

# Quality Account 2018/19



Quality at CWP  
2018/19 in pictures

#cwpqi

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

# Introduction

**Our Quality Account is an annual report to the people we serve about the quality of services we provide.** They offer an opportunity to understand what we are doing to improve the care and treatment we provide.

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

## **Patient safety**

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

## **Clinical effectiveness**

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

## **Patient experience**

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

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

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

To help meet this aim, we produce *Quality Improvement Reports* three times a 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



I am delighted to introduce this year's Quality Account, to look back with pride on another year of significant success and achievement, and to look ahead to developments at CWP in the coming year.

Following the Care Quality Commission (CQC) inspection of our services in August and September 2018, we were really pleased to have been rated as 'Outstanding' for Care, making us the only trust in the local area, and the only mental health trust in the north west, with this rating. We were rated as 'Good' overall. This is a tremendous testimony to the hard work and dedication of our staff and our commitment to the care that we provide. But we are not complacent and we are making continuous improvements, including in the areas identified by the CQC. As we look to build on our CQC rating, and to help us be the best we can be, we are looking forward to further embedding our Quality Improvement strategy into our work. Dr Sivananthan

goes on to talk more about this in her foreword on the following pages.

This year's Quality Account sets out some of our key achievements in improving the quality of our services. These include:

- Launch of a new advice line for young people, parents/ carers, and organisations across Cheshire and Wirral who may have concerns about a young person's mental health.
- Opening of the Coronation Road workplace hub, a new integrated workspace for health and care services in Ellesmere Port.
- 40 graduates from the University of Chester have completed a two-year work-based programme and are now Registered Nursing Associates.
- Launch of a brand new All Age Disability service in Wirral, aiming to improve experiences for people in the area with a disability or mental health condition.
- Being recognised as a top performer nationally in the 2018 Community Mental Health Survey, including being one of the top three trusts nationally for 'organising your care', 'NHS therapies' and 'your health and social care workers'.
- Being placed at the top of the North West mental health table, based on the last three years of national NHS Staff Survey results, for staff recommending CWP as a place to work or receive care.
- Collaborative working between the Neston and Willaston Community Care team and services provided by partner organisations to improve the well-being of people in these communities, including improving understanding of support available and offering self-care tips on issues like pressure ulcer care and preventing falls.
- Approval of plans to improve the model of care of more than 7,000 people in Eastern Cheshire, South Cheshire and Vale Royal, who need support every year with serious, long-term mental health problems. The enhanced community services will include a new dementia outreach service and 24/7 crisis care, alongside modern inpatient facilities for those that require hospital care.

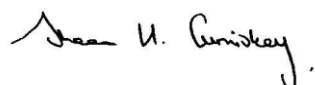
In relation to the last development listed above, this is one example of the positive relationships we have with our partners and how we provide services alongside them. Our clinical services are building on this

partnership working over the coming year, and we are looking forward to working together to further integrate our services. This will include co-producing and delivering models of care that reflect the needs of the people we serve. We are delighted that our local plans in this respect reflect the NHS [Long Term Plan](#) that was published this year. The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts. It is a 10-year plan to make the NHS fit for the future for patients, their families and staff. Among the many opportunities that the Long Term Plan affords us, it also provides us with the opportunity to continue to build on our great working with valued partners and stakeholders across our footprint. A joined-up, safe, local healthcare system is vital for the NHS going forward, something that the Long Term Plan alludes to.

All things considered, this has been a successful year for CWP and there are interesting, as well as challenging times ahead. Ultimately, I am hopeful it will be another positive year for the Trust. I am also confident that we will meet any challenges head-on, as we at #TeamCWP continue our dedication to providing outstanding care.

On behalf of the Board, to the best of my knowledge, the information presented in this report is accurate. I hope you enjoy reading our Quality Account.

**Sheena Cumiskey**

A handwritten signature in black ink that reads "Sheena U. Cumiskey". The signature is written in a cursive style with a small flourish at the end.

**Chief Executive**  
**Cheshire and Wirral Partnership NHS Foundation Trust**

# Statement from the Medical Director – Executive lead for quality



At CWP, we continue to be committed to providing high quality care for the people we serve. Our Quality Improvement strategy was launched in 2018, setting out how we will build on this commitment and dedication to providing outstanding care. As Sheena mentioned in her foreword, this year I'd like to share with you what we have achieved over the past year, and what our plans are for further embedding our Quality Improvement strategy over the coming year.

Ultimately, Quality Improvement is about understanding the needs of the people we serve and using helpful techniques to provide safe, effective, person-centred care with great experience. We want to make it easier to provide the best care. Our Quality Improvement strategy is a way to help us do this. It is based on a principle of organisations, staff and people who access health and care services working together to improve care and outcomes for the population.

Quality improvement looks at what we currently do and the ways in which we can do things better. Lots of people in #TeamCWP have great ideas to improve care. The Quality Improvement strategy will support us in implementing good ideas and improvements – whether these are big or small, they will all make a difference. The quality improvement priorities we identified in last year's Quality Account are one example of this, which you can read more about in Part 2 of this report. Our Quality Committee has agreed that we continue to focus on these priorities this year, by refining them further with the aim of making further improvements and, just as importantly, demonstrating our commitment to continuous improvement. Our other achievements in implementing our Quality Improvement strategy this year include:

- Delivering a further 63 Quality Improvement projects, this is in addition to the 275 Quality Improvement projects we have delivered since 2014 when we launched our Zero Harm quality strategy.
- Development of a Quality Improvement 'hub' as an intranet resource for our staff to help them take forward their ideas for change and improvement.
- Establishment of our Quality Improvement twitter feed, entitled #cwpqi, to share our Quality Improvement successes. Already we currently have over 250 followers.
- Establishment of a Quality Improvement faculty to bring together the support for Quality Improvement. The faculty has helped to promote Quality Improvement and ensure that learning and good practice is shared.

To help us with our future plans, we've recently trained 15 Quality Improvement Experts. Our Experts are based across all clinical and clinical support services, and they will support people within their service areas to consider what may need to be improved/ changed, and to support this change using the new skills they have developed. Our Experts will use their knowledge and skills of Quality Improvement methodology to give all colleagues the confidence to drive forward the change they want to see.

Every year, I always like to give a mention to our [Big Book of Best Practice!](#) Our flagship publication contains all of the very best innovative work that has been taking place at CWP. The Big Book itself is a great example of our commitment to Quality Improvement, but it also supports learning and good practice being spread throughout our organisation. The Big Book for 2018/19, our sixth edition, was launched in October, the same day as our Annual Members Meeting. We invited all of our staff that had been selected to be a part of the Big Book to come along and showcase their work to members of the

public, governors and our stakeholders including commissioners and other public service partners. Yet again, we were thrilled with the response from our staff, with a brilliant 40 stalls being established on the day to celebrate some outstanding work.

Our Big Book of Best Practice has also been getting some national attention this year. The Big Book is a way for us to share our successes, not just throughout our organisation, but also with colleagues across the wider NHS and beyond. At the start of this year, alongside a number of our other best practice examples, the Big Book was published in a new [NHS Improvement publication](#), which aims to help mental health trusts across the country improve services. CWP, alongside eight other mental health trusts, partnered with NHS Improvement to pull together learning and good practice in improvement. CWP shared a total of nine case studies – the most to appear in the document – and a number of resources and helpful quotes to support those looking to implement change. Then, at the end of this year, we were delighted to hear that the Big Book had been shortlisted for a prestigious national award. It has been nominated in the Communications Initiative category of the Health Service Journal (HSJ) Value Awards. The awards take place in May.

I hope you enjoy reading our Quality Account.

**Dr Anushta Sivananthan**

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

**Medical Director & Consultant Psychiatrist  
Cheshire and Wirral Partnership NHS Foundation Trust**

# Part 2.

## Priorities for improvement and statements of assurance from the board

### Priorities for improvement

#### Quality improvement priorities from 2018/19

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

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

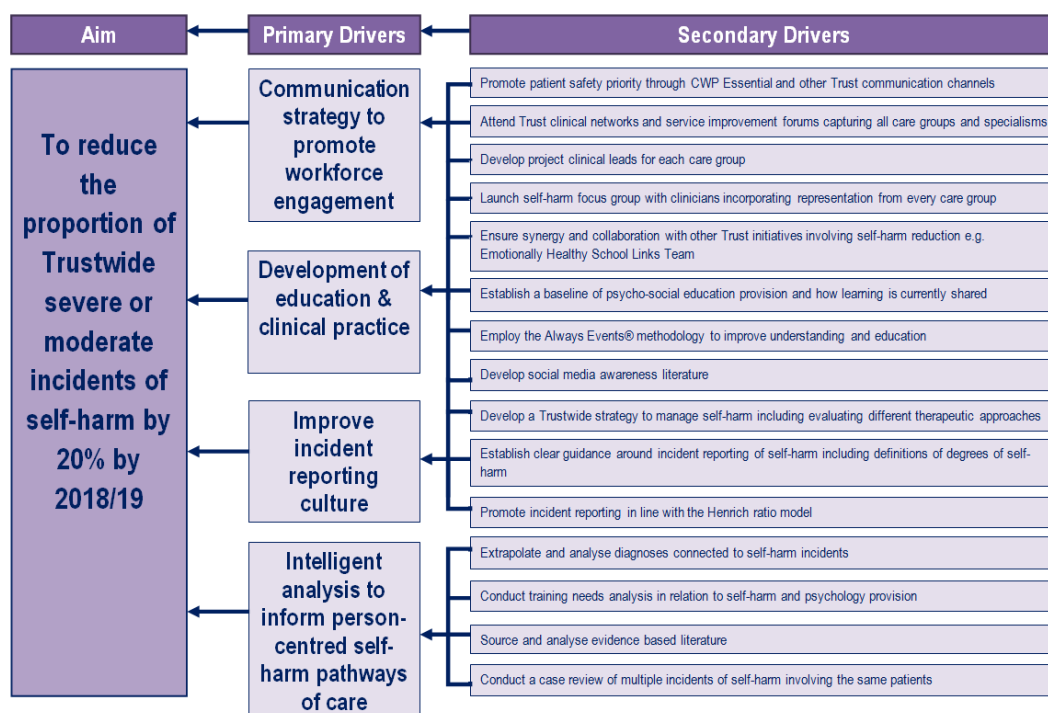
We have included a glossary of some of the terms used in the report. *Annex A* explains these terms.

#### Patient safety priority for 2018/19

*We wanted to:*

Demonstrate a reduction in the severity of the harm sustained by those people accessing CWP services that cause harm to themselves.

This is because the evidence shows us that self-harm is strongly linked to poor safety outcomes, such as death by suicide, depression and anxiety.



*How we have delivered improvements:*

- ✓ We established a group, including experts on this subject matter, to deliver improvements in this area using quality improvement approaches. This also included regular engagement with other related areas of work such as suicide prevention.
- ✓ Promotion of this quality improvement work at clinical networks and quality improvement events to gather feedback on this area.
- ✓ We produced a ‘share learning’ bulletin to clarify the definition of self-harm in line with best evidence and NICE guidance. Our ‘Safe Services’ team also made changes to the incident reporting process for self-harm incidents to improve the consistency with which we capture these incidents and to help improve feedback and learning following self-harm incidents when they are reported.
- ✓ In-depth analysis of self-harm data to identify themes and specific areas/ opportunities for improvement.

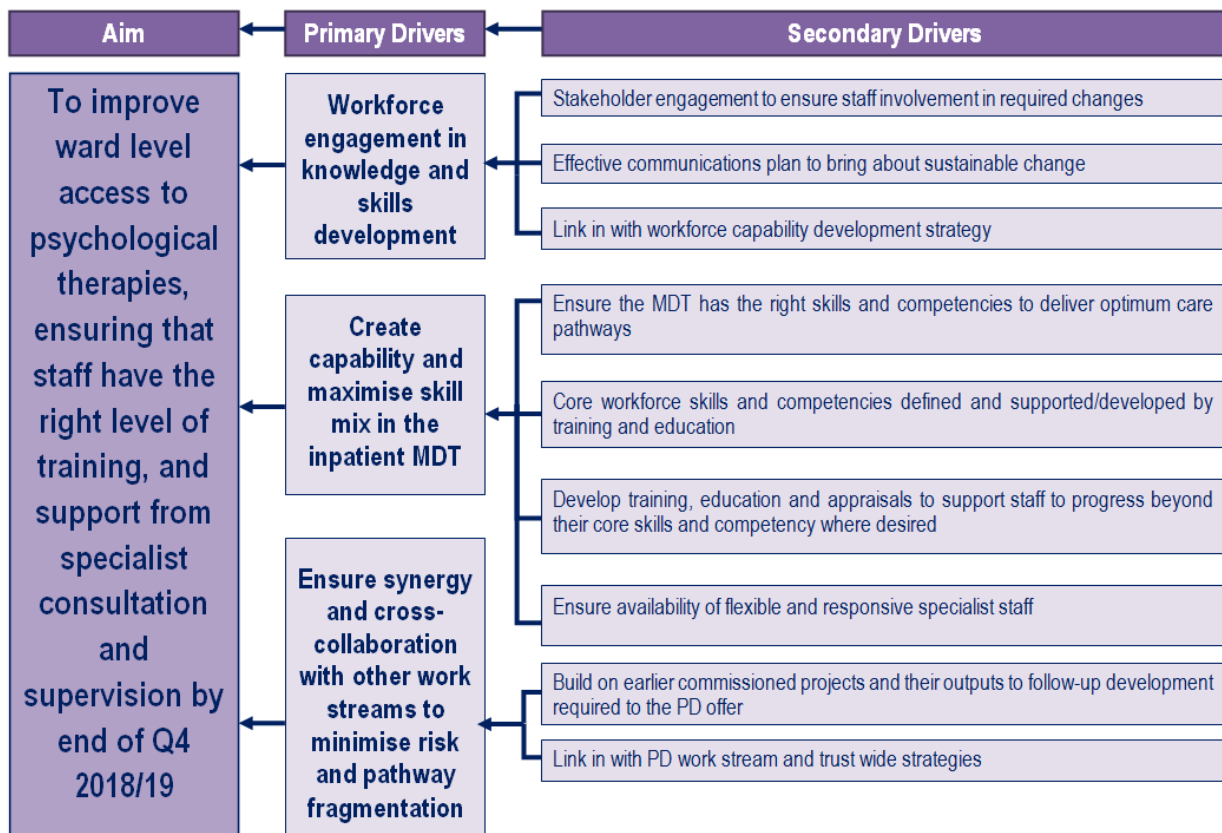
We have made significant progress in reducing moderate and severe incidents of self-harm, achieving a **12% reduction**.

**Clinical effectiveness priority for 2018/19**

*We wanted to:*

Improve access to psychological therapies in our inpatient units.

This is because clinically effective care includes access to a minimum psychological therapeutic service offer.





*How we have delivered improvements:*

- ✓ We established a multi-disciplinary group, including experts on this subject matter, to deliver improvements in this area using quality improvement approaches. This focused on the application of psychology skills on wards.
- ✓ We reviewed national standards for psychology and engaged with related areas of work, such as personality disorder, to develop Trustwide guidelines to support the capability of staff in this area.
- ✓ Promotion of this quality improvement work at clinical networks and quality improvement events to gather feedback on this area.

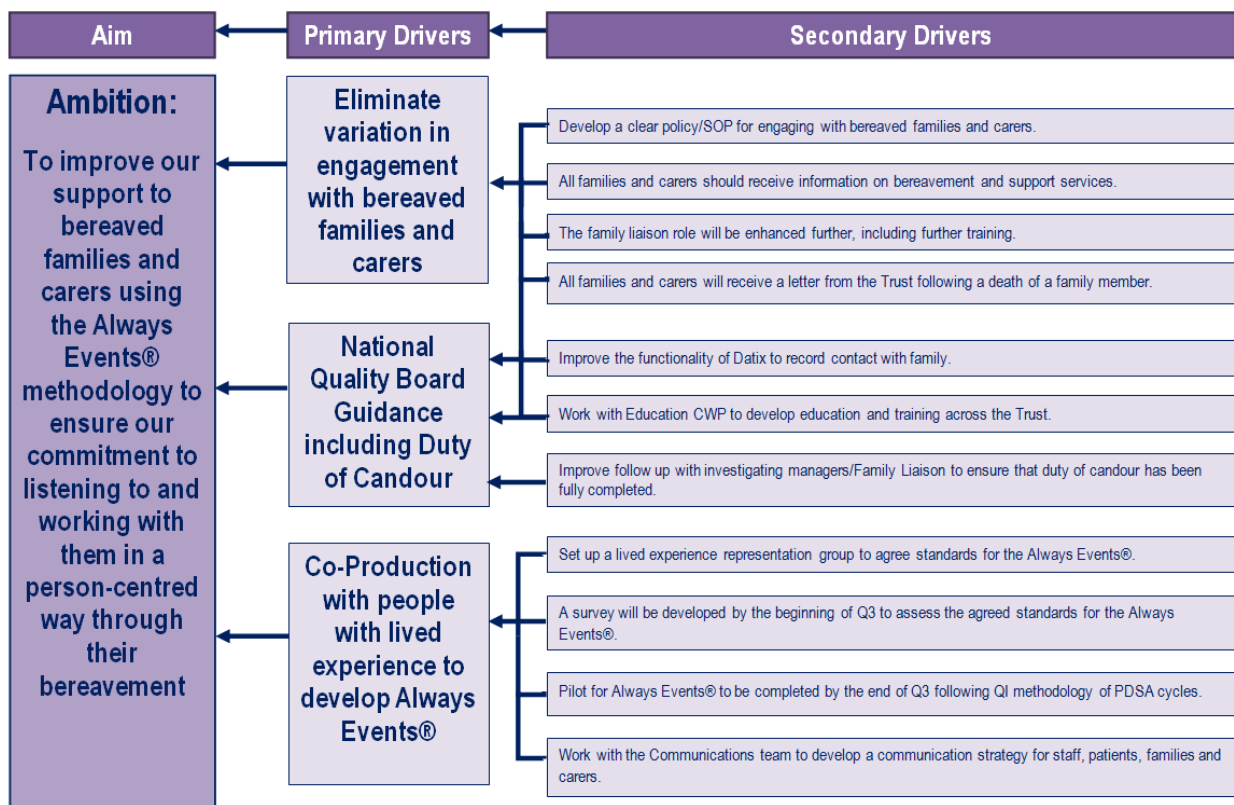
Having **demonstrated the scope for improvement that we can make to the access to psychological therapies for inpatients**, we are developing plans to help with delivering continuous improvements in this area.

## Patient experience priority for 2018/19

*We wanted to:*

Improve engagement with bereaved families and carers.

This is because delivering a consistent level of timely, meaningful and compassionate support and engagement at every stage, from notification of the death to an investigation report and its lessons learned and actions taken, strengthens learning from deaths and improves the experience of bereaved families and carers.



*How we have delivered improvements:*

- ✓ We have developed a set of standards and principles, engaging with a lived experience representation group. This group has helped to agree fundamental principles, such as all families and carers receive information on bereavement and support services, and the development of person-centred communication. The group has also commenced work to co-produce a survey to seek views on the experience of bereaved families and carers.

✓ Further training has been provided to the Trust's family liaison officers to enhance the support provided to bereaved families and carers.

✓ Our 'Safe Services' team also made changes to the incident reporting process to help deliver the principles of the 'Duty of Candour', which includes the key aim of supporting bereaved families and carers.

We have **improved our offer to bereaved families and carers**, by now providing more information, that is as person-centred and as supportive as possible, ensuring they are able to provide feedback on their experiences so we can learn from what we do well and to improve where we have scope to do so.

## Quality improvement priorities for 2019/20

Our Quality Committee oversees our Trustwide quality improvement priorities. It has agreed that we continue to focus on these priorities this year, by refining them further with the aim of making further improvements and, just as importantly, demonstrating our commitment to continuous improvement.

These priorities have been set out in our plans, including how they link to our organisational objectives. This allows them to be consistently consulted on and effectively communicated across the Trust and wider stakeholder groups.

Our Quality Improvement Reports, which are available on our website, will report on progress with our quality improvement priorities for 2019/20 throughout the year. This report is also presented at and monitored by our Quality Committee and our Board.

### Our approach to Quality Improvement

Our Quality Improvement strategy builds on our successful Zero Harm quality strategy that we have reported on in previous Quality Accounts. It was launched in April 2018 and sets out an initial three year plan to help us deliver person-centred health care that responds to the needs and preference of people who access our services, with a compelling ambition to work in partnership to deliver the best outcomes nationally for the population we serve. In developing our Quality Improvement strategy and our ambition, we sought feedback from our Board, Quality Committee, Clinical Engagement and Leadership Forum, Governors, and via focus groups with partners and stakeholders.

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

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

## Our patient safety priority for 2019/20

<b>Measure</b>		Reduction in the number of incidents of people accessing CWP services that have caused harm to themselves	<b>Specialist Mental Health services</b>	✓
			<b>Learning Disability, Neuro Developmental Disorders &amp; Acquired Brain Injury services</b>	✓
			<b>Children, Young People &amp; Families services</b>	✓
			<b>Neighbourhoods &amp; integrated care services</b>	✓
<b>Rationale</b>	<b>Locally</b>	We want to demonstrate continuous improvement in the number of reported incidents of self-harm, to complement the 12% decrease in incidents of moderate and severe self-harm that we have achieved during 2018/19 (Source: Trustwide 'Learning from Experience' reports, 2018/19)		
	<b>Nationally</b>	There is a wide variation between services in the frequency of self-harm (Source: Care Quality Commission 'State of Care' report 2016/17)		
<b>Baseline</b>		2018/19 National Reporting and Learning System data – CWP ranks 37th out of 50 (the lowest 25%) of other mental health trusts		
<b>Improvement target</b>		Trustwide incident reports of self-harm to be comparable with the middle 50% of peer reporters (other mental health trusts) to the National Learning and Reporting System		
<b>Source</b>		Incident reporting data as published by the National Reporting and Learning System and reported in the Trustwide 'Learning from Experience' report		



## Our clinical effectiveness priority for 2019/20

<b>Measure</b>		Improvement in access to psychological therapies for people accessing acute care services ( <i>this priority will also aim to improve access for people accessing community and primary care services</i> )	<b>Specialist Mental Health services</b>	✓
			<b>Learning Disability, Neuro Developmental Disorders &amp; Acquired Brain Injury services</b>	✓
			<b>Children, Young People &amp; Families services</b>	✓
			<b>Neighbourhoods &amp; integrated care services</b>	✓
<b>Rationale</b>	<b>Locally</b>	Gaps and variation in the current psychological therapeutic offer to people accessing care across each inpatient unit (Source: Internal review commissioned by the Board, undertaken by the acute care nurse consultant)		
	<b>Nationally</b>	Health care organisations should be assured that they are providing effective care that includes psychological interventions (Source: Care Quality Commission 'State of Care' report 2016/17)		
<b>Baseline</b>		Access to psychological therapies = variable per ward		
<b>Improvement target</b>		Delivery of a minimum, consistent psychological therapeutic service offer to people accessing care across each inpatient unit by the end of 2019/20		
<b>Source</b>		Quality improvement project reporting		

## Our patient and carer experience priority for 2019/20

<b>Measure</b>		<b>Specialist Mental Health services</b>	✓
		<b>Learning Disability, Neuro Developmental Disorders &amp; Acquired Brain Injury services</b>	✓
		<b>Children, Young People &amp; Families services</b>	✓
		<b>Neighbourhoods &amp; integrated care services</b>	✓
<b>Rationale</b>	<b>Locally</b>	Variation in the delivery of consistent levels of support and engagement with bereaved families and carers (Source: Outputs of scoping work undertaken by a lived experience representation group 2018/19)	
	<b>Nationally</b>	Health care organisations should prioritise working more closely with bereaved families and carers and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage, from notification of the death to an investigation report and its lessons learned and actions taken (Source: National Quality Board 'National Guidance on Learning from Deaths' report 2017)	
<b>Baseline</b>	Baseline to be determined end of quarter 2 2019/20 following completion of engagement events to agree minimum bereavement support interventions (in addition to person-centred principles)		
<b>Improvement target</b>	By the end of 2019/20, delivery of agreed minimum support offer to people who have been bereaved 9families and carers of people who have accessed CWP's services)		
<b>Source</b>	Reporting data as published in the Trustwide 'Learning from Experience' report		

## Statements of assurance from the board

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

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

## Information on the review of services

We are commissioned to provide the following services:

- NHS Bolton CCG – Eating Disorder services.
- NHS England – CAMHS Tier 4, Specialised Eating Disorder, Low Secure, school age immunisations programmes, Child Health Information Systems, and Specialist Community Peri-natal Mental Health services.
- NHS Eastern Cheshire CCG – Mental Health, Learning Disability, CYP, and Eating Disorder services.
- NHS South Cheshire and Vale Royal CCGs – Mental Health (including IAPT services), Learning Disability, CYP, and Eating Disorder services.
- NHS South Sefton and NHS Southport and Formby CCGs – IAPT services.
- NHS Trafford CCG – Eating Disorder services and Learning Disability services.
- NHS Western Cheshire CCG – Mental Health (including IAPT services), Learning Disability, CYP, and Community services.
- NHS Wirral CCG (and co-commissioners) – Mental Health, Learning Disability, Eating Disorder, CYP, and ASD services.
- Betsi Cadwaladr University Health Board – Emergency Mental Health services.
- Wirral Metropolitan Borough Council – Nurse Practitioner for the Homeless, and All Age Disability services.

- Cheshire East Council – Substance Misuse services\* (until 31 October 2018) and Emotionally Healthy Schools.
- Cheshire West and Chester Council – Starting Well (0-19 services), and Infection, Prevention and Control services.

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

During 2018/19 Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub contracted 81 NHS services, as outlined within the Trust's contract with its commissioners. The income generated by the relevant health services reviewed in 2018/19 represents 94.4 per cent of the total income generated from the provision of relevant health services by Cheshire and Wirral Partnership NHS Foundation Trust for 2018/19.

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. To support this work, a joint Cheshire and Wirral contract setting out quality requirements (a quality 'schedule') was developed during 2018/19, with reporting shared across our five main CCG commissioners.

**Reviewing the results of surveys**

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

The NHS Staff Survey is used to review and improve the experience of the people who deliver our services. The results also inform local and national assessments of the quality and safety of care, and how well organisations are delivering against the standards set out in the *NHS Constitution*. Trusts are asked to provide the following specific survey results, to demonstrate progress against a number of indicators of workforce equality linked to the Workforce Race Equality Standard (WRES):

Q13C – Percentage of staff who have not experienced harassment, bullying or abuse from other colleagues

White	86.7%
Black and minority ethnic	90.8%

Q14 – Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

White	89%
Black and minority ethnic	81.8%

Further information can be found at:

[http://www.nhsstaffsurveyresults.com/wp-content/uploads/2019/05/NHS\\_staff\\_survey\\_2018\\_RXA\\_full.pdf](http://www.nhsstaffsurveyresults.com/wp-content/uploads/2019/05/NHS_staff_survey_2018_RXA_full.pdf)

The WRES detailing the NHS Staff Survey results for 2018 will be published on our website in July 2019.

**Learning from experience – examples**

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

Learning from an **incident** has improved person-centred care, through collaborative working with people accessing our services and the multi-disciplinary team, in order to achieve timely interventions. This includes exploring new coping strategies using a 'traffic light' system to reduce or avoid further incidents and mitigate the risk of harm.

Learning from a **clinical claim**, where a person died by suicide, identified that a formal psychiatric assessment by a consultant psychiatrist should have taken place for this person. Clinical reflection at an individual and at multi-disciplinary team level has increased awareness of ensuring people are involved in the 'triangle of care', are more supported and are informed of care plans.

### *Learning from deaths monitoring*

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

The National Health Service (Quality Accounts) (Amendment) Regulations 2018/19 require all NHS trusts to report on the following information.

During 2018/19 980 of Cheshire and Wirral Partnership NHS Foundation Trust's patients died\*. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 272 in the first quarter;
- 244 in the second quarter;
- 272 in the third quarter;
- 192 in the fourth quarter.

By March 2019, 568 case record reviews and 92 investigations have been carried out in relation to 980 of the deaths included above. In 92 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 88 in the first quarter;
- 139 in the second quarter;
- 159 in the third quarter;
- 182 in the fourth quarter.

One (1) representing 0.2% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in care provided to the patient. In relation to each quarter, this consisted of:

- One (1) representing 1.2% for the first quarter;
- Zero (0) representing 0% for the second quarter;
- Zero (0) representing 0% for the third quarter;
- Zero (0) representing 0% for the fourth quarter.

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

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

- Shortfalls identified in formulating plans of care and the quality of documentation has led improvements in this area.

Zero (0) case record reviews and zero (0) investigations were completed after April 2018 which related to deaths which took place before the start of the reporting period.

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

Zero (0) representing 0% of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

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

\*\* For investigations into serious incidents, there is currently no nationally agreed or validated tool, for mental health or learning disability services, to determine whether deaths are due to problems in care provided. The Royal College of Psychiatrists is developing a tool which CWP will review as part of its commitment to implement the best evidence in conducting reviews of learning from deaths. The information above is from the bespoke tool that CWP has developed in 2018/19, using quality improvement approaches – this tool uses a multi-disciplinary team assessment of case records.

### ***Speaking up***

We are committed to creating an open and honest learning culture that is responsive to feedback so that we can continually improve. We meet the statutory requirement, set out by NHS England, of having Freedom to Speak Up Guardians available to support any staff member to raise a concern that they may have, including around quality of care, patient safety or bullying and harassment.

Our speaking up policy and processes have been reviewed and are up-to-date and in line with recommendations of the National Guardian's Office. This includes standards around promoting ways in which staff can speak up, how feedback is given to those who speak up, and ensuring that staff who do speak up do not suffer detriment. Our Freedom to Speak Up Guardians have a clear understanding of their roles and responsibilities and have the time and support needed to undertake them.

Our Director of Nursing, Therapies and Patient Partnership is the Executive Lead for speaking up. We also have a Non Executive Director Freedom to Speak Up Champion, who provides alternative support to the Freedom to Speak Up Guardians, scrutinises our approach, and is able to robustly challenge speak up governance.

The Board receives regular reports in relation to speak up that provides ongoing assurance that the Trust adheres to good practice and that appropriate speak up arrangements are in place.

### ***Feedback from people who access the Trust's services***

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

Our *Learning from Experience* report, which is produced three times a year, reviews learning from incidents, complaints, concerns, claims and compliments, including Patient Advice and Liaison Service (PALS) contacts. Reviewing them together, with the results of clinical audits, helps to identify trends and spot early warnings, so that actions can be taken to prevent potential shortfalls in care. Sharing learning is key to ensuring that safety is maintained and that action can be taken to prevent recurrence of similar issues. These *Learning from Experience* reports are shared with the public, via our Board meetings, our partner organisations and via our website.



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

“I always like hearing your calm and friendly voice when I ring and seeing your smiling face when I come to Rosemount! It makes a big difference!”

**Learning Disability, Neuro-Developmental Disorder & Acquired Brain Injury services**

“Excellent care of our mother – compassionate keeping her dignity, treating her with respect, and us her family, with understanding and care. We felt supported during a very difficult time.”

**Joint Therapy services**

“Thank you for being so kind and lovely to me. You really make me laugh. Thank you for all the support you have given me over the past month.”

**Children, Young People & Families services**

“I have felt so supported. It has been so helpful to be able to talk and rationalise my thoughts and feelings. I have been able to see my progress in a positive way and ask for help when needed.”

**Specialist Mental Health – Place Based services**

“Thanking staff nurse for support during admission. Staff nurse gave patient so much time and help, how she listened, held her hand, mopped up her tears. Gave support in darkest moments and made patient feel safe, understood and cared for. She can never thank staff member enough for her support and care”.

**Specialist Mental Health – Bed Based services**

“Thank you for all the help and support you provided for me and my husband in the last few days of his life. The CART team and all DNs have been amazing. Cannot fault the service.”

**Neighbourhoods and Integrated Care services**

“We would be lost without you and appreciate everything you do everyday to help me to get him to school. Though at times things are challenging you all smile and do such a wonderful job. You are all kind and patient and that means so much to us and although our son cannot express it, I'm sure if he could, he would say a massive thank you too!”

**All Age Disability services**

### ***Duty of Candour***

All health and care professionals have a duty of candour, which is professional responsibility to be honest with people who access health and care services, their advocates, carers and families when things go wrong. Providers of these services are regulated on how they deliver this responsibility. A key requirement is for individuals and organisations to learn from events to change and improve the safety and quality of care. We take a continuous improvement approach to being open and transparent, including reviewing the effectiveness of the role of our family liaison officers who support people affected by serious incidents. We aim to continually improve our communication and connection with people who access our services, their families and carers, ensuring that they are central to reviews of the care we have provided and that their feedback is acted upon and incorporated into our responses. Learning is reported through our Learning from Experience report, which is monitored by our Quality Committee.

**Reviewing the results of clinical audit**

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

**Information on participation in clinical audits and national confidential enquiries**

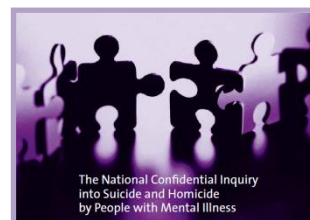
**National clinical audits and national confidential enquiries**

*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 we provide and deliver to people accessing our services.

*National confidential enquiries*

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



During 2018/19 nine national clinical audits covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides. During 2018/19 the Trust participated in 82% of national clinical audits which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2018/19 are as follows:

- National Prescribing Observatory for Mental Health: Topic 6d: Assessment of the Side Effects of Depot/ Long-Acting Injectable Antipsychotic Medication.
- National Prescribing Observatory for Mental Health: Topic 7f: Monitoring of patients prescribed lithium.
- National Prescribing Observatory for Mental Health: Topic 18a: The Use of Clozapine.
- NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis Self-Assessment Audit.
- NHS England/ Royal College of Psychiatrists: National Clinical Audit of Psychosis including National CQUIN: Physical health assessment of patients with severe mental illness; also Communication with General Practitioners.
- University of Bristol: Learning disability mortality review programme.
- National Clinical Audit of Anxiety and Depression.
- National Clinical Audit of Anxiety and Depression: Psychological Therapies Spotlight audit.

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

	<b>Cases submitted (as a percentage of registered cases within CWP)</b>	
<b>National clinical audits</b>		
National Prescribing Observatory for Mental Health: Topic 6d: Assessment of the Side Effects of Depot/ Long-Acting Injectable Antipsychotic Medication	<b>181 (91%)</b>	Data submitted; report awaiting publication. Action planning will then follow.
National Prescribing Observatory for Mental Health: Topic 7f: Monitoring of patients prescribed lithium	<b>78 (58%)</b>	Data submitted; report awaiting publication. Action planning will then follow.
National Prescribing Observatory for Mental Health: Topic 18a: The Use of	<b>129 (51%)</b>	Data submitted; report awaiting publication. Action planning will then

		Cases submitted (as a percentage of registered cases within CWP)	
National clinical audits			
Clozapine			follow.
National Clinical Audit of Anxiety and Depression (Core Audit)		<b>90 (100%)</b>	Data submitted; report awaiting publication. Action planning will then follow.
National Clinical Audit of Anxiety and Depression: Psychological Therapies Spotlight audit		<b>83 (70%)</b>	Data submitted, report awaiting publication. Action planning will then follow.
National Clinical Audit of Psychosis Mental Health CQUIN 3a for Community Patients and Inpatients		<b>110 (99%)</b>	Report to be published June 2019.
Early Intervention in Psychosis Network/ Royal College of Psychiatrists: Early Intervention in Psychosis Self- Assessment Audits: Wirral, West, Central and East Cheshire	<b>Central &amp; East</b>	<b>77 (100%)</b>	Reports to be published in June 2019. Action planning will then follow.
	<b>West</b>	<b>55 (100%)</b>	
	<b>Wirral</b>	<b>120 (100%)</b>	
NHS England: Physical health assessment of patients with severe mental illness: Communication with General Practitioners	<b>Central &amp; East</b>	<b>40 (100%)</b>	Report provided to commissioners April 2019. An improvement plan has been developed, including standardising the use of the cardio-metabolic screening form to avoid duplication of recording.
	<b>West</b>	<b>40 (100%)</b>	
	<b>Wirral</b>	<b>40 (100%)</b>	
Learning disability mortality review programme (LeDeR)		<b>49 (100%)</b>	Ongoing data submission.

		Percentage of cases submitted	
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness			
Sudden unexplained death in psychiatric inpatients			<b>No cases</b>
Suicide			<b>100%</b>
Homicide			<b>100%</b>
Victims of homicide			<b>No cases</b>

### Local CWP clinical audits

The reports of nine completed local clinical audits were reviewed in 2018/19 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. Compliance with Trust CPA policy documentation (perinatal services)	<ul style="list-style-type: none"> <li>The audit demonstrated that all patients had care co-ordinator allocated within 4 weeks of initial contact.</li> </ul>	<ul style="list-style-type: none"> <li>Development of the electronic clinical record to help practitioners better comply with CPA standards.</li> <li>Enhanced local training has been implemented around CPA documentation standards.</li> </ul>
2. Structural neuroimaging in dementia	<ul style="list-style-type: none"> <li>People in the memory clinic were assessed as per NICE dementia clinical guideline (CG42) for dementia.</li> </ul>	<ul style="list-style-type: none"> <li>Identification of a re-audit to review practice in line with the new NICE clinical guideline (CG97).</li> </ul>

Title of local clinical audit	Good practice identified	Action/s taken
3. Respiratory tract infections – Antibiotic prescribing (re-audit)	<ul style="list-style-type: none"> <li>▪ Re-audit demonstrated improvement in advice given to people with regards to the antibiotic strategy.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Promotional activities around patient information leaflets.</li> </ul>
4. UTI in children (re-audit)	<ul style="list-style-type: none"> <li>▪ Re-audit has demonstrated almost full compliance with best practice guidance on standards for UTI in children.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Promotional activities to help strengthen clinical documentation detailing the duration of antibiotic treatment.</li> </ul>
5. Audit of junior doctor and nursing staff on-call duties within CWP – Venepuncture and electrocardiogram	<ul style="list-style-type: none"> <li>▪ 100% completion of routine venepuncture and ECG duties within 72 hours at Springview Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identification of a re-audit to assure full compliance is being sustained.</li> </ul>
6. Patient step-down from PICU to general adult open wards	<ul style="list-style-type: none"> <li>▪ Compliance with standards demonstrating efficient and effective patient care, and continued progression towards recovery and discharge from inpatient stays.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Service improvement meetings have been held to identify changes and improvements to facilitate more timely transfers from PICU to general adult open wards.</li> </ul>
7. Feverish illness in children – Out of hours service) (re-audit)	<ul style="list-style-type: none"> <li>▪ Good compliance with NICE clinical guideline 160.</li> <li>▪ Achievement of 100% in recognising sick children and transferring them urgently to secondary care/ specialist care.</li> <li>▪ Achievement of 100% in treating feverish children appropriately and only prescribing antibiotics if indicated.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improvement to the design of the 'child assessment' template within the clinical record.</li> </ul>
8. DNA rates at CMHT response team	<ul style="list-style-type: none"> <li>▪ There is a proactive overview of DNA rates by consultant and team manager.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implementation of a text reminder service.</li> </ul>
9. Record keeping	<ul style="list-style-type: none"> <li>▪ The majority of the records audited were contemporaneous and whenever possible made immediately after contact with the patient.</li> <li>▪ High compliance in relation to documented risk assessments.</li> <li>▪ High compliance in relation to legible prescription sheets/ charts containing adequate details, i.e. patient identifier, dosage and signature.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conducted record keeping standards staff awareness campaign for ward based staff.</li> <li>▪ Revision of audit tool for collection of results by care groups.</li> <li>▪ Revision of audit tool to improve clarity of questions and remove questions which are no longer applicable.</li> </ul>

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 *Clinical Practice & Standards Sub Committee*, chaired by the Medical Director (Executive Lead for Quality).

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

## Information on participation in clinical research

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

The number of patients that were recruited during that period to participate in research approved by a research ethics committee was **1066**.

Cheshire and Wirral Partnership NHS Foundation Trust was involved in conducting **24** clinical research studies in all of its clinical services during 2018/19.

There were **214** clinical staff participating in approved research during 2018/19. These staff participated in research covering **8** 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 **19** research publications, the findings from which are used to improve patient outcomes and experience across the Trust and the wider NHS.

During 2018/19, CWP successfully recruited 3 participants to a Phase 3 study examining the efficacy and safety of a new drug for Alzheimer's Disease, and 106 patients and carers were recruited to a study investigating cognitive aids for those with mild to moderate dementia. CWP have also been participating in a study investigating the effect of Vitamin D in those diagnosed with First Episode Psychosis.

### **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*.

## 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 2018/19 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 2019/20 available by request from the Trust's Effective Services Department: email [lynndavison@nhs.net](mailto:lynndavison@nhs.net)

The maximum income available in 2018/19 was £3,238,994, including a further £1,723,068 for meeting technical requirements stipulated by NHS Improvement and NHS England. Cheshire and Wirral Partnership NHS Foundation Trust received £2,913,166 for the *CQUIN* goals achieved (for 2017/18 this was £1,902,417). The total monies available in 2019/20, upon successful achievement of all the agreed *CQUIN* goals, is forecast to be £1,721,002, based on the NHS Improvement and NHS England new *CQUIN* payment framework.

## 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 2018/19.

Cheshire and Wirral Partnership NHS Foundation Trust has participated in **1** investigation or review by the Care Quality Commission during 2018/19, relating to the following:

### **A routine regulatory assessment of the 'well-led question', including targeted inspections focused on individual services and their leadership.**

The individual services assessed were:

- Wards for older people with mental health problems
- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Forensic inpatient/secure wards
- Community health services for children, young people and families
- GP out of hours service
- Primary medical services

Following this inspection, the Trust's rating has been sustained, remaining as "Good" overall with "Outstanding" for care.







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

- Update registration with the Care Quality Commission to enable the regulated activity of minor surgery to be carried out at Westminster Surgery.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care at Westminster Surgery.
- Enhance systems to improve complaints management at Westminster Surgery.
- Ensuring effective systems and processes are in place to monitor and manage staff access to clinical supervision.
- Ensuring patients' privacy, dignity and safety is not compromised as a result of breaches in relation to guidance on mixed sex accommodation.
- Making sure that each patient who requires one has a personal emergency evacuation plan in place.
- Supporting staff to maintain compliance with mandatory training.
- Ensuring that physical health monitoring takes place and policy and national guidance followed after the administration of rapid tranquilisation to a patient in the service.
- Supporting staff to consistently record their responsibilities under the Mental Health Act Code of Practice relating to seclusion and reasons are given if staff need to depart from the code.
- Supporting staff to consider, and record discussions, around the differing thresholds and responsibilities between seclusion and long-term segregation.
- Carrying out audits relating to seclusion and rapid tranquilisation

The Trust has made the following progress by 31 March 2019 in taking such action:

- A quality improvement plan was developed in response to the conclusions and requirements identified by the Care Quality Commission. All of the identified improvement actions are either completed or are on track for completion by the end of May 2019. Cheshire and Wirral Partnership

NHS Foundation Trust meets with the Care Quality Commission on a quarterly basis to provide updates on the progress made in taking the actions required.

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

## 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 2018/19 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:

**99.8%** for admitted patient care;  
**100.0%** for outpatient care.

The percentage of records (to one decimal point) in the published data which included the patient's valid General Medical Practice Code was:

**100.0%** for admitted patient care; and  
**100.0%** for outpatient care.

### Information Governance Toolkit attainment levels

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

The Data Security & Protection Toolkit, which replaced the Information Governance toolkit in May 2018, is subject to annual internal audit. This was recently completed and a significant/ substantial assurance opinion was issued for the seventh consecutive year.

### *Clinical coding error rate*

Cheshire and Wirral Partnership NHS Foundation Trust was **not** subject to the *Payment by Results* clinical coding audit during 2018/19 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.

## Data quality

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 2019/20, this will involve improvements in the notification of data quality issues to our clinical teams.
- Implement the improvement actions identified in response to recommendations arising from the independent audit of the mandated and local indicators identified in Part 3.
- Delivery of the Trustwide data quality (data capture, flow and production) strategic risk treatment plan to progress mitigating actions identified.

## 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 for the quality indicator targets detailed below. Performance against all targets from NHS Improvement's Single Oversight Framework 2018/19, including our local indicator chosen by the council of governors as described in Part 3, is detailed in our Annual Report 2018/19.

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 2018/19

Indicator	Required Trustwide performance threshold	**Trustwide
Care Programme Approach (CPA) patients, comprising:		
▪ Receiving follow-up contact within seven days of discharge	95.0%	96.5%
▪ Having formal review within 12 months	95.0%	96.5%
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%	68.7%
Improving access to psychological therapies (IAPT):		
▪ Proportion of people completing treatment who move to recovery	50%	50.0%
▪ People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	85.2%
▪ People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	99.5%
Minimising mental health delayed transfers of care	≤7.5%	3.7%
Admissions to inpatient services that had access to crisis resolution/ home treatment teams	95.0%	96.3%

\*Additional national quality indicator targets are detailed in Part 3 of this Quality Account – see section “An overview of the quality of care offered by CWP – performance in 2018/19”

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



## Performance against quality indicators: 2017/18 – 2018/19

Quality Accounts are required to report against a core set of quality indicators provided by NHS Digital. This allows readers to compare performance common across all Quality Accounts nationally. These are detailed in the following table.

Quality indicator	Related NHS Outcomes Framework domain	Reporting period					
		2018/19			2017/18		
		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 <b>97.9%</b>	Quarter 1 <b>96.4%</b>	Quarter 1 <b>73.4% – 100%</b>	Quarter 1 <b>98.9%</b>	Quarter 1 <b>95.4%</b>	Quarter 1 <b>69.2% – 100%</b>
		Quarter 2 <b>95.3%</b>	Quarter 2 <b>95.7%</b>	Quarter 2 <b>83% – 100%</b>	Quarter 2 <b>98.1%</b>	Quarter 2 <b>96.7%</b>	Quarter 2 <b>87.5% – 100%</b>
	Quarter 3 <b>96.5%</b>	Quarter 3 <b>95.5%</b>	Quarter 3 <b>81.6% – 100%</b>	Quarter 3 <b>97.2%</b>	Quarter 3 <b>95.4%</b>	Quarter 3 <b>69.2% – 100%</b>	
	Not available until June 2019	Not available until June 2019	Not available until June 2019	Quarter 4 <b>99.2%</b>	Quarter 4 <b>95.5%</b>	Quarter 4 <b>68.2% – 100%</b>	
	Enhancing quality of life for people with long-term conditions	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 2018/19 is <b>achieving at least 95.0%</b> rate of patients followed up after discharge, CWP performance for 2018/19 is 96.4%*). The Trust has taken the following action to improve this percentage, and so the quality of its services: targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated analysts.					
Admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper	Enhancing quality of life for people with long-term conditions	Quarter 1 <b>96.6%</b>	Quarter 1 <b>98.1%</b>	Quarter 1 <b>85.1% – 100%</b>	Quarter 1 <b>98.1%</b>	Quarter 1 <b>98.5%</b>	Quarter 1 <b>91.4% – 100%</b>
		Quarter 2 <b>100%</b>	Quarter 2 <b>98.4%</b>	Quarter 2 <b>81.4% – 100%</b>	Quarter 2 <b>95.4%</b>	Quarter 2 <b>98.6%</b>	Quarter 2 <b>94.0% – 100%</b>
		Quarter 3 <b>97.4%</b>	Quarter 3 <b>97.8%</b>	Quarter 3 <b>78.8% – 100%</b>	Quarter 3 <b>97.8%</b>	Quarter 3 <b>98.7%</b>	Quarter 3 <b>88.9% – 100%</b>
		Not available until June 2019	Not available until June	Not available until June 2019	Quarter 4 <b>97.7%</b>	Quarter 4 <b>98.7%</b>	Quarter 4 <b>88.7% – 100%</b>

		Reporting period					
		2018/19			2017/18		
Quality indicator	Related NHS Outcomes Framework domain	CWP performance	National average	National performance range	CWP performance	National average	National performance range
			2019				
		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 2018/19 is <b>achieving at least 95.0%</b> of all admissions gate kept, CWP performance for 2018/19 is 96.3%*. 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 analysts.					
The percentage of patients aged (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Helping people to recover from episodes of ill health or following injury	(i) 0.0%	Not available via NHS Digital indicator portal*		(i) 0.0%	Not available via NHS Digital indicator portal*	
		(ii) 7.4%			(ii) 10.3%		
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because using information that is held on internal information systems. Readmission rates help to monitor success in preventing or reducing unplanned readmissions to hospital following discharge. The 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 analysts.					
Staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends	Ensuring that people have a positive experience of care	72%	70%	36% – 95%	72%	70%	42% – 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 has taken the following action to improve this percentage, and so the quality of its services: 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	75%	"About the same"	40% – 80%	80%	"About the same"	64% – 81%
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the survey is administered and verified externally on behalf of the Care Quality Commission. The Trust has taken the following action to improve this percentage, and so the quality of its services, by sharing results with services and teams to support their work to develop actions plans to address priority areas for improvement.					

Quality indicator	Related NHS Outcomes Framework domain	Reporting period					
		2018/19			2017/18		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
	experience of care						
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) 2859/ 53.6	** (i) 3381/ 55.4	** (i) 16 – 9204/ 24.9 – 114.3	*(i) 4330/ 41.2	*(i) 3153/ 51.4	*(i) 13 – 15518/ 14.9 – 126.5
		** (ii) 60/ 2.1	** (ii) 11/ 0.3	** (ii) 0 – 129/ 0 – 2.1	*(ii) 82/ 1.9	*(ii) 10/ 0.3	*(ii) 0 – 210/ 0 – 2.1
		** (iii) 47/ 1.6	** (iii) 26/ 0.9	** (iii) 0 – 110/ 0 – 2.3	*(iii) 86/ 2.0	*(iii) 24/ 0.9	*(iii) 1 – 221/ 0 – 3.9
		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 NHS Improvement. The national data stated relates to mental health trusts only. The Trust has taken the following action to improve this number/ percentage, and so the quality of its services: encouraging the reporting of incidents through its "learning from experience" report produced for staff three times a year. The national average data includes all mental health trusts that have provided partial or full data. *Represents full 2018/19 data hence the difference in reporting in the Quality Account 2017/18. **Represents data for 01/04/2018 to 30/09/2018, data for 01/10/2018 to 31/03/2019 will be available in April 2020.					

(\*) denotes:  
Performance for 2018/19 (and 2017/18 where applicable) is not available or is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendments Regulations 2012*.  
The data source is *NHS Digital*.  
The data source of the performance that is stated as Trust performance where *NHS Digital* data is not available is the Trust's information systems.

# Part 3.

## Other information

### An overview of the quality of care offered by CWP – performance in 2018/19

Below is a summary of our Trustwide performance, during 2018/19, against previous years' quality improvement priority areas. The performance compares historical data where this is available. These priorities were selected because they are national quality indicator targets.

Quality improvement priority area	Year identified	CWP performance		
		2016/17	2017/18	2018/19
<b>Patient safety</b>				
1. Inappropriate out of area placements	2015/16	0	0	1*
2. Admissions to adult facilities of patients under 16	2015/16	0	1**	0
3. CPA follow up – proportion of discharges from hospital followed up within 7 days	2015/16	98.0%	97.3%	96.4%
<b>Clinical effectiveness</b>				
1. % of clients in employment	2015/16	11%	7.3%	7.7%
2. Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:	2015/16			
Inpatient wards		92%	92%	90%
Early intervention in psychosis services		99%	71%	97%
Community mental health services (people on care programme approach)		69%	60%	N/R
3. IAPT – proportion of people completing treatment who move to recovery	2016/17	53.7%	51.1%	50.0%
<b>Patient experience</b>				
1. Referral to treatment % of incomplete referrals waiting less than 18 weeks (1st DNA) 18 week - incomplete	2016/17	97.2%	87.6%	92.5%
2. People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks referral	2016/17	85.0%	79.8%	69.5%
3. IAPT waiting times to begin treatment	2016/17			
▪ 6 weeks		88.9%	89.8%	84.0%
▪ 18 weeks		98.4%	99.5%	99.5%

\* This person was categorised as “away from home” therefore in line with national guidance, for CWP as the receiving organisation, this instance is defined as an “appropriate out of area placement”

\*\* Admission in the person's best interests, agreed with commissioners

N/A = Not Available

N/R = Not Received (available June 2019)

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 at least 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.

*Mandated indicators*

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

*Locally selected indicator*

- Child Eating Disorders – patients commencing NICE-concordant treatment within 4 weeks (routine cases).
- Child Eating Disorders – patients commencing NICE-concordant treatment within 1 week (urgent cases).

## Additional information on improving the quality of CWP's services in 2018/19

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 this throughout the year.

### Improving patient safety



Non-medical prescribing (NMP) contributes to the delivery of high quality and person-centred services. It also supports the delivery of Care Quality Commission essential standards and enables organisations to achieve access targets. A member of the pharmacy team in Central & East Cheshire, was enrolled onto the NMP course and has now qualified; further members of the pharmacy team in other areas plan to also undertake the training.

The immediate results were that the NMP within the Central & East pharmacy team has been able to help with the writing of new prescriptions and clarifying unclear prescriptions by re-writing them in a timely manner when no medical staff were available. This has **reduced the risk of medication errors** that could have occurred while waiting for the availability of medical staff. The NMP has also been able to undertake patient reviews with the Home Treatment team and facilitate the issuing of prescriptions at the point of patient review rather than having to rely on duty doctors following it up at a later date, which delays the implementation of the necessary interventions.

Our Emotionally Healthy School (EHS) Links Team have been supporting schools with children and young people who harm themselves intentionally. It was identified that schools required a clear pathway for self-harm. The team, with primary mental health colleagues, met with school leads in Cheshire East to identify what information they would find useful to support their response to self-harm. The information was collated and a review of good practice was conducted to identify existing toolkits and pathways that could be adapted. The self-harm pathway has been rolled out to all schools and colleges via the EHS Links mental health awareness training, which is posted on the Trust's MyMind website and the EHS programme landing page on Middlewich High School's website. School staff have reported feeling **more confident and equipped to respond appropriately to children and young people who have harmed themselves** deliberately. School staff attending training have found the pathway informative and easy to use and have valued the scripted questions that can be found in the document to drive questions around an individual's risk to themselves. They report in feedback that the self-harm pathway component of the training is the one they value the most.



Safety huddles are brief and routine meetings for sharing information about potential or existing safety problems. We have identified wards with the highest numbers of increased therapeutic observations for the longest durations and introduced safety huddles.

Since the introduction of safety huddles, there has been a **significant reduction in level 3 and level 4 observations**, with only one person requiring this (before accessing ECT). Level 2 observations have been reviewed daily and there has also been a noticeable reduction in the number of people requiring 5 or 10 minute observations. Staff have engaged well with

the safety huddle and have noticed the benefit of this being a multi-disciplinary team approach and staff report that they feel supported in making decisions in relation to therapeutic observations.



As a specialist eating disorder unit, Oaktrees ward has seen an expansion of access to and the use of social media and the effect it has on people accessing the service. The ward decided to create a social media initiative; the aim was to find out more about what sites people were using and how this impacted on their mental health, helping them identify how the negative social media was empowering their eating disorder and to provide them with a space to discuss this with a lead nurse.

The ward has set up a self-help shelf in the communal area and provided self-help books for people who struggle to use social media sites. Also they have found some of the blogs and pages

identified on the ward's social media board **helpful in safety improving the management of their eating disorder**, people are also informing staff of sites they have found helpful to put on the board.

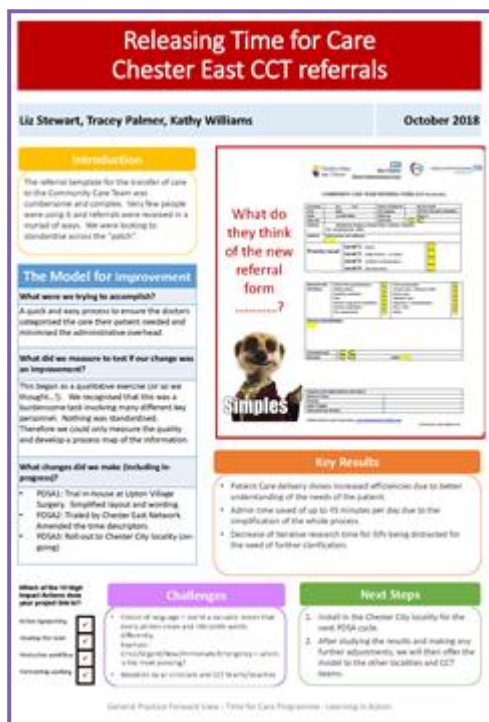
### Improving clinical effectiveness

The Red2Green project has been running for over a year and the next stage is now focussed on the sustainability of the project and embedding it within the culture of the wards in CWP. Red2Green aims to **optimise patient flow through the**

# Red2Green

**identification of wasted time in a person's journey, and reduce internal and external delays.** The emphasis is on people receiving active and timely care in the most appropriate setting and for no longer than required, so that people do not lose one more day of community living than is absolutely necessary. For inpatient settings, this is vital in improving quality of care and freeing up capacity within the system by reducing length of stay. A steering group for the future of the Red2Green project has been planned to support the continuous improvement of flow through inpatient services and ensure consistency in the approach across the Trust. Administration support has been identified as being vital and is being allocated to support 'board rounds' on the wards. The criteria was redeveloped to be applicable to an organic ward.

Red2Green has successfully spread to nine wards within CWP, including acute and organic wards and is being trialled within community intensive support services in Wirral. The engagement and motivation from staff in the project has maintained and been the driver for the continued success of the project. It has been particularly successful on Meadowbank, an organic ward, where the average length of stay has reduced from 73.6 to 47.3 days.



There are nine community care teams (CCTs) across the Trust, three of which are in Chester and includes East CCT. The team identified that there was insufficient information being received at the point of referral which was impacting on time, resource and person-centredness, as a referral can be made for a huge variety of reasons reflected by the multi-disciplinary nature of the team. The team developed a new referral form, ensuring that a triage system or priority assessment was included to ensure timely access to the service. The team were very keen to ensure that the form was piloted and undertook a PDSA cycle, collaborating with one of the GP cluster practices, gathering feedback on any areas on which to improve before spreading the initiative to the rest of the cluster.

The results have been very encouraging; everybody in the cluster feels **the form is more efficient, streamlined and effective and has impacted positively on the delivery of patient care.** There is a greater awareness and understanding of



the person's needs on referral, which precipitates an improved timeliness to a person's access to the appropriate service. Furthermore, through the PDSA cycle, the team have identified that the administration time within the GP practices and CCT has, on average, saved 45 minutes a day.



The Older People's Mental Health Service in Chester has been providing Cognitive Stimulation Therapy (CST) for several years and over that time have **developed the intervention in accordance with best practice.** The team wanted to build on the foundation of current CST sessions to spread the programme further, making it accessible to more people and gaining feedback from carers in order to evaluate the impact of the therapy.

Initially people attended seven weekly sessions; as the team's skills and confidence developed, they were extended to ten weekly sessions. The team are now in the position to deliver a programme of fourteen hourly sessions, held twice weekly for up to eight people at a time. Sessions, run by two staff members, are structured and always include discussion on current affairs and activity relating to a specific topic, for example childhood memories, creative activity, sounds or word games. The principles of reality orientation and reminiscence therapy are incorporated into the sessions in a helpful and sensitive way though the emphasis is on enabling people to give their opinions rather than having to give factual information which they may find difficult to recall.

Historically, there have been significant waiting lists for people accessing speech and language therapy in community learning disability services in West Cheshire; as a result the team have looked at innovative ways for those people referred to access support in a more timely way. The service wanted to provide person-centred training in relation to speech and language therapy using 'Total Communication' workshops in order to reduce waiting times for people who access services and their families. The team wanted to ensure that people received the right care, at the right place, at the right time.





A 'Total Communication' workshop was developed and delivered, which involved speech and language therapeutic training and support in a group setting. People, which included the patient, family and care team, were trained in how to use a Total Communication approach and how to create a person-centred plan to ensure the person receives good quality support.

The project has **significantly reduced waiting times for Speech and Language Therapy support** using a Total Communication approach. This support is now offered within two months of referral compared to a previous wait of approximately six months.

## Improving patient experience



Cheshire and Wirral was one of the first 11 pilot sites across the country selected by Health Education England to pioneer nursing associate training in England.

Nursing associates are trained to work with people of all ages, in a variety of settings, and enable registered nurses to focus on more complex clinical duties by **helping meet the changing health and care needs of patients**. Nursing associates support, not substitute, registered nurses, creating better educated and skilled support staff that allow improved use of graduate registered nurse resources.

40 graduates have completed a two-year work-based programme in the beginning of 2019 and are now Registered Nursing Associates.

Recognising that carers can feel very isolated looking after a loved one with dementia, the staff at Bowmere Hospital have launched a Memory Café supported by the Alzheimer's Society.

Links were built with an Alzheimer's Society representative who supported the development of the Memory Café within the Oasis Café at Bowmere Hospital. The sessions include informal carer support and a supportive environment with social activities, including quizzes and reminiscence items available for carers to engage in with the person they care for or with other carers/ facilitators. **Carer support can be identified and addressed immediately** due to Alzheimer's Society representation. The session is open to all and the location was chosen to encourage and support attendance of those who have current or who have had previous involvement within the inpatient or community older adult services in Chester. This allows for graded involvement, with the hope of links being built, followed by continued support and attendance following discharge from these services.



The Trust's Millbrook Unit, based in Macclesfield, developed a well-being group facilitated by various staff, adopting a collaborative, multi-disciplinary approach to **aid recovery for people within their acute adult mental health and dementia wards**.

The well-being sessions were developed as a joint effort between members of the therapy team, once identified that Mindfulness and Tai Chi could have positive benefits. The mindfulness section of the session is facilitated by an art therapist and the Tai Chi exercises are facilitated by a physiotherapist. The Occupational Therapy staff

also support the session by helping to identify and encourage people who may benefit from attendance, and by helping to co-facilitate the session.

The therapeutic activity timetable has a better balance of activities and opportunities, encompassing daily living skills sessions, social groups, well-being sessions and gym. As the well-being session is available to people across three wards, it enables them to mix with different people and is an efficient use of workforce. Staff have also improved skills and awareness of Tai Chi and Mindfulness interventions.

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A brand new All Age Disability service has been launched in Wirral, aiming to improve experiences for people in the area with a disability or mental health condition. The service, provided by CWP has brought together teams historically split between CWP and Wirral Council, under one banner, ensuring a **more streamlined and person-centred experience**. Those who access the service are supported to live as independently as possible and enjoy the best quality of life they can, with collaborative support from both social care and healthcare staff.

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CWP has launched a new advice line for young people, parents/ carers and organisations across Cheshire and Wirral who may have concerns about a young person’s mental health. It **provides access to a mental health service for children and young people, their families and concerned professionals outside of usual hours**.



There is a high incidence of over 65 year old females living alone in the Neston area, and as part of compassionate communities, Neston and Willaston Community Care team have built collaborations with the third sector to improve wellbeing, especially for this demographic.



The team have engaged with Healthbox, who have started up initiatives in the Neston area such as introducing foodbanks and combatting social isolation. The team also engage with Live at Home which is an initiative

that arranges events for local people who may be socially isolated and aims to offer lunches, outings and guest speakers. The team met with representatives from both initiatives and arranged for their therapy assistant to attend a session and deliver a talk on falls prevention. In addition, one of the community nurses has been identified to deliver a talk on the importance of looking after your skin, especially in pressure areas.

The results so far are demonstrating cohesive and collaborative working with the third sector to **improve the patient experience within the local area**, with lots of positive feedback from many different stakeholders.



## Annex A: Glossary

### **ASD**

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

### **All Age Disability**

Working alongside people with disabilities of all ages.

### **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.

### **Clinician**

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

### **Commissioners**

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

### **Commissioning for Quality and Innovation – CQUIN**

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

**Community physical health services**

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

**Crisis**

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

**CST**

Cognitive Stimulation Therapy, an adaptable approach which can benefit people with a wide range of dementia.

**Department of Health**

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

**Driver diagram**

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

**Duty of Candour**

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

**ECT**

Electroconvulsive Therapy, a procedure done under general anaesthesia in which small currents pass through the brain to treat certain mental health illnesses.

**Electrocardiogram (ECG)**

A test to check a heart rhythm.

**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.

**Hospital Episode Statistics**

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

### **Improving Access to Psychological Therapies – IAPT**

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

### **Information Governance Toolkit**

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

### **Mental Health Act 1983**

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

### **Multi-disciplinary Team (MDT)**

A group of professionals from diverse disciplines who come together to provide care, e.g. psychiatrists, psychologists, community psychiatric nurses, occupational therapists etc.

### **MyMind**

An NHS website run by CWP for everyone interested in the mental health and well-being of children and young people across Cheshire and Wirral.

### **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.

### **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.

**Perinatal**

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

**Person-centred care**

Connecting with people as unique individuals with their own strengths, abilities, needs and goals.

**Providers**

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

**Psychiatric Intensive Care Unit (PICU)**

Takes care of patients who cannot be cared for on an open (unlocked) ward due to their needs.

**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.

**Secondary care**

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

**Secondary Uses Service – SUS**

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

**Serious untoward incident**

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

**Service users/ patients/ people who access services**

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

**Single Oversight Framework**

An NHS Improvement framework for assessing the performance of NHS trusts.

**Special review**

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

**Stakeholders**

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

**Strategy**

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

**The Health and Social Care Information Centre**

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

**Triangle of Care**

A working collaboration, or "therapeutic alliance" between the person accessing health and care services, the professional and the person's family/ carer/ advocate that promotes safety, supports recovery and sustains well-being.

**Urinary Tract Infection (UTI)**

An infection of the urinary system, usually caused by bacteria.

**Venepuncture**

Process of obtaining the persons veins to access for blood sampling

**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 2018/19

### 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 18 April 2019 it was agreed that the Child Eating Disorders – patients commencing NICE-concordant treatment within 4 weeks (routine cases) and the Child Eating Disorders patients commencing NICE-concordant treatment within 1 week (urgent cases) would be the locally selected indicator. Governors have continued to 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. Furthermore, the Governors agree to continue to focus on the same Quality Improvement priorities as last year. By refining the priorities further, this will help bring about further improvements. It was a pleasure to read the Quality Account and to confirm support the priorities that the Trust has identified for the next year. The theme running throughout is that of improved person-centred care and the quality improvement strategy and agenda. I am particularly impressed with the establishment of a Quality Improvement faculty to bring together the support for Quality Improvement. The faculty has helped to promote Quality Improvement and ensure that learning and good practice is shared.

### Comments by CWP's commissioners

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

Cheshire and Wirral Partnership Foundation Trust Quality Account 2018/19 Commentary from NHS South Cheshire CCG and NHS Vale Royal CCG. NHS South Cheshire Clinical Commissioning Group (CCG) and NHS Vale Royal Clinical Commissioning Group (CCG) welcome the opportunity to provide commentary on Cheshire and Wirral Partnership NHS Foundation Trust (CWPFT) performance through the organisations Quality accounts for 2018/9.

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, such as incident reports and Root Cause Analysis reviews; monitored and approved the completion of action plans; held monthly joint contract meetings; reviewed performance and quality through the CCG Quality and Performance meetings and have carried out visits to services to gain assurance around the service and 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 which provides an overview of the quality of care in CWPFT and includes the mandatory elements required.

The focus of monitoring clinical effectiveness, patient safety and patient experience is evident throughout the Quality Account. However the outcomes of many of these are not yet available to be able to demonstrate learning or actions from the work.

It is pleasing to see a number of performance indicators against key national quality indicator targets from NHS Improvement's Single Oversight Framework rated Green.

We note that the waiting time figures demonstrate an improvement. However from Quality Visits conducted by the CCG for both IAPT and CAMHS services the waiting time figures remain a concern, as do waiting times for all mental health services overall. There is no evidence of any plan to address this within the report, although there is evidence of delay within the data presented.

Quality Improvement priorities for 2019/20 are clearly articulated. It 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 Trusts strategic and operational plans and also have a link to the Trust's corporate and locality strategic objectives giving ownership across the organisation.



The Trust aimed to increase engagement with bereaved families in 2018/19 and this was to be achieved by way of developing always events, and reducing variation in the way that engagement with these patients is made. It also looks for co-production of a survey in 2019/20 to find the outcome of the work, which is to be commended.

The launch of the young person advice line is to be praised for the support of young people, as is the Emotionally Healthy work within schools. Feedback for those that have accessed services continues to demonstrate the impact that the staff and services have on service users and carers, especially in those for young people, as was evident at the CCG Quality visits.

The Trust CQC rating following an inspection in 2019 was 'Good' overall with 'Outstanding' for caring. The CCGs congratulate the Trust on this achievement. Safe was rated as 'requires improvement'. It is reassuring that the action plan to deliver required improvements following the CQC visit is reported to be completed by the end of May 2019. The CCG acknowledge, however that none of these actions relate to areas that are commissioned directly by the CCG.

Following on from the Trusts commitment to reducing incidents of self-harm, it is noted that the trust achieved a 12% reduction of moderate and severe incidents of self-harm against their target of 20%, although more work can be undertaken to reduce incidents further. This priority work also included improving the incident reporting culture and introduced clear guidance on incident reporting on self-harm, which is positive. For 2018/19, a zero harm policy is reported to be a priority. The CCG will be very interested to see how this is implemented over the coming year. In the light of an increasingly open culture for reporting of incidents it is noted that Incidents reported under treating and caring for people in a safe environment and protecting them from avoidable harm, the Trust are below national average and the Trust have further reduced their incidents from their 2017/18 figures.

CWPFT are committed to engage in quality improvements through their priorities in 2018/19, and it would be helpful to see an increased focus on 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 2019/20. 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 the standards of care 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, this is evidenced through their Learning from Experience reports that they publish three times a year. The Trust has reported a 12% reduction of moderate and severe incidents from self-harm in those people accessing Trust services in 2018/19. We welcome that the Trust has committed to delivering continuous improvement in this important area as this remains a priority for 2019/20.

We are pleased to note the continued programme of work to deliver consistent, timely, meaningful and compassionate support to bereaved families and carers, and look forward to seeing the impact of this through the Learning from Experience reports.

We note your progress on improving access to psychological therapies to support delivery of clinically effective care for in-patient units and acknowledge that developments are underway to support further improvement.

There has been improved overall compliance in your delivery against the national Commissioning for Quality and Innovation indicators in 2018/19, however, it is of concern that the Trust has performed less well in the uptake of flu vaccinations for front line clinical staff in 2018/19 compared to 2017/18, we expect to see improvements in the forthcoming year.

The Trust is commended for the significant improvements made regarding compliance with best practise for wound assessment. We look forward to seeing the expansion and development of this work in other areas of wound care and the impact it has on patient care and patient experience through the 2019/20 locally developed Improvement Plan.

It is positive to note the impact of the "Total Communication" approach on improving the access and waiting times for Speech and Language Therapy for people with learning disabilities ensuring the person and family receive the right care, at the right place at the right time.

Your collaboration with partnership organisations to support the well-being and self-care agenda in our care communities is welcomed and we recognise your commitment to continue improving the quality of services you provide.

We support the priorities that the Trust has identified for the forthcoming year and value working in partnership with you to assure the quality of services commissioned in 2019/20.

### ***NHS East Cheshire Clinical Commissioning commentary***

Thank you for the opportunity to comment on the trusts draft account for 2018/19. The CCG's Clinical, Quality and Performance Committee have reviewed the document and noted the key achievements.

We acknowledge the strategic direction set out in the local plans that reflect the NHS Long Term Plan, ensuring that the NHS is fit for the future for patients, their families and carers alongside the opportunity to build on joint working across the local healthcare system.

We would also like to take this opportunity to recognise staffing challenges faced by all organisations and the proactive steps taken by the trust to tackle this challenge through participation in the Nursing Associates programme.

The CCG would particularly like to acknowledge a number of key achievements including the launch of a new advice line for young people, the trusts commitment to improving patient care and the innovative approach in sharing best practice which demonstrates the trusts ongoing commitment to quality improvement through the 'Big book of Best Practice'.

During the year we have reviewed information, such as incident reports and Root Cause Analysis reviews; monitored and approved the completion of action plans; held monthly joint contract meetings; reviewed performance and quality through the CCG Clinical Quality and Performance meetings. We have also provided challenge and scrutiny when performance has not met the expected standards.

We welcome the delivery of key health improvements including a 12% reduction in the severity of harm sustained by people accessing CWP services particularly as self harm is linked to poor safety outcomes. We approve the continued focus in this area and note the system wide preventative work that is required to keep our residents safe, particularly those who are not previously known to the service and/or are suffering a significant life event.

We acknowledge the full 2018/19 consultation work that focused on the proposed redesign of specialist mental health service for adults and older people. We recognise that this has been a key focus of joint work and going forward we support the future plans to improve the new model of care.

In closing we are of the opinion that this account provides a balanced picture of the trusts performance during 2018/1019 and would like to wish you every success for implementation of planned quality improvements in 2019/20.

## **NHS Wirral Clinical Commissioning Group commentary**

As a commissioner NHS Wirral CCG is committed to commissioning high quality services from Cheshire and Wirral Partnership Trust NHS trust (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. NHS 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. During 2019/19, the Trust has service has established its all age disability service. This service has brought teams together to ensure that people with a disability or a mental health condition have streamlined care by social care and health care staff working together. The benefits with this approach to care have been demonstrated in positive patient stories.

In previous quality accounts, NHS Wirral CCG has expressed concern regarding the timely completion of investigations and production of action plans. The processes developed by the organisation have improved timeliness, and continues to be monitored closely at the local Serious Incident Review Meetings (SIRG). NHS Wirral CCG has also seen an improvement in the quality of the investigations undertaken and reports written, including the involvement of family within the investigation process.

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 and outstanding for care in the services that were visited. The areas of recommendation that require actions following the visit will be monitored via the contractual process to ensure that all actions are delivered.

As a CCG we welcome the patient safety priorities for 2019/20 in particular the continuation of the person centred health care approach across the organisation which responds to the needs and preference of people who access services. The ambition of this is to deliver better outcomes for the population served locally and nationally

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 2019/20 are strategically appropriate and we look forward to working with CWP to continue to improve services and address issues that have been highlighted.

Sue Wells Chair Wirral CCG

## **Statement from Scrutiny Committees**

### **Statement from Wirral Metropolitan Borough Council**

The Adult Care and Health Overview & Scrutiny Committee are responsible for the discharge of the health scrutiny function at Wirral Council. The Committee established a task and finish group in May 2019 in order to review the Quality Account of the Cheshire and Wirral Partnership NHS Foundation Trust for 2018/19 and were grateful for the opportunity to comment on the draft report.

Within the three priority areas of patient safety, patient experience and clinical effectiveness, Members note that the Trust have gone some way to implementing quality improvement initiatives and have made progress. The Trust's aim to reduce the severity of harm by those that cause harm to themselves has seen significant development, with a 12% reduction reported for moderate and severe incidents of self-harm. Although this did not meet the Trust's target of 20%, Members expect that the continuous improvements in this area will have an impact, and welcome the steps taken; particularly the analysis of self-harm data and collaborative working with the Safe Services team. Members are also pleased to note the work undertaken towards improved engagement with bereaved families and carers, principally the enhancement of the family liaison role. As a national priority, the person-centred approach to bereavement is welcomed as a positive way to support those affected by loss, whilst learning from their experiences in order to provide better care.

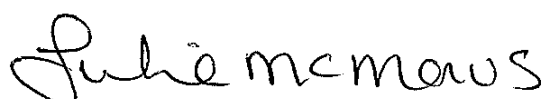
It is noted that there have been a number of initiatives implemented to improve inpatient access to psychological therapies, with Members recognising that there have been achievements in response to this priority. There is, however, ongoing concern in relation to the current picture of Child and Adolescent

Mental Health Services (CAMHS). It is understood that there has been an increase in demand for these services nationally, and that this trend is reflected in Wirral. However, Members are disheartened to learn that there are an estimated 7000+ children with diagnosable mental health conditions who are not supported by local services. Members appreciate that the Trust are part of a wider structure of mental health service provision and anticipate that the number of children and young people reached will improve over the coming year through partnership working with commissioners.

Members are pleased to learn that these priorities will be continued into 2019/20 so that the positive work started in 2018/19 can be developed and monitored over an extended period. It is expected that improvements and action plan sustainability in all priority areas will be evidenced over the forthcoming year.

Staff engagement is tremendously important in any organisation, and it is clear that there is some work to be done within the Trust in order to strengthen workforce participation and communication. The results of the NHS Staff Survey undertaken by the Trust show key areas of necessary improvement; notably, only 30% of staff feel senior managers try to involve them in decision making. In addition, only 37% of staff feel that communication between senior management and staff is effective – with both of these results falling below the national average. It is encouraging to hear that the Trust has already taken steps to address these areas. For example, through introduction of measures such as culture surveys to identify themes of staff disengagement and to look at ways to mitigate them.

The Adult Care and Health Overview & Scrutiny Committee look forward to continued partnership working with the Trust during the forthcoming year and note its priorities for 2019/20.



Councillor Julie McManus  
Chair, Adult Care and Health Overview & Scrutiny Committee  
Wirral Borough Council

### ***Cheshire East Health and Adult Social Care Overview and Scrutiny Committee***

Feedback was requested on 17/05/2019, but has not been received

As Chairman of the Committee I am writing to submit its statement to be included – if possible at this stage – in Cheshire and Wirral Partnership NHS Foundation Trust's Quality Account 2018/19 following its meeting on 13 June 2019. Please include the information below in the Committee's section of the Quality Account.

The Health and Adult Social Care and Communities Overview and Scrutiny Committee reviewed the draft Quality Account at its meeting on 13 June 2019. Overall the Committee was pleased with the content of the Quality Account and believes it provides a good picture of the performance of the Trust.

The Committee was pleased to hear that the Trust was rated good by the Care Quality Commission and that, at the time of reporting its Quality Account 2018/19, was the only mental health trust in the North West region rated outstanding for care.

Members also felt that the Trust could have given more information within its Quality Account submission to contextualise the areas of improvement that it had made during the 2018/19 year. The Committee also wanted to see more detail of the Trust's improvement plan to tackle its Care Quality Commission rating of 'requires improvement' in respect of "are services safe."

The Committee commended the Trust's good performance in relation to minimising mental health delayed transfers of care, and improving access to psychological therapies.

In response to concerns that the Committee expressed in respect of the Trust's recent annual staff survey results, it was reassured to hear that the Trust had designated a specific Equality and Diversity Officer to pick up on the issues arising from this and that they were being proactively addressed.

Thank you again for your attendance at our meeting on 13 June 2019, and I hope the comments above are well received by the Trust. If you have any comments or questions about the Committee's submission please contact Joel Hammond-Gant on the address provided

Yours Sincerely,

Councillor Liz Wardlaw  
Chairman of the Health and Adult Social Care and Communities Overview and Scrutiny Committee

***Cheshire West Health and Adult Social Care Overview and Scrutiny Committee***

Feedback was requested on 17/05/2019, but has not been received

**Statement from Healthwatch organisations**

***Healthwatch Wirral***

Feedback was requested on 16/05/2019, but has not been received

***Healthwatch Cheshire***

**Response to Quality Account 2018/19 - CWP**

Healthwatch Cheshire CIC feels this quality account comprehensively reflects the work undertaken by CWP over the period and particularly would like to praise the organisation for its work in the following area:

For exceeding all the required trust-wide performance thresholds.

**Specific comments on the report:**

We felt the report was logically laid out however it was not easy to read. This may, in part, be due to the use of technical terms however, it was felt that plainer language would have made the report more user friendly. Some of the print is small and difficult to read, for example on pages 8 and 10 the columns Secondary Drivers.

## 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.

NHS Improvement 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 Quality Report is prepared in all material respects in line with the criteria set out in the NHS Improvement publications the NHS Foundation Trust Annual Reporting Manual 2018/19 and Detailed requirements for quality reports for foundation trusts 2018/19;
- the Quality Report is consistent in all material respects with the sources specified in the NHS Improvement guidance.

The indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are reasonably stated in all material respects in accordance with the NHS Improvement Detailed requirements for quality reports for foundation trusts 2018/19 and the six dimensions of data quality set out in the Detailed Requirements for external assurance for quality reports for foundation trusts 2018/19 (the Guidance'). The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.

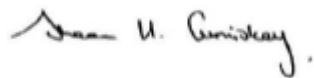
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice; these control measures include implementation of the improvement actions identified in response to recommendations arising from the independent audit of the mandated and local indicators identified in the independent auditor's report;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with NHS Improvements annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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 22 May 2019.

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

22 May 2019 Chair of the meeting

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

22 May 2019 Chief Executive

# Annex D: Independent Auditor's Report to the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Cheshire and Wirral Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

## Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

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

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

## Respective responsibilities of the directors and auditors

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

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

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, requested 15 May 2019 but not received;
- feedback from governors, dated 15 May 2019;
- feedback from local Healthwatch organisations, requested 16 May 2019 but not received;
- feedback from Overview and Scrutiny Committee, dated 17 May 2019;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the national patient survey, dated August 2019;



- the latest national staff survey, dated February 2019;
- Care Quality Commission Inspection, dated December 2018;
- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated 7th May 2019; and
- any other information included in our review.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Cheshire and Wirral Partnership NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

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

### **Limitations**

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Cheshire and Wirral Partnership NHS Foundation Trust.

**Basis for adverse conclusion on the early intervention in psychosis indicator**

We recalculated the indicator based on the information available and tested a sample of 25 cases back to patient records. We identified 6 cases where the clock start/stop dates did not agree to the supporting documentation; 2 cases that were reported in the incorrect period and one case where the report didn't match system records. As a result of these issues, we have concluded that the early intervention in psychosis indicator for the year ended 31 March 2019 has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

**Conclusion**

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for adverse conclusion on the early intervention in psychosis indicator' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicator in the Quality Report subject to limited assurance (the improving access to psychological therapies indicator) has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.



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24 May 2019