

# Quality Account

2019/20



**CQC has rated us Good overall  
and Outstanding for Caring**  
Cheshire and Wirral Partnership NHS Foundation Trust:  
(report published 18 June 2020)



The imagery contained within this report  
was taken before the response to the  
COVID-19 pandemic

Helping people to be  
the best they can be

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# Introduction

Our **Quality Account** is an **annual report to the people we serve about the quality of services we provide**. It gives an opportunity for you to see what we are doing to improve the quality of care and treatment we deliver.

Quality Accounts require those who provide 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, 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 a well-known international way of defining quality. So not only do we ensure care is safe and effective with good experience, we also look at whether the care we deliver is affordable, sustainable, acceptable and accessible. To help us deliver care which is more equitable and person-centred, we place an emphasis on co-production. Co-production means people who deliver and support the delivery of our services, people who access our services, their families and carers, and the people we serve across the population, playing more of an active role in planning, improving and delivering services.

The aim in reviewing and publishing information about quality is so that CWP can demonstrate *public accountability* by *listening* to and *involving* the public, partner agencies and, most importantly, *acting* on feedback we receive. To help us meet this aim, we don't just produce this report, we also produce *Quality Improvement Reports* three times a year. This *Quality Account* and our *Quality Improvement Reports* are published on our website.

Should anyone reading this *Quality Account* require any further information, please do not hesitate to contact us [cwp.info@nhs.net](mailto:cwp.info@nhs.net).



# Part 1: Introduction from our Board

## Welcome from our Chief Executive



I am delighted to introduce this year's Quality Account on behalf of the Board. I always look back with pride when I read about the considerable examples of success and quality achievements across the Trust. It is also exciting to look ahead to the quality improvement priorities we have planned for the coming year.

Quality Accounts from providers of NHS services would usually have been published about six months ago, however the timeframes this year were delayed, nationally, so that the NHS could focus on the emergency response to the COVID-19 global pandemic. As described in the introduction to this report, at CWP we publish regular *Quality Improvement Reports* on our website. Whilst our Quality Account was delayed, I was delighted that we were able to produce, instead, a special edition of the *Quality Improvement Report*. It presented 15 worthy examples of quality improvements that we implemented, both despite the pandemic and in

response to it. The Board were immensely proud to receive this report, and we thank our colleagues for rising to the new and unexpected challenges with bravery and adaptability to ensure that people accessing our services continue to receive the care, help and support they need.

Highlights in this Quality Account include some exciting new developments at CWP:

- In September 2019, CWP was awarded the contract to provide GP services at Ellesmere Port's Old Hall Surgery. We have a great track record for delivering high quality primary care medical services and I was delighted to welcome our new colleagues to the CWP family.
- In April 2019, we launched a new pilot study in partnership with [The Poppy Factory](#) to help improve employment prospects for ex-service personnel who suffer with physical and mental health issues. We have been accredited as a Veteran Aware NHS Trust.
- A new wellbeing resource centre opened in Chester city centre in January 2020. Designed in collaboration with our Clinical Commissioning Group partners and people with lived experience of mental ill-health, "Number 71" provides local people with an alternative option for mental help support in the community in a purposefully designed environment to ensure a warm and friendly welcome.
- Also in January 2020, our two new state of the art mental health wards opened in Macclesfield, that provide assessment and treatment for people experiencing mental health crisis locally. The opening of the two units forms part of wider local improvements, which means local people can now access enhanced community mental health services and 24/7 mental health crisis care. These new services support more people to continue their lives, with support, in the community whilst providing high quality hospital care when needed.

It has been another productive year for CWP as we strive to continue providing outstanding and compassionate care. The Board is always delighted and is filled with pride when services we deliver are given the recognition they very much deserve. In August 2019, we were shortlisted for mental health provider of the year at the prestigious Health Service Journal (HSJ) awards. This nomination reflected all the services CWP provides, not just mental health. This recognition, by such an esteemed trade publication, is testimony to all the hard work and commitment shown by our people at CWP over the past year. In addition, two members of staff and one of our teams were recognised as winners in the North West Parliamentary awards.

We continue to strive to go above and beyond in our delivery of care and in our commitment to helping people be the best they can be. Some of our key achievements in improving the quality of our services during 2019/20 include:

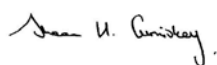
- Receiving [Royal College of Psychiatry accreditation for a tenth year](#), for our older people's memory service.
- Receiving a prestigious national award for inpatient care at Ancora House, our mental health unit for children and young people with severe or complex mental health conditions. The unit's short stay school, which provides education and support to young people who are admitted to Ancora House, was rated as Outstanding by Ofsted.
- Willaston Surgery being named as the top GP practice in Cheshire, and in the top 100 GP practices in England.
- Developing an innovative partnership, enhancing mental health support for young people in East Cheshire schools, which will continue for at least another two years.
- Demonstrating our commitment to Equality and Diversity, with our [special Pride launch event In Chester](#) and our Pride event, raising the rainbow flag, at Delamere Resource Centre in Crewe. CWP has also signed up to the national NHS rainbow badge scheme.
- Establishing a new partnership with Liverpool Philharmonic to enable people experiencing mental ill health to access, enjoy and benefit from music to support their recovery and wellbeing.
- Relaunching the award winning [www.MyMind.org.uk](http://www.MyMind.org.uk) website, a dedicated website for young people across Cheshire and Wirral experiencing mental health difficulties.
- Leading a pioneering initiative to enhance communication and collaboration with community pharmacies across Cheshire and Wirral. Nominated for a national patient safety award, the system informs pharmacies if extra care or counselling is needed for some prescribed medicines, reducing risks to patients.

However, despite these achievements, we are not complacent. One of our key principles as an organisation is a commitment to continuous improvement, this includes in areas where we receive feedback from others. Commencing in January 2020, as part of their routine regulatory inspection programme, we welcomed colleagues from the Care Quality Commission (CQC), whose purpose was to assess the quality of our services and our leadership. Because of the delay in presenting the Quality Account, we are in the fortunate position of being able to share our published results. The CQC rated CWP as 'Good' overall. We have improved to Good in the 'Safe' domain of quality, and we remain the only Trust across Cheshire and Wirral with Outstanding for 'Caring' overall, and the only mental and community health services trust in the North West to be Outstanding for 'Caring' overall. In part 2 of this report, you can read more about this, you can also read my [blog](#). The values that the CQC inspectors were so impressed with will stand us in good stead in the coming months as the NHS, and the country as a whole, continues to respond to the considerable challenge of the global pandemic.

We have over 3,500 staff working in Cheshire, Wirral and beyond in other parts of Cheshire and Merseyside providing outstanding care who often go the extra mile to deliver care to the most vulnerable people in our communities. The quality of care and improvements described in our Quality Account give the Board every confidence that we are making great strides in our ambition to help people to be the best they can be. I am hopeful that another positive and successful year lies ahead, despite the challenges.

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**



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



# Welcome from our Medical Director – Executive lead for quality



I am always struck by how my colleagues at CWP have an unwavering commitment to providing high quality care to the people we serve, whatever challenges they face. As a Board member, I get to hear about many examples of the quality of care our services deliver, but I also have the privilege of being asked to visit many of our services where I can see this for myself. The enthusiasm that is shown for quality and continuous quality improvement across all teams fills me with pride.

Our [Quality Improvement Strategy](#) (and [summary](#)) that was published in 2018 has gone from strength to strength. As Sheena mentioned in her foreword, between January and March 2020, the Care Quality Commission assessed the quality of our care, and found that “staff in all areas had adopted and embedded quality improvement initiatives and were using data to improve the quality of services”. Our Quality Improvement (QI) hub has been a fantastic development that has helped us embed QI across the Trust. It can be accessed by all of our colleagues and provides an online zone where they can begin their QI journey. Improving quality is everyone’s business, and our aim in developing the hub was to make information and resources about QI engaging, jargon free, and easily accessible. We are keen to share with other

NHS trusts and members of the public the excellent work we are doing around QI, and a plan is being developed to launch a publicly accessible internet QI hub in 2021/22 as part of phase 2 of our strategy.

A particular focus this year has been to build the capability of our colleagues to undertake QI, which is essential to help our people to deliver the best care possible. Over 2,100 colleagues have completed our foundation QI training, almost 37 senior managers are now trained as specialists in QI, and almost 50 QI experts have been trained. Our experts are equipped with the knowledge and skills to support their teams and provide expert advice and support to others. As a consequence of our investment in QI, I am pleased to say that we have delivered a further 195 QI projects – this is in addition to the 338 projects we have delivered since 2014 when we first launched our Zero Harm strategy.

Each year, I like to give a mention to our [Big Book of Best Practice](#). The Big Book is a communication tool aiming to share best practice across local NHS services and beyond. It encourages us all to break down organisational and geographical barriers and embrace learning and improvement. The quality of entries improves each year and showcases the very best practice and innovative work that takes place at CWP day in, day out. The Big Book for 2019/20 was our seventh edition and I am very proud that the publication was ‘Highly Commended’ at the HSJ Value Awards 2019 and received a Silver award at the Chartered Institute of Public Relations PRide Awards 2019. Our annual member’s day was held in October 2019, and as in previous years, we invited colleagues that had been selected to be included in our Big Book to come along and present their work to members of the public, governors and our stakeholders, including commissioners and other public service partners. We were delighted with the response and the opportunity to celebrate some outstanding improvements in care.

This year has seen the success of a number of person-centred QI initiatives, for example:

- Our Macmillan Specialist Community Palliative Care Team are been working collaboratively with hospice colleagues to improve the care they provide.
- The introduction of Lived Experience Connectors across Cheshire and Wirral has supported person-centred development for Trainee Nursing Associates. It has also been recognised nationally by Health Education England, who created a film and supported two national events about this.
- The launch of a new “self-management model” to the community nursing team in Broxton has strengthened relationships with the local community and provides a more person-centred response.
- A Child and Adolescent Mental Health advice line has been created that is open to anyone in the community who would like support regarding a child or young person’s mental health.

We are delighted that many of our QI projects reflect the aims of the National Patient Safety Strategy and the NHS Long Term Plan. At CWP, patient safety is central to all that we do, as reflected in the work we are doing with our patient safety leaders. You can read more about this initiative which is included in our patient safety priority for 2020/21 and is presented in part two of this report. The initiative ensures we support our patient safety leaders to bring about continuous improvements to patient safety within the teams in which they work.

I hope you enjoy reading our Quality Account.

**Dr Anushta Sivananthan**



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

# Part 2: Quality Improvement

## Place-based information on how we have improved the quality of our services

Quality improvement is undertaken by all of our teams and wards across Cheshire, Wirral and beyond. Below is a selection of some of our quality achievements.

Our *Quality Improvement Reports*, published three times a year, provide more detailed information on the quality of the services we deliver.

### Quality improvements across **Cheshire East**

Ward	
NHS Number	
Name	
Date of Birth	

#### ★ **Implementation of a Clozapine booklet has improved patient safety on inpatient wards**

Following serious incidents in the community relating to Clozapine (an antipsychotic medication), a booklet was developed by the ward manager on former Bollin ward, Macclesfield, which records all patient observations. It enables staff to monitor, to a high standard, people's physical health and any side effects. After evaluation, the booklet has been rolled out across all inpatient wards – improving standards of care and patient safety.

#### ★ **Therapeutic community group has reduced admissions for people accessing Complex Needs service in Cheshire East**

The Complex Needs service has created an intensive intervention group for people who access their services, who met once a week over a two year period. The five group members were all involved in collaborative decision making, building up a sense of connection and support. There was a significant reduction in the number of bed days used by these group members, all of whom have graduated from the group. They have also reported having raised self-esteem and are now active in making decisions about their own care.

#### ★ **Greenways unit, Macclesfield, have developed and implemented a Clinical Support Tool**

The Community Learning Disability teams have developed a tool to understand which people with learning disabilities and/ or autism are at risk of admission. The 'Dynamic Support Database Clinical Support Tool' has now been implemented across all adult, children and young people's services. It helps teams understand people's needs and directs service input. Admission risk is rated red, amber or green and an admission avoidance meeting is held with the MDT (and commissioners if rated red). Commissioners across the North West have requested the tool to be embedded into practice and there is interest across the country in using the tool. This tool helps support the national ambition of supporting people with a learning disability and/ or autism in the community.

#### ★ **Recovery and Wellness Centres are working to support the communities of Crewe, Macclesfield and Winsford**

Teams from our Involvement, Recovery and Wellness Centres have organised events to improve preventative health for the people accessing our services and the general public. Working collaboratively with local partners in the neighbourhoods, the events provide advice for health and social care issues that matter most to people in that community. These include physical health issues such as blood pressure checks, weight management, diabetes, and smoking cessation. The events were well attended with many people signing up for different preventative health initiatives with our partner organisations.





### ★ Evidence-based therapeutic groups for children, young people and parents in Crewe and Macclesfield

The 'Timid to Tiger' programme uses cognitive behavioural therapy (CBT) to help children manage their fears and worries, and aims to provide early intervention and support for parents and families. Parents were taught simple CBT techniques by teams from Crewe and Macclesfield CAMHS, and an anxiety support group was developed for young people with anxiety and autism. Outcome monitoring questionnaires following the group sessions showed that in 95% of cases, the goal to reduce anxiety was met.

## Quality improvements across Cheshire West

### ★ Reduction in AWOL on Beech ward, Chester

The aim of this project was to reduce incidents of people being absent without leave (AWOL) from the ward and in doing so reduce the involvement of the emergency services in helping return people to the ward. By redesigning the documentation and assessment process, there has been a 32% reduction in the number of AWOL incidents reported to the police in the six months from starting the project. There are plans to make further improvements to include prompts to reduce the number of illicit substances, alcohol and lighters being brought onto the ward. This will support a safer environment and safeguard people who are at risk from others.

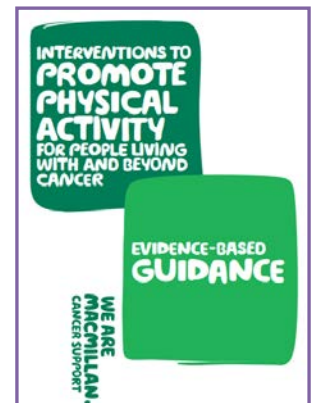


### ★ Implementation of DBT has reduced self-harm

The Dialectical Behaviour Therapy (DBT) team has worked hard to deliver training sessions for people in Cheshire West who want to take part in treatment in the community. The training team included an Assistant Psychologist to provide assistance to people with autism or personality disorders, and a lived experience representative. Self-harm and suicide attempts were tracked weekly and showed how people presenting with self-harm were using emergency services less as a result of accessing DBT. Data tracking of three people indicated a cost saving of at least £54,801.

### ★ Macmillan Community Palliative Care team provides a hospice based strength and balance class to prevent falls

The Macmillan Community Palliative Care team have provided regular classes at the hospice for people at risk of falls. The classes were designed around appropriate exercises depending on individual needs. The classes were well received and were a more productive way to see people, as the team were able to see six people in an hour and reducing their travel time to see people individually in the community. The programme aided the prevention of falls and helped the early identification of physical, social, psychological problems for people with complex needs.



### ★ DBT skills group has shown significant reduction in harmful behaviours in young people

The 16-19 CAMHS team in Cheshire West provided an evidence-based intervention for young people who have difficulty in controlling their emotions and behaviours. A six weekly programme of skills groups were set up for young people and their parents/ carers to learn DBT skills. Feedback from the courses

has been very positive and outcomes include a [significant reduction in harm behaviours and suicidal ideas](#) in the young people.

#### ★ 'Project Twilight' has reduced the number of incidents on Coral ward, Chester

Coral ward, an acute assessment ward for children and young people, analysed the times of day that incidents on the ward were occurring. The data showed a spike in problems between 4pm and midnight, so they trialled an increase in staffing levels and shift patterns at this time. After piloting the twilight shift for three months, the [number of incidents reported between 4pm and midnight dropped by 22%](#). The young people on the ward liked the twilight shift as there was more continuity of staff caring for them and they felt more supported. There was also positive feedback from staff.

#### ★ Our Willaston Surgery, near Neston, has implemented an improved referral process

Willaston Surgery reviewed their referrals process and identified a variety of reasons for delays for people referred to various hospital departments. They trialled a new system where the GP completed the first part of the referral, then gave the patient their log-in for the e-referral system so they could go home and book an appointment straight away. As a result, [the number of telephone calls to the surgery chasing referrals reduced](#), and the team have successfully [reduced the time taken for referrals to be processed](#).



### Quality improvements across Wirral



#### ★ Liaison Psychiatry team, Wirral, has provided training to Arrowe Park Hospital

The Liaison Psychiatry team have provided training to their medical colleagues at Arrowe Park Hospital. Medical doctors, nurses and clinical support workers took part in the training which included suicide awareness, understanding self-harming behaviours, medically unexplained symptoms, and psychosis. Training to help staff themselves was also provided with sessions including mindfulness, and reflective practice, and received very positive feedback. Psychiatrists and Clinical Psychologists from the team have also provided input to clinics and MDT meetings at Arrowe Park Hospital. The acute stroke ward showed a [42% reduction in their referrals to Liaison Psychiatry](#) following the provision of a Clinical Psychologist from the Liaison team.

#### ★ Development of new quality standards to improve experience of transition from LD CAMHS to Adult LD teams

LD CAMHS and the Adult Community Learning Disability teams who have experience of working with young people with learning disabilities and complex needs have developed a questionnaire relating to transition. Parents completed the questionnaires and the results generated themes around the challenges they faced when their child moved from CAMHS to adult services. The team then identified the quality standards needed that have brought [improvements to the transition process](#).

#### ★ Our PMHT links with schools to develop best practice around mental health

Wirral Primary Mental Health Team (PMHT) have linked with schools to develop a whole school approach to mental health. The 'Wirral Accelerator Schools' project has worked with 20 schools to promote best practice and provide additional learning and network events. Feedback from the schools involved has been consistently positive and the PMHT are looking to expand the project.

### ★ Resilience workshops for parents

Wirral CAMHS and Wirral PMHT have provided resilience based workshops for parents in the borough. After successfully implementing an annual rolling training programme and building strong links with local schools, the teams consulted with parents to identify their needs for mental health support. Workshops entitled 'Helping your child to thrive' were developed, and delivered to over 1,000 parents from the 123 schools the service work with. Very positive feedback was received and the team plans to develop the model to be self-facilitated by local parents.

### ★ Development of a centralised attention deficit hyperactivity disorder (ADHD) monitoring clinic

Young people being treated for ADHD are now routinely seen at the centralised ADHD monitoring clinic. The clinic provides assessments, medication reviews and psychological interventions. The team are also including assessments for autism spectrum conditions. The clinic has freed up capacity in the CAMHS partnership teams, especially for the psychiatrists working there, to see more patients.

## Quality improvements Trustwide

### ★ New leaf employment advisors support to people in Cheshire

Employment advisors, employed under the Cheshire and Merseyside New Leaf contract, have been integrated into community mental health and early intervention teams. The project supports people with severe mental health problems into work, using a model which provides intensive, individual support for both employer and employee. The project has successfully supported many people into employment with examples as varied as administration, data processing, website engineer, self-employed beauticians and a dog walker! Feedback from staff has been excellent with comments on the positive effect working has had on people's mental health. Wirral and Cheshire CCGs have recognised the importance of the project and are providing continuing funding to ensure employment advisors remain integral to the multidisciplinary team.



### ★ Online training for the families and carers of people with learning disabilities and/ or autism

Our exciting new Centre for Autism, Neuro-Developmental Disorders and Intellectual Disability (CANDDID) has worked with families to develop online training for families and carers. The Transforming Care group worked with Education CWP to produce the modules, and content was coproduced with experts by experience including members of the Cheshire East patient carer forum. The training is consistent, accessible and flexible. It focuses on practical advice, tips and solutions as well as signposting to further reading and support. No diagnosis is required and it is free to access. As an online resource, it is available around the globe and has received very positive feedback.

### ★ Collaboration project with community pharmacies

CWP has led a pioneering new initiative, enhancing communication and collaboration with community pharmacies across Cheshire and Wirral. The team developed a system to inform local pharmacies if extra care or counselling was required for prescribed medicines such as some antipsychotics or antidepressants. The system has supported community pharmacists to provide safe and effective care. The project was shortlisted for five categories at the Health Service Journal's Patient Safety Awards.

### ★ Therapy workshop for anorexia nervosa has won a national award

Cheshire and Merseyside Adolescent Eating Disorder Service (CHEDS) has evaluated the family therapy workshops they provide. Families participating in the workshops completed questionnaires to better understand their experience of taking part, and the CHEDS team worked with the CWP research department to analyse their results. Not only was the feedback from families very positive, with families feeling involved and listened to, a poster describing the project won first place in the 'Interventions' category at the National Children and Young People Community Eating Disorder Conference in London.



## Quality highlights across our services in 2019/20

April 2019



We launched a new pilot study in partnership with **The Poppy Factory** to help [improve employment prospects for ex-service personnel](#) who suffer with physical and mental health issues.

May 2019



**Ancora House** was awarded a prestigious national award for inpatient care at the National Children and Young People's Mental Health Awards. The unit was praised for [involving young people in all stages of the unit's development and improvement](#).

June 2019



We held our third annual **Recognition Awards** to honour the tremendous and tireless work of our workforce, volunteers and partners in their [efforts to delivering outstanding care](#), as well as a celebration of our achievements over the past year.

July 2019



We welcomed staff, patients and local partners to celebrate **Pride month** with us at events in Chester and Crewe. The events saw us raising our rainbow flag in honour of our workforce's [commitment to equality, diversity and inclusivity](#).

August 2019



We were **shortlisted for mental health provider of the year** at the prestigious Health Service Journal (HSJ) [national awards ceremony](#).

September 2019



**Willaston Surgery**, one of the three GP surgeries we now manage, was named as the [top surgery in Cheshire](#) following results from the National GP Patient Survey, and is in the top 100 GP practices in England.

## October 2019



Our [nationally recognised child and adolescent mental health website](#), **MyMind** – created by young people, for young people – was refreshed and relaunched in time for World Mental Health Day.

## November 2019

### NHS Parliamentary Awards 2019



Two of our colleagues and one of our mental health initiatives were named as **North West regional winners** in the NHS Parliamentary Awards, after local MPs nominated them for their [outstanding contribution](#).

## December 2019



Liverpool Philharmonic, in partnership with CWP and Wirral Council, provided music sessions at **Springview** inpatient unit, Wirral. The aim of the sessions is to allow people to access, enjoy and benefit from music to [support their recovery and wellbeing](#).

## January 2020



**Number 71**, a new wellbeing resource centre, opened in Chester city centre. Designed in collaboration with people with lived experience of mental ill-health, Number 71 provides [early intervention support and treatment](#) for people experiencing a mental health crisis, seven days a week, 365 days a year.

## February 2020



**Silk** and **Mulberry wards** opened in Macclesfield, which are the result of a £4.5 million investment programme to modernise inpatient services as part of wider [improvements to local mental health services](#). The new wards followed a public consultation about proposals to redesign specialist mental health services for adults and older people in Macclesfield.

## March 2020



CWP, alongside health commissioners, NHS Eastern Cheshire CCG, NHS South Cheshire CCG and NHS Vale Royal CCG were shortlisted for the **HSJ Value Awards 2020** in the [Mental Health Service Redesign Initiative](#) category.



## Our quality improvement priorities from 2019/20



Below is a summary of the improvements we have made as a result of working on the quality improvement priorities we identified for 2019/20. Our *Quality Improvement Reports*, which are available on our website, reported on our progress throughout the year.

We have included a glossary of some of the terms used in the report on page 31.

### Patient safety priority for 2019/20

*We wanted to:*

Demonstrate a reduction in the severity of the harm sustained by those people accessing our services who 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:*

- ✓ Our Clinical Practice & Standards Sub Committee, chaired by the Medical Director, has overseen progress with this priority, including receiving updates on how our 'stopping self-harm group' were taking forward improvement work, with assistance from our CAMHS colleagues.
- ✓ The National Reporting and Learning System (NRLS) publish patient safety incident figures in October and March each year. The figures showed we improved in reducing self-harm incidents. Our rates of self-harm are consistently similar to the national average now.
- ✓ As part of our work on positive behaviour support to reduce self-harm, specialist staff were involved in setting out standards and competencies. This means we are continuously embedding best practice through our education programme.

### Clinical effectiveness priority for 2019/20

*We wanted to:*

Improve access to psychological therapies in our inpatient units.

⇒ This is because we wanted our inpatients to receive more psychological help.

*How we have delivered improvements:*

- ✓ We have developed a psychological interventions strategy, which means more people are receiving psychological treatments on our wards, and in our home treatment teams and community services.
- ✓ We are embedding 'structured clinical management' training, across community services to support the care to those who may be diagnosed with complex psychological problems. We have received NHS

England funding for psychology intervention training in community mental health teams so we can provide more psychological therapies to people who access our services.

- ✓ Our approach to psychological and psychosocial interventions during acute inpatient care includes:
  - Protected 1:1 time with a named nurse, other nursing staff, and occupational therapy
  - Person-centred care planning
  - Building motivation
  - Recovery focus
  - Psychoeducation
  - Psychoeducation for carers
  - Psychological approaches
  - Enhanced self-management skills

## Patient experience priority for 2019/20

*We wanted to:*

Improve engagement with families and carers who have been bereaved.

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

*How we have delivered improvements:*

- ✓ We have worked with people who have been bereaved by suicide to understand their perspective in relation to the information we provide and the processes we follow. This is a sensitive time and judgement of when to involve people in this process requires careful thought.
- ✓ We have reviewed the bereaved family booklet and are working on a refreshed version to ensure all information is still up to date and relevant.
- ✓ We have completed a self-assessment against national guidance, so that we know how well we are doing and where we can make even further improvements.
- ✓ We have enhanced our incident reporting system to make sure that people affected are supported by our Family Liaison Officers.
- ✓ Overall, we have improved our offer to families and carers who have been bereaved, by providing more information that is as person-centred and as supportive as possible and making sure they are able to provide feedback on their experiences. However, we want to continuously learn from best practice and improve our support.



## Our quality improvement priorities for 2020/21

Our Quality Committee oversees our Trustwide quality improvement priorities. These priorities have been set out in our plans, including how they link to our organisational objectives.

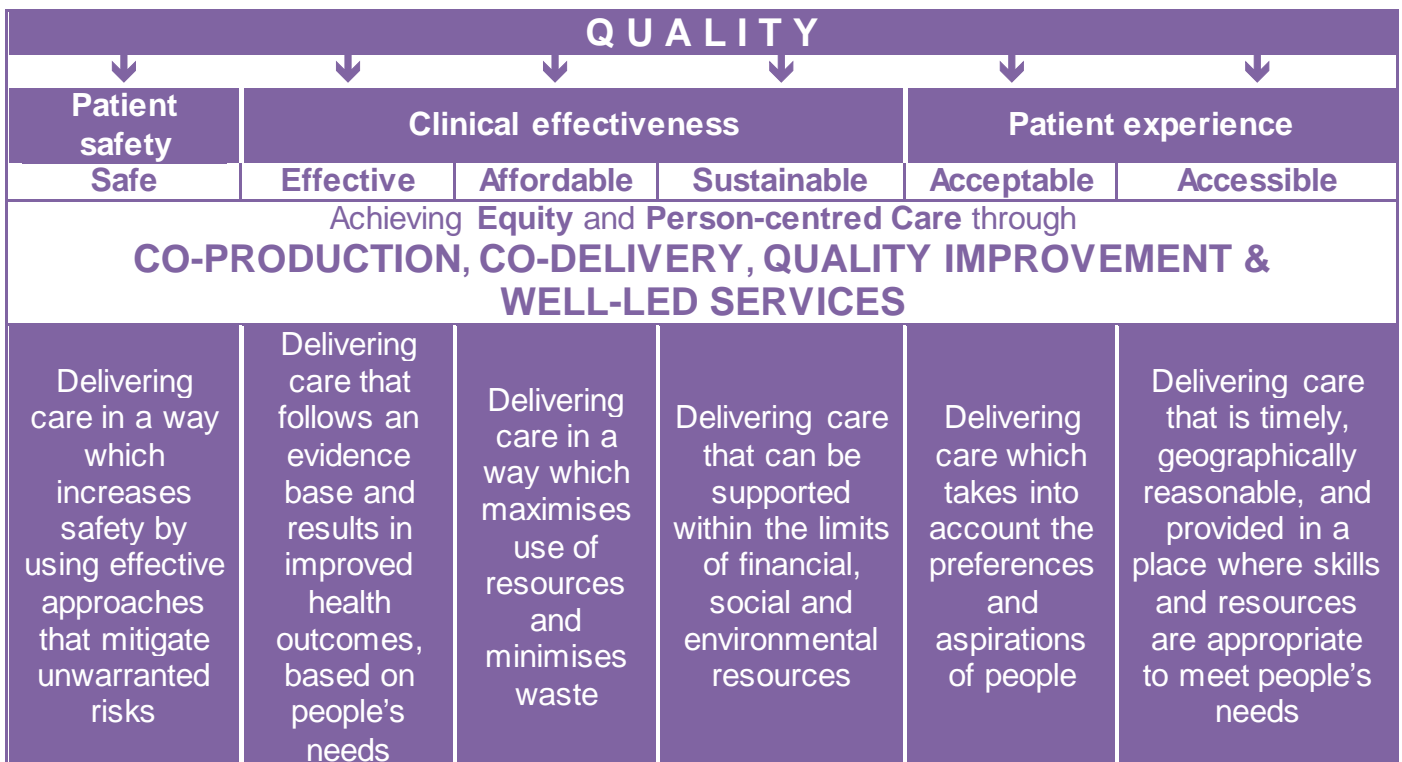
Our *Quality Improvement Reports*, which are available on our website, report on progress of our quality improvement priorities for 2020/21 throughout the year. This report is also presented at and monitored by our Quality Committee and our Board.



### Our approach to Quality Improvement

Our Quality Improvement strategy was launched in April 2018. It sets out an initial three-year plan to help us deliver person-centred care that responds to the needs and preference of people who access our services. We are determined 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.

Using *World Health Organization* definitions and our Person-centred Framework, we have defined what we mean by quality in the diagram below.



We use our *Quality Account* and *Quality Improvement Reports* to show our quality performance across all the domains of our quality framework.

## Quality improvement priorities for 2020/21

These are the quality improvement priorities we will be progressing during 2020/21, which were approved by our Quality Committee.

	QI priority	Improvement target	How will progress be measured?
Patient safety priority	Improvement in patient safety systems and culture at a team level, as rated by the people who deliver our services.	At least a 10% improvement in the percentage of survey participants rating their team as excellent or very good.	A baseline will be measured during 2020/21 and will include teams that have completed a patient safety culture survey. This is in order to demonstrate, at the point of follow-up, the impact of specific work we will be doing with Patient Safety Leaders identified from each of these teams. Each survey participant gives their team a "patient safety grade" from A (excellent) to E (failing).
Clinical effectiveness priority	Improved and consistent recording and use of outcome measures across inpatient, community, EI, CAMHS and perinatal services.	<b>Implementation of outcome measurements across specified mental health services by 31 March 2021.</b> <b>CYP Perinatal:</b> 40% of children and young people and women in the perinatal period accessing mental health services will have their outcomes measured at least twice. <b>Adult Community MH:</b> 40% of adults accessing selected CMHS will have their outcomes measured at least twice. <b>EI, CAMHS and inpatients:</b> 100% of teams routinely and consistently reporting and using agreed outcome measures from April 2020 onwards.	Each Care Group will monitor the variation in their routine data collection and use of outcomes data within services.
Patient experience priority	Improvement in asking people who access our services about their experience of care, and learning from what they tell us so that we can make changes to our services and improve their experience.	<b>Qualitative:</b> Services will promote the revised FFT survey in addition to using a variety of opportunities to 'Ask, Listen, Do' in relation to what people say matters to them. They will report changes they make as a result of feedback they receive from people by publishing local posters. <b>Quantitative:</b> CQC community mental health survey respondents being asked for their views on the quality of their care – at least 6 out of 10.	Qualitative analysis of 'Ask, Listen, Do' posters (incorporating FFT feedback) and CQC 2020/21 community mental health survey results.

For progress on these quality improvement priorities during the year, against the baselines described above, please access our *Quality Improvement Reports*, which are available on our website.

## Measurement for improvement

We are required to report our Trustwide performance against a number of national measures related to quality outcomes.

We also report our local performance in relation to a number of quality improvement areas within the Trust.

Our teams benchmark their individual quality performance against each other and other services in the Trust to identify how they can continuously improve. They use quality and performance dashboards to measure change and to support improvements in care. In 2020/21, we are improving these dashboards to ensure delivery of the outcomes of the NHS Long Term Plan and the expectations around the delivery of world class care.

The table below highlights these measures and our ongoing quality performance. Rates and % performance, rather than just numbers, are provided where appropriate in order to show actual improvements or where there is further scope for improvement.

Quality improvement area	CWP performance	
	2018/19	2019/20
<b>Patient safety</b>		
Admissions to adult facilities of patients under 16	0	0
CPA follow up – proportion of discharges from hospital followed up within 7 days	96.5%	96.3%
% of patients readmitted to hospital within 28 days:		
• Aged 0-14	0.0%	5.6%
• Aged 15 and over	7.4%	6.2%
The number (and rate per 1,000 beds) of patient safety incidents	2859 (53.6)	4568 (44.6)
The number (and %) of patient safety incidents that resulted in:		
• Severe harm	60 (2.1%)	83 (1.8%)
• Death	47 (1.6%)	80 (1.7%)
<b>Clinical effectiveness</b>		
% of patients in employment (all patients aged 16-69)	7.7%	14.1%
Minimising mental health delayed transfers of care	3.7%	4.0%
Admissions to inpatient services that had access to crisis resolution home treatment teams as gatekeeper	96.3%	94.7%
<b>Patient experience</b>		
Patient experience of community mental health services indicator score – contact with a health or social care worker	75%	72%
CPA patients having formal review within 12 months	96.5%	95.9%

### NHS Oversight Framework quality indicator targets 2019/20

Our performance against key national quality indicator targets are included in our annual report 2019/20, which can be accessed here:

<https://www.cwp.nhs.uk/media/5558/annual-report-and-accounts-2019-2020.pdf>





# Part 3: Quality Assurance

## Assurance from the board

The purpose of this section of the report is to provide evidence on the quality of our services.

### How we have reviewed and developed our services to improve quality

#### *Contract review and monitoring*

During 2019/20, we provided and/ or sub contracted 81 NHS services across the following:

- NHS Bolton CCG – Eating Disorder Services (EDS).
- 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 Clinical Commissioning Group (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 and Community Crisis Provision), Learning Disability, CYP, and Physical Health services.
- NHS Wirral CCG (and co-commissioners) – Mental Health, Learning Disability, Eating Disorder services (including Warrington EDS), CYP, and ASD services.
- Betsi Cadwaladr University Health Board – Emergency Mental Health services.
- Wirral Metropolitan Borough Council – Nurse Practitioner for the Homeless (until 31 January 2020), and All Age Disability services.
- Cheshire East Council – Emotionally Healthy Children and Young People.
- Cheshire West and Chester Council – Starting Well (0-19 services); Rapid Access to Psychological Therapies; Infection, Prevention and Control services.

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

We work with our commissioners to review and update the quality requirements in our contracts. To support this work, a joint Cheshire and Wirral quality schedule was developed further during 2019/20, with reporting shared across all of our main CCG commissioners.

#### *Reviewing the results of surveys*

We have listened to people who access our services, families, carers, people who deliver our services, and other partners in a wide variety of surveys, 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 the care we provide, and how well we are delivering against the standards set out in the *NHS Constitution*.

The annual staff survey continues to be one of the key ways to engage people who deliver our services, and, as in previous years, we have opted to survey all of our people. The response rate to the 2019 survey was 54%, an improvement from 48% in 2018. This is better than the average response rate for similar organisations, which is 51%. The survey includes core questions set by the Care Quality Commission (CQC) on: your job, your managers, your health, well-being and safety at work, your personal development and your organisation. For 2019, additional local questions asked about our person-centred approach and workforce health and well-being.

The results show the Trustwide picture as well as providing insights at a service level. The results are shared through engagement with clinical leads, managers and frontline colleagues. Further information on the survey results can be found at <http://www.nhsstaffsurveyresults.com>

### Workforce capacity and safe staffing

Our Board receives reports about our processes, including the use of evidence-based tools, that we have in place to assure that we have the right staff, with the right skills, and in the right time and place, in accordance with requirements around staffing capacity as set out in the NHS Long Term Plan and in other national guidance.

### Workforce Race Equality Standards (WRES)

Our most recently published WRES demonstrated improvements in a number of race equality areas. For example, BAME+ staff being more likely to access non-mandatory training, and more likely to be appointed following shortlisting for jobs. BAME+ means Black, Asian and Minority Ethnic staff (the + simply means that we are inclusive of all minority groups, regardless of how people define themselves). We have now introduced a Staff Network Group for staff from BAME+ background.



### Learning from experience – examples

#### Learning from complaints

We found out that the experience of being involved in the complaints ‘process’ was reported by some people as ‘not personable’. We have therefore taken steps to ensure a person-centred approach is taken in our process. We make sure we better understand what people are telling us about our services by reviewing and clarifying terms of reference of complaints with the person making the complaint.

#### Learning from incidents

When things go wrong, we review them to try and understand the issues that affected the people who accessed our services and those who delivered them. Where we need to make changes to clinical practice, we use a share learning bulletin. These bulletins provide advice and help to ensure clinical practice is changed and care can be safe and effective.

#### Learning from compliments

The Trust has received a total of 3,137 compliments during 2019/20, with some examples shown below.

Cheshire East	778
Corporate/ Clinical Support Services	153
Cheshire West	1383
Wirral	809
Other	14

### **Children, Young People & Families**

"I honestly cannot thank you enough for all you've done over the past couple of years. Having someone as caring and understanding as you supporting me, has motivated me to keep going and overcome things I never thought I could. I am grateful for all your help along the way. I couldn't have done it without you."

### **Joint Management**

"During a very sad time for our family, my grandmother was treated with dignity and with a professional and human attitude. We cannot thank the team enough for all they did making her comfortable right through. This service must continue so others get the amazing support we have."

### **All Age Disability**

"Thank you for your ongoing communication and joint working. Your ethics and passion for your role is lovely to see."

### **Neighbourhood based care**

"Thank you for helping me rebuild my confidence to face the challenges that life throws at you. It has been a difficult year but I know I have the strength to carry on and most importantly that life is full of many possibilities and to be enjoyed and I have everything to live for. I have learned a lot and when times get hard I will try and remember all the skills you have taught me."

### **Specialist Mental Health – place based**

"You have made a huge difference to me and my family and I know that this will have a long lasting effect upon me and my wellbeing. Your professionalism, sensitivity and dedication along with your warmth and compassion make you an outstanding practitioner."

### ***Monitoring learning from deaths***

The *National Quality Board* requires all NHS trusts to learn lessons from reviewing all deaths where NHS trusts had some involvement in a person's care, including expected deaths. We are continuously increasing the review of these deaths and we report our progress in our Learning from Experience report which is monitored by our Quality Committee and the Board.

#### *Improvement in our performance:*

	2018/19	2019/20
Number of deaths reported to the Trust	980	706
Percentage subject to a case record review	58%	99%

### ***Being open and 'duty of candour'***

At CWP, we make sure all our colleagues understand they have a professional responsibility to be honest with people who access our services, and their supporters, when things go wrong. We aim to continually improve our communication and connection with people who access our services, their families and carers, by ensuring that they are central to any reviews of care and that their feedback is acted upon and incorporated into care delivery. We have developed a duty of candour patient information leaflet, which was co-produced with the Lived Experience team.

We take a continuous improvement approach to being open, including reviewing the effectiveness of the role of our family liaison officers who support people affected by serious incidents.

In 2020, the Care Quality Commission (CQC) inspection report said: "The Trust had improved its systems to meet the duty of candour requirements. Formal letters of apology were now usually routinely provided to patients and families."

## Speaking Up

We are committed to creating an open and honest learning culture that is responsive to feedback and continuous improvement. We take the responsibility for Speaking Up very seriously, and have Freedom to Speak Up (FTSU) Guardians available at all times to support any colleague to raise a concern they may have and ensure that support and help is provided. CWP's commitment aligns to the national FTSU programme to make the NHS a 'better place to work and a safer place for patients'.

During 2019/20, the FTSU Guardians completed National Guardian Office's self-assessment review tool. This means the Board can be assured that expectations in relation to the Speak Up agenda are being met. We have also recruited Speak Up Ambassadors from a wide range of staff across the Trust. These are people working in any role who have demonstrated that they have the skills and qualities to provide support for colleagues in raising concerns. All of our Speak Up Ambassadors have received training and have access to FTSU Guardians to offer supervision and advice. Feedback mechanisms have been developed so that direct comments can be given about concluded cases. We have a Non-Executive Director Freedom to Speak Up Champion, who also provides alternative support to the Freedom to Speak Up Guardians, and scrutinises/ is able to robustly challenge Speak Up governance.

The Board receives regular reports in relation to Speak Up, including an annual report, six monthly reviews, and exception reports. These reports contain details on the number of concerns raised, lessons learned and recommendations for any further improvements to enable people to speak up. A key theme arising from speaking up this year relates to people's perception of leadership and management issues. This has helped us improve communication between individuals and teams so that people are supported to raise concerns as and when they arise. Close working between FTSU Guardians and our human resources team has enabled the themes and trends to support the development of our line managers.

## Quality improvements from our participation in clinical audits and national confidential enquiries

### National clinical audits

We take part in national audits in order to compare findings with other NHS trusts, which helps us to identify improvements to the care we provide. Over the last year, we took part in five national clinical audits.

#### National clinical audits

##### **National Prescribing Observatory for Mental Health (POMH) – Topic 7f: Monitoring of patients prescribed lithium**

The audit identified some areas for improvement, which included the need for more robust recording of monitoring of physical health checks. The improvements we are making are monitored at our monthly POMH group meeting.

##### **National Prescribing Observatory for Mental Health – Topic 17b: Use of depot/ long acting antipsychotic injections for relapse prevention**

Overall, our results were good when compared against the national results. Areas of good practice include the involvement people in the decision making about their treatment, recording of the rationale for treatment, and recording of the review of the therapeutic response to treatment.

##### **National Prescribing Observatory for Mental Health – Topic 19a: Prescribing for depression in adult mental health services**

Areas of good practice include good compliance with standards around care planning, medication adherence, and recording of the therapeutic response to medication.

##### **National Prescribing Observatory for Mental Health – Topic 9d: Antipsychotic prescribing in people with a learning disability under the care of mental health services**

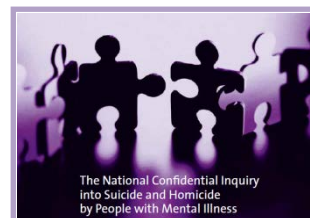
Data collection has been completed for this audit and we are awaiting the national report.

##### **National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis self-assessment audits**

Our three Early Intervention teams: Wirral, West, Central and East Cheshire, take part in this audit. We have only just received the results which we are reviewing.

### National confidential enquiries

National confidential enquiries are national 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. This year we took part in the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, as follows.



Circumstance of death	Participation
Sudden unexplained death in psychosis inpatients	<b>No cases</b>
Suicide	<b>100%</b>
Homicide	<b>100%</b>
Victims of homicide	<b>No cases</b>

### Trust clinical audits

This year, we have increased the number of Trust clinical audits from nine to eighteen. These identified a number of areas of good practice and areas that we have further improved on.

Trust clinical audit	Good practice we found	Improvements we have made
1. Respiratory Tract Infections – antibiotic prescribing ( <i>re-audit</i> )	<ul style="list-style-type: none"> <li>Full compliance in offering a clinical assessment at the first face-to-face contact in adults and children presenting with at risk criteria.</li> </ul>	<ul style="list-style-type: none"> <li>Promotional activities including online leaflets.</li> </ul>
2. Use of the cardiometabolic form ( <i>Alderley Unit</i> )	<ul style="list-style-type: none"> <li>The cardio metabolic form was completed in six out of seven cases where antipsychotic medication was prescribed.</li> </ul>	<ul style="list-style-type: none"> <li>Identification of a re-audit.</li> <li>Enhanced local training has been implemented on completion of the form, including a wider range of clinicians.</li> </ul>
3. Delays in transfer of care ( <i>Psychiatric Intensive Care Units</i> )	<ul style="list-style-type: none"> <li>Brooklands ward have a 'traffic light' system which identifies and tracks people ready for transfer at the earliest opportunity.</li> <li>Willow ward report incidents for every delay of 48 hours or greater.</li> </ul>	<ul style="list-style-type: none"> <li>Spread of the 'traffic light' system to Willow ward.</li> <li>Learning has been taken from other trusts' approaches to mitigating delays in this setting.</li> </ul>
4. UTI in children 0-16 years old ( <i>GP Out of Hours</i> )	<ul style="list-style-type: none"> <li>Full compliance in standards identified as requiring improvement in the previous audit.</li> </ul>	<ul style="list-style-type: none"> <li>Promotional activities to raise awareness of guidelines.</li> <li>Guidance for children has been added to the existing antimicrobial guidance.</li> </ul>
5. Diarrhoea & Vomiting in under 5-year olds ( <i>re-audit</i> )	<ul style="list-style-type: none"> <li>Full compliance in two out of the four standards measured.</li> </ul>	<ul style="list-style-type: none"> <li>Promotional activities in relation to:                             <ul style="list-style-type: none"> <li>- patient information leaflets;</li> <li>- sharing of the NICE guidance;</li> <li>- sharing the audit report on the Trust's virtual learning platform for all clinicians to take learning from it.</li> </ul> </li> </ul>



Trust clinical audit	Good practice we found	Improvements we have made
6. Compliance with Trust Care Programme Approach (CPA) policy documentation ( <i>all CMHTs and Early Intervention teams</i> )	<ul style="list-style-type: none"> <li>All patients had a risk assessment for their episode of care.</li> <li>Every care plan showed a description of action taken and by whom.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced local training has been implemented around CPA documentation standards.</li> <li>Outcome measures have been used to aid collaborative care planning and creating goals.</li> <li>The audit tool is being used as a benchmark to ensure care plans meet policy standards.</li> </ul>
7. Bacterial meningitis and meningococcal septicaemia in under 16-year olds ( <i>re-audit</i> )	<ul style="list-style-type: none"> <li>Each child had the assessment template embedded within the clinical records, recording that there were no amber or red flag signs missed.</li> </ul>	<ul style="list-style-type: none"> <li>Further enhancements to the child assessment template have been implemented.</li> </ul>
8. Cardiometabolic screening for inpatients ( <i>Millbrook Unit</i> )	<ul style="list-style-type: none"> <li>All people with raised glucose levels were followed up.</li> <li>Smoking status for all people were recorded upon admission.</li> </ul>	<ul style="list-style-type: none"> <li>Promotional activities around clinical staff using the cardiometabolic screening tool (containing links to NICE guidance) available in the clinical records in order to improve compliance.</li> </ul>
9. Sodium valproate prescribing in women of childbearing age	<ul style="list-style-type: none"> <li>Good compliance in the number of females of child-bearing age having seen a specialist in the past 12 months.</li> </ul>	<ul style="list-style-type: none"> <li>Improved the processes in relation to: <ul style="list-style-type: none"> <li>The specialist's documentation of the reasons for not completing the annual risk acknowledgement form in clinic letters</li> <li>Updating clinical records to indicate risks associated with valproate.</li> <li>Booking appointments with a specialist every 12 months.</li> </ul> </li> </ul>
10. NICE guidance of feverish illness in children under 5 ( <i>re-audit</i> )	<ul style="list-style-type: none"> <li>Good compliance with all clinical guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Further enhancement to the clinical system to include mandatory fields to record observations as suggested by NICE.</li> </ul>
11. Bronchiolitis in children: diagnosis and management ( <i>Out of Hours service</i> )	<ul style="list-style-type: none"> <li>Full compliance in six out of the nine criteria.</li> </ul>	<ul style="list-style-type: none"> <li>Promotional activities in relation to sharing of the NICE guidance.</li> </ul>
12. Completion of relevant blood tests at admission for children and young people admitted ( <i>Ancora House</i> )	<ul style="list-style-type: none"> <li>The majority of the records audited met the required standards.</li> </ul>	<ul style="list-style-type: none"> <li>Educational activities in relation to the required blood tests.</li> <li>Relevant signage has been put up around clinical areas.</li> </ul>
13. Driving and dementia ( <i>Central and East memory services</i> )	<ul style="list-style-type: none"> <li>Capacity around driving in line with DVLA requirements was recorded for all people.</li> </ul>	<ul style="list-style-type: none"> <li>Identification of a re-audit to include all Trust localities.</li> <li>Findings of the audit were disseminated across the Trust, along with links to DVLA guidance.</li> </ul>

Trust clinical audit	Good practice we found	Improvements we have made
14. Rapid tranquillisation (re-audit)	<ul style="list-style-type: none"> <li>Significant improvement in compliance with policy regarding monitoring of physical observations following administration of rapid tranquillisation.</li> </ul>	<ul style="list-style-type: none"> <li>Inclusion of rapid tranquillisation data into monthly operational feedback data packs in order to track ongoing compliance.</li> <li>Implementation of a rapid tranquillisation observation form to include patient preferences/ feedback.</li> <li>Identification of a re-audit.</li> </ul>
15. Record keeping	<ul style="list-style-type: none"> <li>Local improvements compared with the previous audit.</li> <li>Significant improvements in standards relating to paper records.</li> </ul>	<ul style="list-style-type: none"> <li>Further update of the audit tool and identification of a re-audit.</li> </ul>
16. Gatekeeping (low secure services)	<ul style="list-style-type: none"> <li>Timeframes from referral to assessment met audit standards.</li> </ul>	<ul style="list-style-type: none"> <li>Improvements made to the process for recording urgency and gatekeeping actions taken.</li> <li>Implementation of a peer review process.</li> </ul>
17. Resuscitation equipment audit (re-audit)	<ul style="list-style-type: none"> <li>Full compliance with the provision of emergency equipment, compared with previous audits.</li> </ul>	<ul style="list-style-type: none"> <li>Matrons are undertaking spot audit checks on a regular basis.</li> <li>Simulation training has been included within mandatory training.</li> <li>Resuscitation lead supports wards to sustain practice and build capability in relation to emergency equipment checks.</li> </ul>
18. Outpatient clozapine plasma assay completion	<ul style="list-style-type: none"> <li>Full compliance with clozapine prescribing and monitoring guidelines.</li> <li>All patients had a plasma assay taken.</li> </ul>	<ul style="list-style-type: none"> <li>Patient-level and benchmarked results shared with all consultants.</li> </ul>

National and Trust clinical audits are reviewed as part of our annual healthcare quality improvement programme (which incorporates clinical audit), and are reported to our *Clinical Practice & Standards Sub Committee*, chaired by the Medical Director.

We have an infection prevention and control (IPC) audit programme, to ensure cleanliness of the care environment, identify good IPC practice and areas for improvement.

We analyse patient safety standards, including use of the national safety thermometer tool, to monitor the pressure ulcer care and falls. This is reported in our Learning from Experience report, presented at our Quality Committee.

### ***Patient-Led Assessments of the Care Environment (PLACE)***

PLACE assessments are an annual assessment of the non-clinical activities which impact on the overall experience of people accessing our services. They are undertaken by teams made up of staff and members of the public (known as patient assessors).

PLACE assessments provide a framework for assessing quality against national guidelines and standards in order to quantify the environment's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

We exceed the national average performance in all but the guidelines around condition, appearance and maintenance. We have a planned a programme of inpatient ward refurbishments at Bowmere and

Springview on a prioritised basis, informed by reports such as the PLACE results. A rolling programme of ward refurbishments circa £1m investment has been approved by the Board.

	Ancora House	Saddlebridge	Eastway	Springview	Bowmere	Rosemount	CWP average	National average
Cleanliness	100%	100%	100%	100%	100%	100.0%	100%	99%
Food	96%	98%	98%	98%	97%	99%	98%	92%
Privacy, dignity, wellbeing	94%	92%	87%	93%	94%	87%	93%	86%
Condition, appearance, maintenance	100%	100%	99%	91%	85%	97%	92%	96%
Dementia	92%	88%	85%	93%	92%	91%	92%	81%
Disability	94%	89%	83%	90%	90%	88%	90%	83%

Performance reported to nearest percentage point

## Our participation to developing evidence-based practice

### Clinical research

The *NHS Constitution* states that research is a core part of the NHS's role, enabling the NHS to improve the current and future health of the population.

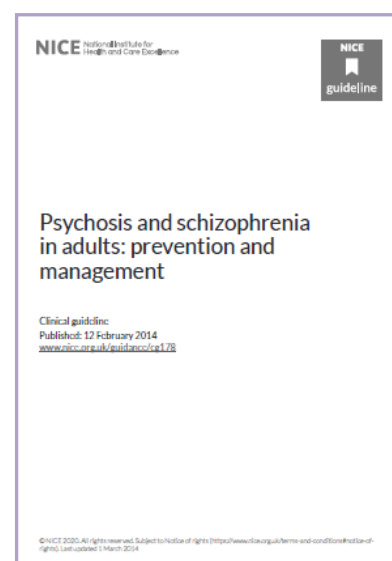
Our staff are recognised internationally for their pioneering work through their involvement in research to discover best practice and innovative ways of working.

Over the last year we have recruited people to a variety of studies including a genetic study looking at dementia with Lewy bodies (a type of dementia); a study looking at adverse reactions in Clozaril (an antipsychotic medication); and genetic studies which are trying to understand whether or not schizophrenia, bipolar disorder or schizoaffective disorder run in families.

For further information on research, please contact [cwp.research@nhs.net](mailto:cwp.research@nhs.net).

### 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. We check the NICE website and any guidance relevant to CWP is triaged by the Associate Directors of Nursing & Therapies and shared with leads within our clinical services to help ensure we are delivering the most effective care we can. We have been consistently rated as 'Good' by the Care Quality Commission for the effectiveness of our services, which includes adherence to NICE guidance.



## Our achievements from participation in the CQUIN framework

The *Commissioning for Quality and Innovation (CQUIN)* payment framework means commissioners reward improvements in care, by linking a proportion of our income to the achievement of local, regional, and national quality improvement goals. *CQUIN* goals are reviewed through contract monitoring processes. The following table presents our *CQUIN* performance in 2019/20. The *CQUIN* goals for 2020/21 are suspended as a consequence of the COVID-19 pandemic.

NHS England CQUINs	
<b>Mental health – all CCGs</b>	
Staff flu vaccinations	Partially achieved
Alcohol and tobacco screening	Achieved
Tobacco brief advice	Achieved
Alcohol brief advice	Achieved
72hr follow up post discharge	Partially achieved
Improved data quality and reporting: DQMI	Not achieved <i>87% achievement versus 90% threshold. Measures to improve data quality are described in the section entitled 'the quality of our data'.</i>
Improved data quality and reporting: Interventions	Partially Achieved
Use of anxiety disorder specific measures in IAPT	Achieved
<b>Physical health/ community</b>	
Improving lower leg wound management	Achieved
Person-centred care planning approach	Achieved
<b>Specialised commissioning</b>	
Healthy weight in adult secure MH services	Achieved
Addressing CAMHS Tier 4 staff training needs	Achieved
<b>CCG CQUINs*</b>	
<b>West Cheshire</b>	
Improving lower leg wound management	Achieved
Person-centred care planning approach	Achieved
<b>Wirral</b>	
CRISIS	Achieved
<b>Trafford</b>	
Cancer and people with learning disabilities	Achieved

A green rating means that we have either achieved the target or exceeded it

An amber rating means partial achievement, where we have exceeded the lower target for the CQUIN (and therefore would be eligible for some of the CQUIN funding) but have not achieved the higher target (so technically not enough to achieve all of the CQUIN funds available)

A red rating means that we did not achieve the lower target (so would not be eligible for any of the funds available for that CQUIN)

\* No local CCG CQUIN applicable for Central and East Cheshire (the national mental health CQUIN applied)

## Assessments about the quality of our services by the Care Quality Commission



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>

We are required to register with the Care Quality Commission (CQC) and our current registration status is that we **registered and licensed to provide services**. We have **no conditions** on our registration. The CQC has **not** taken enforcement action against the Trust during 2019/20.

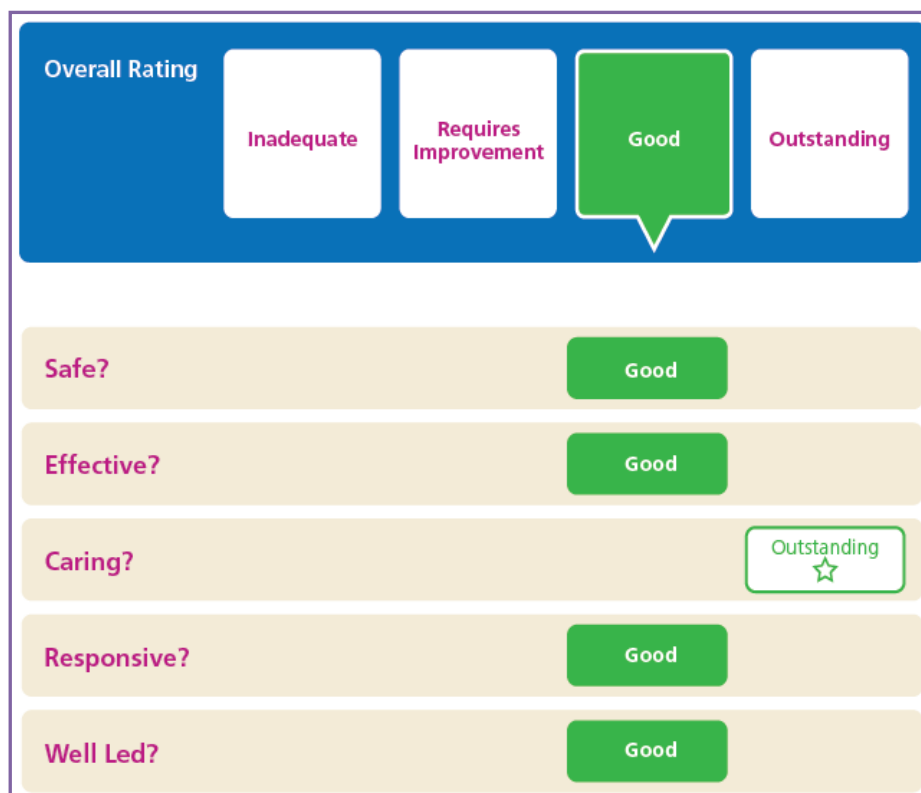
### Mental Health Act 1983 (MHA) monitoring visits

A rolling programme of MHA monitoring visits undertaken by the CQC provides assurance on the use of the MHA and protection of the rights of people who are detained. During 2019/20, fourteen of these visits were undertaken. Reviewers make recommendations for improvements, which are then delivered by our services. Improvements are monitored by audits and other assurance activities, and are reported to clinical service governance meetings and our Quality Committee.

### Regulatory inspections

We were inspected between 27 January 2020 and 11 March 2020 as part of the CQC's regulatory inspection programme. Although our report was published on 18 June 2020, outside of the technical reporting period of this Quality Account, because of the delay in publishing *Quality Accounts* nationally, we have included a summary of our results below. We have improved our 'Safe' rating to Good, maintained our other overall ratings – including being rated as Good overall and rated as Outstanding for 'Caring'. Our inpatient CAMHS services improved their overall rating to Outstanding. Our Quality Account 2020/21 will take the opportunity to provide an update on our progress with the improvement actions identified by the CQC in their report, which can be accessed: <https://api.cqc.org.uk/public/v1/reports/01b17943-35fb-4730-ad39-71d3dbaf8cd6?20200709104806>.

### Trustwide ratings





## Core service ratings

	Safe	Effective	Caring	Responsive	Well Led	Overall
Wards for people with a learning disability or autism	Good	Good	Outstanding ★	Outstanding ★	Good	Outstanding ★
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Community mental health services with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Outstanding ★	Outstanding ★	Outstanding ★	Outstanding ★
Community health services for adults	Good	Good	Good	Good	Requires improvement	Good
Community health services for children, young people and families	Good	Good	Outstanding ★	Good	Good	Good
Community-based mental health services for adults of working age	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Outstanding ★	Good	Good	Good

Additionally, our primary medical services, which are our GP Out of Hours Service in Chester, Old Hall Surgery in Ellesmere Port, Westminster Surgery in Ellesmere Port, and Willaston Surgery near Neston, have all been rated as follows:

**Good** overall

**Good** for all domains

## The quality of our data

### NHS number and general medical practice code validity

The *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.

	2018/19	2019/20
The % of records which included the patient's valid NHS number:		
• Inpatient care	99.8%	99.8%
• Outpatient care	100.0%	99.9%
The % of records which included the patient's valid GMC medical code:		
• Inpatient care	100.0%	99.4%
• Outpatient care	100.0%	99.7%

We have developed a data quality improvement framework to improve on these measures and other data quality measures, as set out below.

### Data quality and improvements

Good quality information underpins the effective delivery of the care to the people who access our services and is essential to understand whether or not we are improving care.

We are committed to data quality improvement and have developed an action plan to standardise data input and recording, improve ownership, and introduce data quality tracking using interactive reporting mechanisms. Over the course of this year, we will be taking the following actions to improve data quality:

- Implementation of our data quality improvement framework, which will involve improvements in the notification of data quality issues to our clinical teams.
- Delivery of our data quality (data capture, flow and production) strategic risk treatment plan.
- Weekly quality reviews of waiting lists.
- Development and implementation of "data dictionaries" to ensure consistent processes for recording new referrals.
- Production of a suite of reports to help managers to have oversight of capacity and demand.
- Sharing of data quality issues with the systems development team to influence system upgrades and design.
- Ensuring monitoring of data quality monitoring of MHSDS and NHSI targets are overseen by our Operational Committee.
- Implementation of an information management framework, bringing together all Trust data.
- Delivery of monthly, service-led waiting list data validation exercises for Early Intervention services.

### Data Security & Protection Toolkit attainment levels

The Information Quality and Records Management attainment levels assessed within the Data Security & Protection Toolkit (DSPT) provide an overall measure of the quality of data systems, standards and processes within an organisation. The DSPT is subject to annual internal audit. Mersey Internal Audit Agency have undertaken an audit of the current toolkit and awarded us a *moderate* assurance rating. The toolkit has changed significantly this year for all organisations, with greater emphasis on cyber security and an increased requirement for evidencing mandatory items, with the assurance rating reflecting the residual gaps we are aware of in treating this as a strategic risk for the Trust.

There have been no serious incidents relating to information governance in 2019/20 that were reportable to the Information Commissioner's Office.

## Annex A: Glossary and abbreviations

### **All Age Disability**

Working alongside people with disabilities of all ages.

### **ASD**

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

### **BAME+**

Black, Asian and Minority Ethnic (the + simply means that we are inclusive of all minority groups, regardless of how people define themselves).

### **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.

### **CAMHS**

Child and Adolescent Mental Health Services.

### **Cardio-metabolic**

Concerning both heart disease and metabolic disorders such as diabetes.

### **Care group**

Our clinician-led operational structure, responsible for developing new models of care.

### **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.

### **CMHT**

Community mental health team.

### **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.

### **COVID-19**

The infectious disease caused by the most recently discovered (2019) coronavirus.

### **Crisis**

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

### **CYP**

Children and Young People.

### **Data Security and Protection Toolkit**

The Data Security and Protection Toolkit is a performance tool produced by the Department of Health and Social Care. It draws together the legal rules and central guidance and presents them in one place as a set of information governance requirements.

### **DBT**

Dialectical behavioural therapy (DBT) is a type of cognitive behavioural therapy which focuses on a person acquiring new skills and changing behaviours.

### **DNA**

Did Not Attend for an appointment.

### **DQMI**

The Data Quality Maturity Index (DQMI) is a monthly publication about data quality in the NHS, which provides data submitters with timely and transparent information.

### **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.

### **EIP**

Early Intervention in Psychosis (EIP) teams provide specialist treatment and care for people aged between 14 and 64 who have signs of psychosis.

### **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.

### **Friends and Family Test (FFT)**

The Friends and Family Test is a survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

### **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.

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

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

### **Lived Experience Connectors**

Lived Experience Connectors are people who access or have accessed services, or their family members/ carers, who have volunteered to use their lived experience to provide support and feedback to Trainee Nursing Associates to develop person-centred practice.

### **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.

### **MHSDS**

Mental Health Services Data Set (MHSDS) collects data from health records of people who are in contact with mental health services.

### **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 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 Quality Board (NQB)**

The National Quality Board was established to deliver high quality care for patients throughout the NHS and at the interface of health and social care. Its work includes overseeing quality indicators, contributing to NICE quality standards and Quality Accounts.

### **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 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 England and NHS Improvement**

NHS England and NHS Improvement lead the National Health Service in England.

## **NHS Long Term Plan**

The NHS Long Term Plan, also known as the NHS 10 Year Plan, is a document published by NHS England in January 2019. It sets out the priorities for healthcare over the next 10 years and shows how NHS funding will be used.

## **NHS Patient Safety Strategy**

Published in 2019, the National Patient Safety Strategy sets out to develop a patient safety culture and a patient safety system across all settings of care.

## **NRLS**

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. All information submitted is analysed to identify hazards and risk to continuously improve the safety of patient care.

## **Ofsted**

Ofsted is the Office for Standards in Education, Children's Services and Skills. They inspect services providing education and skills for learners of all ages. They also inspect and regulate services that care for children and young people.

## **Palliative care**

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illnesses.

## **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.

## **Patient Safety Leaders**

Healthcare professionals within CWP teams who have been identified as leaders in patient safety and work to promote patient safety within the teams in which they work.

## **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.

## **PMHT**

Primary mental health team.

## **Prescribing Observatory for Mental Health (POMH–UK)**

A project that helps specialist mental health services across the UK improve their prescribing practice by developing audit based quality improvement projects.

## **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.

**Psychoeducation**

Psychoeducation is an evidence-based therapeutic intervention for patients and their families that provides information and support to better understand their illness.

**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.

**Serious incident**

A serious incident 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.

**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.

**Urinary Tract Infection (UTI)**

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

**Zero Harm**

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

# Annex B: Comments on our Quality Account

## Statement from Governors

A fuller statement from the Lead Governor is included in the foreword to the Trust's Annual Report 2019/20.

Governors are kept informed of quality improvement initiatives via regular reports from the Quality Committee to the Governors Scrutiny Sub Committee of the Council of Governors. At their meeting on 2 September, the Sub Committee also received the Trust's special edition Quality Improvement Report, which took account of the current exceptional operating environment associated with the response to the COVID-19 pandemic. The report outlined the Trust's progress in improving quality across CWP services, and outlined the quality improvement priorities for 2020/21.

During 2019/20, Governors have continued to play a key role in influencing the Trust' Strategy and have been fully involved in the development of both strategic and operational plans and provide support to the Trust as it seeks to achieve its ambitions and objectives.

It was a pleasure to read this year's Quality Account, and learn more about the wealth of hard work and commitment that has led to improved services for the people we serve across Cheshire, Wirral and beyond. I was struck by the number and variety of projects and by the success of teams and individuals who have celebrated external recognition for their efforts to improve care. I was particularly impressed by the number of staff who have completed their Quality Improvement training. It is evident that Quality Improvement is being embedded across the Trust as staff in all areas work to provide the best care possible.

## Statement from Healthwatch

### *Healthwatch Cheshire*

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 over the last 12 months. Good use of plain English demonstrated in the report.

Specific comments on the report:

We felt the report was logically laid out and was easy to read throughout. Some of the print of headings is small and makes it difficult to define it is a new section. Perhaps increase size and underline for clearer definition. Headings are also inconsistent with spacing, for example on page 26, one heading has a gap between paragraphs while the other doesn't.

A Glossary would be helpful.

Page 6 – it would be good to have a proposed timeline for the publicly accessible internet QI hub.

Page 8 – The therapeutic community group - CWP talk about a significant reduction in bed days used by 5 people, would be good to know how many people were in the group.

Pages 12/13 – provide some highlights of the year. Would be good if they could provide contact details for some of them, e.g. The Poppy Factory, No 71 as people could self refer.

Page 16 – good clear plain English used in describing Quality and the plan.

Page 17 – Good use of clear language.

Page 20 – Any reason why CWAC is significantly higher for complaints that both Cheshire East and the Wirral?

## *Healthwatch Wirral*

Healthwatch Wirral (HW) would like to thank CWP (Cheshire and Wirral Partnership NHS Foundation Trust) for the opportunity to comment on the Quality Account for 2019/20.

### **Priorities for 2020/21**

The priorities were noted and Healthwatch look forward to receiving updates on progress during the year.

### **Quality Improvements for Wirral**

Healthwatch Wirral noted that;

- The Liaison Psychiatry team had provided training to their medical colleagues at Arrowe Park Hospital.
- Psychiatrists and Clinical Psychologists from the team have also provided input to clinics and MDT meetings at Arrowe Park Hospital.
- The Acute Stroke ward at Arrowe Park Hospital had achieved a 42% reduction in their referrals to Psychiatric Liaison following the provision of a Clinical Psychologist from the Liaison team.
- The Trust has improved the experience of transition from CAMHS (Child and Adolescent Mental Health Services) to Adult teams, for those with a learning disability, by introducing a questionnaire relating to transition for parents to complete. The results appeared to have generated themes, and learning, around the challenges parents faced when their child moved from CAMHS to adult services.
- Wirral Primary Mental Health Team (PMHT) have linked with schools to develop a whole school approach to mental health.
- Very positive feedback was received after Wirral CAMHS and Wirral PMHT provided resilience based workshops for parents in the Borough with the aim of identifying their needs for mental health support.
- Young people being treated for ADHD are now routinely seen at the centralised ADHD monitoring clinic. The introduction of this service has freed up capacity in the CAMHS partnership teams; allowing the psychiatrists working there to see more patients.
- The Trust developed a system to inform local pharmacies if extra care or counselling was required for people who have been prescribed medicines such as some antipsychotics or antidepressants

### **Priorities for 2019/20**

It was encouraging to note that the Trust;

- improved in reducing self-harm incidents and rates of self-harm are consistently comparable with the national average.
- developed a psychological interventions strategy, which means more people are receiving psychological treatments on wards and in community services.
- embedding 'structured clinical management' training, across community services to support the care to those who may be diagnosed with complex psychological problems.
- have improved their offer to families and carers who have been bereaved, by providing more information that is as person-centred, and as supportive as possible; and making sure they are able to provide feedback on their experiences.

### **Learning from complaints**

It was disappointing to read that the experience of being involved in the complaints 'process' was reported by some people as 'not personable'. However, we noted that steps have been taken to improve this, taking more of a person-centred approach.

### **Learning from deaths**

There was a reduction in the number of deaths during this reporting year and the Trust will continue to review this and share the progress in their Learning from Experience report.

### **Patient-Led Assessments of the Care Environment (PLACE)**

The Trust exceeded the national average performance in all but one of the guidelines. Condition, appearance and maintenance in some areas requires improvement, however, this is being addressed by having a rolling programme of ward refurbishments funded by a significant investment.

## CQC Inspection

Healthwatch Wirral commend the Trust in achieving an overall rating of 'Good' and particularly the 'Outstanding' rating in the caring domain.

## Finally

A suggestion from HW Wirral would be that the Foundations of Quality Statement (below), written by HW Wirral, AgeUK, NHSE and ECIST could be included in policies and procedures which encourages the staff to remember that patients are at the heart of everything we do. This is continuing to be adopted by NHS organisations by including within Terms of Reference.

*Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.'*

*Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System*

Karen Prior – Chief Officer  
On behalf of Healthwatch Wirral

## Statement from Overview and Scrutiny Committees/ Partnerships Committees

### Cheshire East

As Chairman of the committee I am writing to submit its statement in response to the consideration of the Cheshire and Wirral Partnership NHS Foundation Trust's Quality Account 2019/20 following its meeting on 5 November 2020. 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 5 November 2020. 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' overall by the Care Quality Commission and commended the work it had undertaken to improve on the previous year's CQC inspection, to improve its rating of "are services safe" from 'Requires Improvement' to 'Good'.

Members noted the Trust's status as a Veteran Aware NHS trust, and sought further detail on the specific work it had undertaken to support local veterans. It was suggested that the Trust may be able to improve the awareness of, and engagement in, its offer for local veterans by liaising with local ex-service and Royal British Legion branches.

Of interest to the committee was how the Trust had adapted to the Covid-19 pandemic, how staff had coped with the new ways of working and stricter PPE requirements, and what the Trust's staffing levels and vacancy rates had been since the beginning of the pandemic outbreak.

Thank you again for your attendance at our meeting on 5 November 2020, 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



### *West*

Health Scrutiny Committee welcomed the opportunity to comment on the CWP Draft Quality Account for 2019/20. The Scrutiny Committee noted that there were considerable pressures on mental and emotional health and wellbeing services which had increased during COVID. The Committee reinforced the importance of these services and commended the work of the CWP which had taken place to move the Mental Health support services online 24/7, provide crisis care especially for young people and to continue to offer a high proportion of its services on a face to face basis. The Committee was pleased to see the Trust's commitment to enabling more equitable access to services across the Borough.

The Scrutiny Committee particularly felt that emotional wellbeing for school aged children and the processes for getting support quickly within the schools should be further strengthened. The Committee also welcomed the closer engagement of CWP community services with the care communities and took the view that Community Services should be provided with greater involvement with the voluntary and community sector.

Scrutiny Members recognised the considerable contribution which CWP has made in delivering a wider variety of physical, mental and emotional wellbeing support during the Pandemic and thanked CWP and its staff for their hard work and commitment.

### *Wirral*

As Chair of the Committee, I am writing to submit its statement in response to the consideration of the Cheshire and Wirral Partnership NHS Foundation Trust's Quality Account 2019/20 following its meeting on 9 November 2020. Please include the information below in the committee's section of the Quality Account.

The Partnerships Committee received your presentation on the draft Quality Account at its meeting on 9 November 2020. The committee was pleased with the content of the Quality Account and believes it provides a good positive picture of the performance of the Trust.

The Committee was pleased to hear that the Trust was rated 'Good' overall by the Care Quality Commission and 'outstanding' on caring and that you had been recognised nationally for the quality work. They were interested in the focus on continuous improvement and the Big Book of Best Practice, which had been tailored to a Little Book of Best Covid Practice.

Members noted the Trust's accreditation as a Veteran Aware NHS Trust, and that you had improved employment prospects for ex-service personnel. Members were also particularly impressed by the My Mind initiative with children and the collaborative working.

The Committee formally noted the report and I would like to express my thanks for presenting it and my congratulations on the achievement of your ratings.

Yours Sincerely,  
Councillor Christine Spriggs  
Chair of the Partnerships Committee

## Statement from Clinical Commissioning Groups (CCGs)

### *NHS Cheshire CCG*

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.

The Trust has continued to demonstrate a high level of commitment to improving patient safety. This is evidenced through your Quality Improvement reports, providing evidence that supports the focus on learning from experience and your continued commitment to person centred co-production.

We would like to acknowledge your Care Quality Commission inspection that was completed in January 2020 and for which you received an overall rating of Good in the areas of Effectiveness, Responsiveness and Well Led and Outstanding for Caring.

It is pleasing to see that a number of the quality improvement projects reflect the National Patient Safety Strategy along with the NHS long term plan. Your commitment to quality improvement is evident in the development of the Quality Improvement programme to increase the capability of your workforce throughout all areas of your Trust resulting in 2,100 colleagues completing the foundation QI training and the delivery of 195 QI projects.

The Quality Account provides many examples of the improvements, such as: learning from serious incidents which led to the development of a clozapine booklet for staff to monitor patient's physical health and early detection of side effects; the launch of a new self-managed model to the community nursing team in Broxton has strengthened relationships with the local community providing a more person-centred response; the development of a clinical support tool to identify people with a learning disability and/or autism who are at risk of admission to secondary care; the Timid to Tiger programme supporting children to manage their fears and worries and in turn support their families, with pleasing results of 95% reduction in the children's concerns/worries; the development of psychological therapeutic services into both acute in-patient and community home treatment teams will benefit service users to access more timely treatment.

We look forward to seeing progress on work to manage the clinical risk of people who are waiting for ADHD services, alongside your contribution to the commissioning work underway to improve the pathway.

The work relating to families and carers who have been bereaved and supporting people throughout the whole process from incident to investigation and review of systems is particularly positive. This is reflected in case reviews for Learning from Deaths, which improved from 58% in 2018/19 to 99% in 2019/20, delivering further on what was a Quality Improvement target from 2018/19.

It is pleasing to note you have documented a monthly calendar of key achievements, awards and recognition for best practice both locally and nationally in relation to the quality of services delivered including children and young people and older peoples' services across the service.

The approach of co-production and continued positive partnership working with external organisations and charities to support those experiencing mental illness is welcomed in the work ongoing in our care communities.

You have achieved the targets set in the Commissioning for Quality and Innovation Scheme, with the exception of a partial achievement for staff flu vaccinations; this is a continued area of focus for you.

Your participation in national and local clinical audits and programmes to support improvement in clinical effectiveness, patient safety outcomes and patient experience is reflected throughout your quality account.

We acknowledge the continued focus to reduce the severity of harm in patient safety incidents. The dashboards for 2018/19 to 2019/20 demonstrate areas of performance that reflect some concern

particularly in relation to severe harm and readmission rates which continue to require improvement and we support the need for this to remain a priority for 2020/21.

We welcome the quality improvement priorities identified for 2020/21, which include a continued focus on improving patient safety outcomes and increasing service user input.

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 look forward to continuing our collaborative working over the coming year through new partnerships and alliances as part of wider system changes.

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

### *NHS Wirral CCG*

As a commissioner NHS Wirral CCG is committed to commissioning high quality services from Cheshire and Wirral Partnership Trust NHS Foundation 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 2019/20, the Trust has demonstrated improvement in several areas including improvements in; proactivity within the liaison service at Arrowse Park Hospital, transition arrangements from children's to adult services, and joint working with schools and parents.

Quality priorities for the year have been achieved in self-harm reduction, access to psychological therapies and suicide bereavement support.

Looking forward to the priorities for 2020/21, the CCG would agree that the areas identified are key priorities and support the use of a cultural survey to better understand and improve safety within teams, the increased use of outcome measures as an indicator of service impact and increased patient feedback received. Further detail about baselines may be useful in understanding the targets set for outcome measures in each service highlighted and baseline patient experience response rates.

The CCG would like to congratulate the trust on the CQC report rating the trust Good overall and Outstanding in the caring domain.

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.

In previous quality accounts, NHS Wirral CCG has expressed concern regarding the timely completion of investigations and production of action plans following Serious Incidents. Whilst there is improvement in Serious Incident investigation, the issues of overdue investigations and completion of action plans have not yet been fully resolved. The CCG Serious Incident Review Group (SIRG) continues to work with the trust to monitor this progress.

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 2020/21 are strategically appropriate and we look forward to working with CWP to continue to improve services and address issues that have been highlighted.

Dr Paula Cowan, Chair NHS Wirral CCG