



Quality Account 2012/13



Quality at CWP – 2012/13
in pictures

Vision:

***Leading in partnership to improve health and well-being
by providing high quality care***

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Introduction

Quality Accounts are annual reports to the public, from providers of NHS services, about the quality of services they provide. They also offer readers an opportunity to understand what providers of NHS services are doing to improve the care and treatment they provide.

Quality in the NHS is described in the following ways:

Patient safety

This means protecting service users from harm and injury, and providing treatment in a safe environment.

Clinical effectiveness

This means providing care and treatment to service users, that improves their quality of life.

Patient experience

This means ensuring that service users have a positive experience of their care, and providing treatment with compassion, dignity and respect.

The aim in reviewing and publishing performance about quality is to enhance *public accountability* by *listening* to and *involving* the public, partner agencies and, most importantly, *acting* on feedback received by the Trust.



To help meet this aim, CWP produces quarterly *Quality Reports* on the Trust's priorities to show improvements to quality during the year. This is so that CWP can *regularly* inform its staff, service users, carers, the public, commissioners of NHS services, and local scrutineers, of quality initiatives and encourage regular feedback.

As a report to the public, CWP recognises how important it is that the information it provides about the quality of care is accessible to all. This *Quality Account* and the user friendly *Quality Reports* are published on CWP's website.

Part 1.

Statement on quality from the Chief Executive of the NHS Foundation Trust



I am delighted to welcome you to CWP's *Quality Account* 2012/13. This report is our opportunity to share information with you about the quality of the services we provide, and to describe our plans for delivering further improvements to those services over the next 12 months.

Our vision is 'leading in partnership to improve health and well-being by providing high quality care'. The following *Quality Account* describes many achievements in providing this high quality care. These achievements demonstrate action on the commitments made in our *Quality Account* 2011/12, as well as many other quality improvements and positive changes to our services.

This year, we have demonstrated improved service user experience by successfully achieving last year's patient experience quality improvement priority. 78% of service users who responded to the *Care Quality Commission's* 'national patient survey of people's experiences of community mental health services' rated their overall care as good, which is better than the average performance across all other mental health Trusts and one of the best scores nationally. Also, 83% of service users who responded to the Trust's inpatient survey rated the service they received as good or excellent. Furthermore, these scores are an improvement on last year, and is feedback which helps us to continue to improve the quality of services we deliver.

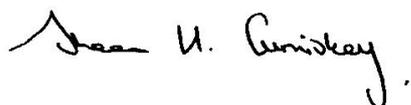
Like other care organisations, we are subject to checks by the *Care Quality Commission* to ensure we are meeting national standards. These findings are shared with the public. We welcome this scrutiny, as it helps us to make improvements to our services. Any concerns are acted on immediately, with action plans submitted to the *Care Quality Commission* within the required timeframe. During the year, we have had the benefit of reviews of compliance at three of our assessment and treatment unit for learning disability service users. Greenways and Kent House met all the essential standards of quality and safety reviewed. Eastway met two of the seven essential standards reviewed – we have responded rapidly to the *Care Quality Commission's* findings of five moderate concerns. This response is detailed in section 2 of the report.

The Operating Framework for the NHS in England 2012/13 tells us: "The scale and nature of (the quality and productivity) challenge (requires) the NHS to make up to £20 billion of efficiency savings by 2014/15 to invest in meeting demand and improving quality... all parts of the NHS will need to take bold, long term measures in 2012/13 to secure sustainable change." In June, I attended an *NHS Confederation* conference in Manchester, where I had the opportunity to listen to inspirational speakers talking about the challenges ahead and, importantly, how we have the ability to meet those challenges based on our past performance. At CWP, we aim to meet these challenges by working in partnership with our service users and carers, staff, clinical commissioning groups and partner organisations, to deliver the highest quality care. Specifically, we have been working on a number of cost improvement programmes to generate over £13million worth of savings over the next three years. The Trust's approach is to look at how, in partnership, we can redesign services to improve outcomes for people, at the same time as making them more cost effective and contributing to the savings required. How we are monitoring this programme, as one of our patient safety priorities for 2013/14, is detailed in section 2 of the report.

We know that 2013/14 will be also bring other challenges and changes for all NHS services. On 1 April 2013, clinical commissioning groups, led by general practitioners, become responsible for health care funds, and will decide how to commission services in the future. We are therefore developing plans in partnership with our local clinical commissioning groups to best serve the needs of the people we care for. Earlier in the year, Robert Francis QC, chairman of the *Mid Staffordshire NHS Foundation Trust* public inquiry, published his final report with recommendations to change culture and make sure patients are put first, by creating a common patient centred culture across the NHS. CWP is carefully considering the recommendations of the report and will be responding to these findings. There will be a formal response that will go through our committee structure to the Board. This will identify the learning for CWP and the actions we need to take to further improve our quality of care. Alongside this, we will be considering the work of current groups to see how we might embed learning from the report into work already underway. We will also be looking for examples of good practice that encompass the themes from the report that we can share with partners and stakeholders.

The following *Quality Account* reflects our ambition to deliver continuous quality improvement in all our services, whilst meeting these challenges. In recognising this, I would like to thank our staff, and other partners who work with us, for their continued dedication and professionalism in working together to ensure that the Trust continues to improve the quality of the services we provide.

On behalf of the Board, to the best of my knowledge, the information presented in this report is accurate.

A handwritten signature in black ink that reads "Sheena U. Cumiskey". The signature is written in a cursive style with a large initial 'S' and a long tail on the 'y'.

Sheena Cumiskey
Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust

Statement from the Medical Director – executive lead for quality



CWP strives for clinical excellence by ensuring there is a framework to deliver quality improvements, safety of patients, and positive outcomes for service users. It is thanks to the efforts and contribution of staff across the organisation that we have delivered achievements against priorities for quality improvement set out in last year's *Quality Account*, and also secured *Commissioning for Quality and Innovation (CQUIN)* income that was linked to a number of these priorities. One particular example of CQUIN delivery is CWP's partnership with the *Countess of Chester Hospital NHS Foundation Trust*, in piloting a new and innovative nursing service for people with dementia on medical and surgical wards. The service is delivered in line with the national *Living Well With Dementia* strategy, which places importance on good quality hospital care for patients with dementia. It has demonstrated an improvement in the care and outcomes for patients (please see section 2 of the report).

The quality improvement priorities we have set in this year's *Quality Account* are ambitious, and build on the work started in previous years. CWP has demonstrated improvements to *outcomes* for our service users, to help them to achieve *recovery*, which is CWP's approach to helping people to be the best they can and want to be. This year's theme is *tackling health inequalities*, which is a key focus in *The NHS Outcomes Framework*. The continuing development of patient pathways, and analysis of outcomes to help reduce inequalities, as set out in the *NHS Commissioning Board's 'Everyone Counts: Planning for Patients 2013/14'*, is a feature of all of our quality priorities this year, in particular our clinical effectiveness priority. The clinical effectiveness of the advice, assessments and treatments we offer, and delivery of the most up to date and high quality evidence based care, will enable us to improve the efficiency and effectiveness of our services, and continue to provide users of our services with a positive therapeutic experience.

This *Quality Account* demonstrates how we:

- Learn from the experience of other Trusts, both good and bad, to ensure that safety is maintained, improved upon, and that action can be taken to prevent recurrence of similar issues.
- Benchmark with other Trusts, to improve our own performance and the quality of our services.
- Participate in national audits, such as the *National prescribing observatory for mental health*, to help improve our prescribing practice.
- Contribute to data for the *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*, so that we can learn from the investigation of deaths taken from a national sample to improve the care and treatment we provide.
- Implement best practice, to help continuously improve the effectiveness of our services and improve outcomes for service users.

These are all important factors in quality improvement and you can read more about them in the rest of this report. This *Quality Account* aims to demonstrate the measures we are taking to improve the quality of patient care and the services we provide. I hope it inspires confidence in our services and shows how important quality improvement and patient safety are to CWP.

A handwritten signature in black ink, appearing to read 'A Sivananthan'.

Dr Anushta Sivananthan
Medical Director – Compliance, Quality & Assurance
Cheshire and Wirral Partnership NHS Foundation Trust

Part 2.

Priorities for improvement and statements of assurance from the board

Priorities for improvement

Quality improvement priorities for 2012/13

CWP has achieved all the quality improvement priorities it set in last year's *Quality Account*.

Below is a summary of how the Trust achieved these priorities, which were monitored throughout the year in the Trust's quarterly *Quality Reports*, which are presented at the Trust's Board meetings and are available on the CWP website.

Patient safety priority for 2012/13

CWP said it would:

Improve patient safety standards across inpatient and community mental and physical health services by undertaking an ongoing check of key standards relating to patient safety.

Because:

The results of ongoing checks help to inform actions to be taken to improve these key standards of patient safety to:

- ensure that all patients have safe and therapeutic care;
- standardise the provision of care to all service users;
- deliver better outcomes of care.

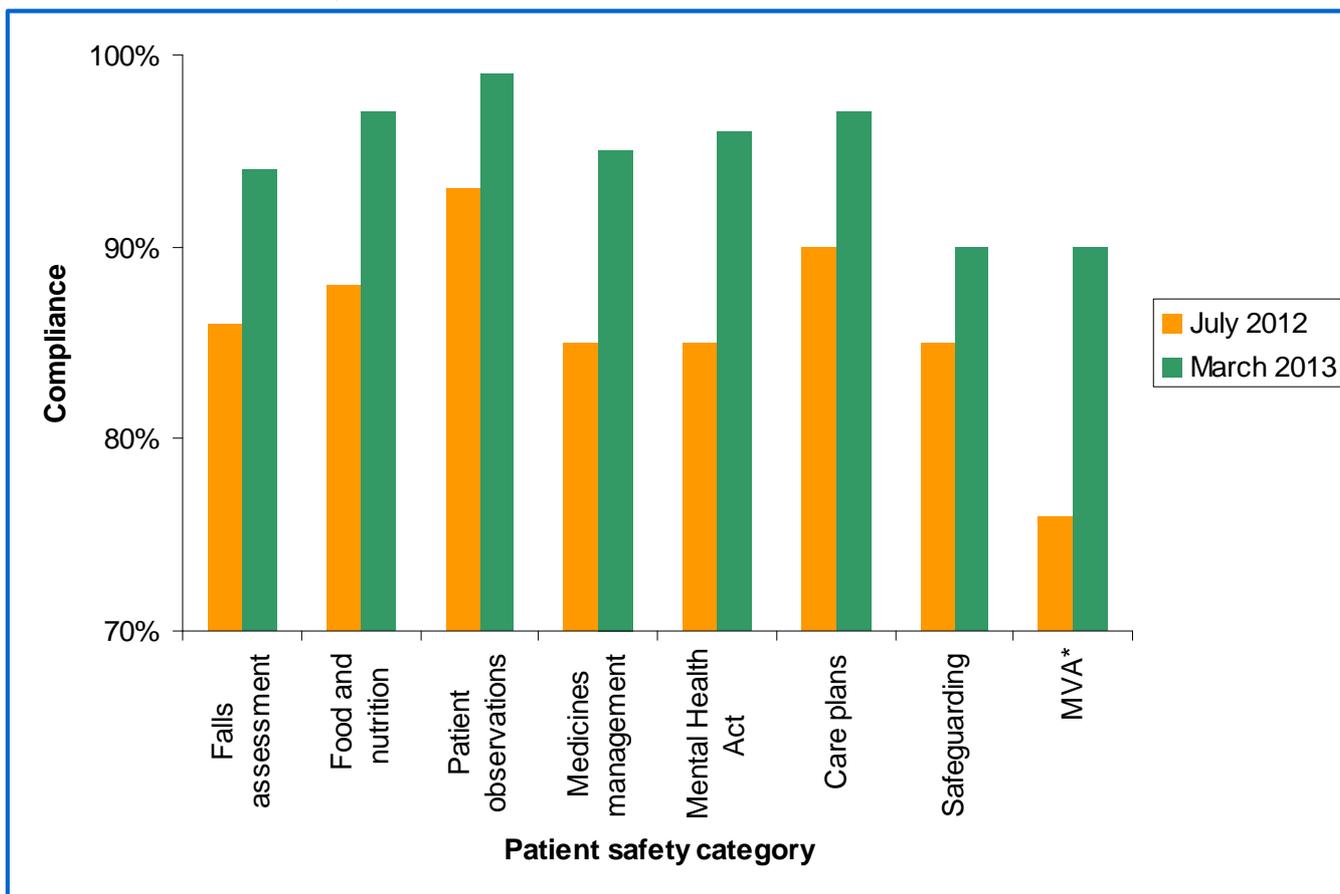
CWP is committed to delivering better outcomes of care, by ensuring people with mental health problems get the right treatment and support for their mental and physical health needs. This is also one of the objectives contained in the Government's mental health outcomes strategy.

CWP achieved this priority by:

Inpatient mental health and learning disability services:

- Undertaking checks of compliance with safety standards on each inpatient ward, every other month throughout 2012/13 – commencing July 2012. The checks were undertaken on five inpatient records by a 'peer' ward manager from another ward.
- Developing improvement plans where compliance was not 100%. The results and improvement plans were displayed on a poster on each ward, so that staff, patients, carers, relatives, and visitors were able to see how the ward was performing and what it was doing to improve care.
- Improving the overall compliance with each category of patient safety at the end of the year compared to the start of the year – see the graph below.

Compliance with safety standards:

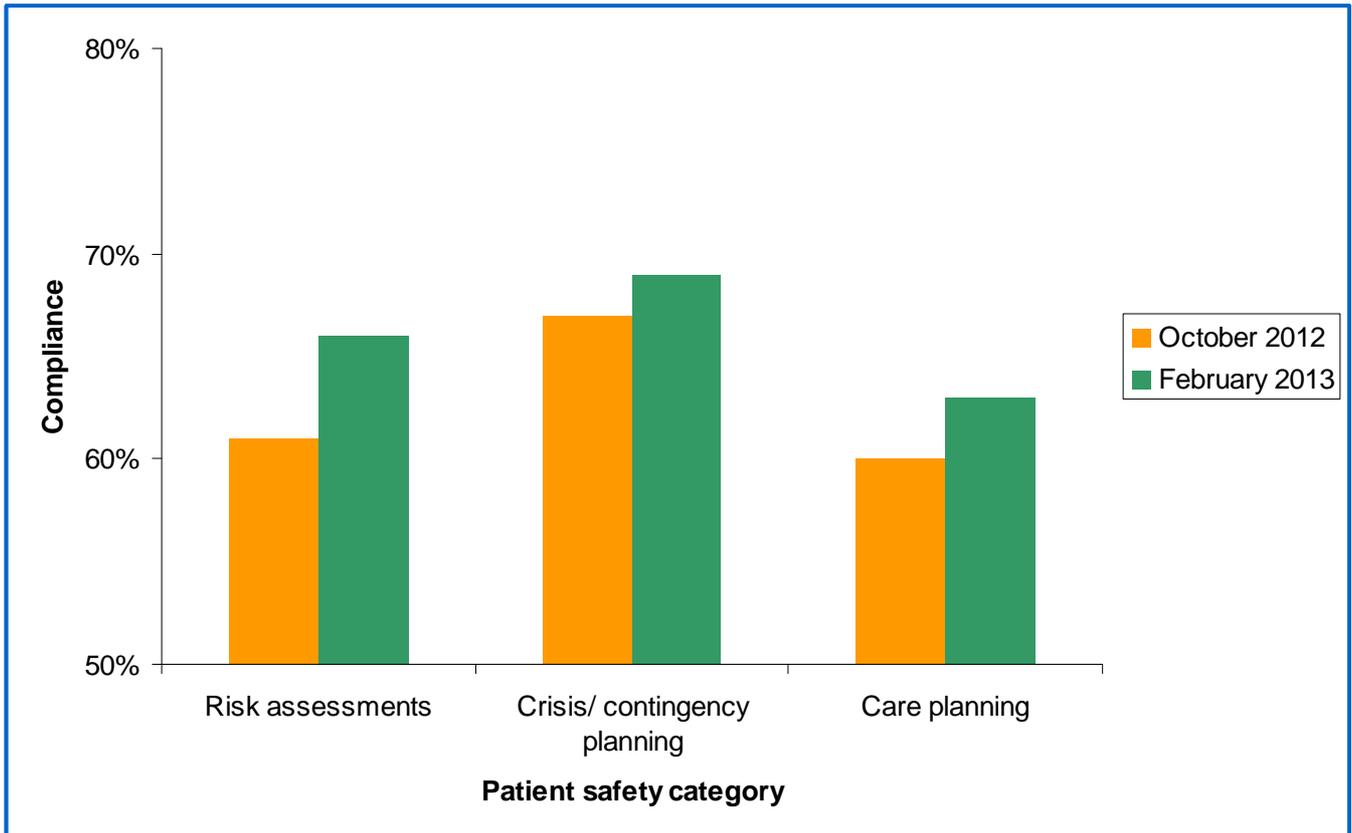


*Management of violence and aggression

Community mental health and learning disability services:

- Rating the quality of care plans, clinical risk assessments, and crisis plans of ten service users, every two months across all adult mental health and learning disability community teams – commencing October 2012. These were undertaken by a ‘peer’ team manager from another community team.
- Developing improvement plans where care plans, clinical risk assessments, and crisis plans were rated as requiring improvement.
- Improving the average, overall compliance with each category of patient safety at the end of the year, compared to the start of the year – see the graph below.

Quality of risk assessments, crisis/ contingency plans, care plans:



Community physical health services:

- Measuring levels of care on a monthly basis on four outcomes: pressure ulcers; falls; venous thromboembolisms; and urinary tract infections in patients with catheters – using the *NHS Safety Thermometer*. This is a national *Commissioning for Quality and Innovation* goal which aims to facilitate the delivery of harm free care over time.
- Improving the level of harm free care over time, from the baseline at July 2012 to March 2013 – see the graph below.

Levels of harm free care:



Clinical effectiveness priorities for 2012/13

CWP said it would:

Enhance the effectiveness of clinical services through implementation of the Trust's clinical effectiveness strategy.

Because:

Systematic implementation of *NICE* guidelines helps to:

- facilitate continuing improvement and effectiveness of the Trust's services;
- improve outcomes for service users and promote their recovery;
- facilitate a culture of reflective practice and innovation amongst the Trust's workforce.

CWP achieved this priority by:

- Appointing nearly 40 *NICE* champions with responsibility for education, development of pathways, identifying audits of practice, and development of action plans to improve compliance with *NICE* guidance.
- Receiving presentations from *NICE* champions on dementia, feverish children, bipolar disorder, and schizophrenia, at the Trust's *clinical effectiveness network* meeting. Health care professionals were able to compare their practice as a result of the presentations. This led to discussions to identify ways to improve delivery of *NICE* guidance and therefore improve service user and carer experience.
- Receiving a presentation from an implementation consultant from *NICE* about the support which is available to *NICE* champions within the Trust.
- Developing work plans, available on the Trust's intranet for all staff to access, detailing how *NICE* champions plan to assess and improve the implementation of guidance.
- Improving overall compliance with *NICE* guidance. During the year, compliance with guidance applicable to mental health and learning disability services improved from 66% full compliance to 76%. Compliance with guidance applicable to community physical health services improved from 75% full compliance to 84%. See *part 2: information on participation in clinical research – NICE guidance* for more details.

CWP said it would:

Enhance the effectiveness of priority care pathways across the Trust, by developing and delivering care bundles for dementia care, and community physical healthcare, to improve outcomes.

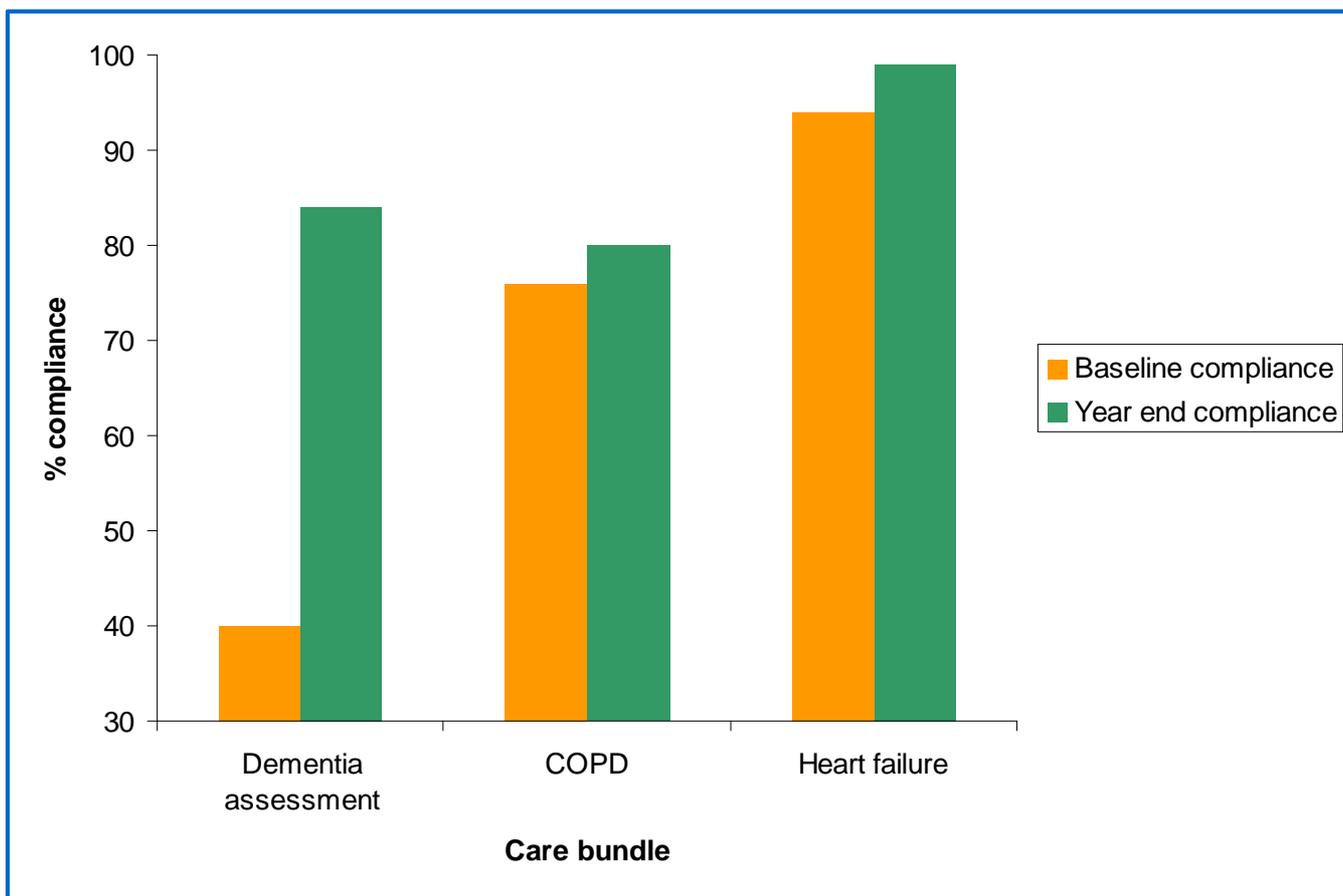
Because:

Care bundles are evidence based ways of delivering safe and effective care to service users to improve outcomes. Care bundles, which include patient reported outcome measurement, demonstrates the degree of recovery, and improvement to quality of life unique to each service user. This gives a wider picture of the quality of care that CWP delivers.

CWP achieved this priority by:

- Developing care bundles for the following diagnosis areas: chronic obstructive pulmonary disease (COPD); heart failure; diabetes; and dementia assessment. This was in conjunction with stakeholders such as GP networks/ leads, *Countess of Chester Hospital NHS Foundation Trust*, commissioners, and the *Hospital at Home* service.
- Measuring and reporting compliance with the dementia assessment, COPD, and heart failure care bundles during the year to measure effectiveness. At the end of the year, all outcome measures showed a higher degree of compliance by the implementation of the care bundle – see the graph below.

Compliance with care bundle effectiveness standards:



- Developing a diabetes pathway to support GP referrals for the completion of an annual diabetic health check for housebound patients.

Patient experience priority for 2012/13

CWP said it would:

Improve service user experience, by monitoring positive indicators of patient experience. Focus was placed upon medication, dignity, and the implementation of quality standards on patient experience as developed by NICE.

Because:

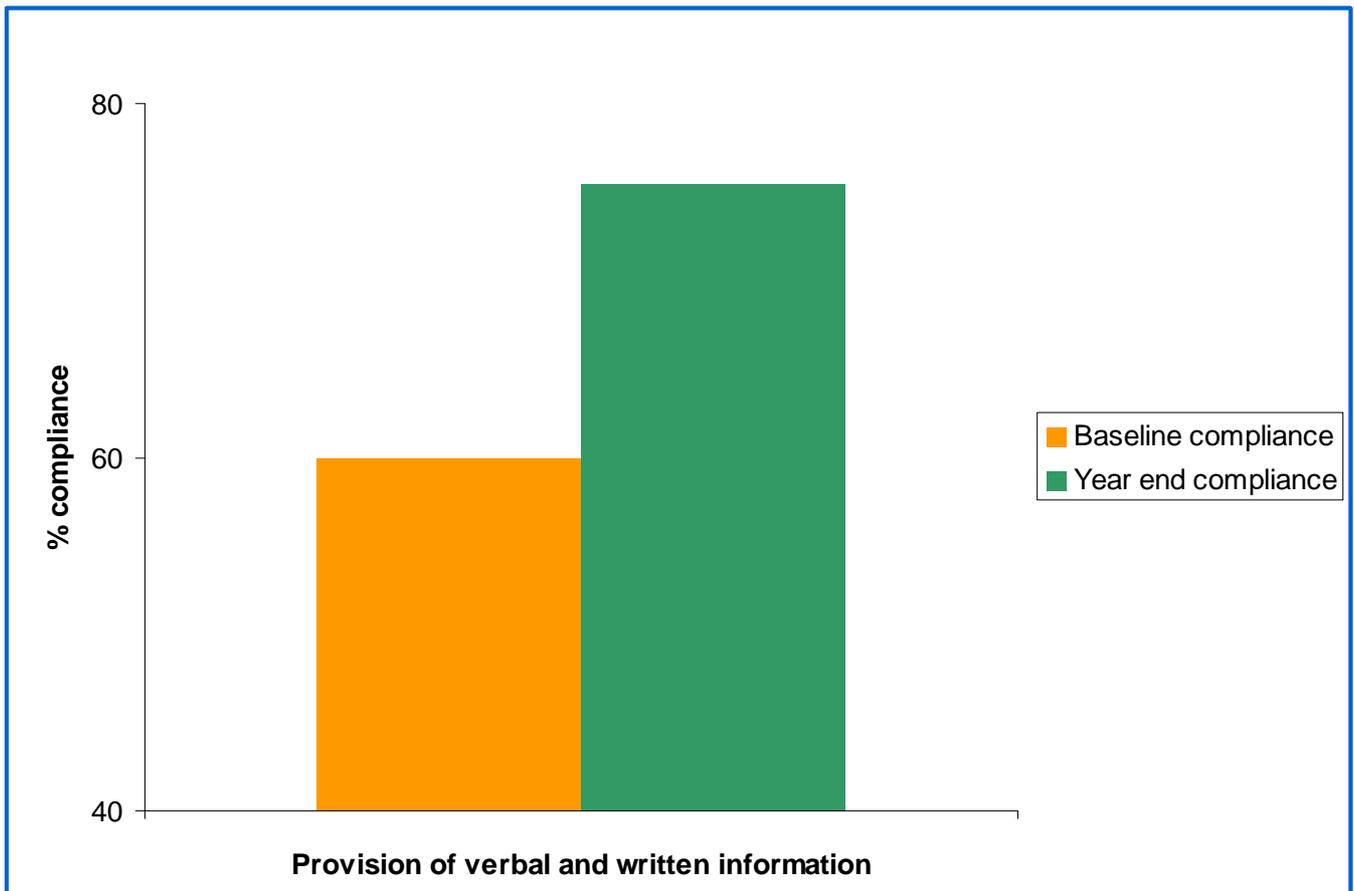
Understanding the experience of service users, and their carers, is fundamental to identify areas for improvement, and highlighting good practice which can be shared across the wider health economy. Listening to service users and their carers about their experience provides personal, accurate, and timely feedback on the quality of the services that the Trust provides, and enables CWP to be more flexible and responsive to individual need. By improving the patient experience in this way, CWP can:

- encourage better health outcomes;
- improve satisfaction;
- increase service users' adherence to treatment;
- use resources more efficiently;
- develop a culture that continuously views care through the eyes of CWP's service users and their carers.

CWP achieved this priority by:

- Measuring the provision of verbal and written information on medications to service users as part of the Trust's CQUIN goal in this area – see the graph below.

Documentation of the provision of verbal and written information on medications to service users:



- Achieving an improved score, for the information given about medication in a way that is easy to understand. In the National Patient Survey in 2011, this scored 6.2/ 10, improving to a score of 7.6/ 10 in 2012.
- Achieving an improved score, for people reporting that they have been treated with dignity and respect by staff. In the National Patient Survey in 2011 this scored 9.2/ 10, improving to a score of 9.6/ 10 in 2012. In the Trust's carers survey conducted in 2012, 83% of carers expressed that they are treated with dignity and respect by staff.

- Undertaking an assessment of the Trust's performance against *NICE* quality standards on patient/service user experience in adult NHS services and adult mental health, to inform the activity required to enable CWP to provide evidence based advice to deliver a good experience of care for the people who use the Trust's services.

Quality improvement priorities for 2013/14

CWP has set four quality improvement priorities for 2013/14.

Previous years' priorities, in 2011/12 and 2012/13, were selected to bring about improvements to *outcomes* and to help achieve *recovery* respectively.

This year, the focus is on '**tackling health inequalities**', a priority in the *NHS Outcomes Framework*. Achievement of these priorities will help to reduce avoidable variations in the quality of care and improve outcomes.

How progress to achieve the quality improvement priorities will be reported:

The Trust's *Quality Committee* has approved a plan for the delivery of quality improvement priorities, including milestones for delivery, over each quarter of 2013/14. Progress against these milestones will be reported to the *Quality Committee* and regular updates will be included in the Trust's quarterly *Quality Report* which is reported to the Board, and shared widely with partner organisations, governors, members, local groups and organisations as well as the public.

How the views of patients, the wider public and staff were taken into account:

All of the priorities were identified through regular feedback and engagement, and by taking into account the views of:

- Patients and carers, for example through receipt of feedback through activities such as patient surveys.
- Staff and senior clinicians, for example through discussion at the Trust's corporate governance meetings.
- Lived experience advisors, for example through participation in involvement activity and engagement with the Trust's *involvement taskforce*.
- Stakeholders and the wider public, for example through activities such as formal consultations.
- Commissioners of NHS services, through contract negotiation and monitoring processes.
- Local scrutineers, for example through feedback from visits to services.

Patient safety priorities for 2013/14

Priority for quality improvement:

Improve the safety, effectiveness, and efficiency of patient care and services, through the development of a dashboard to monitor safety and quality indicators during the transition and after the community mental health team and learning disability service redesigns

Rationale for selection of this priority:

In response to the *NHS Operating Framework 2012/13*, which details the scale and nature of efficiency savings that all parts of the NHS need to make, CWP has identified how the redesign of services can improve outcomes for people – focusing on recovery with individualised goals – at the same time as making services more cost effective. To do this, the Trust's clinicians have led a review of CWP's community mental health teams and learning disability services. The reviews were subject to consultation, using information from national and local evidence regarding the needs of these groups of service users, including the *national patient survey of people's experiences of community mental health services* – see *part 2: information on the review of services – reviewing the results of local and national patient surveys* for details. It is important to monitor compliance with safety and quality measures during the transitions and afterwards in order to mitigate potential adverse impacts and demonstrate that service users are receiving the required level of support in accordance with their needs. A dashboard is

a method of consolidating and arranging these measures in one place so that care can be reported and monitored, as detailed below.

How progress to achieve the priority will be measured:

- Safety and quality measures will be agreed, collected and analysed using existing information systems.
- Surveys and focus groups will be conducted to measure patient/ carer/ staff experience.
- Outcomes will be collected from the measurement of care pathways.

How progress to achieve the priority will be monitored:

- Safety and quality measures will be reported to the *Quality Committee* in the inpatient and community quality dashboards, collected during the transition and implementation of the community mental health team and learning disability service redesigns.
- The *Quality Committee* will receive and monitor service improvement and development plans to mitigate, and in response to, identified potential adverse impacts.
- Monitoring of performance of these measures by including them in the 'corporate performance report' monitored by the Board, senior clinicians and managers.

Priority for quality improvement:

Improve patient safety and experience through the *development of Trust 'never events' and implementation of associated preventative, positive, and patient focused 'always events'*

Rationale for selection of this priority:

'Always events' describe evidence based elements of care provision, and markers of optimal patient experience, which should happen for all interventions for all service users all of the time. In turn, this prevents 'never events' from happening – which are serious, mainly preventable patient safety incidents, or a failure to work with people during every contact with them to provide a positive experience of care. Giving staff the skills and competence to deliver 'always events' will help the Trust to put into practice the Department of Health's vision and strategy for delivering a culture of compassionate care, called *Compassion in practice*. This document sets out '6Cs' of value and behaviour, which are care, compassion, competence, communication, courage and commitment.

How progress to achieve the priority will be measured:

- Trust 'never events' will be prioritised, agreed and associated 'always events' identified for measurement, using existing information systems.
- Support required to ensure the competence to deliver these measures will be identified, made available, and implemented.
- Methodology to measure compliance with the priority 'never events' will be agreed and implemented.

How progress to achieve the priority will be monitored:

- Baseline compliance levels with the 'never events' measures will be reported to the *Quality Committee* in the quality dashboards.
- The *Quality Committee* will identify, approve and monitor improvement targets.
- Where ongoing monitoring identifies non-compliance with 'never events', this will be escalated for performance improvement and managed/ monitored in line with the Trust's 'operating framework'.
- Monitoring of performance in the 'corporate performance report' monitored by the Board, senior clinicians and managers.

Clinical effectiveness priority for 2013/14

Priority for quality improvement:

Improve outcomes by implementing clinically effective practice through the *development of evidence based care pathways, including transitional pathways*

Rationale for selection of this priority:

Care pathways are evidence based ways of delivering clinically effective care to all of the Trust's service users, that promotes their recovery. Integrated care pathways ensure seamless care for service users, including transition between pathways and care providers. Measuring clinical and patient/ carer reported

outcome and experience measures as part of these care pathways ensures the quality of care is monitored, variation in quality standards and inequality is reduced, and adherence to treatment increased. Linking this priority to the patient experience priority for 2013/14 will also enhance the way that CWP's contracted activity is monitored and reviewed. By monitoring the cost of care and treatment alongside these pathways will inform work with commissioners to develop future funding models.

How progress to achieve the priority will be measured:

- Clinical and service pathways will be prioritised, agreed and developed.
- Markers to measure outcomes and the clinical and cost effectiveness of clinical practice will be identified, including:
 - evidence based quality standards
 - clinical outcome measures
 - patient/ carer reported outcome measures
 - patient experience measures
 - *Payment by Results* care cluster outcome measures
- The measures will be collected and analysed using existing information systems.

How progress to achieve the priority will be monitored:

- Compliance levels with the identified pathway measures will be reported to the *Patient Safety and Effectiveness Sub Committee*.
- Compliance levels with the priority clinical pathways identified for monitoring as part of service redesigns will also be reported to the *Quality Committee* in the quality dashboards.
- The *Quality Committee* will receive and monitor progress against remedial actions where agreed standards are not being met.
- Monitoring of performance by including them in the 'corporate performance report' monitored by the Board, senior clinicians and managers.

Patient experience priority for 2013/14

Priority for quality improvement:

Improve service user and carer experience, by developing and implementing patient/ carer reported outcome measures and patient experience measures across care pathways – linked to Payment by Results

Rationale for selection of this priority:

Understanding the experience of service users, and their carers, is fundamental to identifying areas for improvement, and highlighting good practice which can be shared across the wider health economy. Listening to service users and their carers about their experiences provides personal, accurate, and timely feedback on the quality and effectiveness of the services that the Trust provides, to enable CWP to be more flexible and responsive to individual need. Encouraging the development of a culture that continuously views care through the eyes of CWP's service users and their carers:

- informs Board meetings and Governor meetings, to ensure that they remain focused on improving the experience of the Trust's service users and carers;
- encourages better health outcomes;
- improves satisfaction;
- helps the Trust to further understand the impact of service change; and
- enables a more efficient and appropriate use of resources by costing care, linked to the *Payment by Results* payment framework, according to the level of need and treatment required to work towards recovery.

How progress to achieve the priority will be measured:

- Patient/ carer reported outcome measures, patient experience measures, and *Payment by Results* care cluster outcome measures will be identified for the priority care pathways identified as part of the clinical effectiveness priority for 2013/14.
- The measures will be developed and collected, using existing information systems where possible.

How progress to achieve the priority will be monitored:

- Patient/ carer feedback will be reported to the *Patient Safety and Effectiveness Sub Committee* as part of the monitoring of compliance levels with Trust priority care pathway measures.

- Improvements to patient/ carer reported outcomes and experience, identified for monitoring as part of the Trust's priority care pathways, will be reported to the *Quality Committee* in the quality dashboards.
- The *Quality Committee* will also receive a report on improvements to patient/ carer reported outcomes and experience from each locality at the end of 2013/14.
- Monitoring of performance by including them in the 'corporate performance report' monitored by the Board, senior clinicians and managers.

Statements of assurance from the board

The purpose of this section of the report is to provide formally required evidence on the quality of CWP's services. This allows readers to compare content common across all *Quality Accounts* nationally.

Common content for all *Quality Accounts* nationally is contained in a shaded double line border like this.

Information on the review of services

CWP provides the following services, in partnership with commissioners, local authorities, voluntary/ independent organisations, service users and carers:

- Inpatient mental health services across Cheshire and Wirral
- Community mental health services across Cheshire and Wirral
- Specialist tier 4 CAMHS services across the North West
- Drug and alcohol services across Cheshire and Wirral and drug services in Trafford
- Inpatient learning disability services across Cheshire and Wirral
- Community learning disability services across Cheshire, Wirral, and Trafford
- Eating disorder services across areas of the North West
- Low secure services for people with mental health and learning disabilities across the North West
- Community physical health services in Western Cheshire

During 2012/13, Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub-contracted **104** relevant health services.

Cheshire and Wirral Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in **104** of these relevant health services.

The income generated by the relevant health services reviewed in 2012/13 represents **100** per cent of the total income generated from the provision of relevant health services by Cheshire and Wirral Partnership NHS Foundation Trust for 2012/13.

CWP has been able to successfully review the data on the quality of its services in the following ways during the year.

Contract review and monitoring

CWP works together with its commissioners to review and update the quality requirements in its contracts annually, to ensure that they reflect changes in best practice and emerging national or local good clinical or good healthcare practice. Through contract monitoring meetings, assurance is provided that the Trust's performance in relation to improving quality of care is on track. Many of CWP's healthcare teams have delivered presentations at these meetings to show commissioners how they have worked to improve the quality and outcomes of the care that they deliver.

Reviewing the results of local and national patient surveys

To improve the quality of services that CWP delivers, it is important to understand what people think about their care and treatment. CWP carries out its own local patient surveys, and also reviews the results of the annual national patient survey carried out by the *Care Quality Commission (CQC)*.

The national patient survey of people's experiences of community mental health services

The CQC's *national patient survey* was published in September 2012. It gave CWP a valuable insight into what service users of the Trust's community mental health services thought about their care. The CQC report also provides an indication of the Trust's progress since the last survey in 2011. The Trust received 284 responses from a sample of 830 service users, representing a 34% response rate, which is an increase of 5%. Responses from the survey highlighted the following achievements:

- Five 'better' scores out of nine national service areas when compared with other Trusts – for medications, care co-ordinator, crisis care, day-to-day living, and overall care. This is a higher number of better scores than any other mental health Trust nationally. The 'better' score for medications shows the effectiveness of including this as a quality improvement priority (in response to the results in this area in last year's *national patient survey*), in last year's *Quality Account*, see *part 2: quality improvement priorities for 2012/13 – patient experience priority for 2012/13* for details.
- One of the best scores (**78%**) for the 'overall care' service area – see *part 3: an overview of the quality of care offered by CWP – performance in 2012/13* for details.
- The national average in the four other areas: health and social care workers, talking therapies, care plan, and care review.

Whilst CWP has improved year-on-year, areas for further improvement are being built into the community mental health service redesign proposal – see *part 2: quality improvement priorities for 2013/14 – patient safety priority for 2012/13* for details – to ensure that the Trust continually seeks ways to improve its services.

Local CWP patient surveys

The Trust has engaged its service users, carers, staff and other partners in a wide variety of local survey activity to inform and influence the development of its services. This has included an information governance survey, a survey on medication usage, service level experience and satisfaction activity, a Trustwide carers' survey, and a Trustwide inpatient survey. The Trustwide inpatient survey continues to drive forward improvements in service user experience by capturing what they think about their care and treatment. All service users in inpatient wards at the Trust were offered the opportunity to participate in this, and lived experience advisors went on to the wards to assist service users with completing the survey and listening to their views. For learning disability inpatient service users, a patient stories approach was used to facilitate their contribution. In total, the Trust received 78 responses. **83%** of service users rated the service they received as 'good' or 'excellent', which is an improvement compared with the previous year (80%).

Learning from experience and patient feedback

CWP acknowledges areas where it needs to make changes to improve care. This is called 'learning from experience'. It focuses on patient feedback, showing that service users are not fully satisfied with services, or through the reporting of incidents by staff when they witness events that caused actual harm or had the potential to cause harm. The Trust also follows its own *The management of internal and external recommendations policy*, to ensure that it learns from other NHS organisations when things go wrong, by reviewing and learning from external recommendations.

Examples of learning from experience

- Following an investigation into a serious untoward **incident** of the care and treatment of a patient with a pressure ulcer, additional cameras have been purchased. *NICE* guidance recommends that pressure ulcer assessment should be supported by photography. There are now more cameras available to district nursing teams, to assess and monitor the progress of pressure ulcers using photographic evidence.
- Following a **claim** relating to an injury to a member of staff who responded to a psychiatric emergency but was not trained in the management of violence and aggression, policy and practice were amended, to identify that staff can only be selected as part of the emergency team if they have attended mandatory training. This will ensure that CWP is compliant with health and safety guidance and all staff deliver safe care at all times.
- Following a **complaint** about a service user fall on a ward, a communication/ handover tool was incorporated in to physical health training for staff, so that key information can be passed to other NHS organisations, such as ambulance Trusts, when referring service users for physical health intervention.

Examples of patient feedback

CWP welcomes compliments and comments from service users and carers, in order to use the feedback to act on suggestions, consolidate what CWP does well, and to share this best practice across the Trust. During 2012/13, CWP has seen a **11% increase**, compared with the previous year, in the number of compliments received from service users and others about their experience of the Trust's services. This does not include compliments received by the Community Care Western Cheshire (community physical health services) clinical service unit – in 2012/13, they received 251 compliments.

"Thank you so much for all the work you did with my mum. You treated her with care, compassion and dignity, giving her a sense of hope. What you do is amazing and we are all so thankful."

Community Care Western Cheshire

"You probably won't remember me, but, I certainly remember you, for your care, professionalism, and tenacity, which has resulted, in the last 6 weeks, in completely changing my life, for the significant better! In fact, you have given me my life back!"

Adult Mental Health Services

"The best service I've been involved with since my alcohol problem started 6 years ago. Very helpful staff, understanding and always supportive and provide excellent advice."

Drug and Alcohol Services

"I thank all the staff for the support you have given me over the last few weeks. I feel a lot better now and I really appreciate the help I've had. Thank you all again."

Learning Disability Services

"Member of staff (name anonymised) involved important members of my family in my sessions and helped them to understand what I was going through when I could not explain it to them myself. This was particularly helpful in aiding me to set up a support system of my own that I can use now and in the future. I now feel like I have a strong set of strategies to deal with my emotions and different ways that I can look at problems in my life. I can now constructively deal with emotions and memories and turn them into something positive."

Child & Adolescent Mental Health Services

CWP's *Learning from Experience* report, which is produced three times a year, reviews learning from incidents, complaints, concerns, claims and compliments including Patient Advice and Liaison Service contacts. These are all rich sources of service user feedback. Reviewing them together, with the results of clinical audits, helps to identify trends and spot early warnings, so actions can be taken to prevent potential shortfalls in care. Sharing learning is key to ensuring that safety is maintained and that action can be taken to prevent recurrence of similar issues. These *Learning from Experience* reports are shared with the public, via CWP's public Board meetings and via the Trust's website, and also with CWP's partner organisations, demonstrating the Trust's commitment to being transparent in how it learns lessons and makes improvements.

Reviewing the results of clinical audit

Healthcare professionals who provide care use clinical audit to check that the standards of care they provide is of a high quality. Where there is a need for improvement, actions are identified to improve the delivery of care, which is described on the following pages.

Information on participation in clinical audits and national confidential enquiries

The purpose of clinical audit is to improve the quality of care provided to service users. It is at the heart of providing the necessary changes in practice to ensure that CWP is delivering efficient, service user focused, high quality care and treatment.

National clinical audits and national confidential enquiries

National clinical audits

The ‘National Clinical Audit and Patients Outcomes Programme’ is managed by the *Healthcare Quality Improvement Partnership* on behalf of the *Department of Health*, which funds them. CWP’s policy is to take part in all of the clinical audits contained on this programme, as it allows the Trust to compare findings with other NHS Trusts to help CWP identify necessary improvements to the care provided to service users.

National confidential enquiries

National confidential enquiries are nationally defined audit programmes that ensure there is learning from the investigation of deaths in specific circumstances, taken from a national sample, in order to improve clinical practice.

During 2012/13 **3** national clinical audits and **1** national confidential enquiry covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2012/13 the Trust participated in **100%** national clinical audits and **100%** national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2012/13 are as follows:

National prescribing observatory for mental health
 National audit of psychological therapies for anxiety and depression
 Parkinson’s audit
 National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2012/13, 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 enquiry:

Cases submitted as a percentage of registered cases	
National clinical audits (registered cases for these audit programmes means cases registered within CWP)	
National prescribing observatory for mental health	Screening for metabolic side effects of antipsychotic drugs = 100% Action taken to improve the quality of healthcare provided: <ul style="list-style-type: none"> ▪ As a result of reviewing this audit, the Trust has agreed minimum standards for physical health monitoring with primary care providers as part of shared care arrangements for patients on antipsychotic drugs.

	Cases submitted as a percentage of registered cases
	<p>Prescribing antipsychotics for people with dementia = 100%</p> <p>Action taken to improve the quality of healthcare provided:</p> <ul style="list-style-type: none"> As a result of reviewing this audit, the Trust will be including the requirement for documentation of risks/ benefits of using antipsychotics and consideration of factors that may aggravate behavioural and psychological symptoms in dementia as part of the ongoing development of the dementia pathway – see <i>part 2: quality improvement priorities for 2012/13 – clinical effectiveness priority for 2012/13</i> for details.
National audit of psychological therapies for anxiety and depression	<p>100%</p> <p>Data collection completed, results will not be available until later in 2013/14 to inform action planning.</p>
Parkinson's audit	<p>100%</p> <p>Action taken to improve the quality of healthcare provided:</p> <ul style="list-style-type: none"> A study day has been held for all interested professionals to provide education and training in the management of Parkinson's.
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (registered cases for this audit programme means cases from a national sample, not from within CWP)	
Sudden unexplained death in psychiatric inpatients	100%
Suicide	100%
Homicide	100%
Victims of homicide	100%

The reports of **2** national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2012/13 and the Trust intends to take the actions identified in the table above to improve the quality of healthcare provided.

Local CWP clinical audits

The Trust has a specific and comprehensive infection prevention and control (IPC) audit programme. This has included more than 260 local audits, undertaken by Modern Matrons with the support of the Trust's facilities and IPC teams. These audits observe IPC practice, including environmental and clinical practice checks. In addition, over 100 audits have been undertaken by the IPC team across inpatient clinical areas and within community physical and mental health settings. These audits support the enhancement of cleanliness of the care environment, identify good IPC practice and identify areas for improvement. In 2012/13, Community Care Western Cheshire clinics achieved more than 90% compliance with IPC standards, compared with less than 40% in 2011/12.

In addition, service level clinical audits are conducted by individual healthcare professionals and teams, pharmacy services, and medical trainees, evaluating aspects of care that they have selected as being important to them and their teams. These clinical audits are reviewed and reported to frontline staff through clinical service meetings. All clinical audit projects are registered with the Trust's clinical audit team. In total, **43** clinical audits were registered and completed during 2012/13.

As well as national clinical audits, Trustwide (local) clinical audits are prioritised each year. These audits are conducted by individual healthcare professionals or teams with support from the clinical audit team. They are reviewed as part of the Trustwide clinical audit programme, and are reported to the Trust's *Patient Safety & Effectiveness Sub Committee*, which is a delegated sub committee of the Board chaired by the Medical Director – Executive Lead for Quality.

The reports of **20** local clinical audits were reviewed in 2012/13 and Cheshire and Wirral Partnership intends to take the following actions to improve the quality of healthcare provided:

1. 'Advancing Quality' in mental health and learning disability: dementia and psychosis

See part 3: an overview of the quality of care offered by CWP – performance in 2012/13 for details.

2. NHS Safety Thermometer

See part 2: quality improvement priorities for 2012/13 – patient safety priority for 2012/13 for details.

3. Patient safety metrics – inpatient and community

See part 2: quality improvement priorities for 2012/13 – patient safety priority for 2012/13 for details.

4. Record keeping

CWP undertakes an annual Trustwide audit to ensure compliance with standards of good quality record keeping to facilitate delivery of high quality care and treatment. As a result of reviewing this audit, by the end of June 2013, CWP will issue bulletins to all general managers to highlight improvements required to ensure that:

- the current prescription sheet records sufficient detail;
- recording of professionals' details is improved;
- alteration to written records are appropriately documented;
- the recording of diagnosis is improved; and
- recording of information sharing issues have been discussed with the patient is improved.

5. NICE audit programme – diabetes

This clinical audit measured compliance with *NICE* guidance regarding the assessment and management of diabetic service users referred with psychological problems associated with their diagnosis. The results have demonstrated that the Trust is working in accordance with *NICE* guidance. Additionally, patients' psychological problems are managed effectively by advice and assessment via referral to stepped care services.

6. Musculo skeletal services – outcome measures

This clinical audit measured the use of outcome measures in the musculo skeletal physiotherapy service. As a result of reviewing this audit, CWP has:

- Identified further training for musculo skeletal physiotherapy staff on the use and recording of outcome measures.
- Identified systems to record the number of patient contacts on the front of patient health care records.
- Identified that clinical supervision sessions with staff should:
 - identify and monitor the number of patients where it is clinically inappropriate to carry out outcome measurement;
 - include an assessment of compliance with recording outcome measures for a sample of discharged patients.

7. Absent Without Leave [AWOL]

This clinical audit assessed compliance with the Trust's *missing person's policy and procedures*, that sets out standards to facilitate the safe return of missing service users from inpatient areas, or as a result of agreed and escorted or unescorted leave. As a result of reviewing this audit, CWP has:

- Reviewed the Trust's *missing persons policy and procedures* to strengthen areas identified in the audit as requiring improvement. This now includes a Trust-wide checklist ensuring all necessary procedures, including risk assessment, are completed consistently.
- Reviewed the Trust's *incident reporting and management policy* and system to incorporate learning from the audit. This now includes changes to the categorisation of incident severity based on the nature of absconding.

8. Pressure ulcers

Pressure ulcers continue to be a significant issue across the NHS. This clinical audit reviewed: monthly pressure ulcer figures; if the patient was on the correct treatment; and whether they had been reviewed by a CWP tissue viability nurse, if required. As a result of reviewing this audit, CWP has:

- Raised awareness of the need to ensure patients are provided with the *NICE* patient information leaflet on pressure ulcer management.
- Identified that clinical supervision sessions with staff should evaluate pressure ulcer training requirements through on an ongoing basis.

- Made the wound formulary/ guidelines available on the CWP intranet site.
- Identified a *NICE* champion to undertake a pathway audit of patients with a pressure ulcer, from admission or referral into CWP's care, to discharge or transfer out of CWP's care.

9. Medicines management audit

The Trust's pharmacy team undertake audits as part of programmes specific to their areas of work. In addition, CWP audits its *medicines policy* and processes on an annual basis, across all inpatient wards and community mental health teams to review, in line with *Department of Health* requirements, the effectiveness of its systems to ensure that medicines are handled in a safe and secure manner. Overall, the results have improved compared to those reported in 2010 and 2011. As a result of reviewing this audit, CWP has:

- Circulated to prescribers the key points from the Trust's *medicines policy* that require improvement, relating to the security and storage of medicines and medications, prescriptions and amendments.
- Circulated a medicines bulletin outlining critical medicines, the process for obtaining critical medicines out of hours, and the process for reporting when medicines have been omitted.
- Reviewed the Trust's *rapid tranquilisation policy* and reminded staff of the policy requirements.
- Developed medication dosing charts for clear display in clinic rooms.

10. Medicines reconciliation

This audit measures compliance with the Trust's *medicines reconciliation policy*. The aim of medicines reconciliation is to ensure patient safety by comparing and reviewing medicines prescribed on admission to those that the patient was taking before admission. As a result of reviewing this audit, CWP:

- Has identified that medicines reconciliation will be carried out by a pharmacist if a pharmacy technician is not available.
- Will review the content of mandatory training and doctors' induction training by September 2013.
- Has sent a bulletin to staff to ensure their awareness of the importance of completing all sections of the prescription chart.

11. Do not attempt resuscitation (DNAR)

The Trust's *do not attempt resuscitation policy* (DNAR) provides a framework for making decisions with service users and carers that safeguards their interests, respects their choices and maintains their dignity. This audit reviewed the documentation procedure in relation to DNAR orders and assessed the communication of decisions. As a result of reviewing this audit, by the end of June 2013, CWP will:

- Issue a bulletin to all inpatient areas and community teams to ensure that weekly reviews are adhered to and that documentation in relation to DNAR order is transferred with the patient should their place of care change.
- Make a patient/ carer information leaflet available.

12 & 13. Safeguarding children and adults in vulnerable circumstances

CWP undertakes an annual audit of compliance with its policies for safeguarding and promoting the welfare of children and young people, and vulnerable adults, and for ensuring that they are protected from harm. This year's audits have focused on cases where a child or adult has been referred to social care as part of the safeguarding process. As a result of reviewing this audit, by the end of June 2013 CWP will raise awareness amongst staff to ensure that:

- When children are referred as part of the safeguarding process, an outcome from social services is sought.
- They provide copies of written reports to the Trust's safeguarding team, and document each case according to Trust policy.

14. Self harm

Service users who self harm are assessed by the Trust's liaison psychiatry teams when they present at the accident and emergency departments in the general acute NHS Trusts. This audit reviewed compliance with *NICE* guidance for patients who presented to liaison psychiatry teams with self harm, along with a short patient survey. As a result of reviewing this audit, by the end of June 2013, CWP will:

- Consider ways to ensure that a care plan is provided for each service user who self harms, that is discussed with family members where appropriate, and includes a crisis plan.
- Schedule a re-audit to assess the whole service that patients who self harm receive, including the quality of assessments.

15. Care planning for physical health

This audit measured compliance with *NICE* guidance on schizophrenia in relation to primary and secondary care responsibilities for the monitoring of physical health and promotion of recovery. The results showed a marked improvement on compliance with the *NICE* guidance since the previous audit. As a result of reviewing this audit, by the end of June 2013, CWP will send a bulletin to all community mental health teams, reminding care co-ordinators to encourage service users to attend their GP surgery at least annually for health screening.

16. Unexpected deaths

This audit analysed incidents of unexpected deaths of patients between 1 April 2010 and 30 September 2012, using local and national data, to identify trends in inpatient and community deaths and the number of recorded inquest outcomes of suicide. As a result of reviewing this audit, CWP has:

- Included the themes from the audit within the Trust's quality priorities for 2013/14.
- Agreed the identification of a programme of care pathway audits and case controls during 2013/14.
- Agreed to incorporate the findings from the audit into the Trust's *suicide prevention strategy*.

17. Mental Health Act 1983 – section 136

Section 136 of the Mental Health Act is used by the police to take people appearing to suffer from a mental disorder, or in an immediate need of care, to a place of safety, usually a hospital, for their own safety or for the safety of others. This audit reviewed the completion of documentation and the waiting time for mental health assessments at places of safety. As a result of reviewing this audit, by the end of August 2013, CWP will:

- Review the section 136 out of hours pathway and out of hours escalation policy to identify improvements in compliance with the two hour timeframe for staff attending mental health assessments.
- Review the detentions of known (to CWP) patients, under section 136 of the Mental Health Act, to identify lessons in order to avoid future detentions under section 136 and to also improve crisis/contingency care planning.
- Review the arrangements with general acute Trusts and places of safety for patients that are not medically fit for assessment.

18. Communication between health visitors and GPs

This audit reviewed the timeliness and effectiveness of the communication between health visitors and GPs. As a result of reviewing this audit, CWP has:

- Included link health visitor contact details in the quarterly newsletter sent to all GP practices.
- Confirmed that all health visitors have up to date GP contact details.
- Implemented systems to monitor health visitor attendance at GP practices and incidents in relation to communication between health visitors and GPs.
- Included the communication pathway in the induction for all new health visitors.

19. Standard outpatient letter

Following all routine outpatient appointments, a standard letter, using an agreed template, is sent to the service user's GP, to ensure continuity of care, treatment and the management of clinical risk. This audit reviewed compliance with the use of the template. As a result of reviewing this audit, CWP has:

- Re-circulated the standard template to all clinicians and reminded them of policy and expected practice.
- Included an audit of the quality of standard letters on the 2013/14 clinical audit programme.

20. Electro convulsive therapy

This audit reviewed the standards of care provided to service users undergoing electro convulsive therapy (ECT), against national accreditation standards relating to patient safety, dignity and compliance with the law in relation to the process of administration of ECT, to ensure that service users receive high quality treatment and positive outcomes. The audit results contributed to the Trust's clinic in Wirral being accredited as 'excellent'. See *part 3: other information – additional information on improving the quality of CWP's services in 2011/12* for details. As a result of reviewing this audit, in 2013/14 CWP will peer review its other clinics against these same standards, Trust policy, and *NICE* guidance.

Information on participation in clinical research

The *NHS Constitution* makes it clear that research is a core part of the NHS, enabling the NHS to improve the current and future health of the people it serves. CWP staff are recognised internationally for their pioneering work through their involvement in research to discover best practice and innovative ways of working.

CWP's participation in clinical research helps to improve the quality of care, patient experience and outcomes within the Trust and across the NHS.

The number of patients receiving relevant health services provided or sub-contracted by Cheshire and Wirral Partnership NHS Foundation Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 507.

Participation in clinical research demonstrates Cheshire and Wirral Partnership NHS Foundation Trust's commitment to improving the quality of care it offers and to making its contribution to wider health improvement. CWP's clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Cheshire and Wirral Partnership NHS Foundation Trust was involved in conducting 80 clinical research studies in all of its clinical service units during 2012/13.

There were 195 clinical staff participating in research approved by a research ethics committee at Cheshire and Wirral Partnership NHS Foundation Trust during 2012/13. These staff participated in research covering 22 medical specialties.

CWP has been increasing staff involvement in clinical research to help increase the use of new evidence in the future. Also, over the last three years, CWP has been associated with 125 research publications, the findings from which are used to improve patient outcomes and experience across the Trust and the wider NHS. The Trust's engagement with clinical research also demonstrates Cheshire and Wirral Partnership NHS Foundation Trust's commitment to offering the latest medical treatments and techniques.

NICE guidance

Many CWP specialists are involved in the production of national guidelines for the *National Institute of Health and Clinical Excellence (NICE)*. One member of staff has been awarded a Fellowship of *NICE* in support of her innovative work in the effective management of bipolar disorder. This ambassador role is being linked with the development of a pathway of interventions in the treatment of bipolar disorder, and a collaborative partnership with Expert Centres in Europe. This provides an opportunity for education and training for staff that will ultimately benefit service users and carers by optimising interventions for individuals with bipolar disorder.

CWP monitors the implementation of all types of applicable *NICE* guidance, and overall is fully or partially compliant with over 99% of all applicable guidance. The one exception relates to a commissioning issue in relation to the prescription of medication for the treatment of dementia, which is not compliant due to lack of funding. This has now been resolved and prescribing will commence in April 2013.

Type of NICE guidance	Full compliance	Partial compliance	Non compliance	Total
Clinical guideline	26	14	0	40
Public health interventions	19	5	0	24
Interventional procedures	2	0	0	2
Technology appraisal	14	0	1	15
Patient safety	1	0	0	1
Total	62 (76%)	19 (23%)	1 (1%)	82

Community Care Western Cheshire

Type of NICE guidance	Full compliance	Partial compliance	Non compliance	Total
Clinical guideline	41	7	0	48
Public health interventions	20	5	0	25
Interventional procedures	1	0	0	1
Total	62 (84%)	12 (16%)	0 (0%)	74

Some of the reasons CWP cannot declare full compliance with some of the guidelines includes:

Internal restrictions – in such instances, an action plan is in place, which is monitored locally by the Clinical Director of the service, and at a Trust level by the *Patient Safety and Effectiveness Sub Committee*.

Commissioning issues – in such instances, CWP discusses these with the relevant commissioning leads regarding how to take the issues forward.

The Trust's *NICE champions* – see *part 2: priorities for improvement – clinical effectiveness priorities for 2012/13* for details – will continue to further progress compliance with *NICE* guidance, including with commissioners, as part of the continuing implementation of the Trust's *clinical effectiveness strategy*.

Information on the use of the CQUIN framework

The *Commissioning for Quality and Innovation (CQUIN)* payment framework enables commissioners to reward excellence, by linking a proportion of the Trust's income to the achievement of local, regional, and national quality improvement goals. Participation in *CQUIN* indicates that CWP, with its commissioners, is actively engaged in quality improvements. *CQUIN* goals are reviewed through the contract monitoring process as discussed earlier in the report.

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust's income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period available by request from the Trust's Clinical Governance Department: <http://www.cwp.nhs.uk/pages/1-what-we-do>

The Trust received £2,064,933 for the goals that it achieved for 2011/12. The Trust received £3,438,614 for the goals that it achieved for 2012/13. For 2012/13, this was invested in 27 quality improvement programmes across the Trust. Below are three examples, and the positive impacts they have had on the quality of care:

- *Rehabilitation day care*

Rehabilitation day care is provided across four day care centres in Western Cheshire, to support community dwelling older people with physical frailty and/ or dementia. As a result of this quality improvement programme, access to strength and balance classes has been improved, including to venues closer to patients' homes, and also at a day centre for patients with significant dementia.

- *The Complex Recovery Advice and Consultation service*

This service aims to enhance existing care pathways and clinical skills to improve interventions for those patients who need more than a brief acute intervention. As a result of this quality improvement programme, multi-agency working has improved and existing clinical pathways have been clarified, to ensure that service users receive the most appropriate care, from the most appropriate source, in assisting in their recovery.

- *The introduction of recovery mentor posts to the Early Intervention Service and Community Mental Health Teams on Wirral*

Recovery mentors have personal experience of mental health difficulties and can therefore provide additional assistance to service users in achieving their potential socially and personally, including support with employment. Staff and service users have fed back that having an "expert by experience" as part of the team has brought benefits such as providing additional skills in relation to debt management, benefit advice, and access to community resources. The recovery mentor posts are also working directly with self-esteem and motivational issues, using the 'recovery star' outcome measure to plan and achieve individual goals.

The total monies available in 2013/14, upon successful achievement of all the agreed *CQUIN* goals, is £3,440,200.

Information relating to registration with the Care Quality Commission and periodic/ special reviews

Independent assessments of CWP and what people have said about the Trust can be found by accessing the *Care Quality Commission's* website. Here is the web address of CWP's page:

<http://www.cqc.org.uk/directory/rxa>

Cheshire and Wirral Partnership NHS Foundation Trust is required to register with the *Care Quality Commission* and its current registration status is **registered and licensed to provide services**. The Trust has **no conditions** on its registration.

The *Care Quality Commission* has **not** taken enforcement action against the Trust during 2012/13.

The Trust has participated in special reviews or investigation by the *Care Quality Commission* relating to the following areas during 2012/13:

Review of compliance: Kent House

Review of compliance: Greenways

Review of compliance: Eastway

This was a review of compliance with the *Care Quality Commission's* essential standards of quality and safety.

The Trust was **compliant** with the requirements of the *Care Quality Commission* relating to the reviews at Kent House and Greenways.

The Trust was **compliant** with the requirements of the *Care Quality Commission* relating to the review at Eastway in relation to:

Outcome 1 – respecting and involving people who use services

Outcome 9 – management of medicines

The *Care Quality Commission* identified **moderate concerns** in the review of compliance at Eastway in relation to:

- Outcome 4 – care and welfare of people who use services
- Outcome 7 – safeguarding people who use services from abuse
- Outcome 13 – staffing
- Outcome 16 – assessment and monitoring the quality of service provision
- Outcome 21 – records

The Trust intends to take the following action to address the conclusions or requirements reported by the *Care Quality Commission* which related to the Trust:

1. Establish effective clinical and managerial leadership for the ward and learning disability service unit.
2. Undertake a review of internal assurance systems to assess compliance and mechanisms for escalation of risks within the Trust.
3. Review internal systems to ensure that “responsible clinicians” are section 12 approved, and appropriate communication and handover processes are in place to support continuity of care should the responsible clinician change.
4. Review the Trust’s management of violence and aggression and seclusion policies.
5. Ensure that there is full multi disciplinary team involvement within patient review meetings.
6. Communicate to supervisors that clinical supervision includes the monitoring of the implementation of care plans of all patients, and checking of all clinical documentation.
7. A review of all training requirements in relation to staff on the ward, specifically in relation to record keeping, safeguarding and autism.
8. Ensure that assessment of therapeutic activity on inpatient units is incorporated into the Trust’s programme of the review of inpatient safety metrics undertaken every two months.
9. Undertake a review of all patients’ medication on the ward to include plans for medications taken on an “as required” basis.
10. Review training on a Trustwide basis for the management of challenging behaviour, and consider adopting 'Approach' training as accredited by the *British Institute of Learning Disabilities*.

The Trust has made the following progress by 31 March 2013 in taking such action:

1. An interim lead for the Trust’s learning disability service unit has been identified and a substantive clinical director appointed.
2. *Mersey Internal Audit Agency* has conducted an audit in respect of the assurance processes in place to assess the Trust’s compliance with the *Care Quality Commission’s* “essential standards of quality and safety”. A report is in the process of being finalised and an action plan will be developed in response to any recommendations for enhancements.
3. The Trust’s human resources processes have been strengthened to ensure that all appointed locum consultant staff are on the specialist register (or in the case of higher trainees, within three months of their Certificate of Completion of Training).
4. A challenging behaviour ‘task and finish’ group has been established, with responsibility for reviewing the Trust’s management of violence of aggression policy in line with the implementation of a challenging behaviour clinical pathway. The seclusion policy has been reviewed in light of specific findings and recommendations and has been communicated to all staff across the Trust. The policy also includes the implementation of a seclusion care bundle.
5. The ward now has the full involvement of the multi disciplinary team in all patient review meetings and this is being monitored through regular review of patient review documentation.
6. A communication has been sent to ward staff to ensure that supervision includes the monitoring of care plans and the quality of documentation.
7. There is a robust training plan in place to ensure that all staff receive appropriate training in line with the mandatory and specific requirements of their role.
8. The review of therapeutic activity has been incorporated into the Trust’s programme of the review of inpatient safety metrics undertaken every two months.

9. A review of all medication plans on the ward, including the use of medications taken on an “as required” basis, was undertaken by the Trust’s chief pharmacist.
10. The Trust has reviewed the training for the management of challenging behaviour and with effect from 1 April 2013 will implement a revised *British Institute of Learning Disabilities* accredited training programme.

Information on the quality of data

NHS number and general medical practice code validity

The patient *NHS number* is the key identifier for patient records. Improving the quality of NHS number data has a direct impact on improving clinical safety by preventing misidentification.

Accurate recording of a patient’s *general medical practice code* is essential to enable transfer of clinical information about the patient from a Trust to the patient’s GP.

Cheshire and Wirral Partnership NHS Foundation Trust submitted records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient’s valid NHS number was:
99.9% for admitted patient care;
100% for out patient care.

The percentage of records in the published data which included the patient’s valid General Medical Practice Code was:
100% for admitted patient care; and
100% for out patient care.

Information Governance Toolkit attainment levels

The Information Quality and Records Management attainment levels assessed within the Information Governance Toolkit provide an overall measure of the quality of data systems, standards and processes within an organisation.

Cheshire and Wirral Partnership NHS Foundation Trust’s Information Governance Assessment Report overall score for 2012/13 was 93% and was graded red.

The Trust was unable to achieve a ‘satisfactory’ rating overall because an audit of clinical coding, based on national standards, attained level 1 (all the requirements of the toolkit are required to score at least level 2). An improvement action plan, ensuring the development of a clinical coding policy and mandating the collection of secondary diagnosis data, has been submitted to the Board, which if successfully implemented will return the Trust to a ‘satisfactory’ rating in July 2013 when the results are submitted to the Information Governance Toolkit.

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust **not** subject to the *Payment by Results* clinical coding audit during 2012/13 by the *Audit Commission*.

Statement on relevance of data quality and actions to improve data quality

Good quality information underpins the effective delivery of service user care and is essential if improvements in quality of care are to be made.

Cheshire and Wirral Partnership NHS Foundation Trust will be taking the following actions to improve data quality:

Implementation of a data quality framework plan during 2013/14 to address the following areas –

1. Improvements in data quality of mandatory submissions – the *Mental Health Minimum Data Set* and the *Commissioning Data Set* – through circulation of weekly data quality dashboard, liaison with clinical systems and operational colleagues, and attendance at key meetings such as the CAREnotes champions user group.
2. Improvements to the Trust's reporting techniques, through systematic review of externally published data quality reports, such as *Secondary Uses Service* dashboards, in order to feed back issues.
3. Targeted work with services and teams demonstrating areas of underperformance, offering support through dedicated locality analysts, signposting staff outliers to CAREnotes training, and reviews of teams who consistently fall short of data quality standards.
4. Data quality improvements in *Payment by Results* cluster accuracy and rates, through publishing weekly performance reports and development of the Trust's *Payment by Results* intranet site, to act as knowledge portal for the Trust.

Performance against key national priorities and quality indicators

CWP is required to report its performance with a list of published key national priorities, against which the Trust is judged. CWP reports its performance to the Board and the Trust's regulators throughout the year. Actions to address any areas of underperformance are put in place where necessary. These performance measures and outcomes help CWP to monitor how it delivers its services.

Performance against key national priorities from the Monitor Compliance Framework 2012/13

Indicator	Required performance	Actual performance
Data completeness – community services:		
▪ Referral to treatment information	50%	76%
▪ Referral information	50%	69%
▪ Treatment activity information	50%	81%
▪ Patient identifier information	50%	90%
▪ Patients dying at home/ care home	50%	83%
Care Programme Approach (CPA) patients:		
▪ Receiving follow-up contact within seven days of discharge	95%	96%
▪ Having formal review within 12 months	95%	96%
Minimising mental health delayed transfers of care	≤7.5%	0.96%
Admissions to inpatients services had access to crisis resolution home treatment teams	95%	97%
Meeting commitment to serve new psychosis cases by early intervention teams	95%	138% CWP has over-performed against this target. This means that the Trust has seen more new cases than the national target in line with local need.
Data completeness: identifiers	97%	99%
Data completeness: outcomes for patients on CPA	50%	91%

This year, the *Department of Health* has identified how *Quality Accounts* should be strengthened through the introduction of mandatory reporting against a small, core set of quality indicators, provided by *The Health and Social Care Information Centre*. This allows readers to compare performance common across all *Quality Accounts* nationally. These are detailed in the following table.

Performance against quality indicators: 2011/12 – 2012/13

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2012/13			2011/12		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from psychiatric inpatient care	Preventing people from dying prematurely	Quarter 1 96.8%	Quarter 1 97.5%	Quarter 1 94.9 – 100%	Quarter 1 99.4%	Quarter 1 96.7%	Quarter 1 78.4 – 100%
		Quarter 2 97.3%	Quarter 2 97.2%	Quarter 2 89.8 – 100%	Quarter 2 96.2%	Quarter 2 97.3%	Quarter 2 90.3 – 100%
	Quarter 3 98.1%	Quarter 3 97.6%	Quarter 3 92.5 – 100%	Quarter 3 98.2%	Quarter 3 97.4%	Quarter 3 60.0 – 100%	
	Quarter 4 96.2%	Quarter 4 97.3%	Quarter 4 93.6 – 100%	Quarter 4 99.1%	Quarter 4 97.6%	Quarter 4 92.4 – 100%	
	Enhancing quality of life for people with long-term conditions	<p>Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust's external auditors have verified the processes for production of this data. The Trust has achieved the performance target for this quality indicator, as required by the Department of Health and Monitor (target for 2012/13 is achieving at least 95% rate of patients followed up after discharge, CWP performance for 2012/13 is 96%). The Trust has taken the following action to improve this percentage, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts. 					
Admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper	Enhancing quality of life for people with long-term conditions	Quarter 1 99.7%	Quarter 1 98.0%	Quarter 1 83.0 – 100%	Quarter 1 100%	Quarter 1 97.0%	Quarter 1 37.2 – 100%
		Quarter 2 97.6%	Quarter 2 98.1%	Quarter 2 84.4 – 100%	Quarter 2 100%	Quarter 2 97.3%	Quarter 2 29.8 – 100%
		Quarter 3 95.3%	Quarter 3 98.4%	Quarter 3 90.7 – 100%	Quarter 3 100%	Quarter 3 97.7%	Quarter 3 75.7 - 100%
		Quarter 4 91.5%	Quarter 4 98.6%	Quarter 4 20.0 – 100%	Quarter 4 100%	Quarter 4 97.7%	Quarter 4 89.6 – 100%
		<p>Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust's external auditors have verified the processes for</p>					

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2012/13			2011/12		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
		<p>production of this data. The Trust has achieved the performance target for this quality indicator, as required by the Department of Health and Monitor (target for 2012/13 is achieving at least 95% of all admissions gatekept, CWP performance for 2012/13 is 97%). The Trust has taken the following action to improve this percentage, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts. 					
The percentage of patients aged (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Helping people to recover from episodes of ill health or following injury	(i) 0%*	Not available until December 2013*		(i) 0%	(i) 10.2%	(i) 0 – 25.8%
		(ii) 0%*			(ii) 0%	(ii) 11.4%	(ii) 0 – 22.9%
		<p>Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust has achieved 0% for this quality indicator (0% or decreasing over time represents good performance). Readmission rates help to monitor success in preventing or reducing unplanned readmissions to hospital following discharge. Readmission rates are an effective measure of treatment across the entire patient pathway across all sectors of health and social care.</p>					
Staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends	Ensuring that people have a positive experience of care	70%	63%	21 – 95%	65%	60%	22 – 96%
		<p>Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because it is administered and verified by the National NHS Staff Survey Co-ordination Centre. The Trust achieved a performance better than the national average for this quality indicator. The Trust has taken the following action to improve this percentage, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Developing an action plan to address areas of improvement identified in the survey. 					
"Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker	Enhancing quality of life for people with long-term conditions Ensuring that people have a positive experience of care	89.6%	86.6%	82.6 – 91.8%	87.8%	86.8%	81.9 – 91.4%
		<p>Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because it is administered and verified by Quality Health Ltd on behalf of the Care Quality Commission. The Trust achieved a performance better than the national average for this quality indicator. The Trust has taken the following action to improve this percentage, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Developing an action plan to address areas of improvement identified in the survey. 					

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2012/13			2011/12		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
(i) Number of patient safety incidents reported within the Trust, and (ii) Percentage of such patient safety incidents that resulted in severe harm or death	Treating and caring for people in a safe environment and protecting them from avoidable harm	Quarters 1 and 2 (i) 1929**	Quarters 1 and 2 (i) 1970**	Quarters 1 and 2 (i) 22 – 6903**	(i) 2157	(i) 3777	(i) 68 – 12465
		2012/13 (i) 3738**	2012/13 Not available until September 2013**	2012/13 Not available until September 2013**			
		Quarters 1 and 2 (ii) 0.6%**	Quarters 1 and 2 (ii) 1.6%**	Quarters 1 and 2 (ii) 0 – 9.4%**	(ii) 0.7%	(ii) 1.1%	(ii) 0 – 6.0%
		2012/13 (ii) 1.8%**	2012/13 Not available until September 2013**	2012/13 Not available until September 2013**			
<p>Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. For 2011/12, the Trust's internal auditors verified the processes for incident management, and gave an independent opinion of 'significant assurance'. The data is analysed and published by the <i>NHS Commissioning Board Special Health Authority</i>. The national data stated relates to mental health Trusts only. The Trust's reporting of patient safety incidents is comparable with the middle 50% of reporters, and has increased reporting Trustwide during the last two years. The Trust has taken the following action to improve this number/percentage, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Encouraging the reporting of incidents through a "Learning Lessons, Changes in Practice" publication produced for staff three times a year. 							

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2012/13			2011/12		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
		The Trust's severity of reported patient safety incidents is lower than the national average (all mental health Trusts). The <i>NHS Commissioning Board Special Health Authority</i> encourages higher reporting of patient safety incidents that do not result in severe harm or death, as it provides an opportunity to reduce the risk of future incidents.					

(*) denotes:

Performance for 2012/13 is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendments Regulations 2012*.

The data source is *The Health and Social Care Information Centre (HSCIC) Quality Accounts* section within their indicator portal.

The Trust's information systems indicate that for 2012/13, CWP performance is (i) 0% and (ii) 0%

(**) denotes:

Quarters 1 and 2 only – performance against quarters 3 and 4 is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendment Regulations 2012*.

The data source is *The Health and Social Care Information Centre (HSCIC) Quality Accounts* section within their indicator portal.

The Trust's information systems indicate that for 2012/13, CWP performance is (i) 3738 and (ii) 1.8%

Part 3.

Other information

An overview of the quality of care offered by CWP – performance in 2012/13

Below is a summary of CWP's performance, during 2012/13, against previous years' quality improvement priority areas approved by Board as part of the Trust's *Quality Accounts*. The performance compares historical (over the past three years) and/ or benchmarking data where this is available. This demonstrates the Trust's commitment to setting quality improvement priorities, each year in its *Quality Account*, that it intends to continue to review its performance against to demonstrate sustained improvements to quality.

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
Patient safety					
i. Improving learning from patient safety incidents by increasing reporting	2008/09	Research shows that organisations which report more usually have stronger learning culture where patient safety is a high priority	4% decrease compared with 2009/10	31%* increase compared with 2010/11 This does not include incidents reported by CCWC, as these were not included in previous years' performance. CCWC reported 1,035* incidents in 2011/12.	4% increase compared with 2011/12 This does not include incidents reported by CCWC, as these were not included in previous years' performance. CCWC reported 1,360 incidents in 2012/13.
			Data source = the Trust's incident reporting system (Datix). The number of the Trust's reported incidents for each of these years is comparable with the middle 50% of reporters, tending towards the highest 25% of reporters (in 2012/13), based on national comparative data reported to the <i>NHS Commissioning Board Special Health Authority</i> .		
ii. Create a better safety culture by achieving level 2 NHSLA accreditation	2008/09	NHSLA Accreditation provides an independent assessment of compliance against national safety priorities	NHSLA level 2 compliant	NHSLA level 2 compliant	NHSLA level 1 compliant
			The Trust took a decision at Board level to be assessed at level 1, following the Trust becoming responsible for providing community physical health care services in Western Cheshire, necessary to ensure policy reconciliation. The outcome of the independent assessment was compliance with 50/50 standards related to national safety priorities.		
iii. Strengthen hand	2008/09	Equipping staff with the skills to	NHS Staff Survey scores	NHS Staff Survey scores	NHS Staff Survey scores

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
decontamination procedure compliance		undertake effective hand decontamination minimises the risk of cross infection to service users and staff	<p><i>Training:</i> 82% (national average 63%)</p> <p><i>Availability of hand washing materials:</i> 70% (highest 20% of all mental health Trusts)</p>	<p><i>Training:</i> 76% (national average 68%)</p> <p><i>Availability of hand washing materials:</i> 65% (highest 20% of all mental health Trusts)</p>	<p><i>Training:</i> 81% (national average 72%)</p> <p><i>Availability of hand washing materials:</i> 59% (national average 55%)</p>
<p>Data source = National NHS Staff Survey Co-ordination Centre.</p> <p>The <i>NHS National Staff Survey</i> results include the percentage of staff saying that they:</p> <ul style="list-style-type: none"> - have received training, learning, or development in infection control (including guidance on hand washing); - always have hand washing materials available. <p>Staff receive training on infection prevention and control at induction, mandatory training/ learning, and bespoke training to all community and ward staff where necessary. Audits are also undertaken by the Trust's Infection Prevention and Control Team, incorporating questions in relation to hand decontamination, on a rolling basis. Every inpatient area and every clinic Trustwide was audited in 2012/13.</p>					
Clinical effectiveness					
i. Implement the Advancing Quality programme for dementia and psychosis	2009/10	'Advancing Quality' measures clinical and patient reported outcomes to determine the level of care that patients have received, benchmarked against a set of agreed 'best practice' criteria	<p>The Trust participated in regional meetings to develop the Advancing Quality programme in mental health and learning disability services</p> <p>–</p> <p>Population data submitted to the Advancing Quality programme, to inform the reporting of benchmarking data across the</p>	<p>Dementia: <i>CWP compliance</i> 88%</p> <p><i>Regional compliance (range)</i> 63% – 98%</p> <p>–</p> <p>Psychosis: <i>CWP compliance</i> 82%</p> <p><i>Regional compliance (range)</i> 73% – 99%</p>	<p>Dementia: <i>CWP compliance</i> 88.7%</p> <p><i>CWP target</i> 88.6%</p> <p>–</p> <p>Psychosis: <i>CWP compliance</i> 89.88%</p> <p><i>CWP target</i> 87.9%</p>

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
			North West region		
			<p>Data source = Clarity Informatics</p> <p>There is up to a six month delay in reporting of compliance data relating to 2012/13. The above figures for 2012/13 reflect CWP's monthly submissions up to and including December 2012, and do not provide regional compliance, as this is unavailable until July 2013.</p> <p>* Full year figure, not available in Quality Account 2011/12.</p>		
ii. Physical health checks for all inpatient service users, including Body Mass Index (BMI)	2008/09	The monitoring of a service user's physical health is a priority to ensure that a service user's physical health needs are being met	<p>82% compliance with full or partial completion of physical health examination, including BMI</p> <p>Performance was measured once during the year as part of the Trust's clinical audit programme for 2010/11. The denominator was 107.</p>	<p>87% compliance with physical health check undertaken within 6 hours of admission</p> <p>–</p> <p>85% compliance with the patient having their BMI calculated on admission</p> <p>Performance was measured throughout the year as part of the Trust's patient safety priority for 2011/12. The denominators were 1017 and 1102 respectively for physical health checks and BMI.</p>	<p>90% compliance with physical health check undertaken within 6 hours of admission</p> <p>–</p> <p>94% compliance with the patient having their BMI calculated on admission</p> <p>Performance was measured once during the year as part of the Trust's patient safety priority for 2012/13. The denominators were 103 and 560 respectively for physical health checks and BMI.</p>
			<p>Data source = local clinical audit data.</p> <p>During 2012/13, physical health in mental health training and workplace support has been provided. A community physical health assessment tool has been introduced on CAREnotes.</p> <p>CWP has also been actively involved in developing and piloting an electronic course on physical health in mental health, along with the other mental health Trusts in the region.</p>		
iii. Develop integrated care	2009/10	Seamlessness between primary	Baseline determined,	Care pathways and	Care pathways and associated

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
pathways		and secondary care promotes a joined up approach, and improves the continuity and quality of care	including scoping existing pathways, determining outcome measures collected as part of them, and producing a framework for their development	associated care bundles developed for: - urinary catheter care - wound care - pressure ulcer care - dementia memory assessment - early intervention in psychosis - structured assessment and treatment in learning disabilities - Obsessive Compulsive Disorder in young people	care bundles developed for: - dementia assessment - chronic obstructive pulmonary disease - diabetes - heart failure
All outcome measures for the care bundles identified as priorities for 2012/13 showed a higher degree of compliance by implementation of the care bundle, see <i>part 2 – clinical effectiveness priority for 2012/13.</i>					
Patient experience					
i. Increase patient experience feedback - <i>the types of feedback measured include concerns/ PALS contacts, comments, complaints, and compliments</i>	2008/09	Understanding the experience of service users, and their carers, is fundamental to being able to provide high quality services and to identify areas for improvement	14% increase compared with 2009/10	19%* increase compared with 2010/11 This does not include patient experience feedback reported by CCWC, as these were not included in previous years' performance. CCWC received 264 patient experience contacts in 2011/12.	5% increase compared with 2011/12 This does not include patient experience feedback reported by CCWC, as these were not included in previous years' performance. CCWC received 350 patient experience contacts in 2012/13 which is a 33% increase on the previous year's

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
					performance
			<p>Data source = the Trust's incident reporting system (Datix).</p> <p>For 2012/13, the changes in patient feedback are: Concerns = 35% increase PALS contacts = 6% decrease Comments/ suggestions = 63% increase Compliments = 11% increase Complaints = 22% decrease</p> <p>The continuing downward trend in complaints, and the increase in compliments received, is in accordance with <i>Department of Health</i> guidance. This trend indicates the effectiveness of the Trust's complaints system, patient experience mechanisms, approach to local resolution of concerns, and appropriate response to comments.</p>		
ii. Improvement of complaints management and investigation processes	2008/09	Complaints handling and investigations should be of a high quality and robust so that any improvements are highlighted and cascaded throughout the Trust in order to continually improve services and share best practice	6 complaint quality assurance reviews – The Trust's complaints policy was reviewed in February 2011 to introduce specific timescales for complaints resolution to improve performance management of complaints responses	6 complaint quality assurance reviews – Compliance with complaints resolution timescales: 98%	2 complaint quality assurance reviews – Compliance with complaints resolution timescales: 96%
			<p>Complaint quality assurance reviews are led by a Non Executive Director, and provide internal assurance of the quality and robustness of complaints management and investigation processes.</p> – Compliance with complaints resolution timescales includes those complaints that were subject to a valid extension to the prescribed timescale.		
iii. Measure patient satisfaction levels	2008/09	Patient satisfaction is an important measure of the quality of the care and treatment delivered by the Trust	National Patient Survey score 72% (average performance compared with all other mental health Trusts)	National Patient Survey score 75% (better than the average performance across all other mental	National Patient Survey score 78% (better than the average performance across all other mental health

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
			Responses = 236 – CWP inpatient survey 73% of service users rated the service they received as 'good' or 'excellent' Responses = 79	health Trusts) Responses = 224 – CWP inpatient survey 80% of service users rated the service they received as 'good' or 'excellent' Responses = 86	Trusts) Responses = 284 – CWP inpatient survey 83% of service users rated the service they received as 'good' or 'excellent' Responses = 110
Data sources = Quality Health Ltd and internal patient survey data respectively The National Patient Survey score for 2010/11 and 2011/12 represents how service users rated the care received from CWP. The National Patient Survey score for 2012/13 represents how service users scored receiving good overall care from NHS mental health services in the last 12 months.					

(*) denotes:
adjustments to 2011/12 data – these numbers represent a snapshot at the time of publication of the report and were subject to change, for example: re-categorisation or inclusion of incidents following receipt of further information since the previous report, delay in receipt of patient experience contacts.

Monitor requires mental health foundation Trusts, for external assurance of their *Quality Accounts*, to ensure a review by independent auditors of two mandated indicators. The independent auditor's report, at *Annex D*, details the findings of the review of the mandated indicators.

Mandated indicators

1) 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital.

All patients discharged to their place of residence, care home, residential accommodation, or to non psychiatric care must be followed up within 7 days of discharge. All avenues need to be exploited to ensure patients are followed up within 7 days of discharge. Where a patient has been discharged to prison, contact should be made via the prison in-reach team. Exemptions:

- Patients who die within 7 days of discharge may be excluded.
- Where legal precedence has forced the removal of the patient from the country.
- Patients transferred to NHS psychiatric inpatient ward.
- CAMHS (children and adolescent mental health services) are not included.

2) Admissions to inpatient services had access to crisis resolution home treatment teams.

In order to prevent hospital admission and give support to informal carers CR (crisis resolution)/ HT (home treatment) are required to gatekeep all admission to psychiatric inpatient wards and facilitate early discharge of service users. An admission has been gatekept by a crisis resolution team if they have assessed the service user before admission and if the crisis resolution team was involved in the decision making-process, which resulted in an admission.

Admissions from out of the trust area where the patient was seen by the local crisis team (out of area) and only admitted to this trust because they had no available beds in the local areas. CR team should

assure themselves that gatekeeping was carried out. This can be recorded as gatekept by CR teams. Exemptions:

- Patients recalled on Community Treatment Order.
- Patients transferred from another NHS hospital for psychiatric treatment.
- Internal transfers of service users between wards in the trust for psychiatry treatment.
- Patients on leave under Section 17 of the Mental Health Act.
- Planned admission for psychiatric care from specialist units such as eating disorder unit are excluded.

In addition, in 2012/13 NHS Foundation Trusts were required to obtain assurance through substantive sample testing over the number of patient safety incidents that occurred within Trust, and the percentage of such incidents that resulted in severe harm or death.

Patient safety incidents reported to the National Reporting and Learning Service (NRLS), where degree of harm is recorded as 'severe harm' or 'death', as a percentage of all patient safety incidents reported. The number of patient safety incidents recorded as causing severe harm/ death as described above. The 'degree of harm' for patient safety incidents is defined as follows:

- 'severe' – the patient has been permanently harmed as a result of the patient safety incident, and
- 'death' – the patient safety incident has resulted in the death of the patient.

In addition, in 2012/13 NHS Foundation Trusts were required to obtain assurance through substantive sample testing over the number of patient safety incidents that occurred within Trust, and the percentage of such incidents that resulted in severe harm or death.

Additional information on improving the quality of CWP's services in 2012/13

Below is a selection of the work over the past year that some of the Trust's services, as detailed in *part 2 – information on the review of services*, have undertaken to improve the quality of the services they provide. The Trust's quarterly *Quality Reports* provide more information about the quality of the services provided by CWP throughout the year.

Improving Patient safety

In July, the Clatterbridge ECT [electro convulsive therapy] clinic, Wirral, was accredited as excellent by the *ECT Accreditation Scheme [ECTAS]* run by the *Royal College of Psychiatrists* 'Centre for Quality Improvement'. *ECTAS* recognises excellence in standards relating to patient safety, dignity and compliance with the law in relation to the process of administration of ECT.



In November, CWP was successful in being assessed by the *NHS Litigation Authority* risk management standards at level 1. One of the aims of the *NHS Litigation Authority* scheme is to promote a proactive approach to improvement in patient safety. Level 1 assesses whether the process for managing risks has been described and documented in the Trust's policies for risk management. The Trust achieved a score of 50/ 50. This score is not regularly achieved by Trusts, and confirms that key Trust policies are of the highest standard to ensure patient safety. During the assessment, the *NHS Litigation Authority* assessor praised the Trust's policies, was very impressed by the standard of the processes described in them, and that they were easy to follow and unambiguous.

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CWP's Rosewood intensive rehabilitation unit at Bowmere Hospital, Chester – which serves adults with severe and enduring mental health issues with complex needs – has successfully achieved the *Accreditation for Inpatient Mental Health Services [AIMS]*. It is a standards based accreditation programme, run by the *Royal College of Psychiatrists*, designed to improve the safety and quality of care in inpatient mental health wards. Accreditation is awarded through a comprehensive process of review which acknowledges high standards of organisation and patient care. It assures staff, service users, carers, commissioners, and regulators, of the quality of services being provided.



In addition, Cherry ward at Bowmere Hospital, Chester, received its *AIMS* re-accreditation in November 2012, and was accredited as excellent.



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CWP has continued with its series of 'patient safety walkrounds' across its inpatient wards. One of the executive team attends the ward to meet with staff and ask a series of open ended questions to promote discussion about patient safety issues. A number of positive themes have been identified, including staff reporting that they feel comfortable reporting incidents as a means of improving patient safety. Actions that have been undertaken in response to discussions with wards includes a review of key patient safety policies to make them clearer and more user friendly.

Improving Clinical effectiveness

CWP has supported *Mid Cheshire Hospitals NHS Foundation Trust* with developing leaflets for patients, in an accessible format, relating to "Going for a blood test" and "Having an ECG". CWP provided support to the learning disability actors featured in the leaflets, and provided expertise around the wording and agreeing what pictures to use.

—
Meadowbank ward, at Springview Hospital, Wirral, has introduced life history books, to help patients recall their memories with their loved ones, carers and staff. *NICE* guidelines for dementia recognise the benefits and clinical effectiveness of reminiscence and opportunities to discuss memories before dementia progresses to a point where they are forgotten. Information and pictures are gathered about the person, in collaboration with family members, and used as a display book to support interaction during visits from the person's loved ones and carers, and to support staff in interacting with patients.



—
The effectiveness of multi-family groups for relatives of carers who have experienced a first episode of psychosis has been identified in randomised controlled trials, which demonstrated that the groups reduce pressure on carers and improve family satisfaction with services. Between 19 April and 17 June, the West Cheshire early intervention in psychosis team implemented an eight week carer's group, covering subjects such as medication, occupational therapy, and psychological interventions. Six members of the team participated in developing the carer's group and in attending the sessions. All of the carers agreed that it had been helpful getting to know other people, and being able to talk to them about common themes.



On 25 April 2012, the older people's memory assessment service, based at Chester, was accredited as excellent by the Royal College of Psychiatrists' Memory Services National Accreditation Programme [MSNAP]. The service is one of only 19 of the 52 services involved in the programme to achieve the 'accredited with excellence' status. MSNAP works with services to assure and improve the quality of memory services for people with memory problems and dementia. It engages staff in a comprehensive process of review, through which good practice and high quality care are recognised, and services are supported to identify and address areas for improvement.

At the annual *College of Mental Health Pharmacy* national conference in September, CWP's clinical pharmacy technician presented a poster in the clinical audit category entitled "benzodiazepine and hypnotic prescribing from admission to discharge in acute adult care". Showcasing pharmacist and pharmacy technicians' contributions to improving the use of medicines in mental health is a key part of the conference. The poster won first prize. The abstract of the work will be published in the *Clinical Pharmacist* journal.



Groups run by the East Cheshire primary care *Improving Access to Psychological Therapies* service, as recommended by *NICE*, have demonstrated improvement in symptoms over the period of the groups, for example improvements in mood, reduced depression/ anxiety, increased self esteem, and better stress management.

Improving Patient experience

A 'big health day' was held in Crewe in June 2012, for people with learning disabilities and their carers. It was a way of finding out how people with learning disabilities view health services and how services can be made better. Many service users who attended previous big health days came to the event, who demonstrated a noticeable improvement in their understanding of their own health and well-being, and taking on board healthy messages. Service users also fed back that health checks by GPs were being undertaken more routinely and more comprehensively.

The resource of a dedicated participation development post within Cheshire CAMHS has been extremely beneficial, not only by increasing the numbers of parents/ carers and young people taking part in participation and involvement opportunities within CAMHS, but also by providing a valuable opportunity for service users to engage with the service and the personal benefit they can receive. 28 registered CAMHS involvement representatives, of which 9 were young people. By November 2012, this had risen to 91 involvement representatives, made up of 33 young people.



HM Courts and Tribunals Service and CWP have jointly produced an easy read photographic leaflet to explain the magistrates' court process to people with learning disabilities. The leaflet was also developed in partnership with Justices of the Peace, *Cheshire Probation Trust*, and *G4S* security services. It has been circulated to learning disability teams nationally and magistrates' court colleagues, so that individuals can go through the leaflet with defendants prior to any first court appearance to help reduce the level of stress. It complements the easy read leaflet already available for CWP service users with learning disabilities: 'Going to the Police Station'. Both publications, along with all other information leaflets developed by CWP, are available on the Trust's website:

www.cwp.nhs.uk/our-publications

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To achieve improvements in practice to self harm services for young people, CWP's clinical nurse specialist for adolescent self harm facilitated a series of eighteen focus groups, with six young people, both inpatients and outpatients, and six service user stories, to capture their views about their treatment and experiences. The themes from these discussions were used to inform developments in practice. This included the introduction of self harm feedback forms, and development of a patient passport to reduce the potential for duplication in the number of assessments during crisis.

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The specialist dementia nursing service on wards, provided by two CWP specialist dementia nurses to medical and surgical wards at the *Countess of Chester Hospital*, has received excellent and positive feedback from ward staff, patient and carers, as well as improving identification of patients with dementia or cognitive impairment, reducing length of stay in hospital, and helping more patients to be discharged back to their own homes, either straight from the *Countess of Chester Hospital* or after a period of rehabilitation or respite. The new service is delivered in line with the national dementia service, and aims to help improve the care and outcomes for patients with dementia.



"...fully satisfied... treated with dignity and respect... very happy with all the support received..."

Patient feedback

Annex A:

Glossary

Advancing Quality

Advancing Quality is a programme introduced by NHS North West in order to drive up quality improvement across the North West region by the collecting and submission of information in relation to the quality of services provide for service users with specific conditions. It allows comparison of participating trusts' performance with their partner trusts to incentivise continuous improvement.

Board

A Board (of Directors) is the executive body responsible for the operational management and conduct of an NHS Foundation Trust. It includes a non executive Chairman, non executive directors, the Chief Executive and other Executive Directors. The Chairman and non executive directors are in the majority on the Board.

CAREnotes

The main clinical electronic care record used within CWP.

Care bundles

A care bundle is a collective set of interventions, performed in a structured way as part of a care pathway, which are effective in improving outcomes for service users.

Care pathways

A pre-determined plan of care for patients with a specific condition.

Care plan

Written agreements setting out how care will be provided within the resources available for people with complex needs.

Care Programme Approach

The process mental health service providers use to co-ordinate care for mental health patients.

Care Quality Commission – CQC

The Care Quality Commission is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

Carer

Person who provides a substantial amount of care on a regular basis, and is not employed to do so by an agency or organisation. Carers are usually friends or relatives looking after someone at home who is elderly, ill or disabled.

Clinical audit

Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Clinical commissioning group – CCG

Clinical Commissioning Groups are groups of GPs that are responsible for designing and commissioning/ buying local health and care services in England.

Clinical governance

The system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.

Commissioners

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical commissioning groups are the key organisations responsible for commissioning healthcare services for their area. They commission services (including acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population's health.

Commissioning Data Set

The basic structure used for the submission of commissioning data to the Secondary Uses Service.

Commissioning for Quality and Innovation – CQUIN

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation payment framework.

Community physical health services

Health services provided in the community, for example health visiting, school nursing, podiatry (footcare), and musculo-skeletal services.

Crisis

A mental health crisis is a sudden and intense period of severe mental distress.

Department of Health

The Department of Health is a department of the UK Government but with responsibility for Government policy for England alone on health, social care and the NHS.

Dual diagnosis

The term dual diagnosis is used to describe the co-morbid condition of a person considered to be suffering from a mental illness and a substance misuse problem. Dual diagnosis is also used to describe someone who has been diagnosed with more than one mental health problem.

Foundation Trust

A type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS Foundation Trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS Foundation Trusts have members drawn from patients, the public and staff, and are governed by a Board of Governors comprising people elected from and by the membership base.

Health Act

An Act of Parliament is a law, enforced in all areas of the UK where it is applicable. The Health Act 2009 received Royal Assent on 12 November 2009.

Healthcare

Healthcare includes all forms of care provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery.

Healthcare Quality Improvement Partnership

The Healthcare Quality Improvement Partnership was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. It is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

Hospital Episode Statistics

Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.

Improving Access to Psychological Therapies – IAPT

Improving Access to Psychological Therapies is an NHS programme offering interventions approved by NICE for treating people with depression and anxiety disorders.

Information Governance Toolkit

The Information Governance Toolkit is a performance tool produced by the Department of Health. It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements.

Intranet

An internal network, that works like the internet or world wide web, that can only be accessed by the employees of an organisation.

Healthwatch

A local Healthwatch will be an independent organisation, able to employ its own staff and involve volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public.

Mental Health Act 1983

The Mental Health Act 1983 is a law that allows the compulsory detention of people in hospital for assessment and/ or treatment for mental disorder. People who are detained under the Mental Health Act must show signs of mental disorder and need assessment and/ or treatment because they are a risk to themselves or a risk to others. People who are detained have rights to appeal against their detention.

Mental health and learning disability trusts

Mental health and learning disability trusts provide health and social care services for people with mental health problems and a range of healthcare and social support services for people who have learning disabilities and other long-term complex care needs.

Mental Health Minimum Data Set – MHMDS

The Mental Health Minimum Data Set is a database maintained by providers of mental healthcare containing a wide range of information on patients, details of the care they are receiving or have received and some of the outcomes of care.

Monitor

The independent regulator responsible for authorising, monitoring and regulating NHS Foundation trusts.

National audit of psychological therapies for anxiety and depression

Run by the Royal College of Psychiatrists, its aim is to promote access, appropriateness, acceptability and positive outcomes of treatment for those suffering from depression and anxiety.

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

A research project funded mainly by the National Patient Safety Agency that aims to improve mental health services and to help reduce the risk of similar incidents happening again in the future.

National Institute for Health and Clinical Excellence – NICE

The National Institute for Health and Clinical Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NHS Commissioning Board Special Health Authority

Responsible for promoting patient safety wherever the NHS provides care.

NHS Constitution

The principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

National Patient Survey

The National Patient Survey programme, co-ordinated by the Care Quality Commission, gathers feedback from patients on different aspects of their experience of recently received care, across a variety of services/ settings.

National prescribing observatory for mental health

Run by the Health Foundation, Royal College of Psychiatrists, its aim is to help specialist mental health services improve prescribing practice through quality improvement programmes including clinical audits.

NHS Litigation Authority – NHSLA

The NHSLA handles negligence claims and works to improve risk management practices in the NHS.

National Staff Survey

An annual national survey of NHS staff in England, co-ordinated by the Care Quality Commission. Its purpose is to collect staff satisfaction and staff views about their experiences of working in the NHS.

Parkinson's audit

Run by Parkinson's UK, its aim is to evaluate the effectiveness of Parkinson's services and pinpoint areas for improvement.

Patient Reported Outcome Measures – PROMs

Patient Reported Outcome Measures are measures of a patient's health status or health-related quality of life. They are typically short, self-completed questionnaires, which measure the patients' health status or health related quality of life at a single point in time.

Patient Advice and Liaison Services – PALS

Patient Advice and Liaison Services are services that provide information, advice and support to help patients, families and their carers.

Payment by Results

A national initiative introduced by the Department of Health requiring all CCGs to pay providers of NHS healthcare for treatment at prices (tariffs) which are consistent across the country.

Providers

Providers are the organisations that provide NHS services, for example NHS Trusts and their private or voluntary sector equivalents.

Public health

Public health is concerned with improving the health of the population rather than treating the diseases of individual patients.

Quality and Risk Profile – QRP

A Quality and Risk Profile is a tool for providers of NHS care, commissioners and CQC staff in monitoring compliance with the CQC's sixteen essential standards of quality and safety. It draws in data from a number of sources which the CQC analyses to identify areas of potential non-compliance within a provider by producing a set of 'risk estimates' of non-compliance, one for each of the essential standards.

Quarter

One of four three month intervals, that together comprise the financial year. The first quarter, or quarter one, means April, May and June.

Registration

From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission.

Regulations

Regulations are a type of secondary legislation made by an executive authority under powers given to them by primary legislation in order to implement and administer the requirements of that primary legislation.

Research

Clinical research and clinical trials are an every day part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

Secondary care

Secondary care is specialist care, usually provided in hospital, after a referral from a GP or health professional. Mental health services are included in secondary care.

Secondary Uses Service – SUS

The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

Serious untoward incident

A serious untoward incident (SUI) includes unexpected or avoidable death or very serious or permanent harm to one or more patients, staff, visitors or members of the public.

Service users

Anyone who uses, requests, applies for or benefits from health or local authority services.

Special review

A special review is a review carried out by the Care Quality Commission. Special reviews and studies are projects that look at themes in health and social care. They focus on services, pathways of care or groups of people. A review will usually result in assessments by the CQC of local health and social care organisations. A study will usually result in national level findings based on the CQC's research.

Stakeholders

In relation to CWP, all people who have an interest in the services provided by CWP.

Strategy

A plan explaining what an organisation will do and how it will do it.

Tier 4 CAMHS

Specialist assessment and treatment services for young people with complex mental health needs, which includes psychiatric inpatient provision and intensive community focussed services.

The Health and Social Care Information Centre

The Health and Social Care Information Centre is a data, information and technology resource for the health and care system.

Annex B:

Comments on CWP Quality Account 2012/13

CWP has included contributions internally from its staff, senior clinicians and managers, involvement representatives, and the Council of Governors, in developing this *Quality Account*. Externally, CWP offered all of its local scrutineers the opportunity to comment – commissioners; local *Healthwatch* organisations; and the local health and well-being scrutiny committees. The contribution of local scrutineers is key to the *Quality Account* assurance process. Their contribution assures the public that the information presented in the *Quality Account* is accurate and fairly interpreted, and that the range of services described and priorities for improvement are representative. Through the Trust's quarterly *Quality Report*, CWP has engaged with its local scrutineers throughout the year, to assist them in developing a better informed comment, and to regularly discuss healthcare matters with CWP and their stakeholders, including service users.

The following comments were returned from its local scrutineers. Following the return of these comments, no amendments were required to be made to CWP's *Quality Account* 2012/13.

Comments by CWP's commissioners

Statement from West Cheshire Clinical Commissioning Group

As a new commissioning organisation we have continued on the path of our predecessor organisation, Western Cheshire Primary Care Trust, in our commitment to commission high quality services for our local population. Our contract with this Trust for 2012/13 detailed the level and standard of care expected, along with the assurances required in year to monitor and manage their performance. Bi-monthly Quality & Performance meetings are held with the Trust and it is through this arrangement that the accuracy and validity of this Quality Account has been checked.

We have received assurances and monitored the progress in the delivery of the Trust's 3 Quality Improvement Priorities for 2012/13, and congratulate the Trust on their successful achievement of these. We welcome the improvements that have been seen in patient safety across mental health and physical health care service provision, both within in-patient and community settings. Of particular note is the steady increase, in year, of levels of harm free care, demonstrated through reporting against the NHS Safety Thermometer.

A number of serious incidents relating to pressure ulcers were reported in 2012/13; it is vital that the learning from the investigations is embedded into practice. We expect that any future investigations into pressure ulcers take account of previous learning and identify any failure in applying previous lessons learnt.

The Trust has had challenges in achieving the required timescales for always providing investigation reports into serious incidents. We commend the Trust for investing additional resources to manage this problem.

We understand the challenges the Trust has faced this year in attaining target levels of compliance with the children's safeguarding training programme. We acknowledge the effort made to achieve training targets by the end of March in this critical area, which supports the quality of care provided to some of our most vulnerable patients. We know that training databases and processes have been reviewed to better manage this training programme in future.

The Trust has performed well against the majority of goals set in the Commissioning for Quality and Innovation Schemes. However, the Trust did not achieve the expected level of performance against one element of the Challenging Behaviour Pathway goal in the Learning Disability Assessment and

Treatment unit. The end of year milestone for this goal was reviewed to reflect learning outcomes following the Care Quality Commission inspection.

The account shows a significant reduction from previous years in the number of complaints that have been through a quality assurance process by a non-executive director, we expect to see this number increased from 2 in 2013/14.

We welcome plans for service improvements identified through an audit of Unexpected Deaths. We see from the Quality Account that learning from this audit is reflected in a number of initiatives: Trust's quality priorities for 2013/14; clinical audit programme; and Trust's Suicide Prevention Strategy.

We support the focus on tackling health inequalities within the Trust's quality improvement priorities identified for the forthcoming year, and look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2013/14.

Statement from Wirral Clinical Commissioning Group

As a commissioner, Wirral Clinical Commissioning Group is committed to commissioning high quality services from Cheshire Wirral Partnership Trust and we take seriously our responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon. The quality account in our opinion reflects quality performance in 2012/13 and highlights priorities for 2013/14.

We are reassured by the Trust board continuing to regularly review service risks against the recommendations in the Francis report into Mid Staffordshire Trust and Winterbourne view and that it is taking remedial action where necessary.

We congratulate the Trust in achieving all the quality improvement priorities that were set out in last year's quality account. These included:

Patient safety – this was achieved by undertaking an on-going check of key standards relating to patient safety.

Clinical effectiveness – by appointing nearly 40 NICE champions with the responsibility for education, development pathways and identifying audits of practice.

Patient experience – focus was placed upon medication, dignity and the implementation of quality standards on patient experience as developed by NICE.

We acknowledge that this has been a challenging year for the Trust and there are a number of concerns that have been highlighted. The CQC review of compliance at Eastway is disappointing. We will expect to see the recommendations outlined in the action plan to be fully implemented this year.

The non-achievement of the Information Governance toolkit at level 2. This provides an overall measure of the quality of the data systems, standards and processes in place within an organisation. With the implementation of policies and the mandatory data collection being undertaken. We are confident that this will be at a satisfactory rating in July 2013.

Completion of root cause analyses following a serious incident within the 45 day timeframe remains a challenge to the Trust. With a focus on the achievement of this standard, we look forward to seeing evidence of significant improvement in 2013/14.

We are pleased to see from this quality account the high profile given to continuous quality improvement in Cheshire Wirral Partnership Trust. Wirral CCG looks forward to continuing to work with the Trust to assure the quality of services commissioned in 2013/14.



**Phil Jennings-Chair
Wirral Clinical Commissioning Group**

Statement from Eastern Cheshire, South Cheshire, and Vale Royal Clinical Commissioning Groups

NHS South Cheshire Clinical Commissioning Group (NHS SC CCG), NHS Vale Royal Clinical Commissioning Group (NHS VR CCG) and NHS Eastern Cheshire Clinical Commissioning Group (NHS EC CCG) welcome the opportunity to provide commentary on Cheshire and Wirral Partnership NHS Foundation Trust (CWPFT) performance through the organisation's Quality Accounts for 2012/13.

We acknowledge the hard work and commitment of CWPFT staff to ensure patients remain at the centre of care. As healthcare commissioners, we are dedicated to commissioning high quality services from our providers and are encouraged that CWPFT are focused on patient safety, experience and the reduction of health inequalities. We also look forward to the implementation of a quality and safety dashboard. In addition, compliance with safety standards shows a positive upward trend in 2012-13, which is essential in ensuring the best possible outcomes for patients.

As outlined in their 2012/13 Quality Account CWPFT has continued to demonstrate improvement across the quality domains over the past year. The Trust continues to benchmark favourably with other Mental Health Trusts in terms of patient satisfaction from those who have accessed services and progress has been made against key areas of the National Patient Survey.

We are pleased to see the positive performance against CQUIN goals for 2012/13 and we hope that our collaborative approach to developing the 2013/14 schemes will promote continued improvement in the areas invested in during 2013/14.

We would like to highlight that CWPFT have positively engaged in the CCG Caring Together Programme/Integrated Neighbourhood/Extended Practice teams and the redesign of services to integrate and ensure care is focused around patient need, which is vital going forward in the new health landscape. We were pleased to note that CWPFT held a 'big health day' in Crewe, for people with learning disabilities and their carers. Assuring the CCGs that client's views and comments within our locality have been taken into account to improve services and their commitment to capturing real time patient feedback.

The Trust commitment to improve its NICE compliance rate is clear in the Quality Account, and we look forward to working with the Trust during the next year to overcome the obstacles preventing full adherence of the guidelines. Praise is given particularly in regard to NICE champions who seem to have had a positive impact on outcomes. This has been through education and involvement in audit to ensure improved compliance with NICE guidance since 2010/11.

We are pleased to note that national and local audits have been applied and action plans implemented to address issues to improve patient care. An example to highlight is the audit of unexpected deaths of patients where outcomes include: identifying a programme of care pathway audits and incorporating the themes from the audit within the Trusts quality priorities for 2013/14

We acknowledge the work that CWPFT have undertaken in regards to compliance to policy. However, we would like to see an increased focus on outcome measures such prevention of falls, improvement in the physical health of patients, evidence of fewer medication errors rather than just evidence of compliance with the policies. In regards to the staff survey, reference has been made within the Quality Account; however we would have liked to have seen more evidence around outcomes.

As a specialist mental health and learning disability Trust we would have also have expected some narrative around transforming care following the Winterbourne View Inquiry.

The CCGs have close working relationships with CWPFT and meet regularly to receive reports about the quality and performance of services and look forward to future joint collaborative working.



Simon Whitehouse, Chief Officer
NHS South Cheshire CCG and NHS Vale Royal CCG

Comment by Healthwatch Wirral

Healthwatch Wirral cannot submit a commentary for CWP Quality Account as Healthwatch Wirral CIC has only been in existence since 1 April 2013.

A LINK response was requested but unfortunately no response was received.

Karen Prior
Healthwatch Wirral Manager

No further comments received from local scrutineers.

Annex C:

Statement of directors responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

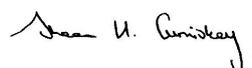
- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2012 to June 2013
 - Papers relating to Quality reported to the Board over the period April 2012 to June 2013
 - Feedback from the commissioners dated 03/05/2013, 17/05/2013 and 23/05/2013
 - Feedback from governors dated 17/04/2013
 - Feedback from Local Healthwatch organisations dated 09/05/2012
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 15/05/2013
 - The 2012 national patient survey
 - The 2012 national staff survey
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 2012/13
 - CQC quality and risk profiles dated 02/04/2012, 31/05/2012, 30/06/2012, 31/07/2012, 30/09/2012, 30/11/2012, 31/01/2013, 28/02/2013 and 31/03/2013.
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate, noting the modified limited assurance opinion on 100% enhanced Care Programme Approach patients;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report. We will continue to strive to improve the quality of data the Trust collects.

By order of the Board at the meeting held on 29th May 2013.



Date: 29th May 2013, Chair of the meeting



Date: 29th May 2013, Chief Executive

Annex D:

Independent Auditor's Limited Assurance Report to the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Cheshire and Wirral Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 in the Quality Report that have been subject to limited assurance consist of the following national priority indicators as mandated by Monitor:

1. 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital; and
2. Admissions to inpatient services had access to crisis resolution home treatment teams.

We refer to these national priority indicators collectively as the "specified indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the assessment criteria referred to in Annex C of the Quality Report (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM;
- the Quality Report is not consistent in all material respects with the sources specified below; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria.
- We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.
- We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:
 - Board minutes for the period April 2012 and up to the date of signing this limited assurance report (the period).
 - Papers relating to Quality reported to the Board over the period.
 - Feedback from the Commissioners:
 - West Cheshire Clinical Commissioning Group dated 17/05/13;
 - NHS South Cheshire Clinical Commissioning Group, NHS Vale Royal Clinical Commissioning Group and NHS Eastern Cheshire Clinical Commissioning Group joint feedback dated 23/05/13; and
 - Wirral Clinical Commissioning Group dated 03/05/13.
 - Feedback from Governors in the form of meeting minutes from the Council of Governors meeting on 17/04/13.

- Feedback from local Healthwatch organisations (No feedback was received from Cheshire East Healthwatch, Cheshire West & Chester Healthwatch or Wirral Healthwatch).
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 15/05/2013.
- The 2012 CQC national patient survey dated February 2013.
- The 2012 national NHS staff survey.
- Care Quality Commission quality and risk profiles dated 02/04/12; 31/05/12; 30/06/12; 31/07/12; 30/09/12; 30/11/12; 31/01/13; 28/02/13; 31/03/13.
- The Director of Internal Audit's Annual Opinion and Annual Report 2012/13.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust as a body, to assist the Council of Governors in reporting Cheshire and Wirral Partnership NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Cheshire and Wirral Partnership NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Limited testing, on a selective basis, of the data used to calculate the specified indicators back to supporting documentation.
- Comparing the content requirements of the FT ARM to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Directors' interpretation of the Criteria in Annex c of the Quality Report.

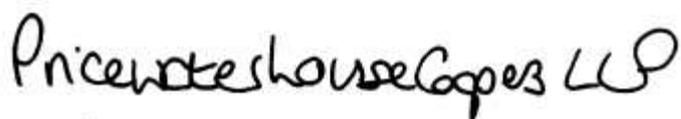
The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts/organisations/entities.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Cheshire and Wirral Partnership NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2013,

- The Quality Report does not incorporate the matters required to be reported on as specified in annex 2 to Chapter 7 of the FT ARM.
- The Quality Report is not consistent in all material respects with the documents specified above.
- The specified indicators have not been prepared in all material respects in accordance with the Criteria.

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, slightly slanted style.

PricewaterhouseCoopers LLP

Chartered Accountants
101 Barbirolli Square
Lower Mosley Street
Manchester
M2 3PW

29 May 2013

The maintenance and integrity of the Cheshire and Wirral Partnership NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.