



Quality Account 2015/16



Quality at CWP
2015/16 in pictures

Vision:

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

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Introduction

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

Quality in the NHS is described in the following ways:

Patient safety

This means protecting 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 introduce this year's annual Quality Account. This report is an important way for CWP to report on quality and to show improvements in the services we deliver to the people we serve. This year has seen the development of a new safety management system for CWP, which will be implemented in 2016/17 and beyond to complement and strengthen the improvement focus of our quality priorities reported on later in this report. Dr Sivananthan, Medical Director & Executive Lead for Quality, describes this new development in more detail in her foreword.

Most readers will be aware that in June 2015, CWP welcomed the Care Quality Commission (CQC) to the Trust. In its role as the independent regulator of health and social care in England, the CQC inspected the treatment, care and support that our services provide. We saw this as a real opportunity for us to show how well we deliver high quality, integrated and innovative services that improve outcomes for the people who access our services. We also saw it as an opportunity for us to learn more about how we can make our services even better. It was a comprehensive, announced inspection that took place over the course of one week, although the reality is that the whole process involved many months of effort. As such, on behalf of the Board, I'd like to acknowledge the support and dedication of all of our staff during the process. Their commitment to quality and their ethos of placing the person accessing our services at the centre of all that they do is a real testament to their dedication and professionalism. This was demonstrated by the CQC rating us as 'outstanding' for the care delivered by our services, which is their best rating, with a 'good' rating overall. Specifically, of the 14 core services inspected, inpatient services for people with learning disabilities and/ or autism were rated 'outstanding' – an extremely rare accomplishment. The CQC's report pointed out many areas of best practice, which should provide assurance to those accessing our services. There were also areas rated as 'requiring improvement', these are detailed in *Part 2* of this report, alongside details of the actions we have taken. The CQC will re-assess these areas during the early part of 2016/17, with our aspiration being to move those areas that required improvement to 'good' as a minimum.

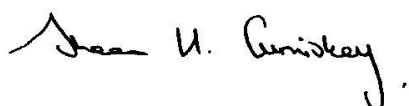
The Board, from speaking with the people who deliver our services, is always struck by their commitment to aim for the best of the CQC's ratings. We all know what 'outstanding' care looks like and what we expect, usually as most of us have all needed to access NHS services at one time or another. It's about 'what really matters to me' and not just 'what is the matter with me'. CWP embraces what really matters to people accessing our services, their carers and their families. A really good example of this was the launch of our brand new Eating Disorders Service website, CreatingHopeTogether.com. The website, which contains a host of online resources for people with an eating disorder, their families, healthcare professionals and the wider general public, includes a number of innovative features, such as dedicated 'Cook-Along' videos and a 'Sanctuary' area, providing ideas for days out, crafts, games and relaxation techniques. Small practical things such as this can make a real difference and is evidence of our drive to deliver personalised care and services for people – you can see more examples like this throughout the report.

To help us be even better at delivering personalised care, in collaboration with our partners across the health and care system, my executive colleagues and I have continued to make progress with the NHS's own plan for the future, the Five Year Forward View. This is about investment in transforming models of care, and has a simple aim of delivering care in better ways, through more integrated care and out-of-

hospital services. At CWP we recognise that we must work differently to best deploy our resources, our people, and our passion for high quality services and care. By doing so, we will reach more of the people we serve as part of an NHS that does not recognise organisational boundaries, though does reward consistently good patient outcomes and experiences. It is this focus on quality that is at the heart of our own clinical strategies.

Embarking on a period of significant change, whilst working within a limited financial budget, will make 2016/17 a challenging year, but I have no doubt that all of our people who directly and indirectly contribute to the delivery of services at CWP and in partnership with others, will rise to this challenge and will continue to contribute significantly to every patient experience. It will also be critical to work with people who access our services, their carers and families, the Foundation Trust's Council of Governors, commissioners and other stakeholders, to continue to build on quality improvements to our services. Together, all these stakeholders play a vital role in influencing and shaping the future plans of the Trust.

I hope that by reading this report you find it informative and stimulating and can get an understanding of the breadth of the services that CWP provides, as well as a flavour of our commitment to the people we serve. On behalf of the Board, to the best of my knowledge, the information presented in this report is accurate.

A handwritten signature in black ink that reads "Sheena U. Cumiskey". The signature is written in a cursive style with a large initial 'S' and a trailing flourish.

Sheena Cumiskey
Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust

Statement from the Medical Director – executive lead for quality



Every day, the people who deliver care across the range of CWP's services have the privilege and responsibility of providing this care through their contacts with thousands of people across all ages, with acute or long term chronic illnesses, in inpatient and outpatient clinical areas, as well as in people's own homes. Wherever this care is provided, it is delivered by people who are united in an ambition to ensure the highest levels of safety and quality. At CWP we believe that this ambition is only delivered through continued scrutiny of the services we provide and by ensuring that there is a focus on continuous improvement, including looking at best practice and innovations within and outside the NHS. This directly supports the '25 year vision for the NHS' to be a safer health system with an improvement culture.

CWP is open to learning from all sources of insight. Through our quarterly Quality Report, the Board receives a selection of the hundreds of compliments received by our teams. The Board also receives other feedback from people who access our services, including through patient stories and complaints, as well as learning from external reports. As such, the Board recognises that we sometimes do not meet the standards that we set ourselves. We therefore welcome these rich sources of information to help us in our ambition of providing the best care in the right place and at the right time.

To support us with this ambition, during the year and as part of our ongoing 'Zero Harm' approach to continuously improving quality, the Board and our Quality Committee approved a 'safety management system'. This ambitious programme provides CWP with an opportunity to implement, in a systematic way, resilient systems to help us to listen, to learn, to improve and to raise the bar on quality. Over the course of the next two years, each team will be taken through the programme, with priority given to those teams with the greatest potential for quality improvement as indicated by a number of qualitative measures. A new healthcare quality improvement team will implement the programme as part of continuous improvement cycles. They will look at each team's safety and quality related information in order to help them to respond and continuously improve. Each team will receive an improvement report to help them, with advice and support to implement identified improvements, including peer support and coaching.

As well as this planned quality improvement work with each of our teams, last year we took an improvement focus to reduce the number of specific types of incidents which have the potential to cause harm. This year I personally sponsored a quality improvement project to reduce prone position (face down) restraint incidents by enabling and giving our staff the confidence to manage challenging behaviour through de-escalation techniques. Through collaboration, learning, sharing knowledge, and listening and responding to the experience of people who access our services, we have achieved real improvements in the way we deliver care to people presenting with challenging behaviour. We have seen a decrease in the total number of reports of these incidents and also overall incidents of restraint, accompanied by an increase in the use of de-escalation techniques. This demonstrates that our staff are learning from incidents by reflecting on their practice and behaviours, and using feedback from patients. It is important that we continually improve the quality of our care and services, as well as measuring any changes to ensure we are improving outcomes for the people who access our services. This is one example of many that shows our staff are embracing our Zero Harm campaign, which is about supporting people to deliver the best care possible, as safely as possible and in doing so reducing unwarranted avoidable harm. We were especially pleased that the CQC in their inspection report recognised our investment in staff through Zero Harm and our commitment to improving quality of services, supported by good governance structures.

Finally, I would like to express my thanks to everyone who made our annual 'Best Practice Showcase' event its usual success. Held in September 2015, a number of excellent examples of improving the care we deliver were shared – just some of these are described later in this report. I hope you enjoy reading about them. The event was followed by our Annual Members Meeting, where over 120 people attended to hear about our work in the previous year and look forward to our further developments. The afternoon finished on a great high with our annual 'Going the Extra Mile' awards, which provided a fantastic opportunity for us to celebrate and to thank staff, volunteers and involvement representatives for the excellent contribution they make to the work of CWP in helping to improve people's lives.



Dr Anushta Sivananthan
Medical Director & Consultant Psychiatrist
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 2015/16

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

Below is a summary of how CWP 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 2015/16

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:

- ✓ Demonstrating a comparative increase in the ratio of 'no harm' to 'harm' reporting of incidents. This is a positive indicator of the Trust's patient safety culture – that it is taking opportunities to learn from incidents that have not resulted in harm before actual harm events happen.
- ✓ Increasing overall reporting by 39%, demonstrating a stronger learning culture where patient safety is a high priority.
- ✓ Reducing incidents of prone position (face down) restraint, which can cause harm to patients and staff, by 50% as a result of a quality improvement project that has enabled and given staff the confidence to manage challenging behaviour through de-escalation techniques.
- ✓ Aligning the Trust's suicide prevention strategy with that of the Cheshire-Merseyside strategy. Education on suicide reduction/ prevention has been contributing to putting the strategy into operation, including suicide awareness training for all clinical support workers.

Clinical effectiveness priority for 2015/16

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:

- ✓ Holding an innovation competition for which 40 ideas were submitted. These ideas are currently being developed.
- ✓ The Effective Care Planning lead developing and commencing a Trustwide programme of education sessions targeting all clinical staff groups to improve the quality and effectiveness of care plans.
- ✓ Developing new care pathways, as detailed in *Part 3*.
- ✓ Establishing a Healthcare Quality Improvement team, which has completed a number of quality improvement projects.

Patient experience priority for 2015/16

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:

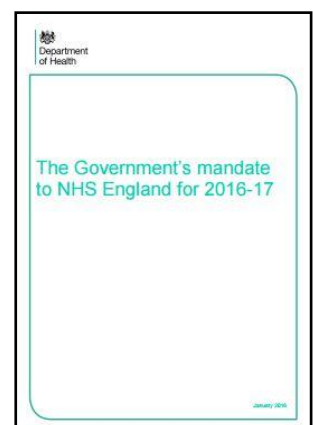
- ✓ Achieving a 25% increase in patient feedback to better understand the experience of people accessing the Trust's services, which is fundamental to being able to provide high quality services and to identify areas for improvement.
- ✓ Using an online survey to gather feedback on what the Trust's values mean to people who deliver the Trust's services.
- ✓ Raising awareness of the Friends and Family Test (FFT) throughout the Trust.
- ✓ Sending questionnaires to people who have raised a concern/ made a complaint to evaluate how they believe their complaints/ concerns were dealt with. Learning from this will be incorporated into the Trust's education needs and shared through 'sharelearning' bulletins.
- ✓ Making pledges, as part of the "Takeover Challenge", to promote a focus on the rights of young people in delivering healthcare to this group of people who access the Trust's services.
- ✓ Providing 'Triangle of Care' training to promote the essential role of carers as part of providing care.

Quality improvement priorities for 2016/17

As a continuous quality improvement programme linked to the Trust's 5-year strategic plan 2014/19, CWP is continuing to implement the current quality improvement priorities that it selected in 2014/15 for 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:
 - Helping to create the safest, highest quality health and care services, through the demonstration of improvements detailed in *The NHS Outcomes Framework*, which is the Government's "mandate" to the NHS.
 - 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 that there should be, and one of the principles of the *Berwick review* recommendations is, a focus on **better care** rather than quantitative targets. As such, the quality improvement priorities **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 2016/17 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 Improvement Report* which is reported 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, their carers and families, 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 activities 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.

How progress to achieve the priorities will be measured:

As described in *Part 1*, as part of the Trust's ongoing 'Zero Harm' approach to continuously improving quality, the Board and the Quality Committee approved a 'safety management system'. This safety management system is based on an evidence-based means of measuring and monitoring safety so that continuous improvement actions can be identified (*Vincent C, et al. BMJ Qual Saf 2014;0:1–8. doi:10.1136/bmjqs-2013-002757*). As a result, this year, as well as setting a number of areas for overall continuous quality improvement, a number of **goal driven measures** aligned to the dimensions of the Trust's safety management system, and to the Trust's forward operational plan for 2016/17, have been set. These goals were the outputs from a "masterclass" session that the Board of Directors attended in March 2016, where CWP showcased some of its successes related to its strategic Zero Harm patient safety approach, and then went on to reflect on how to demonstrate, in an even better way, that quality of care is continuously improving across the Trust.



Patient safety priority for 2016/17

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* and one of *NHS England's* objectives for 2016/17 to protect people who access NHS services from avoidable harm. This includes taking action to identify vulnerable groups in the general population, including people with mental health problems, learning disabilities and autism. The Government has set out goals to support the NHS to be the world's largest learning organisation. 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:

Goal driven measure 1 for patient safety:

Measure: Demonstrable improvement in the alignment of the Trustwide incident reporting profile to the Heinrich ratio every four months.

Baseline: Heinrich ratio (proportion of serious:moderate:low harm incidents) for the period April 2016 – July 2016.

Improvement target: For the period December 2016 – March 2017, the Heinrich ratio to improve to 1:3:300 or better and to improve by 10% better than the baseline performance in relation to reporting of low/ no harm incidents.

Source: Incident reporting data in the Trust's incident reporting system as presented in the 'Learning from Experience' report.

Goal driven measure 2 for patient safety:

Measure: Demonstrable improvement in the completeness and quality of handovers between wards and home treatment teams.

Baseline: SBAR (a communication tool that can be used during transfers of patients which is evidence based to decrease the incidence of harm) completion for the period June 2016.

Improvement target: For the period March 2017, SBAR completion to improve by 10% (this will include a qualitative review of content).

Source: Transfer of care data and SBAR documents in the Trust's care records system.

Continuous improvement measures for patient safety:

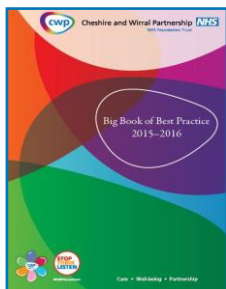
- Evaluation of staff receiving training and development in safe, organisational human factors practices and the spread of the implementation of these practices, including through learning from the review of serious incidents.
- Evaluation of the themes identified as recommendations following the review 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 through incident reporting and 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.
- Monitoring of team safety performance and safety improvement plans using the Trust's safety management system.

Clinical effectiveness priority for 2016/17

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. Supporting innovation, research and growth in order to get the best health outcomes for patients is also one of the Government's ambitions for the health service for 2016/17. 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:

Goal driven measure for clinical effectiveness:

Measure: Demonstrable improvement in service level health related outcome ratings each quarter.

Baseline: Aggregated Trustwide number of indicators of positive variance in relation to aggregated service level health related outcome ratings for the period April 2016 – May 2016.

Improvement target: For the period February 2017 – March 2017, the number of indicators of positive variance in relation to aggregated service level health related outcome ratings to improve by 10% compared to the baseline performance.

Source: Outcome reporting data set in the Trust's locality data packs.

Continuous improvement measures for clinical effectiveness:

- Continuous improvement in the collection and reporting of outcomes from care delivery processes.
- 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 and externally through the Trust's dedicated best practice and outcomes portal.
- 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 healthcare quality improvement activities, through recommendations to reduce unwarranted variations in the quality of healthcare via continuous improvement plans.
- 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 2016/17

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:



Securing measurable improvement in people's experience of health services is one of the Government's objectives for the NHS for 2016/17. 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:

Goal driven measure for patient experience:

Measure: Demonstrable increase in the uptake of the Friends and Family Test each quarter.

Baseline: Aggregated Trustwide uptake for the period April 2016 – May 2016.

Improvement target: For the period February 2017 – March 2017, the Trustwide uptake to improve by 10% or better.

Source: Friends and Family Test reporting data set in the Trust's locality data packs.

Continuous improvement measures for patient experience:

- Evaluation of the outputs of the Trust's 6Cs (care, compassion, courage, communication, competence and commitment) and organisational development work programme 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 patient survey activity 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. This includes evaluation of 'Friends and family' test (for patients) results and improvement actions identified to continuously improve these.
- 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 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.

These quality priorities are set out in the Trust's 'Zero Harm' quality improvement strategy, progress will be monitored throughout 2016/17 in the Trust's quarterly 'quality improvement report', and will also be put forward as the Trust's three priorities/ pledges for 2016/17 towards the NHS England "Sign up to Safety" campaign.

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
- Substance misuse services in Eastern Cheshire
- Primary/ general medical and care services in Ellesmere Port (West Cheshire)

During 2015/16 Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub contracted 92 NHS services, as outlined within the Trust's contract with its commissioners. The income generated by the relevant health services reviewed in 2015/16 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 2015/16.

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 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 survey activity to inform and influence the development of its services.

The National Staff Survey is also used to review and improve staff experience, which in turn can bolster improvements to patient care. The results also inform local and national assessments of the quality and safety of care, and how well organisations are delivering against the standards set out in the NHS Constitution. Trusts are asked to provide the following specific survey result indicators, as a baseline to demonstrate future progress against a number of indicators of workforce equality linked to the Workforce Race Equality Standard (WRES):

KF19 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months:

White	18%
Black and minority ethnic	18%

KF27 – Percentage believing that the trust provides equal opportunities for career progression or promotion

White	92%
Black and minority ethnic	89%

Further information can be found at: <http://webstore.cwp.nhs.uk/diversity/wres-indicators-2015.pdf>

The WRES detailing the NHS Staff Survey results for 2015 will be published on the Trust's website in July 2016. The *Trust's People & Organisational Development Sub Committee* will identify improvement plans in relation to these indicators.

Learning from experience

- The main learning themes from serious incidents identified during the year were around training, communication, care planning and documentation. The Trust undertook a quality improvement project during the year to accelerate restraint reduction. As described above in *Quality improvement priorities for 2015/16*, this approach was found to be successful in driving up quality, and is an approach that the Trust is going to continue to use in other safety critical areas of care.
- Learning from a clinical negligence claim relating to a serious incident that occurred identified that a relevant 'near miss' with learning that could have contributed to preventing the serious incident had not been reported. This is why the Trust continues to promote 'no harm' and 'near miss' incident reporting and is a goal driven quality improvement priority for 2016/17.
- As a result of an inquest, the Trust has reviewed how it liaises with the third sector and other organisations in relation to undertaking investigations and sharing findings to ensure that learning across organisations can be maximised. Further work is currently being undertaken to develop joint protocols for more joined up and effective working when undertaking investigations across organisations.
- As a result of feedback from people who have raised issues or complaints, the complaints team has developed a case management approach. This helps as people have one person to liaise with and it offers a more consistent approach in managing complaints. An emerging theme is families reporting that they are not being fully involved in care decisions and that they are often not listened to. This is particularly relevant when consent is not provided and staff do not feel they can engage with families and carers. Work is ongoing in relation to data protection to ensure that families and carers can be included as much as possible.

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 2015/16, CWP has seen a continued **19% increase** compared with 2014/15 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:

"I honestly don't know where I'd be now if I hadn't come to you, you have helped me so much that words can't begin to describe how thankful I am. You've changed my life when once I felt I could never be happy, you always made me feel comfortable and accepted when nobody else made me feel like that. Thank you so much for sticking by me through everything."

Child and Adolescent Mental Health Services, CWP East

"Just a note to say thank you for looking after my dad, thank you for the support and the cups of tea."

Older People Services, CWP West

"I cannot praise the nurses and carers highly enough. They treated my husband not only with kindness and care but with a gentleness and respect that I had hardly hoped for. They were outstanding. My husband passed away peacefully at home shortly after a comforting visit from the caring team."

Physical Health Services, CWP West

"All staff helpful: Doctors, Nurses, Carers, Tea Lady and Laundry Lady. I could not speak highly enough. I don't think you can improve. Keep up the good work you do already."

Adult Mental Health, CWP Wirral

"Thank you to all the staff! Due to your professional input, we have seen a vast improvement our son's life and you have helped us in recognising an underlying problem that has now been diagnosed. Your service is extremely valuable and reassuring to us."

Learning Disability Services, CWP Wirral

"Can't believe the difference its made just speaking to someone over the phone. I was so worried about my telephone appointment but the therapist made me feel so at ease. Thank you."

Improving Access to Psychological Therapies Services, CWP East

Duty of Candour

Duty of Candour is a regulation that providers of health and social care should follow to ensure that they are open and transparent with people who access and use services, and people acting lawfully on their behalf, in relation to care and treatment – including when things go wrong. A review of CWP’s practice has been undertaken in relation to Duty of Candour. Compliance has so far demonstrated areas of good practice which can be shared across the Trust, as well as areas where improvements can be made. Early improvement actions identified include reviewing compliance through locality governance meetings, providing scenarios for staff to help better understand application of the duty as it relates to incidents of moderate harm, and provision of support materials so that when staff document their application of the duty, it demonstrates and complements a person-centred approach to care delivery.

On 9 March 2016, a league table identifying levels of openness and transparency within NHS trusts and foundation trusts was published, entitled the “Learning from Mistakes League”. CWP was rated as having ‘Good’ levels of openness and transparency, ranked in position 68 out of 231 trusts.

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.

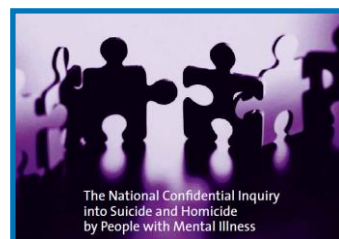
National clinical audits and national confidential enquiries

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 2015/16 **six** national clinical audits covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2015/16 the Trust participated in **100%** national clinical audits which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2015/16 are as follows:

- National Prescribing Observatory for Mental Health: Topic 13b: Prescribing for ADHD in children, adolescents and adults
- National Prescribing Observatory for Mental Health: Topic 14b: Prescribing for substance abuse: alcohol detoxification

- National Prescribing Observatory for Mental Health: Topic 15a: Prescribing Sodium Valproate in bipolar disorder
- NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis audit
- NHS England: Physical health assessment of patients with severe mental illness
- UK Parkinson's Audit

The national clinical audits that the Trust participated are listed below alongside the number of cases submitted to each audit.

CWP also participated in the National Sentinel Stroke Audit led by the *Countess of Chester Hospital NHS Foundation Trust*.

		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 13b: Prescribing for ADHD in children, adolescents and adults	62	Report published. CWP has developed two action plans; one for adults and one for CAMHS, both of which are identifying improvements to the Trust's electronic ADHD clinical pathway.
National Prescribing Observatory for Mental Health: Topic 14b: Prescribing for substance abuse: alcohol detoxification	48	Data submitted; report to be published in June 2016. Action planning will then follow.
National Prescribing Observatory for Mental Health: Topic 15a: Prescribing Sodium Valproate in bipolar disorder	119	Data submitted; report to be published in June 2016. Action planning will then follow.
NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis audit	50	Data submitted; report to be published end of April 2016. Action planning will then follow.
NHS England: Physical health assessment of patients with severe mental illness Cardio metabolic assessment and treatment for patients with psychoses: ¹ Inpatients ² Community early intervention patients ³ Communication with General Practitioners	¹ 100 ² 69 ³ 135	Data submitted; report to be published end of April 2016. Action planning will then follow.
UK Parkinson's Audit	20	Data submitted; report to be published in May 2016. Action planning will then follow.
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 **six** national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2015/16 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 **seven** completed local clinical audits were reviewed in 2015/16 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
Effective Care Planning & Risk Assessment	<ul style="list-style-type: none"> ▪ Development of an effective care planning e-learning module as an additional learning tool for clinical staff. ▪ Modification of the Physical Health in Mental Health training programme to include a specific version for clinical staff working in the community setting. ▪ Physical health diagnosis codes and descriptions are now routinely entered into clinic letters. ▪ Pilot of a Positive Behavioural Support Plans for Inpatients training programme. ▪ The doctors' induction programme on risk assessment has been updated to reflect Zero Harm, person-centred care and a focus on patients' needs, strengths and aspirations. ▪ The Trust's Care Planning policy has been updated to provide staff with guidance on supporting service users in preparing Advance Statements. ▪ An effective care planning 'z-card' information leaflet has been developed which includes fundamentals of the effective care planning process, examples of care plans and links for national and local organisations. ▪ The Recovery Colleges are working to introduce courses to support Advance Statements.
NHS Improving Quality: Winterbourne Medicines Programme	<ul style="list-style-type: none"> ▪ Awareness raising of the challenging behaviour pathway. ▪ Benchmarking of the Trust's pathway against <i>NICE</i> guidelines. ▪ Development of an aide memoire which includes challenging behaviour quality standards on medicines management and psychosocial management. ▪ Providing the <i>NICE</i> information leaflet "People with Learning Disabilities and behaviour that challenges" to people accessing CWP's services and carers.
Crisis Care	<ul style="list-style-type: none"> ▪ Improvements to contingency plans for patients, especially around person centred care planning. ▪ Promotion of attendance on effective care planning training and the complementary person-centred thinking training. ▪ Implementation of a system to review the care plans of all patients who present to Street Triage in order to improve contingency arrangements and highlight of risk factors.
Challenging Behaviour and Restraint Reduction	<ul style="list-style-type: none"> ▪ Identification of a number of enabling actions to support staff to deliver safe and effective care for managing challenging behaviour. ▪ Improvements to documentation, including for reflective reviews.
Seclusion	<ul style="list-style-type: none"> ▪ Review of seclusion documentation. ▪ Upgrade to CAREnotes to facilitate recording of seclusion episodes.
Community Treatment Orders (Supervised Community Treatment)	<ul style="list-style-type: none"> ▪ A review of the Mental Health Act training package to strengthen gaps highlighted in the audit. ▪ Mental Health Act administrators now attend locality meetings to provide further support to clinicians in the areas of Mental Health Act practice.
Record keeping	<ul style="list-style-type: none"> ▪ A review of the Trust's e-learning package around essential record keeping standards to strengthen gaps highlighted in the audit.

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 sub committee 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 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was **504**.

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 **82** clinical research studies in all of its clinical service units during 2015/16.

There were **112** clinical staff participating in approved research during 2015/16. These staff participated in research covering **18** 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 **98** 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.

This year CWP participated in its first Phase 1 clinical research study. This was a study of a vaccine in Alzheimer's Disease. The Trust has been working closely with the *Royal Liverpool and Broadgreen University Hospitals NHS Trust's* Phase 1 Clinical Research Unit, which was the first NHS unit to be awarded Phase 1 accreditation. Over 1,500 patients were screened to get the patients onto the study. CWP achieved its target recruitment. The Trust's Older People's Clinical Director was the Principal Investigator and CWP hopes that there will be a further study on this vaccine and that it will be continuing to work in this specialised area.

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 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 2015/16 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 2016/17 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 2015/16 was £3,236,666 and the Trust received £3,201,666 for the *CQUIN* goals achieved. The total monies available in 2016/17, upon successful achievement of all the agreed *CQUIN* goals, is forecast to be £3,240,529.

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 2015/16.

The Trust has participated in **1** investigation or review by the Care Quality Commission during 2015/16, which was in relation to the following area:

Routine inspection of core services

This inspection took place in June 2015, in line with the new inspection framework and a commitment to inspect all mental health trusts by December 2016. The inspection covered 14 core services across the Trust. The overall ratings for the Trust were published in an inspection report published on 3 December 2015.

Overall rating for services at this Provider		Good 
Are Services safe?		Requires improvement 
Are Services effective?		Good 
Are Services caring?		Outstanding 
Are Services responsive?		Good 
Are Services well-led?		Good 

Of the core services inspected, wards for people with learning disabilities or autism were rated 'outstanding' – which is a rare accomplishment. 10 core services were rated 'good': community-based mental health services for older people; specialist community mental health services for children and young people; wards for older people with mental health problems; long stay/ rehabilitation mental health wards for working age adults; community mental health services for people with learning disabilities or autism; community health services for adults; mental health crisis services and health-based places of safety; child and adolescent mental health wards; community-based mental health services for adults of working age; and end of life care. The services rated as 'requires improvement' were community health services for children, young people and families; acute wards for adults of working age and psychiatric intensive care units; and forensic inpatient/ secure wards.

A robust action plan was developed in response to the regulatory actions identified, which was agreed with the Care Quality Commission and subsequently implemented. All actions have been completed by 31 March 2016 as agreed with the Care Quality Commission. A re-inspection is expected during quarter 1 of 2016/17 to review the actions taken, the outcome of which will update the current rating for services at the Trust.

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 2015/16 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 score overall for 2015/16 was **94%** and was graded **green** (satisfactory).

All areas of the Information Governance Toolkit attained level 2/ 3. Internal Audit has awarded a 'significant assurance' rating for the Information Governance Toolkit for the last three consecutive years.

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust was **not** subject to the *Payment by Results* clinical coding audit during 2015/16 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 2016/17 to address the following areas –

- 1) The quality of data in national and mandatory submissions and feedback areas for improvement to localities and their management structure through locality analysts.
- 2) Data quality issues through a weekly data quality dashboard, engaging 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 embedding of locality analysts in the management structure as a point of contact for data quality issues and promotion of best practice across the organisation.
- 4) Promotion of the use of outcome measures in the organisation for both national and internal reporting.

Performance against key national quality indicator targets

CWP is required to report its performance with a list of published key national measures of access and outcome, against which the Trust is judged as part of assessments of its governance. 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 quality outcomes help CWP to monitor how it delivers its services.

Performance against key national quality indicator targets from the Monitor *Risk assessment framework August 2015*

Indicator	Required performance threshold	Actual performance
Data completeness: community services, comprising: <ul style="list-style-type: none"> ▪ Referral to treatment information ▪ Referral information ▪ Treatment activity information 	50.0% 50.0% 50.0%	100.0% 98.5% 87.3%
Care Programme Approach (CPA) patients, comprising: <ul style="list-style-type: none"> ▪ Receiving follow-up contact within seven days of discharge 	95.0%	98.4%

Indicator	Required performance threshold	Actual performance
<ul style="list-style-type: none"> Having formal review within 12 months 	95.0%	96.9%
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50.0%	88.7% (quarter 4)
Improving access to psychological therapies (IAPT): <ul style="list-style-type: none"> People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral 	75%	78.9% (quarters 3 and 4)
<ul style="list-style-type: none"> People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral 	95%	93.8% (quarters 3 and 4)
Minimising mental health delayed transfers of care	≤7.5%	1.2%
Admissions to inpatients services had access to crisis resolution/ home treatment teams	95.0%	98.2%
Meeting commitment to serve new psychosis cases by early intervention teams	95.0%	110.6% CWP has <i>over-performed</i> against this target. This means that the Trust has seen more new cases than the national target (in line with local need).
Mental health data completeness: identifiers	97.0%	99.6%
Mental health data completeness: outcomes for patients on CPA	50.0%	85.0%

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: 2014/15 – 2015/16

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2015/16			2014/15		
		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 97.5%	Quarter 1 97.0%	Quarter 1 88.9 – 100%	Quarter 1 95.9%	Quarter 1 97.0%	Quarter 1 93 – 100%
		Quarter 2 99.6%	Quarter 2 96.8%	Quarter 2 83.4 – 100%	Quarter 2 97.5%	Quarter 2 97.3%	Quarter 2 94.6 – 99.2%
	Quarter 3 97.7%	Quarter 3 96.9%	Quarter 3 50.0 – 100%	Quarter 3 99.1%	Quarter 3 97.3%	Quarter 3 94.9 – 99.6%	
	Quarter 4 97.6%	Quarter 4 Not available until June 2016*	Quarter 4 Not available until June 2016*	Quarter 4 99.4%	Quarter 4 97.2%	Quarter 4 93.1 – 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 2015/16 is achieving at least 95.0% rate of patients followed up after discharge, CWP performance for 2015/16 is 98.4%). The Trust has taken the following action to improve this percentage, and so the quality of its services: 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 96.9%	Quarter 1 96.3%	Quarter 1 18.3 – 100%	Quarter 1 98.8%	Quarter 1 98%	Quarter 1 33.0 – 100%
		Quarter 2 98.0%	Quarter 2 97.0%	Quarter 2 48.5 – 100%	Quarter 2 98.1%	Quarter 2 98.5%	Quarter 2 95.3 – 99.8%
		Quarter 3 99.3%	Quarter 3 97.4%	Quarter 3 61.9 – 100%	Quarter 3 98.5%	Quarter 3 97.8%	Quarter 3 82.5 – 100%
		Quarter 4 97.6%*	Quarter 4 Not available until June 2016*	Quarter 4 Not available until June 2016*	Quarter 4 97.0%	Quarter 4 98.1%	Quarter 4 59.5 – 100%

		Reporting period					
		2015/16			2014/15		
Quality indicator	Related NHS Outcomes Framework Domain	CWP performance	National average	National performance range	CWP performance	National average	National performance range
			2016*				
		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 2015/16 is achieving at least 95.0% of all admissions gate kept, CWP performance for 2015/16 is 98.2%). The Trust has taken the following action to improve this percentage, and so the quality of its services: 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) 9.40%*	Not available via HSCIC indicator portal*		(i) 0.04%*	Not available via HSCIC indicator portal*	
		(ii) 6.53%*			(ii) 6.74%*		
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because using information held on 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	71%	68%	18 – 93%	68%	66%	36 – 93%
		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.					
“Patient experience of community mental health services”	Enhancing quality of life for people with long-term conditions	Not available			8.2/ 10	Not available CQC guidance states “it is not possible to compare trusts	

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2015/16			2014/15		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
indicator score with regard to a patient's experience of contact with a health or social care worker	Ensuring that people have a positive experience of care				overall" however the CQC states that CWP's performance is "about the same" for the "Health and social care workers" section of the survey		
Cheshire and Wirral Partnership NHS Foundation Trust does not have a performance score against this quality indicator for 2015/16.							
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 (iii) death	Treating and caring for people in a safe environment and protecting them from avoidable harm	** (i) 2713/ bed rate 49.2	** (i) 2456/ bed rate 38.0	** (i) 8 – 6723/ bed rate 6 – 84	(i) 2081/ bed rate 19.7	(i) 2456/ bed rate 38.0	(i) 539 – 5852/ bed rate 0 – 92.5
		** (ii) 8/ 0.3%	** (ii) 9/ 0.4%	** (ii) 0 - 74/ 0 – 2.5%	(ii) 51/ 2.5%	(ii) 9/ 0.4%	(ii) 0 – 122/ 0 - 2.9%
		** (iii) 37/ 1.4%	** (iii) 18/ 0.8%	** (iii) 0 – 95/ 0 – 3.2%	(iii) 65/ 3.1%	(iii) 17/ 0.7%	(iii) 0 – 74/ 0 – 3.7%
		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 has taken the following action to improve this number/ percentage, and so the quality of its services: encouraging the reporting of incidents through it "learning from experience" report produced for staff three times a year. The national average data includes all mental health trusts that have provided partial or full data.					
**Represents data for 01/04/2015 to 30/09/2015, data for 01/10/2015 to 31/03/2016 will be available in April 2017.							

(*) denotes:

Performance for 2015/16 (and 2014/15 where applicable) is not available or 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 as Trust performance where *HSCIC* data is not available is the Trust's information systems.

Part 3.

Other information

An overview of the quality of care offered by CWP – performance in 2015/16

Below is a summary of CWP's performance, during 2015/16, 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 approach 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		
			2013/14	2014/15	2015/16
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	9213 incidents	7598 incidents	10560 incidents
			Data source = the Trust's incident reporting system (Datix).		
ii. 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> 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*	NHS Staff Survey scores <i>Training:</i> N/A* <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. *The NHS Staff Survey Advisory Group reviewed these questions for their usefulness and relevance for the 2014/15 and 2015/16 surveys and decided not to include in the survey.		
iii. Care Programme Approach (CPA) patients receiving follow-	2008/09	Preventing people from dying prematurely	97.9%	97.9%	98.4%
			Data source = The Trust's information systems.		

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
up contact within seven days of discharge from psychiatric inpatient care					
Clinical effectiveness					
i. Implement the Advancing Quality programme for dementia and psychosis	2009/10	'Advancing Quality' measures clinical and patient reported outcomes to determine the level of care that patients have received, benchmarked against a set of agreed 'best practice' criteria	Dementia: CWP compliance 89.9% CWP target 83.6% – Psychosis: CWP compliance 98.0% CWP target 88.2%	Dementia: CWP compliance 64.0% CWP target 57.3% – Psychosis: CWP compliance 84.2% CWP target 90.9%	Dementia: CWP compliance* 60.7% (to-date) CWP target 57.3% – Psychosis: CWP compliance* 83.8% (to-date) CWP target 90.9%
Data source = Clarity Informatics There is up to a six month delay in reporting of compliance data relating to 2015/16. *These figures for 2015/16 reflect CWP's monthly submissions up to and including January 2016.					
ii. Physical health checks for all inpatient service users, including Body Mass Index (BMI)	2008/09	The monitoring of a service user's physical health is a priority to ensure that a service user's physical health needs are being met	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.	99.5% compliance with the patient having their BMI calculated within the previous week Performance was measured every two months as part of the Trust's patient safety priority for 2015/16. The denominator was 639.
Data source = local patient safety metrics data. The 'physical health check undertaken within 6 hours of admission' and 'the patient having their BMI calculated on admission' parts of this indicator					

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
			reported in previous years were removed as these are no longer a requirement of the local patient safety metrics.		
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: 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.	Additional pathways were developed during 2015/16 to facilitate a reduction in unwarranted variation in the following areas of care: <ul style="list-style-type: none"> ▪ Acute care ▪ Bipolar disorder ▪ ADHD
Patient experience					
i. 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	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 350 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 410 patient experience contacts in 2014/15.	25% increase compared with 2014/15 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 118 patient experience contacts in 2015/16.
			Data source = the Trust's incident reporting system (Datix). For 2015/16 the changes in patient feedback are: Concerns = 40% increase PALS contacts = 33% decrease Comments/ suggestions = 57% increase Compliments = 35% increase		

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
			<p>Complaints = 10% 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).</p> <p>The increase in compliments suggests that targeted training focused on recording positive feedback to ensure the sharing of good practice has had an impact.</p> <p>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	2 complaint quality assurance reviews	2 complaint/serious incident quality assurance reviews	6 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.		
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	<p>National Patient Survey score</p> <p>78% (better than the average performance across all other mental health Trusts)</p> <p>Responses = 284</p> <p>– CWP inpatient survey</p> <p>*75% of service users rated the service they received as 'good' or</p>	<p>National Patient Survey score</p> <p>78% (better than the average performance across all other mental health Trusts)</p> <p>Responses = 256</p> <p>– CWP inpatient survey</p> <p>74% service users rated the service they received as 'good' or</p>	<p>National Patient Survey score</p> <p>N/A**</p> <p>– CWP inpatient survey</p> <p>N/A**</p>

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
			'excellent' Responses = 110	'excellent' Responses = 142	
			<p>*On further review of the information available following the 2013/14 Quality Account, the overall response was 75%.</p> <p>**The Trust does not have these specific survey results to report for 2015/16.</p>		

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 2015/16

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



As part of the Trust's **Zero Harm** strategy, Locality Data Packs (LDPs) have been developed to provide team managers with safety and quality information to celebrate and promote areas of good practice and identify areas for continuous improvement. Teams receive these packs every two months. Feedback has been very positive. One example is the Crisis and Reablement Team, which cares for patients who are experiencing a new health crisis and are at risk of hospital admission. The team manager has found the introduction of the LDPs a useful way of focussing on safety critical areas of care. Particular areas of focus relating to patient safety have been the investigation of serious incidents, the number of complaints, and the number of compliments. By incorporating the LDPs as a standing agenda item at the team meeting, it has ensured that essential safety and quality issues are discussed and addressed.

At the second **Patient First: Preventing Harm – Improving Care conference** held in London on 12 November, CWP's Associate Director of Safe Services, who is a Human Factors expert advising *Health Education England*, gave a presentation entitled "Human Factors: solutions, not problems". Over 2,800 professionals were in attendance across the two days of the conference, with some delegates travelling from other countries to attend. The presentation focused on CWP's proactive response to tackling the patient safety challenge using Human Factors training to empower staff to deliver safe and effective care and to build a culture of zero harm.



Wirral Electro Convulsive Therapy (ECT) clinic has demonstrated that they meet national guidelines and standards and were awarded accreditation by the *ECT Accreditation Service (ECTAS)*. The Wirral clinic has been

accredited with continuing excellence for Year 1 of the three year cycle. Accreditation with continuing excellence covers a period of three years subject to a satisfactory annual review. *ECTAS* works with ECT services to assure and improve the quality of the administration. The *Care Quality Commission* uses *ECTAS* accreditation as one of the information sources to direct its inspection activities in its assessment of mental health services. Learning and innovations from this accreditation are being spread beyond the participating service to other services within the Trust.

Improving clinical effectiveness

CWP's Early Intervention teams participate in the North West's *Advancing Quality* programme for First Episode Psychosis and were recognised for the quality of care they provide. Although the care given to a patient is tailored to individual needs, clinicians from across the region have agreed a number of key things which – if carried out at the same time and in the same way for every patient – will help to ensure the **best possible outcomes**; these are what *Advancing Quality* refer to as Clinical Process Measures. For 2015/16, CWP's Early Intervention team was recognised as the **third best** in the region for meeting these standards.



CWP is extending its existing Criminal Justice Liaison Service following a successful bid to *NHS England*. From 1 October 2015, a number of CWP community mental health practitioners will be located as part of an extended team into Middlewich and Blacon police custody suites and in Chester, Crewe and Macclesfield Magistrates Courts. Mental health support will also be provided to Chester Crown Court as part of this new initiative. The practitioners will be in place Monday to Friday to help support individuals who come into contact with local criminal justice services across Cheshire. In line with national recommendations to ensure people with suspected mental health problems are assessed more quickly when they are held by police, this **proactive and innovative service** will enable CWP to provide a whole range of mental health services working in partnership with the police and courts within Cheshire.

In order to provide 'joined up thinking' within the Tier 4 Child and Adolescent Mental Health Services (CAMHS), CWP's Young People's Centre – comprising Pine Lodge, Maple ward and Chester Eating Disorder Service (CHEDS) have offered in-house mental health training to staff working in inpatient care once a month. Staff were encouraged to become confident in developing new skills and ways of working with young people and their families.

A training programme was devised with sessions on various topics and theories. Staff then used a 'reflecting team' approach to apply the theories to direct clinical cases. Sessions also offered staff practical support and included topics such as 'meal time management' for young people with eating disorders; 'engaging parents and carers' in their young person's treatment; and 'risk management' and 'care planning approaches'.

Staff whose experience has been working in Learning Disability Services or with Adult Mental Health Services have gained a greater understanding of child and adolescent development which has helped them to continue to provide high quality robust, competent and compassionate care when working with this population of young people.

Improving patient experience

In November 2015, CWP took part in the national event called "Takeover Day". This is an annual event that promotes children's rights and encourages their voices to be heard. *Takeover Challenge* sees organisations across England invite children and young people to 'take over' their job roles and be involved in decision making. It promotes Article 12 of the *United Nations Convention on the Rights of the Child*, which says all **children should have a say in matters that affect them**. CWP has participated in the event for the past three years. One of CWP's Young Advisors formally opened the event for 2015 and gave an overview of CWP's involvement. Each year sees young people taking over management in their local area and also being given the opportunity to meet with CWP managers and members of the Board of Directors to raise some of the issues that are important to them. 2015/16 saw young people from CAMHS being fully involved in the event and also young people being represented from Learning Disability CAMHS, Substance Misuse Services and the Cheshire Eating Disorder Service.



CWP has received a second gold star from the national *Carers Trust*, recognising the Trust's commitment to improving support for unpaid carers and their families. Since becoming one of the first members of the *Carers Trust's* 'Triangle of Care' scheme, staff have completed self-assessment audits and created action plans to work towards a three way partnership between the service user, the main carer and the professional. Specialised carer awareness training for front line staff has been delivered, and teams have been encouraged to develop stronger partnership working with a range of local carer support organisations including services to support both young

carers and adults.

The recognition comes after the launch of the new Care Act which launched on 1 April 2015. The Act strengthens the rights of all voluntary and unpaid carers to request a carer's assessment via the local authority, who are keen to identify carers at an earlier stage, recognise the contribution they make and offer support to enable the unpaid carer to sustain their caring role and support their own health and wellbeing.



Staff on Cherry ward have introduced weekly sessions to provide people with dementia opportunities to spend time with their loved ones in a supportive and structured environment. The group's aims were to stimulate the recall of memories, through communication and interaction. The 'Weekly Sparkle' reminiscence newspaper is a tool to aid reminiscence therapy. This includes a variety of topics such as 'this week in history', music reminiscence, and quizzes. The group has also been opened up to carers. Picture resources and items are used as memory prompts and

discussion aids, to enable staff to support people on a one to one and group basis.

The group has had a very positive impact on people's experience of care, who have been observed to dance and sing to the music played and express their enjoyment. There has also been positive feedback from carers who have also enjoyed being part of the group, reporting that it has given them a topic of conversation to discuss with their relative.

Annex A: Glossary

Advancing Quality

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

Board

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

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.

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.

Duty of Candour

This is Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

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.

Heinrich ratio

The Heinrich ratio relates to the number of incidents that do not result in harm to the number that result in minor harm, and the number resulting in major harm. This is written as a ratio based on 1 case of major harm – 300:30:1.

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 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.

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.

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 unwarranted avoidable harm and embed a culture of patient safety in CWP.

Annex B: Comments on CWP Quality Account 2015/16

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 2015/16 Quality Account at their meeting on 12 April 2016. 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 Account for 2015/16.

Governors began early discussions about the selection of the local indicator; this enabled exploration about the range of indicators for audit and enabling and robust basis for selection. At the Council of Governors meeting held on 12 April 2016 it was agreed that waiting times for psychological therapies would be selected again as the local Indicator – this was chosen by the Council of Governors in order to further understand the Trust position given Trust performance during 2015/16 and the introduction of this as a national indicator in 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 Eastern Cheshire Clinical Commissioning Group commentary

NHS Eastern Cheshire Clinical Commissioning Group (ECCCG) welcomes the opportunity to provide feedback and commentary to Cheshire and Wirral Partnership Foundation Trust's (CWPFT) Quality Account for 2015/16.

ECCCG acknowledges the continued hard work and commitment shown to ensuring patient safety throughout 2015/16. Undoubtedly these initiatives have led to increased patient safety, better patient journey and experience.

The Trust has invested a good deal of time and expertise in order to improve service user and carer experience over the past year. The Trust has launched several initiatives this year which include the ongoing work with their Zero Harm approach to continuously improving quality. CWP have invested in a new healthcare quality improvement team who have been charged with implementing a programme of continuous improvement cycles looking at safety and quality related issues.

We are pleased with the overall performance with the Trust's CQUINs for 2015/16 and we again look forward to working collaboratively with the Trust to improve upon their performance even further.

We are pleased to see that the Trust has been proactive in developing a set of key quality improvement priorities for the coming year (2016/17) which are both robust and clearly driven by reducing harm, increasing the patient experience. Although the Trust has identified the main learning themes from serious incidents during the year the CCG would like to have seen more follow up work on the key themes which have been identified as communication. The CCG feels this is an area of work that needs to be addressed as a quality priority for 2016/17.

Overall the Trust's account has fairly represented their ongoing commitment to improving the quality of services it offers. During the coming year the Trust will need to maintain this momentum and continue their focus on development and pursue further improvements.

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's (CWPFT) performance through the organisation's Quality Account for 2015/16.

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. It also is pleasing to see that CWP have used a number of sources to develop the quality improvement priorities. These identified priorities have been set out in the Trust's strategic and operational plans and also have a link to the Trust's corporate and locality strategic objectives giving ownership across the organisation.

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. This is especially evident in the commitment shown to staff wellbeing.

In June 2015 The Care Quality Commission performed its routine inspection of core services within CWPFT. The ratings of "Outstanding" and "Good" are recognised accomplishments. The services rated as "requires improvement" were acute wards for adults of working age and psychiatric intensive care units, community health services for children, young people and families, and Forensic inpatient/secure wards. However it should be noted that during the Care Quality Commission inspection, community services provided in South Cheshire and Vale Royal were not included. It is reassuring that robust action plans are reported as developed and actions are progressing.

It is noted that CWPFT continues to take part in national and local audits and plans to continue work around specific standards for quality improvement around physical health monitoring, intervention, prescribing of medication, interventions for psychosis, and Parkinson's disease. We look forward to viewing the Trust's action plans and publishing on 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. 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 2016/17 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.

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 regular 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.

Commissioners in West Cheshire commend the Trust, and all staff, on the excellent outcome following the Care Quality Commission inspection that took place during June 2015. Being rated 'Good' overall, achieving 'Outstanding for Care', and also the 'Outstanding' rating for their inpatient services for people with learning disabilities and/or autism, are great achievements, and a valuable source of assurance to us of the quality of the care delivered to our population.

The Trust has performed well against the majority of goals within their CQUIN scheme. We acknowledge that some difficulties were experienced in agreeing shared working arrangements with our local Hospital at Home service. Assurances received at the end of the year indicate that the Trust will continue to seek

a mutually agreeable approach with partner organisations to ensure the physical health care needs of long stay patients, in adult mental health care wards, in Bowmere Hospital, are met.

Following concerns highlighted with the Trust regarding quality of care plans and risk assessments, we were assured by the plans to develop and deliver a Trust wide programme of education sessions, targeting all clinical staff groups, to improve the quality and effectiveness of care plans. As this programme has now been delivered, we hope to see a reduction in repeat incident themes going forward, to demonstrate the effectiveness of this training.

The Trust's efforts to increase patient feedback and better understand the experience of people accessing the Trust's services, is noted and welcomed. We have raised the comparatively low return rate, of Friends and Family Test Surveys, as being an area where extra focus may be required, and so look forward to seeing this rate increase during 2016/17.

We note the introduction of goal driven measures in this year's Quality Accounts. In particular, those being implemented within the patient safety priority areas; extended use of the SBAR reporting tool to improve handovers between ward and the home treatment teams, and the targets to improve the incident reporting profile within the Trust. We look forward to receiving in year updates against these, and the other stated, quantitative measures.

In light of recent self-harm incident trends, we acknowledge the Trust's focus on continuous improvement measures in the area of patient safety. In particular, the planned evaluation of the Trust's suicide prevention strategy is well received. The plan to strengthen measures already in place that aim to reduce the number of suicides, incidents of serious self-harm or harm to others, and provide effective crisis response, is felt to be an appropriate focus.

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 2016-17.

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 approach to reducing unnecessary harm. This has included an increase in the ration of "no harm "to "harm" reporting of incidents, and 39% increase in overall reporting which is having a real impact on staff culture patient care locally. The trust has made improvements in regard to understanding people's experience of health care that they provide by achieving an increase in patient feedback which will identify areas for improvement. We are assured by the approach the Trust is taking to continually learn from incidents and from patient feedback; and the 25% increase in patient feedback. 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.

With regard to performance against quality indicators it is pleasing to see improvement from 2014/15 in patients receiving follow up contact within 7 days of discharge. This will enhance the quality of life for people with long term conditions. We acknowledge that the staff friends and family has improved from 2014/15 in addition to achieving a performance better than the national average. Performance against the national targets is very positive to note. We acknowledge the delay in reporting regarding Advancing Quality for Dementia and Psychosis however, we would welcome further information regarding these metrics.

The Trust's approach to research and audit is something that we very much welcome, the number of staff participating in research and the number of projects being undertaken demonstrates that the Trust

that is committed to learning and improvement, and offering the latest treatments and techniques. Dementia is an area where we see particular innovation, and CWP is right to highlight this within the report.

We congratulate the trust on their “Good” rating following their CQC inspection in June and in particular the outstanding rating for caring services and in particular for Learning Disabilities, any actions that are required to be undertaken following the inspection will be monitored via the contractual process. 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

Statement from Scrutiny Committees

Wirral Metropolitan Borough Council

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 10th May 2016 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 2015/16. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

Overview

Members acknowledge the approach of continuous improvement which has been adopted by the Trust. However, the reliance on narrative and the lack of more specific targets for the 2015/16 priorities mean that measurement of achievement is difficult to assess. Although the general approach of continuous improvement has again been adopted for 2016/17, the introduction of some ‘goal driven measures’ is welcomed. While accepting that some of the content of the Quality Account is prescribed for Foundation Trusts, it is also suggested, that for future years, a greater emphasis on outcomes for patients may be helpful.

Members very much appreciate the performance of the Trust as highlighted by the outcome of the CQC inspection which took place in June 2015. Members congratulate the Trust on the overall rating of ‘Good’ supplemented by the ‘Outstanding’ rating for Caring, which demonstrates the quality of the services provided.

Priorities for Improvement for 2016/17

In general, Members support the selection of the priorities for 2016/17, which are a continuation of those selected for 2015/16. It is agreed that the implementation of long-term priorities is more likely to lead to continuous and sustainable improvement.

Friends and Family Test

Although data is included to report the percentage of staff who would recommend the Trust as a provider of care to their family or friends, the equivalent data for patients is not presented. It would be beneficial for patient’s Friends and Family Test data to be included in the Quality Account. Similarly, although the patient experience priority for 2016/17 includes an aim to increase the uptake of the Friends and Family Test, there is not a target to improve the outcomes from the patient’s Friends and Family Test.

Performance against key national quality indicator targets

Members acknowledge the performance of the Trust in achieving the threshold for all of the key national quality indicators. Members also welcome that the Trust has exceeded the national average for all of the core set of indicators provided by the Health and Social Care Information Centre.

Patient and carer satisfaction surveys

The 2014/15 Quality Account referred to a local carer’s survey. It is understood that the results of satisfaction survey data could not be included in the 2015/16 Quality Account because the number of

responses fell below the acceptable threshold. It is hoped that actions will be put in place to ensure that response rates are improved.

Other issues

Waiting times

Members are aware of the growth in demand and the pressure on mental health services at a national level, particularly so for children and young people. At a local level, there is anecdotal evidence of some difficulties for young people in accessing the CAMHS service. As waiting times are related to quality, it is suggested that consideration could be given to the inclusion of waiting times as an indicator of quality in the future.

Availability of specialist beds

It is understood that the availability of specialist mental health and dementia beds is an ongoing challenge for mental health Trusts. Therefore, a commentary on availability of specialist mental health and dementia beds may be a helpful indicator of service quality in future years.

Sefton Council's Overview and Scrutiny Committee (Adult Social Care and Health)

As Chair of Sefton Council's Overview and Scrutiny Committee (Adult Social Care and Health), I am writing to submit a commentary on your Quality Account for 2015/16. Members of the Committee met informally on 20 May 2016 to consider a number of draft Quality Accounts, together with representatives from the local Sefton CCGs and Healthwatch Sefton.

We welcomed the opportunity to comment on your Quality Account, particularly in relation to Access Sefton and the Improving Access to Psychological Therapies (IAPT) service; and I have outlined the main comments raised below.

Audrey Jones and Amanda Hampton attended from your Trust to outline the Quality Account and respond to questions raised. We raised concerns regarding vulnerable people, particularly younger people, in accessing services and remaining within the service and the challenges the Trust faces in relating to other relevant services was acknowledged.

We asked about the routine inspection of core services undertaken by the CQC in June 2015 and the rating for the Trust as "Requires Improvement" in relation to "Are Services Safe?". We were advised that this affects services on acute wards for adults, psychiatric intensive care units, community health services for children and forensic in-patient/secure wards. We heard that an action plan for improvement was developed and implemented for these services. We asked about potential harm and how it is managed and heard about the Trust's "zero harm" approach to continuously improving quality.

We asked about the patient experience priority for 2016/17 and whether anything requires improvement in the services commissioned for Sefton residents. We also asked about the processes involved for Access Sefton and the services available for people with learning difficulties. We heard about the challenges involved in recruiting staff for the IAPT programme and the potential for using new technologies in the future.

I also indicated that should our Committee Members have any additional questions on the draft Quality Account and the services we commission, I would ask our Democratic Services Officer to forward them to the relevant members of your staff.

We very much appreciated the opportunity to peruse your draft Quality Account for 2015/16 and I hope that you find these comments, together with the discussion held at the informal meeting, useful.

Would you please accept this letter as the OSC's formal response to your draft Quality Account.

Cheshire East Health and Adult Social Care Overview and Scrutiny Committee

The Health and Adult Social Care Overview and Scrutiny Committee reviewed the draft Quality Account at a meeting on 19 May 2016. Unfortunately the Committee is unable to provide comments about whether the Trust has performed well or not.

The Committee is disappointed with the content of the Quality Account as it does not provide a clear picture of the performance of the Trust in terms of provide good quality outcomes for patients. More information is required in the Quality Account to provide context to the figures provided and enable to Committee to effectively scrutinise the performance of the Trust.

The Quality Account also fails to provide sufficient information about how the Trust is going to achieve its objectives and how it was going to address the weaknesses that the CQC report, although generally rated as good, highlighted.

The comments that councilors on the Committee most often receive about services are related to extended waiting times, particularly for services for children and young people. The Committee would like to see more information in the Quality Account about waiting times and how delays impact on patients' wellbeing.

The Committee understands that the Trust works across a large geographical area that covers several local authorities however it would like to receive more information about the performance of the Trust in Cheshire East. The way that the information is presented in the report it is not possible to ascertain whether performance in Cheshire East is equal to other areas, or whether there are particular parts of Cheshire East where performance is better or worse.

With this in mind the Committee would like to begin receiving the quarterly quality reports the Trust produces and have more in-depth discussions with senior representatives of the Trust, specifically about Cheshire East, to enable the Committee to better perform its role of scrutinising health services in the borough. The Committee also hopes that future Quality Accounts will provide much more meaningful information so demonstrate that the Trust is delivering a good quality services that provides excellent experiences and outcomes for patients.

Some comments the Committee is able to provide are that it is disappointed with the resourcing of PALS and complaints as it does not believe that one full time post is able to effectively provide the services across the large area that CWP covers. The Committee hopes to see greater resourcing of PALS in future to facilitate an increase in activity.

The Committee was also disappointed with the lack of information regarding eating disorders and suicides which are considered to be a very important issue that can affect a lot of people; particularly young people. The Committee is also keen to understand why there has been a significant reduction since 2013/14 in the Trust's compliance with advancing the quality programme for dementia and psychosis; although the Trust is still achieving above target there is a worrying decline.

I hope that the comments above are well received by the Trust and that actions can be taken to improve the Quality Account in future. I also hope that we are able to establish a reporting mechanism so that we are able to effectively review performance of CWP services in Cheshire East beyond reviewing the Quality Account on an annual basis.

Statement from Healthwatch organisations

Healthwatch Cheshire West

Healthwatch Cheshire West (HWCW) values the opportunity to comment on these quality accounts. CWP continues to be the main Hospital Trust supporting mental health; over our whole area; and providing other services in the Chester, Chester Rural and Ellesmere Port area.

In regard to the document Healthwatch Cheshire West would like to make the following comments:

- **We welcome the positive statement from Chief Executive** – “*To build on quality improvements to our services. Together all stakeholders play a vital role in influencing and shaping the future plans of the Trust.*”
- **Implementation of Safety Management System and a New Healthcare Quality Improvement Team** – We feel that this looks positive and demonstrates proactive delivery of change.
- **Part 2 Priorities for Improvement** – We feel that this section could be expanded on; in particular a focus might include more detail on actions taken to reduce the incidents of restraint including reference to recent guidance, e.g. *Reducing incidents of restraint: Embrace the principles and guidance ‘Positive and Proactive Care’ and ‘A Positive and Proactive workforce’ providing a framework to radically transform culture, leadership and professional practice - to deliver care and support which keeps people safe, and promotes recovery.* Such information could be presented as a matrix demonstrating training or examples of training materials used.
- HWCW would like to see reference in this document to policies that the Trust has reviewed over the year – in particular where changes in legislation have impacted on change.
- HWCW would like to see the document include greater patient centred detail/ information e.g. *what changes/ improvements have been made over the period in relation to patient choice, training courses therapy options and access.*
- We feel that the section on patient feedback is a positive inclusion and something which other local trusts could copy as an idea.
- It is pleasing that an explanation (summary) of the CQUIN framework has been included prior to the detail on targets. This is something else that could be noted and included by other trusts.
- HWCW notes the inclusion of ‘*Additional information on improving the quality of CWP’s services in 2015/16.*’ We feel that this is a very positive section of the report. HWCW would like to see this section expanded to include other hospital related news, projects and plans including building improvements and community activity and engagement. e.g. *recent apprentice sharing views video.*
- We feel that the included glossary is valuable to the reader but feel that this itself needs to be more detailed, e.g. *What is the ‘Heinrich ratio?’*

Healthwatch Cheshire West feels that overall the document is positive, well produced and gives a good and fair account of service. It is pleasing that a summary/ explanation to information has been given to most sections.

Healthwatch Wirral

Healthwatch Wirral thank CWP for the opportunity to comment on the annual Quality Account for the Trust.

Healthwatch Wirral decline to comment on the Quality Account due to the timescales involved but would like to inform the reader that HW Wirral have been invited by the Trust to be involved in the Mental Health Concordat which is a multi-agency group. HW also have representation on the Learning from Experience group formed by CWP.

HW would recommend to the Trust that possible quarterly meetings, relating to the Quality Account, would mean that HW could provide a meaningful contribution to the Quality Account.

Healthwatch Cheshire East

Healthwatch Cheshire East welcomes the opportunity to comment on the Cheshire and Wirral Partnership (CWP) Quality Account 2015/16.

Healthwatch Cheshire East acts as the champion for the voice of the consumer and as such our comments and views on this report focus on how CWP have involved and listened to their consumers views (patients and carers).

We acknowledge the positive response from the Trust to us sharing patient feedback and experiences that they have posted as a “Your Story” on our website and the fast response time from the Trust to resolve issues for the patient and their carers’ in order to improve their experiences.

We would also like to acknowledge the importance the Trust have with regard to PLACE visits and improving the patient experience; we are pleased to contribute to this aim as key partners. A note of contribution from Healthwatch in the report would highlight this relationship very well and demonstrate the positive working relationship we have.

We would also like to highlight the work and contribution given by the Young Advisers and would like to acknowledge their work with us on our Children and Young People's Mental Health Project; we look forward to working together on future projects.

We recognise that there have been significant challenges for the Trust during 2015/2016 and value the relationship that Healthwatch Cheshire East and the Trust have. We look forward to continue working with the Trust during 2016-2017 to enable our community to have a powerful voice helping to shape and improve these services for the future.

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 2015/16;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period February 2016 – May 2016.
 - Papers relating to Quality reported to the Board over the period April 2015 to May 2016.
 - Feedback from commissioners: East Cheshire Clinical Commissioning Group 03/05/2016, South Cheshire Clinical Commissioning Group and Vale Royal Clinical Commissioning Group received 15/05/2016. Feedback from West Clinical Commissioning Group received 17/05/2016. Feedback from Wirral Commissioning Group received 13 June 2016.
 - Feedback from governors dated 27/04/2016.
 - Feedback from local Healthwatch organisations – Healthwatch Cheshire West received 11/05/2016, Healthwatch Wirral received 16/05/2016, Healthwatch Cheshire East 16/05/2016.
 - Feedback from Wirral Metropolitan Borough Council (Overview and Scrutiny Committee) received 16/05/2016. Feedback from Sefton Council's (Overview and Scrutiny Committee) received 24 May 2016. Feedback from East Cheshire Council (Overview and Scrutiny Committee) received 24 May 2016.
 - 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 2015 – March 2016. Published May 2016.
 - The national patient survey published on 22 May 2015.
 - The 2015 national staff survey – received by the Trust 2015.
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 2015/2016 issued 25 May 2016.
 - CQC Intelligent Monitoring Tool February 2016.

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;
- 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).

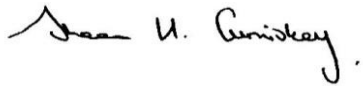
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report. We will continue to strive to improve the quality of data the Trust collects.

By order of the Board at the meeting held on 25 May 2016.

Date 25 May 2016 Chair of the meeting

A handwritten signature in black ink, appearing to be 'D. M.', written in a cursive style.

Date 25 May 2016 Chief Executive

A handwritten signature in black ink, reading 'Alan U. Curiskey.', written in a cursive style.

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 2016 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following two national priority indicators (the indicators):

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

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 Detailed Guidance for External Assurance on Quality Reports 2015/16 ('the Guidance'); 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 Guidance.

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 and papers for the period April 2015 to May 2016;
- papers relating to quality reported to the board over the period April 2015 to May 2016;
- feedback from commissioners received between the 3 May 2016 and 17 May 2016;
- feedback from governors received on 27 April 2016;
- feedback from local Healthwatch organisations received between the 11 May 2016 and 16 May 2016;
- feedback from Overview and Scrutiny Committee received on 16 May 2016;

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2014 national patient survey published on 22 May 2015;
- the 2015 national staff survey published on 23 February 2016;
- the 2015/16 Head of Internal Audit's annual opinion over the trust's control environment; and
- the February 2016 CQC Intelligent Monitoring Report.

Feedback from Wirral CCG was requested on 22 April 2016 and is expected to be received by 27 May 2016.

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 the 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 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. 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 indicator;
- 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.

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 the non-mandated indicator, which was 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 2016:

- 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 Guidance; and
- the indicator in the Quality Report subject to limited assurance has not been 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 Guidance.

KPMG LLP
Chartered Accountants
Manchester

25 May 2016

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)

75% of people referred to the IAPT programme will be treated within 6 weeks of referral, and 95% of people within 18 weeks of referral. All measures are for treatment episodes completed in the reporting period. A completed treatment episode is an episode with at least two attended treatment contacts.