



Quality Account

2016/17



Quality at CWP
2016/17 in pictures

Vision:

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

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Introduction

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

Quality in the NHS is described in the following ways:

Patient safety

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

Clinical effectiveness

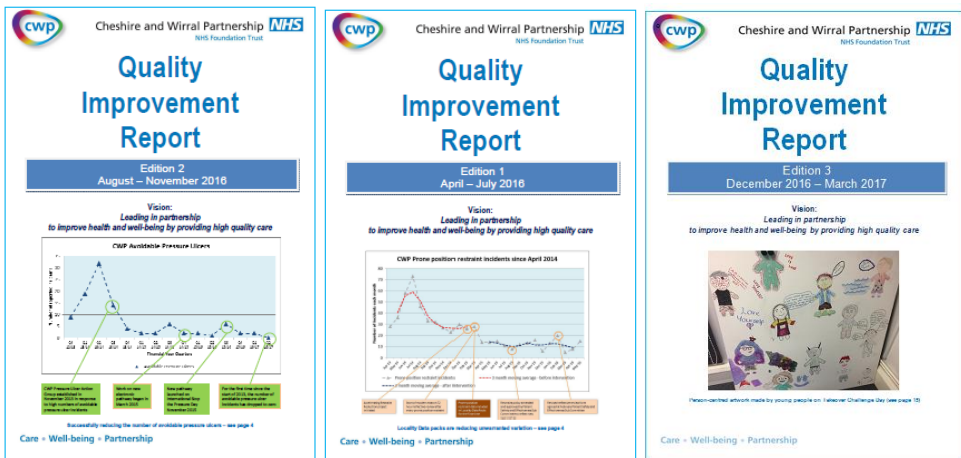
This means providing care and treatment to people who access services that improves their quality of life.

Patient experience

This means ensuring that people who access services have a positive experience of their care, and providing treatment with compassion, dignity and respect.

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

To help meet this aim, we produce *Quality Improvement Reports* three times a year on our priorities to show improvements in quality during the year.



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

Part 1.

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



As ever, I am extremely pleased to present to you our annual Quality Account. At CWP, we are committed to improving the quality of the lives of people who access our services by providing and delivering the best possible of quality of care. This is our eighth year of publishing an annual report on the quality of our services and I hope that the following pages will demonstrate to you:

- Our commitment and approach to quality improvement.
- How we have performed against the quality improvement priorities for 2016/17.
- Our quality improvement priorities for the coming year.

2016/17 has been a year when we have continued our quality improvement journey. Key to our journey has been ensuring that our excellent staff who deliver our services are engaged in developing a person-centred culture. At CWP, person-centredness is about *connecting with people as unique individuals with their own strengths, abilities, needs and goals*. I am therefore delighted that in the results of the 2016 NHS Staff Survey, 88% of our staff felt that they were able to deliver a person-centred approach in their practice/ delivery of care. However, we are not complacent, as demonstrated by the launch of our new person-centred framework in March and by setting a quality improvement priority this year to improve on the performance in the staff survey even further. You can read about this and the other quality improvement priorities we have set in *Part 2* of this report. They will provide the focus for our work in the coming year. We are proud of what we have achieved so far and hope to do even more in 2017/18.

Readers of last year's Quality Account will recall that we received a comprehensive inspection of our inpatient and community mental health services and community physical health services by the Care Quality Commission. This year we received a re-inspection of our mental health services and also a first inspection of our substance misuse services in East Cheshire. I was delighted that all the services that were re-inspected, as well as our substance misuse services, were all rated as Good. The Trust has sustained its rating of Good overall and Outstanding for caring. You can read more about the re-inspection in *Part 2* of this report.

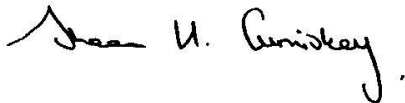
Reflecting on what we have achieved since the *Five Year Forward View* was published in 2016, I'm pleased at what we have achieved in working towards this national vision through many initiatives that we are running locally. One focus is providing greater mental health support, particularly for children and young people. We have made great strides in our communities in this area of focus, for example:

- In Wirral, CWP has supported over 750 school children with mental health first aid training, and the Trust's Primary Mental Health Worker team works closely with schools and community providers to support young people's mental health needs through training and group work.
- In West Cheshire, young people aged between 11–19 living or attending school/ college in the area are able to contact the *MyWell-being* online team, a team of professional clinicians, for online support, chat and guidance around their emotional health and well-being.
- In East Cheshire, CWP has been working in partnership with *Cheshire East Council*, *Just Drop-In*, *The Children's Society* and *Visyon* to deliver the Emotionally Healthy Schools Project – an innovative

collaboration aiming to help six local secondary schools promote positive emotional health and well-being to their pupils.

The Board continues to be inspired by the commitment and passion of all our staff to continue to improve care and services for the people and communities we serve, despite the unprecedented challenge and change in the NHS. The next financial year is going to continue to be challenging, but with some great opportunities to continue to develop and improve our services by keeping quality at the heart of all that we do.

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

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

Sheena Cumiskey
Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust

Statement from the Medical Director – Executive lead for quality



In September, I had the great pleasure of joining over 200 people at our annual Best Practice showcase event, which took place this year at the Floral Pavilion theatre in New Brighton. This is one of my favourite events of the year and it is always a delight to see so many fantastic examples of great work from our teams at CWP. Over 35 services showcased their successful projects on the day. Examples of these included how our Wirral Complex Needs Service has significantly reduced admissions to A&E; the involvement of young people in the development of our CAMHS new build Ancora House; and the Crewe Recovery Team's partnership with Crewe Alexandra FC to encourage healthy living and social inclusion. Angie and Tony Russell, Co-Directors of the Positive Practice in Mental Health Collaborative, helped us kick off the day by speaking passionately about the importance of learning, not just from our own experiences, but also from those in the wider healthcare community.

We recognise that delivering healthcare is not without risk and we acknowledge that we don't get it right for every person every time. It is therefore important that we learn from our mistakes and listen to people who access our services, the communities we serve and our stakeholders about their personal experiences and the health needs of our population. We also recognise the importance of learning from other organisations' quality performance, a process known as benchmarking. Being open to learning from others enables us to be the best we can be. Where we perform well, this assures the Trust and also our stakeholders, including the communities we serve, of the high quality of our services. Where we perform less well, we are committed to understanding why so that we can identify quality improvement approaches to further improve our services. In January, I presented to the Board of Directors on the results of our performance in the *NHS Benchmarking Network's* "Mental Health Benchmarking" report for 2016. As a member of this network, we work with other members to understand the variation in demand, capacity and outcomes within the NHS to help define "what good looks like". This showed that we perform well in relation to areas such as lengths of stay on inpatient wards and patient satisfaction, but we need to understand what we can do better in areas including serious incident reporting, complaints management, and use of community treatment orders. As such, we have identified quality improvement projects to look at these areas, which we will report on to our Quality Committee in July and September.

Quality improvement is now a huge part of everyone's day to day role at CWP. Over the last couple of years, a key driver to this has been our Zero Harm campaign – our dedication to supporting everyone to deliver the best care possible, as safely as possible, and in doing so reducing avoidable harms. A shining example of this is the work of the Tissue Viability team and the pressure care Zero Harm group. By using structured quality improvement approaches in a consistent way, they have successfully sustained continuous reductions in avoidable pressure ulcers in the community, resulting in no reported avoidable pressure ulcers since June 2016, which is a significant achievement. I was delighted to hear that they were asked to present all of their hard work at the *International Forum on Quality and Safety in Healthcare* in London in April 2017.

During the year, we have started to help our staff to understand how to deliver quality improvement by using structured approaches, like PDSA (Plan Do Study Act) cycles. You can read more about how we are doing this in *Parts 2 and 3* of this report, as well as finding lots of examples of quality improvement in our Quality Improvement Reports, which we produce three times a year. They can be found on our Internet at <http://www.cwp.nhs.uk/resources/reports/>.

I hope you enjoy reading our Quality Account.

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

Dr Anushta Sivananthan
Medical Director & Consultant Psychiatrist
Cheshire and Wirral Partnership NHS Foundation Trust

Part 2.

Priorities for improvement and statements of assurance from the board

Priorities for improvement

Quality improvement priorities for 2016/17

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

Below is a summary of how our improvements, which are presented at the Trust's Board meetings and are available on the CWP website.

Based on feedback from our stakeholders last year, we have tried to report at local level as well as Trustwide levels.

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

Patient safety priorities for 2016/17

We wanted to:

Demonstrate improvement in the **completion** and **quality** of handovers between wards and Home Treatment teams, using the 'SBAR' (Situation, Background, Assessment and Recommendation) tool to help improve communication.

This is because failure in handover (the process of transferring responsibility for some or all aspects of care for a patient to other professionals) is a major preventable cause of patient harm and is usually due to poor communication.

How we have shown improvement:

✓ An audit of a random sample of cases from quarter 1 and quarter 4 of 2016/17 shows an increase in the completion of the SBAR handover tool from **55% to 75%** when patients are transferred between wards. The audit showed that the SBAR forms were fully completed with risk assessments and physical health information.

✓ Home Treatment teams are consistently using an electronic form called the "Gateway Assessment form" to improve the transfer of patients from the community into inpatient settings.

We wanted to:

Demonstrate improvement in the Trustwide incident reporting profile, in line with the Heinrich model.

How we have shown improvement:

✓ Overall results show a significant improvement in reporting proportionately more low harm and no harm incidents (grades D and E), in line with the Heinrich model, to give a better chance of identifying and preventing hazards before they result in more serious harm incidents.

✓ Physical health community care teams have a different reporting profile because policy requires pressure ulcer incidents to be reported as either grade B or C depending on their severity. Whilst this

means their profile will be made up of more of these incidents, these teams can and do benchmark against each other and other services in the Trust.

✓ For 2017/18, CWP is looking to develop the Heinrich model (which is based on health and safety accident reporting) to reflect incident reporting profiles that are more appropriate to healthcare provider services.



Clinical effectiveness priority for 2016/17

We wanted to:

Demonstrate improvement in the **use** of service-level health related outcome ratings.

How we have shown improvement:

✓ Outcome ratings, such as the Health of the Nation Outcome Score (HoNOS), enable teams to assess the impact of the care and treatment they have provided. From December 2016, the Locality Data Packs (LDPs) produced by the Trust's Quality Surveillance team now show the change in HoNOS score between admission and discharge, for every patient discharged from the ward.

✓ The LDPs for Child & Adolescent Mental Health teams now show the percentage of children with Goal Based Outcomes, patient reported outcome measures (PROMs) or patient reported experience measures (PREMs).

✓ Improving the use of outcome ratings by now including them in LDPs means that throughout 2017/18, teams can use this information to identify where they can further improve the effectiveness of the care they provide.

Patient experience priority for 2016/17

We wanted to:

Demonstrate an increase in the **uptake** of the Friends and Family Test (FFT).

How we have shown improvement:

✓ Between February and March 2017, Trustwide we received 568 FFT responses, with an overall score of 55% of people saying they would be extremely likely to recommend our services to friends and family.

✓ A total of 403 comments were received as part of these responses. 61% of people who went on to comment said they were extremely likely to recommend our services to friends and family.

✓ Starting in April 2017, the Patient and Carer Experience team will be attending team meetings to discuss the support they need to further increase uptake of the FFT, targeting Central & East Cheshire initially as this is where there is most room for improvement.

| | Apr – May 2016 | Feb – Mar 2017 | Change |
|-------------------------|----------------|----------------|------------|
| Central & East Cheshire | 153 | 94 | -39% |
| West Cheshire | 254 | 280 | +10% |
| Wirral | 123 | 148 | +20% |
| Not specified | 32 | 46 | +44% |
| Trustwide | 562 | 568 | +1% |

Quality improvement priorities for 2017/18

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 2017/18 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

We are looking at quality in more detail to better demonstrate our aspiration of achieving equity of care through quality improvement. We are using well-known national and international definitions of quality (including those from the *Institute for Healthcare Improvement*, the *World Health Organization*, and the *Department of Health*) to help us do this, as detailed in the chart below.

| 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 which minimises 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 |
| <p><i>"Being treated in a safe environment"</i></p> <p><i>"Being protected from harm and injury"</i></p> | <p><i>"Receiving care which will help me recover"</i></p> <p><i>"Having an improved quality of life after treatment"</i></p> | | | <p><i>"Having a positive experience"</i></p> <p><i>"Being treated with compassion, dignity and respect"</i></p> | |

Our patient safety priority for 2017/18

| | |
|---------------------------|---|
| Measure | Increase in 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. |
| Rationale | There are greater risks, including serious physical side-effects, associated with antipsychotics taken in high doses or in combination (<i>Royal College of Psychiatrists, 2014</i>). |
| Baseline | An audit in quarter 1 of the number of patients recorded as having an alert stating “High Dose Antipsychotic Therapy (HDAT) prescribing” and evidence that the HDAT checklist has been completed. Population = inpatients and those under the care of community teams. |
| Improvement target | a/ An incremental increase (from quarter 2 onwards) in the number of patients who have a documented HDAT – an improvement target will be set at the end of quarter 1 once the baseline is known. b/ An 80% rate of completion of the HDAT checklist by quarter 4. |
| Source | HDAT alert and checklist reporting dataset obtained from the Trust’s electronic patient records system, extracted by the Information Team on a monthly basis. |

Our clinical effectiveness priority for 2017/18

| | |
|---------------------------|---|
| Measure | Improvement in the Trustwide average bed occupancy rate for adults and older people. |
| Rationale | The optimal bed occupancy rate to facilitate more effective care is 85% (<i>Royal College of Psychiatrists, 2011</i>). |
| Baseline | The average Trustwide bed occupancy rate (excluding leave beds) at year end (month 12 – December) for adult and older people inpatient wards. For 2016, this rate was 90%. |
| Improvement target | The Trustwide average bed occupancy rate for 2017 (excluding leave beds) at year end (month 12 – December) for the adult and older people inpatient wards to reduce to 85%. |
| Source | NHS England bed availability and occupancy data (KH03). |

Our patient experience priority for 2017/18

| | |
|---------------------------|---|
| Measure | Improvement in embedding a person-centred culture across the organisation. |
| Rationale | In March 2017, the Trust implemented 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 will demonstrate how the framework is helping to improve the organisation’s person-centred culture. |
| Baseline | 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. For 2016 this was 88%. |
| Improvement target | 90% or more staff responding positively in the NHS Staff Survey that they are able to deliver a person-centred approach in their practice/ delivery of care. |
| Source | NHS Staff Survey 2017. |

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

Progress against the delivery of the quality improvement priorities will be reported to the Trust’s *Quality Committee* and regular updates will be included in our *Quality Improvement Report* which is reported to the Board, and is available on our [website](#).

Statements of assurance from the board

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

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

Information on the review of services

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 and CAMHS 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 and CAMHS services.
- Cheshire East Council – Substance Misuse services and Emotionally Healthy Schools
- Cheshire West and Chester Council – the Healthy Child Programme (0-5s) and Children and Young People's (5-19) services.

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

During 2016/17 Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub contracted 83 NHS services, as outlined within the Trust's contract with its commissioners. The income generated by the relevant health services reviewed in 2016/17 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 2016/17.

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 staff experience. The results also inform local and national assessments of the quality and safety of care, and how well organisations are delivering against the standards set out in the *NHS Constitution*. Trusts are asked to provide the following specific survey result indicators, 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 | 16% |
| Black and minority ethnic | 15% |

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

| | |
|---------------------------|-----|
| White | 91% |
| Black and minority ethnic | 97% |

Further information can be found at:

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2016_RXA_full.pdf

The WRES detailing the NHS Staff Survey results for 2016 will be published on our website in July 2017.

Learning from experience – examples

Learning from complaints and a serious incident has demonstrated that staff need further training in understanding patients who have Autistic Spectrum Disorder. We have identified plans to improve on this during 2017/18.

As a result of a 'Report to Prevent Future Deaths' (Regulations 28 of the Coroners (Investigations) Regulations 2013), we have reviewed and improved the training and support to staff in using our nicotine management policy.

We are analysing our claims profile in respect of value, volume, speciality and cause, to improve patient safety. A claims "score card" is presented in every *Learning from Experience* report.

Mortality monitoring

In March 2017, the *National Quality Board* published National Guidance on "Learning from Deaths" which was informed by the recent findings of the *Care Quality Commission* report "Learning, candour and accountability". At CWP, we have already begun to increase reporting of deaths that do not meet the serious incident criteria 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*.

Feedback from people who access the Trust's services

We welcome compliments and comments from people who access our services 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 include:

“To all staff in Croft ward, you have helped [patient] and me so much. I have met such wonderful people. I will never forget you – it helped me get through the worst year of my life. I will keep on fighting for the unit. [Doctor] you have performed a miracle with [patient]” – Older People Services, CWP East

“[Staff member] was great. She listened and was able to identify and bring to the table ways for me to put my thoughts into context. Always positive and I will take away a strength that I will continue to get better. I believe in myself thanks to her.” – Primary Care Mental Health Team, CWP West

“Thank you very much for looking after me when I was on the ward. You are all very nice people and showed this by caring for each other and caring for me. I will very much miss our games of scrabble and cards and I am slightly disappointed that I missed the on-ward safari. I am getting used to making my own cups of tea. Thank you and god bless.” – Learning Disability Services, CWP Wirral

“[Staff member]’s whole manner was wonderful. Professional, caring and made my daughter my daughter again. Cannot praise him highly enough. As parents, we’re forever grateful.” – Child and Adolescent Mental Health Services, CWP East

“I want to thank you and all your colleagues for the professional care and kindness [patient] received from you all during last year. Your many visits were always personal and friendly and contributed very much to her wellbeing. I am extremely grateful to you all.” – Physical Health Services, CWP West

Duty of Candour

Duty of Candour is a regulation that providers of health and social care 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. A review of our practice has been undertaken and has demonstrated areas of good practice such as the work of our family liaison officers, as well as areas where improvements can be made. Improvement actions include strengthening how we review compliance with the duty through locality governance meetings, providing scenarios for staff to help them better understand application of the duty, and provision of information for staff.

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 in greater detail.

Information on participation in clinical audits and national confidential enquiries

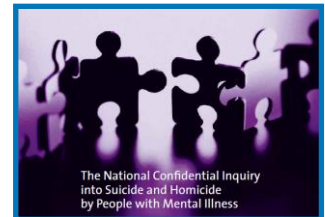
National clinical audits and national confidential enquiries

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 provided 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 in specific circumstances, taken from a national sample, in order to improve clinical practice.



During 2016/17 **seven** national clinical audits covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2016/17 the Trust participated in **100%** national clinical audits which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2016/17 are as follows:

- National Prescribing Observatory for Mental Health: Topic 1g & 3d: Prescribing high dose and combined antipsychotics on adult psychiatric wards.
- National Prescribing Observatory for Mental Health: Topic 7e: Monitoring of patients on Lithium.
- National Prescribing Observatory for Mental Health: Topic 11c: Prescribing antipsychotic medication for people with dementia.
- National Prescribing Observatory for Mental Health: Topic 16a: Rapid Tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour.
- NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis Self-Assessment Audit.
- NHS England: Physical health assessment of patients with severe mental illness.
- University of Bristol: Learning disability mortality review programme.

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)

National clinical audits

(registered cases for these audit programmes means cases registered within CWP)

| | | |
|--|---------------------------|---|
| National Prescribing Observatory for Mental Health: Topic 1g and 3d: Prescribing high dose and combined antipsychotics on adult psychiatric wards | 141 (100%) | Data submitted; report to be published July 2017. Action planning will then follow. |
| National Prescribing Observatory for Mental Health: Topic 7e: Monitoring of patients prescribed Lithium | 133 (100%) | Report published. Action planning in progress. |
| National Prescribing Observatory for Mental Health: Topic 11c: Prescribing antipsychotic medication for people with dementia | 283 (100%) | Report published. We have developed an action plan to support improvements identified, provided in briefings from the clinical directors to all teams involved in dementia care. |
| National Prescribing Observatory for Mental Health: Topic 16a: Rapid Tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour | 21 (100%) | Data submitted; report to be published in June 2017. Action planning will then follow. |
| Early Intervention in Psychosis Network/ Royal College of Psychiatrists: Early Intervention in Psychosis Self-Assessment Audits: Wirral, West, Central and East Cheshire | Central & East | 127 (100%) |
| | West | 94 (100%) |
| | Wirral | 200 (100%) |
| | | Reports received April 2017. Action planning in progress. |

| | Cases submitted (as a percentage of registered cases) | | |
|---|---|----|--|
| NHS England: Physical health assessment of patients with severe mental illness | ¹ 50 (100%) | | Data submitted; ^{1,2} report to be published May 2017. Action planning will then follow. ^{3,4} report provided to commissioners April 2017. |
| Cardio metabolic assessment and treatment for patients with psychoses: | ² 100 (100%) | | |
| ¹ Inpatients | ³ 121 (100%) | | |
| ² Community mental health patients | ⁴ 120 (100%) | | |
| ³ Community early intervention patients | (see locality figures [cases submitted] below) | | |
| Inpatients | Central & East | 21 | |
| | West | 18 | |
| | Wirral | 11 | |
| Community mental health patients | Central & East | 38 | |
| | West | 29 | |
| | Wirral | 33 | |
| Community early intervention patients | Central & East | 40 | |
| | West | 41 | |
| | Wirral | 40 | |
| Communication with General Practitioners | Central & East | 40 | |
| | West | 40 | |
| | Wirral | 40 | |
| Learning disability mortality review programme (LeDeR) | 15 (100%) | | Ongoing data submission. |
| National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (registered cases for this audit programme means cases from a national sample, not from within CWP) | | | |
| Sudden unexplained death in psychiatric inpatients | 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 seven national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2016/17 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 eight completed local clinical audits were reviewed in 2016/17 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. NICE clinical guidance: Meningitis (bacterial) and meningococcal septicaemia in under 16s (re-audit) | Improvement in compliance with all the criteria in the NICE guidance compared with previous audits. | Enabling actions to support clinicians to make further improvements required in recording and measuring the level of oxygen in patients' blood. |

| Title of local clinical audit | Good practice identified | Action/s taken |
|--|--|--|
| 2. Lone Workers policy | 96% of staff audited were fully aware of the guidance in the Trust's Lone Workers policy. | <ul style="list-style-type: none"> ▪ Awareness raising of the risks that "lone workers" might come across. ▪ A review of staff training around "Breakaway – disengagement techniques". |
| 3. Monitoring of physical health on an open rehabilitation unit (Limewalk) | The majority of patients audited had a formal assessment of medication side effects. | <ul style="list-style-type: none"> ▪ Clinical leads identified for each patient group to ensure cardio metabolic risk factors are monitored and interventions are in place. ▪ Development of innovative ways to help staff view and monitor progress on patients' physical health needs. |
| 4. Monitoring of cardio metabolic assessments on an intensive rehabilitation ward (Rosewood) | All patients audited had their physical health monitored at least annually. | <ul style="list-style-type: none"> ▪ Identified clinical lead on the ward to ensure cardio metabolic assessments are undertaken. ▪ Introduction of user friendly guidelines for staff on monitoring requirements. ▪ Recruitment of a registered general nurse to undertake physical health checks, including blood tests. ▪ Introduction of a physical health template to be completed at each CPA review. |
| 5 and 6. Resuscitation Equipment (audit and re-audit) | Compliance with availability of resuscitation equipment has improved following the initial audit, with most wards fully compliant. | <ul style="list-style-type: none"> ▪ Introduction of spot checks and increased awareness raising. ▪ Trainee doctor induction programme has been amended to strengthen gaps identified in the audit, for example the importance of the trolleys being fully equipped. ▪ A session on resuscitation equipment/ suction techniques has been added to the yearly mandatory life support training for clinical staff. ▪ Improvements to the procurement of resuscitation equipment. |
| 7. Record keeping | Improvement in compliance with all the standards in the Trust's record keeping policy compared with previous audits. | A review of the record keeping training e-learning module has moved emphasis from paper to electronic records. |
| 8. Handovers of care | Increase in the completion of the handover tool from 55% to 75% when patients are transferred between wards. | Feedback of audit results to promote greater completion and improved quality of handover documentation. |

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 monitor and analyse patient safety standards through the completion of the national safety thermometer tool.

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 **1530**.

Cheshire and Wirral Partnership NHS Foundation Trust was involved in conducting **94** clinical research studies in all of its clinical services during 2016/17.

There were **351** clinical staff participating in approved research during 2016/17. These staff participated in research covering **22** 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 **58** research publications, the findings from which are used to improve patient outcomes and experience across the Trust and the wider NHS.

During 2016/17 CWP has been part of an ongoing Phase 1 clinical research study. This is a study of a vaccine in Alzheimer's disease. We have been working closely with the *Royal Liverpool and Broadgreen University Hospitals NHS Trust's* Phase 1 Clinical Research Unit. Over 1,500 patients were screened and we exceeded our target for recruitment; follow up work is in progress.

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*. CWP is strengthening the processes to monitor adherence to *NICE* guidance.

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 |
|--|--|---|
| Memory Services National Accreditation Project | Chester | Accredited |
| | Wirral | Accredited |
| Psychiatric Liaison Accreditation Network | Wirral | Accreditation awaited |
| 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 Learning Disability wards | Greenways | Accredited |
| Electro Convulsive Therapy Accreditation Service | Wirral | Accredited as excellent |
| | Bowmere Hospital | Not yet assessed |
| Early Intervention in Psychosis self-assessment | Central and Eastern Cheshire | N/A |
| | Cheshire West | N/A |
| | Wirral | N/A |
| Quality Network for Forensic Mental Health Services | Saddlebridge Recovery Centre and Alderley Unit | N/A |
| Quality Network for Inpatient CAMHS | Coral ward | Accredited |
| | Indigo ward | Participating, but not yet undergoing accreditation |

| Project | Participating services | Accreditation status |
|---|-------------------------------|-----------------------------|
| Accreditation of Inpatient Mental Health Services | Brooklands ward | Accredited |
| Home Treatment Accreditation Service | Wirral | Not yet assessed |
| Quality Network for Eating Disorder Services | Oaktrees ward | Accredited |
| Early Intervention in Psychosis Network | West Cheshire | N/A |
| | Wirral | N/A |

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 2016/17 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 2017/18 and for the following 12 month period available by request from the Trust's Effective Services Department: email lynn.davison@cwpa.nhs.uk

The maximum income available in 2016/17 was £3,225,995 and the Trust received £3,111,981 for the *CQUIN* goals achieved. The total monies available in 2017/18, upon successful achievement of all the agreed *CQUIN* goals, is forecast to be £2,010,658 (this figure will increase as contracts are finalised) and a further £1,115,156 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 2016/17.

The Trust has participated in 1 investigation or review by the Care Quality Commission during 2016/17, which was in relation to the following area:

Routine re-inspection of core mental health services

In October 2016, mental health services were re-inspected in five core services that the Care Quality Commission identified as having areas which required improvement during the Trust's comprehensive inspection undertaken in June 2015, as well as re-assessing core services overall. The Care Quality Commission also inspected our Substance Misuse Services in East Cheshire for the first time.

The areas re-visited were:

- Forensic inpatient/ secure wards
- Acute wards for adults of working age and psychiatric intensive care units
- Community-based mental health for adults of working age
- Community-based mental health services for older people
- Specialist community mental health services for children and young people

Results of the re-inspection were published on 3 February 2017. All re-inspected services were rated as "Good" overall. Following the re-inspection, the Trust's rating has not changed, remaining as "Good" overall with "Outstanding" for caring.

There is one area for improvement identified from the re-inspection, in relation to the "safe" domain for acute adult and psychiatric intensive care units. A robust action plan was developed, which has been agreed with the Care Quality Commission and is being implemented. All actions are on track and due to be completed by 31 July 2017.

CWP's community physical health services have not yet received a re-inspection by the Care Quality Commission.

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 2016/17 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:

99.6% 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:

99.1% 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 2016/17 was **95%** and was graded **green** (satisfactory).

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

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust was **not** subject to the *Payment by Results* clinical coding audit during 2016/17 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 2017/18.

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 last year, 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 2016/17*

| Indicator | Required Trustwide performance threshold | Trustwide* | Cheshire and Wirral Area | | |
|--|--|---------------|-----------------------------|------------------|------------|
| | | | **Cheshire West and Chester | ***Cheshire East | ****Wirral |
| Data completeness: community services, comprising: | | | | | |
| ▪ Referral to treatment information | 50.0% | 100.0% | 100% | N/A | N/A |
| ▪ Referral information | 50.0% | 99.9% | 99.9% | N/A | N/A |
| ▪ Treatment activity information | 50.0% | 80.7% | 80.7% | N/A | N/A |
| Care Programme Approach (CPA) patients, comprising: | | | | | |
| ▪ Receiving follow-up contact within seven days of discharge | 95.0% | 98.6% | 98.7% | 98.4% | 99.1% |
| ▪ Having formal review within 12 months | 95.0% | 95.8% | 95.0% | 98.4% | 94.3% |
| 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% | 85.7% | 81.7% | 88.9% | 85.5% |
| 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% | 89.2% | 86.2% | 85.9% | N/A |
| ▪ People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral | 95% | 98.7% | 99.3% | 96.8% | N/A |
| Minimising mental health delayed transfers of care | ≤7.5% | 0.7% | 1.1% | 0.0% | 0.5% |
| Admissions to inpatients services had access to crisis resolution/ home treatment teams | 95.0% | 97.8% | 99.7% | 98.4% | 95.9% |

| Indicator | Required Trustwide performance threshold | Trustwide* | Cheshire and Wirral Area | | |
|---|--|------------|-----------------------------|------------------|------------|
| | | | **Cheshire West and Chester | ***Cheshire East | ****Wirral |
| Mental health data completeness: identifiers | 97.0% | 99.6% | 99.5% | 98.8% | 99.8% |
| Mental health data completeness: outcomes for patients on CPA | 50.0% | 85.4% | 80.0% | 85.4% | 90.4% |

**The Cheshire West and Cheshire Local Authority include services within two CWP localities: CWP West locality and CWP Central and East localities.

***Cheshire East Local Authority includes services within the CWP Central and East locality.

****The Wirral Local Authority includes services within the CWP Wirral locality.

Performance against quality indicators: 2015/16 – 2016/17

Quality Accounts are required to report against a core set of quality indicators provided by *The Health and Social Care Information Centre*. This allows readers to compare performance common across all *Quality Accounts* nationally. These are detailed in the following table.

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

| Quality indicator | Related NHS Outcomes Framework Domain | Reporting period | | | | | |
|---|--|--|--|---------------------------------|---------------------------|---------------------------------|---------------------------------|
| | | 2016/17 | | | 2015/16 | | |
| | | CWP performance | National average | National performance range | CWP performance | National average | National performance range |
| Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from psychiatric inpatient care | Preventing people from dying prematurely | Quarter 1 99.1% | Quarter 1 96.2% | Quarter 1 28.6 – 100% | Quarter 1 97.5% | Quarter 1 97.0% | Quarter 1 88.9 – 100% |
| | | Quarter 2 98.7% | Quarter 2 96.8% | Quarter 2 76.9 – 100% | Quarter 2 99.6% | Quarter 2 96.8% | Quarter 2 83.4 – 100% |
| | Quarter 3 98.5% | Quarter 3 96.7% | Quarter 3 73.3 – 100% | Quarter 3 97.7% | Quarter 3 96.9% | Quarter 3 50.0 – 100% | |
| | Quarter 4 98.0% | Quarter 4 Not available until August 2017* | Quarter 4 Not available until August 2017* | Quarter 4 97.6% | Quarter 4 97.2% | Quarter 4 80.0 – 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 2016/17 is achieving at least 95.0% rate of patients followed up after discharge, CWP performance for 2016/17 is 98.6%). The Trust has taken the following action to improve this percentage, and so the quality of its services: targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts. | | | | | | | |
| Admissions to acute wards for which the crisis resolution home treatment team acted as a | Enhancing quality of life for people with long-term conditions | Quarter 1 97.1% | Quarter 1 98.1% | Quarter 1 78.9 – 100% | Quarter 1 96.9% | Quarter 1 96.3% | Quarter 1 18.3 – 100% |
| | | Quarter 2 97.8% | Quarter 2 98.4% | Quarter 2 76.0 – 100% | Quarter 2 98.0% | Quarter 2 97.0% | Quarter 2 48.5 – 100% |

| Quality indicator | Related NHS Outcomes Framework Domain | Reporting period | | | | | |
|---|---|--|--|--|----------------------------|--|---------------------------------|
| | | 2016/17 | | | 2015/16 | | |
| | | CWP performance | National average | National performance range | CWP performance | National average | National performance range |
| gatekeeper | | Quarter 3 98.6% | Quarter 3 98.7% | Quarter 3 88.3 – 100% | Quarter 3 99.3% | Quarter 3 97.4% | Quarter 3 61.9 – 100% |
| | | Quarter 4 98.6% | Quarter 4 Not available until August 2017* | Quarter 4 Not available until August 2017* | Quarter 4 97.6%* | Quarter 4 98.2% | Quarter 4 84.3 – 100% |
| | | Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust's external auditors have verified the processes for production of this data. The Trust has achieved the performance target for this quality indicator, as required by the Department of Health and NHS Improvement (target for 2016/17 is achieving at least 95.0% of all admissions gate kept, CWP performance for 2016/17 is 97.8%). The Trust has taken the following action to improve this percentage, and so the quality of its services: targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts. | | | | | |
| The percentage of patients aged (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period | Helping people to recover from episodes of ill health or following injury | (i) 1.2%* | Not available via HSCIC indicator portal* | | (i) 9.4%* | Not available via HSCIC indicator portal* | |
| | | (ii) 5.8%* | Not available via HSCIC indicator portal* | | (i) 6.5%* | Not available via HSCIC indicator portal* | |
| | | 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. | | | | | |
| 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 | 73% | 65% | 54 – 73% | 68% | 66% | 36 – 93% |
| | | Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because it is administered and verified by the National NHS Staff Survey Co-ordination Centre. The Trust achieved the top score of all relevant mental health trusts. The Trust has taken the following action to improve this percentage, and so the quality of its services, by | | | | | |

| Quality indicator | Related NHS Outcomes Framework Domain | Reporting period | | | | | |
|---|---|--|--------------------------|----------------------------------|------------------------|------------------------|----------------------------------|
| | | 2016/17 | | | 2015/16 | | |
| | | CWP performance | National average | National performance range | CWP performance | National average | National performance range |
| | | developing an action plan to address areas of improvement identified in the survey. | | | | | |
| “Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker | Enhancing quality of life for people with long-term conditions Ensuring that people have a positive experience of care | 85% | N/A | 79 – 90% | Not available | | |
| | | Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the survey is administered and verified by Quality Health Ltd on behalf of the Care Quality Commission. The Trust has taken the following action to improve this percentage, and so the quality of its services. 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) 2855/ 51.5 | ** (i) 2963/ 46.5 | ** (i) 8 – 6723/ 6 – 84.0 | *(i) 6067/ 55.0 | *(i) 5200/ 41.2 | *(i) 33 – 12295/ 0 – 82.9 |
| | | ** (ii) 50/ 1.8 | ** (ii) 10/ 0.4 | ** (ii) 0-50/ 0 – 2.9 | *(ii) 59/ 0.9 | *(ii) 18/ 0.4 | *(ii) 0 - 123/ 0 – 2.4 |
| | | ** (iii) 51/ 1.8 | ** (iii) 23/ 1.1 | ** (iii) 0 – 84/ 0 – 10.0 | *(iii) 86/ 1.5 | *(iii) 39/ 0.9 | *(iii) 0 – 146/ 0 – 3.6 |
| | | Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust’s data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The data is analysed and published by the NHS Commissioning Board Special Health Authority. The national data stated relates to mental health trusts only. The Trust has taken the following action to improve this number/ percentage, and so the quality of its services: encouraging the reporting of incidents through it “learning from experience” report produced for staff three times a year. The national average data includes all mental health trusts that have provided partial or full data. *Represents full 2015/16 data hence the difference in reporting in the Quality Account 2015/16. **Represents data for 01/04/2016 to 30/09/2016, data for 01/10/2016 to 31/03/2017 will be available in April 2018. | | | | | |

(*) denotes:

Performance for 2016/17 (and 2015/16 where applicable) is not available or is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendments Regulations 2012*.

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

The data source of the performance that is stated as Trust performance where *HSCIC* data is not available is the Trust's information systems.

Part 3.

Other information

An overview of the quality of care offered by CWP – performance in 2016/17

Below is a summary of our Trustwide performance, during 2016/17, against previous years' quality improvement priority areas approved by Board as part of our *Quality Accounts*. The performance compares historical and/ or benchmarking data where this is available. This year, we have also tried to report at local level for the period 2016/17, so in future years we can then demonstrate continuous quality improvement at local level too.

| Quality indicator | Year identified | Reason for selection | CWP performance | | | |
|---|-----------------|--|--|---|---|-----------------------|
| | | | 2014/15 | 2015/16 | 2016/17 | |
| Patient safety | | | | | | |
| i. Improving learning from patient safety incidents by increasing reporting | 2008/09 | Research shows that organisations which report more usually have stronger learning culture where patient safety is a high priority | 7598 incidents | 10560 incidents | 9558 incidents | |
| | | | Central & East Cheshire | | | 3092 incidents |
| | | | West Cheshire | | | 4588 incidents |
| | | | Wirral | | | 1789 incidents |
| | | | Corporate | | | 89 incidents |
| | | | Data source = the Trust's incident reporting system (Datix). Despite the increase in the number of total incidents reported in 2016/17, as per our patient safety priority for 2015/16, overall results show a significant improvement in reporting proportionately more low harm and no harm incidents (grades D and E) to give a better chance of identifying and preventing hazards before they result in more serious harm incidents. | | | |
| ii. Strengthen hand decontamination procedure compliance | 2008/09 | Equipping staff with the skills to undertake effective hand decontamination minimises the risk of cross infection to service users and staff | NHS Staff Survey scores <i>Training:</i> 87% (National average 75%) | NHS Staff Survey scores <i>Training:</i> N/A* | NHS Staff Survey scores <i>Training:</i> N/A* | |
| | | | <i>Availability of hand washing materials:</i> N/A* | <i>Availability of hand washing materials:</i> N/A* | <i>Availability of hand washing materials:</i> N/A* | |
| Data source = National NHS Staff Survey Co-ordination Centre. The <i>NHS National Staff Survey</i> results include the percentage of staff saying that they have received training, learning, or development in infection control. *The NHS Staff Survey Advisory Group reviewed these questions for their usefulness and relevance for | | | | | | |

| Quality indicator | Year identified | Reason for selection | CWP performance | | |
|--|-----------------|--|--|--|---|
| | | | 2014/15 | 2015/16 | 2016/17 |
| | | | the 2014/15, 2015/16 and 2016/17 surveys and decided not to include in the survey. | | |
| iii. Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from psychiatric inpatient care | 2008/09 | Preventing people from dying prematurely | 97.9% | 98.4% | 98.6% |
| Data source = The Trust's information systems. | | | | | |
| Clinical effectiveness | | | | | |
| i. Implement the Advancing Quality programme for dementia and psychosis | 2009/10 | 'Advancing Quality' measures clinical and patient reported outcomes to determine the level of care that patients have received, benchmarked against a set of agreed 'best practice' criteria | Dementia: CWP compliance 64.0% CWP target 57.3% – Psychosis: CWP compliance 84.2% CWP target 90.9% | Dementia: CWP compliance* 76.3% CWP target 59.3% – Psychosis: CWP compliance* 97.1% CWP target 90.9% | Dementia: **N/A – Psychosis: **N/A |
| Data source = Clarity Informatics There is up to a six month delay in reporting of compliance data relating to 2015/16. *These figures for 2015/16 reflect CWP's monthly submissions up to and including January 2016. **Advancing Quality programme for dementia and psychosis has been discontinued | | | | | |
| ii. Physical health checks for all inpatient service users, including Body Mass Index (BMI) | 2008/09 | The monitoring of a service user's physical health is a priority to ensure that a service user's physical health needs are being met | 97% compliance with the patient having their BMI calculated on admission Performance was measured | 99.5% compliance with the patient having their BMI calculated within the previous week Performance was measured every | 100% compliance with the patient having their BMI calculated during their inpatient stay or within last 12 months if admitted >12 months ago. Performance was measured |

| Quality indicator | Year identified | Reason for selection | CWP performance | | |
|---------------------------------------|-----------------|--|--|---|--|
| | | | 2014/15 | 2015/16 | 2016/17 |
| | | | once during the year as part of the Trust's patient safety priority for 2014/15. The denominator was 596. | two months as part of the Trust's patient safety priority for 2015/16. The denominator was 639. | once during the year as part an NHS England/ Royal College of Psychiatrists national CQUIN. The denominator was 50. |
| iii. Develop integrated care pathways | 2009/10 | Seamlessness between primary and secondary care promotes a joined up approach, and improves the continuity and quality of care | During the year the Trust has developed a pathway template to regularly monitor progress with the development of care pathways and the reporting of outcomes from measurement of these pathways. These pathways are based on NICE guidance and collect the minimum data required to ensure a quality service is being delivered. | Additional pathways were developed during 2015/16 to facilitate a reduction in unwarranted variation in the following areas of care: <ul style="list-style-type: none"> ▪ Acute care ▪ Bipolar disorder ▪ ADHD | Acute care pathways have been strengthened by implementing 3 further pathways. <ol style="list-style-type: none"> 1) The establishment of a centralised bed management hub during 2016/17. The bed hub works closely with the Complex Recovery Assessment and Consultation (CRAC) team for more complex service users requiring additional assessment and rehabilitation. 2) Enhanced collaboration between primary, community and secondary care, started as a pilot scheme within Princeway Community Care Team, and has now been extended |

| Quality indicator | Year identified | Reason for selection | CWP performance | | |
|---------------------------|-----------------|--|---|--|--|
| | | | 2014/15 | 2015/16 | 2016/17 |
| | | | | | to facilitate reduced length of stay. 3) Further work has been undertaken to integrate mental and physical health services, including the introduction of psychological therapies for some long term conditions. |
| Patient experience | | | | | |
| i. Patient experience | 2008/09 | Understanding the experience of service users, and their carers, is fundamental to being able to provide high quality services and to identify areas for improvement | <p>33% increase compared with 2013/14</p> <p>This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 410 patient experience contacts in 2014/15.</p> | <p>25% increase compared with 2014/15</p> <p>This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 118 patient experience contacts in 2015/16.</p> | <p>26% decrease compared with 2015/16</p> <p>This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 502 patient experience contacts in 2016/17.</p> |
| | | | Central & East Cheshire | | 765 contacts |
| | | | West Cheshire mental health | | 1459 contacts |
| | | | West Cheshire physical health | | 493 contacts |
| | | | Wirral | | 1057 contacts |
| | | | Corporate | | 30 contacts |
| | | | <p>Data source = the Trust's incident reporting system (Datix).</p> <p>For 2016/17 the changes in patient feedback are: Concerns = 25% decrease PALS contacts = 300% increase Comments/ suggestions = 43% decrease Compliments = 32% decrease Complaints = 53% increase</p> | | |

| Quality indicator | Year identified | Reason for selection | CWP performance | | | |
|--|-----------------|---|---|---|--|-----------|
| | | | 2014/15 | 2015/16 | 2016/17 | |
| | | | <p>The increase in PALS contacts is associated with the development of a Patient and Carer Experience Team that includes the additional role of a Carer Advice and Liaison Service Officer. The service has been promoting the service during this financial year to provide a more targeted and focused approach. The decrease in formally recorded compliments is associated with the implementation of a new compliments reporting system during the year. We are acting on feedback around the use of the system to improve its efficiency and to encourage reporting more positive feedback and examples of good practice.</p> | | | |
| ii. Improvement of complaints management and investigation processes | 2008/09 | Complaints handling and investigations should be of a high quality and robust so that any improvements are highlighted and cascaded throughout the Trust in order to continually improve services and share best practice | 2 complaint/serious incident quality assurance reviews | 6 complaint/serious incident quality assurance reviews | 24 complaint/serious incident quality assurance reviews | |
| | | | Central & East Cheshire | | | 13 |
| | | | West Cheshire mental health | | | 4 |
| | | | West Cheshire physical health | | | 5 |
| | | | Wirral | | | 2 |
| | | | Quality assurance reviews are led by a Non Executive Director, and provide internal assurance of the quality and robustness of complaints management and investigation processes. | | | |
| iii. Measure patient satisfaction levels | 2008/09 | Patient satisfaction is an important measure of the quality of the care and treatment delivered by the Trust | National Patient Survey score 78% (better than the average performance across all other mental health Trusts) | National Patient Survey score N/A* | National Patient Survey score 74% (better than the average performance across all other mental health Trusts) | |
| | | | Responses = 256 – CWP inpatient survey 74% service users rated the service they received as 'good' or 'excellent' Responses = 142 | – CWP inpatient survey N/A* | Responses = 237 – CWP inpatient survey N/A** | |

| Quality indicator | Year identified | Reason for selection | CWP performance | | |
|-------------------|-----------------|----------------------|--|---------|---------|
| | | | 2014/15 | 2015/16 | 2016/17 |
| | | | *The Trust does did not have these specific survey results to report for 2015/16. ** The Trust does did not have these specific survey results to report for 2016/17. | | |

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

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

Locally selected indicator

- Minimising mental health delayed transfer of care.

Additional information on improving the quality of CWP's services in 2016/17

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 Reports*, published three times a year, provide more information about the quality of the services we provide throughout the year.

Improving patient safety



Our Tissue Viability team has successfully sustained a continuous reduction in avoidable pressure ulcers in the community.

In the twelve months to June 2015, 13 out of 95 stage 3 or 4 pressure ulcers were deemed avoidable (which equates to 14%). Stage 3 and 4 pressure ulcers are the most severe stages where there is significant skin and tissue damage and risk of infection. In the twelve months to June 2016 (i.e. one year on) the corresponding figures were 10 out of 111 (or 9%). In other words, the number of pressure ulcers being

identified and treated went up, and the proportion of avoidable pressure ulcers went down. Incident analysis demonstrates the longest run of months without a single avoidable pressure ulcer incident reported in the community. None have been reported since June 2016. This shows sustained improvement in the care we provide and demonstrates how our staff are learning from incidents by reflecting on their practice.

This is one example of many in the Trust that shows how our staff are embracing our Zero Harm campaign, which is about supporting people to deliver the best care possible, as safely as possible and in doing so reducing unwarranted avoidable harm. Through collaboration, learning, sharing knowledge and listening and responding, we have achieved real improvements in the way we deliver care to people.



In February 2015, CWP identified an "Accelerating Restraint Reduction" Quality Improvement project, sponsored by the Medical Director. This was in response to national benchmarking data which suggested that we were reporting more "prone position" incidents (physical restraint in the face down position) than the national average. Through implementing the project, as well as significantly reducing the number of prone position restraint incidents, there is clear evidence that staff are progressively using more de-escalation techniques. Quality Surveillance Analysts from our Safe Services Department continue to monitor ongoing progress and are reporting that improvements are being sustained to-date.

An academic paper describing CWP's approach to reducing prone position restraint has been published in the *International Journal of Health Governance*. A multidisciplinary team, led by Dr Elizabeth Shaw (previously a trainee grade doctor at CWP), and sponsored by Dr Anushta Sivananthan, Medical Director, audited CWP's approach to using prone position restraint, which in turn has significantly and sustainably reduced the number of restraint incidents.

Our Estates & Facilities team has taken the lead on environmental risk management, helping our clinical teams manage clinical risks. This has included undertaking environmental risk assessment surveys of all CWP inpatient units, resulting in a 5-year capital investment programme of remedial works.



The Estates & Facilities team has collaborated with clinicians to develop a suite of supporting information including risk management plans, snapshot reports, ward specific risk maps and dashboards. The reports have been designed to provide accurate risk information in an easily accessible format. A dashboard allows senior management up to Board level to review progress on reducing risks.

CWP now has a robust risk management plan in place and is on target to achieve its strategic risk targets. The systems are considered an example of best practice and CWP is currently supporting neighbouring mental health trusts with developing environmental risk plans.

CWP marked **World Suicide Prevention Day** (10 September) with a suicide prevention workshop, drawing over 80 attendees, with speaker Angela Samata, former head of *Survivors of Bereavement by Suicide* (SOBS) and presenter of a BBC documentary *Life after Suicide*.

As part of its Zero Harm strategy, CWP is committed to reducing the risk of suicide and has developed a four-year Suicide Prevention strategy with partners across Cheshire and Merseyside. Audrey Jones, Head of Clinical Governance, has led this project, which is aligned to both national and regional strategies.



Improving clinical effectiveness



CWP's physical health community care teams have improved collaborative working with secondary care. The team wanted to improve communication and information sharing between primary and secondary care after they noted that patients with complex needs, often elderly, were being admitted to hospital without any notification to the community care team. This led to failed visits and lack of continuity of care for both the patient and staff. A pilot scheme began last year with teams having conference calls with professionals in secondary care. All of CWP's community care teams are now included in the project and a process has been formulated between CWP and the *Countess of Chester Hospital NHS Foundation Trust*.

As well as improved communication between primary and secondary care, the project has resulted in a greater understanding of what each team does. There is now a slicker, safer flow of the patient's journey. The project has reduced the number of failed home visits. Local GP practices are also involved, further facilitating greater communication and awareness between primary and secondary care.



Our forensics department has teamed up with the *National Autistic Society* to improve screening for autism at Cheshire's custody suites and to prevent those with learning difficulties from re-offending. The partnership has implemented screening measures whereby everyone who enters the custody process is assessed for autism using a tailored questionnaire. Individuals who require support are then referred to the relevant team.

The aim is to identify autism at the earliest opportunity, so that adjustments can be put in place to support people during their time within the criminal justice system.

The Macmillan Specialist Community Palliative Care Team has developed a drop-in clinic for patients with motor neurone disease (MND) and their families. MND is a rare neurological condition that causes the degeneration (deterioration and loss of function) of the motor system (the cells and nerves in the brain and spinal cord which control the muscles in our bodies). This results in weakness and wasting of the muscles. MND is progressive and symptoms worsen over time. MND severely reduces life expectancy and most people with MND die within five years of the onset of symptoms. The team has developed a drop-in clinic so that patients suffering with MND, and their carers, can call into the Hospice once a month for advice. This enables therapists to reassess and offer appropriate treatment. A focus group was set up to establish patients' requirements; this resulted in the creation of the clinic. The team also planned a programme of speakers to give informative monthly talks. It has also provided patients with a social element to their care as they meet at the clinic, allowing them, and their carers, to provide mutual support to each other.



Fountains Community Care Team has been collaborating with St Werburgh's Medical Practice for the homeless, and Richmond Court Homeless Facility, to improve the end of life care for people who are homeless. The palliative care service is the first of its kind attached to this type of accommodation; this facility having been researched and developed with support from a range of agencies and health professionals including CWP staff. The centre also has a dedicated medical room to allow its partner health agencies to provide more advanced treatment options for homeless people. CWP staff

provided advice on equipping this facility. The team wanted to ensure that access to end of life care for homeless people was fair and equitable with other patients. The aim of the project was to provide dignified end of life care, fulfil the persons' wishes, and support their friends within the homeless community. There is now an agreed process in place to support homeless people in Richmond Court at the end of their life, which allows them to remain within Richmond Court, but also be supported with their end of life medical needs and medication administration.

Catherine House has established an Alcohol Support Drop-in at which is open to anyone accessing either the Community or Hospital Alcohol Liaison Service (HALS). People can receive advice and support, and an introduction to what is available from the service. There is an opportunity to provide brief interventions. This project typifies how CWP teams are making services more accessible to those who use them, and providing affordable and sustainable solutions.

Improving patient experience



Our older people wards have signed up to a national campaign, called *John's Campaign*, to enable the families and carers of patients with dementia to stay with them in hospital. John's Campaign is named after Dr John Gerrard with passed away with Alzheimer's disease in 2014. Meadowbank, Croft and Cherry wards have all pledged their support to the campaign after recognising the important role that families and carers play in putting people with dementia at ease during their hospital stay, demonstrating their commitment to person-centred care.

Patient-led assessments of the care environment (PLACE) are self-assessments that focus on the areas which matter to patients, families and carers. It is a programme that aims to promote a range of principles including:

- Putting patients first.
- Actively encouraging feedback from the public, patients and staff to help improve services.
- Striving to get the basics of quality of care right.
- A commitment to ensure that services are provided in a clean and safe environment that is fit for purpose.

The PLACE results for 2016/17 were released in August and are detailed in the table below. The results demonstrate that:

- CWP scores have improved from previous visits.
- CWP is above national average on all areas of inspection in every locality.

| Area of assessment | Cleanliness | Food | Privacy, Dignity and Wellbeing | Condition, Appearance and Maintenance | Dementia | Disability |
|------------------------------------|-------------|------------|--------------------------------|---------------------------------------|------------|------------|
| CWP | 99% | 92% | 92% | 97% | 95% | 89% |
| Central & East Cheshire | 99% | 92% | 91% | 96% | 95% | 86% |
| West Cheshire | 100% | 93% | 91% | 98% | 97% | 93% |
| Wirral | 99% | 93% | 97% | 99% | 96% | 95% |
| National | 98% | 88% | 84% | 93% | 75% | 79% |

Patient experience is a key element of quality at CWP. This means ensuring the people who access our services have a positive experience of their care, and receive treatment with compassion, dignity and respect. CWP staff and volunteers marked *Dignity Action Day 2017* by asking colleagues and visitors "What does dignity mean to you?" Dignity Action Day gives everyone the opportunity to contribute to upholding people's rights to dignity and provide a truly memorable day for people receiving care. Dignity Action Day aims to ensure people who use care services are treated as individuals and are given choice, control and a sense of purpose in their daily lives.





CWP and partners are delivering a Specialist Perinatal Community Mental Health Service through three locality teams provided by CWP, *North West Boroughs Healthcare Partnership NHS Foundation Trust* and *Mersey Care NHS Foundation Trust*, and will support women with serious mental health problems during pregnancy and in the first year after birth. The funding for this is being provided from the Perinatal Mental Health Community Services Development Fund, set up by *NHS England*, and is part of a £365million plan to expand perinatal support to an extra 30,000 women a year by 2020. Women are more likely to suffer from mental health issues during the perinatal period than at any other point in their lives. Securing this funding

has provided CWP and its partner trusts with the opportunity to greatly improve access to evidence-based treatments, as well as training for other front-line services caring for local women. It will improve early intervention in perinatal mental health care to prevent local women and their children from experiencing potential problems in the future and build capacity and sustainability across the workforce to ensure consistent, high-quality care across the region. Thousands of women from across Cheshire and Merseyside will benefit from this service.

Staff in the 14-18 Wirral CAMHS Team run an Activity Group for young people and, as part of this, they have recently been working with a local gym to set up some free sessions with young people who access their service with a view to getting them out and about, active and improving their emotional well-being. Exercise and engaging in meaningful occupations can have a positive impact on a person's mental health. The young people who access the activity group typically are not attending school and are very isolated, often spending long periods of time at home on their own. Exercise can help to:

- Reduce anxiety symptoms, improve self- esteem and help to build confidence.
- Give these young people some meaningful occupation adding to their structure and routine for the week, allowing them to try new activities in a supportive environment.
- Engage with other young people who have similar difficulties.
- Have a positive impact on low mood and depression, as well as improving their physical well-being.



The Occupational Therapists contacted local gyms in Hoylake, to see if they could offer any sessions to help the young people who access the Wirral CAMHS service to help reduce their anxiety around attending the gym, but also to help them access exercise and all the positive benefits this can offer. The Underground Training Station (UTS) gym in Hoylake offered a 6-week programme at their gym, and offered to tailor this to meet the needs of the young people. The initial sessions are kept short and friendly to get the young people used to the idea of going in the gym as this is a massive barrier for some. The sessions will develop to deliver a circuit style class aimed at harnessing

the power of physical activity and basic nutrition to help improve the mental health and well-being of the young people who attend.

Annex A: Glossary

Board

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

Care 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.

Commissioners

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

Commissioning for Quality and Innovation – CQUIN

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

Community physical health services

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

Crisis

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

Department of Health

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

Duty of Candour

This is Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. The intention of this regulation is to ensure that providers are open and transparent with people who 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.

Heinrich ratio

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

Hospital Episode Statistics

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

Human Factors

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

Information Governance Toolkit

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

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.

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.

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.

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.

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 2016/17

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 21 April 2017 it was agreed that the minimising mental health delayed transfers of care would be selected as 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 for them to confirm everything I believed about our Trust. The theme running throughout is that of improved person-centred care. I was particularly impressed with the success of 'John's Campaign', to enable families and carers of people with dementia to stay with them in hospital. It is evident throughout the report how hard our staff work and they should be congratulated for their successful patient outcomes

Comments by CWP's commissioners

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

NHS South Cheshire Clinical Commissioning Group (CCG) and NHS Vale Royal Clinical Commissioning Group (CCG) welcome the opportunity to provide commentary on Cheshire and Wirral Partnership NHS Foundation Trust (CWPFT) performance through the organisation's Quality Account for 2016/17.

NHS South Cheshire CCG and NHS Vale Royal CCG are committed to ensuring that the services it commissions provide safe effective care for local people. Services are required to demonstrate compassionate and responsive care which means that patients receive the right care at the right time.

During the year we have reviewed information, held monthly through the Quality and Performance meetings and have carried out visits to clinical areas to gain assurance around the standards of care being provided. We have also provided challenge and scrutiny when performance has not met the expected standards.

We confirm that we have reviewed the information contained within the Quality Account and this reflects a fair, representative and balanced overview of the quality of care in CWPFT and includes the mandatory elements required.

CWPFT should be commended for once again achieving the quality improvement priorities as set the previous year. The focus of monitoring clinical effectiveness, patient safety and patient experience is evident throughout the Quality Account. It also is pleasing to see that CWPFT have used a number of sources to develop the quality improvement priorities. These identified priorities have been set out in the Trust's strategic and operational plans and also have a link to the Trust's corporate and locality strategic objectives giving ownership across the organisation.

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

Although the Trust rating following a CQC inspection in 2014 was 'Good' overall with 'Outstanding' for caring there were some areas which were rated as 'requires improvement'. Therefore in 2016 the Care Quality Commission re-inspected the services rated as 'requires improvement', these were the acute wards for adults of working age and psychiatric intensive care units, community health services for children, young people and families, and Forensic inpatient/ secure wards. An action plan was developed for the areas which 'required improvement'. This action plan is on track for completion by July 2017. Following this re-inspection the Trust rating has not changed, remaining 'Good' overall with 'Outstanding' for caring. This should be commended.

The Trust has made the monitoring of service users' physical health care checks and patients healthcare generally a priority, from initiation of treatment and regular planned annual review or when physical healthcare needs change and interface with Primary Care which is a really positive step.

In particular we would like to highlight the ongoing engagement with partners based on feedback from carers and patients from the National Audit of Dementia.

It is also pleasing to see that the older people's wards have signed up to the John's Campaign to enable families and carers of patients with dementia to stay with them in hospital. This has highlighted a commitment to person-centred care for both patients and carers.

The CCGs congratulate CWPFT and partners in securing national funding to develop a Specialist Perinatal Community Mental Health Service operating across three localities. This is an initiative which will support women with serious mental health problems during pregnancy and in the first year after birth and ensure this specialist service is provided in the local area. The CCGs are looking forward to receiving feedback from the service about the outcomes for women who use the service.

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

CWPFT are committed to engage in quality improvements through their priorities in 2017/18 with a focus on quality and patient experience. The CCG's will monitor these priorities to ensure that they have a positive impact on patient care, outcomes and experience.

We look forward to maintaining a strong commissioning relationship with CWPFT in 2017/18. NHS South Cheshire CCG and NHS Vale Royal CCG are committed to working in a collaborative manner to achieve positive experiences for our local population with a provider that has the continued high quality delivery of health care at its core.

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 2016/17.

This was observed by the CQC re-inspection of mental health and substance misuse services in October 2016 with excellent patient care and good practice noted, with the overall Trust rating remaining as "good" with outstanding for care.

The community nursing teams have also worked hard to improve patient safety throughout the year and the zero harm group has now become well established with the peer review and learning from the group contributing to the significant in year reduction in avoidable pressure ulcers with the West Cheshire community. 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 also been excellent progress and achievement of the Commissioning for Quality and Innovation goals for the year with continuous improvement in relation to the number of staff receiving the flu vaccinations.

In 2015-16 we shared with you a number of concerns reported by GPs about delays in them receiving timely outpatient letters. The Trust's efforts to increase patient feedback and better understand the experience of people accessing the Trust's services, is noted and welcomed. We have raised the comparatively low return rate, of Friends and Family Test Surveys previously in last year's quality

account summary as being an area where extra focus was required during 2016/17 so it of concern that this has not improved in year as much as we had anticipated.

We acknowledge the Trust's response to the Regulation 28 report from the Coroner to prevent future deaths in relation to the Trusts non-smoking policy for patients. It was noted that some members of the nursing staff, although readily enforcing the smoking ban, were not fully engaged in addressing the patient's nicotine addiction and this had revealed a possible training deficit.

The Trust has been proactive and innovative with its approach to workforce planning; being the host for one of the first cohorts in the country of the new nurse associate role and by also providing the governance arrangements for a new neighbourhood team integrated patient centred care model in rural Cheshire.

We support the priorities that the Trust has identified for the forthcoming year and look forward to continuing to work in partnership with you to assure the quality of services commissioned in 2017-18.

NHS Wirral Clinical Commissioning Group commentary

As lead commissioner Wirral CCG is committed to commissioning high quality services from CWP. We take very seriously our responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened and acted upon.

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

We commend the Trust on the approach to reducing unnecessary harm. This has included an improvement in incident reporting in the ratio of "no harm" to "harm" reporting of incidents, which is having a real impact on staff culture patient care locally. We acknowledge that the model being used needs to be more reflective to health care needs, however is able to identify potential hazards.

In last year's quality account, NHS Wirral CCG did express concern regarding the timely completion of investigations and production of action plans. The internal processes instigated by CWP has improved this, and continues to be monitor closely, as timely learning from incidents is key to being able to reduce the likelihood of future avoidable harm.

The trust has made improvements in regard to understanding people's experience of health care that they provide by achieving an increase in patient feedback which will identify areas for improvement.

The Trust's approach to research and audit is something that we very much welcome, the number of staff participating in research and the number of projects being undertaken demonstrates that the Trust that is committed to learning and improvement, and offering the latest treatments and techniques.

We congratulate the trust on their CQC re inspection and for maintaining a "Good" rating in the services that were revisited. The area that requires improvement the progress against the action plan will be monitored via the contractual process to ensure that all actions are delivered by July 2017.

As a CCG we welcome the patient safety priorities for 2017/18 in particular the embedding of the patient centred culture across the organisation. This ambition will not only increase staff morale which can be measured through the annual staff survey in addition to improving the patient's experience.

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

NHS Eastern Cheshire Clinical Commissioning Group Commentary

Thank you for the opportunity to comment on CWP Quality Account 2016/17.

NHS Eastern Cheshire CCG was pleased to read the positive work that has been undertaken by CWP to improve the quality of care provided to our population. It was particularly encouraging to see that the work undertaken to deliver the Emotionally Healthy Schools Project in East Cheshire was cited in the Statement of Quality provided by Sheena Cumiskey, Chief Executive, as we feel this is a project that has great potential to improve the support available to young people in our area.

The steps taken by services to improve quality are very encouraging and the CCG would particularly like to thank CWP for helping to develop the eating disorder service. NHS Eastern Cheshire CCG considers that CWP have a well-developed, reflective and open Serious Incident process that is committed to learning in order to prevent recurrence.

It would be helpful to understand how learning from complaints and investigations informed the Quality Improvement priorities and the detail behind this selection. We welcome the work CWP are doing to increase the uptake of Friends and Family tests and would be interested to understand the reasons for this reduction once analysis has concluded.

We look forward to working alongside CWP, CCG partners and Cheshire East Council to redesign adult services to ensure they improve care and, at the same time, meet the needs of our local population.

Statement from Scrutiny Committees

Statement from Wirral Metropolitan Borough Council

The People Overview & Scrutiny Committee undertakes the health scrutiny function at Wirral Council. The Committee has established a Panel of Members (the Health and Care Performance Panel) to undertake on-going scrutiny of performance issues relating to the health and care sector. Members of the Panel met on 10th May 2017 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 2016/17. Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

Overview

Members acknowledge that the nature of the Trust's geographical footprint renders it difficult to provide Wirral specific information regarding every aspect of service provision. The mandated reporting of performance data at the Trust-wide level makes measurement of achievement at the local level difficult to assess. However, it is suggested that for future years, a short summary with Wirral specific data to supplement the document may be helpful.

Priorities for Improvement

In general, Members support the Trust's on-going commitment to continuous improvement during 2016/17 and Members note that this theme is apparent throughout the document. Continuous improvement is also a key feature of the priorities for improvement adopted for 2017/18 and these are supported by the Panel. Regarding the clinical effectiveness priority for 2017/18, Members particularly welcome the aim to reduce the average bed occupancy rate for adults and older people from the 2016 figure to the recognised optimal rate for more effective care of 85%.

Friends and Family Test (FFT)

Members welcome the 20% increase in FFT responses on Wirral over the last year, and hope this is replicated in the overall Trust-wide response rate in future. Members are encouraged by plans to embed the Friends and Family Test further in future following the appointment of a new Associate Director for Patient Experience and the use of new recording methods and software. Members would welcome details of progress on this issue in next year's Quality Account. Although the Quality Account report refers to the response rate of the FFT, there is no reference to patient scores from the 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.

Mental Health Services

Members are aware of the growth in demand and the pressure on mental health services at a national level. It is suggested that consideration could be given to the inclusion of plans to respond to increasing pressures in this area to reassure Members over the delivery of mental health services on Wirral. Members would also welcome inclusion of data on waiting times from referral to delivery of services in the future as an indicator of quality.

Overview of the quality of care offered by CWP – performance in 2016/17

Regarding the Patient Safety quality indicator “improving learning from patient safety incidents by increasing reporting”, Members note the Trust’s reason for selection of this indicator is that higher reporting organisations usually have a stronger learning culture. Given this, an explanation of the reasons for the fall by almost 1000 of incidents reported over the last year would be helpful.

Locality Based Services

Taking into account the Trust’s provision of a range of services across three local authority areas, Members recognise that Trust performance may vary by locality. Accepting this, Members seek reassurance that the quality of service provision in all localities is given equal priority.

I hope that these comments are useful.



Councillor Moira McLaughlin
Chair, Health and Care Performance Panel and
Chair, People Overview & Scrutiny Committee

Cheshire East Health and Adult Social Care Overview and Scrutiny Committee

The Committee were satisfied with the Quality Account and particularly:

- The Committee thought that the partnership initiative by CWP Forensics department and the National Autistic Society (NAS) to improve screening for Autism at Cheshire’s custody suites to prevent those with learning difficulties from re-offending was excellent. They have requested that an outcomes based review be presented to Scrutiny in the future to report on the progress of this initiative.
- The quality improvement example that Older People wards had signed up to John’s Campaign was seen as very positive.

Statement from Healthwatch organisations

Healthwatch Cheshire West

I have read the report and comment as follows.

In essence good – uses plain English – allowing for the necessary formality and format required it is understandable and appears to be “jargon free”.

I know there is a glossary at the end – appendices – and all terms/ acronyms are detailed but there a few “first time” appearances in the report that perhaps need to be explained – full name in brackets as normal:

SBAR Tool – CAMHS – EIP Self Assessment

Otherwise other initials/ acronyms appear to be explained on first appearance.

It made interesting reading and shows a wide and detailed report on activities of CWP.

Healthwatch Wirral

Unfortunately we are unable to provide a statement for your Quality Account in time for your deadline this year.

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 2016 – April 2017.
 - Papers relating to Quality reported to the Board over the period April 2016 to May 2017.
 - Feedback from commissioners: NHS South Cheshire Clinical Commissioning Group and NHS Vale Royal Clinical Commissioning Group received 12 May 2017, NHS West Cheshire Clinical Commissioning Group, received 25 May 2017, NHS Wirral Clinical Commissioning Group, received 31 May 2017, NHS Eastern Cheshire Clinical Commissioning Group, received 1 June 2017
 - Feedback from governors dated 5 May 2017.
 - Feedback from local Healthwatch organisations: Healthwatch Cheshire West requested feedback 28 April 2017 (not received), Healthwatch Wirral received 22 May 2017, Healthwatch Cheshire East 19 May 2017.
 - Feedback from Wirral Metropolitan Borough Council (Overview and Scrutiny Committee) received 17 May 2017, feedback from East Cheshire Council (Overview and Scrutiny Committee) received 22 May 2017.
 - 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 2016 – March 2017, published May 2017.
 - The latest available national patient survey, published on 24 November 2016.
 - The latest national staff survey – received by the Trust March 2017.
 - Care Quality Commission Inspection, dated 03 February 2017.
 - The 2016/17 Head of Internal Audit's annual opinion over the trust's control environment, dated 4 May 2017.

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

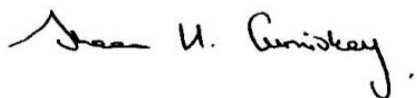
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

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

By order of the Board at the meeting held on 24 May 2017.

A handwritten signature in black ink, appearing to be 'L. H. H.', written on a light-colored background.

Chair of the meeting
24th May 2017

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

Chief Executive
24th May 2017

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 PARTNERSHIPS 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 Partnerships NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following two national priority indicators (the indicators):

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

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 2016/17* ('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 2016/17*.

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 2016 to May 2017;
- papers relating to quality reported to the board over the period April 2016 to May 2017;
- feedback from commissioners, South Cheshire and NHS Vale Royal CCG dated 12th May 2017; West Cheshire CCG, Wirral CCG and Eastern CCG requested 28th April 2017.
- feedback from governors, dated 5th May 2017;
- feedback from Healthwatch Cheshire West requested 28th April 2017, Healthwatch Wirral dated 22nd May 2017, Healthwatch Cheshire dated 19th May 2017;
- feedback from Overview and Scrutiny Committee, dated 22nd May 2017;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the latest available national patient survey, dated 24th November 2016;

- the latest national staff survey, dated 13th February 2017;
- Care Quality Commission Inspection, dated 3rd February 2017;
- the 2016/17 Head of Internal Audit's annual opinion over the trust's control environment, dated for the period 2016/17; 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 Partnerships 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 2017, 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 Partnerships 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 Partnerships 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 2017:

- 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 indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
1 St Peter's Square
Manchester
M2 3AE

25th May 2017

Annex E: Definitions of the performance measure indicators

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

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

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

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

In order to prevent hospital admission and give support to informal carers CR (crisis resolution)/ HT (home treatment) are required to gate keep all admission to psychiatric inpatient wards and facilitate early discharge of service users. An admission has been gate kept by a crisis resolution team if they have assessed the service user before admission and if the crisis resolution team was involved in the decision making-process, which resulted in an admission. Admissions from out of the trust area where the patient was seen by the local crisis team (out of area) and only admitted to this trust because they had no available beds in the local areas. CR team should assure themselves that gatekeeping was carried out. This can be recorded as gate kept by CR teams. Exemptions:

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

Minimising Mental Health Delayed transfer of care

Numerator: the number of non-acute patients (aged 18 and over on admission) per day under consultant and non-consultant led care whose transfer of care was delayed during the quarter. For example, one patient delayed for five days counts as five.

Denominator: the total number of occupied bed days (consultant and non-consultant led) during the quarter. Delayed transfers of care attributable to social care services are included.