Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Quality Account

2017/18

Quality at CWP
2017/18 in pictures

Vision:

Working in partnership to improve health and well-being by providing high quality, person-centred care

Contents

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.

All Quality Accounts require providers of NHS services to describe quality in the following ways:

Patient safety
This means delivering care in a way which increases safety, by using effective approaches that reduce unnecessary risks.

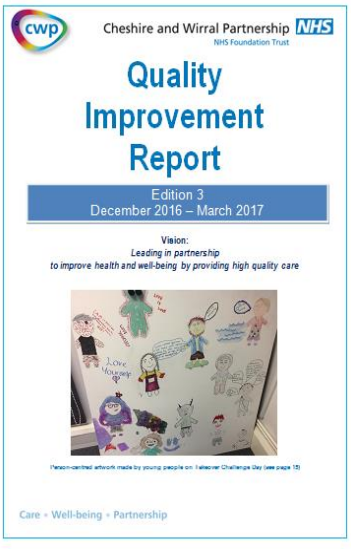
Clinical effectiveness
This means delivering care that is based on evidence and people's needs and results in improved health outcomes.

Patient experience
This means delivering care which people can easily access and that takes into account their preferences and their needs.

At CWP, we also use international ways of defining quality to help us to better show where we are making real improvements, for example is the care that we deliver affordable, sustainable, acceptable and accessible. To help us deliver care which is more equitable and person-centred, we place an emphasis on co-production, which is about the people who deliver and support the delivery of our services, people who access our services, their families and the populations we serve, playing more of an active role in planning, improving and delivering services.

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 we receive.

To help meet this aim, we produce *Quality Improvement Report*s three times a year.



This *Quality Account*, and 'easier read' accessible versions of the *Quality Account* and our *Quality Improvement Report*s, are published on our website.

Part 1.
Statement on quality from the Chief Executive of the NHS Foundation Trust

I am delighted to share with you our annual Quality Account for 2017/18. Our first and foremost priority as a Trust is to enhance quality, through a process of continuous improvement, and ensure that we are committed to improving care for the people we serve. I therefore hope that the following pages will demonstrate our commitment to providing high quality care to everyone who accesses our services.

This has been a year of both transformation and partnership for CWP, with many examples of this in action. In January, we welcomed new colleagues to the CWP family when we took on responsibility for delivering the 'Starting Well' services from the children's centres across the Cheshire West and Chester Council footprint. Other examples include:

- Working in partnership with a local social housing partner and Trafford Council to support people with Autism to move into independent living.
- Croft ward's work with colleagues at East Cheshire NHS Trust to improve care for patients with dementia and their carers.
- Development of a Custodial Partnership Group, to improve pathways for people with mental health problems or a learning disability in prison.

You can read more examples like this in Parts 2 and 3 of this report, as well as finding lots of other examples in our Quality Improvement Reports, which we produce three times a year

At the start of this year, the Board of Directors discussed our long term vision for providing care to our diverse population, and how we can focus our organisational objectives through the lens of the current national and local landscape. This includes NHS England's Next Steps on the NHS Five Year Forward View – a detailed action plan outlining how, nationally, NHS care can be fit for the future. The challenge is how we can deliver better outcomes for everyone, while also ensuring services are sustainable. We therefore agreed to establish a new Trust strategy, to respond to the changing needs of people who access our services and to ensure that CWP is fit for the future – we have called this the CWP Forward View. As a result, we will organise our services in a way that will enable clinicians to develop new models of care for larger populations and link more effectively with other local services and resources outside of their immediate location, thus blending best practice and well-evidenced approaches with place-based care. This will help us deliver more integrated care that is specific to our population need – care that is person-centred, effective and seamless.

In addition to working in partnership with people who access our services and their loved ones and friends, we have continued to ensure that engaging with people who deliver and support the delivery of our services is also a priority. This helps us to gather their views so that people know that their contribution is valued and understood. I have had the personal pleasure of meeting over one hundred staff at our Breakfast with Sheena sessions, where we discuss things such as work experiences, recent achievements, what works well and where people think improvements could be made. Another way to gather views is through our participation in the NHS Staff Survey. You may recall that last year, I was

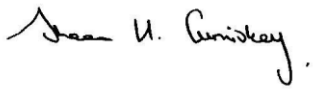
pleased to report that 88% of staff felt that they were able to deliver care using a person-centred approach. We were determined to improve on this to demonstrate the effectiveness of our work to further develop our person-centred framework. Our goal driven measure for patient experience, for 2017/18, was therefore to increase this percentage to over 90%. I am absolutely delighted to report that we actually achieved 93.5%. Further information on this achievement, and the other positive results from the NHS Staff Survey for 2017, can be found in Part 2 of this report.

The Board acknowledges the hard work and commitment of our dedicated teams who deliver and support the delivery of all our services at CWP, and in doing so ensuring that we deliver high quality care and support to the population we serve. The many examples of this in our Quality Account are absolutely inspirational. Research has shown that there is a high correlation between engaged staff and the provision of high quality care to people. We therefore want to maintain a focus on this. One of the highlights for me over the past year was in October, when we held our very first Recognition Awards, celebrating the successes of our wonderful staff and volunteers over the last year. The ceremony recognised how the people who deliver and support the delivery of our services, day in and day out, put our values into action and make a difference to the people we serve and their families. We also said thank you to over 20 people who achieved long-service milestones this year, including two colleagues who were celebrating an astonishing 40 years of dedication to the NHS!

Looking forward to the coming year, we are determined to focus on continuous quality improvement and we are therefore embarking on an organisation-wide scale of Quality Improvement. Over the years, we have had great examples of quality improvement across various services of the Trust, but we want to enable every service and team, in partnership with people with lived experience of our services, to embed this as culture and make it the way we do things in CWP. Our Medical Director and Executive Lead for Quality, Dr Anushta Sivananthan, talks more about this in her own foreword.

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

Sheena Cumiskey



Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust

Statement from the Medical Director – Executive lead for quality

At CWP, we have an excellent culture of improvement and learning from experience, but we want to be even more focussed by ensuring that continuous improvement happens at scale and as part of our every-day way of working. As Sheena introduced in her foreword, I am delighted that earlier this year, the Board of Directors approved our Quality Improvement strategy. This strategy sets out a demanding ambition to deliver the best outcomes, nationally, for the population we serve. Whilst this requires a focused commitment from us as an organisation, on all the components of quality, we are starting from a position of strength. Since we launched our *Zero Harm* quality strategy four years ago, I am proud to report that our staff have undertaken more than 275 Quality Improvement projects, which is quite an achievement! Our new Quality Improvement strategy is an investment in not only our staff, but in people who support the delivery of our services. This includes people with lived experience of our services and the population we serve, through a focus on co-production, co-delivery and using approaches like experience based design. This partnership working will enable us to bring about sustainable changes and improvements in care. This time next year, I hope our Quality Account reflects this.

On the subject of our staff and their achievements, in October we held our annual *Best Practice Showcase* event in Macclesfield Town Hall. As always, it was an inspiration to see our staff wholeheartedly embracing the values of the day. We welcomed over 200 guests made up of staff, partners, people accessing services and wider Trust members. The day also saw the launch of our Big Book of Best Practice 2017/18, which highlights some of our work over the past year. A massive well done to all involved – particularly to the 32 CWP services who exhibited their fantastic achievements on the day.

We have led the way in improving outcomes for the population we serve in a number of areas, including:

- Our *Complex Needs* service in Wirral, which has identified that within their community, some people require a different, more person-centred approach. The service specifically helps people with complex and severe mental health conditions who regularly use out-of-hours, emergency services or make frequent last-minute appointments with their GPs. It has achieved profoundly positive outcomes, and I'm delighted to say that the service is now being recognised as a national example of best practice. You can read more about this model of care on our Internet in my blog the right support at the right time.
- In November, we were awarded funding to launch a pioneering specialist perinatal service, in partnership with our local mental health partners. The service provides mental health support for women in Cheshire and Merseyside who experience mental health issues during pregnancy and in the year after birth. This service is greatly improving access to evidence-based treatments, as well as providing training for other frontline staff caring for local women, to ensure consistent, high quality care across the region.
- Being the lead employer in the Cheshire and Wirral Partnership pilot for the training of 44 Nursing Associates. The role of Nursing Associates is to improve outcomes for people accessing services by bridging the gap between clinical support workers and registered nurses.

Despite our focus on quality improvement, we recognise that quality assurance is also vitally important. We welcome strong regulation and inspection, as a means of assuring the people we serve that we are

meeting fundamental standards of care. We have received positive feedback from our regulators this year as part of their inspection programme:

- In April, Westminster Surgery in Ellesmere Port, which CWP has operated since 2015, was rated as "Good", with a number of positives noted by inspectors. I was delighted that the *Care Quality Commission* (*CQC*) reported that the surgery had systems in place to avoid risks to patient safety and that it delivered person-centred care. The *CQC* also helpfully highlighted some areas in which we can improve our services.
- In June, we were invited to take part in a pilot inspection to test the *CQC*'s plans to work more closely with *NHS Improvement* through the lens of their new "well-led" framework. This was a fantastic opportunity to work collaboratively with our regulators to shape the way in which they monitor, inspect and regulate services. We were one of just four trusts nationally – and the only mental health and community trust – to be invited to take part. After the visit, I am delighted to say that the *CQC* commended our commitment to person-centredness and co-production, our aforementioned Nursing Associate roles, and our governance processes. Again, as part of continually improving, we have looked into all of their feedback and have identified areas where we can further improve.

Finally, I would like to highlight a fantastic example of what can be achieved if we work hand in hand with those who access our services, and their families and carers, using a learning and reflective approach. This year, the *Wirral CAMHS* service has introduced a new advice and duty phone line. This provides a single "front door" to a CAMHS duty worker, enabling people (including parents, carers or healthcare professionals) to access advice or support before referring a young person into the service. This brilliant but simple idea has led to providing an effective and meaningful new offer to our community.

I hope you enjoy reading our Quality Account.

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 from 2017/18

CWP has made significant improvements towards the priorities set in last year's *Quality Account*.

Below is a summary of our improvements, which are presented at the Trust's Board meetings and are available on the CWP website. Our *Quality Improvement Report*s, which are available on our website, have reported on progress throughout the year. Edition 3 of our *Quality Improvement Report* provides further detail on how we have made improvements in addition to the summary below.

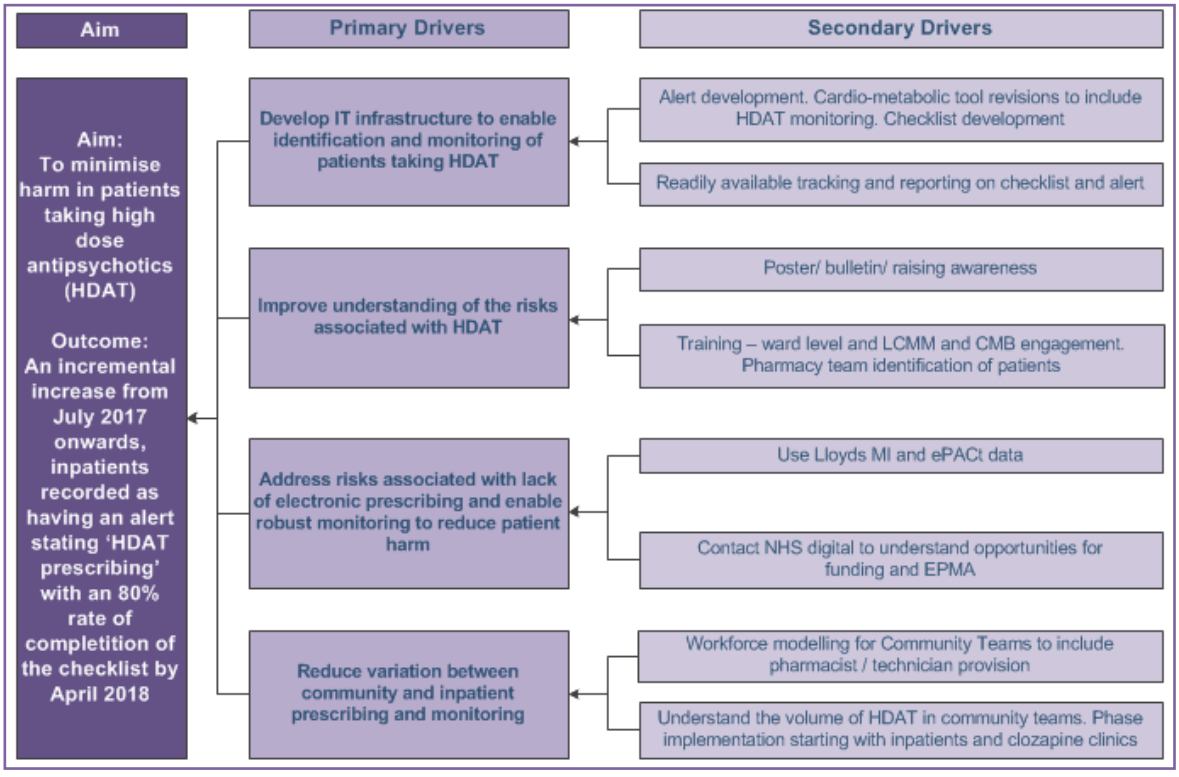
We have included a glossary of some of the terms used in the report. *Annex A* explains these terms.

Patient safety priority for 2017/18

We wanted to:

Increase the identification of patients taking monotherapy or combination antipsychotic treatment, in which daily doses exceed the recommended maximum limits (according to the British National Formulary) to improve monitoring of the associated risks.

This is because there are greater risks, including serious physical side-effects, associated with antipsychotics taken in high doses or in combination.



How we have shown improvement:

- ✓ We have developed training to improve the skills of clinicians in identifying risks associated with taking high doses of antipsychotic medications.

- ✓ A checklist and an alert on our computer systems have been introduced to help clinicians to monitor these risks.

- ✓ By the end of March 2018, we increased (from a baseline of zero at April 2017) the number of people who have a documented HDAT alert to **38**.

- ✓ We set an improvement target of 80% rate of completion of the HDAT checklist by the end of March 2018 – we have achieved **82%**.

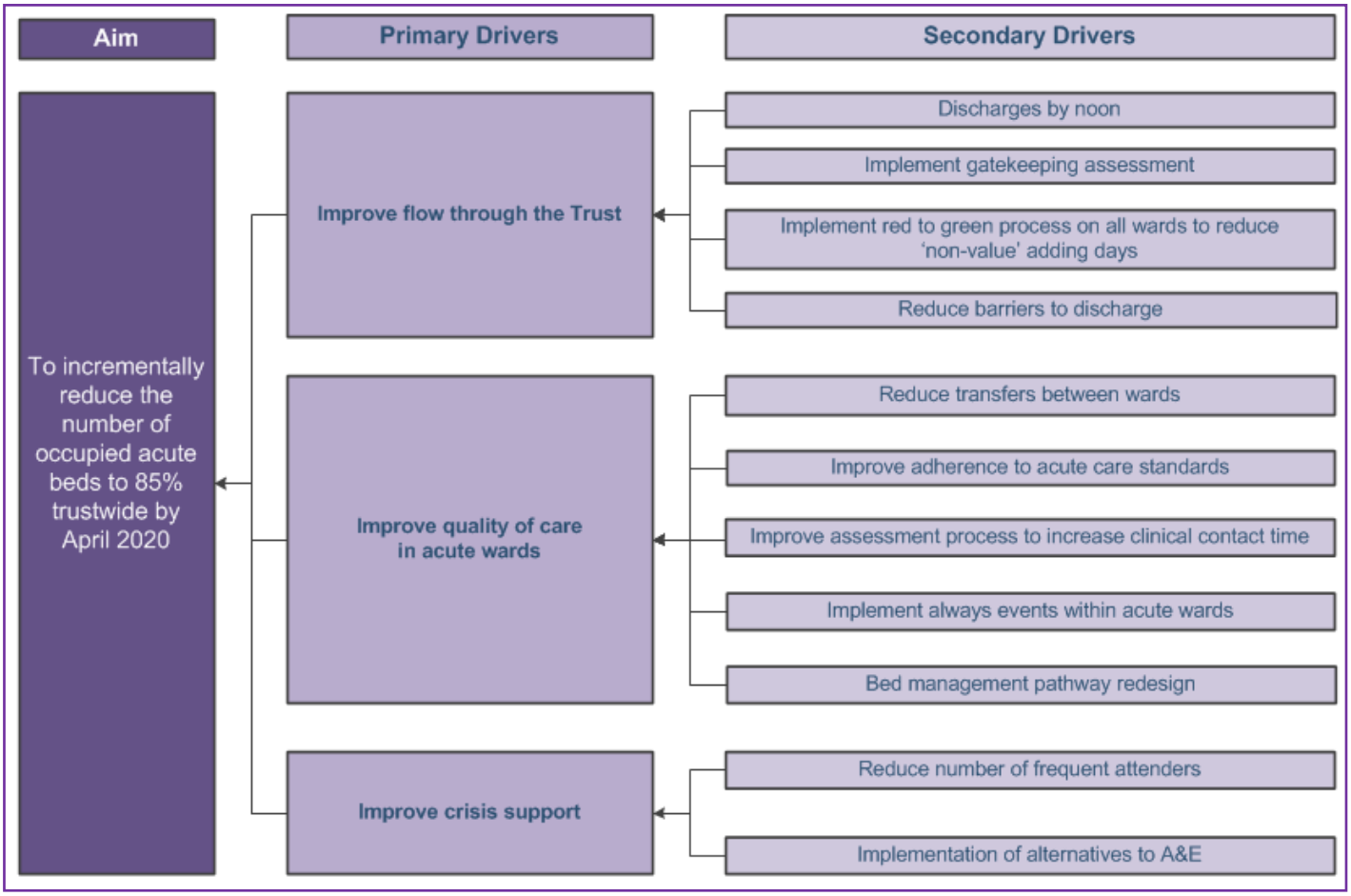
- ✓ We have participated in the *Royal College of Psychiatrists*' audit of this issue. Our results showed that we have halved the number of people we prescribe high dose antipsychotics to since 2012, and significantly reduced the proportion of people in forensic and rehabilitation/ complex needs services prescribed high dose antipsychotics. We also equalled the national average for patients receiving physical health checks (in line with good practice), whilst in our care

Clinical effectiveness priority for 2017/18

We wanted to:

Improve the Trustwide average bed occupancy rate for adults and older people.

This is because the optimal bed occupancy rate to facilitate more effective care is 85%.



How we have shown improvement:

- ✓ We identified a centralised 'bed hub', a system that ensures that everyone needing an inpatient bed is in the best bed for their needs that day. Although we have yet to meet our 85% target, a number of improvement projects are continuing to work towards this challenging goal. For quarter 3 to the end of December, we achieved an **89.6%** bed occupancy rate, an improvement from 90% last year.

- ✓ Our 'Red and Green days' quality improvement project – which identifies and reduces internal and external delays in patient care in order to improve flow. We can see from the data and staff feedback that the project has had a positive impact, both in terms of progressing the patient journey to them receiving active care and interventions, and also in reducing length of stay. We plan to further roll-out this project to other wards.

- ✓ Improving use of the 'Gatekeeping Assessment form' – this project aims to ensure that whenever a person is admitted, there is a clear plan of care for them to ensure their needs are met and they are cared for in the right way and in the right place. This has resulted in some people experiencing a shorter length of stay on the ward.

- ✓ Detailed investigation and analysis of our bed occupancy data to look at the quality of people's experience whilst on our wards. Quality measures include: number of transfers between wards and reasons for these; comparisons between admission and discharge data for different wards; comparisons in bed occupancy rates within wards in our different geographical locations.

- ✓ Acute Care 'Away Days' – held in July 2017 and February 2018 to provide an opportunity for staff working in our acute wards to share ideas, best practice and learning, to minimise variation in how care is delivered across inpatient units.

Patient experience priority for 2017/18

We wanted to:

Achieve an improvement in embedding a person-centred culture across the organisation.

In March 2017, the Trust introduced a person-centred framework. CWP defines person-centredness as "connecting with people as unique individuals with their own strengths, abilities, needs and goals". This priority was identified so that we could demonstrate how the framework is helping to improve the organisation's person-centred culture.

How we have shown an improvement:

- ✓ In 2016, the percentage of staff responding positively in the NHS Staff Survey that they were able to deliver a person-centred approach in their practice/ delivery of care was 88%. Our improvement target was to increase this to 90%. In the NHS Staff Survey for 2017, we achieved **93.5%**.

- ✓ We successfully achieved the delivery of this project by helping our staff to deliver a person-centred approach in the following ways:

    - ✓ Providing access to a dedicated page on the Trust's intranet.
    - ✓ Providing face-to-face training sessions, facilitated by our Consultant Nurse for Learning Disability Services and our Participation & Engagement Lead. Over 200 staff have attended and feedback has been positive.
    - ✓ The work of our person-centred framework group, which oversees five sub-groups: care planning; patient stories; 'be the best you can be'; shared decision-making; and person-centred thinking training.

Quality improvement priorities for 2018/19

Our priorities have been developed and chosen based on:

- Identified risks to quality, which includes feedback such as complaints and learning from investigations into serious incidents.
- What is important to people who access our services, people who deliver our services and stakeholders such as commissioners.
- National priorities.

The quality priorities identified for achievement in 2018/19 have been set out in the Trust's plans, including how they link to the Trust's corporate and locality strategic objectives. This allows our quality priorities to be consistently consulted on and effectively communicated across the Trust and wider stakeholder groups.

Our approach to Quality Improvement

During 2017/18, we have been developing our new Quality Improvement strategy. The purpose of Quality Improvement is to deliver person-centred health care that responds to the needs and preference of people who access our services, with a compelling ambition to deliver the very best outcomes. We will start to implement the first phase of this strategy from 1 April 2018. In developing our Quality Improvement strategy and our ambition, we have sought feedback from our Board, Quality Committee, Clinical Engagement and Leadership Forum, Governors, and via focus groups with partners and stakeholders.

Institute for Healthcare Improvement guidance has encouraged us to assess and monitor quality using a broader definition than as defined in 2008 by the *Department of Health*. This will help us to better identify and prioritise areas for improvement. Together with *World Health Organization* definitions and our *Person-centred Framework*, we have defined quality as described in our Quality Framework:

QUALITY					
Patient safety	**Clinical effectiveness**			**Patient experience**	
Safe	**Effective**	**Affordable**	**Sustainable**	**Acceptable**	**Accessible**
Achieving **Equity** and **Person-centred Care** through **CO-PRODUCTION, CO-DELIVERY, QUALITY IMPROVEMENT & WELL-LED SERVICES**					
Delivering care in a way which increases safety by using effective approaches that mitigate unwarranted risks	Delivering care that follows an evidence base and results in improved health outcomes, based on people's needs	Delivering care in a way which maximises use of resources and minimises waste	Delivering care that can be supported within the limits of financial, social and environmental resources	Delivering care which takes into account the preferences and aspirations of people	Delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs

Our patient safety priority for 2018/19

Measure		Reduction in the severity of the harm sustained by those people accessing CWP services that cause harm to themselves	**Inpatient MH/ LD**	✓
			Community MH/ LD	✓
			Community PH	
Rationale	**Locally**	The number of reported incidents of self-harm has increased over the previous four reporting periods (Source: Trustwide 'Learning from Experience' reports, 2016 – 2017)		
	Nationally	There is a wide variation between services in the frequency of self-harm (Source: Care Quality Commission 'State of Care' report 2016/17)		
Baseline		April 2017 – March 2018 = 121 reported incidents of severe or moderate self-harm		
Improvement target		Trustwide incident reports of severe or moderate self-harm to reduce by 20%		
Source		Incident reporting data as published in the Trustwide 'Learning from Experience' report		

Our clinical effectiveness priority for 2018/19

Measure		Improvement in inpatient access to psychological therapies (*this priority will also aim to improve community and primary care services access, the improvement target is specific to inpatient services*)	**Inpatient MH/ LD**	✓
			Community MH/ LD	✓
			Community PH	
Rationale	**Locally**	Gaps and variation in the current psychological therapeutic offer to people accessing care across each inpatient unit (Source: Internal review commissioned by the Board, undertaken by the acute care nurse consultant)		
	Nationally	Health care organisations should be assured that they are providing effective care that includes psychological interventions (Source: Care Quality Commission 'State of Care' report 2016/17)		
Baseline		Ward level access to psychological therapies = variable per ward		
Improvement target		Ward level access to a minimum psychological therapeutic service offer (to be determined at the end of quarter 1 2018/19) by the end of 2018/19		
Source		Quality improvement project reporting		

Our patient and carer experience priority for 2018/19

Measure		Improvement in engagement with bereaved families and carers	**Inpatient MH/ LD**	✓
			Community MH/ LD	✓
			Community PH	✓
Rationale	**Locally**	Variation in the current levels of engagement with bereaved families and carers (Source: Internal review commissioned by the Board, undertaken by the acute care nurse consultant)		
	Nationally	Health care organisations should prioritise working more closely with bereaved families and carers and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage, from notification of the death to an investigation report and its lessons learned and actions taken (Source: National Quality Board 'National Guidance on Learning from Deaths' report 2017)		
Baseline		▪ 'Always Events' (based on the key principles set out by the National Quality Board) to be determined at the end of quarter 1 2018/19 ▪ Implementation of 'Always Events' from quarter 2 2018/19 (baseline to be determined end of quarter 2 2018/19)		
Improvement target		'Always Events' performance to improve to 100%		
Source		'Always Events' reporting data as published in the Trustwide 'Learning from Experience' report		

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 that is common across all *Quality Account*s nationally.

Common content for all *Quality Account*s nationally is contained in a shaded double line border like this. We are required to use certain wording.

Information on the review of services

We are commissioned to provide the following services:

- NHS Bolton CCG – Eating Disorder services.
- NHS England – CAMHS (Children and Adolescent Mental Health Services) Tier 4, Specialised Eating Disorder, Low Secure, school age immunisations programmes, Child Health Information Systems (CHIS) and Specialist Community Peri-natal Mental Health services.
- NHS Eastern Cheshire CCG – Mental Health, Learning Disability, CAMHS, and Eating Disorder services.
- NHS South Cheshire and Vale Royal CCGs – Mental Health, Learning Disability, CAMHS and Eating Disorder services.
- NHS South Sefton and NHS Southport and Formby CCGs – IAPT services.
- NHS Trafford CCG – Eating Disorder services and Learning Disability services.
- NHS Western Cheshire CCG – Mental Health, Learning Disability, CAMHS and Community services.
- NHS Wirral CCG (and co-commissioners) – Mental Health, Learning Disability, Eating Disorder, CAMHS and ASD services.
- Betsi Cadwaladr University Health Board – Emergency Mental Health services.
- Wirral Metropolitan Borough Council – Nurse Practitioner for the Homeless.
- Cheshire East Council – Substance Misuse services and Emotionally Healthy Schools.
- Cheshire West and Chester Council – Starting Well (0-19 services) and Infection, Prevention and Control services.

We also deliver various CCG commissioned specialist services to support people with Autism of all ages and abilities.

During 2017/18 Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub contracted 79 NHS services, as outlined within the Trust's contract with its commissioners. The income generated by the relevant health services reviewed in 2017/18 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 2017/18.

We have reviewed the data on the quality of our services in the following ways during the year.

Contract review and monitoring

We work together with our commissioners to review and update the quality requirements in our contracts to ensure that they reflect changes in best practice and emerging national or local good clinical or good healthcare practice.

Reviewing the results of surveys

We have engaged people who access our services, carers, people who deliver our services, and other partners in a wide variety of survey activity to inform and influence the development of our services.

The NHS Staff Survey is used to review and improve the experience of the people who deliver our services. 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 results, to demonstrate progress against a number of indicators of workforce equality linked to the Workforce Race Equality Standard (WRES):

KF 26 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months:

White	17%
Black and minority ethnic	17%

KF21 – Percentage believing that the trust provides equal opportunities for career progression or promotion

White	90%
Black and minority ethnic	90%

Further information can be found at:
http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2017_RXA_full.pdf

The WRES detailing the NHS Staff Survey results for 2017 will be published on our website in July 2018.

Learning from experience – examples

This year, we have had some examples of where our responses to people making complaints have been co-produced with the individual people who have provided the feedback. This has ensured that their voice is reflected in the response.

Learning from a complaint has brought about improvement in the information we provide for those families who are supporting and caring for a loved one who is dying. This information includes the care and treatment that can be provided and the support that is available.

Learning from incidents and 'Reports to Prevent Future Deaths' (Regulations 28 of the Coroners (Investigations) Regulations 2013), we have found that when people who have accessed our services move and/ or transfer between different geographical locations and organisations, there is a greater potential for unwarranted risk associated with shortfalls in communication. We are using Quality Improvement approaches to help us develop practicable systems to identify early warnings before any potential adverse incidents.

We continue to analyse our claims profile in respect of value, volume, speciality and cause, to improve patient safety. Learning from reviewing claims, we have found that we could improve the action we take when a safety incident occurs that affects staff, to support the staff member and to help prevent future incidents.

Mortality monitoring

In March 2017, the *National Quality Board* published guidance on "Learning from Deaths" which requires all NHS trusts to increase the number of deaths they can learn lessons from by reviewing deaths that they were not previously required to review, such as expected deaths. Since this guidance, we have been increasing the reporting and review of deaths that do not meet the serious incident criteria set out by *NHS England* to help us identify more learning. This work is being reported in our Learning from Experience report and is being monitored by our Quality Committee.

The National Health Service (Quality Accounts) (Amendment) Regulations 2017 this year require all NHS trusts to report on the following information.

During 2017/18 1,472 of Cheshire and Wirral Partnership NHS Foundation Trust's patients died*. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 385 in the first quarter;
- 320 in the second quarter;
- 371 in the third quarter;
- 396 in the fourth quarter.

By March 2018, 260 case record reviews and 91 investigations have been carried out in relation to 1,472 of the deaths included above. In 91 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 16 in the first quarter;
- 21 in the second quarter;
- 26 in the third quarter;
- 28 in the fourth quarter.

Four (4) representing 0.3% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in care provided to the patient. In relation to each quarter, this consisted of:

- Zero (0) representing 0% for the first quarter;
- Two (2) representing 0.6% for the second quarter;
- Two (2) representing 0.5% for the third quarter;
- Zero (0) representing 0% for the fourth quarter.

These numbers have been estimated using the multi-disciplinary team assessment of the case record reviews**.

Cheshire and Wirral Partnership NHS Foundation Trust has learnt the following from case record reviews in relation to the patient deaths during the reporting period (these have been reported to the Board). The actions taken and the impact of these are summarised below.

- The need to review adequacy of systems to reliably contact the District Nursing Service out of hours.
  A contact system was developed to ensure that calls are being answered appropriately.
  No further incidents or complaints have occurred since introducing the new system.
- The requirement for improved communication with families in relation to medication regimens in place for people receiving palliative care.
  A multi-disciplinary meeting, including with commissioners, took place.
  A quality improvement project was identified, which is ongoing.
- Improvements required to the quality of communications between district nurse staff and patients, families and carers should they wish to make a complaint.
  Further actions were identified to enhance the Duty of Candour section of the complaints policy.
  Complaints training will provide greater knowledge and understanding for staff and improve the quality of communications.

Zero (0) case record reviews and zero (0) investigations were completed after April 2017 which related to deaths which took place before the start of the reporting period.

Zero (0) representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in care provided to the patient. This number has been estimated using the multi-disciplinary team assessment of the case record reviews.

Zero (0) representing 0% of the patient deaths during 2016/17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

* includes deaths of people who were discharged from CWP's care within 6 months of their death

** For investigations into serious incidents, there is currently no nationally agreed or validated tool, for mental health or learning disability services, to determine whether deaths are due to problems in care provided. The Royal College of Psychiatrists is developing a tool which CWP anticipates adopting in the future as part of serious incident investigations. The information above is from the bespoke tool that CWP has developed in 2017/18, using quality improvement approaches – this tool uses a multi-disciplinary team assessment of case records.

Feedback from people who access the Trust's services

We welcome compliments and comments from people who access our services, their families and carers, and use the feedback to act on suggestions, consolidate what we do well, and to share this best practice across the Trust.

Our *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 (PALS) contacts. Reviewing them together, with the results of clinical audits, helps to identify trends and spot early warnings, so that 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 our Board meetings, our partner organisations and via our website.

Examples of feedback from people who access our services, their families and carers, includes:

"Once again, we would like to say how invaluable your sessions with [patient] are, both for her and for us. You manage to relate to her so well and leave her in a calmer state of mind after your meetings." – Learning Disability services, Wirral

"Thank you all for being there for us during my Dad's last few weeks. Your medical and emotional support was very much appreciated, along with your time and commitment." – Physical Health services, West Cheshire

"It's been a very positive experience. I have felt well informed and had things explained to me thoroughly, but in a personal manner so I wasn't left confused or intimidated. I've felt both supported but also in charge of my own journey. Vale House is a lovely place to receive care. All staff offer a warm welcome and are pleasant and helpful over the phone too. I would highly recommend to anyone. Thank you." – Adult Mental Health services, Central & East Cheshire

"Somehow just saying thank you doesn't seem like enough. But I hope you know how much your thoughtfulness has meant to me while [patient] was in your care. He's now back home thanks to you." – Adult Mental Health services, Central & East Cheshire

"Now that I am at the end of my therapy, I feel that I have been given the tools I need to continue to improve my mental health. I feel that I have made huge progress in comparison to how I used to feel since I started therapy with [staff member]" – Adult Mental Health services, West Cheshire

Duty of Candour

Duty of Candour is what providers of health and social care are regulated on, and follow, to ensure they are open and transparent with people who access services, and with people acting lawfully on their behalf, in relation to care and treatment – including when things go wrong. We take a continuous improvement approach to being open and transparent, including reviewing the effectiveness of the role of our family liaison officers who support people affected by serious incidents. We aim to continually improve our communication and connection with people who access our services, their families and carers, ensuring that they are central to reviews of the care we have provided and that their feedback is acted upon and incorporated into our responses. Learning is reported through our Learning from Experience report, which is monitored by our Quality Committee.

Reviewing the results of clinical audit

Clinical audit is used to check that standards of care are of a high quality. Where there is a need for improvement, actions are identified and monitored. The next section describes this is greater detail.

Information on participation in clinical audits and national confidential enquiries

National clinical audits and national confidential enquiries

National clinical audits

We take part in national audits in order to compare findings with other NHS trusts to help us identify necessary improvements to the care we provide and deliver to people accessing our services.

National confidential enquiries

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

During 2017/18 **nine** national clinical audits covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2017/18 the Trust participated in **89%** of 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 2017/18 are as follows:

- National Prescribing Observatory for Mental Health: Topic 15b: Prescribing valproate for bipolar disorder.
- National Prescribing Observatory for Mental Health: Topic 17a: Use of depot/LA anti-psychotic injections for relapse prevention.
- National Prescribing Observatory for Mental Health: Topic 16b: Rapid tranquillisation.
- NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis Self-Assessment Audit.
- NHS England/ Royal College of Psychiatrists: National Clinical Audit of Psychosis including National CQUIN: Physical health assessment of patients with severe mental illness; also Communication with General Practitioners.
- National CQUIN: Improving the assessment of wounds.
- University of Bristol: Learning disability mortality review programme.
- UK Parkinson's Audit.
- National Diabetes Audit.

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

	Cases submitted (as a percentage of registered cases within CWP)	
National clinical audits		
National Prescribing Observatory for Mental Health: Topic 15b: Prescribing valproate for bipolar disorder.	**52 (62%)**	Data submitted; report awaiting publication. Action planning will then follow.
National CQUIN: Improving the assessment of wounds	**25 (100%)**	Report provided to commissioners April 2018. An improvement plan has been developed, including the revision of wound assessment documentation.
UK Parkinson's Audit	**20 (100%)**	Report published. Action planning in progress.
National Diabetes Audit	**140 (100%)**	Data submitted; an 'interactive summary' is being generated by NHS Digital; awaiting analysis, action planning will then follow.
National Clinical Audit of Psychosis (Data for NHS England re: Physical health assessment of patients with severe mental illness CQUIN (Cardio metabolic assessment and treatment for patients with psychoses (Patients on CPA) will be extracted from this audit).	**183 (80%)**	Report to be published June 2018.

	Cases submitted (as a percentage of registered cases within CWP)		
National clinical audits			
Early Intervention in Psychosis Network/ Royal College of Psychiatrists: Early Intervention in Psychosis Self-Assessment Audits: Wirral, West, Central and East Cheshire	**Central & East**	**158 (100%)**	Reports to be published in April 2018. Action planning will then follow.
	West	**92 (100%)**	
	Wirral	**202 (100%)**	
NHS England: Physical health assessment of patients with severe mental illness: Communication with General Practitioners	**Central & East**	**40 (100%)**	Data submitted and report published. Action planning has commenced, which includes standardising how changes of medication are notified, and the formulation of a Standard Operating Procedure to ensure consistency around the standard clinic letter template.
	West	**40 (100%)**	
	Wirral	**40 (100%)**	
Learning disability mortality review programme (LeDeR)	**19 (100%)**		Ongoing data submission.

	Percentage of cases submitted
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	
Sudden unexplained death in psychiatric inpatients	**No cases**
Suicide	**100%**
Homicide	**100%**
Victims of homicide	**No cases**
National Confidential Enquiry into Patient Outcome and Death	
Young people's mental health study	**100%**

The reports of eight national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2017/18 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 eleven completed local clinical audits were reviewed in 2017/18 and Cheshire and Wirral Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Title of local clinical audit	Good practice identified	Action/s taken
1. Total Knee Replacement (TKR): Physiotherapy	▪ Appropriate management of people who have had a TKR. ▪ Full adherence to the TKR rehabilitation pathway.	▪ Printed cards are now provided to people accessing this service, detailing contact details/ phone numbers. ▪ Improved communication with Nuffield Health to ensure that patients are referred to the TKR physiotherapy service on the day of their discharge.
2. Antibiotic prescribing in respiratory tract infections: GP Out of Hours (OOHs) service	▪ Almost full compliance [*n* = 7/8] with best practice (NICE guidance CG 69).	▪ The only area requiring improvement related to ensuring a discussion of the natural history of the infection takes place with patients and evidenced in the clinical notes.

Title of local clinical audit	Good practice identified	Action/s taken
		This has been highlighted to all clinicians and is monitored by the OOHs steering group.
3. Non-attendance within Community Mental Health Team (CMHT) outpatient clinic	▪ The audit has effectively identified the route cause around gaps in communication with patients.	▪ All patients are now given an "opt-in" letter on referral to standardise the process. ▪ A re-audit will be conducted in 6 months' time to assess the effectiveness of the recommendations.
4. Multi-agency public protection arrangements (MAPPA)	▪ The Forensic Team are a valuable and effective service in relation to effective risk management.	▪ Improved design of the MAPPA alert system. ▪ Improved MAPPA training, which includes face to face training for staff. ▪ Each Care Programme Approach (CPA), which is care plan review, will include a discussion about MAPPA. ▪ A re-audit is to take place in 2018/19.
5. and 6. Safeguarding within the Substance Misuse Service (audit and re-audit)	▪ Attendance at Children's Social Care meetings has significantly improved. ▪ Record keeping has also improved on re-audit, e.g. practitioners are documenting when they are unable to attend meetings. ▪ Good evidencing of information sharing.	▪ Safer Families Lead now provides pre-conference safeguarding supervision for practitioners attending an initial case conference. ▪ Each practitioner is provided with a plan following attendance at a case conference, which includes ensuring a safeguarding alert is detailed in the electronic clinical notes. ▪ If unable to attend case conferences, practitioners are sharing treatment and risk information prior to the meeting, and documenting that this has been done. ▪ Letters are now sent automatically to GPs when patients do not attend a medical review. ▪ Examples of good practice around risk assessments and record keeping have been shared.
7. Good communication standards for patients with a learning disability or autism	▪ All people involved in the audit know how they would make a complaint if they weren't happy with something. ▪ 'Talking mats' and easy read information are used to support capacity assessments. ▪ People on the ward have headphones to listen to music as a	▪ A plan to enhance training for staff around dysphagia awareness and the utilising 'talking mats' and 'visual timetables'.

Title of local clinical audit	Good practice identified	Action/s taken
	positive strategy when there is noise stimulation on the ward. ▪ Every person, who would like one, has a communication passport.	
8. Improving the quality of handovers for patients being escalated to the on-call doctor at Bowmere Hospital (audit and re-audit)	▪ Re-audit demonstrated that in 95% of handovers, clinicians provide thorough details around the describing the situation for escalation. ▪ Re-audit also demonstrated that in 98% of cases, effective recommendations were made as part of the handover.	▪ Improved physical observations when patients are unwell.
9. Resuscitation Equipment	▪ There is a proactive overview of practice by matrons and ward managers.	▪ Simulation training for use of resuscitation equipment has been introduced and is now part of essential training for all clinical staff. ▪ Checklists have been amended to help ensure that equipment is replaced before its expiry date.
10. Record keeping	▪ All paper records audited were written in black ink. ▪ A significantly high compliance was demonstrated in relation to contemporaneous recording after contact with people accessing services.	▪ All services involved in the audit are developing an action plan, focussing on areas requiring improvement.
11. Compliance with Gatekeeping assessment documentation	▪ Development of a gatekeeping tool, which has been effective in reducing people's time in hospital.	▪ To sustain this effective project, the Trust's data packs are monitoring this initiative.

National and local CWP clinical audits are reviewed as part of the annual healthcare quality improvement programme (which incorporates clinical audit), and are reported to our *Patient Safety & Effectiveness Sub Committee*, chaired by the Medical Director.

We have an infection prevention and control (IPC) audit programme, to ensure cleanliness of the care environment, identify good IPC practice and areas for improvement. We also analyse patient safety standards, including use of the national safety thermometer tool, to monitor the degree to which we provide harm free care in relation to areas such as pressure ulcer care and falls through our Learning from Experience report, presented at our Quality Committee, which identifies areas for improvement.

Information on participation in clinical research

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

The number of patients that were recruited during that period to participate in research approved by a research ethics committee was **1555**.

Cheshire and Wirral Partnership NHS Foundation Trust was involved in conducting **77** clinical research studies in all of its clinical services during 2017/18.

There were **323** clinical staff participating in approved research during 2017/18. These staff participated in research covering **19** medical specialties.

The number of principal investigators in CWP has increased over the last year and more clinicians are actively involved in research. CWP has been associated with **35** research publications, the findings from which are used to improve patient outcomes and experience across the Trust and the wider NHS.

During 2017/18, CWP has completed a Phase 1 clinical research study, working with *Royal Liverpool and Broadgreen University Hospitals NHS Trust* of a vaccine in Alzheimer's disease. CWP have also commenced a Phase 3 study in Alzheimer's disease in the new research department in Chester. Another study of vitamin D in schizophrenia is progressing.

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 of our specialists are involved in the production of national guidelines for *NICE*.

Service Quality and Accreditation Projects

(Royal College of Psychiatrists' College Centre for Quality Improvement – CCQI)

The *CCQI*'s quality and accreditation projects review services against established guidelines and standards, with the aim of supporting services to improve the quality of care they offer. CWP has participated in the following projects this year and gained a number of accreditations.

Project	Participating services	Accreditation status
Early Intervention in Psychosis self-assessment	Central and Eastern Cheshire	N/A
	Cheshire West	N/A
	Wirral	N/A
Early Intervention in Psychosis Network	West Cheshire	N/A
	Wirral	N/A
Electro Convulsive Therapy Accreditation Service	Bowmere Hospital	**Accredited**
Home Treatment Accreditation Service	Wirral	Currently in review
Memory Services National Accreditation Project	Chester	**Accredited**
Psychiatric Liaison Accreditation Network	Wirral	Not accredited
Quality Network for Community CAMHS (Child and Adolescent Community Mental Health Services) Eating Disorders	Child Eating Disorder Service	Participating, but not yet undergoing accreditation
Quality Network for Eating Disorder Services	Oaktrees ward	**Accredited**
Quality Network for Forensic Mental Health Services	Saddlebridge Recovery Centre and Alderley Unit	N/A
Quality Network for Inpatient CAMHS	Coral ward	N/A
	Indigo ward	N/A
Quality Network for Learning Disability wards	Greenways	**Accredited**
Quality Network for Psychiatric Intensive Care Units	Brooklands ward	**Accredited**

N/A = Not Applicable, e.g. accreditation not offered

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 our income to the achievement of local, regional, and national quality improvement goals. *CQUIN* goals are reviewed through the contract monitoring process.

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust's income in 2017/18 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 2018/19 available by request from the Trust's Effective Services Department: email lynn.davison@cwp.nhs.uk

The maximum income available in 2017/18 was £2,040,893, including a further £1,360,595 for meeting technical requirements stipulated by *NHS Improvement* and *NHS England*. The Trust received £1,902,417 for the *CQUIN* goals achieved. The total monies available in 2018/19, upon successful achievement of all the agreed *CQUIN* goals, is forecast to be £2,043,300 (this figure will increase as contracts are finalised) and a further £1,362,200 dependent upon meeting technical requirements stipulated by *NHS Improvement* and *NHS England*.

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 2017/18.

The Trust has participated in **two** investigations or reviews by the Care Quality Commission during 2017/18, these were:

1. A routine inspection of GP services at Westminster Surgery
In April 2017, GP services provided at Westminster Surgery in Ellesmere Port were inspected by the Care Quality Commission. Results of the inspection were published on 9 June 2017. Westminster Surgery has been rated as "Good" overall and across all key questions and population groups. No regulatory actions were identified.

2. A pilot of the new well-led inspection framework, which is a partnership between the CQC and NHS Improvement.
This year, the Board agreed to participate in a pilot regulatory assessment of the "Well-led" question. This inspection tested the new joint Care Quality Commission and NHS Improvement regulatory framework. The "Well-led" question assesses the leadership, management and governance of NHS organisations. The inspection took place in June 2017 and the Care Quality Commission provided the Trust with the pilot inspection report in October 2017. The Trust was awarded a "Good" rating for "Well-led", consolidating the rating awarded at the comprehensive and re-inspections undertaken in June 2015 and October 2016 respectively.

Following these inspections during 2017/18, the Trust's rating has been sustained, remaining as "Good" overall with "Outstanding" for care.

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 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage (to one decimal point) of records in the published data which included the patient's valid NHS number was:
99.9% for admitted patient care;
100.0% for outpatient care.

The percentage of records (to one decimal point) in the published data which included the patient's valid General Medical Practice Code was:
100.0% for admitted patient care; and
100.0% 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 2017/18 was **94%** and was graded **green** (satisfactory).

All areas of the Information Toolkit attained level 2/ 3. Internal Audit has awarded a "significant assurance" rating for the Information Governance Toolkit for the last six 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 2017/18 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 Trust's data quality improvement framework during 2018/19, this will involve improvements in the notification of data quality issues to our clinical teams.

Performance against key national quality indicator targets

We are required to report our Trustwide performance against a list of national measures of access and outcomes, against which we are judged as part of assessments of our governance. We report our

performance to the Board and our regulators throughout the year. These performance measures and quality outcomes help us to monitor how we deliver our services.

We have successfully met all required organisational performance levels. Based on feedback from our stakeholders in previous years, we have reported these measures in this report to show local levels of performance in the three main Cheshire and Wirral local authority areas (*note the Trustwide performance includes services provided by CWP across other areas outside of Cheshire and Wirral, e.g. Trafford, South Sefton).

Individual teams benchmark against each other and other services in the Trust to identify how they can continuously improve their performance.

Performance against key national quality indicator targets from *NHS Improvement*'s Single Oversight Framework 2017/18

Indicator	Required Trustwide performance threshold	*Trustwide
Data completeness: community services, comprising:		
▪ Referral to treatment information	50.0%	**100.0%**
▪ Referral information	50.0%	**99.9%**
▪ Treatment activity information	50.0%	**73.3%**
Care Programme Approach (CPA) patients, comprising:		
▪ Receiving follow-up contact within seven days of discharge	95.0%	**97.4%**
▪ Having formal review within 12 months	95.0%	**97.3%**
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%	**79.8%**
Improving access to psychological therapies (IAPT): ▪ People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	**90.0%**
▪ People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	**99.5%**
Minimising mental health delayed transfers of care	≤7.5%	**0.6%**
Admissions to inpatients services had access to crisis resolution/ home treatment teams	95.0%	**97.0%**
Mental health data completeness: identifiers	97.0%	**99.8%**
Mental health data completeness: outcomes for patients on CPA	50.0%	**71.4%**

*Trustwide includes all relevant services (see section above entitled "Information on the review of services")

Performance against quality indicators: 2016/17 – 2017/18

*Quality Account*s 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 Account*s nationally. These are detailed in the following table.

The data sources for the information we are required to provide in this section is not available by locality.

		Reporting period					
		2017/18			2016/17		
Quality indicator	**Related NHS Outcomes Framework domain**	**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 Enhancing quality of life for people with long-term conditions	Quarter 1 **98.9%**	Quarter 1 **95.4%**	Quarter 1 **69.2% – 100%**	Quarter 1 **99.1%**	Quarter 1 **96.2%**	Quarter 1 **28.6% – 100%**
		Quarter 2 **98.1%**	Quarter 2 **96.7%**	Quarter 2 **87.5% – 100%**	Quarter 2 **98.7%**	Quarter 2 **96.8%**	Quarter 2 **76.9% – 100%**
		Quarter 3 **97.2%**	Quarter 3 **95.4%**	Quarter 3 **69.2% – 100%**	Quarter 3 **98.5%**	Quarter 3 **96.7%**	Quarter 3 **73.3% – 100%**
		Quarter 4 **99.2%**	Quarter 4 **95.5%**	Quarter 4 **68.2% – 100%**	Quarter 4 **98.6%**	Quarter 4 **95.4%**	Quarter 4 **84.6% – 99.4%**
		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 NHS Improvement (target for 2017/18 is **achieving at least 95.0%** rate of patients followed up after discharge, CWP performance for 2017/18 is (**97.4%**). The Trust has taken the following action to improve this percentage, and so the quality of its services, by targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts.						
Admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper	Enhancing quality of life for people with long-term conditions	Quarter 1 **98.1%**	Quarter 1 **98.5%**	Quarter 1 **91.4% – 100%**	Quarter 1 **97.1%**	Quarter 1 **98.1%**	Quarter 1 **78.9% – 100%**
		Quarter 2 **95.4%**	Quarter 2 **98.6%**	Quarter 2 **94.0% – 100%**	Quarter 2 **97.8%**	Quarter 2 **98.4%**	Quarter 2 **76.0% – 100%**
		Quarter 3 **97.8%**	Quarter 3 **98.7%**	Quarter 3 **88.9% – 100%**	Quarter 3 **98.6%**	Quarter 3 **98.7%**	Quarter 3 **88.3% – 100%**
		Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4

Quality indicator	Related NHS Outcomes Framework domain	Reporting period					
		2017/18			2016/17		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
		97.7%	**98.7%**	**88.7% – 100%**	**98.0%**	**98.8%**	**90.0% – 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 NHS Improvement (target for 2017/18 is **achieving at least 95.0%** of all admissions gate kept, CWP performance for 2017/18 is **97.0%**). The Trust has taken the following action to improve this percentage, and so the quality of its services, by targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts.						
The percentage of patients aged (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Helping people to recover from episodes of ill health or following injury	**(i) N/A+**	**Not available via NHS Digital indicator portal***		**(i) 1.2%***	**Not available via NHS Digital indicator portal***	
		(ii) N/A+			**(i) 5.8%***		
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because using information that is held on internal information systems. Readmission rates help to monitor success in preventing or reducing unplanned readmissions to hospital following discharge. +The planned update of the readmissions to hospital information has been delayed whilst NHS Digital review the methodology for calculation.					
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	**72%**	**70%**	**42% – 93%**	**73%**	**65%**	**54% – 73%**
		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 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" indicator score with regard to a patient's experience of contact with a health or social care	Enhancing quality of life for people with long-term conditions Ensuring that people have a	**80%**	**"About the same"**	**64% – 81%**	**85%**	**N/A**	**79% – 90%**
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the survey is administered and verified externally on behalf of the Care Quality Commission. The Trust					

Quality indicator	Related NHS Outcomes Framework domain	Reporting period					
		2017/18			2016/17		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
worker	positive experience of care	has taken the following action to improve this percentage, and so the quality of its services, by sharing results with locality leads to support their work to develop actions plans to address priority areas for improvement.					
Incidents (i)The number and, where available, rate (per 1,000 bed days) 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) 2365/ 44.8**	**** (i) 3160/ 51.5**	**** (i) 12 – 7384/ 0 – 126.5**	***(i) 5500/ 50.1**	***(i) 5845/ 45**	***(i) 108 – 12706/ 0 – 90**
		**** (ii) 46/ 1.9**	**** (ii) 10/ 0.3**	**** (ii) 0 – 89/ 0 – 2.0**	***(ii) 98/ 0.1**	***(ii) 20/ 0.4**	***(ii) 0 – 102/ 0 – 0.4**
		**** (iii) 36/ 1.5**	**** (iii) 23/ 0.7**	**** (iii) 0 – 83/ 0 – 3.4**	***(iii) 128/ 2.4**	***(iii) 45/ 1.0**	***(iii) 4 – 131/ 0 – 1.0**
		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 its "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 full 2016/17 data hence the difference in reporting in the Quality Account 2016/17. **Represents data for 01/04/2017 to 30/09/2017, data for 01/10/2017 to 31/03/2018 will be available in April 2019.					

(*) denotes:
Performance for 2017/18 (and 2016/17 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 *NHS Digital*.
The data source of the performance that is stated as Trust performance where *NHS Digital* 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 2017/18

Below is a summary of our Trustwide performance, during 2017/18, against previous years' quality improvement priority areas. The performance compares historical data where this is available. These priorities were selected because they are national quality indicator targets.

Quality improvement priority area	Year identified	CWP performance		
		2015/16	2016/17	2017/18
Patient safety				
1. Inappropriate out of area placements	2015/16	0	0	0
2. Admissions to adult facilities of patients under 16	2015/16	1*	0	1*
3. CPA follow up – proportion of discharges from hospital followed up within 7 days	2015/16	98.4%	98.0%	97.3%
Clinical effectiveness				
1. % of clients in employment	2015/16	11%	11%	7.3%
2. Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:	2015/16			
Inpatient wards		100%	92%	N/R
Early intervention in psychosis services		98.6%	99.2%	N/R
Community mental health services (people on care programme approach)		N/A	69%	N/R
3. IAPT – proportion of people completing treatment who move to recovery	2016/17	N/A	53.7%	51.1%
Patient experience				
1. Referral to treatment % of incomplete referrals waiting less than 18 weeks (1st DNA) 18 week - incomplete incomplete	2016/17	N/A	97.2%	87.6%
2. People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks referral	2016/17	N/A	85.0%	79.8%
3. IAPT waiting times to begin treatment	2016/17			
▪ 6 weeks		N/A	88.9%	89.8%
▪ 18 weeks		N/A	98.4%	99.5%

* Admission in the person's best interests, agreed with commissioners
N/A = Not Available
N/R = Not Received (available post June 2018)

NHS Improvement 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

- Early Intervention in Psychosis: people experiencing a first episode of psychosis treated with a NICE approved package within two weeks of referral.
- Improving Access to Psychological Therapies: waiting time to begin treatment.

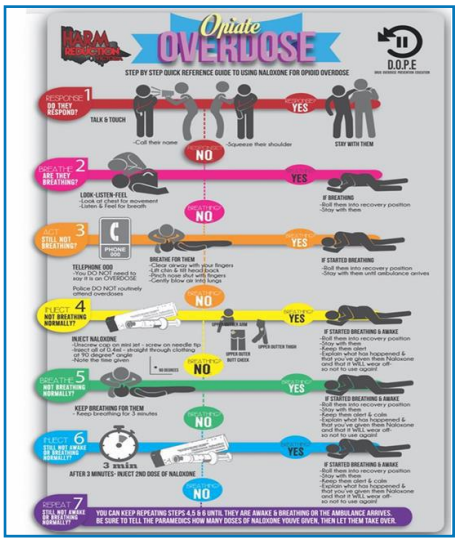
Locally selected indicator

- Mental health data completeness: outcomes for patients on CPA.

Additional information on improving the quality of CWP's services in 2017/18

Below is a selection of the work over the past year that some of our services have undertaken to improve the quality of the services we provide. Our *Quality Improvement Report*s, published three times a year, provide more information about this throughout the year.

Improving **patient safety**



Our Substance Misuse Service (SMS) has worked on a project to **prevent avoidable drug related deaths**. Research has shown that with basic training, non-medical professionals, such as friends or family members, can recognise when an overdose is occurring and give naloxone. Naloxone is a prescription medicine that blocks the effects of opioids and reverses an overdose. As most people are in the company of others when they overdose, by being given this training, and being given a take home pack of naloxone, this project will inevitably **save lives**.

All SMS staff have been trained in how to train people accessing SMS services, family, friends and carers to use naloxone. In addition, training has been rolled out to the staff at a community housing project (*Emerging Futures*). We have promoted this project with other agencies and held an event during *Overdose Prevention Week* in August 2017.

In line with our Zero Harm strategy, we have been actively learning from examples of good care so that we can **spread best practice to reduce the risk of avoidable falls**. Risk factors for falls includes: age, frailty, physical health co-morbidity, previous fall prior to hospital admission, intermittent confusion, and people not always wanting to wear appropriate footwear or use their walking aids. A **quality improvement project** on Cherry ward followed a successful pilot project on Croft ward, which has successfully reduced the number of falls. Both are wards that care for older adults, where incidents of falls are high.

Our community learning disability teams have been working on **a quality improvement project** to support people with a learning disability (LD) and/ or autism who are at risk of admission for inpatient care. In line with the national *Transforming Care* guidance relating to Care and Treatment Reviews (CTRs), Clinical Commissioning Groups are required to keep a *Dynamic Support Register* (DSR) of people with LD and/ or autism that are at risk of admission. A scoping exercise showed variation in the use of DSR and CTR. Using PDSA cycles, we set out to develop a tool that would help professionals to proactively identify people, known to community LD teams, with a current level of risk of admission. Development of the tool resulted in staff feeling more confident in identifying people for the DSR and resulted in **improved use of appropriate care pathways in the community**. The

screening tool allows for **early identification and timely management of risk** of admissions and supports the use of the CTR process. The tool is also being adapted for children's services Trustwide, and being written up for publication.

One of our trainee doctors on an acute adult psychiatry ward, completed a project to **improve the quality of handover**. A good quality handover allows staff to prioritise, request action and give advice effectively, **improving patient care** and **reducing delays.** Poor handover can waste time, leave people without assessment or treatment unnecessarily, and damage working relationships.

The aim of this project was to improve the quality of handover to the on-call junior doctor, to allow better prioritisation, increase the possibility of advice being given over the phone, and ultimately improve the person's experience and outcomes. An SBAR (see right) reminder was created and situated near to phones commonly used to make referrals. Alongside this, the SBAR framework was opportunistically discussed with team members to remind them of its role and how to apply it, as well as to gain feedback regarding its use and possible barriers to this. This simple intervention has made a **dramatic improvement in all areas in relation to the quality of communication** to the on-call junior doctor, with the greatest improvement being made in providing a relevant Background summary, with a five-fold improvement.

Learning Disabilities Mortality Review (LeDeR) Programme

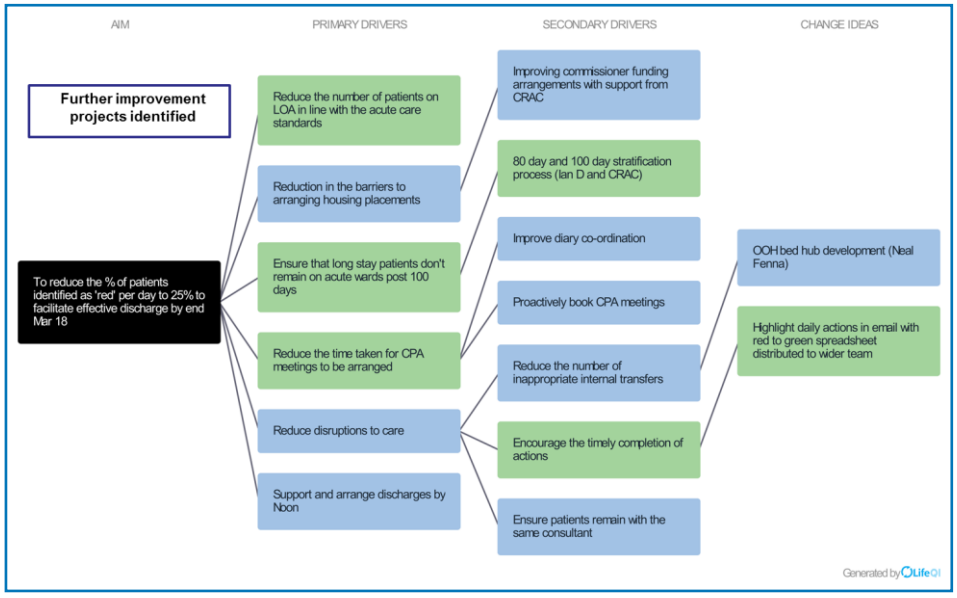
Research has shown that people with a learning disability have poorer health than people without a learning disability, including a higher rate of respiratory disease, gastrointestinal conditions and mental health conditions, amongst others. In addition, people with a learning disability have historically tended to have poorer health outcomes due to inequitable provision of health care. This combination of factors means that people with a learning disability often die younger, and sometimes die in situations where their death could have been prevented, had they received better quality or more effective health care. Over the last 15 years, a number of national reports have highlighted this inequality.

A review of deaths amongst people with a learning disability had not been attempted previously in Cheshire, however partner organisations (healthcare commissioners and providers) expressed support for a local review of deaths based on the principles set out by the *Confidential Inquiry into premature deaths of people with learning disabilities* and the national mortality review programme. The Learning Disabilities Mortality Review (LeDeR) programme aims to **make improvements to the lives of people with learning disabilities**. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.

Working with our commissioners and with public health partners, we wanted to ensure that people with a learning disability that access and use our services receive the best possible care. The aim of the project was to complete a review of deaths in adults with learning disabilities in Cheshire with a view to improving our local services and reducing premature death in this population. The results of this project have provided an overview of some of the healthcare issues experienced by people with a learning disability in Cheshire, and their families, during their last months and weeks of life. As well as identifying

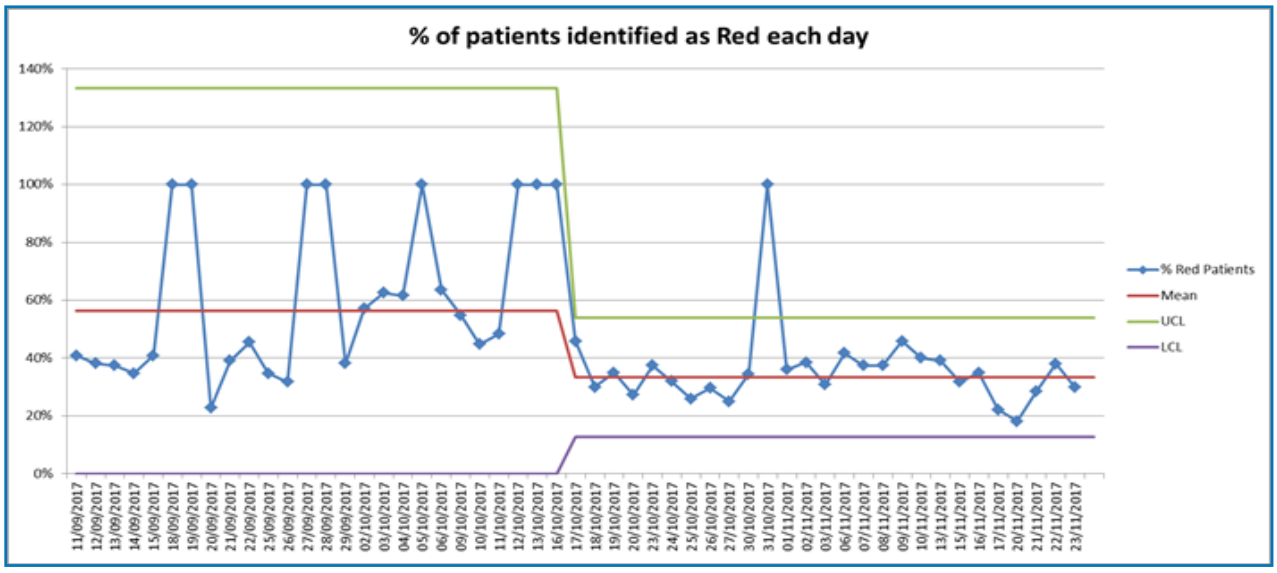
examples of good practice, the project has **identified several areas for local quality improvement**, including five priority areas for action and a further 19 recommendations, all of which seek to reduce morbidity and mortality in people with learning disabilities in Cheshire. We are now working to **share best practice** from the review, and also to look at how we can **target areas of practice that require improvement**. For example, we are looking at specific issues such as the care of people who died from respiratory problems.

Improving **clinical effectiveness**



Our 'Red and Green Bed Days' pilot project began on Beech ward between September and December 2017. This quality improvement initiative aims to **optimise patient flow**, through the identification of wasted time in a patient's journey, including the reduction of internal and external delays. Broadly speaking, a 'Green' day is a day when a person has received care or an intervention in accordance with their care plan to support their journey to discharge. A 'Red' day is a day when a person does not receive the planned care or intervention, or that the care or intervention the person is receiving that day could have been delivered safely and effectively in a non-acute setting.

This initiative was identified by our 'bed hub' as one of a suite of projects to help reduce bed occupancy rates by reducing length of stay. Although the process has been successfully used within acute physical healthcare settings, it is not currently well-established within mental health inpatient settings. It has resulted in information on delays to patient flow no longer being hearsay, but supported by relevant reported information that results in specific action and escalation to reach a solution and expedite a person's journey towards receiving active care, treatment or discharge.



Early indications from the data and staff feedback identify that the Red and Green Bed Days project is having a positive impact, both in terms of progressing the patient journey to receiving active care and

interventions, but also in terms of reducing length of stay. This is reflected within the data analysis, which identifies a reduction in the percentage of 'Red' patients, from 56% at the start of the pilot, to 33% at week 6 of the pilot, where it has remained since. Most significantly, the data analysis identified a reduction in the average length of stay when people are discharged, from 20 days at week 5 of the pilot to 9.6 days at week 9, where it has remained since.

In June 2017, our Winsford CAMHS service set up a pilot group to support the emotional well-being of young people, called "Youth Connect". "Youth Connect 5" is a course that was developed with *Merseyside Youth Association*, who then trained various professionals throughout Cheshire and Merseyside to deliver the course to parents. Our aim was to support families within CAMHS with supporting the young people they care for, as well as building their own resilience as care givers. It was hoped that the course would help families to feel more supported, and that the course skills would help parents and their children to **achieve their goals** within CAMHS at an earlier stage.

Throughout the course, parents requested more of a mental health focus and wished to focus on certain issues such as self-harm and bullying. Additionally, parents were directed to use the duty service within CAMHS or speak to their child's clinician. Sessions included topics such as:

- Defining and understanding what mental health is
- Looking at risks and resilience
- Seeing things from a teenager's point of view – e.g. pressures
- The teenage brain
- Seeing the positives

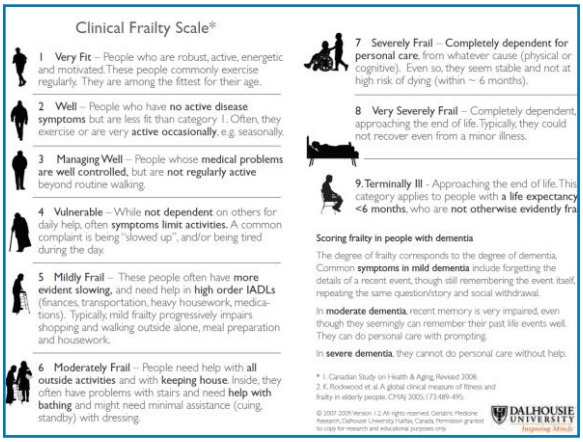
Most people with learning disabilities have some speech, language and communication difficulties. The *Royal College of Speech & Language Therapists* published a report in 2013 called "Five good communication standards". It was written to highlight what reasonable adjustments to communication that people with a learning disability and/ or autism should expect when they are an inpatient in a specialist hospital or residential setting.

Speech and language therapists have conducted two audits of communication practice in Greenways and the Alderley Unit to assess communication standards and make recommendations for improvement. We wanted to ensure that we were meeting the five good communication standards, and that our patients at Greenways and Alderley Unit received the best possible support to express their needs. The two audits demonstrated high levels of compliance with the standards. One of the key themes was the provision of communication training for staff working in learning disabilities. Now the audit is complete, it has highlighted the need for **continuously overseeing good communication standards**, and this will be one of the main roles of a new Speech & Language Therapist for inpatient units in East Cheshire.

Croft ward frequently works with frail older adults with dementia, who also have multiple physical health problems. People with dementia are vulnerable and they are highly susceptible to environmental change. It is imperative, therefore, that there is good access to physical health care on our ward, and that we can prevent several transfers for people so that they don't become unsettled unnecessarily. We identified the use of a "Clinical Frailty Scale", which is a useful tool to score a person's level of frailty upon admission, and then again at the discharge planning stage. It

provides a good indication to recognise when people are declining in their health, but also helps to assist us in establishing what care setting is going to be appropriate at discharge. The ward Consultant and Matron attended the 'Frailty Groups' held at *East Cheshire NHS Trust*, and arranged for a GP Specialist to offer expertise once a week for people with acute medical issues on Croft ward. This **joint working** role provides advice on pending medical issues, in order to avoid potential admissions or transfers to the medical wards, and to limit polypharmacy. This extra medical support is important due to the complex medical needs of the people we care for.

Staff are now using the frailty scale each week. It's a simple tool and takes seconds to complete. This is used when a person is admitted, in their first ward round, and then again when planning discharge. This process has been cascaded to all staff on the ward to ensure effective care of frailty is planned for. This project demonstrates the benefits of **working together**, **sharing best practice**, and **placing the person at the heart of practice**. The project exemplifies how quality of care can be improved in an **affordable** and **sustainable** way, as it has been achieved at no additional financial cost.


Clinical Frailty Scale*

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. Terminally Ill - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently fra

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging. Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

DALHOUSIE UNIVERSITY

With a rapidly expanding population of older people, caseloads within the older people's teams have grown significantly over recent years. We therefore decided to look at a **more streamlined and more integrated approach** within the Memory Service. Our approach was to redesign the existing pathway, in line with current *NICE* guidelines, in order to **create efficiency through the reduction of duplicated activity**, and as a result, improve the rate of diagnosis and initiation of treatment, and provide increased support to people with dementia. To do this, we identified that we needed to work more closely with our primary care colleagues as part of the '*Caring Together*' transformation programme and the development of '*Primary Care Homes*'. Results are showing that:

- Caseloads are reducing due to more people's care and treatment being managed by primary care services, **creating space and capacity** for the team to begin to work differently with primary care services.
- **Waiting times for assessment and diagnosis have reduced** from 9 weeks to a maximum of 5 weeks and involve fewer appointments for the person to attend, which means less travel for older people across a large semi-rural geography.
- Communication between GPs and the team has significantly improved.
- Costs for the team have been reduced, as clinic rooms within GP practices have been offered free of charge.

Sodium valproate is a medication primarily used to treat epilepsy and bipolar disorder. When sodium valproate is taken during pregnancy, it can affect how the baby develops in the womb and cause birth defects. We have taken a **quality improvement** approach to reduce prescribing risks associated with sodium valproate and the risk of teratogenicity (birth defects), with the following results:

- 67 'alerts' and respective 'checklists', promoting discussion around consent, have been implemented Trustwide by clinicians between February 2017 to December 2017. Rapid PDSA cycles have been used to further improve performance and this is ongoing.
- In Quarter 3 2017/18, an education session was provided by our pharmacy team at the perinatal 'Grand Round' meeting.
- In October 2017, it was established that some risk still remained in community teams and so data was analysed, cleansed and distributed to individual clinicians for review. This resulted in a significant increase in reviews undertaken by clinicians.

- 100% of people of child bearing potential prescribed valproate have a checklist and alert documented.
- Prescribing rates of sodium valproate have decreased since the programme of work started.

An ongoing community pharmacy project in Nantwich has been bringing enormous benefits to some of the most vulnerable people in our area. The team at Delamere Resource Centre in Crewe have been working closely with the team at a local GP surgery, Kiltearn Medical Centre, to improve the care that is being provided for people in the local population. The project aims to **improve the efficiency** in which older people living with conditions such as dementia, psychosis, depression or severe anxiety, amongst others, are treated. Caring for these people can involve a lot of multi-organisation working, as they may encounter other health issues that need to be treated on top of their pre-existing ones. By working together directly, this project cuts out a lot of the middle management that can sometimes cause delays in their treatment. As well as this, by dealing with each other directly, there is better communication and better coordination of care plans. This joint working initiative between the community mental health team and the clinical pharmacist began as a multi-disciplinary meeting between health professionals. Since then, we have had the opportunity to manage, jointly, people with complex medical problems. This has helped **manage unnecessary reviews** by reducing the need for GPs to always be involved, reduce the prescription of excessive medication and **improve the consistency of care plans.**

Improving **patient experience**

Experience Based Design (EBD) is an approach to support people with lived experience of our services to work in partnership with staff to apply systematic methods of quality improvement to maximise the effectiveness and impact of our services and pathways. These approaches gather data about the current experience of the service through in-depth interviews, observations and group discussions, and facilitated improvement exercises, which are then analysed to identify areas for improvement. Using insights that are captured through these approaches, people work together to **'co-design' improvements to services**.

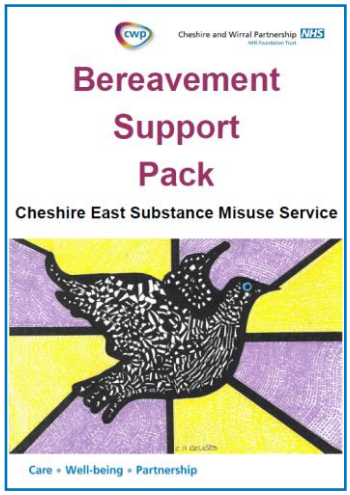
Chester Adult CMHT has used EBD to improve initial mental health assessments. We wanted to use this approach to ensure that improvements we made truly added value, and to ensure that the services we provide meet the needs of those who access them, and those who deliver them. The project team chose the initial mental health assessment as the focus for the project, based on discussions with the wider community team. Using flowcharts and process mapping, they were better able to understand the stages of the initial assessment. As the EBD approach places equal emphasis on the perspective of people who access and deliver services, the project team then went on to interview both these groups of people, and to map their experience. The project team identified quotes from their experience at each stage of the process of attending for an initial assessment. They then mapped the associated emotions connected to these quotes. Consistent themes of experience emerged, enabling the project team to identify key recommendations for improvement. The EBD project identified a number of improvements which have been completed, including redesigning letters provided and leaflets available to people accessing services, improving the reception area and signage, and introduction of a volunteer 'welcomer'. The project team has developed an improvement plan and is working through further improvements such as training opportunities for people who deliver our services.

Patient-led assessments of the care environment (PLACE) are an annual appraisal of the non-clinical aspects of NHS and independent/ private healthcare settings, undertaken by teams made up of people who deliver services and members of the public (known as patient assessors). The team must include a minimum of 50% patient assessors. Assessments of our sites took place between March and June 2017. They provide a framework for assessing quality against common guidelines and standards in order to quantify performance against the areas listed in the table below. **CWP has scored higher than**

the national average, and **higher than our neighbouring mental health trusts** in each of these areas. Furthermore, our scores have **improved from previous visits last year**.

	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2016	**99%**	**92%**	**92%**	**97%**	**95%**	**89%**
2017	**99.8%**	**96%**	**94%**	**98%**	**96%**	**93%**

Our **Person-centred Framework** is a set of overarching principles that ensure that person-centred thinking runs through everything we do. The Substance Misuse Service has applied these principles in developing an information pack to provide support for families following bereavement. Bereavement through a loved one's drug or alcohol misuse can be a devastating, challenging, and often an isolating experience. We wanted to give people information to help them cope after bereavement and we wanted to bring it together in one place. We worked with our communications and engagement team to design the packs to support bereaved people on a range of practical issues, and offer advice on all aspects of bereavement from registering the death, to Coroners and post mortem examinations, and who to inform. They provide a wealth of information and resources to those unsure where to turn or what to do in such a difficult situation.



The Bereavement Support Pack's features include advice on:

- How people normally grieve after a loss, helping people through the grieving process by looking at the emotions they might be experiencing and how to overcome them.
- Unresolved grief.
- Places to get help, outlining where and how to access appropriate support and links to useful resources and organisations.
- Practical advice and help with things people will have to deal with as a result of their loss.
- How friends and relatives can help.

The Bereavement Pack has been piloted and it is hoped that similar packs can be made available Trustwide to provide support to families following the loss of a loved one – see our patient experience quality improvement priority for 2018/19 for more information.

Lime Walk offers assessment, rehabilitation and therapies for people from across Cheshire. People accessing services here can be receiving our care for many months, so involving and supporting their families and carers is really important. We wanted to increase carer involvement within a person's recovery, and we wanted their carers to be more aware of the daily activities that were happening on the unit. Questionnaires were devised and sent out to ask carers when it would be best for them to attend events. Events were planned based on the outcome of their feedback. A monthly newsletter, collaboratively created by the occupational therapy team and the people using services at Lime Walk, has been developed and is sent to carers. Carers have also been involved in the development and improvement of a carer information pack.

Rearranging the timing of events led to an increase of involvement and attendance by carers. People using services at Lime Walk are also closely involved in the preparation of events, including planning, shopping, cooking, and budgeting. Their feedback has been really positive, with many saying how much that they enjoy their involvement in the events, particularly preparing it for their family and friends. A Recovery Festival held in July was particularly successful, with more than 50 people joining. This was the unit's third annual festival and featured live music and a BBQ. The event raised £540 for charities chosen by people

using services on the unit. The events give people using services at Lime Walk, carers, and staff the opportunity to all meet as one and work together, and they enable staff to explore ideas, concerns and expectations of carers. Another benefit is that carers are able to meet one another at the event and gain support from each other.

On 11 July, our staff from across the Trust came together to learn more about the armed forces covenant, and our commitment to support our veterans. Many of the staff attending had a personal interest as members of their families were serving in the armed forces, or were veterans. Staff listened to presentations from representatives from the Royal British Legion and the role played by the Transition, Intervention and Liaison Service. There was very positive feedback from those who attended, particularly around the range of support that they could signpost people who had served in the forces to. Some of the problems faced by veterans were highlighted in the presentations; these included:

- High incidence of mental health problems, and unlikely to seek help
- Struggle to adjust to civilian life, and families also suffer
- Self-medicating, drug and alcohol abuse
- Young men prone to increase risk of suicide

We wanted to raise awareness of the range of support that veterans can access, and our commitment to the armed forces covenant which we signed up to in June 2017. The covenant is a voluntary statement of mutual support between a civilian community and its local armed forces community. The aims of the covenant are to:

- Encourage local communities to support the armed forces community in their areas
- Nurture public understanding and awareness of issues affecting the armed forces community
- Recognise and remember the sacrifices made by the armed forces community
- Encourage activities which help to integrate the armed forces community into local life
- Improve access and priority treatment

NHS England (2014) recommends that all adults should undertake muscle strengthening activity such as yoga. Following outcomes from a commissioning for quality and innovation (CQUIN) project: *Sustaining health and promoting exercise* (SHAPE), Central and East Recovery College worked alongside a Health Facilitator to offer yoga sessions to people accessing CWP's services in order to increase their physical activity engagement. The project involved joint working across many teams and organisations, with the piece of work being funded by both CWP's Central and East Early Intervention (EI) team, and *Active Cheshire*, who are a health and wellbeing charity who work with partners to find new ways to get people active. Further to this, the 'Ministry of Yoga', a yoga studio in Crewe, facilitated the yoga sessions, alongside Central and East Recovery College. The Recovery College is a resource for people who access CWP's services, offering educational courses around self-management, mental health conditions, and workshops to improve health and wellbeing.

Feedback from the SHAPE CQUIN suggested that people wanted to get more active, but often environments like gyms could be daunting, and traditional exercise seemed overwhelming. From here, it was proposed that yoga was a way to engage people in physical activity, without it being too anxiety provoking or strenuous. The experience of the Recovery College, through the yoga sessions, also helped people gain confidence in groups, and feel more able to access other courses within the college, in order to **help improve wellbeing**. The project has also allowed people to attend classes in the

community in their own time, with further classes signposted in local areas, and some classes offering discounted rates to people who access CWP services.

The Crisis and Reablement Team (CART) are a team of experienced community support workers who are highly specialised in providing care to people needing palliative care. Their aim is to make the journey as comfortable as possible for these people as well as their families, who in the final days of life, choose home as their preferred place of care, to go home from hospital to die. This is a time pressured activity where hours can make a difference to achieving the desired outcome for the person and their family.

- We worked with the Countess of Chester Integrated Discharge Team (IDT) to see how we could take a person needing palliative care home within hours of referral, and have CART support workers visit the same day.
- A *Care Matrix* (care plan document) was produced between Discharge Liaison, Continuing Health Care and CART teams that provides details on the person's condition, mobility and care needs.
- A hospital bed is provided at home ready for the person's return, and a referral to Continuing Health Care is made at the same time.
- A copy of the Care Matrix goes home with the person, and a copy is sent to CART. The Care Matrix is triaged by the team's clinical service manager and the information given to the staff who will be visiting. Technical terms are explained and a concise evaluation of the situation, including health and safety concerns, is discussed with the team.
- The person makes a very important return home and CART support workers provide care that same day. People are followed up within 24 hours by the District Nurses.

CART has facilitated a much faster discharge home for people from hospital. Using a "trusted assessor" model, there are no delays in waiting for an assessment and the subsequent care plan to be carried out by the community care teams (CCTs) before referral can be made to CART for palliative care. Our expertise in providing care to people needing palliative care has **helped people achieve their dying wish**, which is important to themselves and to their family.

The process has improved the discharge planning for the IDT and helped to relieve the pressures on the CCTs. CART staff have improved information with regard to the person accessing the service, their environment and home circumstances, making them feel more comfortable with dealing with a complex and emotional situation. Feedback has been very positive. We are in the process of developing a similar process for people needing palliative care being discharged from Arrowe Park Hospital. We would also like to develop a pathway for patients being discharged from Hospital@Home.

Annex A: Glossary

ASD
Autism Spectrum Disorder – a neurodevelopmental disorder that impairs a child's ability to communicate and interact with others.

Board
A Board (of Directors) is the executive body responsible for the operational management and conduct of an NHS Foundation Trust. It is 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 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 – CPA
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 clinically-led statutory bodies that are responsible for designing and commissioning/ buying local health and care services in England.

Clinician
A health professional. Clinicians come from a number of different healthcare professions, such as psychiatrists, psychologists, nurses, occupational therapists etc.

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.

Driver diagram
A visual display of what “drives” the achievement of a project aim.

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 access services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

Forensic
Forensic mental health is an area of specialisation that involves the assessment and treatment of those who have a mental disorder or learning disability and whose behaviour has led, or could lead, to offending.

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 and quality improvement. 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.

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.

Improving Access to Psychological Therapies – IAPT

A national programme to implement NICE guidelines for people suffering from depression and anxiety disorders.

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

Leave
A planned period of absence from an inpatient unit.

Locality Data Pack
Locality data packs (LDPs) are data sets contained quality of service and care information about wards and teams. They are prepared every two months for wards, and community teams with three or more staff. Team managers use them to compare their team against benchmarks, to share good practice and to drive further improvement.

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.

Multi-disciplinary Team (MDT)
A group of professionals from diverse disciplines who come together to provide care, e.g. psychiatrists, psychologists, community psychiatric nurses, occupational therapists etc.

National Confidential Enquiry into Patient Outcome and Death – NCEPOD
NCEPOD undertakes confidential surveys and research to assist in maintaining and improving standards of care for adults and children for the benefit of the public.

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.

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.

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.

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

Palliative
Palliative care is specialised medical care for people with serious illness or life limiting illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

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.

PDSA
PDSA stands for Plan Do Study Act. It is an evidence-based approach that involves a repetitive four-stage model for continuous improvement.

Person-centred care
Connecting with people as unique individuals with their own strengths, abilities, needs and goals.

Perinatal
The perinatal period extends from when pregnancy begins to the first year after the baby is born.

Polypharmacy
The use of multiple medications by a person at the same time.

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.

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.

SBAR
SBAR stands for Situation, Background, Assessment and Recommendation. It is a widely used communication tool and is evidenced based to reduce the incidence of harm.

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.

Single Oversight Framework
An NHS Improvement framework for assessing the performance of NHS trusts.

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.

Transformation
The redesigning of how something is done. This term is often used to describe the redesign of clinical services.

Transition
When a person accessing services moves from one service to another, e.g. from an inpatient unit to being cared for by a community team at home.

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 2017/18

Statement from Governors

A statement from the Lead Governor is in the foreword of the Annual Report. At the Council of Governors meeting held on 23 April 2018 it was agreed that the 'data completeness outcomes' indicator would be the locally selected indicator. 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. It was a pleasure to read the Quality Account and to confirm support the priorities that the Trust has identified for the next year. The theme running throughout is that of improved person-centred care and the quality improvement strategy and agenda. I was particularly impressed with the success of the red and green bed day project to optimise patient flow which has demonstrably reduced patient's length of stay.

Comments by CWP's commissioners

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

NHS South Cheshire Clinical Commissioning Group and NHS Vale Royal Clinical Commissioning Group welcome the opportunity to provide commentary on the Quality Account for 2017/18 for Cheshire and Wirral Partnership NHS Foundation Trust.

We are committed to commissioning high quality, safe and effective care for local people and our expectations are that services are required to demonstrate care reinforced by the 6Cs (care, compassion, competence, communication, courage and commitment).

Throughout 2017/18 we have reviewed information through the Quality and Performance meetings providing the necessary challenge and scrutiny. In addition to this a joint quality visit took place with NHS Eastern Cheshire Clinical Commissioning Group in September 2017.

Cheshire and Wirral Partnership Foundation Trust (CWPFT) has continued to demonstrate a high level of commitment to patient safety, person-centred care and staff engagement and satisfaction evident within the report.'

In a climate of ever changing workforce it is positive to see CWPFT as the lead employer in the pilot for the training of Nursing Associates to bridge the gap between registered and non-registered nursing staff. In line with the NHS Quality Accounts (amendment) regulations 2017 CWPFT have provided their "mortality monitoring" figures with the learning from case record reviews. There is evidence from the learning that sustainable changes in practice have been made and we have assurance that a "learning from death" policy is available and published on the Trust website.

It is noted that CWPFT continues to take part in national and local clinical audits and plans to continue work around specific standards to monitor harm free care through the learning from experience report presented at the Trusts Quality Committee.

CWPFT commitment to improving patient safety is show cased in the reports additional information and is evidenced in the following initiatives;

- Preventing avoidable drug related deaths
- Improving the use of appropriate care pathways to support people living with a learning disability
- Improving the quality of handover from nursing to medical staff
- Reducing prescribing risks associated with the prescribed medication sodium valproate and birth defects
- The commitment to improving the patient experience by using Experience Based Design (EBD) and the Person-centred Framework is evidence of engaging service users in a more diverse approach.

The framework brings patients and staff together to improve care and support the re-designing of services.

It is positive to see the inclusion of armed services when considering mental health issues and to see that staff have been given the opportunity to network with personnel to better understand the real problems faced by veterans.

We support the priorities identified by CWPFT for the forthcoming year and look forward to maintaining a strong commissioning relationship with CWPFT in 2018/19. NHS South Cheshire CCG and NHS Vale Royal CCG are committed to achieve positive experiences for our local community

NHS West Cheshire Clinical Commissioning Group commentary

We are committed to commissioning high quality services from our providers and we make it clear in our contract with this Trust the standards of care that we expect them to deliver. We manage their performance through 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.

Cheshire and Wirral Partnership NHS Foundation Trust has continued to demonstrate a high level of commitment to improving patient safety and person-centred care during 2017/18. This is evidenced through their Learning from Experience reports that they publish three times a year. The Trust has a good safety culture, encouraging staff to report incidents with a focus of learning from no harm and near miss incidents.

There has been limited compliance with the national Commissioning for Quality and Innovation audit requirements for wound assessment. We acknowledge that there is a plan to increase the number of assessments audited to enable the Trust to identify both good practice and opportunities for improvements.

We have raised the comparatively low return rate of Friends and Family Test Surveys in previous quality account responses as being an area where extra focus was required and it is of concern that this has not achieved higher levels. We recognise though that you have addressed the challenge of engaging with people who access your services in alternative ways and there is strong evidence of this through your Quality Account – of note is the innovative use of patient feedback in the Experience By Design work with the Chester mental health team to improve initial mental health assessments.

We acknowledge the Trust's response to the Regulation 28 report from the Coroner to prevent future deaths in relation to shortfalls in the transfer of information when people who have accessed your services move and/ or transfer between different geographical locations and organisations. This has been an area of previous concern and we welcome the efforts to adopt a Quality Improvement approach to help you develop practicable systems to identify early warnings before any potential adverse incidents.

The Trust are commended for their local response to the national Learning Disabilities Mortality Review programme and note the narrative in the Quality Account which states that the Trust has identified several areas for local quality improvement, including five priority areas for action and a further 19 recommendations, all of which seek to reduce morbidity and mortality in people with learning disabilities in Cheshire. We look forward to hearing more about how you are delivering these improvements.

We welcome your reference to the Trusts sustained focus on training Nursing Associates.

We support the priorities that the Trust has identified for the forthcoming year and value working in partnership with you to assure the quality of services commissioned in 2018-19.

NHS Wirral Clinical Commissioning Group commentary

NHS 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 that are being undertaken to strive for continued improvement.

We commend the Trust on the progress that has been made on their priorities from 2017/18 with regard to safety; priority in identifying patients taking maximum antipsychotics, the trust has exceeded their improvement target of 80% of people who have a completed checklist.

Although the trust has not achieved the target, the report has provided evidence that the trust is on an upward trajectory with regard to bed occupancy rates in order to deliver effective care.

It is pleasing to see the results of the NHS staff survey have increased, with staff responding positively in the ability to deliver person-centred care. This is important in improving the patient experience.

The Trust's participation to research and audit is to be commended and demonstrates that the Trust is committed to learning and improvement, and offering the latest treatments and techniques. NHS Wirral CCG looks forward to working with the trust to monitor through the re-audits the changes made to ensure that they have been sustained.

NHS Wirral welcomes the patient safety priorities for 2018/19 and the approach that has been adopted in developing these including patient/stakeholder feedback, risks and national priorities. The trust has acknowledged an increase in reported incidents of self-harm, NHS Wirral commends the trust in setting an improvement target in this area.

NHS Wirral believes that the CWP Quality Account 2017/18 provides a fair representation of the approach taken by the Trust to deliver high quality services, and we would support the proposed priorities for the forthcoming year. The priorities identified 2018/19 are strategically appropriate and we look forward to working with CWP to continue to improve services and address issues that have been highlighted.

Statement from Scrutiny Committees

Statement from Wirral Metropolitan Borough Council

The Adult Care and Health Overview & Scrutiny Committee undertake the health scrutiny function at Wirral Council. The Committee has established a task & finish group of Members to consider the draft Quality Accounts presented by relevant health partners. Members of the Panel met on 9th May 2018 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 2017/18. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

Priorities for Improvement 2017/18

Clinical effectiveness priority – Improve the Trustwide average bed occupancy rate for adults and older people

The Trust's target was to reduce the occupancy rate to the optimal rate (according to the Royal College of Psychiatrists) of 85% by December 2017. Members note that, by the end of December 2017, this target had not been met as a rate of 89.6% had been achieved. It is also noted that, although the target was not met, this area will unfortunately no longer be a priority in 2018/19.

Patient experience priority – Achieve an improvement in embedding a person-centred culture across the organisation

The Trust aimed to achieve 90% of respondents to the annual staff survey reporting that they are able to deliver a person centred approach. The Trust is congratulated on achieving an actual response of 93.5% in the NHS Staff Survey for 2017.

Quality Improvement Priorities for 2018/19

Members note the three new priority areas for 2018/19.

Other Issues

Information relating to registration with the Care Quality Commission (CQC)

The Trust took part in a pilot of the new "well-led" inspection framework which is a partnership between the Care Quality Commission and NHS Improvement. The Trust is congratulated on receiving a 'Good' rating for the "well-led" inspection.

Child & Adolescent Mental Health Service (CAMHS) – Waiting times

The Members raise some concerns regarding waiting times for CAMHS provision, based on dashboard information. The Statement from the Medical Director in the draft Quality Account highlights a new advice and duty phone line which provides a single 'front door' to a CAMHS duty worker in Wirral. However, the performance data shows some significant waiting times for first appointments. As the priority of mental health among young people has apparently risen at a national level, it is suggested that it may be appropriate for the length of waiting times for young people in Cheshire and Wirral to be addressed further, perhaps as a future priority area.

Impact of service review in East Cheshire

Members are aware of a review of specialist mental health services which is taking place in East Cheshire, including a consultation on the future of the Millbrook Unit in Macclesfield. As a result, taking into account the Trust's provision of a range of services across three local authority areas, Members recognise that there may be an impact on the demand for service provision in the remaining two localities – Bowmere in Chester and Springview in Wirral. Members seek reassurance that the quality of service provision across all localities is given equal priority and will watch the outcome of the formal consultation process with interest.

Friends and Family Test (FFT)

It is noted that the draft Quality Account includes no reference to the results of the patient's Friends and Family Test. As an indicator of patient experience, it is suggested that patient scores for the Friends and Family Test would be a useful addition to the report in future years.

Cheshire East Health and Adult Social Care Overview and Scrutiny Committee

As Chairman of the Committee I am writing to submit its statement to be included in East Cheshire NHS Trust's Quality Account 2017/18 following our meeting on 03 May 2018. Please include the information below in the Committee's section of the Quality Account.

The Health and Adult Social Care Overview and Scrutiny Committee reviewed the draft Quality Account at a meeting on 03 May 2018. Overall the Committee was pleased with the content of the Quality Account and believes it provides a good picture of the performance of the Trust.

The Committee were pleased to see examples of quality improvement such as joint working to facilitate seamless services for Dementia patients and their carers, by sharing best practice at Dementia Friends sessions and events celebrating Nurses Day and Dementia Awareness Week.

The Committee was pleased to note the achievements in the prevention of avoidable drug related deaths and how all Substance Misuse Service (SMS) staff had been trained in how to train people who accessed SMS services to recognise when an overdose is occurring and be able to administer naloxone.

The Committee noted that in order to redesign outdated clinical pathway (for diagnosing and managing care and treatment for people with dementia) the Older People's Team worked with GPs to redesign the clinical pathway and develop new ways of working together.

The Committee was pleased to note the Trust had achieved against improvements through the identification of patients taking monotherapy or combination antipsychotic treatments to improve monitoring of associated risks and embedding a person-centred culture across the Trust. Whilst the target for average bed occupancy rate for adults and older people was set at 85%, the Committee recognised this had yet to be achieved, although CWP were confident a number of it's improvement projects were continuing to work towards this goal.

Statement from Healthwatch organisations

Healthwatch Wirral
No feedback received

Healthwatch Cheshire
No feedback received

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 2016/17;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2017 – April 2018.
    - Papers relating to Quality reported to the Board over the period April 2017 to May 2018.
    - Feedback from commissioners: NHS South Cheshire Clinical Commissioning Group and NHS Vale Royal Clinical Commissioning Group, received 25 May 2018, NHS West Cheshire Clinical Commissioning Group, received 17 May 2018, NHS Wirral Clinical Commissioning Group received 31 May 2018. NHS Eastern Cheshire Clinical Commissioning Group, received 25 May 2018.
    - Feedback from governors, feedback received 22 May 2018.
    - Feedback from local Healthwatch organisations: Healthwatch Cheshire, requested feedback 29/06/2018 (not received), Healthwatch Wirral, requested feedback 29/06/2018 (not received). Feedback from Wirral Metropolitan Borough Council (Overview and Scrutiny Committee) received 16 May 2018, feedback from East Cheshire Council (Overview and Scrutiny Committee) received 22 May 2018.
    - 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 2017 – March 2018, published May 2018.
    - The latest available national patient survey, published November 2017.
    - The latest national staff survey – received by the Trust March 2018.
    - Care Quality Commission Inspection (pilot), dated June 2017.
    - The 2017/18 Head of Internal Audit's annual opinion over the trust's control environment dated 1 May 2018.

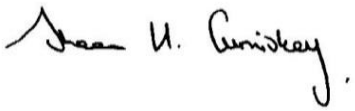
The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered:

- 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 NHS Improvements annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report (available at https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-201718-requirements).

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 24 May 2018.

24 May 2018 Chair of the meeting



24 May 2018 Chief Executive

Annex D: Independent Auditor's Report to the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust on the 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 2018 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following two national priority indicators (the indicators):

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset) : within six weeks of referral

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement.

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 and supporting guidance;*
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2017*/18 ('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 *Detailed Requirements for external assurance for quality reports for foundation trusts 2017/18.*

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 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from commissioners : NHS West Cheshire Clinical Commissioning Group, requested feedback received 17 May 2018,
- feedback from governors, feedback received 22 May 2018.
- feedback from Wirral Metropolitan Borough Council (Overview and Scrutiny Committee) received 16 May 2018, feedback from East Cheshire Council (Overview and Scrutiny Committee) received 22 May 2018.
- The trust's complaints report published under regulation 18 of the Local Authority Social

Services and NHS Complaints Regulations 2009, for the period of Apr il2017- March 2018, published May 2018.
- the latest national patient survey, published November 2017;
- the latest national staff survey, covering 2017, received by the Trust March 2018
- Care Quality Commission Inspection, dated 3rd December 2015 and Care Quality Commission Well-Led pilot report, received October 2017;
- the 2017/18 Head of Internal Audit's annual opinion over the trust's control environment, dated 1st May 2018; and
- any other information included in our review.

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 2018, 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.

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read

the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

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 2018:

- 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 and supporting guidance;
- 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
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Square Manchester
M2 3AE

25 May 2018