementia care and tissue viability

	Number of people at risk of/with a pressure ulcer					
	Low risk	Incidents	High risk	Incidents	Very high risk	Incidents
Pinetree Lodge	1	0	7	0	25	1
Briarwood: Meadows	2	0	6	0	3	1
Alderwood: respite	0	0	2	0	1	0
<b>Totals</b>	<b>3</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>29</b>	<b>2</b>

This table shows how many people have been assessed as being low, high, or very high risk of pressure damage against the number of tissue viability incidents reported. We are pleased that the number of incidents have remained low.

This year, we lowered the threshold of incident reporting so that all tissue viability issues are investigated through our clinical incident procedures. The three incidents above applied to people who were in end-of-life care. A further two people had pressure ulcers, acquired while in hospital or other care setting. Appropriate procedures were undertaken in all cases to safeguard people's skin integrity.

## Recovery-focused key outcomes

We have been very pleased that during 2015/16 we supported 25% of our rehabilitation and recovery service users to achieve a significant employment/employability outcome, as well as a 22% of our service users to achieve an educational outcome. We also supported 30% of people to move on into more independent accommodation this year.

## Physical health outcomes

There is compelling evidence that people with a mental illness or a learning disability die earlier than the general population. It is well-established that people with mental health problems are at an increased risk of adverse physical health outcomes.

Among people with a severe mental illness (SMI), such as schizophrenia, an estimated 60% of excess mortality is due to physical illness: a person with an SMI is more likely to have a co-morbid physical health problem, and is more likely to die of that illness within five years, when compared to the general population.

This is why we continue to focus on the physical health of our beneficiaries. We will continue to work on enabling people to take more exercise this year and, alongside our 2014/15 'Good food on a budget' initiative, hope to continue to increase the number of people we support to maintain a healthy BMI.

Recovery-focused outcomes	% of service users supported to achieve outcome
Employment/employability	25
Education/educational	22
Interests, creativity, and expression	83
Moving on to more independent accommodation	30
Develop or improve independent living skills	100

Physical health outcomes	% of service users supported to achieve outcome
Those who smoke provided with health education and smoking cessation information	100
People supported to increase regular physical exercise	44
People supported to make positive changes to their BMI, if required	45
People supported to maintain an appropriate BMI	52
Residents with an annual physical health check	100
Those who have engaged in smoking cessation activities and have reduced/ceased smoking	23

## Effectiveness

### Recovery-focused outcomes

Recovery Focused Outcomes (RFO) form the core of our approach to practice in all services. RFO relates to adults with serious and common mental health problems.

This approach uses six domains, to define recovery:

- **meaning and purpose**
- **relationships and interdependence**
- **hope and self-esteem**
- **independence, choice and control**
- **citizenship**
- **stability and consistency**

The domains emerged from a piece of qualitative research. Service users agreed to be interviewed about their lives and their hopes with questions like, 'What does a "good life" mean to you?' and 'Who are the important people in your life?'

Their answers were recorded and analysed until themes emerged. The domains derive from these themes and contain a rich set of questions to help us assess, for example, how meaningful and purposeful a person's life is.

When someone achieves greater meaning and purpose in their lives, we capture this as an outcome with a score on the recovery star and narrative, using it as evidence of our effectiveness.

We also capture narrative outcomes in this way for our dementia care service users. Here are some examples from this year from both rehabilitation and dementia services where star scores had improved.

#### Meaning and purpose

H said she enjoyed the Christmas meal out with house mates. H says she stayed in the pub for an hour and half and had three courses, only going outside twice for a smoke to calm her anxiety. 'If I can do this I can do anything. I kept thinking of what you said, that you wouldn't let me go if you thought I wouldn't be OK.'

#### Hope and self-esteem

Family are supported and are all involved in Z's care and decision making process. Keyworker meets regular with the daughters and this is reflected in the family carers care plan. Daughters discuss with keyworker if they have any concerns. End-of-life care plan has been discussed with family.

#### Relationships and interdependence

C went to visit her sister and her niece, she met her niece's friend, whose mother knew C as a child. C has now made contact with her old friend who is coming to visit C next week. C is looking forward this and says she will bake scones.

#### Independence, choice and control

B was able to order and collect his prescription and knew the date without being reminded. He made the call, ordered his prescription, and collected it from the GP surgery. He then went to the local pharmacy to collect it and returned.

#### Citizenship

B has started to participate in his voluntary work. He benefits greatly from knowing that he is needed and is establishing himself in the role of shop assistant.

#### Stability and consistency

Staff understand that Y is not to get up unless she wakes naturally. The plan is to encourage Y to eat at the dining table and provide 'little and often' meals. One strategy that works is to place a small item of food in her hand; she is more likely to eat this.



## Our values

At Mental Health Concern, as part of Concern Group, we are committed to improving the mental health and wellbeing of the people we serve.

The whole team works to a strong set of organisational values, and we uphold these in all the work we do. We value:

- compassion and hopefulness
- being open and friendly
- inclusivity and fairness
- experience and expertise
- hard work, creativity and innovation
- going the extra mile with people to achieve the right outcomes

We are also guided by the things that people have told us are important to them. We have found that the following aspirations are reasonable expectations for any of us to have in life, regardless of whether we are experiencing mental ill-health or not.

Those aspirations are to:

- develop a sense of meaning and purpose in life
- improve personal relationships and social networks
- promote hope and self-esteem
- develop independence, choice and control
- feel in touch with local communities, and be active citizens
- increase the stability and consistency in life

**"I love my room. I've been able to decorate it myself. (The registered manager) let me choose my own paint. Nowhere I've ever lived before allowed me to decorate or personalise my own room."**

-- Oakwell service user

**"I cried when I read my notes, it was the first time they had ever been written right; I feel really listened to. It's the first time in 20 years of being in mental health services that I feel really listened to and involved."**

-- Coalway Lane service user

