



Quality Account

2014/15



Quality at CWP –
2014/15 in pictures

Vision:

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

Contents

Introduction	3
Part 1. Statement on quality from the Chief Executive of the NHS Foundation Trust	4
Statement from the Medical Director – executive lead for quality	6
Part 2. Priorities for improvement and statements of assurance	8
from the board	8
Priorities for improvement.....	8
Quality improvement priorities for 2014/15	8
Quality improvement priorities for 2015/16	10
Statements of assurance from the board	13
Information on the review of services.....	13
Information on participation in clinical audits and national confidential enquiries.....	16
Information on participation in clinical research	18
Information on the use of the CQUIN framework	19
Information relating to registration with the Care Quality Commission and periodic/ special reviews	20
Information on the quality of data	21
Performance against key national priorities and quality indicators	22
Part 3. Other information	28
An overview of the quality of care offered by CWP – performance in 2014/15	28
Additional information on improving the quality of CWP’s services in 2014/15	33
Annex A: Glossary	36
Annex B: Comments on CWP Quality Account 2014/15.....	41
Annex C: Statement of Directors responsibilities in respect of the quality report	48
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.....	50
Annex E: Definitions of the performance measure indicators	50

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 people who access services from harm and injury, and providing treatment in a safe environment.

Clinical effectiveness

This means providing care and treatment to people who access services that improves their quality of life.

Patient experience

This means ensuring that people who access services 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 people who deliver services for the Trust, people who access the Trust's services, carers, the public, commissioners of NHS services, and local scrutineers, of quality initiatives and to 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 'easier read' accessible versions of the *Quality Account* and the Trust's *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 present CWP's Quality Account 2014/15. Our Board has always been committed to making quality the focus of everything that we do and this year has been no different. Through our 'Zero Harm' approach to quality, which you can read more about later in this report; we are striving to find ways of continuously improving quality. This report is very important to CWP, as it allows us to account for the quality of our services to all of our stakeholders. We welcome this opportunity to take an honest look at how well we have performed during the year and to outline future improvements we aim to make in order to contribute to the national pledge of the NHS offering the highest quality, most person centred care anywhere in the world.

Only by offering the most person centred care will we truly understand and meet each person's whole needs. This is something I feel very strongly about, so it was a great pleasure to be able to present to delegates at the 'Mental Health: Better, Faster and Earlier Help' conference held in Manchester during March 2015. I spoke to delegates about how, in the face of a growing strain on the NHS as a whole, we can preserve quality services. At CWP, we are aspiring to achieve this through our aforementioned Zero Harm quality plans, which will be our focus for a number of years. We have described our approach to quality in our strategic plan 2014 – 2019. Our aim is to ensure continuous improvement across the nationally recognised areas of quality by committing to achieving:

- Continuous reductions in avoidable harm and making measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents.
- Continuous improvements in health outcomes for people accessing the Trust's services by engaging staff to improve and innovate.
- Continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values.

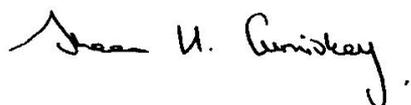
This report shares with you how we have fulfilled this commitment to continuously improving the quality of care to everyone who accesses our services during 2014/15. It also shares how our long term strategic approach to quality will support more innovative, collaborate and creative ways of working, in line with the NHS England's 'Five Year Forward View'.

Looking forward to next year, CWP has been invited by a number of national bodies to share our Zero Harm approach to quality to help others learn from our experiences. This includes Health Education England, NHS Providers, NHS Improving Quality, NHS England and the Academic Health Science Networks. Also looking forward, in June 2015 the Care Quality Commission will be undertaking an announced inspection of CWP, as part of its schedule to inspect all Trusts. The inspection team will be visiting all inpatient wards and a large number of the Trust's community mental and physical health services. It is a real opportunity for CWP to show how well we deliver high quality, integrated and innovative services that improve outcomes for the people who access our services. It will also be an opportunity for us to learn more about how we can make our services even better.

The delivery of safe, quality care is supported by ensuring that there are the right numbers of staff with the right skills. Our Board of Directors recognises the importance of this in achieving high quality care and as such has delivered on the national commitment to monitor ward staffing during the course of 2014/15. We will continue to publish staffing levels and will put improvement plans in place where any shortfalls are identified.

As ever, none of the improvements in the work that we do, as described in this report, could have been delivered without the commitment of all the people who deliver services for CWP, the involvement of people who access our services and carers, and other partners who work with us. I would like to thank them all for their continued dedication and professionalism in working together to ensure that the Trust continues to improve the quality of the services we provide. Through collaboration, learning and sharing knowledge and experience, we have achieved real improvements in the way we deliver care. A number of these improvements are demonstrated in the results from the annual national patient and staff surveys, which are described in this report. In particular, everyone in CWP was absolutely delighted with our outstanding national patient survey results this year. People who access our services rated us among the top performing NHS Trusts in the country when it comes to their views about the quality of care they had received. This year's surveys are a chance to show that we took all feedback on board and have strived to provide an even better quality of service since.

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 small flourish at the end.

Sheena Cumiskey
Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust

Statement from the Medical Director – executive lead for quality



CWP believes that quality is everybody's business – that is why our Quality Account describes the work we are doing not just within the Trust with the commitment of our staff and the involvement of people who access our services, but also with partner organisations in our local services. The Trust's Zero Harm ambitions, which are being delivered under the campaign title of 'Stop, Think, Listen' (which you can read more about later in this report), form the bedrock of how we aspire to continuously improve quality. The campaign aims to support staff in delivering the best care possible, as safely as possible and in doing so reducing unwarranted avoidable harm. This includes supporting staff to promote best practice and celebrate success in delivering good outcomes. In September 2014, our 'Best Practice Showcase' event returned for another year, where truly excellent examples of improving the care we deliver were shared – just some of these are described later in this

report. Now we have laid the foundations, in 2015/16 we have even more ambitions for quality as we start to implement many more of our Zero Harm plans. We will ensure that we maintain our focus across all of our services on patient safety, improved clinical effectiveness and outcomes and positive experience of our care.

Through our quality plans, we aim to develop our organisational culture around measurement of outcomes and experiences that matter to people who access our services, and ensuring that we continuously learn and improve. I had the pleasure of speaking at the national 'Quality Conference' in March 2015, where I presented CWP's work in relation to 'Building Human Factors into Organisational Learning and Quality Improvement'. Human Factors is about providing safer care through continuous improvement, a positive patient safety culture, and understanding risk taking behaviours. We have so far trained more than 150 staff in Human Factors, and more importantly our staff, through making pledges, have implemented their learning within the teams in which they work to promote safe and effective day-to-day service delivery. Our approach to Human Factors in 2015/16 will be to develop team based working, as we recognise that this is the foundation for excellent care. It will have clinical leadership and decision-making at its heart to ensure we sustain safe and effective care.

Despite the extremely challenging national and local financial position, CWP is focused on maintaining and enhancing existing levels and quality of services. One of my roles is to ensure that service quality and patient safety are not impacted upon by cost improvement and efficiency plans. CWP believes that cost effectiveness should result from high quality services, which have a focus on delivering good outcomes and which add value to people accessing our services.

The Trust has embraced benchmarking this year to a greater extent than it has before, the benefits being that we can compare our performance with others to help us to deliver best practice in relation to quality. In particular, we participated in NHS Benchmarking Network's 'Mental Health Benchmarking 2014'. This demonstrated that CWP was in the lowest 25% of participating mental health trusts for its prevalence of serious incidents, which is an encouraging indication that staff are routinely noticing and reporting comparatively more lower harm (including no harm) patient safety incidents. This approach provides staff with opportunities to learn from error provoking situations to reduce the likelihood of more serious incidents of harm. During 2014/15, we have focused on reducing the number of specific types of harm related incidents, including harm from falls and avoidable pressure ulcers. For each of these, we have used a range of improvement approaches which have allowed us to establish a baseline from which to measure improvement and to identify actions to make a difference. We have made a lot of progress in each of these areas. We have seen an increase in the total number of reports of these incidents, but with a reduction in the number of serious incidents which again is an encouraging indication that staff are learning from the reporting of these types of incidents. However, in keeping with our long term 'continuous improvement' focus, we accept that we can do even better and will continue to prioritise these areas throughout 2015/16.

We have developed an internal research strategy during the year, identifying structures to support external working partnerships (for example with the Academic Health Science Networks) that will focus on areas of real need including care of the frail elderly, those with chronic conditions and dementia. This will help us to implement research in practice and to rapidly adopt innovative treatments. One example of innovation in CWP is our unique CAMHS website Mymind.org which was highly commended in the 'Innovation in CAMHS' category at the 'Positive Practice in Mental Health Awards' in Sheffield in October 2015. The website – which impressed the judges with the interactive and modern resources it provides to young people who access our services, carers and professionals – is a fantastic example of what thinking outside the box can achieve. Throughout 2015/16 we will continue to maximise opportunities to translate research, training and clinical expertise to meet the healthcare challenges of the future.

You can read more about the measures we are taking to improve the quality of patient care and the services we provide in the remainder of this *Quality Account*. I hope you enjoy the report and that it shows how important quality improvement and patient safety are to CWP.

A handwritten signature in black ink, appearing to read 'A Sivananthan', with a period at the end.

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 2014/15

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 2014/15

CWP said it would:

Achieve a continuous reduction in unnecessary avoidable harm and make measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents.

CWP achieved this priority by:

- Providing 'Human Factors' training to over 150 CWP staff. The training improves staff understanding of error provoking situations, how Human Factors relates to their role and spreads the **implementation of safer practices** across the Trust. In raising this awareness, it will help to reduce unnecessary avoidable harm and embed a **culture of patient safety** in CWP.
- Education CWP trainers attending the Human Factors training to ensure that its principles are embedded into essential learning programmes.
- Investing in 'Quality Surveillance Support Managers' to provide staff with support for monitoring the **quality and safety of care**. They do this by evaluating themes across quality and performance information, including recommendations following a review of incidents. This will help to improve learning from current and previous experience of health care delivery to further improve **patient safety**.
- Evaluating its suicide prevention strategy to strengthen measures in place that aim to **reduce the number of serious incidents** of self harm or harm to others by reviewing the existing staff training programme. CWP has also redesigned its own suicide prevention assurance framework to align with the regional strategic 'zero suicide' strategy.
- Recruiting to the role of 'Effective Care Planning Lead'. The role leads in the delivery of a Trustwide care planning and risk management programme, which includes staff education and strategic document development. A Trustwide review of existing care planning practices is in place to promote safe and effective day to day services which are **person centred**, focus on **recovery** and include co-produced, holistic assessments. This will help the Trust to become **outcome orientated**, providing increased local assurances, **dynamic risk assessments** and care plans that are developed with people who access the Trust's services that acknowledge their needs, strengths and aspirations.
- Attending a five day 'Advanced Team Training Programme for Safety' to support the delivery of the Trust's **Zero Harm** strategy.

Clinical effectiveness priorities for 2014/15

CWP said it would:

Achieve a continuous improvement in health outcomes for people using the Trust's services by engaging staff to improve and innovate.

CWP achieved this priority by:

- Developing **clinical networks** to drive forward **outcome measurement** linked to **care pathways**.
- The implementation of a '**Healthcare Quality Improvement Team**' to support staff with **continuous improvement** from the outputs of clinical audits and specifically focusing on the embedding of **team/ward learning** and the **spread of excellence**.
- Distributing *British Medical Journal* **quality improvement licences** to 100 staff to provide staff with recognised **improvement methodology** tools. This will enable **learning opportunities** from the results of quality improvement work that they have undertaken to increase the ability to share **best practice** and to **learn** when things do not deliver hoped for improvements.
- Adding a "Your good ideas" link on the Trust's Intranet page for staff. This populates an **innovation register** and Ideas are considered by a panel to make a decision on whether they will be developed further and receive any development funding. This will help to **spread innovative practices that improve outcomes** for people accessing the Trust's services.
- Sharing **85 good practice stories** with others through the Trust's best practice site. The best practice stories were featured in the Trust's second **Big Book of Best Practice** and was showcased at the annual Best Practice showcase event on 30 September 2014 which was opened by Fiona Bruce MP. A special edition of the Quality Report was also created to focus on a number of best practice stories and to share some of the **outcomes** achieved.
- Effective Service Managers working with locality Service Directors to refresh and build a **continuous improvement framework** into the locality clinical strategies.
- Launching an **innovation competition**. Accepted ideas were added to the innovation register and development funding awarded to those ideas with the greatest potential to **improve quality**, make processes and provision more **effective** or **improve patient experience**.
- Working with the *Royal College of Nursing* in developing a publication in relation to the Zero Harm funded *Complex Recovery Assessment and Consultation (CRAC)* team which is due to be published in May 2015.

Patient experience priority for 2014/15

CWP said it would:

Achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values.

CWP achieved this priority by:

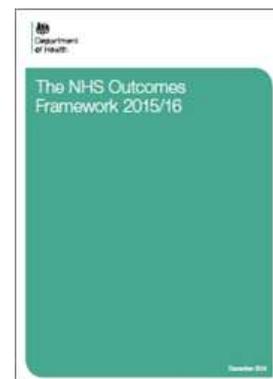
- Being placed top in the country in the *Care Quality Commission National Patient Survey* (for community mental health services). The Trust was 'better than expected' on more than 10 questions which were spread across various aspects of care covered within the survey.
- Incorporating the **6Cs values** of Care, Competence, Compassion, Commitment, Communication and Courage into staff appraisal documentation to help staff to deliver **compassion in practice**.
- Incorporating the Trust's values (6Cs) into each of its job adverts to help with **values based recruitment** centred on care and compassion.
- Appointing an Organisational Development practitioner to ensure that values are central to the delivery of a new People and Organisational Development strategy.
- Receiving positive feedback from people accessing the Trust's services, and others, via the 'Friends and family' test about CWP services. **93% of people said they were 'extremely likely' or 'likely' to recommend CWP services**. Further work is being undertaken to ensure that the Friends and Family test is embedded into routine practice to improve response rates.

Quality improvement priorities for 2015/16

As a three year continuous quality improvement programme, CWP is continuing to implement the current quality improvement priorities that it selected in 2014/15 for 2015/16 also and until at least 2016/17.

These priorities have been developed and chosen based on:

- Identified risks to quality in-year, this includes from feedback such as complaints and outputs from investigations into serious incidents.
- What is relevant, based on general feedback received throughout the year, to people who access the Trust's services, people who deliver the Trust's services and stakeholders such as commissioners and other scrutineers.
- National priorities:
 - Protecting people who use NHS services from **avoidable harm**, achieving **better health outcomes** for patients and ensuring that people have a **positive experience** of care are detailed in *The NHS Outcomes Framework 2015/16*.
 - The Trust's continuing response to the independent report *Berwick review into patient safety: Recommendations to improve patient safety in the NHS in England* (August, 2013) which calls for the NHS to continually reduce patient harm through reflection and learning. This review focuses on preventing avoidable unnecessary harms and unwarranted variations in the quality of healthcare. National evidence suggests, and one of the principles of the *Berwick review* recommendations is, a focus on **better care** rather than quantitative targets. As such, the three quality priorities **do not set targets** – instead they **aspire to deliver continuous improvement year-on-year**.
- Specific feedback received in-year from the outputs of the assessment and monitoring of quality provision across all localities, and the work of the *Quality Committee* and the *Patient Safety & Effectiveness Sub Committee*.



The quality priorities identified for achievement in 2015/16 have been set out in the Trust's strategic and operational plans, including how they link to the Trust's corporate and locality strategic objectives. This process of integrating the Trust's quality priorities with forward planning processes allows the Trust's quality priorities to be consistently consulted on and effectively communicated across the Trust and wider stakeholder groups.

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

Progress against a plan for the delivery of the quality improvement priorities will be reported to the *Quality Committee* every two months 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:

- People who access the Trust's services and carers, for example through receipt of feedback through activities such as patient and carer surveys.
- Staff and senior clinicians, for example through discussion at the Trust's corporate governance meetings and clinical engagement and leadership forums.
- 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 priority for 2015/16

Priority for quality improvement:

Achieve a continuous reduction in avoidable harm and make measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents.

Rationale for selection of this priority:

This quality priority reflects the Trust's strategic goal of having an aspiration of 'zero harm' that drives the Trust's culture. It also reflects the *NHS Constitution*, the *NHS Outcomes Framework* and one of *NHS England's* objectives for 2015/16 to protect people who use NHS services from avoidable harm. This includes taking action to identify those groups known to be at higher risk of suicide than the general population, such as people in the care of mental health services and criminal justice services. The Berwick review on patient safety, '*A promise to learn – a commitment to act*', recommends a continual reduction in patient harm through reflection and learning. All health care professionals have a responsibility to report incidents of actual or potential harm. Improved reporting of incidents helps to better identify risks and provides better opportunities to improve patient safety. In addition, raising awareness of conditions which support error and unsafe situations, through the promotion of the understanding of 'human factors' will help to reduce avoidable harm.

How progress to achieve the priority will be measured:

- Evaluation of staff receiving training and development in safe, organisational human factors practices and the spread of the implementation of these practices.
- Evaluation of incident reporting by staff in relation to the reported number of actual or potential harm events, and improvement actions identified to continuously increase all incident reporting – in particular the number/ proportion of 'no harm' incidents.
- Evaluation of the themes identified as recommendations following the review of serious incidents, and improvement actions identified to continuously decrease recurrent themes/ increase in new learning themes, to further improve systems and processes.
- Evaluation of the unnecessary avoidable harm identified following the review of serious incidents, and improvement actions identified to embed and sustain learning from these events.
- Evaluation of the Trust's suicide prevention strategy, to strengthen measures in place that aim to reduce the number of suicides and incidents of serious self harm or harm to others, including effective crisis response.

Clinical effectiveness priority for 2015/16

Priority for quality improvement:

Achieve a continuous improvement in health outcomes for people accessing the Trust's services by engaging staff to improve and innovate.

Rationale for selection of this priority:



This quality priority reflects one of the Trust's strategic goals of delivering high quality, integrated and innovative services that improve outcomes. Freeing the NHS to innovate in order to get the best health outcomes for patients is also one of the Government's ambitions for the health service for 2015/16. One of the indicators of the Trust's strategic goal of having an aspiration of 'zero harm' that drives the Trust's culture is that interventions should lead to the maximum number of people achieving good outcomes and positive recovery and the smallest number of people experiencing adverse outcomes. This quality priority aims to ensure that systems within the Trust promote, support and facilitate delivery of best practice day to day and learn from outcomes, whether positive or adverse, to ensure that service delivery consistently delivers best practice.

How progress to achieve the priority will be measured:

- Continuous improvement in the collection and reporting of outcomes from the measurement of care pathways.

- Evaluation of staff receiving training and development in techniques and approaches in relation to continuous improvement.
- Continuous increase in the number of good practice stories published internally through the Trust's dedicated intranet site that celebrates and promotes good practice.
- Continuous improvement in the number of positive media stories published externally about the Trust.
- 'Innovation register' demonstrates continuous improvement in the number of innovative practices that are registered and also evidence of spread.
- Evaluation of the outputs of clinical audit activity, through action plans, that identify recommendations to spread good practice and accelerate excellence.
- Re-audit, or equivalent monitoring, demonstrates sustained good practice and spread excellence to other areas.
- Continuous improvement in the number of publications, e.g. articles, reviews, quality improvement reports, research reports, developed by the Trust that are successfully published.

Patient experience priority for 2015/16

Priority for quality improvement:

Achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values.

Rationale for selection of this priority:



Ensuring that people have a positive experience of care is one of the Government's ambitions for the health service for 2015/16. Also, one of the indicators of the Trust's strategic goal of having an aspiration of 'zero harm' that drives the Trust's culture is the prevention of unacceptable variations in healthcare experience. Compassionate care and patient experience are just as important as clinical outcomes. People who need the support of healthcare services expect to be treated with compassion, respect and dignity. To enable excellent care, the workforce needs to have the right values, skills and training. Achieving a continuous improvement in health outcomes requires healthcare

services to measure, understand and respond to the needs and preferences of patients and communities locally through a regular programme of feedback looking at how people feel about the care they receive.

How progress to achieve the priority will be measured:

- Evaluation of the outputs of the Trust's 6Cs (care, compassion, courage, communication, competence and commitment) work programme and 'values group' to review that they are supporting the workforce to have the right values, skills and training to enable excellent care and improvement actions identified to continuously improve this.
- Evaluation of the NHS patient survey in relation to the proportion of people, across all areas of care, who rate their experience as excellent or very good, and improvement actions identified to improve this.
- Evaluation of NHS staff survey results in relation to whether staff would recommend their place of work to a family member or friend as a high quality place to receive treatment and care, and improvement actions identified to continuously improve this.
- Evaluation of 'Friends and family' test for patients results for community and mental health services and improvement actions identified to continuously improve these.
- Evaluation of local surveys, focus groups and real time experience collection, conducted to measure the experience of people who access the Trust's services, carers, and people who deliver services for the Trust, and improvement actions identified to achieve continuous improvements in people's experiences.
- Evaluation of patient experience feedback/ complaints and improvement actions identified to improve key areas, including reports regarding the appropriateness and effectiveness of communication.

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, people who access the Trust's services, 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
- 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

At the start of 2014/15, Cheshire and Wirral Partnership NHS Foundation Trust was commissioned to provide or sub-contract 99 relevant health services. Cheshire and Wirral Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care 99 of these relevant health services. At the end of 2014/15 there were 92 relevant health services provided or sub-contracted. The income generated by the relevant health services reviewed in 2014/15 represents 95 per cent of the total income generated from the provision of relevant health services by Cheshire and Wirral Partnership NHS Foundation Trust for 2014/15.

CWP has reviewed 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.

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 has engaged people who access its services, carers, people who deliver the Trust's services, and other partners in a wide variety of local survey activity to inform and influence the development of its services.

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

The *Care Quality Commission's (CQC) national patient survey* was published in September 2014. It gave CWP a valuable insight into what people who access the Trust's community mental health services thought about their care. The CQC report also provided an indication of the Trust's progress since the last survey in 2013. The Trust received 256 responses from a sample of 850 people who accessed the Trust's community mental health services, which represented a 30% response rate.

CWP performed 'better' in four areas out of nine national service areas when compared with other trusts – organising care, planning care, crisis care and in the overall views and experiences.

Local CWP surveys

Carer's survey

This survey was launched during **carer awareness week** on 9 June 2014. 2100 questionnaires were distributed, 228 surveys were completed, and the overall response rate was 11%. It was positive to note that 72% of carers felt that they had been treated with dignity and respect, further that 61% of those who responded agreed that staff did listen and respond to their concerns. However, only 41% of respondents felt they had been given adequate information about how to access CWP out of hour's emergency services. CWP was disappointed with the response rate, despite best efforts to engage with carers. As an action point, a project is in place to explore how the Trust can get better engagement: 'Next Steps in Patient Engagement'.

Trustwide inpatient survey

Inpatient surveys were provided to the various CWP inpatient sites where at the time of the survey **234** inpatients were accommodated. A total of 142 (**60%**) patients completed the survey; this is compared to 47% in 2013. There were significant improvements which relate directly to improved patient experience compared to last year, 61% of people felt fully and mostly involved about making decisions about their care. 80% of people felt that they had been treated with compassion whilst 72% of people felt they had been treated with compassion and dignity and respect most of the time. Only 54% of people felt that there were enough groups and activities to keep them occupied. Improvement plans are in place.

Learning from experience and feedback from people who access the Trust's services

Learning from experience

- The main learning themes from serious incidents identified during the year have been around training, communication, care planning and documentation. An effective care planning lead has been employed to train and strengthen the skills of staff in the effective formulation and use of care planning, linked to risk assessment. The Trust is reviewing a number of key policies to address the learning identified to ensure clarity around training needs, communication and recording systems.
- The Trust has updated its complaints policy following an evaluation of how it handles complaints. It demonstrated that the Trust needed to put the person making the complaint more central to the process. It found that those people who made a complaint reported that they did not always feel that their questions had been answered and addressed appropriately. Further, some people reported that their complaints took a long time to be investigated. In response to this, the Trust has updated its policy to ensure the person making the complaint is central and continually kept updated through the process.
- Learning from a claim has identified that the Trust needs to ensure that when people are promoted and their role includes a supervisory component that they receive appropriate training to ensure they have the necessary skills to carry out the additional responsibility.
- As a result of an incident and associated inquest resulting in a 'Report to Prevent Future Deaths' (Regulations 28 of the Coroners (Investigations) Regulations 2013), the Trust has incorporated learning to ensure an integrated approach to therapeutic observation practice. This includes the rationale for changing a patient's observation levels being clearly recorded within the clinical note entry, and identifying the standard that a record of exceptions in relation to the observation policy, including the transition to general observations, should be planned with the patient, and where appropriate discussed with the patient's family/ carers.

Feedback from people who access the Trust's services

CWP welcomes compliments and comments from people who access the Trust's services 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 2014/15, CWP has seen a **35% increase** compared with 2013/14 in the number of compliments received from people who access the Trust's services and others about their experience of the Trust's 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 feedback from people who access the Trust's services. 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 Board meetings held in public 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.

Examples of feedback from people who access the Trust's services include:

"Thank you for all the time that you have spent looking after our child and us in very difficult times. We were so worried he would not cope well away from home but with all the staff's support he not only coped but has become such a strong young person. Thank you for finding our son for us. There are not enough 'thank you's in the world for that."

Child and Adolescent Mental Health Services – CWP West

"We cannot fault the care, it has been so professional. Excellent feedback received all along the way, meetings, phone calls etc. It has been particularly useful receiving letters with pictures detailing our daughter's progress and activities. Christmas and birthday pictures and feedback were particularly appreciated. There are no losers here, only winners, it is very much appreciated."

Learning Disability Services – CWP East

"I was truly moved by the wonderful care she received from you. It makes me well up to think about how you looked after her and loved her. When she came to you she was angry and confused and had a difficult time settling but over the months, with your compassion and patience, I think she really knew how lucky she was and was much more at peace. Throughout her illness I felt that you looked after me as well. You were always so kind on the phone to me and in person when I visited. I know that my sister feels exactly the same and we both feel blessed that she spent her final months with you. I know that it was difficult looking after her in her final days, but we are so thankful that you did this even though it was hard for you all... I can never thank you enough for what you did for all of us."

Adult Mental Health Services – CWP Wirral

"I have benefited from your tireless effort in helping those people in need of a multi-skilled person on order to help them and I include myself as one such person, who you have literally saved from an early grave at the very least... I have you to thank for my renewed effort in improving myself... Thank you for all your efforts to help me, I mean that from the bottom of my heart."

Drug and Alcohol Services – CWP Wirral

"Thank you for all your care and help over the last few weeks. It has been appreciated by myself and my wife. The prompt response to our phone calls, and the evening and night visits, have been most reassuring. You are all doing a splendid job, and I do not know how we would have coped without you all."

Community Care Teams – Physical Health West

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 people accessing healthcare services. It is at the heart of providing the necessary changes in practice to ensure that CWP is delivering efficient, person focused, high quality care and treatment.

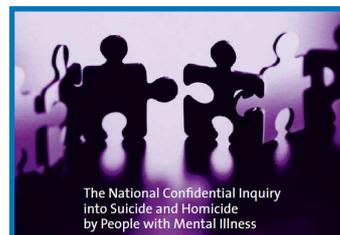
National clinical audits and national confidential enquiries

National clinical audits

CWP takes part in national audits in order to compare findings with other NHS Trusts to help CWP identify necessary improvements to the care provided to people accessing the Trust's services.

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 2014/15 **4** national clinical audits and **1** national confidential enquiry covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2014/15 the Trust participated in **75%** national clinical audits and **100%** national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. There was one national audit (National Prescribing Observatory for Mental Health – Antipsychotic prescribing in people with learning disabilities), which CWP did not participate in. This was because there was significant overlap between this national audit and the NHS Improving Quality “Winterbourne Medicines Programme” project, for which the Trust has been chosen as a pilot site.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2014/15 are as follows:

- National prescribing observatory for mental health – Topic 12b: prescribing for people with a personality disorder
- National prescribing observatory for mental health – Topic 9c: Antipsychotic prescribing in people with learning disabilities
- National audit of schizophrenia
- National Confidential Inquiry into Suicide and Homicide by People with Mental illness
- National clinical audit of cardio-metabolic assessment for inpatients

The national clinical audits that the Trust participated 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: Topic 12b: Prescribing for people with a personality disorder	100%	Report published. The Trust is in the process of developing locality action plans.
National audit of schizophrenia	83%	Report published. The Trust has set up two task and finish groups to focus on specific standards for quality improvement, namely: physical monitoring and interventions, including prescribing of medication and their side effects and psychological therapies and family intervention. The Trust's action plan will be published on the website by the end of May 2015, as required by the <i>Royal College of Psychiatrists</i> .
National clinical audit of cardio-metabolic assessment for inpatients	100%	Report awaited from <i>NHS England</i> , and action plan will be developed when it is received.
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 **3** national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2013/14 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 reports of **5** completed local clinical audits were reviewed in 2014/15 and Cheshire and Wirral Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Title of local CWP clinical audit	Action/s taken
Medicines management	<ul style="list-style-type: none"> ▪ Raised awareness of low molecular weight heparin and lithium patient safety alerts on inpatient wards. ▪ Improved the provision of information given to inpatients about side effects of medicines. ▪ Reviewed good prescribing practice summaries given to doctors on induction.
Neuroimaging as part of assessment and diagnosis of dementia	This audit demonstrated that the Cheshire East Memory Assessment Service is complying with the recommended standards set by <i>NICE</i> and the <i>Memory Services National Accreditation Programme</i> . A re-audit is to be scheduled at a later date to assess whether the good practice is continuing.
Dual diagnosis	<ul style="list-style-type: none"> ▪ Improvement plans identified to improve compliance with training. ▪ Identification of a Trustwide lead for dual diagnosis.

Title of local CWP clinical audit	Action/s taken
	<ul style="list-style-type: none"> ▪ Revision of dual diagnosis policy. ▪ Recommendation to re-establish Clinical Networks and supplement with new ones, with dual diagnosis being a cross cutting theme across all to ensure continuous learning and improvement in patient outcomes.
Record keeping	<ul style="list-style-type: none"> ▪ Reviewed compliance with record keeping standards and developed an action plan to further improve standards. ▪ A review of how CWP undertakes the record keeping audit has been completed. Each area will complete a monthly record keeping audit.
Peri and post-natal checklist	<ul style="list-style-type: none"> ▪ Recording of secondary diagnosis codes now reflect peri/ post-natal status which will enable easier identification of this cohort of patients. ▪ Recording of last menstrual period is now recorded for all patients in order to calculate the estimated date of delivery.

National and local CWP clinical audits are reviewed as part of the annual clinical audit programme, and are reported to the Trust's *Patient Safety & Effectiveness Sub Committee*, which is a delegated subcommittee of the Board chaired by the Medical Director – Executive Lead for Quality.

The Trust has an infection prevention and control (IPC) audit programme, to support the enhancement of cleanliness of the care environment, to identify good IPC practice and areas for improvement. The Trust also monitors and analyses patient safety standards through the completion of the national safety thermometer tool and local inpatient and community safety metrics audits.

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 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was **882**.

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 **84** clinical research studies in all of its clinical service units during 2014/15.

There were **184** clinical staff participating in approved research during 2013/14. These staff participated in research covering **21** medical specialties and also research covering management training. CWP has been increasing staff involvement in clinical research to help increase the use of new evidence in the future. The number of principal investigators in CWP has increased over the last year and more clinicians are actively involved in research. Also, over the last three years, CWP has been associated with 197 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.

One project CWP has been engaged in is a trial of an antibiotic which aims to both reduce negative symptoms in schizophrenia but also reduce the damage to the brain in the early stages of the disease.

NICE guidance

The *National Institute for Health and Care Excellence (NICE)* provides national guidance and advice that helps health, public health and social care professionals to deliver the best possible care based on the best available evidence. Many CWP specialists are involved in the production of national guidelines for *NICE*.

CWP monitors the implementation of all types of applicable *NICE* guidance, and overall is fully or partially compliant with over **100%** of all applicable key priorities in this guidance.

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.

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust's income in 2014/15 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 2015/16 and for the following 12 month period available by request from the Trust's Safe Services Department: <http://www.cwp.nhs.uk/pages/1-what-we-do>

The maximum income available in 2014/15 was £3,206,157 and the Trust received £3,189,813 for the *CQUIN* goals achieved. The total monies available in 2015/16, upon successful achievement of all the agreed *CQUIN* goals, is forecast to be £3,239,463

Below are three examples of the positive impacts that *CQUIN goals* have had on the quality of care.

A *CQUIN* undertaken in the East locality was to improve the management of fatigue in a group of patients from the Acquired Brain Injury (ABI) service. The aim of the *CQUIN* was to improve the participants' management of their fatigue rather than to change the nature or severity of fatigue. This *CQUIN* was aimed at group interventions and delivery of cost effective interventions. The education and therapeutic sessions covered the following areas: what is fatigue, brain injury and fatigue, medication, diet, activity planning and pacing, sleep and rest, relationships and mood, putting it into practice and planning for the future. An inclusion of a fatigue rating scale was used to gain an understanding of the participant's self-perception of the magnitude and impact of their fatigue. Fatigue group intervention has proven to be highly successful in educating and teaching long term management strategies to ABI patients with fatigue. Peer support has provided insight and a sharing of experiences for patients. The service now has a successful treatment package that will be a rolling programme run 3-4 times yearly as the caseload indicates. The ABI service has released clinical treatment time within the overall case load by reducing what would have been 42 individual sessions into one set of 7 sessions. Both goals of reducing the daily impact of fatigue and improving long term management were met.

A *CQUIN* undertaken the Wirral locality involved linking in with the Merseyside Fire and Rescue Service (MFRS). The MFRS offers free home checks to those people who are vulnerable, many of whom will be known to CWP services. To maximise the benefit of these checks, CWP was asked to put a system into place to identify those that met the criteria for a home safety check, and to gain consent for those that meet these criteria to share their information with the Fire Service, and to make a referral in respect of as many people as possible. Further, the *CQUIN* included a system whereby MFRS can securely share details of those clients that have received a home safety check, where it is deemed that intervention from a service that CWP provides would be appropriate. In Quarter 3, 877 people accessing CWP's services

were recorded as high risk. 681 of these addresses had previously been visited by MFRS; 625 of those visits were older than 12 months. 534 of the visits were older than 24 months and 196 had not been visited by MFRS. MFRS completed 157 home safety fire checks during quarter 4, with 14 people being identified as high risk, and were referred to the Prevention Team, for further intervention. In Quarter 4 there were 623 people who met the criteria for a MFRS home safety fire check were referred through by CWP to MFRS. In July 2015, MFRS will let CWP know the number of unique people that met the criteria for a MFRS check and were offered a HFSC and where it was refused.

A CQUIN was developed in a mental health team in the West locality to explore those patients on Care Programme Approach (CPA) and the communication with General Practitioners. The focus was on the patients on CPA and ensuring that there is an up to date good quality care plan, that this has been shared with the GP, and that it included the diagnosis codes for all primary and secondary mental health physical health diagnoses, medications prescribed and monitoring requirements, physical health condition and ongoing monitoring and treatment needs. The final audit of the care plans in quarter 4 demonstrated that 98.8% of care plans audited contained all the agreed components.

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 2014/15.

The Trust has participated in **3** investigations or reviews by the Care Quality Commission during 2014/15, which were in relation to the following areas;

Review of compliance: GP Out of Hours Service

Follow up review of compliance: Springview

Follow up review of compliance: Bowmere

The review of compliance to the GP Out of Hours Service was an announced inspection as part of the Care Quality Commission's new inspection programme to test their future approach. The Care Quality Commission undertook a pilot inspection to West Cheshire Primary Health GP services and as such the CWP GP Out of Hours Service was also included in their inspection programme.

To get to the heart of patients' experiences of care, the Care Quality Commission now always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

As the inspection to GP Out of Hours Services was part of the Care Quality Commission's pilot programme outcome ratings were not assigned, however, it was found that the service was **compliant** with the requirements of the Care Quality Commission across all key questions.

During 2013/14, the Care Quality Commission had identified minor concerns during a review of compliance at Springview Hospital in relation to:

Outcome 5 – meeting nutritional needs

Outcome 21 – records

The follow up review of compliance in 2014/15 confirmed that, following actions taken, the Trust was **compliant** with the requirements of the Care Quality Commission in relation to Springview Hospital.

During 2013/14, the Care Quality Commission had identified minor concerns during a review of compliance at Bowmere Hospital in relation to:

Outcome 21 – records

The follow up review of compliance in 2014/15 confirmed that, following actions taken, the Trust was **compliant** with the requirements of the Care Quality Commission in relation to Bowmere Hospital.

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 2014/15 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:

100% for admitted patient care;

100% for outpatient 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 outpatient 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 that all areas of the toolkit are compliant at level 2/ 3 with the exception of clinical coding which is at level 1. The Trust is undertaking an options appraisal to identify the best option to improve and sustain best practice in relation to data collection and clinical coding thus enabling the Trust to make better use of the data/ information available to inform service development. This will also enable the Trust to provide richer data to commissioners. The overall score for 2014/15 was 94%.

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust was **not** subject to the *Payment by Results* clinical coding audit during 2014/15 by the *Audit Commission*.

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

Good quality information underpins the effective delivery of the care of people who access NHS services 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:

Continue to implement the data quality framework during 2015/16 to address the following areas –

- 1) Review quality of data in national and mandatory submissions and feedback areas for improvement to localities and their management structure through locality analysts.
- 2) Monitor on a weekly basis data quality issues through the data quality dashboard. Engage with clinical systems and business intelligence teams and clinical system user groups in feeding back themes and patterns in data quality for improvement.
- 3) Further embed locality analysts in management structure as a point of contact for data quality issues and promote best practice across the organisation.
- 4) Promote use of outcome measures in the organisation for both national and internal reporting.

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 2014/15*

Indicator	Required performance	Actual performance
Data completeness – community services: <ul style="list-style-type: none"> ▪ Referral to treatment information ▪ Referral information ▪ Treatment activity information 	50% 50.0% 50.0%	100% 96.5% 90.7%
Care Programme Approach (CPA) patients: <ul style="list-style-type: none"> ▪ Receiving follow-up contact within seven days of discharge ▪ Having formal review within 12 months 	95.0% 95.0%	97.9% 95.0%
Minimising mental health delayed transfers of care	≤7.5%	0.7%
Admissions to inpatients services had access to crisis resolution home treatment teams	95.0%	97.9%
Meeting commitment to serve new psychosis cases by early intervention teams	95.0%	113.8% 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	97.0%	99.6%
Data completeness: outcomes for patients on CPA	50.0%	83.8%

Quality Accounts are required to report against a 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: 2013/14 – 2014/15

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2014/15			2013/14		
		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 95.9%	Quarter 1 97.0%	Quarter 1 93 – 100%	Quarter 1 97.7%	Quarter 1 97.7%	Quarter 1 94.1 – 100%
		Quarter 2 97.5%	Quarter 2 97.3%	Quarter 2 94.6 – 99.2%	Quarter 2 98.1%	Quarter 2 97.7%	Quarter 2 90.7 – 100%
	Quarter 3 99.1%	Quarter 3 97.3%	Quarter 3 94.9 – 99.6%	Quarter 3 96.9%	Quarter 3 97.1%	Quarter 3 77.2 – 100%	
	Quarter 4 99.3%	Quarter 4 Not available until June 2015*	Quarter 4 Not available until June 2015*	Quarter 4 98.7%*	Quarter 4 97.4%	Quarter 4 93.3 – 100%	
	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 2014/15 is achieving at least 95.0% rate of patients followed up after discharge, CWP performance for 2014/15 is 97.9%). The Trust has taken the following action to improve this percentage, and so the quality of its services, by 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 98.8%	Quarter 1 98%	Quarter 1 33 – 100%	Quarter 1 99.7%	Quarter 1 98.0%	Quarter 1 74.5 – 100%
		Quarter 2 98.1%	Quarter 2 98.5%	Quarter 2 95.3 – 99.8%	Quarter 2 97.9%	Quarter 2 98.6%	Quarter 2 89.8 – 100%
		Quarter 3 98.5%	Quarter 3 97.8%	Quarter 3 82.5 – 100%	Quarter 3 98.5%	Quarter 3 98.6%	Quarter 3 85.5 – 100%
		Quarter 4 96.5%	Quarter 4 Not available until June 2015*	Quarter 4 Not available until June 2015*	Quarter 4 98.9%*	Quarter 4 98.2%	Quarter 4 75.2 - 99.3%

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2014/15			2013/14		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
			2015*				
		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 2014/15 is achieving at least 95.0% of all admissions gate kept, CWP performance for 2014/15 is 97.9%). The Trust has taken the following action to improve this percentage, and so the quality of its services, by 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 15; and (ii) 16 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) 0.04%*	Not available via HSCIC indicator portal*		(i) 1.51%*	Not available via HSCIC indicator portal*	Not available via HSCIC indicator portal*
		(ii) 6.74%*	Not available via HSCIC indicator portal*		(ii) 6.61%*	Not available via HSCIC indicator portal*	Not available via HSCIC indicator portal*
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is current using internal information systems. 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. The Trust has taken the following action to improve this percentage, and so the quality of its services, by targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts.					
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	68%	66%	36 – 93%	69%	65%	38 – 94%
		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 developing an action plan to address areas of improvement identified in the survey.					

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2014/15			2013/14		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
"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	8.2/ 10	Not available CQC guidance states "it is not possible to compare trusts overall" however the CQC states that CWP's performance is "about the same" for the "Health and social care workers" section of the survey		87.8%	85.8%	80.9 – 91.8%
		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 developing an action plan to address areas of improvement identified in the survey.					
Incidents (i)The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in (ii) severe harm or	Treating and caring for people in a safe environment and protecting them from avoidable harm	(i) 1089/ bed rate 29.2 **	Not available until February 2016**	Not+ available until February 2016**	(i) 3108/ bed rate 32.2	(i) 2325/ bed rate 28.8***	(i) 401 – 6609/ bed rate 18.8 - 33.9
		(ii) 368/ 33.8%**	(ii) Not available until February 2016**	(ii) Not available until February 2016**	(ii) 1089/ 33.4%	(ii) 486/ 20.3%***	(ii) 3 – 2081/ 0.2 – 48.4%
		(iii) 33/ 3.0%**	(ii) Not available until February 2016	(iii) Not available until February 2016	(iii) 37/ 1.2%	(iii) 18/ 1%***	(iii) 0 – 76/ 0 – 4.7%

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2014/15			2013/14		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
(iii) death		<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 data is analysed and published by the NHS Commissioning Board Special Health Authority. 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. The Trust has taken the following action to improve this number/ percentage, and so the quality of its services, by encouraging the reporting of incidents through it "learning from experience" report produced for staff three times a year.</p> <p>The NHS Commissioning Board Special Health Authority 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.</p> <p>**Represents data for 01/04/14 to 30/09/14, data for 01/10/14 to 31/03/15 will be available in April 2016</p> <p>***The national average has been calculated only counting Trusts that have provided the full years data.</p>					

(*) denotes:

Performance for 2014/15 (and 2013/14 where applicable) 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 data source of the performance that is stated is the Trust's information systems.

Part 3.

Other information

An overview of the quality of care offered by CWP – performance in 2014/15

Below is a summary of CWP's performance, during 2014/15, 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.

Quality indicator	Year identified	Reason for selection	CWP performance		
			2012/13	2013/14	2014/15
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	9291 incidents	9213 incidents	7598 incidents
			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 2014/15), based on national comparative data reported to the NHS Commissioning Board Special Health Authority.		
iii. Strengthen hand decontamination procedure compliance	2008/09	Equipping staff with the skills to undertake effective hand decontamination minimises the risk of cross infection to service users and staff	NHS Staff Survey scores <i>Training:</i> 81% (National average 72%) <i>Availability of hand washing materials:</i> 59% (National average 55%)	NHS Staff Survey scores <i>Training:</i> 89% (National average 72%) <i>Availability of hand washing materials:</i> 60% (National average 54%)	NHS Staff Survey scores <i>Training:</i> 87% (National average 75%) <i>Availability of hand washing materials:</i> N/A
			Data source = National NHS Staff Survey Co-ordination Centre. The <i>NHS National Staff Survey</i> results include the percentage of staff saying that they have received training, learning, or development in infection control. Staff receive training on infection prevention and control at induction, essential 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		

Quality indicator	Year identified	Reason for selection	CWP performance		
			2012/13	2013/14	2014/15
audited in 2014/15.					
Clinical effectiveness					
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	Dementia: CWP compliance 88.7% CWP target 88.6% –	Dementia: CWP compliance 89.9% CWP target 83.6% –	Dementia: CWP compliance 65.1% CWP target 57.3% –
			Psychosis: CWP compliance 89.9% CWP target 87.9%	Psychosis: CWP compliance 98.0% CWP target 88.2%	Psychosis: CWP compliance 84.2% CWP target 90.9%
Data source = Clarity Informatics There is up to a six month delay in reporting of compliance data relating to 2014/15. The above figures for 2013/14 reflect CWP's monthly submissions up to and including January 2015.					
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	94% compliance with the patient having their BMI calculated on admission Performance was measured once during the year as part of the Trust's patient safety priority for 2012/13. The denominator was 560.	97% compliance with the patient having their BMI calculated on admission Performance was measured once during the year as part of the Trust's patient safety priority for 2013/14. The denominator was 642.	97% compliance with the patient having their BMI calculated on admission Performance was measured once during the year as part of the Trust's patient safety priority for 2014/15. The denominator was 596.
			Data source = local patient safety metrics data. The ' <i>physical health check undertaken within 6 hours of admission</i> ' part of this indicator reported in previous years was removed as this is no longer a requirement of the local patient safety metrics.		

Quality indicator	Year identified	Reason for selection	CWP performance		
			2012/13	2013/14	2014/15
iii. Develop integrated care pathways	2009/10	Seamlessness between primary and secondary care promotes a joined up approach, and improves the continuity and quality of care	Care pathways and associated care bundles developed for: <ul style="list-style-type: none"> - 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 pathways and associated care bundles developed for: <ul style="list-style-type: none"> - dementia assessment - chronic obstructive pulmonary disease - diabetes - heart failure 	During the year the Trust has developed a pathway template to regularly monitor progress with the development of care pathways and the reporting of outcomes from measurement of these pathways. These pathways are based on NICE guidance and collect the minimum data required to ensure a quality service is being delivered.
Patient experience					
Patient experience	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	5% increase compared with 2011/12 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 350 patient experience contacts in 2012/13.	4% increase compared with 2012/13 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 410 patient experience contacts in 2013/14.	33% increase compared with 2013/14 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 358 patient experience

Quality indicator	Year identified	Reason for selection	CWP performance		
			2012/13	2013/14	2014/15
					contacts in 2014/15.
			<p>Data source = the Trust's incident reporting system (Datix). For 2014/15 the changes in patient feedback are: Concerns = 17% decrease PALS contacts = 53% decrease Comments/ suggestions = 53% decrease Compliments = 35% increase Complaints = 38% increase</p> <p>The continued increase in complaints suggests that the Trust has a learning and an open and transparent culture, as this is one recognised indicator that people accessing the Trust's services and those close to them are not fearful of complaining due to the consequences (A review of the NHS hospitals complaints system: Putting patients back in the picture, 2013). The increase in compliments could be explained by targeted training that has focused on recording positive feedback to ensure the sharing of good practice. Targeted and focused work will be planned to improve PALS contacts during the next financial year.</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	2 complaint quality assurance reviews	2 complaint/ serious incident quality assurance reviews
			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. Fewer reviews were held in 2014/15, however in total 4 complaints cases reviewed, in addition to 4 serious incidents reviews.		
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 75% (better than the average performance across all other mental health Trusts) Responses = 224 – CWP inpatient	National Patient Survey score 78% (better than the average performance across all other mental health Trusts) Responses = 284 – CWP inpatient	National Patient Survey score 78% (better than the average performance across all other mental health Trusts) Responses = 256 – CWP

Quality indicator	Year identified	Reason for selection	CWP performance		
			2012/13	2013/14	2014/15
			survey 80% of service users rated the service they received as ' good ' or ' excellent ' Responses = 86	survey *75% of service users rated the service they received as ' good ' or ' excellent ' Responses = 110	inpatient survey 74% service users rated the service they received as ' good ' or ' excellent ' Responses = 142
			*On further review of the information available following the 2013/14 Quality Account, the overall response was 75%.		

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

Mandated indicators

- Patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay.
- Admissions to acute wards gate kept by Crisis Resolution Home Treatment Teams.

Locally selected indicator

Waiting times for psychological therapies – this was chosen by the council of governors in order to understand the current position given that this is a national indicator for 2015/16.

Additional information on improving the quality of CWP's services in 2014/15

Below is a selection of the work over the past year that some of the Trust's 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



CWP has recognised the importance of **continuous quality improvement** and invested in **#CWPZeroHarm**. Zero Harm is an aspiration of *continuously improving the quality of care by tackling unwarranted risks and variation*. The update detailed in "Quality improvement priorities for 2014/15" shows the work that CWP has done to implement its Zero Harm strategy.

Dr Anushta Sivananthan, consultant psychiatrist and medical director stated: "CWP wants to respond proactively to national reports including Francis, Keogh and Berwick by promoting the highest safety standards across the Trust and ensuring that we harness good ideas. Our aim is for the maximum number of people to achieve good outcomes and positive recovery, with the smallest number of people experiencing adverse outcomes."

Older People's Memory Service West was **accredited as excellent** by the *Royal College of Psychiatrists* in the final report of the 'Memory Services National Accreditation Programme' (MSNAP). The *Older People's Memory Service West's* team consists of professionally trained staff providing assessment, diagnosis and treatment for people with a range of memory problems. The team also offers support for those with memory problems and their carers. The MSNAP programme 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**. Accreditation assures staff, service users and carers, commissioners and regulators of the quality of the service being provided. Some of the positive aspects mentioned on the report are listed below:



- The review team were impressed with the use of 'non-NHS' type furniture in the unit.
- The patients and carers spoken to on the review day felt welcome, recognised, that they were given plenty of time, and that there is good involvement of family members.
- Patients and carers described the service, and all staff including the receptionist as "first class".
- Patients and carers reported having freedom to make choices during the diagnostic process.
- The post-diagnostic groups were running exceptionally well and if people were unable to attend, 1:1 post-diagnostic work was offered.



The College of Social Work and the Royal College of General Practitioners produced a report in which the West Locality "Altogether Better" programme was used as a case study to demonstrate how to deliver health and social care integration together. The integrated community care teams are drawn from a broad range of professionals from the statutory and independent sectors: GPs, social workers, pharmacists, practice nurses, district nurses, community matrons, and community therapy, community mental health and reablement staff, among others. The teams are responsible for identifying older people at high risk of an unnecessary admission to hospital or long-term care and finding alternatives which enable people to live independently and healthily at home wherever possible. They offer a variety of interventions: care management, intermediate care, reablement, urgent response and end of life care. Each team covers a practice population of 30,000 to 50,000 and provides urgent response "step up" care to prevent unnecessary hospital admissions and "step down" care to speed up discharge and promote rehabilitation and reablement.

Improving clinical effectiveness



CWP was shortlisted as finalists at the *National Nursing Times Awards 2014*, in the category of 'Nursing in Mental Health'. The awards recognised individuals or teams who had developed initiatives that **improved the delivery of mental healthcare**. The finalists were from both NHS and independent organisations from any care setting. All finalists had demonstrated the benefits of their work in terms of **improved quality of life** or increased independence of their patient or client group. The Trust's submission

was for the *Rosewood Integrated Services* who foster a **recovery** approach on the unit and work with people who access our services to achieve their own individual goals.

The *Community Nursing Service*, part of *Physical Health West*, transformed their service in order to provide people who access services with the **best care every time** in relation to the care and treatment provided for the management of Chronic Oedema. The service transformation is being achieved by adopting a multi-faceted approach that illustrates the pillars of good care, incorporating:



- **Care:** Ensuring a **best practice** approach acknowledges the duty of care that professionals have to **improve outcomes**.
- **Compassion:** The needs of the patient population is essential to address the holistic often complex needs.
- **Competence:** Highly specialist nurses undergoing accredited training to equip them to act as link nurses. Training is also being provided to all qualified staff caring for such patients, to equip them with **fundamental skills to improve patient care**.
- **Communication:** Between patient and healthcare professionals. The aim is to eventually provide training to all care providers to join things up and work as a team to **improve patient care**.
- **Courage:** Is essential to address care provision and **drive change**. Some patients had received treatment for years with little or no improvement.
- **Commitment:** Ongoing improvement. The Trust has committed financially and individuals have committed time to **improve the care** they provide.

The process has given staff the skills to improve patient care and to provide the best care every time. It is envisaged that this will lead to job satisfaction, cost minimisation and most importantly **improved quality of life**.



The *HSJ Awards* recognise initiatives that **deliver excellence and innovation**. By shining a spotlight on cutting-edge innovations and best practice, the awards give impetus to improving the quality of healthcare in the UK. *CAMHS MyMind* was '**Highly Commended**' at this year's *HSJ Awards* in the Innovation in Mental Health category.

This means the Trust were second place nationally in a category that included all areas of Mental Health, not just CAMHS.



CWP was part of a joint project with other organisations to support the implementation of the *NICE* guidelines in mental health and learning disability services. Smoking amongst people with mental illness has remained largely unchanged for the past 20 years compared to the trend in the general population despite research showing that 60% of people with a mental illness want to stop smoking. The Trust cares about providing a **safe, smokefree environment** for all

people who access services, people who deliver care, and visitors. CWP held an event for staff to share learning from the launch of the Trust's Nicotine Management Policy. The collaboration of CWP, *South London and Maudsley NHS Foundation Trust* and *Public Health England* aims to encourage other organisations to make positive changes in their services.

Improving Patient experience



CWP organised an open afternoon for carers to attend Bowmere Hospital. Carers are vital partners in the provision of mental health and social care services. 1.5 million people care for someone with a mental illness in the UK. That is one in every forty people, or one in four of the UK's six million carers. Carers are increasingly being

recognised for their expertise and knowledge, and the fact that they can be essential partners in the treatment and recovery processes. Indeed, caring rarely stops when the person cared for enters acute care services. Carers are often integral to a person's support system, and their input and support can substantially improve that person's chances of **recovery**. The carers event helped promote 'Triangle of Care' which is a therapeutic alliance between the person accessing services, the staff member and carer that promotes **safety**, supports **recovery** and sustains **well-being**. Helen Bainbridge, Carer Experience and Recovery Lead said *"A key achievement... was to have a range of providers from the Voluntary Sector covering the whole age spectrum and specialists in Mental Health. Organisations included Cheshire Young Carers, Cheshire Carer's Centre, Making Space, Alzheimer's Society, Age UK (Cheshire)."*

The Trust's Mental Health Act team has continued its training sessions with local Police forces, encouraging organisations to work as a team for people accessing the Trust's services. Most recently the team has worked with police officers from *Merseyside Police*. Upton Police Station was used as a training location with the objective of the session to update officers' knowledge and understanding of the Mental Health Act and other related legislation. Inspector Nye Audas, Wirral Critical Incident Manager said: *"The sessions invoked some unexpected and probing questions from officers. Having yourselves there with such expert knowledge of MHA issues and historic Wirral issues at Arrowe Park Hospital was extremely helpful and informative for the officers and myself attending. I have had positive feedback from all of the sessions that took place."*



CWP was one of 57 NHS mental health providers in England that participated in the *Care Quality Commission's (CQC) Community Mental Health Survey for 2014*. Questionnaires were sent to 850 people who accessed community mental health services from CWP and responses were received from 256 people, a response rate of 30%. The questionnaire asked them to answer questions about different aspects of their care and treatment. Based on the responses received, the CQC then gave each NHS trust a score out of 10 for each question (the higher the score the better). CWP came top of the leader board nationally as it was one of only two trusts that scored **'better than expected'** on more than 10 questions and in both cases these questions were spread across various aspects of care covered within the survey. Sheena Cumiskey, Chief Executive commented *"These results are a great reflection on the quality of care delivered by our community mental health services and show the commitment and fantastic work that our staff do every day."*

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.

Altogether Better

The Altogether Better programme was established across Cheshire West and Chester and is intended to promote public sector reform, redesigning services around the needs of citizens, improving outcomes, reducing duplication and waste and so saving significant sums of public money.

BMJ Quality Improvement licences

BMJ Quality is an online service that supports individuals and teams through healthcare improvement projects and on to publication. The tools include interactive workbooks, learning modules, tools, and resources to help make healthcare improvement simple.

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.

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 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 (foot care), 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 Council 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 Team

A team within CWP to support and enable staff with continuous improvement specifically using the results of clinical audits. The team will also focus on ensuring this learning is embedded in practice to assist in the spread of learning and excellence in patient care.

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.

Human Factors

This is a way of enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture, organisation on human behaviour and abilities, and application of that knowledge in clinical settings.

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.

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.

Monitor

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

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 Care Excellence – NICE

The National Institute for Health and Care 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.

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.

Neuroimaging

This is where images (scans) of the brain are produced by non-invasive techniques (as computed tomography (CAT scan) and magnetic resonance imaging (MRI scan)).

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.

Peri-post natal

This relates to a period around childbirth, especially the five months before the baby is born and up to approximately six weeks after the birth.

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.

Quarter

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

Recovery

The concept of recovery is about people staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking. Focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms.

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 everyday 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/ patients/ people who access services

Anyone who accesses, 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.

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.

The Triangle of Care

The Triangle of Care approach was developed by carers and staff to improve carer engagement in acute inpatient and home treatment services. The guide outlines key elements to achieving this as well as examples of good practice. It recommends better partnership working between service users and their carers, and organisations.

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.

Zero Harm

A strategy which aims to reduce avoidable harm and embed a culture of patient safety in CWP.

Annex B: Comments on CWP Quality Account 2014/15

Statement from Governors

A statement from the Lead Governor will be in the foreword of the Annual Report. This year has been a busy one for CWP both in terms of Trust activity, and also for our Council of Governors. The Council of Governors had the opportunity to discuss the draft 2014/15 Quality Account at their meeting on 7 April 2015. The Governors were able to hear more about the progress of the Zero Harm Strategy as part of the quality priorities and furthermore were able to hear and discuss the content of the Quality Accounts for 2014/15 at a presentation at the meeting on 7 April 2015.

Due to experiences in previous years the Governors began early discussions about the selection of the local indicator; this enabled some further exploration about the range of indicators for audit and enabling and improved basis for selection. At the Council of Governors meeting held on the 7 April it was agreed that waiting times for psychological therapies would be selected as the local Indicator – this was chosen by the Council of Governors in order to understand the current position given that this is a national indicator for 2015/16.

Governors play a key role in influencing and informing Trust strategy and have been fully involved in the development of the Trust strategic plan and operational plan and fully support the Trust as it seeks to achieve its ambitions and objectives.

Comments by CWP's commissioners

NHS West Cheshire Clinical Commissioning Group commentary

We are committed to commissioning high quality services from our providers and we make it clear in our contract with this Trust the standards of care that we expect them to deliver. We manage their performance through progress reports that demonstrate levels of compliance or areas of concern. It is through these arrangements that the accuracy of this Quality Account has been validated.

The Trust has performed well against the majority of goals within their CQUIN scheme. We acknowledge that the National Safety Thermometer pressure ulcer improvement target was not achieved. The target set was an ambitious one, and regular assurances received in year of the Trust's processes in reporting of pressure ulcers have ensured no concerns in this area. We continue to commend the Trust for their excellent work in relation to reporting and learning from pressure ulcer incidents.

We note the continued commitment and investment to the creation of a Zero Harm approach to quality within the Trust. We have received further assurances this year against progress in implementing this programme, and are pleased to see momentum building, with staff attending Human Factors training, and focus now turning to team/ward based intelligence to inform improvements in the quality of care.

We raised concerns in year with regards to Improving Access to Psychological Therapies access and waiting times. We commend your swift response in involving NHS England to assist with data capture issues, and your service manager's leadership in identifying the root cause of the apparent problems that were reportedly affecting access to this important proactive service.

You reported to us the receipt of a Regulation 28 Coroner's letter relating to the death of a service user. Regulation 28 letters request action to be taken in order to prevent future deaths. We have received assurance of remedial actions that the Trust has committed to; we will continue to monitor the implementation of this plan during 2015/16

We note your Board of Directors commitment to the importance of monitoring staffing levels, and commend the Trust Board for their decision to approve the over recruitment of nurses to reflect turnover rates, and so maintain staffing at a safe level on wards. We have included community care teams staffing levels in your quality reporting requirements for 2015/16 and hope to see the safe staffing commitment of the Board extended to the community nursing teams.

Healthwatch undertook an Enter and View visit to Bowmere Hospital during quarter 4 of 2014/15. We were really pleased to see a positive report from this visit. Healthwatch noted good evidence of staff on all wards working closely; excellent cleanliness throughout the hospital; staff spoke of strong commitment to involve and support carers and families. You have provided assurance that the ward/team level work being undertaken through the Zero Harm Programme will aim to ensure such good practice is maintained.

We acknowledge the hard work of your staff in this past year and recognise the national awards and commendations you have received for various areas of both physical and mental health care. Of particular note was your excellent achievement in leading the field of 57 NHS mental health providers and attaining the highest scores within the Care Quality Commission's Community Mental Health Survey 2014.

We support the priorities that the Trust has identified for the forthcoming year and look forward to continuing to work in partnership with you to assure the quality of services commissioned in 2015-16.

NHS Eastern Cheshire Clinical Commissioning Group commentary

NHS Eastern Clinical Commissioning Group (ECCCG) welcomes the opportunity to comment upon the Cheshire and Wirral Partnership (CWP) NHS Foundation Trust 2014/15 Quality Account.

CWP have continued with their implementation of the 'Zero harm' approach to quality, part of the 'Stop, Think & Listen' campaign, which is CWP's inspiration to improving care through high quality improvement work. This has enabled CWP to tackle unwarranted risks and variation whilst responding and learning from national reports; such as Francis, Keogh and Berwick. The Zero Harm programme has encouraged CWP to achieve quality outcomes for its patients.

CWP have seen a Continuous reduction in unnecessary avoidable harm, by embedding patient safety in the work stream by providing 'human factors' training to over 150 Trust staff, again this has encouraged the implementation of safe practice and high quality care

CWP have been nationally recognised for their efforts in supporting patients with mental health needs and problems by receiving a number of awards. The Trust's 'My Mind' online service, implemented by CAMHS, received a highly commended award in the innovation in mental health category at this year's Positive Practice in Mental Health Awards. CWP was also recognised as a finalist at the National Nursing Times Awards in 2014 for its achievements of nursing in mental health. The older people's memory service was accredited as excellent by the Royal College of Psychiatrists in 2014/15. The memory service team is made up of professionally trained staff that provides assessments, diagnosis and treatment for those patients with a range of memory problems.

CWP have also implemented an innovative street triage service for people with mental health needs in collaboration with the policing authorities. This scheme has been piloted at adults with mental health needs. The scheme has to date been a great success.

On a less positive note the access to mental health services and talking therapies has struggled during 2014/15 to provide a speedy service from referral to treatment times. In part this has been due to increased demand upon the service and an increased referral rate. The Trust has been actively involved in service work improvement work to help remedy this situation and although the waiting times are still to improve the quality of the service has remained.

We welcome the and recognise the priority areas that the Trust has set out in its work to develop quality outcomes through its Quality Strategy and we look forward to working collaboratively with them to further develop quality and safety for the services it delivers to the population of Eastern Cheshire.

NHS South Cheshire Clinical Commissioning Group and NHS Vale Royal Clinical Commissioning Group commentary

NHS South Cheshire Clinical Commissioning Group (CCG) and NHS Vale Royal Clinical Commissioning Group (CCG) welcome the opportunity to provide commentary on Cheshire and Wirral Partnership NHS Foundation Trust (CWPFT) performance through the organisations Quality accounts for 2014/15.

We confirm that we have reviewed the information contained within the Quality Account and this reflects a fair, representative and balanced overview of the quality of care in CWPFT and includes the mandatory elements required. CWPFT should be commended for once again achieving the quality improvement priorities as set the previous year. The focus of monitoring clinical effectiveness, patient safety and patient experience is evident throughout the Quality Account.

In last year's commentary we highlighted that we would like to have seen more emphasis on how Compassion in Practice (6C's) will be implemented. It was gratifying to see detail not only about how the 6C's values are being incorporated but also that CWPFT were top in the country in the 2014 CQC Community Health Survey across many aspects of care.

CWPFT continue to undertake engagement work with service users and carers and this was represented well in the Quality Account. The use of feedback for those that have accessed services demonstrates the impact that the staff and services have on service users and carers and how the Trust has made care improvements.

The Quality Account does not seem to address the issue around choice and how this would be implemented. It would have been useful to understand CWPFT's strategic objectives about how they plan on transforming access to appropriate services.

It is noted that CWPFT continues to take part in national and local audits and that it plans to continue work around specific standards for quality improvement around physical health monitoring, intervention, prescribing of medication and psychological therapies. We look forward to viewing the Trusts action plans and promoting it via the CWPFT website demonstrates a strong commitment to transparency.

CWPFT has engaged in quality improvements using the CQUIN framework and reported positive impacts from a selection of CQUIN goals. While the success stories are appreciated it would have been of interest to understand the reasons for non-achievement of CQUINS also. We will continue to have a collaborative approach to the development of future CQUINs and ensure that they are meaningful, deliverable and have a positive impact on patient care, outcomes and experience.

In 2015/16 we look forward to continuing working closely with CWPFT in an open and collaborative manner to strengthen our relationship and to develop and improve the quality of services for our local population.



Wirral Clinical Commissioning Group

01/06/2015

Statement from Wirral Clinical Commissioning Group

As lead commissioner Wirral CCG is committed to commissioning high quality services from CWP. We take very 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 and acted upon.

Wirral CCG is pleased to note the Trust's continued focus on quality, and we note the range of initiatives being undertaken to strive for continued improvement.

We commend the Trust on the Zero harm initiative which is having a real impact on staff culture patient care locally. We look forward to this work being publicised in order to give an overview of the work that is being undertaken and the outcomes that will be achieved.

We are assured by the approach the Trust is taking to continually learn from incidents and from patient feedback; and note the positive results of the carer's survey, however there is a concern that 41% of carers did not know how to access out of hours services. We note that this area is being addressed and expect an increase in response rate in 2015/16. As a CCG we have commended CWP on its comprehensive 'Learning from Experience' report, and are grateful for improvements that have been made to this in-year which ensure the reports are more tailored to the different commissioning localities.

We note that CWP has reduced its number of serious incidents reported; however, the timely completion of investigations and production of action plans remains a concern for the CCG. We understand that CWP has begun steps internally to improve its processes in this area, and this is an area that we will continue to monitor closely, as timely learning from incidents is key to being able to reduce the likelihood of future avoidable harm.

It is assuring to note that CWP has identified issues in its management of complaints. Timely communication with patients and their families is crucial to reducing the risk that complaints will escalate, and can also prevent concerns from becoming complaints, and we look forward to seeing improvements in this area.

The Trust's approach to innovation and research is something that we very much welcome, and gives an impression of a Trust that is committed to learning and improvement. CAMHS is an area where we see particular innovation, and CWP is right to highlight this within the report.

Performance against the national targets is very positive to note. We acknowledge the delay in reporting regarding Advancing Quality however, we would welcome further information regarding these metrics.

We acknowledge the CQC inspections that the Trust has undergone in 2014/15 and note compliance in Springview and the minor concerns in Bowmere: which is now compliant. We note that CWP have a forthcoming inspection visit from CQC, and we look forward to gaining further assurance with regards to the outcomes for our patients.

We feel that the Quality Account provides a fair representation of the approach taken by the Trust to deliver high quality services, and we would support the proposed priorities for the forthcoming year. We look forward to working with CWP to continue to improve services and address issues that have been highlighted as areas for improvement.



Pete Naylor
Chair
Wirral CCG

Statement from West Cheshire Council Scrutiny Committee

Not received as at time of publication.

Statement from East Cheshire Council (Health and Adult Social Care Overview and Scrutiny Committee response)

Letter received 20 May 2015 informing the Trust that the Committee were unable to offer a response in view of the general election and the need to elect new committee members.

Healthwatch Cheshire West has worked in partnership with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) in 2014/15 and has developed effective working relationships with both leaders and frontline staff at the hospital in our role as constructive critical friend.

We have carried out a number of activities in 2014/15 which have enabled us to monitor the quality and experience of patient care at the hospital including;

- Enter and View visits to Bowmere Hospital
- Project work looking at discharge arrangements for mental health patients
- Meetings with senior nursing staff, communication and engagement leads
- Community engagement activity at CWP sites
- Involvement of patients using CWP services in our Mental Health Citizens' Panel
- Supporting patient consultation regarding the redesign of Podiatry services

Healthwatch Cheshire West feels that this quality account broadly reflects our experience of working in the Trust and the feedback that we have gathered from patients in 2014/15. We commend Cheshire and Wirral Partnership NHS Foundation Trust for its work in the following areas:

- For setting high targets in terms of avoidable harm
- For its work publishing staffing levels
- For developing training, in particular the 'Human Factors' programme
- For setting deliberate aims in regard to improving patient experience including implementation of the 6Cs programme
- The development of Clinical Research projects
- Achievement against CQUIN targets

Healthwatch is particularly pleased to see that areas flagged for improvement, have been identified with objectives in place that can be measured in follow up.

Performance – With reference to CQC's comments on [the Trust] *“performing well competitively”* (2014 Community mental health Survey) Healthwatch Cheshire West feels that more could be made of these findings and that information could be included to explain to the lay person what this data means in comparison to other trusts, including perhaps some examples of the 38 questions asked.

CWP's own carers study highlights that, *“...only 41% of respondents felt that they had been given adequate information about how to access CWP out of hours service.”* During three Enter and View visits to the Accident and Emergency department at the Countess of Chester it became clear to Healthwatch representatives that not were members of the public unaware of how to access CWP out of hours service, but also some staff in A&E appeared unaware and couldn't provide patients with the necessary signposting information. Healthwatch Cheshire West feels that increasing awareness across organisations should be a priority.

National Patient survey – it is noted that these scores appear to have levelled off and is of concern in terms of the Trust's aims of continual improvement. We further note that 74% of service users rated the service they received as 'good' or 'excellent' which in isolation is very positive, but it would be useful to know how the other 26% of patients rated the service. On reflection Healthwatch Cheshire West feels that a full and detailed percentage breakdown would be useful; would not take up that much additional space in the report and would demonstrate openness and transparency.

Additional information section – we feel that this section is particularly well written with valuable information and has a good use of pictorial images.

Buildings and grounds – We feel the account should include a section on buildings and grounds and that this should include any planned developments.

National Confidential Enquiries section – We feel that these sections are difficult to read and understand and could be rewritten with more clarity.

Jonathan Taylor - Chief Executive Officer - Healthwatch Cheshire West

Healthwatch Cheshire East

It is extremely factual and comprehensive and clearly outlines your Trusts competencies in this area. There is a date error in the carer's survey section on page 14-should it read carers awareness week 9th June 2014. As it reads June 2015 at the moment. On pg 22 Independent Assessments of CWP- alongside the CQC reports, could there also be links to other bodies who have reviewed your services- e.g. Healthwatch Cheshire East did an independent review of the Millbrook Unit and produced a report.



Statement from Wirral Metropolitan Borough Council

26th May 2015

Commentary on the draft Quality Account, 2014/15,

Cheshire and Wirral Partnership NHS Foundation Trust

The Families and Wellbeing Policy and Performance Committee undertake the health scrutiny function at Wirral Council. The Committee has established a Panel of Members (the Health and Care Performance Panel) to undertake on-going scrutiny of performance issues relating to the health and care sector. Members of the Panel met on 12th May 2015 to consider the draft Quality Account and received a verbal presentation on the contents of the document. Members would like to thank Cheshire and Wirral Partnership Trust for the opportunity to comment on the Quality Account 2014/15. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

Overview

Members acknowledge the performance of the Trust as measured against the targets for 2014/15 under the headings of improving patient safety, improving clinical effectiveness and improving patient experience. However, the reliance on narrative and the lack of more specific targets when setting the objectives for 2014/15 means that measurement of achievement is difficult to assess. There is little evidence-base on which to assess whether priorities are being met. As the same approach has been employed for setting the objectives for 2015/16 it is likely that a similar problem will emerge next year.

Opening Statement from the Chief Executive

The Chief Executive highlights the Trust's 'Zero Harm' approach to quality, through which the Trust is committed to achieving reductions in avoidable harm and developing a culture of patient safety. Given the events arising from Mid Staffordshire and elsewhere, including the Berwick Review, and the consequential focus on patient care and safety, Members welcome the approach being adopted by the Trust.

Part 2 Priorities for improvement

Quality improvement priorities for 2014/15

Patient safety – Quality Surveillance Support Managers

The introduction of the Quality Surveillance posts is welcomed by the Members as this appears to strengthen the support for monitoring the quality and safety of care. By aiming to learn from current and past experience the Trust is intending to improve future patient safety.

Patient experience - The values of 6Cs

The priority given to the 6Cs (Care, Competence, Compassion, Commitment, Communication and Courage), for example, through the staff appraisal documentation and recruitment practices is welcomed by the Members. This demonstrates the Trust's commitment to placing the values of care and compassion at the centre of service provision.

Patient experience – Friends and Family Test

The Trust reports that 86% of service recipients said they were 'extremely likely' or 'likely' to recommend CWP services to friends or family. This is a welcome reflection of patient's experience. Although the Quality Account reports that "further work is being undertaken to ensure that the Friends and Family Test is embedded into routine practice to improve response rates", there appears to be no indication of the actual response rates that have been achieved.

Quality improvement priorities for 2015/16

Members welcome the approach of CWP by developing a three year continuous quality improvement programme, meaning that the Trust is continuing to implement the priorities that were selected for 2014/15, 2015/16 and until at least 2016/17. The implementation of long-term priorities is more likely to lead to continuous improvement and the enduring achievement of positive change.

However, in general, Members consider that there is a lack of detail in the priority setting, with few specific targets being provided. The Trust's aim that "...the three quality priorities do not set targets, instead they aspire to deliver continuous improvement year-on-year" is acknowledged. However, the measurement of achievement will be difficult to quantify and monitor.

Statements of assurance from the board

Information on the review of services

Carers Survey

The carer's survey launched during Carers Week achieved an overall response rate of 11%. Of those, only 41% of respondents felt that they had been given adequate information about how to access CWP out of hour's emergency services. Although CWP has committed to improve engagement rates in the future, it would also be reassuring to know that a higher priority had been given to ensuring that a larger number of carers are aware of out of hour's arrangements.

Information on the use of the CQUIN framework

Partnership working with Merseyside Fire and Rescue Service (MFRS)

The Quality Account provides examples to illustrate the positive impacts that CQUIN goals have had on the quality of care. One example describes the partnership working which is taking place with Merseyside Fire and Rescue Service (MFRS) to identify vulnerable people who may benefit from other services. Members welcome the approach developed by the partners.

I hope that these comments are useful



Councillor Moira McLaughlin
Chair, Health and Care Performance Panel and
Chair, Families and Wellbeing Policy & Performance Committee

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 2014/15;
- 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 2014 to 28 May 2015
 - Papers relating to Quality reported to the Board over the period April 2014 to 28 May 2015
 - Comments from West Cheshire Clinical Commissioning Group and South and Vale Royal Clinical Commissioning Group received on 27 May 2015. East Clinical Commissioning Group received 12 June 2015.
 - Feedback from
 - Comments from Wirral Commissioning Group received 01 June 2015
 - Feedback from Local Healthwatch organisations – Feedback received from Healthwatch West 12 May 2015. Healthwatch East 20 May 2015. The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, for the period of April 2014 to March 31 2015. Published April 2015
 - The 2014 national patient survey – received by the Trust 2014
 - The 2014 national staff survey - received by the Trust 2014
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 2014/2015 published April 2015.
 - CQC Intelligent Monitoring Tool October 2014

The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered:

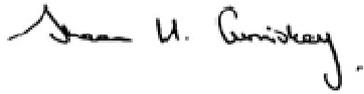
- the performance information reported in the Quality Report is reliable and accurate, noting the modified limited assurance opinion on 100% enhanced Care Programme Approach patients;
- there are proper internal controls over the collection and reporting of the measures of performance included in the 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 27 May 2015

A handwritten signature in black ink, appearing to be 'John U. Gornickay', written on a light-colored background.

Date May 27 2015, Chair of the meeting

A handwritten signature in black ink, appearing to be 'John U. Gornickay', written on a light-colored background.

Date: May 27 2015, 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

Independent auditor's report to the council of governors of Cheshire and Wirral Partnership NHS Foundation Trust on the 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 2015 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from psychiatric inpatient care
- Admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper and page numbers if necessary.

We refer to these national priority indicators collectively as the '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 criteria set out in the 'NHS foundation trust annual reporting manual' issued by 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 is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual'
- the quality report is not consistent in all material respects with the sources specified in the Statement of directors' responsibilities for the quality report and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual', 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:

- board minutes for the period April 2014 to 28 May 2015
- papers relating to quality reported to the board over the period April 2014 to 28 May 2015
- feedback from Commissioners (West Cheshire, South Cheshire and Vale Royal) received 27 May 2015
- feedback from governors
- feedback from local Healthwatch organisations, dated 12/05/15 and 20/05/15
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, published April 15
- the 2014 national patient survey
- the 2014 national staff survey,

- Care Quality Commission Intelligent Monitoring Report, dated October 2014 and
- the Head of Internal Audit's annual opinion over the trust's control environment, dated March 2015

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 2015, 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, except 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 (Revised) – '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;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

A limited assurance engagement is smaller 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 affect 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 of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual'.

The scope of our assurance work has not included governance over quality or non-mandated indicators, 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 2015:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual'
- the quality report is not consistent in all material respects with the sources listed above and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual'.

KPMG LLP

KPMG LLP
Chartered Accountants, Manchester
28 May 2015

Annex E: Definitions of the performance measure indicators

Patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay (national performance indicator)

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.

Admissions to acute wards gate kept by Crisis Resolution Home Treatment Teams (national performance indicator)

In order to prevent hospital admission and give support to informal carers CR (crisis resolution)/ HT (home treatment) are required to gate keep all admission to psychiatric inpatient wards and facilitate early discharge of service users. An admission has been gate kept 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 gate kept 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.

Waiting times for psychological therapies (local performance indicator)

The available national guidance that is currently available does not provide all the information required to produce the indicator (for example, it does not define how the denominator/ numerator are to be identified) therefore the Trust has made assumptions about how to do this. The information provided to the independent auditors included patients seen for the first time within 6 weeks of referral, between 6 and 18 weeks and over 18 weeks. This is summarised with the percentage seen within 6 weeks with a target of 75% and those seen within 18 weeks with a target for 95%.