

Health and Adults in the Community Overview and Scrutiny Committee

Agenda

Date: Thursday, 12th June, 2014
Time: 10.00 am
Venue: Committee Suite 1 & 2, Westfields, Middlewich Road,
Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 4)

To approve the minutes of the Health and Wellbeing Scrutiny Committee meeting held on 8 May 2014.

3. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. **Declaration of Party Whip**

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the agenda.

5. **Public Speaking Time/Open Session**

For requests for further information

Contact: James Morley

Tel: 01270 686468

E-Mail: james.morley@cheshireeast.gov.uk

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake and background research, it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the Agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Clatterbridge Cancer Centre - Consultation with Scrutiny on Proposed Development** (Pages 5 - 52)

To consider whether proposals to develop services by Clatterbridge Cancer Centre are deemed to be a substantial development or variation (SDV) in services provided to the residents of Cheshire East

7. **North West Ambulance Service NHS Trust - Quality Account 2013/14** (Pages 53 - 92)

To examine the draft Quality Account 2013/14 of North West Ambulance Service NHS Trust and provide comments to be submitted to the Trust for consideration and inclusion in the final Quality Account

8. **Cheshire and Wirral Partnership NHS Foundation Trust - Quality Account 2013/14** (Pages 93 - 148)

To examine the draft Quality Account 2013/14 of Cheshire and Wirral Partnership NHS Foundation Trust and provide comments to be submitted to the Trust for consideration and inclusion in the final Quality Account

9. **Work Programme** (Pages 149 - 154)

To review the current Work Programme

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**
held on Thursday, 8th May, 2014 at Council Chamber - Town Hall,
Macclesfield, SK10 1EA

PRESENT

Councillor H Gaddum (Chairman)
Councillor L Jeuda (Vice-Chairman)

Councillors R Domleo, I Faseyi, D Hough, W Livesley, A Moran, J Saunders
and M J Weatherill

ALSO PRESENT

Councillor Janet Clowes – Cabinet Member for Health and Adult Social Care
Councillor Stuart Gardiner – Cabinet Support Member
Councillor Ken Edwards – Visiting Member
Kath Senior – East Cheshire NHS Trust
Jayne Hartley – Mid Cheshire Hospitals NHS Foundation Trust
Sam Nicol – Eastern Cheshire Clinical Commissioning Group
Jo Vitta – South Cheshire Clinical Commissioning Group
James Morley – Scrutiny Officer

193 APOLOGIES FOR ABSENCE

There were no apologies for absence

194 MINUTES OF PREVIOUS MEETING

RESOLVED – that the minutes of the meeting on 13 March 2014 be approved as
a correct record and signed by the Chairman

195 DECLARATIONS OF INTEREST

There were no declarations of interest

196 DECLARATION OF PARTY WHIP

There were no declarations of party whip

197 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present that wished to speak

**198 EASTERN CHESHIRE NHS TRUST - QUALITY ACCOUNT
2013/14**

The Committee considered the draft quality account for East Cheshire NHS Trust
for 2013/14. Kath Senior Director of Nursing, Performance and Quality at East

Cheshire NHS Trust presented the quality accounts and highlighted some of the key achievements and challenges for the Trust during 2013/14.

The Committee asked questions and the following points were made:

- The Committee was generally pleased with the achievements of the Trust during 2013/14 and was happy to note the band 5 rating award to the Trust by the CQC.
- The Committee was pleased with the 66.7% recommendation rate from Friends and Family test but wanted to ensure that the test was administered responsibly, particularly in relation to elderly and vulnerable patients. There was a concern that elderly and vulnerable people were reluctant to be open about their true feelings towards their treatment so were unwilling to complete the questionnaire truthfully. While the Committee did not suggest there was anything for patients to fear about providing honest feedback it encouraged the Trust to be proactive in allaying any fears patients may have.
- The Committee wanted to see more done to extend the working day in hospitals to ensure that hospitals were getting value for money out of expensive, capital intensive, equipment and facilities and to provide more flexibility for outpatients.
- The Committee believed that the Quality Account should include performance information from previous years alongside the data for this year to enable comparison, providing greater context on the relative performance of the Trust. Without this additional data it was difficult for observers to assess whether this year's performance was positive or not.
- The Committee was pleased that the Trust was working with partners in the community to reduce the risk of readmissions due to falls, lack of care and support or prematurely discharging patients. The Committee would be monitoring these partnerships to ensure they were effective in improving health and reducing the demand for beds in hospitals.

RESOLVED:

- (a) That the Scrutiny Officer be requested, in consultation with the Chairman, to draft a letter from the Committee to East Cheshire NHS Trust in response to the Trust's draft Quality Account.

199 **MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST -
QUALITY ACCOUNT 2013/14**

The Committee considered the draft quality account for Mid Cheshire Hospitals NHS Foundation Trust for 2013/14. Jayne Hartley from the Trust presented the quality accounts and highlighted some of the key achievements and challenges for the Trust during 2013/14.

The Committee asked questions and the following points were made:

- The Committee was generally pleased with the achievements of the Trust during 2013/14.
- The Committee was however deeply concerned about mortality rates affecting the Trust's banding by the CQC. The Committee wanted an in-depth report at its next meeting about the mortality rates to understand the reasons behind them and determine whether anything could be done to address the issue.

- The Committee wanted the Trust to work with Public Health and the Council in partnership to tackle each organisation's respective responsibilities for reducing smoking during pregnancy and increasing breast feeding.
- The Committee wanted to see a reduction in time taken to discharge patients and better communication with patients to ensure they have realistic expectations about their discharge. This includes an emphasis on ensuring that prescriptions are issued and available from pharmacies in good time for discharge.
- The Committee encouraged a more proactive and forward thinking approach to ensuring elderly or vulnerable patients had the appropriate care in place so that they could be discharged in a timely way. Planning for discharge should take place during a person's treatment and before they were ready to be discharged.
- The Committee was glad to hear that there had been a reduction in readmissions following a patient's recent admission to hospital. There needed to be more co-ordination between hospitals, care services and carers to ensure patients received the appropriate care and were not readmitted unnecessarily.

RESOLVED:

- (b) That the Scrutiny Officer be requested, in consultation with the Chairman, to draft a letter from the Committee to Mid Cheshire Hospitals NHS Foundation Trust in response to the Trust's draft Quality Account.

200 **EASTERN CHESHIRE CCG - CARING TOGETHER PROGRAMME**

Sam Nicol attended the meeting to present the Eastern Cheshire CCG's latest position regarding the development of operational models for its Caring Together Programme. The Committee was asked to consider a variety of options that were available and provide advice and guidance to help the CCG develop its final strategy.

Sam explained the various options in the presentation and the Committee asked questions. The following points were made by the Committee:

- Members were concerned about proposals to use a single point of contact for all calls from patients requiring services. Members were critical of the NHS's 111 system and believed that the use of call centres would provide a worse service than that currently received by patients using the GP out of hours service. The Committee was keen for this proposal to be reconsidered and alternative options generated.
- The Committee wanted to be assured that there would be the appropriate levels of resource available to fulfil the objectives set out in the proposals.

Sam Nicol informed the Committee that its comments would be considered as part of the final Caring Together Strategy development and requested that she

attend a future meeting to present the draft Strategy to the Committee for comment.

RESOLVED:

- (a) That the Committee comments be submitted to Eastern Cheshire CCG and considered as part of ongoing development of the Caring Together Strategy.
- (b) That Sam Nicol be requested to attend a future meeting to present the draft Caring Together Strategy for comment.

201 **WORK PROGRAMME**

The Committee considered its Work Programme.

RESOLVED – that items on the following topics be added to the Work Programme:

- Mortality rates in hospitals in Cheshire East
- Caring Together Strategy Document

The meeting commenced at 10.05 am and concluded at 12.25 pm

Councillor H Gaddum (Chairman)

CHESHIRE EAST COUNCIL

REPORT TO: Health and Adults in the Community Overview and Scrutiny Committee

Date of Meeting: 12 June 2014
Report of: Democratic Services
Subject/Title: Clatterbridge Cancer Centre Service Development Proposals
Portfolio Holder: Councillor Janet Clowes

1.0 Report Summary

- 1.1 This report provides a brief explanation of Clatterbridge Cancer Centre NHS Foundation Trust's proposals to develop its services and the requirements of the Committee to respond to a formal consultation.

2.0 Recommendation

- 2.1 That the Committee respond to the formal consultation by indicating that the Trust's proposals are not considered to be a substantial development or variation in service to the Borough of Cheshire East.

3.0 Reasons for Recommendation

- 3.1 Evidence suggests that the proposed service development does not constitute a substantial development to health services in Cheshire East and does not warrant the Council being represented on a Joint Overview and Scrutiny Committee of the affected local authorities.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 All

6.0 Financial Implications

- 6.1 None

7.0 Legal implications (authorised by the Borough Solicitor)

- 7.1 None

8.0 Risk Management

8.1 By deciding that the Trust's proposals are not an SDV for the Borough the Committee will be relinquishing any rights under the regulations to be consulted on or to contribute to any formal consultation being carried out by a Joint Overview and Scrutiny Committee.

9.0 Background

9.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require relevant NHS bodies or health service providers to consult local authorities on any proposals under consideration which are a substantial development of the health service in the area of the local authority or a substantial variation in the provision of such service (Reg 23 – Consultation by responsible persons).

9.2 Where the responsible person consults more than one local authority pursuant to regulation 23, those local authorities must appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint overview and scrutiny committee may make comments on the proposal consulted on (Reg 30 Joint committees).

9.3 In February 2014 the Committee received a briefing from Clatterbridge Cancer Centre NHS Foundation Trust (CCC) on proposals it was planning to bring forward proposals to reconfigure the non-surgical oncology services they provide in line with the recommendations of an independent review into cancer service provision, commissioned by the Merseyside and Cheshire Cancer Network (MCCN) in 2008.

9.4 In outline, the proposal is for CCC to build a new cancer centre in Liverpool to provide all oncology inpatient services and associated radiotherapy, chemotherapy and outpatient services that the Trust is responsible for. The Trust's Wirral site would be retained and continue to provide outpatient radiotherapy and chemotherapy treatments for Wirral and West Cheshire patients who would find it easier to access the Wirral site rather than Liverpool.

9.5 The Committee was informed that only inpatients would in future have to go to the new Liverpool building, with all other patients from the Cheshire East area likely to go to the existing Wirral site being the closest to them. Appendix A shows the number of patients from Cheshire East postcodes that received CCC services during 2012/13, what treatment they received and where. The highlighted column shows the number of residents that received inpatient treatment at the Wirral site who would be affected by the proposed development in Liverpool. It is recommended that this is a very small number in comparison to the number of residents affected in other Cheshire and Merseyside local authority areas such as Liverpool and Wirral and does not constitute a substantial development to Cheshire East.

9.6 A Joint Overview and Scrutiny Committee of those authorities for which the proposal by CCC is a substantial development or variation will be formed by those authorities. If the Committee agrees that the proposal is not a substantial development or variation for Cheshire East then the Scrutiny Officer, in consultation with the

Chairman will write to CCC and the other Cheshire and Merseyside authorities informing them of that decision.

10.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: James Morley
Designation: Scrutiny Officer
Tel No: 01270 6 86468
Email: james.morley@cheshireeast.gov.uk

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2012/13 Activity for East Cheshire Residence Patients

Treatment Geographical Area	Postcode of Residence	Activity Service Type										Grand Total
		Allied Health Professional	Chemotherapy	Consultation	Cyclotron	Dentist	Floor Clinic	Imaging	Inpatient	Nurse	Radiotherapy	
Halton	CW1		9	6						1		16
	CW10			1								1
	CW11			3								3
	CW4			1								1
	CW5			1								1
	WA13			5								5
	WA16			15	9					1		25
Halton Total			24	26					2		52	
Liverpool	CW1			5								5
	CW10			2								2
	CW11			12								12
	CW12			3						1		4
	CW2			11								11
	CW4			2						1		3
	CW5			15						1		16
	CW6			4								4
	SK10			5								5
	SK11			4								4
	SK12			1								1
	ST7			10								10
	WA14			3								3
	WA16			6								6
Liverpool Total				83						3	86	
Warrington	CW4			2								2
	CW9			1								1
	SK9			4								4
	WA14			2								2
	WA16			17								17
Warrington Total				26							26	
Wirral	CW1	7		13			10	4	1	12	72	119
	CW10	1		1							16	18
	CW11	10	7	5	6	5	15	5	1	16	132	202
	CW12	3		4	6	2	3	4	4	9	39	74
	CW2	19	15	16	1	21	21	22	7	11	166	278
	CW3			1				1				2
	CW4			7				1				8
	CW5	15	3	15	6		8	10	2	16	139	214
	CW6	6	18	10			17	2	2	16	148	219
	CW9			5								5
	SK10	13		8		2	11	4	1	9	70	118
	SK11			4								4
	SK12			1					2			3
	SK9			5					2			7
	ST7	19		6	6	2	9	2	2	5	121	172
	SY14		10	3						1		14
	WA16	3	7	14			10	7	2	16	91	150
Wirral Total		96	60	118	24	12	104	66	22	111	994	1607
Cheshire	CW1			3								3
	CW5			12								21
	CW6			10								23
	SY14			5								5
Cheshire Total			22	30							52	
St Helens	CW2			5								5
St Helens Total				5								5
Mobile Unit Cheshire	CW5			4								4
	CW6			9						1		10
Mobile Unit Cheshire Total			13						1		14	
Grand Total		96	119	288	24	12	104	66	22	114	997	1842

Source of Data - Commissioning Dataset 2012/13

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23rd May 2014

Councillor Hilda Gaddum
Chair
Health and Wellbeing Scrutiny Committee
Cheshire East Council
Lane Ends House
Hollin Lane
Sutton
Macclesfield
SK11 0DY

Dear Councillor Gaddum

Re: Arrangements for Overview and Scrutiny consultation on proposed changes to provision of services by The Clatterbridge Cancer Centre NHS Foundation Trust

In line with the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations regarding health scrutiny we are writing to inform you that we are planning a formal public consultation on proposed changes to services provided by The Clatterbridge Cancer Centre NHS Foundation Trust and to request consultation with the Health Overview and Scrutiny Committee regarding the planned changes.

Collectively, we believe this may be a substantial variation in the provision of cancer care for people in your area. We plan to carry out a formal 12-week public consultation on the proposals in summer 2014, which as you may recall we highlighted in previous correspondence in late 2013/early 2014. A summary of our pre-consultation is appended to the 2014 Consultation Plan (enclosure 2).

We are seeking your consideration under the revised statutory framework which authorises local authorities to:

- Review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
- Consider consultations by a relevant NHS body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority's area.

As accountable commissioners (NHS England Cheshire, Warrington and Wirral Area Team Specialised Commissioning) and the provider (The Clatterbridge Cancer Centre NHS Foundation Trust) of the services affected by these proposals, we are asking each local authority to individually reach a view on whether they are satisfied that this proposal is deemed to be a substantial development or variation and that it impacts on the health services in your area. This proposal affects all local authorities across Cheshire and Merseyside, namely;

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St Helen's Metropolitan Borough Council

- Sefton Council
- Warrington Borough Council
- Wirral Borough Council

The Clatterbridge Cancer Centre has sent details of feedback following the pre-consultation phase to each local authority's Health Overview and Scrutiny Committees/Panels and has attended several local authority committees this year to feedback our insight following the pre-consultation period.

NHS England Area Team specialist commissioning and The Clatterbridge Cancer Centre would ask that where more than one local authority agrees this proposal to be a substantial variation, that a joint Overview and Scrutiny Committee is formed for the purpose of considering The Clatterbridge Cancer Centre NHS Foundation Trust proposal for change collectively.

During our feedback to local authorities, we have informed local scrutiny officers of our intentions and we are aware that a protocol for the establishment of a joint Health Scrutiny arrangement for Cheshire and Merseyside areas has been under discussion.

In making this request we would like to confirm the following details to support your decision making process.

- As the accountable commissioner and provider, we would need your response and comments to the proposal by 7 November 2014.
- The Clatterbridge Cancer Centre NHS Foundation Trust intends to make its final decision (subject to NHS England and Monitor approval) whether to implement the proposal by 30 January 2015.
- The Clatterbridge Cancer Centre NHS Foundation Trust will be publishing these dates and all consultation documentation by 1 July 2014.
- If these dates alter The Clatterbridge Cancer Centre NHS Foundation Trust will inform the local authorities and update our publication materials accordingly.

NHS England will also be undertaking its own assurance process of the proposals and this process should be completed by the end of June 2014. A copy of the report will be provided in due course.

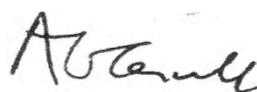
Further information about the case for change and the service changes proposed in response to this is enclosed, together with our detailed consultation plan. We would of course be happy to provide any further detail or clarification that you would find helpful.

Please do not hesitate to contact us if you would like further information or have any questions.

Yours sincerely,



Alison Tonge
Interim Area Director
Cheshire, Warrington and Wirral
Area Team
NHS England



Andrew Cannell
Chief Executive
The Clatterbridge Cancer Centre
NHS Foundation Trust

Enclosures

1. Case for Change
2. 2014 Consultation Plan

TRANSFORMING CANCER CARE

**AN OPPORTUNITY TO SIGNIFICANTLY
IMPROVE THE DELIVERY OF CANCER
SERVICES ACROSS THE MERSEYSIDE AND
CHESHIRE CANCER NETWORK**

May 2014

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1. INTRODUCTION

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) is a highly regarded specialist cancer Trust providing non-surgical treatment for patients suffering from solid tumour cancers within the Merseyside and Cheshire Cancer Network (MCCN).

This document has been produced by CCC, supported by Cheshire, Warrington and Wirral Area Team, its commissioner of services. The document describes the background to the Transforming Cancer Care project, the proposals for change and expansion of the CCC services, and both the clinical rationale for these changes and the benefits which will result from them.

2. THE CATCHMENT POPULATION SERVED BY THE CLATTERBRIDGE CANCER CENTRE

The Trust serves a population of around 2.3 million with the majority of patients drawn from the areas shown in Table 1 below:

Table 1: Population served by CCC shown by Clinical Commissioning Group¹

Clinical commissioning group	Population	% of total
South Cheshire	175,943	8
Vale Royal	102,144	5
Warrington	202,709	9
West Cheshire	227,382	10
Wirral	319,837	14
Halton	125,722	6
Knowsley	145,903	7
Liverpool	465,656	21
South Sefton	159,764	7
Southport and Formby	114,205	5
St Helen's	175,405	8
Total	2,214,670	

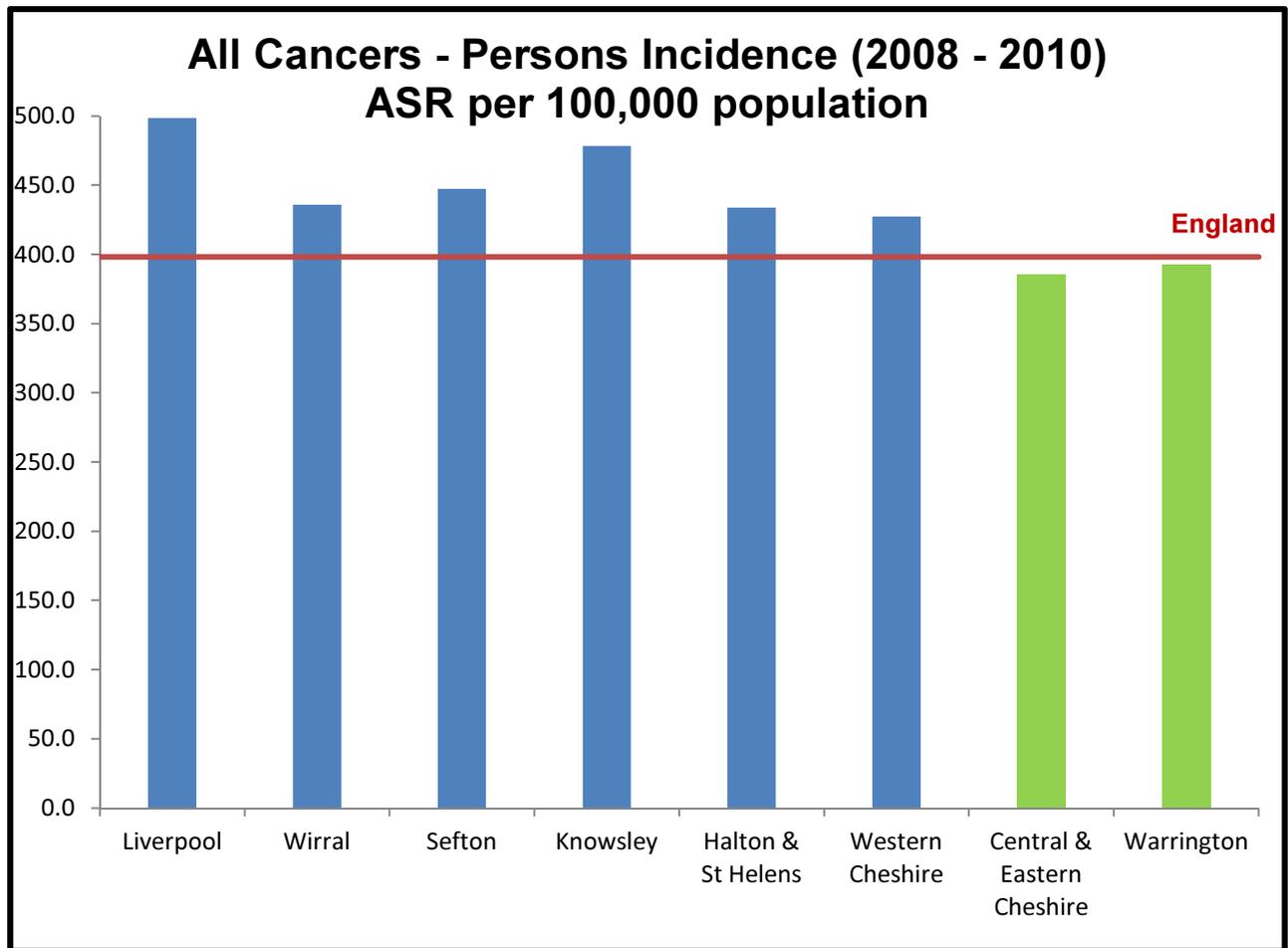
1. ONS - mid 2011 population by CCG - includes people under 16y.

From the above it can be seen that around 67% of the catchment population for the CCC live north of the River Mersey. The current CCC site at Bebington is therefore neither central to its geographical catchment nor close to its centre of population density.

3. CANCER INCIDENCE AND MORTALITY ACROSS THE MERSEYSIDE AND CHESHIRE CANCER NETWORK (MCCN)

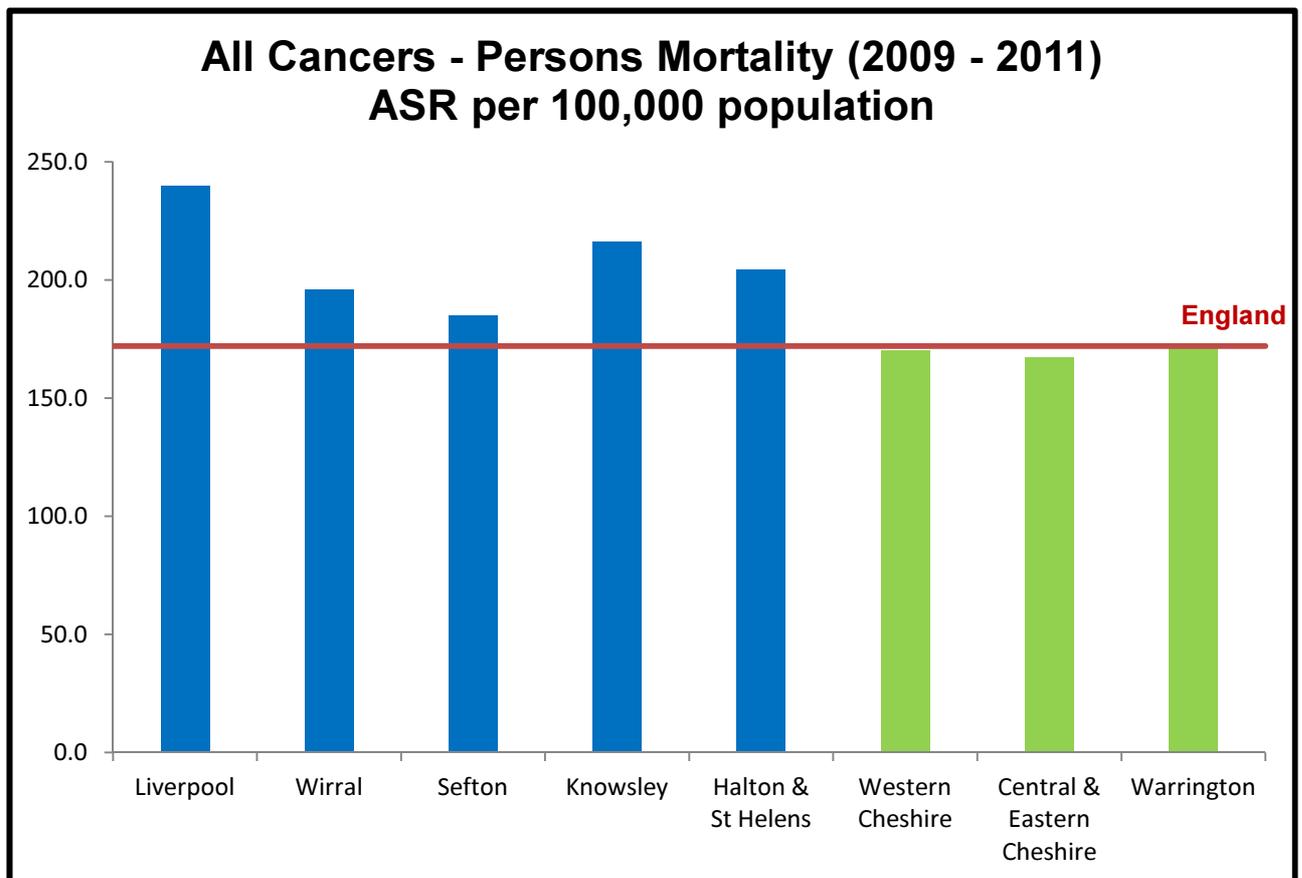
The incidence (new cases) of and mortality (death rates) from cancer represent a major challenge within Merseyside and Cheshire. The incidence and mortality rates for each Primary Care Trust (PCT), the most recent 'units' for which this data is available, are shown in Figure 1 and Figure 2 below in comparison with the rate for England as a whole.

Figure 1: Incidence of all cancers across the MCCN, compared with the average for England.



1. Age standardised ratio

Figure 2: Death rates from all cancers across the MCCN, compared with the average for England.



From the above figures it can be seen that the both the incidence of cancer, and deaths from cancer are higher across almost all areas compared to the England average, with Liverpool and Knowsley particularly badly affected.

Breast, lung, colorectal, prostate and upper gastro-intestinal (GI) cancers account for over 90% of all new cases of cancer and over 75% of cancer deaths, both nationally and across the cluster.

The incidence of breast cancer is generally above the national average across the network, as are deaths due to breast cancer.

The incidence of new cases of lung cancer across the cluster is higher than the national average and almost twice the national rate in Liverpool and Knowsley. Similarly, lung cancer mortality rates across the cluster are higher than the national average and almost twice the national rate in Liverpool and Knowsley.

The incidence of new cases of colorectal cancer and colorectal cancer mortality rates are higher across the cluster than the national average.

The incidence of new cases of prostate cancer across the cluster is lower than the national average except for Wirral and West Cheshire; however deaths as a result of prostate cancer are higher than the national average in a number of areas, particularly Sefton and Wirral.

The incidence of new cases of upper GI cancer across the cluster is higher than the national average. Similarly, upper GI cancer mortality rates across the cluster are higher than the national average.

The incidence of, and deaths from the common cancers are shown in Figures 3 and 4 below, in comparison with the England average.

Figure 3: Incidence of the common cancers across the MCCN network, compared with the average for England.

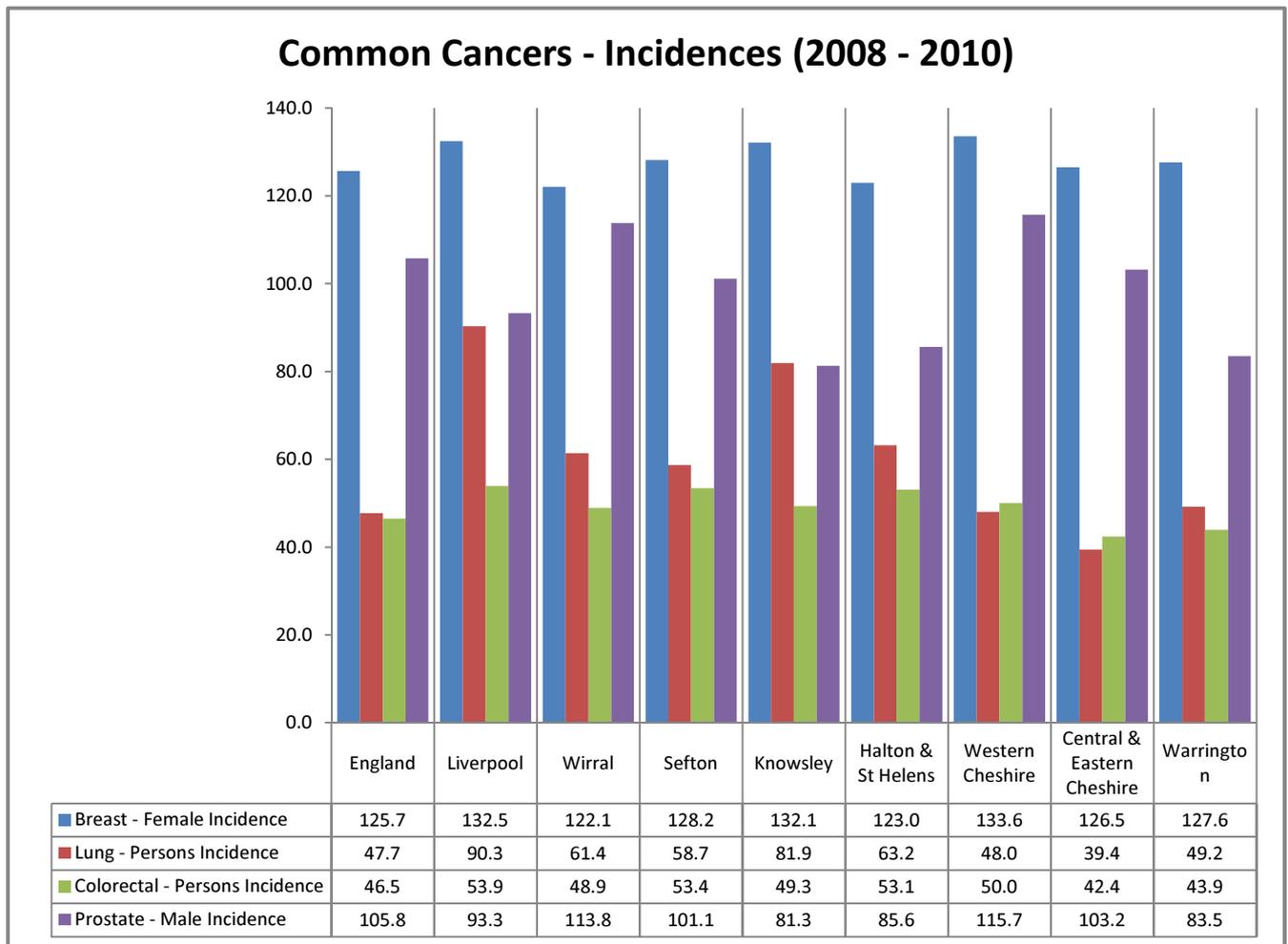
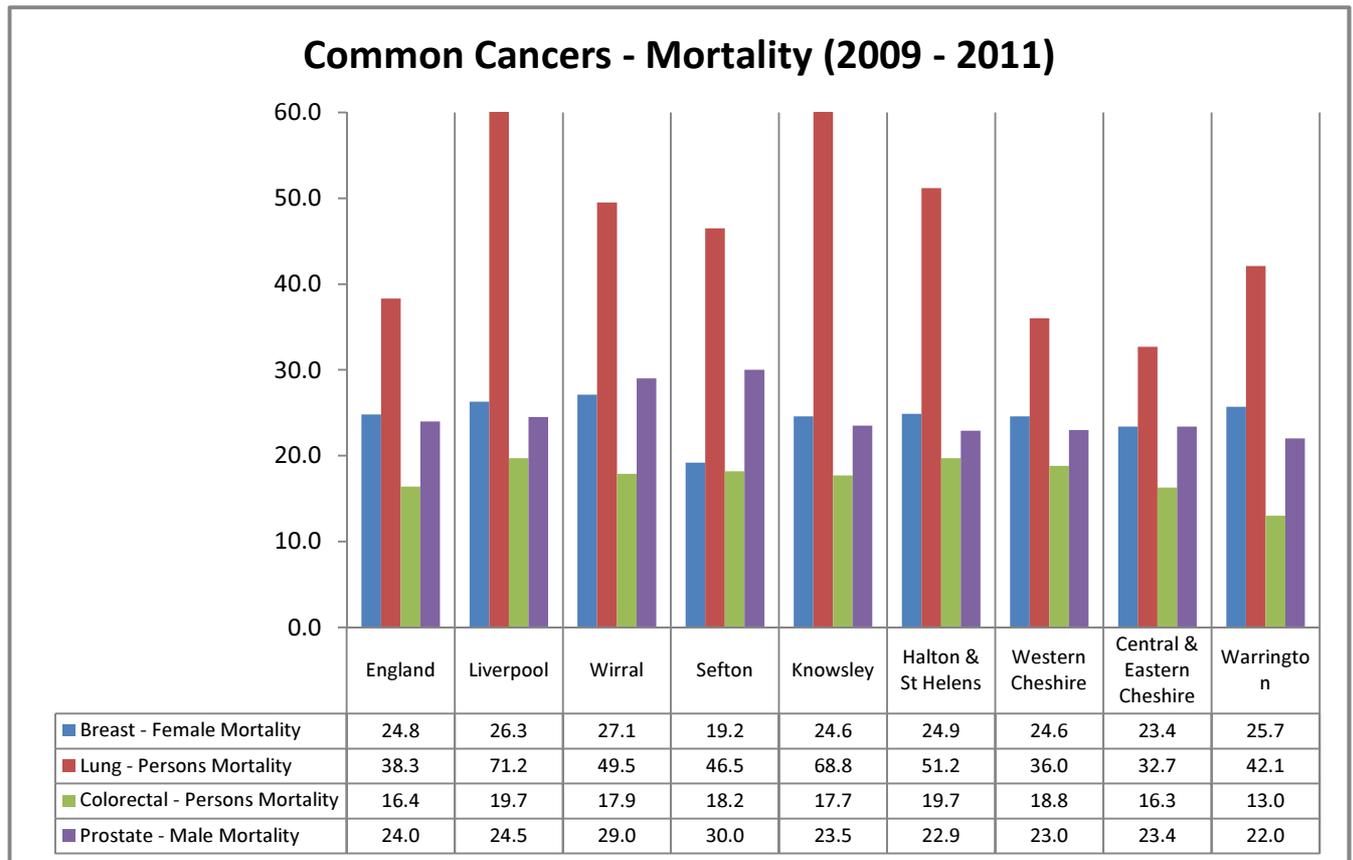


Figure 4: Death rates from the common cancers across the MCCN, compared with the average for England.

By comparing the mortality rate for each PCT with the average for England, the number of cancer deaths above the national average can be determined. This is the number of lives that could be saved each year if the mortality rate across the network was the same as the average in England. This equates to 589 deaths each year as shown in Table 2 below.

Table 2: Comparison of excess deaths from cancer across the cancer network.

PCT	Excess deaths per year in comparison with England average*
Liverpool	316
Halton & St Helen's	97
Wirral	77
Knowsley	64
Sefton	35
Warrington	0
West Cheshire	-4
South Cheshire	-8
Total each year	589

* 2008-2010 National Cancer Intelligence Network (NCIN) data

Cancer is now the biggest single cause of death in Cheshire and Merseyside.

4. CURRENT CONFIGURATION OF CANCER SERVICES PROVIDED BY CCC ACROSS THE MCCN

CCC operates a networked cancer service across the whole of the MCCN. The current configuration of CCC cancer services is shown in Table 3 below.

Table 3: Current geographical distribution of CCC clinical services

Site	Inpatient beds	TYA	Chemo daycase	R'therapy treatment	R'therapy planning	Acute Oncology	Out patients
CCC – Clatterbridge	Y	Y	Y	Y	Y	Y	Y
CCC - Aintree	-	-	-	Y	-	-	Y
Aintree University Hospital	-	-	Y	-		Y	Y
The Walton Centre	-	-	-	-	-	-	Y
Royal Liverpool University Hospital	-	-	Y	-	-	Y	Y
St Helen's & Knowsley Hospitals	-	-	Y	-	-	Y	Y
Warrington & Halton Hospitals	-	-	Y	-	-	Y	Y
Arrowe Park Hospital	-	-	-	-	-	Y	Y
Alder Hey Children's Hospital	-	-	-	-	-	-	Y
Liverpool Women's Hospital	-	-	Y	-	-	-	Y
Liverpool Heart and Chest Hospital	-	-	Y	-	-	-	Y
Southport Hospital	-	-	Y	-	-	Y	Y
Countess of Chester Hospital	-	-	Y	-	-	Y	Y

From the above it can be seen that the CCC's principal site currently is the Cancer Centre located on the Clatterbridge Health Park at Bebington on the Wirral. The only other site currently providing radiotherapy is CCC's satellite unit at Aintree hospital.

CCC also operates an extensive network of chemotherapy clinics and outpatient clinics in partner NHS Trusts across the MCCN, as well as an acute oncology service, supporting partner Trusts in the care of cancer patients who have been admitted to these hospitals.

5. PROPOSALS TO TRANSFORM CANCER SERVICES IN MERSEYSIDE AND CHESHIRE – THE CASE FOR CHANGE

In 2008 the Merseyside and Cheshire Cancer Network (MCCN) commissioned an expert review of the configuration of Cancer Services across the area with the aim of developing recommendations to ensure that services were delivered in the best way to improve outcomes for patients. The resulting report 'The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network'¹ was presented to the local Cancer Taskforce in October 2008.

The report identified a number of reasons for considering a change in the service model location and delivery of non-surgical oncology in the MCCN area including:

- Encouraging the major expansion of radiotherapy through the development of satellite radiotherapy units closer to the populations served and limiting the size of major centres to a maximum of eight Linear Accelerators.
- The decentralisation of chemotherapy which requires a larger clinical workforce with a greater local presence.
- More flexible service delivery models required which were less dependent on a single centre and more served through networks of care.
- The increasing use of multi-modality treatment regimes suggesting that, in the longer term, isolated oncology centres were no longer appropriate.
- The organisation of hospital services in MCCN meant that integrated cancer care was dependent on oncologists to secure the integrity of patient pathways. It was more difficult to achieve this from a remote centre.
- The needs of the network population were high in terms of cancer care but the results were likely to be inhibited by poor accessibility to oncology services as well as by late presentation. Closer alignment of oncologists to local general hospitals would shift the balance of leadership in cancer care and would support improving the overall organisation and delivery of care.
- Developing cancer research in Liverpool, an essential component of all cancer care and of medical research, was compromised by the absence of academic oncology leadership. The isolation of the current cancer centre and its distance from surgical oncology and Specialist Multi-Disciplinary Teams were factors in the difficulty in addressing this deficiency.

Consequent on these findings, a number of immediate steps were taken which included:

- the enhancement of clinical services at CCC to increase the Trust's ability to care for very acutely ill patients
- the opening of the satellite radiotherapy unit at Aintree
- the establishment of a number of Chairs in a variety of cancer-related fields, in partnership with the University of Liverpool
- The establishment of an acute oncology service in partner trusts

¹ "The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network" A feasibility study into the potential relocation of non-surgical oncology services from Clatterbridge to Liverpool (October 2008)
Prof. M R Baker and Mr R C Cannon

However more still needs to be changed in order to fully address the points identified by Baker and Cannon and ensure that all local people are able to receive the highest quality care available and to benefit from the best possible clinical outcomes.

First and foremost is the issue of the geographical location of the specialist Cancer Centre on the Clatterbridge hospital site. In their report Baker and Cannon confirmed that:

“When it was first established, the Clatterbridge campus provided a wide range of medical and surgical services; this is no longer the case and the oncology facilities are now isolated from modern medical and surgical practice. During this time, the complexity of cancer treatments has increased dramatically, patients are older and sicker and the treatments have more side effects. In most cancer centres, most of the beds are used for patients who are seriously ill because of their underlying cancer or because of the side effects of treatment. The management of these conditions requires ready access to both critical care facilities and the on-site access to the full range of general medical and surgical expertise. This is no longer possible at Clatterbridge.”

Following the acceptance of the recommendation contained within the Baker Cannon report in 2009, the then Merseyside Cluster Board commissioned PricewaterhouseCoopers to undertake a high-level feasibility study on the establishment of a new acute cancer centre in Liverpool. The findings of this study were presented to Merseyside Cluster Board by Liverpool PCT; as a consequence of this approval was given to allocate funding for project costs to deliver a business case for the creation of a new cancer centre in Liverpool, together with a capital allocation towards the cost of its construction. At the same meeting the need was identified for further recurring funding to be set aside to support the project, delivered through annual commissioning arrangements.

The Transforming Cancer Care project was therefore established by CCC following this network-wide agreement to implement the recommendations of the Baker Cannon report, the most material of which is the development of a new Cancer Centre in Liverpool adjacent to the redeveloped Royal Liverpool University Hospital.

6. THE CURRENT STRATEGIC ENVIRONMENT

Since the Baker Cannon report was published, the conclusions contained within this have been reinforced by a number of strategic, policy and operational factors. These include:

- An increase in the number of acutely-ill CCC inpatients who have needed to be moved in order to access specialist opinion or facilities not available on the CCC site. These transfers have grown from 53 in 2011 to 67 in 2013 and in the majority of cases patients were receiving radiotherapy or chemotherapy which had to be interrupted because of their transfer. This is clearly not ideal in a modern healthcare system.
- The recognition that organisational isolation is a risk factor in the delivery of sub-optimal care (Prof Sir Bruce Keogh: Review into the quality of care and treatment provided by 14 hospital trusts in England). Although there is ample evidence which demonstrates that the care delivered at CCC is very good, the acknowledgement of this risk factor is consistent with the findings of Baker and Cannon.
- The increasing acknowledgement of the importance of clinical research in the delivery of cancer care. *'Equity and excellence: Liberating the NHS'*, produced by the Department of Health, notes that organisations with strong participation in research tend to have better outcomes, and that research-active organisations are therefore able to offer increased patient benefits both through a direct contribution to knowledge and through enhanced organisational performance. The same document noted that *"a thriving life sciences industry is critical to the ability of the NHS to deliver world-class health outcomes. The Department will continue to promote the role of Biomedical Research Centres and Units, Academic Health Science Centres and Collaborations for Leadership in Applied Health Research and Care, to develop research and to unlock synergies between research, education and patient care"*.

The investment proposal is supported by the Trust's commissioner of clinical services, Cheshire, Warrington and Wirral Area Team, as well as by the Merseyside Area Team and by local CCGs, who do not directly commission specialist cancer services but nonetheless have a very strong interest in the delivery of high quality cancer care to their respective populations. The project also has the strong support of clinicians within CCC, as well as those with a cancer interest across the MCCN. The project is consistent with the strategic plans for the delivery of clinical and other services across Merseyside and Cheshire. In particular it supports Liverpool City Council's vision for the future of the city region which sees healthcare and life sciences research as a core component in the ongoing development of the city (*Liverpool City Region's knowledge economy: delivering new opportunities for growth*).

The project also sits alongside Liverpool CCG's Healthy Liverpool Programme which has been set up to help the CCG adapt to face future challenges, such as an ageing population and increase in long-term conditions, while also improving the health of residents. Although the location of some services may change as a result of this Programme it is clearly understood that the Royal Liverpool University Hospital will

remain a hub for delivery of acute services to the population of Liverpool and, as such, will provide the type of services which will complement the cancer services which are planned to be delivered by CCC on the Royal Liverpool campus.

The retention of a full range of cancer outpatient services at the existing Clatterbridge site is also supportive of Wirral Council's vision for retention and potential development of the Health Park at Bebington. As CCC further develops its own strategic plans there will be opportunities to work closely with partners in Wirral to explore ways in which to maximise the role of CCC on this site.

7. OUTCOME OF THE PRE-CONSULTATION ENGAGEMENT WORK UNDERTAKEN OVER THE WINTER OF 2012/13

A wide ranging pre-consultation exercise was held over the winter of 2012/13 to understand the views of the public on the central proposal within the Transforming Cancer Care project – the opening of a new Cancer Centre in Liverpool. This exercise reached over 90,000 people through 114 roadshows and 96 group sessions, and involved 7 District General Hospitals and 12 Primary Care Trusts. Every Healthwatch and a wide range of Cancer Support Groups were also part of this process. 14,500 people visited the roadshows and 4,164 formal written responses were received.

People were asked a Principal Consultation Question (PCQ):

“After finding out about the plans to develop a new Clatterbridge Cancer Centre for Cheshire and Merseyside, which would be based next to the Royal Liverpool University Hospital, do you think this is a good idea?”

Respondents could either answer *yes*, *no* or *not sure*. Respondents were then asked to provide comments about their chosen answer (*“why do you think this?”*).

Overall, the results were as follows:

Yes – **82.63%**
 No – **12.70%**
 Not sure – **4.66%**

This showed overall strong support for the proposal. However further analysis of the responses by postcode showed significant differences in view, with the greatest number of people answering ‘no’ or ‘not sure’ appearing in the CH postcode areas i.e. those areas closest to the existing CCC site. When only answers from the CH areas the results were as follows:

Yes – **40.53%**
 No – **49.75%**
 Not sure – **9.72%**

When people explained their view by answering the follow-up question ‘why do you think this?’ there were similar themes regardless of whether they thought the proposal was a good idea. The main areas highlighted are shown below:

- Accessibility
- Cost
- Good current services
- Ill health (and the impact on ability to travel)
- Loss of services (from the current location)
- Travel
- Visits

In a number of these areas some people saw advantages whilst others saw disadvantages in the proposal. For example, those living in the Liverpool area were

likely to comment on a beneficial impact for service accessibility whilst those living on the Wirral were likely to cite adverse impact on accessibility.

The information received from the pre-consultation engagement work has already had an impact upon the Transforming Cancer Care project. In particular it has:

- Emphasised strongly the importance placed by patients on access to sufficient, convenient and free car parking when attending for treatment.
- Highlighted the value placed by patients on the existing organisational culture and values of CCC, and identified the need for the Trust to ensure that this organisational culture is extended to the operation of the new Cancer Centre in Liverpool.
- Endorsed the overall direction of travel through the strong support given by the public to the consultation question.

The public consultation planned to run over the summer of 2014 will be used to gain more information on these issues identified as significant as a result of the pre-consultation engagement work.

8. THE PROPOSED CHANGES IN CANCER SERVICES AS A CONSEQUENCE OF THE TRANSFORMING CANCER CARE PROJECT

In their work to look at options for the future location of the Cancer Centre to address the issues above, Baker and Cannon looked at a long list of nine options which were assessed against ten criteria. The preferred option identified as a result of this appraisal process was the establishment of a new Cancer Centre adjacent to the Royal Liverpool University Hospital.

This new Cancer Centre would provide all inpatient oncology beds for the Cancer network, together with outpatient oncology services for those patients for whom the Liverpool site is the most accessible. The new Cancer Centre would operate as the hub, supporting a network of cancer services which would include the satellite radiotherapy centre at Aintree, the existing Cancer Centre at Clatterbridge which would continue to deliver outpatient cancer care to its local population on the Wirral and in West Cheshire, and the distributed network of CCC outpatient and chemotherapy clinics operated in partner hospitals throughout the MCCN.

This preferred option was considered and supported by the Cancer Taskforce, which included representatives from the MCCN, Trusts and PCTs across the network.

It is this preferred option which the Transforming Cancer Care project now aims to take forwards.

The consequences of this can be summarised in Table 4 below:

Table 4: Current (C) and proposed (P) geographical distribution of CCC clinical services with changes highlighted+

Site	Inpatient beds	TYA	Chemo daycase	R'therapy treatment	R'therapy planning	Acute Oncology	Out patients
New Cancer Centre – L'pool	–	–	–	–	–	–	–
	P	P	P	P	P	P	P
CCC – Clatterbridge	C	C	C	C	C	C	C
	-	-	P	P	P	P	P
CCC - Aintree	-	-	-	C	-	-	C
	-	-	-	P	-	-	P
Aintree University Hospital	-	-	C	-	-	C	C
	-	-	P	-	-	P	P
The Walton Centre	-	-	-	-	-	-	C
	-	-	-	-	-	-	P
Royal Liverpool University Hospital	-	-	C	-	-	C	C
	-	-	(provided instead in new CCC on	-	-	P	(provided instead in new CCC on

			site)				site)
Arrowe Park Hospital	-	-	-	-	-	C	C
	-	-	-	-	-	P	P
St Helen's & Knowsley Hospitals	-	-	C	-	-	C	C
	-	-	P	-	-	P	P
Warrington & Halton Hospitals	-	-	C	-	-	C	C
	-	-	P	-	-	P	P
Alder Hey Children's Hospital	-	-	-	-	-	-	C
	-	-	-	-	-	-	P
Liverpool Women's Hospital	-	-	C	-	-	-	C
	-	-	P	-	-	-	P
Liverpool Heart and Chest Hospital	-	-	C	-	-	-	C
	-	-	P	-	-	-	P
Southport Hospital	-	-	C	-	-	C	C
	-	-	P	-	-	P	P
Countess of Chester Hospital	-	-	C	-	-	C	C
	-	-	P	-	-	P	P

To summarise the above table, the **key proposed changes** would be:

- The creation of a new Cancer Centre on the Royal Liverpool campus, bringing together inpatient cancer services with critical care, other support facilities and a wide range of medical and surgical experts.
- The relocation of all CCC's cancer inpatient beds from the Wirral to Liverpool.
- The relocation of the Teenage and Young Adult Unit (including their inpatient beds) from the Wirral to Liverpool.
- The establishment of a new radiotherapy service in Liverpool and an overall increase in radiotherapy capacity.
- The relocation of complex outpatient radiotherapy from the Wirral to Liverpool, representing about 6% of treatments given.
- An increase in the capacity of chemotherapy and outpatient services in Liverpool.

The things that would **stay the same** would be:

- The continuation of the existing Cancer Centre on the Wirral as an important site for the delivery of cancer services.
- Retention of an outpatient radiotherapy service on the Wirral for treatment of the common cancers, which comprise around 94% of treatments given.
- Retention of a chemotherapy and outpatient service on the Wirral.
- The services delivered at the Aintree radiotherapy satellite centre.
- The services delivered by CCC in other hospitals across the cancer network.
- The national eye proton therapy service, based at the existing CCC site at Bebington.

9. BENEFITS WHICH WOULD BE DELIVERED BY THE PROPOSED CHANGES

When the establishment of a new Cancer Centre in Liverpool was first proposed in 2008 it was noted that such a centre would enable the benefits described below:

Benefits expected as a result of a new Cancer Centre in Liverpool

- Better co-ordination of pathways of care for cancer patients by bringing together key specialist services on a single health campus which currently hosts the majority of Specialist Cancer Multi-Disciplinary Teams which are central to the delivery of high quality cancer care.
- Improved access for CCC inpatients to specialists from other clinical disciplines and to specialist clinical facilities eg intensive care, which cannot be provided in the existing Cancer Centre.
- Delivery of cancer treatments nearer to home for the majority of patients.
- Location of the Teenage and Young Adult Unit closer to both the Royal Liverpool University Hospital and Alder Hey Children's Hospital and closer to the majority of the population served, improving patient access and choice.
- Closer integration between the NHS and research teams within the University of Liverpool and other key research partners in the public and private sector.
- An increase in patients who benefit because they are able to take part in clinical trials.
- Location of specialist services in a place more easily accessible to the majority of patients so that more patients can benefit from improved access, particularly those who need repeated and regular radiotherapy for certain types of cancer and for palliation.
- Best use of NHS resources by enabling clinical teams to work more effectively and efficiently together.
- Establishment of a focus for innovation and knowledge, complementing and amplifying the efforts of all partners including local employers and councils to promote the region as a premier choice for investment.
- Maintenance of those NHS services which are best delivered in more local settings, including district general hospitals and the community.

The development of the new Cancer Centre in Liverpool would bring the inpatient facilities for radiotherapy and chemotherapy onto a single large acute teaching hospital campus adjacent to both university and private sector research partners.

This would give the people of Merseyside and Cheshire, an area with some of the very poorest cancer outcomes in the country, access to the same sort of

comprehensive cancer facilities as are already available in other major cities across the UK such as London, Manchester and Birmingham.

The above reasons together form the clinical benefits arising from the changes proposed by the Transforming Cancer Care project.

The National Clinical Advisory Team, who until April 2014 were responsible for reviewing the clinical justification for any proposed service change, assessed the Strategic Outline Case which had been prepared by the CCC as a first step in implementing the recommendations of the Baker Cannon review. **This report unequivocally supports the establishment of a new Cancer Centre in Liverpool in order to deliver the benefits described.**

10.IMPACT ON PATIENTS AS A CONSEQUENCE OF THEIR PLACE OF TREATMENT

General accessibility

The existing Cancer Centre at Bebington is not well served by public transport – the new Cancer Centre in Liverpool would be much more accessible by both bus and train because of its City Centre location. From an analysis of travel times it can be shown that when using public transport, a number of areas which are geographically closer to the Bebington site are closer from a time and convenience perspective to the proposed site in Liverpool.

An Equality Impact Assessment of the proposed changes which was undertaken by Liverpool John Moores University in March 2013 drew the following conclusions:

- There are a number of areas geographically close to the Bebington site where travel time by public transport is over an hour.
- The rail network that links the Wirral and Liverpool works in the favour of those Wirral residents travelling to the Royal Liverpool over those Liverpool-side residents travelling to Bebington.
- Patients from Sefton, Western Cheshire, Knowsley, St Helen's and Halton can expect in most cases to travel for more than an hour to reach either site, although a good proportion of these patients might be able to reach the Royal Liverpool site within 45 to 60 minutes, whereas it is unlikely that any of these patients could reach the Bebington site in under an hour.

Public transport links are important since access to private transport, as shown by car ownership, is much less across Merseyside than in other parts of the Cancer Network. This is shown in Table 5 below:

Table 5: Car ownership and percentage of households with a car or van (RAC Foundation, based on 2011 census data)

Local Authority	Rank (out of 348)	Cars/vans per 1000 people	% households with car/van
Cheshire East	76	606	83.9
Cheshire West	135	572	81.4
Warrington	164	546	80.7
St Helen's	240	482	73.3
Wirral	250	476	72
Halton	254	469	73
Sefton	261	462	71.5
Knowsley	315	378	62.9
Liverpool	327	323	53.9

Although it is hoped that public transport would be used to attend the new Cancer Centre in Liverpool it is recognised that many people would still prefer to use private transport. Good car parking is very important for cancer patients and so dedicated free parking would be provided for cancer patients attending the new Cancer Centre in Liverpool, and would continue to be provided at the existing Clatterbridge sites on the Wirral and at Aintree.

Patients who are eligible for Ambulance Transport would continue to have this provided, irrespective of the site attended. In 2013 patient attendances by ambulance at the existing Cancer Centre at Bebington were as shown in Table 6 below:

Table 6: Ambulance attendances at Clatterbridge by principal PCT

PCT	Individual planned patient attendances by ambulance
Liverpool	5828
Halton & St Helen's	4159
Wirral	2154
Knowsley	1922
Sefton	4055
Warrington	2037
West Cheshire	1641
Central & E Cheshire	391

The establishment of a cancer centre in Liverpool is expected to have a beneficial impact on ambulance services since there would be an overall reduction in patient travel times as a result of the opening of a centre in Liverpool.

Inpatient services (including TYA)

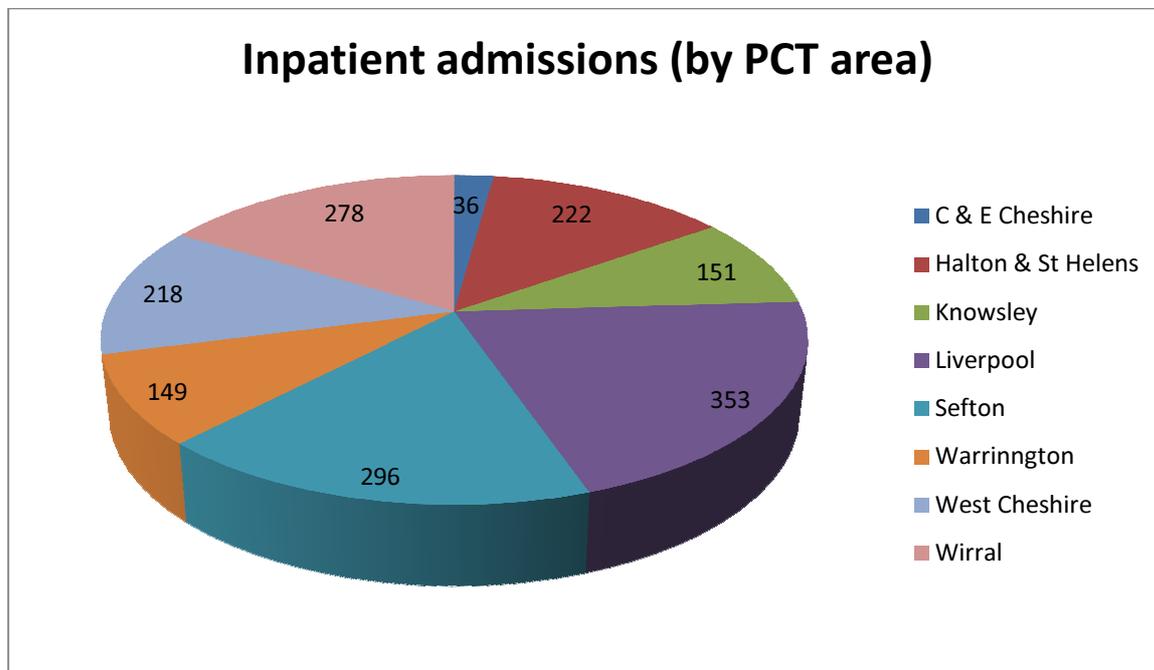
The proposed changes mean that those patients living in West Cheshire and on the Wirral who need to be admitted to an inpatient bed are likely to travel further for their care, as will their visitors. However these are the patients who are the most unwell or who have the most complex needs, and it is these patients whose treatment would benefit most from being admitted to a Cancer Centre which can draw on the facilities and expertise which is only available in a large acute hospital such as the Royal Liverpool.

In practice the greatest impact of this relocation of inpatient services would be on visitor travel time, and so the consultation planned over the summer will aim to explore this in more detail with a view to understanding how the impact of this might be ameliorated. It should also be acknowledged that there would be a beneficial impact on a greater number of people who currently have to travel from Merseyside to the Wirral in order to visit their relatives admitted to the current cancer centre as an inpatient, and who are less likely to have access to a car or to convenient public transport links.

Patients from Wirral and West Cheshire who may currently be admitted to Clatterbridge but who are not receiving chemotherapy or radiotherapy as part of their inpatient care may well in the future be admitted instead to Arrowe Park or the Countess of Chester under the care of the acute oncology team there, meaning that travel time for them, together with their friends and family would be largely unchanged.

The forecast numbers of inpatients by area who would in future be admitted to Liverpool is shown in Figure 5 below (based on a 2018/19 activity forecast)

Figure 5: 2018/19 forecast inpatient numbers by area admitted to the new Cancer Centre in Liverpool for active chemotherapy or radiotherapy treatment



The above figures show the number of forecast inpatient admissions by PCT for patients who need to be admitted in order for them to receive radiotherapy and/or chemotherapy. They exclude any patients who may need to be admitted to a hospital in order to help deal with the side-effects of their cancer but who are not part-way through a course of radiotherapy or chemotherapy.

Those excluded are the 'acute oncology' patients, who at present are usually admitted to their local District General Hospital under the care of the onsite medical team, supported by the local CCC acute oncology service; however, a proportion are admitted to CCC, either directly from clinic or because Clatterbridge is local to them. Work is currently underway to examine the patient pathways for these patients and determine where best they would be cared for in future.

Radiotherapy services

The significant majority of patients from Wirral and West Cheshire receiving radiotherapy services on an outpatient basis would continue to attend the existing Bebington site. However a small number of Wirral and West Cheshire patients, specifically those suffering from the less common cancers, would need to travel to Liverpool for their outpatient radiotherapy treatment. Conversely patients from Merseyside, many of whom currently travel to Bebington, would receive their treatment closer to home. The forecast impact of this on patient numbers, based on activity modelling which has been undertaken to support the Outline Business case, is shown in Table 7 below:

Table 7: Current and forecast place of treatment for radiotherapy patients by PCT (by attendances)⁺

PCT	Bebington				New Cancer Centre in Liverpool				Aintree			
	12/13	%	18/19	%	12/13	%	18/19	%	12/13	%	18/19	%
C & E Cheshire	1,481	1	1251	7	0	0	450	26	4	0	5	0
Halton & St Helen's	6,454	5	262	2	0	0	7,231	55	4807	43	5606	43
Knowsley	3,285	5	0	0	0	0	3,822	57	2,595	44	2928	43
Liverpool	9,615	5	0	0	0	0	10,802	57	7244	43	8018	43
Sefton	6,649	5	0	0	0	0	7,286	53	5616	46	6346	47
Warrington	5,224	7	140	2	0	0	6,086	77	1428	21	1698	21
W Cheshire	10,287	1	11,261	9	0	0	720	6	9	0	10	0
Wirral	14,476	1	14,106	8	0	0	2,269	14	13	0	12	0

⁺ CCC activity model

The model above has assumed that some of those Wirral patients who are geographically closer to Liverpool than Bebington would attend the new Centre rather than Bebington in the future. In practice, however, these patients may prefer to have their treatment on the Wirral in which case the proportion of Wirral patients being treated at Bebington in the future is likely to be higher and to come in line with the West Cheshire figure of 94%.

It should be noted that all patients would be given a choice of site, provided this was consistent with the specific treatment they required as a consequence of their type of cancer. In practice this means that almost all patients suffering from the common cancers e.g. breast, lung, prostate, colorectal, could choose which of the three sites they wished to attend for radiotherapy in future.

Chemotherapy and outpatient services

A similar picture to radiotherapy is expected for outpatient chemotherapy and outpatient consultations as a consequence of the proposed changes. Wirral and West Cheshire patients would continue to have their chemotherapy provided at Bebington and to continue to have their outpatient consultations there. However patients who would currently travel to Bebington but who are geographically closer to Liverpool would instead be offered treatment at the planned new Cancer Centre in Liverpool.

Delivery of networked cancer services by CCC

Overall, the Trust remains strongly committed to the philosophy of a networked model of cancer service delivery, providing care as close to the patient's home as

possible and only centralising where access to expertise or specialised equipment requires it if patients are to benefit from the best outcomes.

11. TIMESCALES

The key milestones for the Transforming Cancer Care project are shown in Table 8 below:

Table 8: key project milestones

Milestone	Date
Publication of the Baker Cannon Report	2008
Initial feasibility study	2010-11
Approval to proceed by Merseyside NHS Cluster Board	2011
Development of the Strategic Outline Case	Q3 2012
Pre-consultation public engagement	Q3 2012-Q2 2013
Formal public consultation	July-Sept 2014
Outline Business Case approval	Oct 2014-Feb 2015
Full Business Case approval	June 2016
Construction of the new Cancer Centre in Liverpool	July 2016-July 2018
Refurbishment of Cancer Centre on the Wirral	Sept 2018-Sept 2019

12. STAKEHOLDER INVOLVEMENT

The Consultation Plan for the Transforming Cancer Care project has been produced in tandem with this Case for Change document and is entitled 'Transforming Cancer Services for Cheshire and Merseyside; Communication and Consultation Plan January 2014 to September 2014'. For further information on the consultation process together with stakeholder engagement, please refer to this document.

13. SUMMARY

The Transforming Cancer Care project represents an opportunity to significantly improve the way in which Cancer Care is delivered to the people of Merseyside and Cheshire, areas with some of the very worst cancer outcomes in England. It is hoped that the proposals to deliver these service changes will be endorsed by all stakeholders, enabling the vision of the Transforming Cancer Care project to be realised. The people of Wirral, West Cheshire and Merseyside deserve to have the very best in cancer services.

**The Clatterbridge Cancer Centre NHS
Foundation Trust
Transforming Cancer Services for
Cheshire and Merseyside**

**Communication and Consultation Plan
January 2014 to September 2014**

**Jacqueline Robinson
Head of Patient & Public Voice
May 2014**

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Appendices

- Appendix 1 Analysis Report by John Moores University 2013
- Appendix 2 Stakeholder Matrix Model
- Appendix 3 Communications and Engagement Work Plan 2014

1. Introduction

In 2008 the Merseyside and Cheshire Cancer Network (MCCN) commissioned an expert review of the configuration of Cancer Services in Cheshire and Merseyside with the aim of developing recommendations to ensure that services were delivered in the best way to improve outcomes for patients. The resulting report, 'The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network', made a number of recommendations to improve the way non-surgical cancer services were organised in the MCCN area.

Since then much work has been undertaken to implement the recommendations of this report and the Transforming Cancer Care project represents the culmination of this activity.

- The need to encourage the major expansion of radiotherapy through the development of satellite radiotherapy units closer to the populations served and limiting the size of major centres to a maximum of eight LINACs.
- The decentralisation of chemotherapy requiring a larger clinical workforce with a greater local presence.
- More flexible service delivery models required which were less dependent on a single centre and more served through networks of care.
- The increasing use of multi-modality treatment regimes suggesting that, in the longer term, isolated oncology centres were no longer appropriate.
- The organisation of hospital services in MCCN meant that integrated cancer care was dependent on oncologists to secure the integrity of patient pathways. It was more difficult to achieve this from a remote centre.
- The needs of the network population were high in terms of cancer care but the results were likely to be inhibited by poor accessibility to oncology services as well as by late presentation. Closer alignment of oncology to local providers would shift the balance of leadership in cancer care and would support improving the overall organisation and delivery of care.
- Developing cancer research in Liverpool, an essential component of all cancer care and of medical research, was compromised by the absence of academic oncology leadership. The isolation of the current cancer centre and its distance from surgical oncology and MDTs were factors in the difficulty in addressing this deficiency.

2. Work done to date

Several reports have been produced in order to understand the implications of reconfiguration. These include the *Baker-Cannon* report⁽¹⁾ and the *Ellison-Cottier* report⁽²⁾. Equality issues, such as whether the reconfiguration would positively or negatively impact on a group with characteristics protected by law, have also been considered⁽³⁾.

There has been significant pre-consultation activity undertaken on the implications of the proposals contained within the Transforming Cancer Care project. This was conducted within the spirit and guiding principle of “**No decision about me without me**” which puts patients, service users and their carers at the centre of the decision-making process.

The pre-consultation exercise informed local people about the proposal and sought to find out whether they were in support of the proposed reconfiguration. It was also undertaken in order to help guide the planned formal consultation exercise and development of the business case. Local people were asked a Principal Consultation Question (PCQ):

“After finding out about the plans to develop a new Clatterbridge Cancer Centre for Cheshire and Merseyside, which would be based next to the Royal Liverpool University Hospital, do you think this is a good idea?”

Respondents could either answer *yes*, *no* or *not sure*. Respondents were then asked to provide comments about their chosen answer (“*why do you think this?*”). The data gathered was largely qualitative and therefore has been subjected to an epistemological analytic approach using Nvivo computer software. The survey data comprised 4,164 responses to the PCQ. This data also revealed that 3,755 (90%) respondents left comments to the open question within the survey. The analysis was independently undertaken by John Moores University and the report (Appendix 1) has been made available to key stakeholders as part of the feedback process.

A further Equality Impact Assessment⁽³⁾ considered the responses to the PCQ in relation to where people lived and further investigates the themes arising from the additional question about why people responded to the question in the way they had.

Results

- 90,000 people engaged
- 114 roadshows
- 96 group sessions with 53 different groups
- 7 District General Hospitals participated
- 12 CCGs involved
- Every area Cancer Support Group engaged
- Every area Healthwatch supported the engagement
- Every area CVS advertised events to support attendance
- Over 40 cancer community champions recruited

- 14,500 visited roadshows
- 4,164 formal written responses

Overall, the process has given The Clatterbridge Cancer Centre a wealth of qualitative information which the Trust is committed to actively reflect within the plans as they develop.

The process has also given the Trust robust evidence and greater confidence that their proposals meet the requirements of its population. It has helped to differentiate the varying concerns of patients, carers and the public and understand these concerns in more depth. It has also confirmed to the Trust the importance of car parking and access and how robustly this must be considered and evidenced within the plans.

The analysis of 4,164 respondents found that those who opposed the reconfiguration were mainly from areas close to the current services ('CH' postcode) but that overall a large majority of respondents supported the proposal.

The emerging themes identified and evidenced (in alphabetical order) were: -

- Accessibility
- Cost
- Good Current Services
- Ill Health
- Loss of Services
- Travel
- Visits

These themes were observed across many responses but with Loss of Services, Cost and Good Current Services being themes particularly pertinent to "No" voters and to a lesser extent, therefore, respondents with a 'CH' postcode.

It is now the intention to use the information gathered from the pre-consultation engagement work to shape a formal public consultation exercise which will be conducted from July-September of 2014.

Therefore there are a number of phases of consultation:-

- **Pre-consultation** as part of the development of recommendations was undertaken August 2012 to February 2013. Feedback on findings from the pre-consultation was undertaken January 2014 to March 2014.
- **Formal consultation** on the actual recommendations for change is planned to commence July 2014 to September 2014.
- **Post-consultation** feedback detailing how the decision is being implemented (dates to be agreed pending outcome of consultation).

3. The Vision for Transforming Cancer Services

Transforming Cancer Care aims to ensure people in Cheshire and Merseyside benefit from easy access to the best clinical expertise, the most advanced treatments and the best facilities for many years to come.

We aim to achieve this through:

1. A new Clatterbridge Cancer Centre at the heart of Liverpool, centrally located for the 2.3m people in Cheshire and Merseyside, and on the same health campus as Royal Liverpool University Hospital, University of Liverpool, CR:UK's Liverpool Cancer Trials Unit and other key research partners.
2. Continuing to provide most cancer services at The Clatterbridge Cancer Centre in Wirral in addition to the new centre on the Liverpool health campus, the satellite radiotherapy unit at Aintree University Hospital and satellite chemotherapy services at seven hospitals across Cheshire and Merseyside.

What would change?

- There would be a new cancer hospital in the heart of Liverpool, closer to the c. 70% of patients who live north of the Mersey.
- Inpatient care would move from Wirral to the new centre in Liverpool. Some complex outpatient treatment would also move, as would the Teenage and Young Adult unit, bringing it closer to Alder Hey.
- For the first time, patients could access cancer surgery, chemotherapy, radiotherapy, intensive care, inpatients, outpatients, and acute medical/surgical specialties together on the same site.
- Seriously ill patients with complex conditions could receive treatment that can't be provided at the moment because there is no intensive care on site at Clatterbridge.
- Cancer experts from different hospitals, the university and key research partners would be together, offering new scope for research. Patients could also access a much broader range of clinical trials.
- The Wirral site would receive further investment so local patients would continue to receive the same high standard of care for the foreseeable future.

What would stay the same?

- The warm, compassionate Clatterbridge care patients value so much would also be provided in the new centre.
- Most Wirral and West Cheshire patients could continue being cared for at the existing centre. They would only need to travel to Liverpool for inpatient care or the more complex treatments. All outpatient chemotherapy would be available at Wirral, as well as radiotherapy for common cancers including breast, prostate and lung.

- The specialist eye proton therapy service – the only one of its kind in the UK – would also remain at Wirral.
- The satellite radiotherapy unit at Aintree (Clatterbridge Cancer Centre Liverpool) would remain, with radiotherapy for common cancers and the specialist stereotactic radiosurgery service for brain tumours.
- The satellite chemotherapy services across Cheshire and Merseyside would also continue.
- Patients – including those from Wirral – would receive an even better quality of care.

4. Aims and Purpose of Communication and Consultation

Under Section 242 of NHS Act 2006, providers of NHS services must make arrangements to secure the involvement of people who use, or may use services in:

- Planning the provision of services;
- The development and considerations of proposals for change in the way those services are provided – where the implementation of the proposals would have an impact on the manner in which those services are delivered, or the range of services that are delivered;
- Decisions to be made by the NHS organisation affecting the operation of services.

The aim of the consultation plan is to ensure that decisions/recommendations are informed and guided by the views of stakeholders and patients, carers, and the public, which will further inform the progress of transforming cancer care across Cheshire and Merseyside.

As a major service provider, The Clatterbridge Cancer Centre is committed to providing the best possible cancer services in order to improve outcomes and reduce health inequality.

Staff are one of the key stakeholders in Transforming Cancer Care. There has been regular staff engagement throughout the pre-consultation period and lessons learnt from their feedback will be built upon. Staff will remain one of the key stakeholder groups throughout consultation and the post-consultation period.

There will be extensive and ongoing communication and engagement through a variety of forums including roadshows, the intranet, noticeboards/newsletters, informal events and more formal involvement of staff representatives in project groups. Staff suggestions for enhancing the proposals for change – both for the new Centre and as part of the Trust's wider organisational development plan – will be very much encouraged and valued.

Clinical engagement and support is an essential element of this project and input from specialist clinicians, clinical commissioning groups, health and wellbeing boards etc, will be sought to ensure their feedback and commentary are considered in the proposals for change.

Local authorities have been engaged since the inception of this proposal and have received regular updates as the plan has progressed through various stages. A request will be made to convene a joint Overview and Scrutiny Committee to allow a collective forum to discuss the proposals, scrutinise the plans, hear from clinical staff involved and view the findings from the patient and public consultation.

This consultation plan seeks to:-

- Outline the objectives for communications and consultation within the project;
- Define the communications and stakeholder consultation strategic approach;
- Define the development of communications and key messages;
- Identify the stakeholder groups (key target audiences);
- Identify the channels of communications for these stakeholders;
- Plan communications and consultation activities;
- Systematically record all engagement aligned to the requirements set out in 2012 Health and Social Care Act and 2006 NHS Act;
- Ensure the consultation activity is aligned to best practice, in particular to:-
 - NHS England guidance as detailed within Transforming Participation in Health and Care September, 2013
 - NHS England guidance as detailed within Planning and Delivering Service Changes for Patients, December 2013
 - Cabinet Office Code of Conduct for public consultations
- Ensure that all phases of the consultation will be composite and will be compliant with the requirements set out in the Four Tests for major service changes;
- Define the means of monitoring feedback and evaluating the success of communications and engagement.

There is an absolute commitment to carry out the work with full engagement from all stakeholders, particularly local patients, carers, providers and staff.

A time-limited group has been established by NHS England Cheshire Warrington and Wirral (CWW) Area Team, to steer the project through the consultation and scrutiny process.

5. Context for Communications & Consultation Activity

This plan supports NHS England CWW Area Team as service commissioners, and The Clatterbridge Cancer Centre NHS Foundation Trust as the service provider, in delivering their communications and engagement responsibilities. There are a number of key specific documents that have informed and shaped the communication and consultation plan which are highlighted in blue below:

Health & Social Care Act 2012

- Duty to promote the NHS Constitution (13C and 14P)
- Quality (sections 13E and 14R)
- Inequality (sections 13G and 14T),

- Promotion of patient choice (sections 13I and 14V)
- Promotion of integration (sections 13K and 14Z1)
- Public involvement (sections 13Q and 14Z2)
- Innovation (sections 13K and 14X)
- Obtaining advice (sections 13J and 14W)
- The duty to have regard to joint strategic needs assessments and joint health and wellbeing
- Section (14Z2) outlines how this legal duty for involvement:
 - in the planning of its commissioning arrangements,
 - in developing and considering proposals for changes in the commissioning arrangements that would impact on the manner in which services are delivered or on the range of services available, and
 - In decisions that affect how commissioning arrangements operate and which might have such impact.
- Section (14v) Duty as to Patient Choice
 - Each CCG (*who will take over from PCT post April 2013*) must in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.

Government and Public Involvement in Health Act 2007

Strategies (section 116B of the Local Government and Public Involvement in Health Act 2007)

NHS Act 2006

Section 244 of the NHS Act 2006 duty to consult the relevant local authority in its health scrutiny capacity.

Public Sector Equality Duty 2010

Planning and delivering service changes for patients, December 2013, NHS England

Transforming Participation in Health and Care 2013, NHS England

Everyone Counts: Planning for Patients 2013/14, NHS England

NHS Operating Framework for the NHS in England 2013/14

Independent Reconfiguration Panel guidance

- Make sure the needs of patients and the quality of patient care are central to any proposals;
- Assess the effect of the proposals on others services in the area;
- Give early consideration to transport and access issues;
- Provide independent validation of the responses to engagement and consultation.

Rules on service reconfiguration Indicative evidence requirements against the “Four Tests”

- Test 1 – support from GP commissioners

- Test 2 – strengthened public and patient engagement
- Test 3 – clarity on the clinical evidence base
- Test 4 – consistency with current and prospective patient choice

6. Specific Stakeholder Engagement Plans

It is vital to involve a wide range of stakeholders in the debate for change. This will ensure that people are informed about the reasons for the proposed changes and they have an opportunity to comment on and influence these plans.

NHS Cheshire and Merseyside Commissioning Support Unit (CMCSU) will work in partnership with Voluntary and Community Sectors (VCS), locality Healthwatch and carer/patient support groups, and build upon its existing networked approach to engaging patients, carers, and the wider public. It will include the use of the community cancer champions model which proved successful during the pre-consultation phase. This approach has been identified as crucial in reaching key stakeholders, including those traditionally hard to reach. Together the CMCSU, The Clatterbridge Cancer Centre outpatient sites and the VCS partners will work to collect views, comments and insight on patient experience and expectations.

Community champions, communities, organisations and patients and will be provided with consistent information and communication materials to share this across the sub-region which is inclusive of key stakeholders in the North and South Mersey regions.

The feedback from this activity will be used to inform the Outline Business Case.

As an early involvement strategy, all of Cheshire and Merseyside Healthwatch organisations, carer groups and VCS have been provided with feedback from the pre-consultation phase and asked for their continuing support in the formal consultation programme. This has been secured and dedicated “cancer champions” awareness events will be held to share the range of activity which is planned and allow people to choose options to volunteer.

A communications and engagement work plan has been appended (see Appendix 3). This will be a fluid plan; as new opportunities arise CMCSU will consider the capacity to add to its exiting programme of work.

Representatives from the community voluntary sector and Healthwatch have acknowledged and valued information regarding the process and have responded positively to our request for a collaboration of approach during the formal consultation period.

Target Audiences

The approach to communication and engagement aims to be comprehensive and robust. Our aim is to work closely with key organisations that can easily communicate with a range of audiences within their networks as follows:-

- Local residents
- Patients and Carers
- Third sector providers
- Voluntary Patient Groups
- Charities
- Hospices
- Hospital Trust Governors and Members
- Hospital Trust Volunteers
- Local Healthwatch Organisations
- Local Council for Volunteer Service network
- NHS England Area Teams for Cheshire and Merseyside
- Cheshire and Merseyside Clinical Senates
- Chairs and Chief Officers of Clinical Commissioning Governing Bodies
- GPs members across Cheshire and Merseyside
- Chairs of Local Medical Committees (LMCs)
- Primary and Secondary Care Trust Communication and Engagement Leads
- Hospital Trust Chief Executive Officers
- Hospital Senior Operational Managers
- Senior Consultant Cancer Clinicians
- Associated Operational Clinicians and staff
- Cancer Networks
- The University of Liverpool
- Local Authority Health Overview and Scrutiny Committees
- Members of Parliament for constituent localities
- Directors of Public Health
- Health and Wellbeing Boards
- Local media

Engagement Channels

Stakeholder engagement will be carried out through a range of channels to promote and explain the purpose and progress of the review, including:

- Senior officer meetings
- Attendance at Health Overview & Scrutiny panels
- Production of patient and clinician DVD to disseminate during the consultation
- Corporate launch events
- 2 Volunteers / Community Champion launch events
- Publicity available at every GP practice
- Local activity at all Clatterbridge Cancer Centre outpatient sites

- Activity at the Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Targeted letters and emails
- Attendance at high volume public events throughout Summer
- Newsletters information within Hospital Trust membership publications
- Internal staff briefings
- Web based consultation information and online survey
- Dedicated phone line
- 10,000 leaflets distributed to cancer centres, community groups
- Coverage on local Radio via live interviews and information on their website reaching the North West and Wales.

A matrix demonstrating reach to respective groups is detailed in Appendix 2.

7. **Key Messages**

The following key messages will be covered in all communications to all stakeholders:

- The need for change
- Why is this a local priority
- Who it would affect
- What are the benefits
- What this would mean to local people and services
- How it would be implemented
- What are the timescales
- What can you influence
- What are your views on this proposal

8. **Milestones**

This plan is delivered in the context of a changing NHS. In order to be effective in our communications and engagement we may need to adapt this plan over time to reach our target audiences in the most effective way. Progress against the key milestones will be monitored.

Action plans for communications and engagement are set out in Appendix 3.

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North West Ambulance Service



NHS Trust



Delivering the right care, at the right time, in the right place

NORTH WEST AMBULANCE SERVICE NHS TRUST

QUALITY ACCOUNT

2013/2014

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1 Chief Executive's Statement

Welcome to the Quality Account for the North West Ambulance Service NHS Trust, which describes how we have delivered and improved quality during 2013/14, and sets out our quality priorities for the year ahead.

2013/14 has again been a successful year for the Trust, and I would like to draw your attention to some particular headlines from the year:

- Progress in developing effective and innovative approaches to patient care, seeking to deliver safe care closer to home
- A successful process in taking over the 111 service for many residents in the North West
- Success in meeting all national operational response time targets for the year
- Significant improvements over the first year in the quality standards performance of the four Patient Transport Service (PTS) contracts.
- Continued expansion of and improvement in performance against our Clinical Performance Indicators
- More evidence of the enormous beneficial impact of our clinical leadership structure with its tiers of Advanced and Senior Paramedics dedicated to quality improvement
- Another extremely positive inspection report from the Care Quality Commission following its visit in February 2014
- The second year of our programme of Station Quality Visits in which senior corporate managers visited our 109 stations and found evidence of continuing improvement in standards
- An extensive and effective programme of engagement with patients to ascertain their levels of satisfaction with our services, in both the Emergency and Patient Transport Services, all showing very high levels of satisfaction

Once again I would like to record my deep appreciation and thanks to all NWAS staff for their continuing commitment to their patients and the quality of care that they provide. I would also like to give my thanks to the many volunteers who do so much to support the Service. The thousands of volunteers from the PTS Voluntary Car Service, Community Responder schemes, Voluntary Ambulance Services and Mountain Rescue Services make an invaluable contribution to the safety and care of the people of the North West

I hope that you find this Quality Account informative. Please get in touch if you have any questions.

Bob Williams
Chief Executive

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNT

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Mary Whyham (Chairman) June 2014

Bob Williams (Chief Executive) June 2014

2 Looking back to 2013/2014 - Review of Quality Performance

This section of the Quality Account describes what we have done during 2013/14 to improve the quality of our services. It includes:

- How we delivered the four priorities for improvement identified in last year's Quality Account
- How we have improved the way that we measure and manage quality
- Our performance against the new national Ambulance Quality Indicators
- The progress made in improving patient safety, clinical effectiveness and patient experience.

2.1 Progress with last year's priorities for improvement

In the 2012/13 Quality Account we identified four areas for improvement. This section sets out how we have done in each:

2.1.1 Safer Care Closer to Home (SCCTH)

The Trust is committed to the principle of providing safe care closer to home whenever possible. This in accordance with national policy and has been agreed with local partners. The principle is that if a patient does not require emergency hospital care they should not be taken to A&E, but provided with an alternative care pathway. This can be done over the telephone ("Hear & Treat") or by an ambulance clinician attending a patient, identifying their needs and agreeing the best course of action ("See & Treat"). This may be through one of our patient pathfinder pathways.

We have continued to develop the SCCTH programme over the past 12 months. We have introduced over 3500 new Community Care Plans, along with GP Referral schemes in 31 CCGs across the North West. This has allowed the Trust to increase the number of people receiving SCCTH from 17.6% to 18.1% in year. For some patients conveyance is needed but not to an A&E department. They can be taken to walk-in centres, minor injury units and other facilities. We have increased the number of patients conveyed to these alternative units from 4.3% to 6.1% of the total conveyed. Overall, the total number of patients receiving care without the need for conveyance to an A&E department has increased from 23% to 25.2% in year.

Hear and Treat

The efficient handling of calls from the public and other healthcare professionals is a critical function in the service delivery model. At the point of primary triage we assess each 999 call using Advanced Medical Priority Dispatch System (AMPDS) to triage the urgency of the caller's needs and determine the appropriate level and type of response needed.

Our first priority is to ensure a timely response to patients with immediately life threatening conditions. However, we are aware of the importance of increasing the use of alternative care options, and we are undertaking a review of the existing telephone triage capacity across NWAS and the potential for wider system integration. In continuing to develop our telephone triage function the Trust is looking to increase the number of patients managed by telephone advice by 9,028 calls in 2014/15.

See and Treat

When our paramedic staff do attend an incident they are supported to determine confidently and safely the most appropriate destination for care. This may be a specialist centre or a local A&E. Staff are trained to use triage support methods such as clinical algorithms (Pathfinders) and are supported by both on-scene and remote clinician-to-clinician support.

This will ensure that NWS clinicians have the capacity to determine the most appropriate treatment, referral, or self-care options for our patients. Through employing consistent triage processes both by telephone and face to face, our aim is to ensure patients receive the right care, at the right time, in the right place.

We continue to develop our ability to use the Urgent Care Service when clinically appropriate in order to protect emergency resources for patients with time critical needs.

The Trust is looking to increase the number of patients receiving care without conveyance by 10,676 in year. This means that collectively, we will increase the number of people managed by telephone or managed at home following face to face assessment by 19,704 in year.

111

NWS recognises the potential of the NHS 111 urgent care access route to fit comfortably alongside its existing emergency 999 service, forming a seamless urgent and emergency care model. Patients will continue to access urgent and emergency care via either route, offering obvious service delivery synergies and common outcomes for patient regardless of the route they have chosen. NWS believes that we can deliver this seamless service and at the same time reduce duplication and inefficiency.

2.1.2 Management of Patient Waiting Times (long waits)

When a person calls for an ambulance, the call is categorised by the Trust's Advanced Medical Priority Dispatch System (AMPDS). This is an internationally recognised system that is used by the majority of Ambulance Trusts in this country. The categories that are currently used are as follows:

- Red 1 and 2. These are calls that are prioritised as immediately life threatening such as cardiac arrests, serious bleeding, severe breathing difficulties and choking. Red 1 calls are the 10% of these calls that are most immediately life-threatening
- Green 1 and 2. These are calls that are prioritised as serious but not immediately life threatening such as fitting and serious limb injuries. As such the Trust aims to reach these patients as quickly as practicable.
- Green 3 and 4. These are calls that are neither serious or life threatening such as bone injuries and falls, without priority symptoms. The Trust uses additional telephone triage to ensure the patient receives the most suitable level of assistance. This may include referral to local community services or other NHS providers or a referral back to NWS to arrange dispatch of an ambulance within a designated time.

Although NWS has been extremely successful in meeting response time targets for the most acutely ill patients, it is inevitable that at times of very high demand some less poorly patients have to wait longer than is desirable. The duty of the Trust is to minimise these occurrences and ensure that the right patients are given the higher priority. This year, detailed analysis has been carried out on patients in red and green categories who wait longer than is desirable.

In the study of Red category patients recorded as waiting over an hour, it has been found that they are almost exclusively patients who are initially placed in a Green category as their condition is not life-threatening. Following call back they have been found to have deteriorated and so have been recategorised as reds and receive an emergency response. This issue has been reported regularly to the Board and each case is subject to review. The Trusts is satisfied with these current arrangements but will continue to monitor the position closely.

For the first time the position of green patients waiting for long periods has been analysed closely and reported to the Board in May 2014. The analysis has shown that in the majority of cases, patients are responded to in a timely manner and that broadly response times are satisfactory, but that at times of very high demand Green 4 patients can wait longer than is desirable. Over half of these patients are referrals from GPs. As a result of the review a number of changes have been made to operational procedures to minimise the impact on the most vulnerable patients. Further developments will follow in 2014/15.

The Trust understands how important it is to manage patient expectations about the service provision and its Team 999 public education campaign seeks to explain to the public what happens when you call 999 and that it does not always lead to a blue light emergency response or a trip to hospital. The Trust seeks to ensure patients receive the right care at the right time and in the right place based on their clinical need.

2.1.3 Isolated Lower Limb Fracture

The Trust has implemented a new Clinical Performance Indicator to address this significant group of patients. The Trust agreed and introduced a new care bundle for patients suffering with fractures below the knee during 2013/14. As is common with all new care bundles, initial performance was relatively low at less than 40%. A 15% improvement target was then agreed for the year, which was exceeded in quarter 4. Care bundle performance increased from 37.9% to 63.8%. Performance will be benchmarked against other ambulance trusts in England.

2.1.4 Improving Care for Patients with Mental Health Issues

This priority covers a range of initiatives, including the introduction of a new Mental Health Pathfinder, a new CPI, and engagement with service users. A significant amount of work has been undertaken to establish links with relevant stakeholders and associated networks. NWAS has been able to increase its service development requirements in relation to; improved patient care, staff training. This is a highly important area of work for the Trust and this is reflected in two of the improvement areas for 2014/15 that will take this work forward.

2.2 Managing Quality Better in 2013/14

The Board affirmed its commitment to the delivery of quality services by approving a revised Quality Strategy in May 2013, which takes into account the required developments arising from the publication of the Francis 2 Inquiry Report of February 2013. The strategy sets out how we will ensure the quality of our services continues to improve under the domains of Right Care, Right Time and Right Place. All service developments and cost improvement schemes are subjected to a quality impact assessment which will identify where there is a likelihood of a negative impact on service quality. This allows us to either consider alternatives or mitigate the risk of a negative impact.

The revised Quality Strategy was underpinned by a comprehensive implementation plan for 2013/14 to ensure that developments set out in the strategy were progressed and embedded in the

organisation. Progress against the 205 actions initially identified within this implementation plan was monitored throughout the year by the Quality Committee.

Care Quality Commission Inspection

On 10-14 February 2014 a team from CQC visited the Trust to carry out an unannounced inspection of compliance with five of the essential standards of quality and safety. These were:

- Care and welfare of people who use services
- Cooperating with other providers
- Safety, availability and suitability of equipment
- Supporting workers
- Assessing and monitoring the quality of service provision

The Trust is very pleased to be able to report that it has again received a very positive report confirming compliance with all five standards. The Trust has now received three similar reports, one for each area, over three years

This year's visit was carried out in the Cheshire & Mersey area, covering Elm House Emergency Operations Centre (EOC), four stations and four A&E departments. Inspectors spoke to managers, operational staff, patients and hospital colleagues. They commented on the high degree of congruence in the responses received from all these sources, confirming a clear picture of a dedicated and professional workforce providing a high quality service.

The full report is available to view from the CQC website: <http://www.cqc.org.uk/directory/RX701>

The outcome of this inspection is testament to the hard work and dedication of staff across the whole Trust. The report highlights the positive feedback provided by staff and patients and the inspectors noted safe and good care when reviewing protocols and observing practice.

Station Quality Visits

The Trust has 109 stations spread over the whole of the region and it is a continuing challenge to stay in touch with all of our staff. For the second year a programme of Station Quality Visits has been carried out. Senior corporate managers have visited every site to identify any areas of either concern or good practice. The approach taken was one of a number of examples of active engagement with staff to ask their views on quality of service, and how it can be improved. The process was extremely productive and effective and was welcomed by all concerned. Particularly welcome was the feedback that the presentation and cleanliness of stations have improved. Trust-wide initiatives such as vehicle deep-cleaning, clinical waste management and records management have significantly improved the running of the service.

Station Level Quality Reporting

The Trust continues to produce monthly station level reports for in each station. Posters are produced and displayed for each station to show how they are performing in comparison to their peers against a range of quality measures. This year we have produced more detailed reporting on a three monthly cycle covering the three key challenges of Right Care, Right Time, Right Place. This approach is supported by the clinical leadership structure as Advanced and Senior Paramedics use the information to identify areas of strength and weakness to drive continuous improvement.

2.3 National Reporting Requirements

Under the national reporting requirements for Quality Accounts, ambulance trusts are required to report explicitly on performance against four national Quality Indicators:

2.3.1 Category A (Red 1 & 2) Response times

All 999 calls identified as being immediately life-threatening calls are placed in one of two categories: Red 1 and Red 2. Red 1 includes approximately 10% of red patients who are most at risk though conditions such as cardiac or respiratory arrest. For Red 1 calls the clock starts immediately the call arrives at the Trust switchboard, whereas for Red 2 and Green calls the clock start is once the nature and location of the call has been confirmed. There are three national response time targets:

- Red 1 - 8 minutes: Respond to 75% of Red 1 calls within 8 minutes with a suitably trained and equipped response. This could be an ambulance, a Rapid Response Vehicle or a community responder
- Red 2 - 8 minutes: Respond to 75% of Red 2 calls within 8 minutes with a suitably trained and equipped response. This could be an ambulance, a Rapid Response Vehicle or a community responder
- A19: Respond to 95% of Category A (red 1 & 2 combined) calls within 19 minutes with a vehicle capable of carrying a patient

All other calls are placed in the four green categories, Green 1 – Green 4

Figure 1 shows the performance over the last two years and includes the NWS ranking position among the twelve ambulance trusts in England. The Red 1 & 2 distinction came in from June 2012, and so the national comparative figures shown below relate to the period June 2012 to April 2013:

Figure 1: Response time performance 2012-2013

Indicator	Target	2012/13				2013/14			
		NWAS	National Average	Range	Ranking	NWAS	National Average	Range	Ranking
Red 1 - 8 minutes	75%	73.5%	74.0%	70.0-78.9	9/12	75.9%	NYA	NYA	NYA
Red 2 - 8 minutes	75%	76.6%	75.6%	72.8-76.9	2=/12	77.4%	NYA	NYA	NYA
A19/ Red 1 & 2 19 minutes	95%	95.1%	96.0%	91.9-98.2	9/12	95.8%	NYA	NYA	NYA

NYA - not yet available

The Trust is very pleased to report that all three national targets for response times in 2013/14 were achieved.

NWAS NHS Trust considers that this data is as described through effective use of our available resources. The Trust expects to meet these targets again in 2014/15

2.3.2 Quality Outcomes

Ambulance Trusts are required to report on performance against two of the national Ambulance Clinical Quality Indicators (ACQIs). These indicators have been developed to give information on clinical effectiveness by assessing the outcomes achieved for patients with heart attack (Myocardial Infarction or MI) and cardiac arrest. More detail on NWAS performance against each of the outcomes is given in section 2.5.1. For the purpose of meeting Quality Account requirements, we

have to report on care bundle performance for MI and stroke. It should be noted that these care bundles do not coincide with the care bundles which NWAS uses internally and which are reported in section 2.5.2

ACQIs are reported nationally four months in arrears as they are dependent on gathering outcome information from hospital trusts. For this reason there are no figures available after December 2013. Figure 2 gives details of performance over the last two years.

NWAS NHS Trust considers that this data is as described for the following reasons:

- Data is processed through a series of pre-defined criteria to ensure it has been collected, analysed and collated in accordance to the latest Ambulance Quality Indicator: Clinical Outcome technical guidance.
- NWAS has taken and will continue to take the following actions to improve clinical practice and the quality of its services, by using clinical action plans. This process will be reviewed and closely monitored by the Emergency Service Clinical Quality Business Group with emphasis firmly placed on local responsibility, accountability and ownership of implementing the recommendations identified from the audits.

2.3.3 Patient Safety Incidents

Details of Patient Safety incidents are included in section 2.4. For Quality Account reporting purposes it is noted that in the last financial year there were four clinical incidents that resulted in patient injuries that were categorised as “severe harm or death”. These were all were handled under the Strategic Executive Information System (StEIS) and reported in full to Commissioners.

Figure 2: ACQI Care Bundle Performance - 2012/14

Reporting Period 1: April 2012 – March 2013												
AQI Care Bundle Performance	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
NWAS: Outcomes from Acute ST-elevation Myocardial Infarction— Care Bundle	76.3% (151/198)	85.2% (150/176)	76.5% (189/247)	83.1% (157/190)	87.5% (168/192)	88.1% (171/194)	85.2% (196/230)	83.7% (154/184)	84.3% (193/229)	82.8 (168/203)	81.2 (164/202)	81.1 (180/222)
National Average (%) & Range (%)	79.5 (100 – 71.6)	78.8 (100 – 68.6)	74.6 (100 – 60.8)	78.7 (92.1 – 25.0)	76.1 (100 – 65.7)	77.2 (100 – 57.9)	78.4 (100 – 65.2)	77.8 (100 – 65.6)	77.5 (100 – 50.0)	79.1 (100 – 62.9)	78.3 (90.8 – 65.5)	77.6 (100 – 62.7)
Ranking	9/12	5/12	5/12	4/12	3/12	3/12	5/12	6/12	4/12	6/12	4/12	5/12
NWAS: Outcomes from Stroke — Care Bundle	96.0% (285/297)	95.6% (344/360)	96.5% (329/341)	95.8% (361/377)	98.4% (362/368)	97.2% (278/286)	97.3% (660/678)	98.8% (676/684)	98.5% (669/679)	99.2% (1042/1050)	99.0% (909/918)	99.2% (1057/1066)
National Average (%) & Range (%)	91.3 (100 – 84.0)	90.4 (99.3 – 77.3)	92.7 (98.7 – 78.0)	93.2 (100 – 88.8)	93.8 (98.4 – 85.0)	94.5 (99.3 – 84.1)	94.2 (97.3 – 88.4)	95.5 (99.1 – 80.0)	95.7 (100 – 90.7)	96.2 (100 – 90.0)	95.8 (99.7 – 91.7)	95.8 (100 – 92.0)
Ranking	3/12	3/12	3/12	3/12	1/12	3/12	1/12	2/12	2/12	2/12	2/12	2/12

Reporting Period 2: April 2013 – November 2013												
AQI Care Bundle	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
NWAS: Outcomes from Acute ST-elevation Myocardial Infarction— Care Bundle	84.0% (173/206)	85.1% (166/195)	87.2% (170/195)	86.4% (185/214)	84.9% (180/212)	88.8% (166/187)	88.9% (177/199)	86.9% (173/199)	85.2% (202/237)	Data not available at time of writing		
National Average & Range	79.0 (89.5 – 33.3)	76.4 (85.9 – 54.4)	82.1 (100 – 69.8)	80.4 (91.3 – 64.1)	79.9 (88.1 – 61.5)	82.4 (91.2 – 50.0)	81.7 (91.4 – 67.4)	80.8 (94.0 – 57.1)	*	*National data not published at time of writing		
Ranking	2/11	2/11	3/11	2/11	4/11	3/11	2/11	3/11	*			
NWAS: Outcomes from Stroke — Care Bundle	98.5% (945/959)	99.4% (969/975)	99.6% (929/933)	99.4% (996/1002)	99.7% (1054/1057)	99.2% (978/986)	99.3% (1071/1079)	99.8% (1056/1058)	99.6% (1123/1128)	Data not available at time of writing		
National Average & Range	96.1 (100 – 91.6)	95.4 (99.4 – 89.1)	96.5 (100 – 90.7)	96.7 (99.4 – 93.3)	96.5 (93.0 – 99.7)	96.1 (100 – 90.9)	96.4 (100 – 90.0)	96.6 (100 – 93.0)	*			
Ranking	3/11	1/11	2/11	1/11	1/11	2/11	2/11	2/11	*			

2.4 Indicators of Quality – Patient Safety

The Trust has a set of Clinical Safety Indicators (CSIs), which are of measures on the main aspects of clinical safety. Our CSIs include Safeguarding Services, Infection Prevention & Control, Medicines Management and Clinical Risk.

Safeguarding indicators measure the quality and timeliness of vulnerable people referrals. Infection Prevention and Control indicators measure compliance against cleanliness, sharps, management of equipment etc. Clinical Risk indicators measure delays in emergency response and attendance, and Medicines Management indicators audit the quality of the medicines procedures.

We have developed a 'care bundle' approach to clinical assessment and care to increase the numbers of patients who receive all the required elements of care and this is audited on a variety of bundles on a monthly basis.

Progress on the Clinical Safety Indicators (CSI) is reported to each meeting of the Board of Directors and at all levels across the organisation. There has been a review of the CSI IPC audit bundle questions this year following the Mersey Internal Audit Agency review. The revised IPC bundle questions have now been incorporated into the new PES vehicle monthly check books and reflect the questions on the online audit system and the Quality Assurance audit.

2.4.1 Safeguarding Services

This section provides an overview of the progress made by the Trust in relation to safeguarding (and protecting) children, young people and adults at risk. The Trust provides healthcare regulated activity and has a legal duty to protect patients, staff and the public from harm while carrying out its roles and functions.

The year 2013-2014 has been challenging within the Trust Safeguarding Team due to an increase in the number of child and adult safeguarding referrals, enquiries and information sharing with health and social care partners and a rise in the number of Domestic Homicide, Child and Adult Safeguarding Reviews. There have been a number of developments which are outlined below along with a summary of safeguarding activity and proposed developments for the coming year.

Local Developments

- **Electronic Referral Information Sharing System (ERISS)**
This bespoke web-based system went live for sharing safeguarding referral information with Children and Adults Social care teams in October 2013. There has been a phased approach and to date most Social Care Teams are accessing the system with a plan to assist the remaining teams to go live. The benefits to the system are many including strengthened governance and information sharing.
- **Audits**
The Mersey Internal Audit Agency conducted a review of safeguarding which highlighted significant compliance and a number of areas for improvement including the low number of referrals by the Patient Transport Service. An action plan is in place and a number of actions have already been completed to increase safeguarding awareness and support the referral process. The Trust Board receives referral data by service and area.

- **Peer Review**

The National Ambulance Safeguarding Group has organised peer review audits of safeguarding arrangements in ambulance services in England and Wales. The Trust performed well overall and a number of strengths recognised.

- **Engagement**

The Trust has worked hard to engage with the Local Safeguarding Boards in the North West. A model to strengthen engagement has been approved and will be taken forward in 2014-2015.

Safeguarding Reports

The following safeguarding reports provide a snapshot of activity:

Sudden Unexpected Death of Children (SUDC)

Figure 3: Sudden Unexpected Death of Children (SUDC)

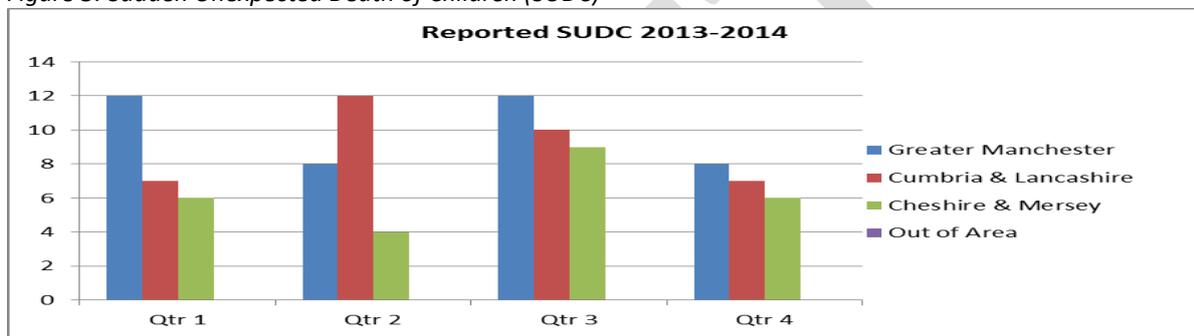


Figure 3 shows the number of children who have died unexpectedly and been notified to the Trust Safeguarding Team by the attending staff over the year. There have been a total of 78 unexpected child deaths notified, with 40 in Greater Manchester, 38 in Cumbria and Lancashire and 25 in Cheshire and Mersey. The Trust has a SUDC Procedure which is aligned to the multi-agency SUDC Procedures across the North West.

Child and Adult Safeguarding reviews

Figure 4 Child and Adult Safeguarding reviews

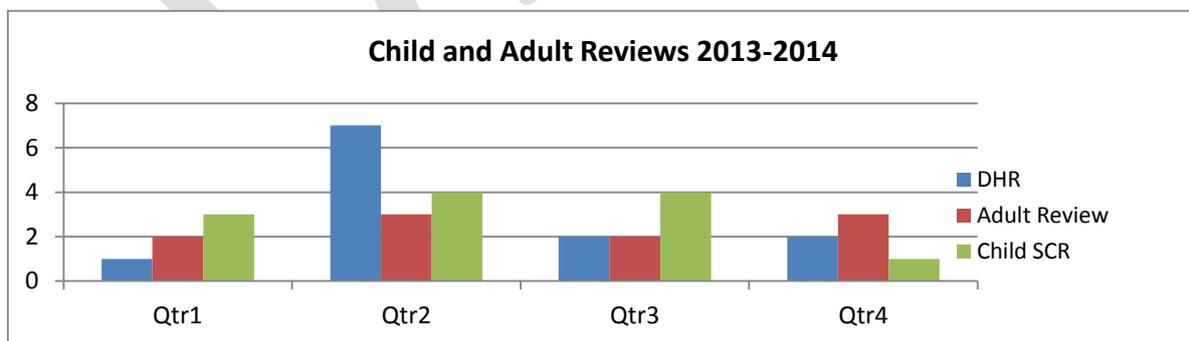


Figure 4 shows the number of Child Serious Case Reviews (SCR), Safeguarding Adult Reviews and Domestic Homicide Reviews (DHR) that the Trust has contributed to. The purpose of these reviews is to identify single and multi-agency lessons which need to be learned. Internal audits or further investigations may be requested to understand whether the Trust met expected standards of practice. This includes scrutiny of all the Trust services involved. These processes aim for learning to take place at both practice and strategic level to protect the public and ensure services are safe.

Adult Safeguarding Referrals by area

Figure 5: Adult Safeguarding Referrals by area

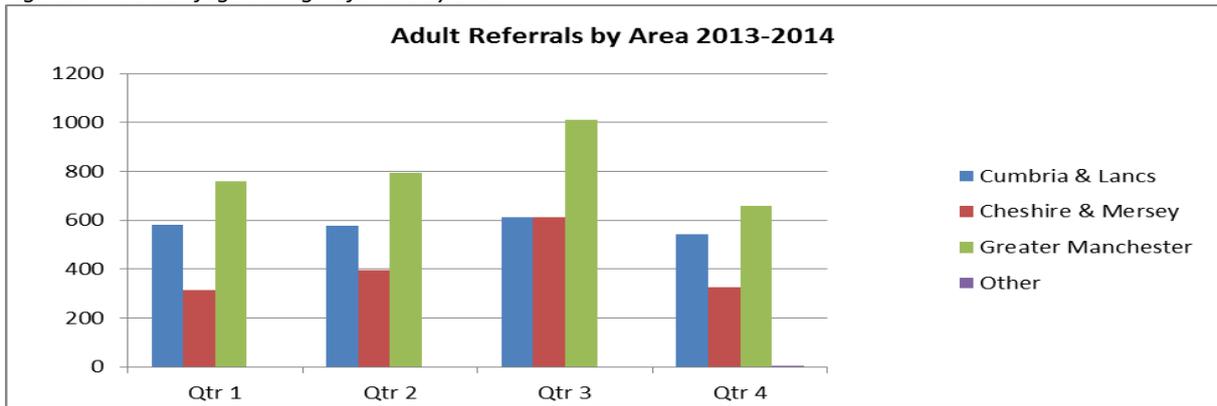


Figure 5 shows the number of safeguarding adult referrals across Q1 to Q4 2013-2014. Referral rates across all sectors continue to increase year on year. The ease and immediacy of the Electronic Referral Information Sharing System (ERISS) may have contributed in part to this increase as referrals are immediately sent and there is less scope for referrals to be missed in reporting.

Figure 6: Adult Safeguarding Referrals by type

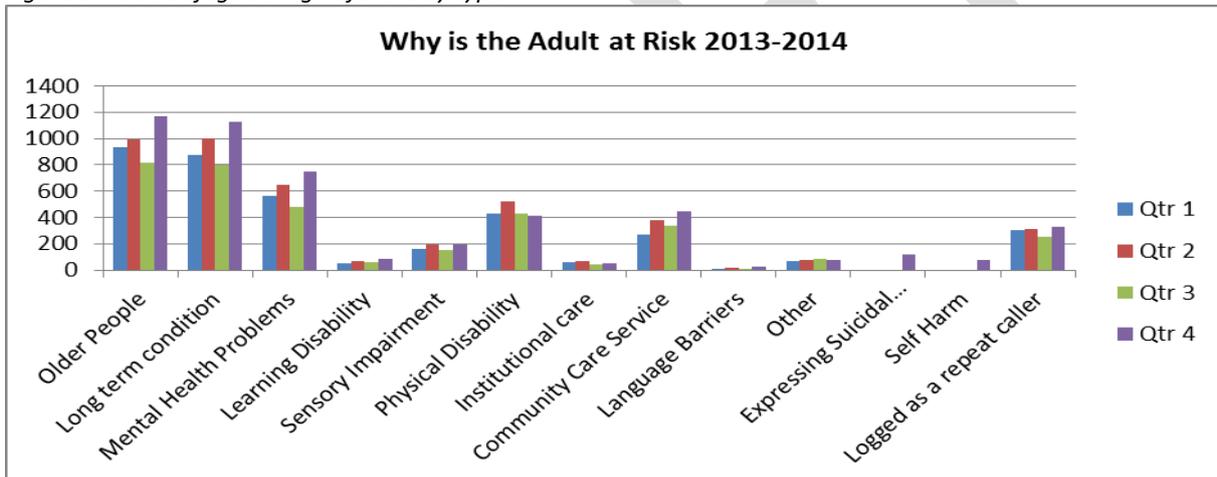


Figure 6 shows the vulnerability of the adults at risk. Older people and those with long term conditions continue to be those most frequently referred. Patients with mental health problems and those with physical disability are also more frequently referred. This pattern of referral mirrors reporting in 2012-2013 and data from the Safeguarding Adults Boards.

Figure 7: Child referrals by area

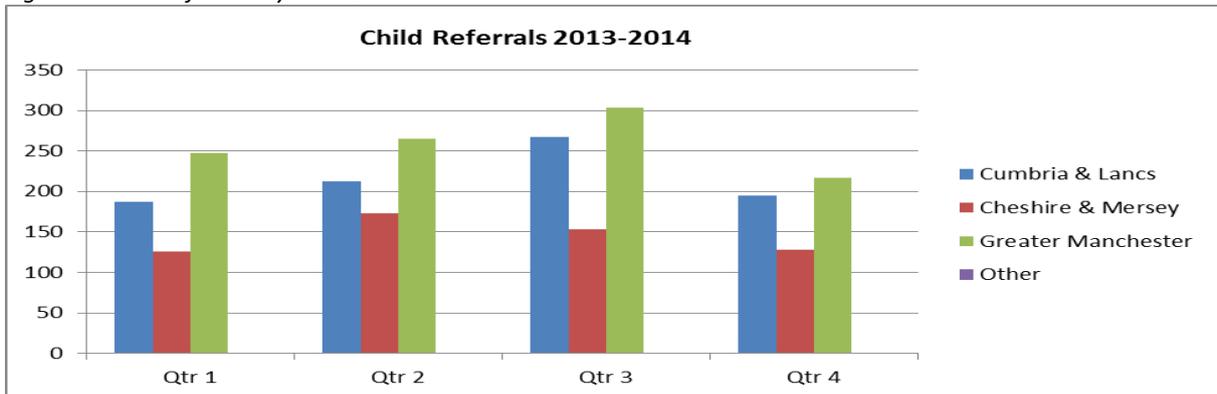


Figure 7 demonstrates the number of children referred by the Trust to Children's Social Care between Q1 and Q4. These figures continue to rise across all sectors. Referral numbers in Q3 are higher each year than the other quarters. This may be due to the time of year at Christmas and increased awareness from campaigns around domestic abuse and safe drinking.

Figure 8 Child referrals by type

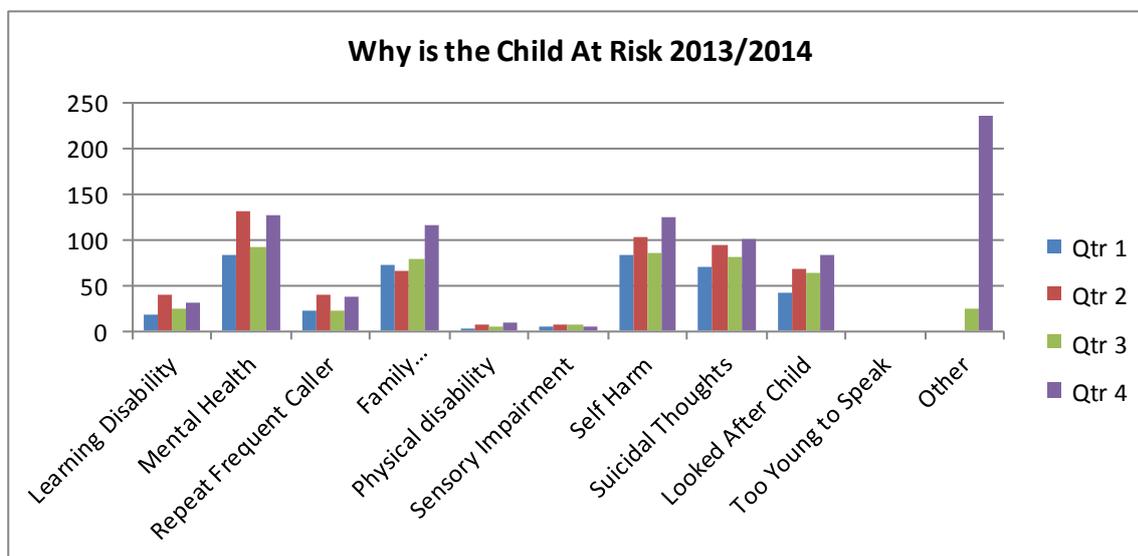


Figure 8 shows that mental ill health, self-harm and expressing suicidal thoughts continue to be significant reasons for concern why the child is at risk. This mirrors reporting across 2012-2013. There have been a number of child deaths by suicide during the year and these risks are taught within training. Family history of domestic abuse is significantly high and the risk to children in families where domestic abuse is prevalent is captured within training. The category marked other includes a number of fields and is expanded on within the referral narrative.

Proposed development 2014-2015

- **Frequent Caller**
The Trust Safeguarding Team and the Frequent Caller Project Team are developing ways of working together to identify vulnerable people who are frequent callers and to share information to ensure they are safeguarded appropriately. This work is in the early stages and will be progressed throughout the year.
- **Adolescents at risk/ adolescents making the transition to adult services.**
The Trust is planning to identify teenagers at risk and those who may be in transition to adult services to improve outcomes by:

 - Identifying children and adolescents who are frequent callers.
 - Identifying children and adolescents at risk from self-harm and suicide.
 - Identifying missed opportunities to refer these children and adolescents to safeguarding services.
- **Identifying Missed Opportunities to intervene and refer**
The Trust reports against a number of safeguarding criteria (safeguarding care bundles) and captures a breadth of safeguarding data. In 2014-2015 the safeguarding Team plan to identify when there have been missed opportunities to refer and provide a report and analysis of this data to the Trust Board. Learning from this analysis will be publicised to all staff.

- **Local Safeguarding Board Engagement**

The Trust has recently approved a model of local engagement with all the Safeguarding Boards in the North West. This will build on the relationships and engagement already established and aims to further embed safeguarding knowledge and practice.

- **Domestic Abuse**

Work has commenced to ensure all relevant staff identify domestic abuse and offer support to victims who disclose. During the forthcoming year referral information relating to domestic abuse will be further analysed and training enhanced to educate staff and to share learning. Pathways will be explored to ensure victims of abuse and their children receive appropriate support.

2.4.2 Clinical Incident Reporting

The reporting of clinical incidents is encouraged and supported throughout the Trust. Following the introduction of web based reporting it is no much easier for staff to report matters. As a result, the Trust has witnessed an increase in reporting over the last year. All incidents are notified to the appropriate local manager who is responsible for risk scoring and investigation of the incident.

Clinical safety incidents are reviewed by the Risk & Safety Department to ensure reporting to the National Patient Safety Agency (NPSA), Medicines and Healthcare Products Regulatory Agency (MHRA) as required and where appropriate Health and Safety Executive (HSE) reporting. The Department are responsible for the collation of the data working with colleagues to identify risks and the corresponding control measures for implementation.

All clinical and patient safety incidents are reported to the Clinical Governance Management Group on a regular basis, including those reported through the Strategic Executive Information System (StEIS). The Trust's Incident Learning Forum, chaired by an Executive Director, also considers identified trends and seeks assurance that appropriate action plans are in place to address weaknesses.

Where another healthcare or professional body raising a clinical incident about the care provided by NWS staff, these are overseen and managed by the Making Experiences Count team. This means that all incidents, and in particular those that are high risk, are recorded and investigated appropriately. The specific focus on high risk events ensures that risks are identified and mitigated in a timely manner. Local managers retain responsibility for lower level incidents, which are more commonly reported.

For the year ending March 2014, the Trust recorded 2701 clinical and patient safety incidents and near-misses showing an increase on the previous year. The Trust continues to welcome an increasing level of incident reporting as there is no supporting evidence to suggest that serious incidents are becoming more frequent. The increase in overall reporting reflects the fact that the incident reporting system is well established and embedded in Trust processes.

A total of 483 incidents were reported to the NPSA, a significant increase in reporting on last year. This can be accounted for by two main factors – the overall increase in incident reporting and the introduction of the 111 service. 22 incidents were also reported to commissioners through the Strategic Executive information System (StEIS). Each StEIS report is subject to a detailed investigation, approved by the appropriate Executive Director. No overall trend has been identified through the StEIS reports.

Figure 9 below shows the total number of clinical incidents and near-misses reported last year by category. Figure 10 shows those that are reported to the National Patient Safety Agency, which are all patient-related.

Figure 9: Clinical Safety Incidents by Type 2013/14

	Total
Controlled Drugs	496
Access/admission/transfer issue	362
Infection Control	342
Medicine Management	305
Clinical Treatment	251
Equipment Fault/Failure	249
Data Protection (111)	230
Clinical Assessment	143
Assessment / advice (111)	131
OOHs referrals (111)	124
Consent/Communication/Confidentiality	119
Slips, Trips or Falls	84
Documentation	77
Documentation (111)	67
111 (general)	59
Manual Handling	47
Pathfinder	42
RTC/ Vehicle	40
Vehicle Issue	31
Sharps Injury/ Incident	24
Verbal Abuse	14
End of Life Care	8
Exposure to Harmful Substance	6
Physical Assault	6
Physical Environment	4
Staff rostering	2
Directory of Service (111)	1
Equipment Damaged	1
Equipment Missing / Lost	1
Total:	3266

Figure 10: NPSA reported incidents 2013/14

	Total
Access/admission/transfer issue	93
Slips, Trips or Falls	71
Clinical Treatment	54
Manual Handling	39
Equipment Fault/Failure	37
Clinical Assessment	34
Medicine Management	28
Consent/Communication/Confidentiality	23
Controlled Drugs	19
RTC/ Vehicle	12
Vehicle Issue	10
Pathfinder	5
Sharps Injury/ Incident	5
Documentation	4
111	2
Exposure to Harmful Substance	1
End of Life Care	1
Total:	438

The Trust encourages and promotes incident reporting to ensure that we are compliant with our duties and obligations and to ensure that we understand our risks and address areas of weakness. To ensure that this process is more accessible, incident reporting has been made available through a web based system within the last 12 months.

Clinical Safety Indicators

A Clinical Quality Improvement Action Plan has been developed to monitor policy compliance at an operational level. These cover the management of all the Infection Prevention Control CSI care bundles, which have been developed to produce a single indicator percentage score. This is based on a number of metrics within each indicator (a similar process to the current CPI Care Bundles). A care bundle compliance score has been developed for all the bundles, with this reporting the percentage of vehicles/stations that have achieved 95% compliance for all metrics. All the non-compliances are collated by the Advanced Paramedics (APs) who develops an action plan to cascade down to the Operations Managers, Senior Paramedics and Assistant Operations Managers. Once completed the APs report back their findings.

The Board receives information on the care bundles relating to cleanliness of PES, PTS vehicles and stations. The compliance rate for 2013/2014 was PES 95.5%, PTS 91.6%, and Stations 90.1%. This is an average Trust compliance score of 92.4%. These figures compare to the 2012/2013 figures of PES 96.6%, PTS 94.6% and Stations 91.6% with the average of 94.3%

During 2013/2014 there were in total 502 reported incidences that were under the heading of IPC and Sharps blood splash incidences, of these 289 were relating to Decontamination Certificates not accompanying vehicles being presented to workshops for repairs. Taking these out of the total this leaves a figure of 213 incidences which is an increase of 54 over the 159 reported during 2012/2013. The web based incident reporting system is now established.

Figure 11: Infection Prevention and Control Incidents 2013/14

Incident type	No. of incidents 2012/13	No. of incidents 2013/14
Clean needle	3	8
Dirty needle + dirty needle near misses	36	48
Ampoule/glass incident	8	22
Contact with bodily fluids	40	38
Crew contact with known infectious disease	12	13
Razor injuries	9	11
Contaminated vehicles	0	10
infestation	2	1
Not notified of patients infectious status	9	5
Sterile equipment	8	0
Lack of Personal Protective Equipment	0	2
Contaminated equipment	3	9
Medical equipment	1	7
Other factors	8	17
Splash/ingestion incident	11	13
Staff welfare	9	9
HCAI reported incidents	0	0
Totals:	159	213

To protect patients and staff from the risk of infection the service endeavours to ensure all vehicles, staff, premises and equipment are clean and safe.

Examples of improvements made in practice to reduce the number of incidents include:

- A revised Needle stick/Blood splash step by step instructional guide to assist staff.
- A review of all sharps related clinical equipment ensuring we are using the safest, most appropriate and cost effective products.
- Establishment of an immunisation status database of all clinical staff and ensure robust procedures are in place to address issues of infectious outbreaks e.g. Measles.
- A campaign to highlight information on correct waste management and sharps disposal following several incidents where poor practice was identified.
- Training and development packages delivered to staff across NWAS.
- Review and acquisition of safe equipment e.g. cannulas, ampoule openers, razors.
- Issue of regular bulletins and articles in the Trust's clinical newsletter, Clear Vision on IPC related topics.
- Ensuring that all vehicles have Personal Protective Equipment available to use.
- Having an established deep clean program for all vehicles as well as having robust acute cleaning as part of the vehicle daily checks.

2.4.3 Infection Prevention and Control

The Trust's Director of Quality fulfils the role of Director of Infection Prevention and Control (DIPC). She is supported by the Head of Clinical Safety, three full time Infection Prevention and Control Practitioners (IPCP) and one Clinical Safety Practitioner who also supports the Safeguarding team. The team are responsible for supporting staff to ensure they adopt best practice, provide expert advice on safe equipment and vehicles. The IPCPs provide assurance that stations and vehicles are clean through independent audits as well as liaising with the Service Delivery team to ensure goals and targets are met.

The Trust has six Advanced Paramedics who also 'lead' on clinical safety and IPC within Service Delivery and support the IPCPs in the development and implementation of new initiatives and improving standards.

During 2013/14 we have made a number of improvements to both IPC reporting and ensuring high standards of cleanliness and infection prevention and control. These include:

- Following the Mersey Internal Audit Agency (MIAA) review, ensuring that all the standards and recommendations are achieved.
- The MIAA recommendations to review the Clinical Safety Indicators (CSI) IPC audit bundle questions. These are now incorporated into the new PES vehicle monthly check books.
- The PES vehicle assurance audits are conducted by the Advanced Paramedics, thus more audits are done each month and are more comparable with the Service Delivery quality audits.
- The "Mind the Gap" report which highlights the comparative differences between the Specialists audit result data and Service Delivery audit data is now presented to both the PES and PTS Business Groups. The data reported is then used to consider ways to reduce the disparity and improve standards.
- CSI IPC podcast have been produced and are now available on the Intranet for all staff. These series of podcasts illustrate how to conduct a quality audit, highlighting areas that are often missed or confusing.
- The 6x6 Advanced Paramedics have regular meeting to report any issues and develop Infection prevention control across NWS e.g. hand hygiene audits, sharps safety initiative and compliance.
 - IPC policies and procedures have been reviewed and updated including the Communicable Disease Policy.
 - Reports are presented to the Quality Committee on a bi-monthly basis for scrutiny and to give assurances that IPC standards are being met.
 - IPC awareness weeks are planned twice a year to raise awareness and provide staff support across NWS.

2.5 Clinical Effectiveness

The Trust has been in the forefront of the development of ways of measuring the effectiveness of clinical interventions by ambulance staff. Internally our main focus is on the set of Clinical Performance Indicators (CPIs) that we have developed. We report in care bundles and details are given below. We also report against a national set of Ambulance Clinical Quality Outcomes, as discussed in section 2.3.2.

2.5.1 Ambulance Clinical Quality indicator (ACQI): Clinical Quality Outcomes

Each month the Trust submits performance figures against the full set of national ACQI outcomes. The performance figures are derived from audit of ambulance Patient Report Forms, and from information provided by receiving hospitals. The outcomes are therefore four months in arrears to allow for effective data collection. For some indicators the numbers of relevant cases is relatively small so there is significant variation between months. To give an overall picture of the Trust's performance, a summary of the December 2012 performance is shown below:

The final report will provide some contextual commentary on the NWS December performance once the national data has been produced and is available.

Figure 12: ACQI Performance

ACQI Published Data	NWAS December 2013 Performance	NWAS December 2012 Performance	Commentary on December 2013 performance
Outcomes from Cardiac Arrest—ROSC at Hospital (overall)	26.6% (109/410)	26.8% (120/447)	The average percentage number of patients achieving ROSC on arrival at hospital was reported at XX%. Performance ranged from XX% to XX% across all Ambulance Trusts.
Outcomes from Cardiac Arrest—ROSC at Hospital (Utstein—those in VF/VT)	43.4% (23/53)	35.3% (18/51)	The average percentage number of patients in this group achieving ROC is XX%. Performance across England ranged from XX% to XX%.
Outcomes from Acute ST-elevation Myocardial Infarction—thrombolysis CTN 60 minutes	This indicator has been removed as from April 2013	37.5% (3/8)	Acute STEMI PPCI data is taken from the national MINAP audit database and is reliant on hospitals reviewing and updating with eligible patients.
Outcomes from Acute ST-elevation Myocardial Infarction—PPCI CTB 150 minutes	82.0% (91/111)	85.2% (127/149)	
Outcomes from Acute ST-elevation Myocardial Infarction—Care Bundle	85.2% (202/237)	84.3% (193/229)	An average of XX% of patients with a pre-hospital diagnosis of suspected ST-elevation myocardial infarction received the appropriate care bundle. Performance across England ranged from XX% to XX%.
Outcomes from Stroke— FAST positive CTD 60 minutes	71.2% (316/453)	71.2% (267/375)	An average of XX% of FAST positive patients, who were assessed face to face, arrived at a hyper-acute stroke centre within 60 minutes of the call being connected to the ambulance service. Performance across England ranged from XX% to XX%.
Outcomes from Stroke— Care Bundle	99.6% (1123/1128)	99.3% (1062/1069)	An average of XX% of patients received an appropriate care bundle. Performance ranged from XX% to XX%.
Outcomes from Cardiac Arrest—Survival to Discharge (overall)	6.6% (24/364)	6.2% (20/323)	An average of XX% of patients were discharged from hospital alive. Performance throughout England ranged from XX% to XX%
Outcomes from Cardiac Arrest—Survival to Discharge (Utstein—those in VF/VT)	24.4% (11/45)	12.9% (4/31)	On average XX% of patients from this group were discharged from hospital alive. This indicator is characterised by small numbers. Performance percentage figures derived from these figures are likely to be subject to large variation, within and across months. This month performance ranged from XX% (N=XX) to XX% (N=XX) across mainland England

Full details of the ACQI performance for all ambulance trusts are available at: <http://www.england.nhs.uk/statistics/ambulance-quality-indicators/>

2.5.2 Clinical Performance Indicators (CPIs)

NWAS increased the number of its local CPIs during the year to cover a range of 9 clinical conditions, including a CPI to assess the care of children. On average, care bundle performance (i.e. the total number of patients receiving 100% of the agreed care bundle) improved by 10.8%, with some bundles improving by over 20% during the year. 7 out of the 9 CPIs met the agreed performance targets for the year, with asthma care and pain management missing the agreed target by 0.8% and 1.2% respectively.

Figure 13: CPI performance 2013/14

Clinical Performance Indicator	2013/14 Performance Target (%)	Actual Q4 Performance 2013/14 (%)
Asthma Management	88.9	88.1
Cardiac Chest Pain Management	76.9	79.7
Hypoglycaemia Management	≥95.0	98.2
Pain Management	94.8	93.6
Patient Pathway	76.3	78.9
PRF Completion	91.3	93.0
Stroke Management	89.2	91.0
Paediatric Care: Febrile Convulsion	61.3	73.0
Trauma Care: Below Knee Fracture	52.9	63.8

This represents a considerable achievement by staff and a marked improvement in the way in which they comply with what has been identified as best practice.

2.6 Indicators of Quality – Patient Experience

2.6.1 Access

Paramedic Emergency Service

In 2013/14 the Trust was successful in meeting the three national response time standards for ambulance trusts in England. The figures below demonstrate the pattern of Category A activity and performance over the year.

The blue bars each month show the predicted levels of Category A activity and the red columns are the actual levels of activity. They demonstrate the pattern of a lightly reduced increase in activity that was seen across the country in 2013/14.

The Trust has extensive performance management arrangements to ensure that the Trust maintains a tight managerial grip on response. The fact that the Trust has been on course to hit the targets throughout the year has allowed an increased emphasis on wider quality issues.

Figure 14: NWS Category Red 1 Performance 2013/14

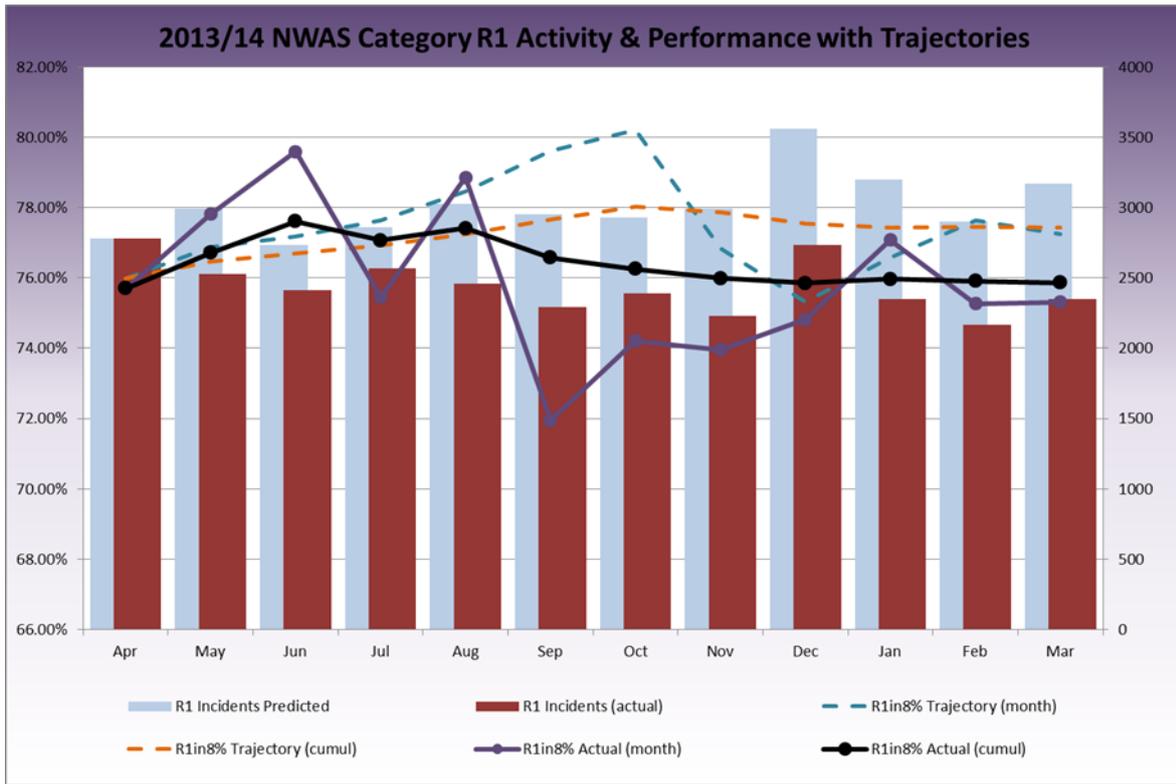


Figure 15: NWS Category Red 2 Performance 2013/14

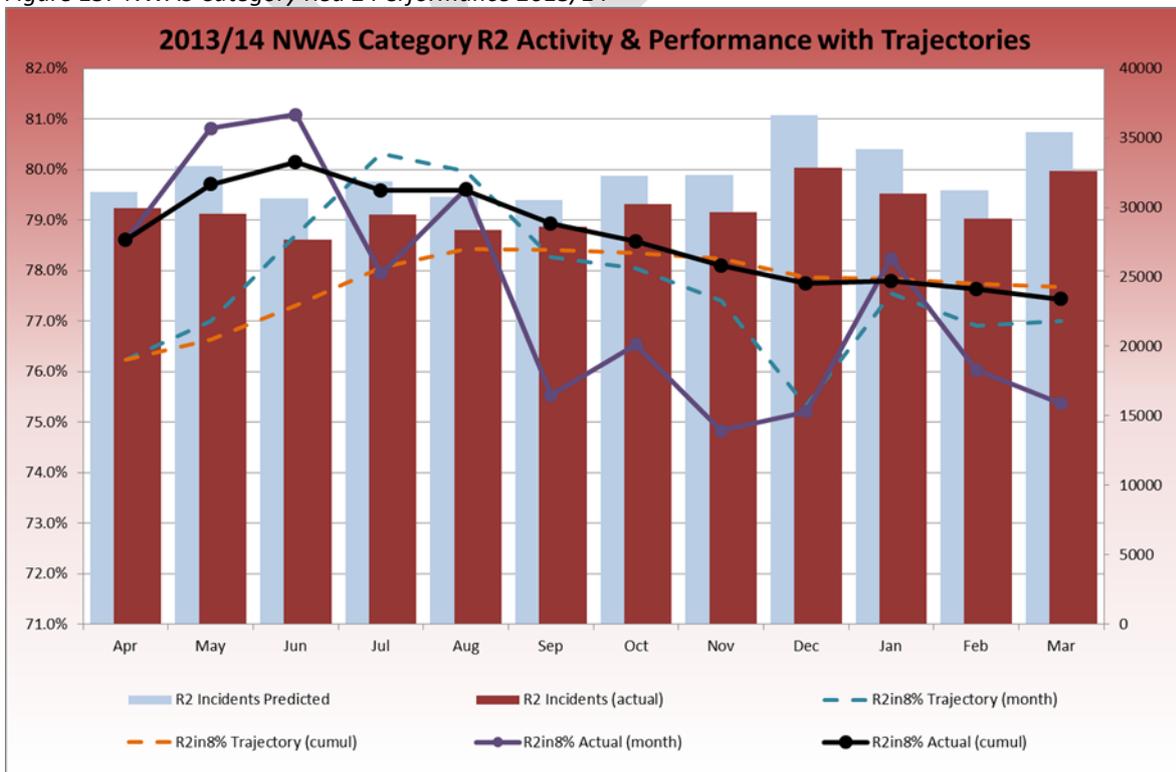
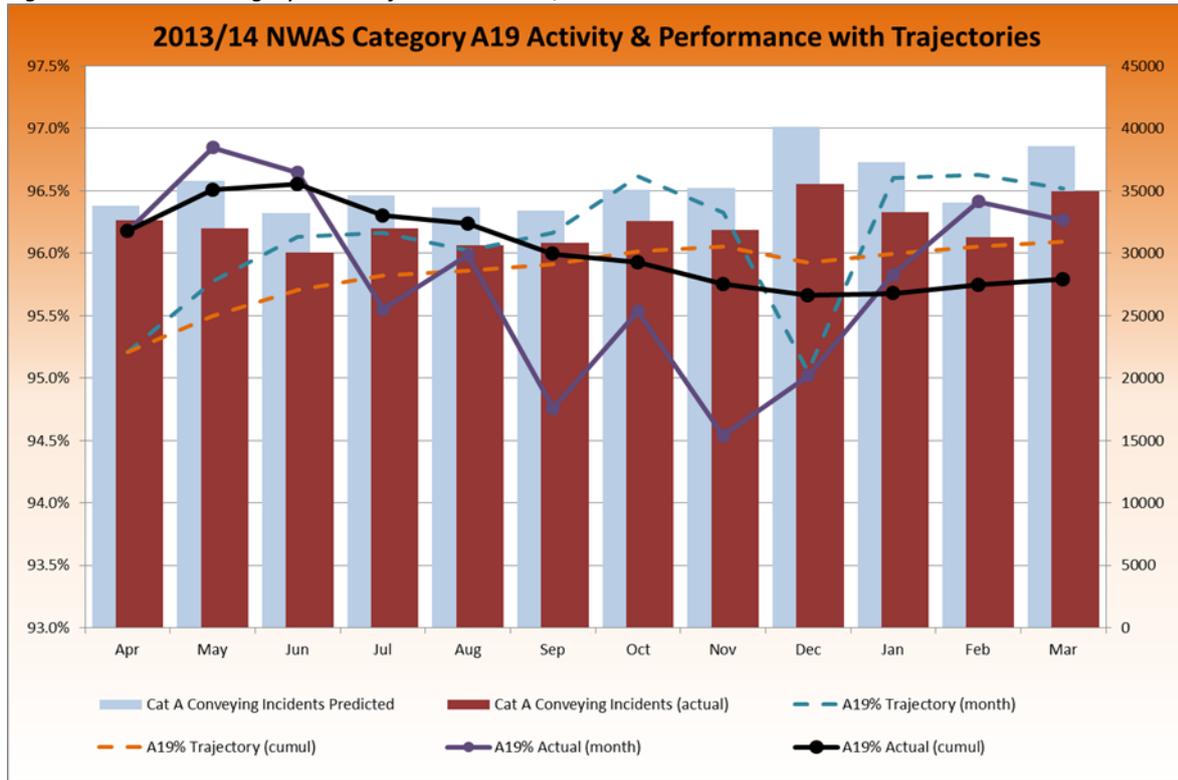


Figure 16: NWAS Category A19 Performance 2013/14



Although the Trust is commissioned to provide a service that meets the national targets at whole Trust level, the Trust is working with Commissioners to try to ensure as equitable levels as possible. Inevitably, however, there is variation in the response time performance across the very diverse region. In 2013/14 the outcome was:

Figure 17: County level performance 2013/14

	Red 1	Red 2	A19%
Greater Manchester	76.1%	77.1%	96.1%
Lancashire	75.3%	78.1%	95.9%
Cheshire	72.2%	74.0%	96.0%
Merseyside	82.0%	81.9%	96.7%
Cumbria	67.7%	71.9%	89.7%
NWAS Overall	75.9%	77.4%	95.8%

The Trust will continue to seek to meet performance targets across the region. A key aspect of this work will be the further development of its use of complementary resources such as Community First Responder and Staff Responder schemes. The Trust also acknowledges the support provided by Mountain Rescue Teams and St John Ambulance across the region.

Patient Transport Service (PTS)

The PTS service has had to go through a year of considerable change as it embarked on the four new contracts following the competitive tendering of the service by commissioners. The contract was let in five county level contracts, of which NWS holds four, the exception being Greater Manchester. Initially there were problems in responding to the new contract standards that now apply. Significant improvements were made through the year. A crucial investment in infrastructure has been the introduction of mobile data terminals on vehicles. This has improved planning and communication, and contributed to improved performance. The performance against the 2013/14 contract quality standards is shown below. It is noticeable that performance in March was significantly better than the average over the year, demonstrating the improvements that have been made:

Figure 18: PTS Contract quality indicator performance

Indicator	Target	Mar 14	2013/14
Arrival to Appointment: -45 minutes to +15 minutes	90%	85%	74%
Time on vehicle – No greater than 60 minutes	80%	92%	90%
Collection after treatment within 60 minutes	80%	83%	82%
Collection after treatment within 90 minutes	90%	92%	92%
PTS Calls Answered	90%	96%	89%
PTS Calls answered in 20 Seconds	75%	76%	73%
PTS Average Answer Delay	1 min	0:24	0:51

The Trust is committed to further improvements in the PTS service and is working with all PTS staff to ensure that all key targets are met. The experience of PTS patients has been identified as one of our five Quality improvement Areas in 2014/15, as detailed in section 3.1.

2.6.2 Patient and Public Engagement

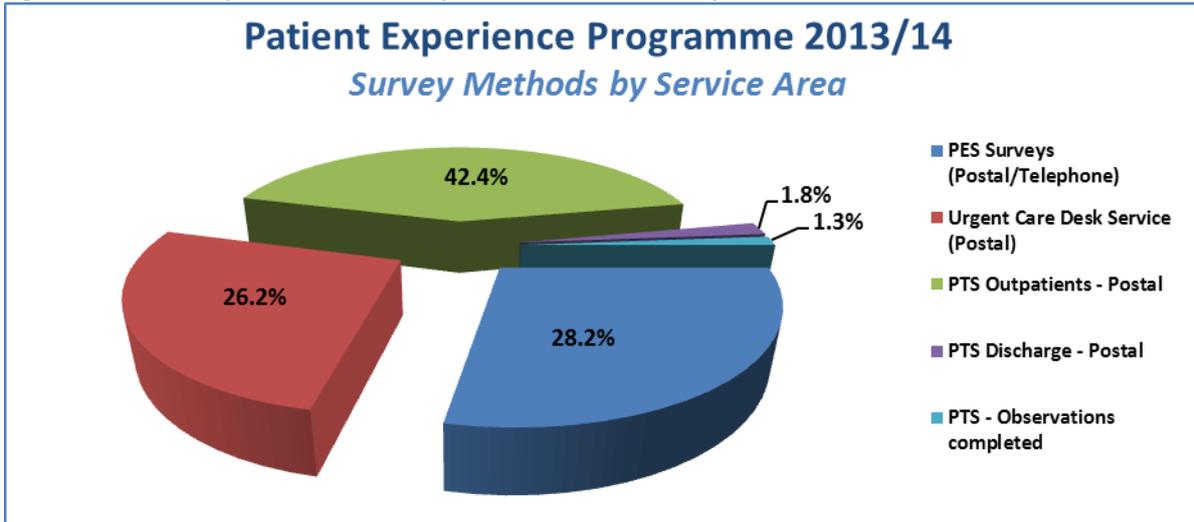
The Government continues to promote the message that patient experience is a crucial part of quality healthcare provision. Through listening, recording and acting on our patients' views, the Trust can respond and implement service change to reflect their needs. The Patient Experience team seek to use a range of innovative ways to try and obtain representative feedback from our different service users. Feedback on the patient experience of our staff is also obtained to support Trust aims of embedding patient experience across the whole organisation.

During 2013/14, an extensive Patient Experience programme has once again been successfully completed. Postal surveys are largely used to provide us with the greatest volume of responses. To enable patients to provide feedback in 'real-time', we have also introduced the Friends and Family Test (FFT) 'Postcards' onto all our frontline ambulances.

Patient experience methods have been implemented across all Trust service areas, including our Paramedic Emergency Service (PES), Patient Transport Service (PTS) and our Urgent Care Desk (UCD)

facility. The pie chart below provides a breakdown of the different surveys undertaken during 2013/14.

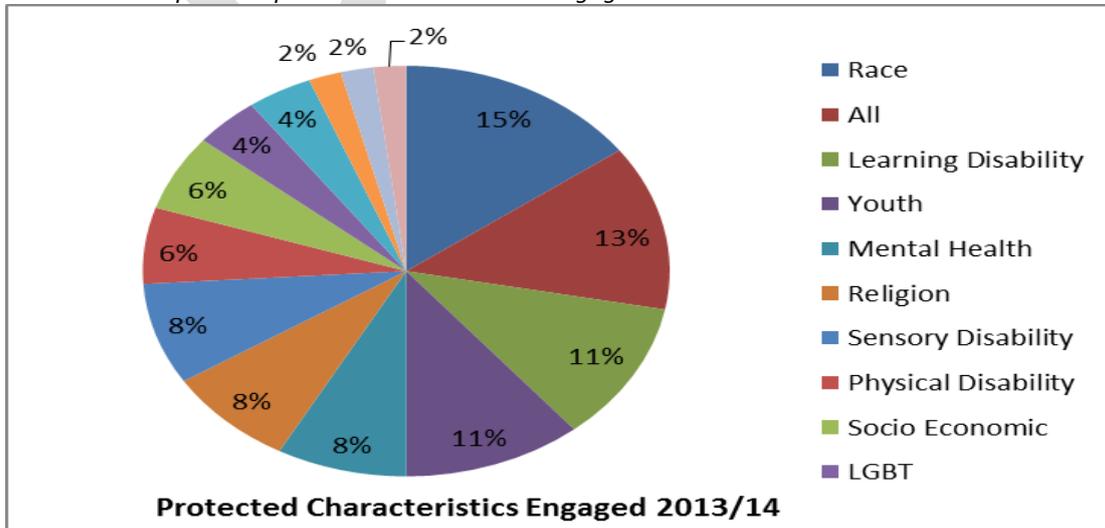
Figure 19: Patient Experience Methods by Service Area – All Surveys



2013/14 PE Programme Surveys	%	Completed
PES Surveys (Postal/Telephone)	28.2%	1101
UCD Service (Postal)	26.2%	1026
PTS Outpatients - Postal	42.4%	1660
PTS Discharge - Postal	1.8%	72
PTS - Observations completed	1.3%	52
		3911

Gaining feedback, suggestions and ideas from staff on ways to improve the experience of our patients remains a fundamental aim for the Trust. The Trust continues to build on the success of this annual initiative through the dedicated web-based staff conversation ‘Talk To Us’ platform. As well as undertaking quantitative patient surveys, we continue to emphasise efforts on capturing more qualitative data at equality and diversity community engagement events and focus groups. Focus groups have also been held with regular users of the Patient Transport Service in relation to Haemodialysis and Cancer services.

Figure 20: Patient Experience protected characteristics engaged



A number of the high-level results across three service areas are summarised below:

PARAMEDIC EMERGENCY SERVICE

The Paramedic Emergency Service (PES) survey is undertaken with members of the public following their need to contact our PES either through telephoning '999', via their GP contacting our Service or contact made with the 111 service. Only patients who have received a response by either a Rapid Response Vehicle (RRV) or ambulance are contacted.

Being treated with dignity, respect, kindness and compassion is an aspect of care that is fundamental to the care of our patients – 97.08% of patients surveyed either agreed or strongly agreed that they were treated in this way.

“I felt the crew went that extra mile to ensure I was as comfortable as possible and showed a great deal of kindness, empathy and compassion.”

PATIENT TRANSPORT SERVICE

The Patient Transport Service (PTS) survey is undertaken with patients who have used our PTS throughout the North West area, either to attend outpatients or hospital appointments, or as a discharge from hospital wards.

91% of patients surveyed confirmed that their call into our PTS control room(s) was handled politely and respectfully.

“I have always been spoken to politely and understandingly.”
“Always the call is efficient, polite and compassionate.”

URGENT CARE

Urgent Care surveys are undertaken with members of the public following their need to contact our Paramedic Emergency Service, either through dialling 999 or contact made with the 111 service. Patients triaged via this route as a non-emergency requiring an urgent care response from North West Ambulance Service (NWAS) are asked to complete a postal survey.

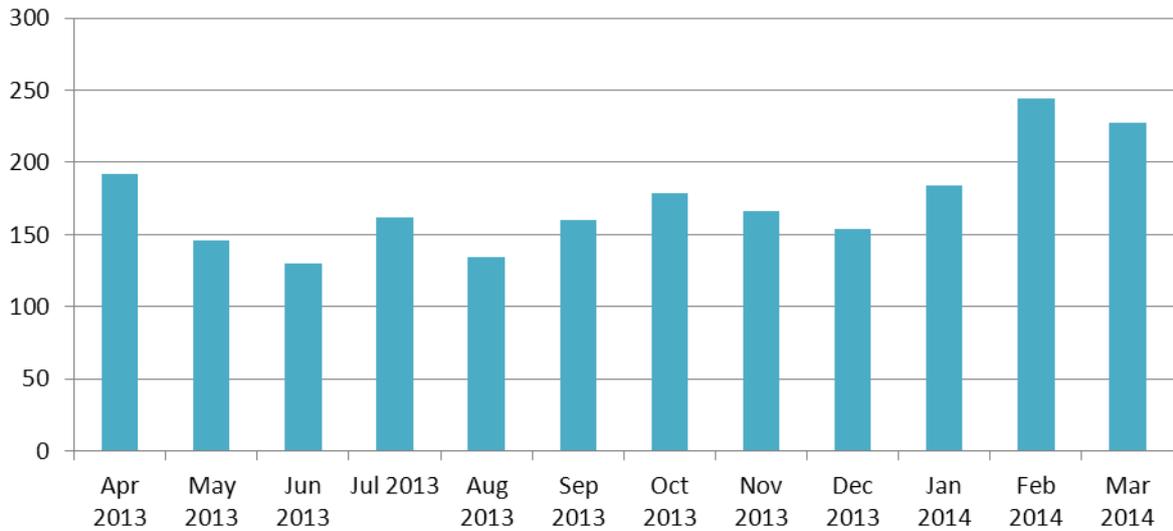
76.2% of patients surveyed following an episode of NWAS Urgent Care rated their overall care as eight, nine or 10 out of 10.

“Ambulance staff were polite and non-judgemental of situation. They treated me respectfully and professionally. Staff listened to concerns and they fully informed me of procedures clearly.”

2.6.3 Complaints, PALS and Compliments

In 2013/14 the Trust changed how complaints and queries were recorded, disposing of the PALS category and classifying queries to the Trust as either complaints or general enquiries. NWAS also became the stability partner for the North West 111 service from 29th October 2013 and therefore complaints made to the 111 service from that date until the end of March 2014 are also included. A total of 2078 complaints, 508 general enquiries (including comments) and 1073 compliments were received. A monthly breakdown of the complaints received is shown below.

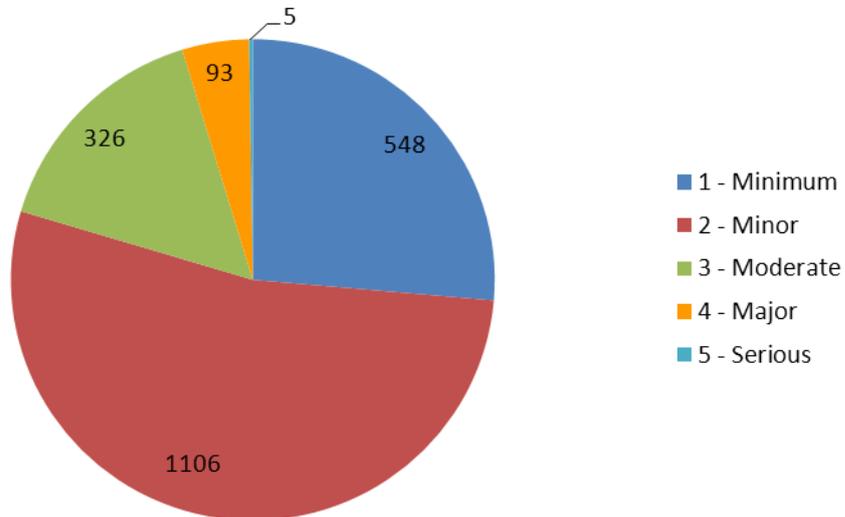
Figure 21: Complaints by month received 2013/14



Typically, more complaints are received in February usually six to eight weeks after the peak of activity in December and early January.

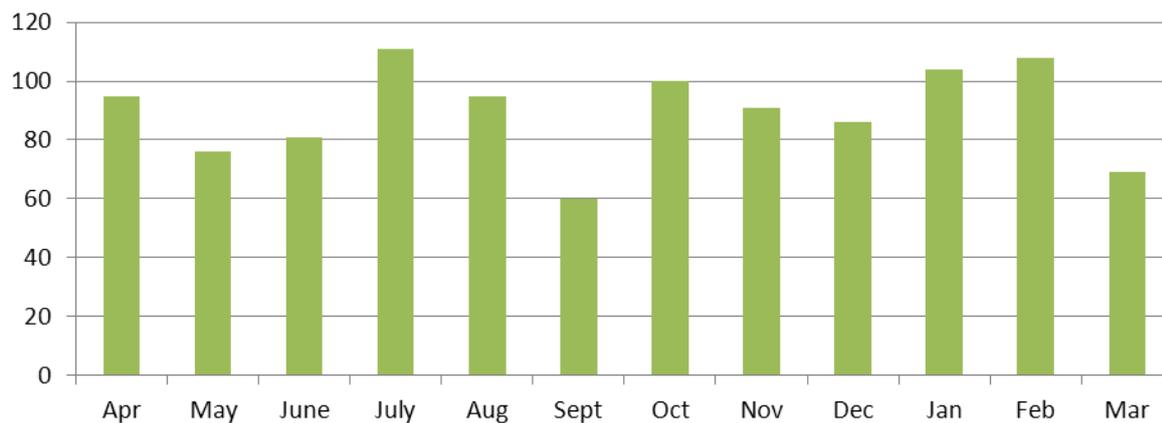
Upon receipt all complaints are risk scored, in accordance with the Trust’s risk matrix though these can be subject to change as a result of investigation. The pie chart below details the risk scores attached to the complaints received this year.

Figure 22: Complaint Risk Score



The Trust continues to receive compliments from patients, families and the public and the breakdown per month is detailed below.

Figure 23: Compliments by month received 2013/14



Patient Transport Service (PTS) - Complaints

During 2013/14, Patient Transport Service generated 47.3% of the complaints against the Trust. The most common reasons for complaining include patients being picked up late from their home, late discharges, vehicles not arriving or not suitable for the patient's condition. Figure 24 below details the types of complaints defined by service type and Figure 25 details the area.

Figure 24: Complaints received 2013/14 by service type

	PTS Contracted Provider (Control)	PTS Contracted Provider (Ops)	PTS Control	PTS Operations	Voluntary Car Service (Control)	Voluntary Car Service (Ops)	Total
PTS Transport	106	18	483	147	20	17	791
Staff Conduct	1	9	15	47	0	20	92
Care and Treatment	1	4	4	34	3	2	48
Driving Standards	0	1	1	22	0	7	31
Communication and Information	1	0	9	3	1	0	14
Damage or loss to property	0	1	0	4	0	0	5
Navigation	0	0	0	0	1	1	2
Total	109	33	512	257	25	47	983

Figure 25: PTS Complaint categories by area.

	Greater Manchester	Lancashire	Mersey	Cheshire	Cumbria	Total
PTS Transport	11	250	183	241	106	791
Staff Conduct	0	39	14	21	18	92
Care and Treatment	3	10	15	11	9	48
Driving Standards	1	12	4	9	5	31
Communication and Information	0	5	2	4	3	14
Damage or loss to property	1	2	0	2	0	5
Navigation	0	2	0	0	0	2
Total	16	320	218	288	141	983

Figures 26 and 27 detail the total numbers of PES complaints by both geographical and service area. They represent 48.3% of all complaints. The main areas of concerns continue to be emergency response, followed by staff conduct and thirdly, care and treatment.

Figure 26: PES Complaints categories and service area

	Community First Responder	Emergency Operations Centre	Paramedic Emergency Services Operations	Urgent Care Service	Total
Emergency Response	0	414	78	1	493
Staff Conduct	1	11	168	0	180
Care and Treatment	0	5	139	0	144
Driving Standards	0	1	103	0	104
Communication and Information	0	20	33	0	53
Navigation	0	5	12	0	17
Damage or loss to property	0	0	7	0	7
Safeguarding	0	1	3	0	4
End Of Life Care	0	1	1	0	2
Total	1	458	544	1	1004

Figure 27: PES Complaints categories and geographical areas

	Greater Manchester	Lancashire	Mersey	Cheshire	Cumbria	Trust Wide	Total
Emergency Response	164	99	80	109	41	0	493
Staff Conduct	66	39	33	30	12	0	180
Care and Treatment	57	33	21	20	13	0	144
Driving Standards	43	22	9	17	12	1	104
Communication and Information	12	15	7	11	8	0	53
Navigation	6	3	2	4	2	0	17
Damage or loss to property	5	0	1	1	0	0	7
Safeguarding	1	1	0	2	0	0	4
End Of Life Care	1	1	0	0	0	0	2
Total	355	213	153	194	88	1	1004

NW 111 Service complaints

During the time that NWAS has been responsible for the 111 service, the Trust has received 85 complaints. Figure 28 below details the reasons for those complaints.

Figure 28: NW 111 Service complaints

	111 Service
Emergency Response	1
Staff Conduct	11
Communication and Information	45
Care and Treatment	27
Safeguarding	1
Total	85

Lessons learned

Ensuring that lessons are learnt from complaints is an essential part of trying to ensure that issues are not repeated. The Trust has well-developed mechanisms to ensure that this happens from an individual level through the changes made to the overall systems for how we respond to and care for patients.

Detailed below are examples of area of improvement that have been identified through complaints:

Emergency Control Centres:

- Working with the EOC audit team, a streamlined process for ensuring appropriate audits are carried out in a timely manner has been agreed and implemented. This is supported by timely feedback being given to staff to prevent re-occurrences.

PTS Control:

- Improvements have been made to the process for handling queries about the eligibility criteria and to the importance of patient notes.

PTS:

- Further to individual patient assessments, transport arrangements such as patient not suitable for taxis, patients who should travel in front of cars, mobility assessments and bespoke contracted provider transport have been put in place.

PES:

- Matters raised with staff have covered a wide variety of issues including the application of neurological examination, standards of documentation, vulnerable adult referral processes, importance of temperature taking, hyper acute stroke pathway and importance of good communication.

111 Service:

- Matters raised with staff have included referral to the most appropriate service through the Directory of Services specifically when referring patients to out of hours dental services.

Compliments from patients:

PES

Thank you e-mail received the care and professionalism shown to the patient when she had a suspected heart attack. Her husband highlighted how the staff was keeping his wife very calm and was very tactful during a long difficult period.

PTS

A PTS patient contacted the Trust to express his thanks to the crew who were professional, caring and compassionate.

111

Patient contacted the 111 service after seeing their GP earlier in the day. "The gentleman that took the call was very professional and calming - giving I was struggling to breathe. He made the decision to call an ambulance (the arrival of which was very quick). The ambulance crew were also very calming and professional and kept me informed whilst carrying out checks." The patient's wife was informed that contacting 111 was a lifesaving decision for which the patient's wife, 9yr old daughter and patient himself will be eternally grateful for. "To be someone that was involved in a personal capacity requiring the services of NHS 111, paramedics and hospital staff I was in awe of the dedication, professionalism, team work and the numbers of people that were prepared to go the extra mile to ensure everyone in their care got the best care and treatment available."

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3 Looking Forward to Improving Care

The Trust has agreed, in consultation with our stakeholders, four key quality improvement areas for 2013/14. These are identified as priorities within our Quality Strategy.

3.1 Introduction of a Clinical Performance Indicator for Mental Health patients.

As part of the Trust's ongoing work to improve the care of mental health patients, a CPI has been developed to measure how well we care for patients who self-harm. This has been developed using the NICE self-harm guidance and will be piloted during quarter 1 of 2014/15. The care bundle is designed to focus on the clinical assessment of patients and the identification of relevant risk factors.

3.2 Introduction of a Clinical Performance Indicator for patients suffering falls

This improvement area is extended into a further year and will include work on falls in our care/manual handling of patients. The falls CPI has been developed to enhance and support the NWAS Pathfinder project; ensuring safe care closer to home for patients. The care bundle is designed to measure whether patients are given a full clinical assessment, with appropriate risk assessments completed and referral pathways are used when available.

3.3 Improvements in care provided to patients with dementia

The Dementia Action Alliance brings together over 700 organisations to deliver the National Dementia Declaration, a common set of seven outcomes informed by people with dementia and their family carers.

NWAS intends to become a member of the North West arm of the Dementia Alliance in 2014 and in doing so, sign up to the Declaration and commit to delivering an action plan based on the outcomes described in the Declaration.

The seven statements in the declaration are:

1. I have personal choice and control or influence over decisions about me
2. I know that services are designed around me and my needs
3. I have support that helps me live my life
4. I have the knowledge and know-how to get what I need
5. I live in an enabling and supportive environment where I feel valued and understood
6. I have a sense of belonging and of being a valued part of family community and civic life
7. I know there is research going on which delivers a better life for me now and hope for the future

The NWAS action plan will include elements relating to staff training and awareness, policies and procedures, measuring patient experience and improved partnership working with other agencies.

3.4 Improving the experience of PTS patients

The Trust has set up a new PTS Quality Improvement Team, to work alongside local PTS managers to review practices and update them in order to ensure improved patient experience and increased

levels of performance against the PTS contracts. A clinical quality and innovation funded role of Healthwatch Engagement Manager has also been established to engage with local Healthwatch organisations and raise awareness of how to access the PTS. Targeted work this year will include education on the eligibility assessment and a marketing and awareness campaign.

Patients who provide a mobile/landline telephone number or email can now receive an advance notification message to confirm their patient transport 3 days ahead of their journey. The Trust will also shortly be offering a 'next patient collection' notification service.

The Friends and Family Test, a simple, easy to understand single question that asks all our patients about the care and treatment they have received in using patient transport is now available to patients via a range of methods including postal survey, Freepost postcards on ambulances and via text to mobile telephones. In addition, the Trust is currently trialling the use of mobile data terminals on ambulances. Patient experience continues to be a key area of focus for the Trust and one to one interviews, focus groups, use of patient stories and the Trust's patient experience board game are used to elicit feedback from patients on a regular basis in order to inform service improvement plans.

3.5 Introduction of the MERIT (Medical Emergency Response Incident Team)

The purpose of a MERIT response is to provide advanced medical care on scene at a range of emergency incidents, up to and including major and mass casualty incidents. This may include provision of advanced airway procedures surgical interventions, and critical care over and above current levels of ambulance clinical practice. It will also include provision of advice and support to emergency services staff already on scene.

IN 2014/15 the Trust will be introducing will be introducing MERIT teams for the first time across the counties of the North West. This development has received special funding and will make highly skilled medical staff available to support the Trust in caring for some of the most acutely ill or injured patients.

4 Formal Statements on Quality

The Trust is required to make the following formal statements within its Quality Account. It should be noted that some of the statements relate to hospitals and are not relevant for ambulance trusts.

4.1 Review of Services

The Trust has reviewed all the data available on the quality of care in the services provided by us in 2013/14. The income generated by the NHS services reviewed in 2013/14 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for the year.

4.2 Participation in Clinical Audits

During 2013/14 NWAS NHS Trust was eligible to participate in a number of national audits and contributed fully to each of them.

The national audits that NWAS participated in were:

- National Ambulance clinical Quality Performance Indicators, a national audit of the care of the patient who:
 - Suffered a pre-hospital cardiac arrest,
 - Suffered a pre-hospital heart attack
 - Suffered a stroke
- MINAP (Myocardial Ischaemia National Audit Project) a national audit of the care of patients suffering a heart attack.
- TARN Trauma Audit and Research Network) a national audit of the care of patients suffering acute trauma.
- National Ambulance Non-Conveyance Audit, a national audit of non-conveyed patients and the re-contact rates during a 24 hour period.
- National Review of Asthma Deaths, an audit reviewing the management of asthma patients that have died to determine preventable causes for future asthma patients.
- Stroke Sentinel Stroke National Audit Programme, a national audit to improve the quality of stroke care by auditing stroke services against evidence based standards.

4.3 Participation in Clinical Research

NWAS NHS Trust has participated in the following research studies during 2013/14

NHS Portfolio Studies					
UKCRN ID N ^o	Topic	Study Type	Study Title	University/ Institution	Closure Date
10072	Injuries & Emergencies	Interventional	Head Injury Transportation Straight to Neurosurgery Trial – HITS-NS	University of Manchester	31/05/13
13566	Injuries & Emergencies	Observational	PhOEBE Developing New Ways of Measuring the Impact of Ambulance Service Care	University of Sheffield	31/05/15
11917	Stroke	Observational	A study of major system reconfiguration in stroke services	University College London	31/08/15
12553	Generic	Observational	Identification of emergency	University of	31/05/14

	Relevance & Cross Cutting Themes (co-adopted by Primary Care)	nal	and urgent care system characteristics affecting preventable emergency admission rates	Sheffield	
15001	Injuries & Emergencies	Observational	Epidemiology and Outcome from Out of Hospital Cardiac Arrest (OHCA)	University of Warwick	20/10/15

The recruitment phase to the Head Injury Transportation Straight to Neurosurgery Trial by NWS NHS Trust is now complete and the recruitment to the trial by NWS NHS Trust is in the process of being finalised.

4.4 Use of the CQUIN Payment Framework

A proportion of NWS NHS Trust income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between NWS NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN). The eight schemes are listed below. They were supported with funding from commissioners and allowed the Trust commit time and investment into a number of crucial areas. All eight schemes were completed successfully, with a minor delay in the completion of the final milestone for scheme 7 (PTS Notification Device).

1. Community Care Pathway
2. Chain of Survival (Complementary Resources)
3. Frequent Callers
4. PES Patient Experience
5. PTS Feasibility Study – Patient Online Access PTS Healthwatch
6. PTS Patient Experience
7. PTS Patient Notification Device
8. PTS NHS Number

Progress against an agreed set of implementation and payment milestones for each scheme was monitoring via both the Finance and Contracting Group, and the NWS Commissioning Quality Review Group. Payments were approved by the Strategic Partnership Board.

All schemes achieved all their implementation and payment milestones, including the production of a final evaluation report, although there was a slight delay with the completion of the final milestone for scheme 7.

The objectives of scheme 7 included the trial of the preferred options for patient notification device. This trial was completed in April 2014 rather than by the end of March 2014. This did not affect the payments from the commissioners and it is the intention to roll out the preferred option during 2014/15.

4.5 Statement on Relevance of Data Quality and your actions to improve it

4.5.1 NHS Number and General Medical Practice Code Validity

NWS NHS Trust did not submit records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics. This requirement does not apply to ambulance trusts.

4.5.2 Information Governance Toolkit attainment levels

NWAS NHS Trust Information Governance Assessment Report score overall score for 2013/14 was 78%. The Trust achieved Level 2 compliance or above in all elements of the toolkit.

4.5.3 Clinical coding error rate

NWAS NHS Trust was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission

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5 Statements from Commissioners, Healthwatch and OSCs

5.1 Overview and Scrutiny Committees

Health Overview and Scrutiny Committee

5.2 Healthwatch

5.3 Commissioners

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Appendix 1: Glossary of Terms

Advanced Paramedics	More highly qualified paramedic staff who also provide clinical leadership and support to their colleagues
Cardiac arrest	A medical condition wherein the heart stops beating effectively, requiring CPR and sometimes requiring defibrillation
Care Bundle	A set of actions expected of ambulance staff in specific clinical circumstances. The completeness of the response is measured as a Clinical Performance Indicator (CPI)
Chain of Survival	The process to ensure the optimum care and treatment of cardiac arrest and heart attack patients at every stage of the pathway
Community First Responder (CFR)	A member of the public who volunteers to provide an immediate response and first aid to patients requesting ambulance assistance
Complementary Resources	Non ambulance trust providers of potentially life-saving care, e.g. CFRs St John Ambulance, Red Cross, Mountain Rescue, Air Ambulance
CCG	Clinical Commissioning Group
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission - The independent regulator of all health and social care services in England.
CTB	Call to Balloon – the time taken from receipt of the 999 call to the administration of PPCI
CTD	Call to Door - the time taken from receipt of the 999 call to the arrival at a definitive care department such as a Stoke Unit
CTN	Call to needle – the time taken from receipt of the 999 call to the administration of thrombolytic clot busting drugs
Defibrillator (also AED)	Medical equipment to provide an electric shock to a patient's heart which is not functioning properly
FAST	A simple test for the presence of a stroke – Face, Arms, Speech, Time
Myocardial infarction (MI) or Heart attack	A medical condition wherein the coronary arteries of the heart are blocked leading to (acute pain and) an immediate risk to life
NHSLA	NHS Litigation Authority
NWAS	North West Ambulance Service NHS Trust
PALS	Patient Advice and Liaison Service
Paramedic	A state registered ambulance healthcare professional
Paramedic Emergency Service (PES)	999 Emergency ambulance service
Paramedic Pathfinder	NWAS Initiative to enable Paramedics and Advanced Paramedics to make considered clinical judgments about the next care pathway to be used for an individual patient's needs
Patient Transport Service (PTS)	Non-emergency transport service that provides for hospital transfers, discharges and outpatients appointments for those patients unable to make their own travel arrangements.
PPCI	Primary Percutaneous Coronary Intervention – treatment of a MI through immediate surgical intervention
STEMI	ST Elevation Myocardial Infarction – A life threatening Heart Attack
Stroke	Blockage or bleeding of the blood vessels in the brain that can lead to death or disability.
Thrombolysis	Medical treatment to break up blood clots in the case of MI or Stroke.
Utstein	Cardiac arrest and CPR outcome reporting process

If you have any questions or concerns following reading this report please do not hesitate to contact the Trust.

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For enquiries specific to the Quality Account, please contact Tim Butcher, Assistant Director for Performance Improvement on:

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Should you wish to access any of the Trust publications mentioned in this Quality Account they can be accessed on the Trust website at www.nwas.nhs.uk.

Quality Account

2013/14



Quality at CWP – 2013/14 in pictures

Vision:

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

Contents

To follow

Working document

Introduction

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

Quality in the NHS is described in the following ways:

Patient safety

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

Clinical effectiveness

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

Patient experience

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

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



To help meet this aim, CWP produces quarterly *Quality Reports* on the Trust's priorities to show improvements to quality during the year. This is so that CWP can regularly inform people who work for the Trust, people who use the Trust's services, carers, the public, commissioners of NHS services, and local scrutineers, of quality initiatives and to encourage regular feedback.

As a report to the public, CWP recognises how important it is that the information it provides about the quality of care is accessible to all. This *Quality Account*, and 'easier read' accessible versions of the *Quality Account* and the Trust's *Quality Reports*, are published on CWP's website.

Part 1.

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



I am delighted to present CWP's Quality Account for 2013/14. This report details how we have improved the quality of care we provide, particularly in the priority areas we set out in last year's Quality Account. Last year's focus was 'tackling health inequalities', a priority in the *NHS Outcomes Framework*, and something we place immense importance on. The achievement against these priorities are one indicator of how we have worked hard during the year to support a reduction in avoidable variations in the quality of care and in improving outcomes.

On 1 April 2013, the changes outlined in the *Health and Social Care Act 2012* came into effect. The changes have heralded the most extensive re-organisation of the structure of the NHS in England to-date. Clinical Commissioning Groups (CCGs) are now responsible for health care funds and are responsible for deciding how to commission services. In response, CWP moved towards a new structure to match these CCGs and other partners. We now have three service directors leading each of our localities: CWP East, CWP West and CWP Wirral. During the year, each service director has developed plans in partnership with their local CCGs to best serve the needs of the populations that we serve.

In January 2014, CWP chairman, David Eva, attended the launch of the government's new mental health action plan, aimed at increasing support for people with mental illness. *Mental health: priorities for change* was launched by the deputy prime minister and the minister for care and support, with the aim of raising the profile of mental health across the health system. CWP welcomes the announcement and wholeheartedly supports physical and mental health being of equal priority for health services. We have a number of initiatives underway that complement the 25 point action plan. This includes innovative work around young people's mental health services, improving access to cognitive behavioural therapies, and getting people back into employment. In addition, we have a Trustwide campaign called *Challenging Stigma*, which aims to reduce the stigma that people who use our services often encounter. The most important aspect of this action plan is the fact that it is as relevant to the wider health system as much as mental health trusts. Therefore we will be working more closely with our local partners such as acute trusts, clinical commissioning groups, local authorities, schools and employers to make these changes happen.

This year, like other care organisations, we have again had the benefit of reviews of how we are meeting national standards following reviews of compliance with essential standards of quality and safety by the *Care Quality Commission (CQC)*. These findings are shared with the public and you can find a summary of these findings in section 2 of the report. We always welcome this scrutiny, as it helps us to make improvements to our services. Any concerns are acted on immediately, with action plans submitted to the *CQC* within the required timeframe. We currently have no outstanding *CQC* compliance actions and additionally from quarter 3, *Monitor* assigned CWP with a Green governance risk rating on the basis of there being no evident governance concerns at the Trust.

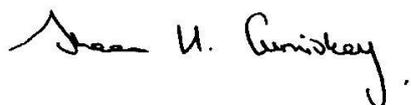
I am immensely proud that partnership working is one of our key strengths at CWP. We want our Quality Account to be part of our evolving conversation with the people we serve about what quality means and about how we must work together to deliver quality across the organisation. We have made huge strides in recent years, through our involvement and recovery strategies, to make service improvements through collaboration with people who use our services and carers as equal partners. One example is our peer

support steering group. Ward staff, senior staff, people who use our services and carers all attend this group which is chaired by a volunteer lived experience advisor. Together the group aims to develop the peer role, measuring the impact it can have on services. The benefits of this type of partnership working and shared expertise are immense: individuals are supported with their recovery through the many involvement opportunities they choose and the Trust is able to gain a real understanding of the issues faced by people accessing mental health services in order to make improvements.

This year we once again welcome the engagement and input of our partners and stakeholders in the development of our Quality Account. We acknowledge the concern of our stakeholders of the prevailing economic circumstances and will, through the financial strategy of the Trust, continue to deliver sustainable and effective services, and improvements in quality, whilst increasing value. We know that 2014/15 will be a challenging year for all NHS services, but we also know that our commitment to quality will enable us to improve the efficiency and effectiveness of our services, and continue to provide people who use our services with a positive and therapeutic experience.

There is no doubt that the future quality improvement priorities that we have identified in this Quality Account are ambitious, but they have been selected to have the highest possible impact on quality across CWP and reflect key national agendas. Please do look out for our progress with these priorities throughout the year, which we publish in our quarterly *Quality Reports* on the publications section of Trust's Internet. If you have any questions or feedback, we would be happy to hear from you – how to contact us is detailed in the *Quality Reports*.

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



Sheena Cumiskey
Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust

Statement from the Medical Director – executive lead for quality



This year's Quality Account reflects CWP's ambition to deliver continuous quality improvement in all our services. You will see that each of our quality improvement priorities this year aims to achieve this by instilling a 'zero harm' culture. The 'zero harm' aspiration was set out in the independent report *Berwick review into patient safety: Recommendations to improve patient safety in the NHS in England* (August, 2013) which calls for the NHS to continually reduce patient harm by embracing an ethos of learning. To demonstrate the Trust's long term commitment to this achieving this aspiration, based on the recommendations of the Trust's own 'Clinical Expert Champion for Zero Harm', in January 2014 the Board of Directors approved a productive investment scheme to help staff to deliver better care by providing them with the necessary support and training.

This scheme will specifically support each of our quality improvement priorities for 2014/15 in the following ways:

- Patient safety – a commitment to a continual reduction in patient harm through an ethos of learning, including the implementation of safe, organisational 'human factors' practices, and improved reporting of incidents to better identify opportunities to improve patient care.
- Clinical effectiveness – ensuring that systems within the Trust promote, support and facilitate delivery of best practice day to day, and learn from all outcomes to ensure that service delivery consistently delivers best practice.
- Patient experience – preventing unacceptable variations in healthcare experience by ensuring that our workforce has the right values, skills and training.

One of the principles of the *Berwick review* recommendations was to focus on better care rather than quantitative targets. As such, the three quality priorities do not set targets – instead they aspire to deliver continuous improvement year-on-year. More information on how we aim to achieve these priorities can be found in *part 2 – priorities for improvement*.

I am delighted to announce that in March 2014, CWP joined the Government's 'Sign Up To Safety' campaign, which aims to reduce avoidable harm in the NHS over the next three years and support in making the NHS healthcare system the safest in the world. This campaign complements the Trust's own 'zero harm' initiative, and will include the Trust receiving access to extra help and support in understanding best practice for improving safety.

This year's Quality Account also includes examples of quality improvement during the year, none of which could have been delivered without the commitment of our staff. In developing this report, our staff have been able to reflect on and demonstrate their commitment to continuous, evidence based quality improvement. Staff from all our services came together to create an impressive marketplace, sharing and showcasing best practice, at our best practice event in October 2013. The day provided a platform for people to see what is happening in other parts of the Trust, to share and learn new ideas. Dr Geraldine Strathdee, *NHS England's* National Clinical Director for Mental Health, spoke at the event and spent time visiting the marketplace stalls. She spoke about the culture of learning we have created at CWP which helps us to share and deliver best practice. Dr Strathdee also observed how we work proactively with acute services, holding joint therapy sessions, and how we use data to embed learning and implement best practice.

As you read our Quality Account, you will see that we have achieved a great deal over the year. I would like to thank the people who use our services, carers, all the people who work for the Trust, and other partners who work with us, for their continued dedication and professionalism in working together to

ensure that the Trust continues to improve the quality of the services we provide. You should be proud of your contribution to the services we provide.



Dr Anushta Sivananthan
Medical Director – Compliance, Quality & Assurance
Cheshire and Wirral Partnership NHS Foundation Trust

Working document

Part 2.

Priorities for improvement and statements of assurance from the board

Priorities for improvement

Quality improvement priorities for 2013/14

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

Below is a summary of how the Trust achieved these priorities, which were monitored throughout the year in the Trust's quarterly *Quality Reports*, which are presented at the Trust's Board meetings and are available on the CWP website.

Patient safety priority for 2013/14

CWP said it would:

Improve the safety, effectiveness, and efficiency of patient care and services, through the development of a dashboard to monitor safety and quality indicators during the transition and after the community mental health team and learning disability service redesigns.

CWP achieved this priority by:

- Developing indicators of quality and displaying these on a quality dashboard to measure the safety and quality impact of the service redesigns, demonstrating baseline and ongoing compliance which is monitored by the Quality Committee and the Board of Directors.
- Seeking and receiving independent assurance that:
 - The dashboard presentation is fit for purpose and identifies qualitative performance.
 - Key performance indicators are aligned to the Trust's quality priorities, and there is a clear rationale for the selection of these indicators.
 - Key performance indicator calculations are done in a reasonable way so that the key performance indicator reflects actual performance.
 - The quality of the data in the system is adequate.
- Producing these quality dashboards for each locality to help clinical teams to identify improvements to the quality of care delivery.
- Demonstrating, by trend analysis of the patient safety measures identified to monitor the impact of the redesigns, that there has not been an overall adverse impact on the quality of care patients have received. Where isolated measures identify that performance has dipped, assurance mechanisms are routinely identified to address these by the clinical directors and service directors responsible for each of the teams. The quality dashboard is used to analyse impacts, and where there are areas requiring improvement, the clinical directors and service directors present mitigating actions to the Trust's Quality Committee.

Patient safety priority for 2013/14

CWP said it would:

Improve patient safety and experience through the development of Trust 'never events' and implementation of associated preventative, positive, and patient focused 'always events'.

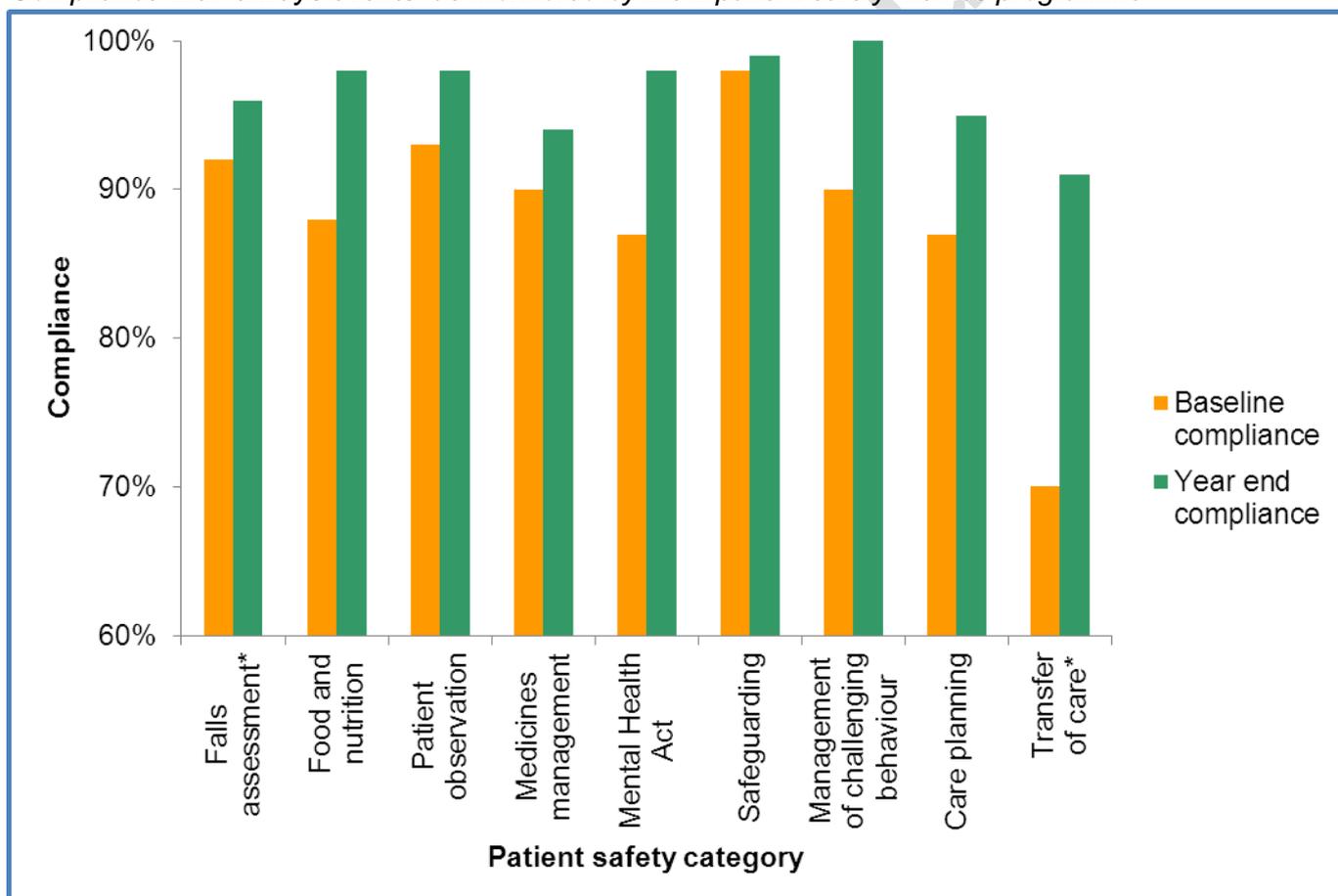
CWP achieved this priority by:

- Locality and clinical specialty representatives proposing a set of ‘never events’ and associated ‘always events’. These were:
 - Falls – to ensure people never have an avoidable fall in an inpatient setting which causes their death or results in severe harm.
 - Transfer of care – to ensure good continuity of care and safe practice when people who use the Trust’s services are transferred to another service.
 - Managing non attendance – to ensure people who do not attend an appointment do not come to serious harm because care was not provided in line with the Trust’s “managing did not attend” policy.
- CWP’s Operational Board approving a framework and methodology for measuring compliance with these events. This included enhancing and improving the current inpatient safety metrics and community safety metrics audit programmes by incorporating ‘always events’.
- The Quality Committee monitoring performance and trends in compliance with the priority ‘always events’ via the quality dashboards.

Inpatient wards

- In November 2013, the ‘always events’ standards ‘transfer of care’ and ‘FallSafe’ care bundle were incorporated into the inpatient safety metrics programme.
- Improvements in compliance with standards has been achieved across all categories – see the graph below.

Compliance with ‘always events’ as monitored by the inpatient safety metrics programme

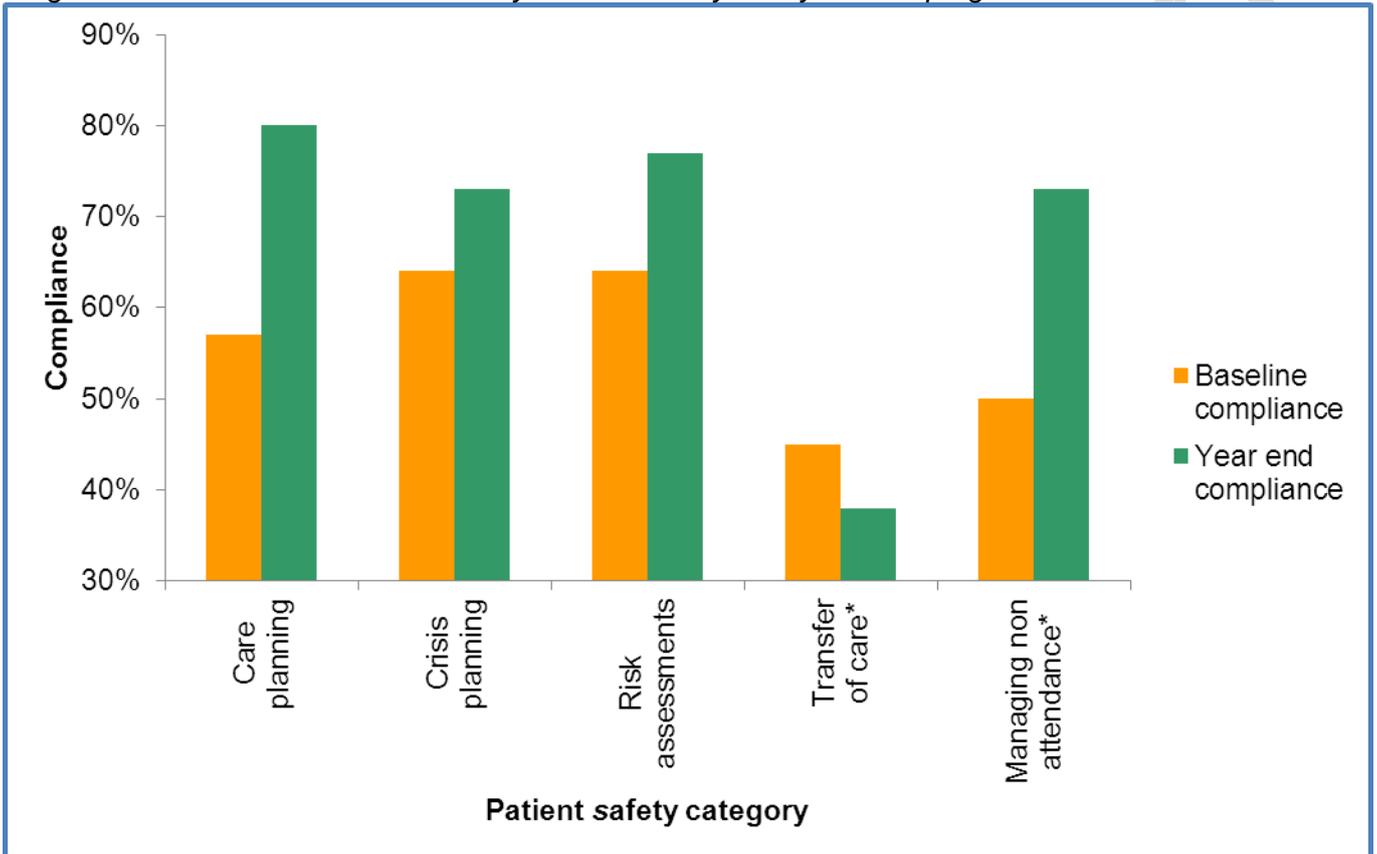


*includes ‘always events’

Community mental, learning disability and physical health teams and drug & alcohol services

- In December 2013, the 'always events' standards 'transfer of care' and 'managing non attendance' were incorporated into the community safety metrics programme for community mental health and learning disability teams. All standards were introduced to Wirral and West drug and alcohol services. The 'transfer of care' standard was introduced to physical health teams.
- The chart below illustrates overall improvements in the quality of 'care planning', 'crisis planning', 'risk assessments' and 'managing non attendance' standards.
- All teams also achieved improvements to 'transfer of care' standards with the exception of drug and alcohol services. Services are using the compliance information in order to target specific areas where there are gaps in order to identify ways of making improvements. As 'always events', these will continue to be monitored on an ongoing basis to track improvements to performance.

Compliance with 'always events' for community mental, learning disability and physical health teams and drug & alcohol services as monitored by the community safety metrics programme

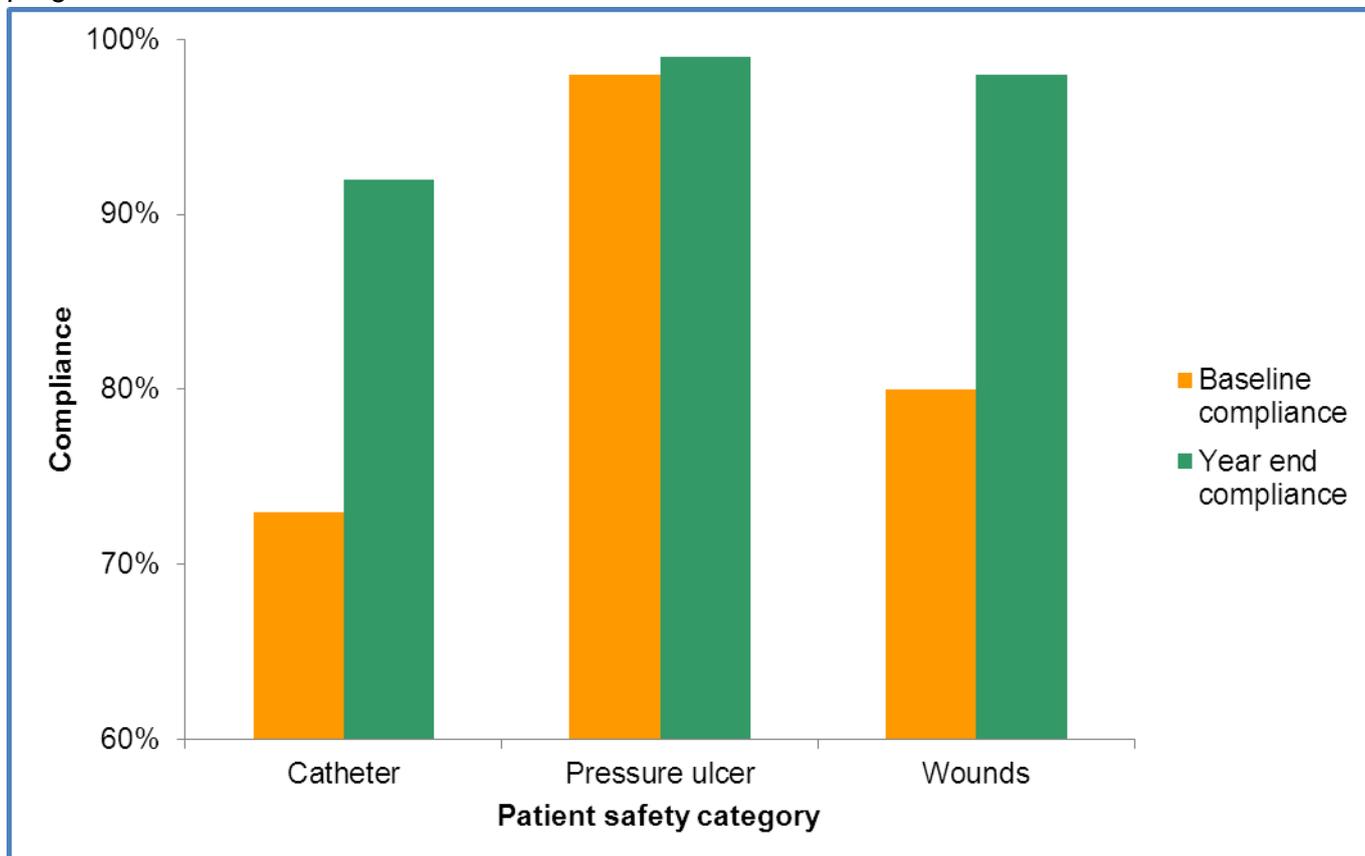


*Includes 'always events'

District nursing teams

- Community safety metrics were introduced to district nursing teams in December 2013 to measure the quality of catheter care, pressure ulcer care and wound care.
- Improvements in compliance with standards has been achieved across all categories – see the graph below.

Compliance with 'always events' for district nursing teams as monitored by the community safety metrics programme



Clinical effectiveness priorities for 2013/14

CWP said it would:

Improve outcomes by implementing clinically effective practice through the *development of evidence based care pathways*, including transitional pathways.

CWP achieved this priority by:

- Prioritising clinical and process pathways following agreement of locality and Trustwide clinical strategies. *NICE* champions provided an enhanced focus for care pathway development, and facilitated clinical consensus in respect of standards and outcome measures.
- Improving information systems and introducing care pathways for ADHD (attention deficit hyperactivity disorder), bipolar disorder, dementia – memory assessment clinics, complex needs and early intervention in psychosis.
- Implementing physical health care bundles based on the inpatient care standards contained within the revised physical healthcare pathway.
- Introducing the *Royal College of Physicians*' 'FallSafe' care bundle across all wards. The Trust's 'always events' framework monitors falls using this bundle to inform the review of the Trust's falls policy and pathways on an ongoing basis.



Patient experience priority for 2013/14

CWP said it would:

Improve service user and carer experience, by *developing and implementing patient/ carer reported outcome measures and patient experience measures across care pathways* – linked to Payment by Results.

CWP achieved this priority by:

- Appointing a Patient Experience Recovery Lead and a Carer Experience Recovery Lead to develop and implement recovery focused services and build upon the success of the previously CQUIN funded recovery team.
- Launching the CWP carers survey during carer awareness week in June 2013, the results have informed future plans and strategies linked to 'Triangle of Care' (a framework to improve carer engagement and involvement of carers and families in the care planning and treatment of people with mental ill-health).
- Being awarded England's first 'Triangle of Care' gold star for demonstrating how carers and families are supported in care planning and treatment. 'Triangle of Care' meetings (which include people who use the Trust's services, carers and professionals) have been held in each locality to network and identify best practice for carers.
- Operational Board approved a pilot in November 2013 of an IT solution to gather real time patient experience. Subject to positive outcomes, plans will then be developed to rollout across the Trust. This will be monitored as part of the patient experience quality improvement priority for 2014/15.
- Introducing WEMWBS (Warwick Edinburgh Mental Well Being Scale) at 'Recovery Colleges' to measure outcomes of people accessing these colleges.

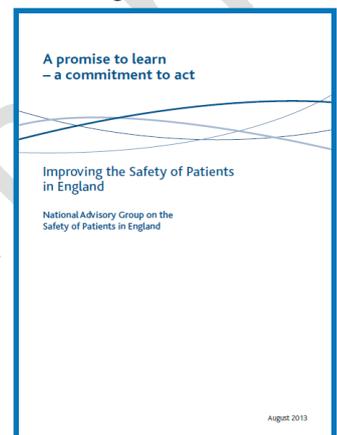


Quality improvement priorities for 2014/15

CWP has set three quality improvement priorities for 2014/15.

These priorities have been developed and chosen based on:

- Identified risks to quality in-year, this includes recurring themes nationally across mental health trusts from feedback such as complaints and serious untoward incidents.
- What is relevant to people who use the Trust's services and people who work for the Trust's services. This includes general feedback received throughout the year from people who use the Trust's services, people who work for the Trust and stakeholders such as work with commissioners and other scrutineers.
- National priorities:
 - Protecting people who use NHS services from **avoidable harm**, achieving **better health outcomes** for patients, and ensuring that people have a **positive experience** of care are detailed in *The NHS Outcomes Framework 2014/15*.
 - The quality improvement priorities are also the Trust's direct response to the independent report *Berwick review into patient safety: Recommendations to improve patient safety in the NHS in England* (August, 2013) which calls for the NHS to continually reduce patient harm by embracing an ethos of learning. This review focuses on preventing avoidable unnecessary harms and unwarranted variations in the quality of healthcare. National evidence suggests, and one of the principles of the *Berwick review* recommendations is, to focus on **better care** rather than quantitative targets. As such, the three quality priorities **do not set targets** – instead they **aspire to deliver continuous improvement year-on-year**.
- Specific feedback received in-year from the outputs of the assessment and monitoring of quality provision across all localities, and the work of the *Quality Committee* and the *Patient Safety & Effectiveness Sub Committee*.



The quality priorities identified for achievement in 2014/15 have been set out in the Trust's operational plan, including how they link to the Trust's corporate and locality strategic objectives. This process of integrating the Trust's quality priorities with forward planning processes allows the Trust's quality priorities to be consistently consulted on and effectively communicated across the Trust and wider stakeholder groups.

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

The Trust's *Quality Committee* has approved a plan for the delivery of the quality improvement priorities. Progress against this plan will be reported to the *Quality Committee* and regular updates will be included in the Trust's quarterly *Quality Report* which is reported to the Board, and shared widely with partner organisations, governors, members, local groups and organisations as well as the public.

How the views of patients, the wider public and staff were taken into account:

All of the priorities were identified through regular feedback and engagement, and by taking into account the views of:

- People who use the Trust's services and carers, for example through receipt of feedback through activities such as patient and carer surveys.
- Staff and senior clinicians, for example through discussion at the Trust's corporate governance meetings.
- Lived experience advisors, for example through participation in involvement activity and engagement with the Trust's *involvement taskforce*.
- Stakeholders and the wider public, for example through activities such as formal consultations.
- Commissioners of NHS services, through contract negotiation and monitoring processes.
- Local scrutineers, for example through feedback from visits to services.

Patient safety priority for 2014/15

Priority for quality improvement:

Achieve a continuous reduction in avoidable harm and make measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents.

Rationale for selection of this priority:

This quality priority reflects the Trust's strategic goal of having an aspiration of 'zero harm' that drives the Trust's culture. It also reflects the *NHS Constitution*, the *NHS Outcomes Framework* and one of *NHS England's* objectives for 2014/15 to protect people who use NHS services from avoidable harm. This includes taking action to identify those groups known to be at higher risk of suicide than the general population, such as people in the care of mental health services and criminal justice services. The Berwick review on patient safety, '*A promise to learn – a commitment to act*', recommends a continual reduction in patient harm through an ethos of learning. All clinicians have a professional responsibility to report incidents of actual or potential harm. Improved reporting of incidents helps to better identify risks and provides better opportunities to improve patient safety. In addition, raising awareness of error provoking conditions and unsafe situations through the promotion of the understanding of 'human factors' will help to reduce avoidable harm.

How progress to achieve the priority will be measured:

- Evaluation of staff receiving training and development in safe, organisational human factors practices and the spread of the implementation of these practices.
- Evaluation of incident reporting by staff in relation to the reported number of actual or potential harm events, and improvement actions identified to continuously increase all incident reporting – in particular the number/ proportion of 'no harm' incidents.
- Evaluation of the themes identified as recommendations following the review of serious incidents, and improvement actions identified to continuously decrease recurrent themes/ increase in new learning themes, to further improve systems and processes.
- Evaluation of the unnecessary avoidable harm identified following the review of serious incidents, and improvement actions identified to embed and sustain learning from these events.
- Evaluation of the Trust's suicide prevention strategy, to strengthen measures in place that aim to reduce the number of suicides and incidents of serious self harm or harm to others, including effective crisis response.

Clinical effectiveness priority for 2014/15

Priority for quality improvement:

Achieve a continuous improvement in health outcomes for people using the Trust's services by engaging staff to improve and innovate.

Rationale for selection of this priority:



This quality priority reflects one of the Trust's strategic goals of delivering high quality, integrated and innovative services that improve outcomes. Freeing the NHS to innovate in order to get the best health outcomes for patients is also one of the Government's ambitions for the health service for 2014/15. One of the indicators of the Trust's strategic goal of having an aspiration of 'zero harm' that drives the Trust's culture is that interventions should lead to the maximum number of people achieving good outcomes and positive recovery and the smallest number of people experiencing adverse outcomes. This quality priority aims to ensure that systems within the Trust promote, support and facilitate delivery of best practice day to day and learn from outcomes, whether positive or adverse, to ensure that service delivery consistently delivers best practice.

How progress to achieve the priority will be measured:

- Continuous improvement in the collection and reporting of outcomes from the measurement of care pathways.
- Evaluation of staff receiving training and development in techniques and approaches in relation to continuous improvement.
- Continuous increase in the number of good practice stories published internally through the Trust's dedicated intranet site that celebrates and promotes good practice.
- Continuous improvement in the number of positive media stories published externally about the Trust.
- 'Innovation register' demonstrates continuous improvement in the number of innovative practices that are registered and also evidence of spread.
- Evaluation of the outputs of clinical audit activity, through action plans, that identify recommendations to spread good practice and accelerate excellence.
- Re-audit, or equivalent monitoring, demonstrates sustained good practice and spread excellence to other areas.
- Continuous improvement in the number of publications, e.g. articles, reviews, quality improvement reports, research reports, developed by the Trust that are successfully published.

Patient experience priority for 2014/15

Priority for quality improvement:

Achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values.

Rationale for selection of this priority:



Ensuring that people have a positive experience of care is one of the Government's ambitions for the health service for 2014/15. Also, one of the indicators of the Trust's strategic goal of having an aspiration of 'zero harm' that drives the Trust's culture is the prevention of unacceptable variations in healthcare experience. Compassionate care and patient experience are just as important as clinical outcomes. People who need the support of healthcare services expect to be treated with compassion, respect and dignity. To enable excellent care, the workforce needs to have the right values, skills and training. Achieving a continuous improvement in health outcomes requires healthcare services to measure, understand and respond

to the needs and preferences of patients and communities locally through a regular programme of feedback looking at how people feel about the care they receive.

How progress to achieve the priority will be measured:

- Evaluation of the outputs of the Trust's 6Cs (care, compassion, courage, communication, competence and commitment) work programme and 'values group' to review that they are supporting the workforce to have the right values, skills and training to enable excellent care and improvement actions identified to continuously improve this.
- Evaluation of the NHS patient survey in relation to the proportion of people, across all areas of care, who rate their experience as excellent or very good, and improvement actions identified to improve this.
- Evaluation of NHS staff survey results in relation to whether staff would recommend their place of work to a family member or friend as a high quality place to receive treatment and care, and improvement actions identified to continuously improve this.
- Evaluation of 'Friends and family' test for patients results for community and mental health services (by the end of December 2014) and improvement actions identified to continuously improve these.
- Evaluation of local surveys, focus groups and real time experience collection, conducted to measure the experience of people who use the Trust's services, carers, and people who work for the Trust, and improvement actions identified to achieve continuous improvements in people's experiences.
- Evaluation of patient experience feedback/ complaints and improvement actions identified to improve key areas, including reports regarding the appropriateness and effectiveness of communication.

Statements of assurance from the board

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

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

Information on the review of services

CWP provides the following services, in partnership with commissioners, local authorities, voluntary/independent organisations, people who use the Trust's services, and carers:

- Inpatient mental health services across Cheshire and Wirral
- Community mental health services across Cheshire and Wirral
- Specialist tier 4 CAMHS services across the North West
- Drug and alcohol services across Cheshire and Wirral and drug services in Trafford
- Inpatient learning disability services across Cheshire and Wirral
- Community learning disability services across Cheshire, Wirral, and Trafford
- Eating disorder services across areas of the North West
- Low secure services for people with mental health and learning disabilities across the North West
- Community physical health services in Western Cheshire

The Trust has also continued to maintain its strong relationships with local commissioners and other providers in playing an integral role in local transformation programmes, specifically the drive towards integrated working and developing collaborative partnerships to deliver services. This is in line with one of the Trust's strategic objectives to 'deliver high quality, integrated and innovative services that improve outcomes'. Additionally, during the year at one of the Trust's 'clinical engagement and leadership forum' meetings, the Trust also gathered information to scope its contribution to another transformation programme – the NHS moving towards offering patients better, safer and high quality health care every day of the week through the provision of seven day services. The Trust will work in partnership with commissioners during 2014/15 to explore local solutions to meet the needs of its local communities and populations.

During 2013/14, Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub-contracted **100** relevant health services.

Cheshire and Wirral Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in **100** of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents **97** per cent of the total income generated from the provision of relevant health services by Cheshire and Wirral Partnership NHS Foundation Trust for 2013/14.

CWP has reviewed the data on the quality of its services in the following ways during the year.

Contract review and monitoring

CWP works together with its commissioners to review and update the quality requirements in its contracts annually, to ensure that they reflect changes in best practice and emerging national or local good clinical or good healthcare practice. Through contract monitoring meetings, assurance is provided that the Trust's performance in relation to improving quality of care is on track.

Reviewing the results of local and national patient surveys

To improve the quality of services that CWP delivers, it is important to understand what people think about their care and treatment. CWP has engaged people who use its services, carers, people who

work for the Trust, and other partners in a wide variety of local survey activity to inform and influence the development of its services.

The national patient survey of people's experiences of community mental health services



The Care Quality Commission's (CQC) national patient survey was published in September 2013. It gave CWP a valuable insight into what people who use the Trust's community mental health services thought about their care. The CQC report also provided an indication of the Trust's progress since the last survey in 2012. The Trust received 245 responses from a sample of 830 people who used the Trust's community mental health services, which represented a 31% response rate. CWP performed 'better' in four areas out of nine national service areas when compared with other trusts – for medications, care co-ordinator, crisis care, and overall care.

Local CWP surveys

Carers survey

This survey was launched during carer awareness week in June 2013. 147 surveys were completed. The most positive movement in the survey demonstrated an **increase of 32%** of carers strongly agreed/agreed that they were satisfied with information given to them by CWP staff.

Service level experience and satisfaction activity

Feedback is proactively sought across CWP through a variety of methods, including participation groups, focus groups and surveys. Involvement activity is captured and reported on a quarterly basis in an involvement report which is shared with people who work for the Trust and commissioners. This feedback is used to make continuous improvements to services.

Trustwide inpatient survey

This survey was completed in August 2013. With the support of involvement representatives and people who work for the Trust, this year saw an **18% improvement** in responses compared to 2012 (47% for 2013). To ensure meaningful engagement and understanding, learning disability services completed the survey with people using those services by utilising a patient stories approach.

Learning from experience and feedback from people who use the Trust's services

Learning from experience

CWP acknowledges areas where it needs to make changes to improve care. This is called 'learning from experience'. It focuses on feedback from people who use the Trust's services which show where they are not fully satisfied, or through the reporting of incidents by people who work for the Trust when they witness events that caused actual harm or had the potential to cause harm. The Trust also learns from other NHS organisations when things go wrong, by reviewing and learning from external recommendations. Examples of learning from experience include:

- Following an investigation into a serious **incident** of the care and treatment of a patient who fell, a 'task and finish' group was set up to review the management and prevention of falls. The group is undertaking a comprehensive review of environments, specifically looking at flooring. It is reviewing the Trust's policy on the prevention and management of slips, trips and falls. It is implementing an action plan which was developed in December 2013 as a result of an independent review of falls incidents within the Trust.
- Following a **claim** relating to a member of staff who sustained an injury as a result of attempting to perform venepuncture on a patient, CWP has clearly defined the role of trainer and assessor for venepuncture competency. Local systems have been developed to ensure that a copy of all documentation in relation to venepuncture training and competency is kept in the staff member's file at ward level.
- To address **complaint** themes about staff attitude, CWP has adopted the *Department of Health's* 'Compassion in Practice' document which describes 6Cs of value and behaviour. The 6Cs are care, compassion, courage, communication, competence and commitment. Work programmes to empower people who work for the Trust have been identified to promote behaviours that reflect shared values in the delivery and management of care, which should have a positive impact on the number of complaints received in relation to staff attitude.

Feedback from people who use the Trust's services

CWP welcomes compliments and comments from people who use the Trust's services and carers, in order to use the feedback to act on suggestions, consolidate what CWP does well, and to share this best practice across the Trust. During 2013/14, CWP has seen a **1% increase** compared with 2012/13 in the number of compliments received from people who use the Trust's services and others about their experience of the Trust's services.

CWP's *Learning from Experience* report, which is produced three times a year, reviews learning from incidents, complaints, concerns, claims and compliments, including Patient Advice and Liaison Service contacts. These are all rich sources of feedback from people who use the Trust's services. Reviewing them together, with the results of clinical audits, helps to identify trends and spot early warnings, so actions can be taken to prevent potential shortfalls in care. Sharing learning is key to ensuring that safety is maintained and that action can be taken to prevent recurrence of similar issues. These *Learning from Experience* reports are shared with the public, via CWP's Board meetings held in public and via the Trust's website, and also with CWP's partner organisations, demonstrating the Trust's commitment to being transparent in how it learns lessons and makes improvements.

Examples of feedback from people who use the Trust's services include:

"I have just been discharged by (member of staff) at the physiotherapy service and I have to say what an excellent service I have received from him. His courtesy along with an infectious positive attitude and hint of humour has had a good effect on me. Often a health care professional will only deal with the body part in their specialism, but (member of staff) has a good holistic approach... (and) has gently but firmly encouraged me to continue to work through pain and not to view it as a barrier to progress. I know pain is all registered in the brain from wherever but one's attitude to dealing with it has an impact on the outcome, and he has helped me enormously with this."

[Physiotherapy/ Musculoskeletal Services – Physical Health West](#)

"I am pleased to say all is good here and alcohol free. We had a baby boy last Friday so we now have 2 boys! It astonishes me sometimes to think how far removed my life is now from the situation I found myself in when I was wholly dependent on drugs and alcohol. I feel like I owe you an on-going depth of gratitude as your skill and encouragement matched with a little will power on my part has really changed so much."

[Drug and Alcohol Services – CWP East](#)

"(Patient) was... displaying challenging behaviour over the weekend, therefore I contacted the unit for help and support. I would like to express my extreme gratitude to the staff members who supported me through this and even telephoned (patient's) GP on my behalf. It makes such a difference to know that staff are there with the level of support I need and I would like to pass on my thanks to the team."

[Thorn Heys Respite Learning Disability Service – CWP Wirral](#)

"My mum has recently come out of the Adelphi ward in Macclesfield and I can't praise the staff enough... Mental health needs the recognition it deserves! My mum was always well looked after, the staff had a laugh with patients, one day they were all hoola hooping and getting everyone involved! It's that that sets the staff apart! To all on the Adelphi ward, thank you from the bottom of my heart and keep doing what you all do!"

[Adelphi ward – CWP East](#)

"Thank you very much for all your help and support over the past couple of years. I am so grateful for your understanding and for putting up with me when I get on my soap box. Words cannot express the gratitude I feel when I think about what you and your team have done for us."

[Winsford Team, CAMHS – CWP West](#)

Reviewing the results of clinical audit

Healthcare professionals who provide care use clinical audit to check that the standards of care they provide is of a high quality. Where there is a need for improvement, actions are identified to improve the delivery of care, which is described on the following pages.

Information on participation in clinical audits and national confidential enquiries

The purpose of clinical audit is to improve the quality of care provided to service users. It is at the heart of providing the necessary changes in practice to ensure that CWP is delivering efficient, service user focused, high quality care and treatment.

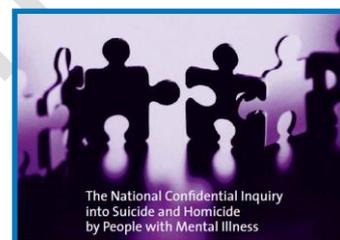
National clinical audits and national confidential enquiries

National clinical audits

CWP takes part in all of the national audits, as it allows the Trust to compare findings with other NHS Trusts to help CWP identify necessary improvements to the care provided to people using the Trust's services.

National confidential enquiries

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



During 2013/14 **3** national clinical audits and **1** national confidential enquiry covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides. During 2013/14 the Trust participated in **100%** national clinical audits and **100%** national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2013/14 are as follows:

- National prescribing observatory for mental health
- National audit of schizophrenia
- National audit of psychological therapies for anxiety and depression
- National Confidential Inquiry into Suicide and Homicide by People with Mental illness

The national clinical audits that the Trust participated in, and for which data collection was completed during 2013/14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Cases submitted as a percentage of registered cases		
National clinical audits (registered cases for these audit programmes means cases registered within CWP)		
National prescribing observatory for mental health:		
▪ Topic 4b : Prescribing anti-dementia drugs	100%	Report available later in 2014 to inform action planning.
▪ Topic 7d: Monitoring patients on lithium	100%	As a result of reviewing this audit, the Trust has agreed that advice about potential side effects and signs of toxicity will be included in training sessions for CMHTs.
▪ Topic 10c: Use of anti psychotic medication in CAMHS	100%	Data collection completed, report available later in 2014 to inform action planning.
▪ Topic 13a: Prescribing for ADHD in children, adolescents and adults	100%	As a result of reviewing this audit, the Trust has ensured copies of centile charts and assessments have been shared between teams to ensure standards are consistent throughout the Trust.
National audit of schizophrenia	83%	Data collection completed, results available later in 2013/14 to inform action planning. National audit report due November 2014.
National audit of psychological therapies for anxiety and depression	100%	National report published, action planning in progress.
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (registered cases for this audit programme means cases from a national sample, not from within CWP)		
Sudden unexplained death in psychiatric inpatients		100%
Suicide		100%
Homicide		100%
Victims of homicide		100%

The reports of 3 national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2013/14 and the Trust intends to take the actions identified in the table above to improve the quality of healthcare provided.

Local CWP clinical audits

The reports of 13 local clinical audits were reviewed in 2013/14 and Cheshire and Wirral Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Title of local CWP clinical audit	Action/s taken
Electro convulsive therapy (ECT)	<ul style="list-style-type: none"> Reviewed training around ECT to ensure that all staff are aware of the legal requirements relating to consent. Issued a bulletin to relevant staff to remind them to monitor and record side effects and to document reasons for continuing/ withdrawing therapy where side effects occur.
Medicines management	<ul style="list-style-type: none"> Developed medicines elements of care pathways to include prompts to ask about side effects. Reminded teams of the correct procedure for the receipt of depot injections. Reviewed the Trust policy on rapid tranquilisation.

Title of local CWP clinical audit	Action/s taken
Standard care letter template	<ul style="list-style-type: none"> ▪ Implemented mechanisms to address gaps in compliance with the doctors involved through the appraisal process.
Lithium monitoring	<ul style="list-style-type: none"> ▪ Improved the provision of advice about potential side effects and signs of toxicity by providing training sessions for community mental health teams.
Prescribing for ADHD in young people and adults	<ul style="list-style-type: none"> ▪ Copies of centile charts and standardised assessment tools have been shared between teams to ensure that standards are consistent throughout CWP.
Antibiotic prescribing	<ul style="list-style-type: none"> ▪ Raised awareness of clinical guidelines relating to the prescription of antibiotics to reinforce that antibiotic prescription may not be indicated for various conditions.
Section 136 of the Mental Health Act 1983	<ul style="list-style-type: none"> ▪ Awareness has been raised of the importance of revisiting, formulating, and implementing a crisis plan when risks increase.
CPA documentation	<ul style="list-style-type: none"> ▪ Implemented a robust process for assessing a sample of clinical records during supervision to review the adequacy of record keeping.
Safeguarding adults	<ul style="list-style-type: none"> ▪ Introduction of named safeguarding links within teams and departments.. ▪ Increased bespoke safeguarding adults training with individual teams. ▪ Worked with the local authority to ensure feedback from safeguarding referrals is received by CWP teams. ▪ Raised awareness around accessing safeguarding supervision.
Absent without leave	<ul style="list-style-type: none"> ▪ Raised awareness of the importance of following the missing person's procedure. ▪ Reminded staff of the need for risk assessments to be updated to reflect the missing patient incidents.
Supervised community treatment	<ul style="list-style-type: none"> ▪ Raised awareness in all localities of risk assessment requirements and inclusion of review of this in clinical supervision. ▪ Raised awareness in all localities of the need for care plans to be updated prior to discharge into the community, documenting community treatment order conditions and full medication details. ▪ Reviewed operational procedures to ensure information leaflets are sent out as soon as practicable. ▪ Updated mandatory and role specific training. ▪ Raised awareness of the benefits of early completion and submission of community treatment order renewal documentation at the locality consultant management meetings. ▪ Strengthened the recording of incidents and complaints relating to supervised community treatment to facilitate their identification and monitoring.
Record keeping	<ul style="list-style-type: none"> ▪ Reviewed compliance with record keeping standards and developed an action plan to further improve standards.
Slips, trips and falls	<ul style="list-style-type: none"> ▪ Reviewed the environment of wards (lighting, flooring, decoration, signage) which may have contributed to the increased risk of falls. ▪ Reviewed and implemented a falls policy and risk assessment including the provision of a "FallSafe" care bundle checklist.

National and local CWP clinical audits are reviewed as part of the annual clinical audit programme, and are reported to the Trust's *Patient Safety & Effectiveness Sub Committee*, which is a delegated sub committee of the Board chaired by the Medical Director – Executive Lead for Quality.

The Trust also has an infection prevention and control (IPC) audit programme, to support the enhancement of cleanliness of the care environment, to identify good IPC practice and areas for improvement.

Information on participation in clinical research

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

CWP's participation in clinical research helps to improve the quality of care, patient experience and outcomes within the Trust and across the NHS.

The number of patients receiving relevant health services provided or sub-contracted by Cheshire and Wirral Partnership NHS Foundation Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was **857**.

Participation in clinical research demonstrates Cheshire and Wirral Partnership NHS Foundation Trust's commitment to improving the quality of care it offers and to making its contribution to wider health improvement. CWP's clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Cheshire and Wirral Partnership NHS Foundation Trust was involved in conducting **83** clinical research studies in all of its clinical service units during 2013/14.

There were **193** clinical staff participating in approved research during 2013/2014. These staff participated in research covering **22** medical specialties and also research covering management training.

CWP has been increasing staff involvement in clinical research to help increase the use of new evidence in the future. The number of Principal Investigators in CWP has increased over the last year and more clinicians are actively involved in researching. Also, over the last three years, CWP has been associated with **202** research publications, the findings from which are used to improve patient outcomes and experience across the Trust and the wider NHS. The Trust's engagement with clinical research also demonstrates Cheshire and Wirral Partnership NHS Foundation Trust's commitment to offering the latest medical treatments and techniques.



One project CWP has been engaged in is a falls project based on dementia wards, run by the *Health and Safety Executive's* 'Pedestrian Safety Group'. This has resulted in recommendations to improve wards and representation at the Trust's falls task and finish group to ensure the action plan is implemented.

NICE guidance

The *National Institute for Health and Care Excellence (NICE)* provides national guidance and advice that helps health, public health and social care professionals to deliver the best possible care based on the best available evidence. Many CWP specialists are involved in the production of national guidelines for *NICE*.

CWP monitors the implementation of all types of applicable *NICE* guidance, and overall is fully or partially compliant with over **100%** of all applicable key priorities in this guidance.

Information on the use of the CQUIN framework

The *Commissioning for Quality and Innovation (CQUIN)* payment framework enables commissioners to reward excellence, by linking a proportion of the Trust's income to the achievement of local, regional, and national quality improvement goals. Participation in *CQUIN* indicates that CWP, with its commissioners, is actively engaged in quality improvements. *CQUIN* goals are reviewed through the contract monitoring process as discussed earlier in the report.

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust's income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2014/15 and for the following 12 month period available by request from the Trust's Safe Services Department: <http://www.cwp.nhs.uk/pages/1-what-we-do>

The Trust received £2,064,933 for the goals that it achieved for 2011/12 and £3,438,614 for the goals that it achieved for 2012/13.

The maximum income available in 2013/14 was £3,440,200 and the Trust received £3,380,368 for the *CQUIN* goals achieved.

The total monies available in 2014/15, upon successful achievement of all the agreed *CQUIN* goals, is £3,188,869.

Below are three examples of the positive impacts that *CQUIN goals* have had on the quality of care.

Dementia baseline screening for people with Down syndrome

There is an increased incidence of dementia in people with Down syndrome. During 2013/14, in the Vale Royal and South Cheshire area, CWP commenced baseline screening for dementia in people with Down syndrome aged 30 or over. As a result of this, those people with Down syndrome diagnosed with dementia are now placed on the GP dementia register and offered targeted proactive health checks to ensure that their health is maintained.

Literacy

During 2013/14, the Occupational Therapy teams at the Alderley Unit and Saddlebridge Recovery Centre, Macclesfield, worked to improve the range and availability of opportunities available to people using these Trust services. Opportunities available include: one to one or group educational sessions in literacy, numeracy and IT, budgeting support, cookery sessions, vocational qualifications in animal care, and volunteering. This work has led to the development of a new occupational therapy care pathway which ensures that people's needs and aspirations in relation to education and vocation are captured. It allows the joint development of an intervention plan to ensure better opportunities patients for future participation in various aspects of life.

Mental and physical health care pathways: dementia care

Since 2012/13, CWP, in partnership with the *Countess of Chester Hospital NHS Foundation Trust*, has been running a new and innovative service for dementia patients. Work has continued with this during 2013/14 as part of *CQUIN*. Specialist dementia nurses are based five days a week on medical and surgical wards at the Countess of Chester Hospital. They help to assess and identify patients with dementia, and provide advice and support to carers. They also work with doctors, nurses and therapists to facilitate discharge safely and smoothly and reduce patients' length of stay in hospital, including for patients with more complex needs. Patient and staff feedback has been very positive and positive outcomes of the service includes improved identification of patients with dementia or cognitive impairment, reduced length of stay in hospital, and more patients being discharged back to their own homes, either straight from the Countess of Chester Hospital or after a period of rehabilitation or respite.

Information relating to registration with the Care Quality Commission and periodic/ special reviews



Independent assessments of CWP and what people have said about the Trust can be found by accessing the *Care Quality Commission's* website. Here is the web address of CWP's page:

<http://www.cqc.org.uk/directory/rxa>

Cheshire and Wirral Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is **registered and licensed to provide services**. The Trust has no conditions on its registration.

The Care Quality Commission has **not** taken enforcement action against the Trust during 2013/14.

The Trust has participated in **5** special reviews or investigations by the Care Quality Commission relating to the following areas during 2013/14:

Review of compliance: Eastway

Review of compliance: Springview

Review of compliance: Bowmere

Review of compliance: Greenways

Special review: Safeguarding and looked after children

Special review: Mental health – Assessment and application for detention and admission

The reviews of compliance were unannounced inspections against the Care Quality Commission's essential standards of quality and safety.

The special reviews were:

- i. A review of safeguarding and looked after children, undertaken in collaboration with other partners across Cheshire West and Chester.
- ii. A review of assessment and application for detention and admission, undertaken in Wirral. This was a joint visit between CWP and Wirral Borough Council.

The Trust was **compliant** with the requirements of the Care Quality Commission relating to the reviews at Eastway and Greenways.

The Trust was **compliant** with the requirements of the Care Quality Commission relating to the review at Springview in relation to:

- Outcome 1 – respecting and involving people who use services
- Outcome 4 – care and welfare of people who use services
- Outcome 7 – safeguarding people who use services from abuse
- Outcome 13 – staffing
- Outcome 16 – assessment and monitoring the quality of service provision
- Outcome 17 – complaints

The Care Quality Commission identified **minor concerns** in the review of compliance at Springview in relation to:

- Outcome 5 – meeting nutritional needs
- Outcome 21 – records

The Trust was **compliant** with the requirements of the Care Quality Commission relating to the review at Bowmere in relation to:

Outcome 4 – care and welfare of people who use services

Outcome 6 – co-operating with other providers

Outcome 10 – safety and suitability of premises

The Care Quality Commission identified **minor concerns** in the review of compliance at Bowmere in relation to:

Outcome 21 – records

The Trust has taken the following action to address the conclusions or requirements reported by the Care Quality Commission which related to the Trust:

Reviews of compliance:

1. Review of patient menu ordering system to ensure choice and availability of special dietary requirements.
2. Strengthened the assurance processes to assess quality of food and nutrition available on inpatient areas through the Trust's unannounced compliance visits and regular community meetings with patients.
3. Review of record keeping systems to reduce the risks associated with dual record keeping of electronic and paper records.
4. Review the Trust's therapeutic observation policy to ensure adequate assessment and recording of review of risk relating to observation levels.
5. Communicate to ward managers and clinicians the importance of ensuring service users have received a copy of their care plan, where possible, and that this is clearly documented within clinical records.

Special reviews:

6. For the review of safeguarding and looked after children, a review of the following areas to improve and strengthen:
 - Child protection 'step down' arrangements.
 - Self harm pathways.
 - Access to training and safeguarding supervision for adult mental health professionals.
 - Links and information sharing between GPs, school health advisers and CAMHS.
 - Scrutiny of referrals from adult mental health to children's social care and ensure sufficient levels of engagement by CAMHS and adult mental health professionals in child protection case conferences.
7. For the review of assessment and application for detention and admission, a review of the following areas to improve and strengthen:
 - Communication between carers and CWP.
 - Guidelines for the assessment and management of admission for young people.
 - Support, training and clarity for the clinical support worker.
 - The Trust's section 136 policy and sign up by relevant agencies.

The Trust has made the following progress by 31 March 2014 in taking such action:

Reviews of compliance:

1. A revised menu ordering system was introduced to enhance choice and availability of special dietary requirements, however, following consultation with patients, their feedback and general dissatisfaction of the new menu ordering system, the Trust agreed with the CQC to revert to the previous system but to monitor feedback more closely as part of the Trust's unannounced compliance visit schedule.
2. Food and nutrition is currently assessed at every inpatient unannounced compliance visit; it has been consistently rated as "green" with no concerns identified.
3. The Trust has a dual record keeping action plan which is overseen operationally by the Trust's *Records and Clinical Systems Group* and monitored, to ensure that improvements are being made, by the Trust's *Patient Safety and Effectiveness Sub Committee*.
4. The Trust's therapeutic observation policy has been reviewed and revised. The new policy was implemented in February 2014 and has been disseminated to all staff.
5. Communications have been circulated to all staff about ensuring that care plans are signed and that this is also documented in the clinical notes. Spot checks to specific wards have confirmed that care

plans are signed. In addition, this standard is monitored on an ongoing basis via the Trust's inpatient safety metrics programme.

Special reviews:

6. Progress on the areas requiring improvement and strengthening are on track and progress is monitored by the local safeguarding meeting. The overall action plan is being co-ordinated and monitored via NHS West Cheshire CCG. The CQC reported that the Trust's action plans were robust and identified learning.

7. A comprehensive action plan has been developed to identify areas requiring improvement and strengthening and has been submitted to the CQC. Progress is being monitored by the Safe Services Department.

Information on the quality of data

NHS number and general medical practice code validity

The patient *NHS number* is the key identifier for patient records. Improving the quality of NHS number data has a direct impact on improving clinical safety by preventing misidentification.

Accurate recording of a patient's *general medical practice code* is essential to enable transfer of clinical information about the patient from a Trust to the patient's GP.

Cheshire and Wirral Partnership NHS Foundation Trust submitted records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:
99.9% for admitted patient care;
100% for out patient care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:
100% for admitted patient care; and
100% for out patient care.

Information Governance Toolkit attainment levels

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

Cheshire and Wirral Partnership NHS Foundation Trust's Information Governance Assessment Report overall score for 2013/14 was 95% and was graded satisfactory/ green.

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust was **not** subject to the *Payment by Results* clinical coding audit during 2013/14 by the *Audit Commission*.

Statement on relevance of data quality and actions to improve data quality

Good quality information underpins the effective delivery of the care of people who use NHS services and is essential if improvements in quality of care are to be made.

Cheshire and Wirral Partnership NHS Foundation Trust will be taking the following actions to improve data quality:

Implementation of a data quality framework plan during 2014/15 to address the following areas –

1. Targeting areas of underperformance in relation to areas demonstrating data quality issues by offering support through training and signposting to further CAREnotes training and escalation with relevant management.
2. Improvements to Payment by Results cluster accuracy/ rates, through publishing weekly performance reports and develop reporting which highlights staff and team outliers.
3. Continue weekly data quality dashboard reporting, highlighting key data quality issues in the Trust, and promoting data quality and good practice across the Trust in forums such as the CAREnotes champion user group.
4. Review of the Trust's mandatory submissions and externally published data to identify areas of improvement and issues to feed back on, using this knowledge to improve the Trust's reporting techniques and processes.

Performance against key national priorities and quality indicators

CWP is required to report its performance with a list of published key national priorities, against which the Trust is judged. CWP reports its performance to the Board and the Trust's regulators throughout the year. Actions to address any areas of underperformance are put in place where necessary. These performance measures and outcomes help CWP to monitor how it delivers its services.

Performance against key national priorities from the Monitor *Compliance Framework 2013/14*

Indicator	Required performance	Actual performance
Data completeness – community services: <ul style="list-style-type: none"> ▪ Referral to treatment information ▪ Referral information ▪ Treatment activity information 	50% 50.0% 50.0%	100% 95.6% 92.7%
Care Programme Approach (CPA) patients: <ul style="list-style-type: none"> ▪ Receiving follow-up contact within seven days of discharge ▪ Having formal review within 12 months 	95.0% 95.0%	97.9% 96.2%
Minimising mental health delayed transfers of care	≤7.50%	1.48%
Admissions to inpatients services had access to crisis resolution home treatment teams	95.0%	98.1 %
Meeting commitment to serve new psychosis cases by early intervention teams	95.0%	128.5% CWP has over-performed against this target. This means that the Trust has seen more new cases than the national target (in line with local need).
Data completeness: identifiers	97.0%	99.4%
Data completeness: outcomes for patients on CPA	50.0%	85.7%

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

Performance against quality indicators: 2012/13 – 2013/14

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2013/14			2012/13		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from psychiatric inpatient care	Preventing people from dying prematurely	Quarter 1 97.7%	Quarter 1 97.7%	Quarter 1 94.1 – 100%	Quarter 1 96.8%	Quarter 1 97.5%	Quarter 1 94.9 – 100%
		Quarter 2 98.1%	Quarter 2 97.7%	Quarter 2 90.7 – 100%	Quarter 2 97.3%	Quarter 2 97.2%	Quarter 2 89.8 – 100%
	Quarter 3 96.9%	Quarter 3 97.1%	Quarter 3 77.2 – 100%	Quarter 2 98.1%	Quarter 3 97.6%	Quarter 3 92.5 – 100%	
	Quarter 4 98.1%*	Quarter 4 Not available until June 2014*	Quarter 4 Not available until June 2014*	Quarter 4 96.2%	Quarter 4 97.3%	Quarter 4 93.6 – 100%	
	<p>Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust's external auditors have verified the processes for production of this data. The Trust has achieved the performance target for this quality indicator, as required by the Department of Health and Monitor (target for 2013/14 is achieving at least 95.0% rate of patients followed up after discharge, CWP performance for 2013/14 is 97.9%). The Trust has taken the following action to improve this percentage, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts. 						
Admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper	Enhancing quality of life for people with long-term conditions	Quarter 1 99.7%	Quarter 1 98.0%	Quarter 1 74.5 – 100%	Quarter 1 99.7%	Quarter 1 98.0%	Quarter 1 83.0 – 100%
		Quarter 2 97.9%	Quarter 2 98.6%	Quarter 2 89.8 – 100%	Quarter 2 97.6%	Quarter 2 98.1%	Quarter 2 84.4 – 100%
		Quarter 3 98.5%	Quarter 3 98.6%	Quarter 3 85.5 – 100%	Quarter 3 95.3%	Quarter 3 98.4%	Quarter 3 90.7 – 100%

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2013/14			2012/13		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
		Quarter 4 99.2%*	Quarter 4 Not available until June 2014*	Quarter 4 Not available until June 2014*	Quarter 4 91.5%	Quarter 4 98.6%	Quarter 4 20.0 – 100%
<p>Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust's external auditors have verified the processes for production of this data. The Trust has achieved the performance target for this quality indicator, as required by the Department of Health and Monitor (target for 2013/14 is achieving at least 95.0% of all admissions gatekept, CWP performance for 2013/14 is 98.1%). The Trust has taken the following action to improve this percentage, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts. 							
The percentage of patients aged (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Helping people to recover from episodes of ill health or following injury	(i) 1.51%*	Not available via HSCIC indicator portal*		(i) 3.45%*	Not available via HSCIC indicator portal*	Not available via HSCIC indicator portal*
		(ii) 6.61%*	Not available via HSCIC indicator portal*		(ii) 5.37%*	Not available via HSCIC indicator portal*	Not available via HSCIC indicator portal*
		<p>Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is current using internal information systems. Readmission rates help to monitor success in preventing or reducing unplanned readmissions to hospital following discharge. Readmission rates are an effective measure of treatment across the entire patient pathway across all sectors of health and social care. The Trust has taken the following action to improve this percentage, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts. 					

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2013/14			2012/13		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
Staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends	Ensuring that people have a positive experience of care	69%	65%	38 – 94%	70%	63%	21 – 95%
Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because it is administered and verified by the National NHS Staff Survey Co-ordination Centre. The Trust achieved a performance better than the national average for this quality indicator. The Trust has taken the following action to improve this percentage, and so the quality of its services, by: <ul style="list-style-type: none"> The Trust's 'investing in staff' group developing an action plan to address areas of improvement identified in the survey. 							
"Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker	Enhancing quality of life for people with long-term conditions Ensuring that people have a positive experience of care	87.8%	85.8%	80.9 – 91.8%	89.6%	86.6%	82.6 – 91.8%
Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because it is administered and verified by Quality Health Ltd on behalf of the Care Quality Commission. The Trust achieved a performance better than the national average for this quality indicator. The Trust has taken the following action to improve this percentage, and so the quality of its services, by: <ul style="list-style-type: none"> Developing an action plan to address areas of improvement identified in the survey. 							
(i) Number of patient safety incidents reported within the Trust, and (ii) Percentage of such patient safety incidents that resulted in severe harm or death	Treating and caring for people in a safe environment and protecting them from avoidable harm	(i) 2615*	Not available until February 2015*	Not+ available until February 2015*	(i) 3750	(i) 4407	(i) 3 – 6903
		(ii) 0.3%*	(ii) Not available until February 2015*	(ii) Not available until February 2015*	(ii) 1.2%	(ii) 2.5%	(ii) 0 – 9.4%
Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The data is analysed and published by the <i>NHS Commissioning Board Special Health Authority</i> . The national data stated relates to mental health Trusts only. The Trust's reporting of patient safety incidents is comparable with the middle 50% of reporters, and has increased reporting							

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2013/14			2012/13		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
		<p>Trustwide during the last two years. The Trust has taken the following action to improve this number/percentage, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Encouraging the reporting of incidents through its “learning from experience” report produced for staff three times a year. <p>The Trust’s severity of reported patient safety incidents is lower than the national average (all mental health Trusts). The <i>NHS Commissioning Board Special Health Authority</i> encourages higher reporting of patient safety incidents that do not result in severe harm or death, as it provides an opportunity to reduce the risk of future incidents.</p>					

(*) denotes:

Performance for 2013/14 (and 2012/13 where applicable) is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendments Regulations 2012*.
The data source is *The Health and Social Care Information Centre (HSCIC) Quality Accounts* section within their indicator portal.
The data source of the performance that is stated is the Trust’s information systems.

Part 3.

Other information

An overview of the quality of care offered by CWP – performance in 2013/14

Below is a summary of CWP's performance, during 2013/14, against previous years' quality improvement priority areas approved by Board as part of the Trust's *Quality Accounts*. The performance compares historical (over the past three years) and/ or benchmarking data where this is available. This demonstrates the Trust's commitment to setting quality improvement priorities each year in its *Quality Account* that it intends to continue to review its performance against to demonstrate sustained improvements.

Quality indicator	Year identified	Reason for selection	CWP performance			
			2011/12	2012/13	2013/14	
Patient safety						
i. Improving learning from patient safety incidents by increasing reporting	2008/09	Research shows that organisations which report more usually have stronger learning culture where patient safety is a high priority	8566 incidents	9291 incidents	9213 incidents	Data source = the Trust's incident reporting system (Datix). The number of the Trust's reported incidents for each of these years is comparable with the middle 50% of reporters, tending towards the highest 25% of reporters (in 2013/14), based on national comparative data reported to the <i>NHS Commissioning Board Special Health Authority</i> .
ii. Create a better safety culture by achieving level 2 NHSLA accreditation	2008/09	NHSLA Accreditation provides an independent assessment of compliance against national safety priorities	NHSLA level 2 compliant	NHSLA level 1 compliant	NHSLA level 1 compliant	
iii. Strengthen hand decontamination procedure compliance	2008/09	Equipping staff with the skills to undertake effective hand decontamination minimises the risk of cross infection to service users and staff	NHS Staff Survey scores <i>Training:</i> 76% (national average 68%) <i>Availability of hand washing materials:</i> 65% (highest 20% of all mental health Trusts)	NHS Staff Survey scores <i>Training:</i> 81% (national average 72%) <i>Availability of hand washing materials:</i> 59% (national average 55%)	NHS Staff Survey scores <i>Training:</i> 89% (national average 72%) <i>Availability of hand washing materials:</i> 60% (national average 54%)	Data source = National NHS Staff Survey Co-

Quality indicator	Year identified	Reason for selection	CWP performance			
			2011/12	2012/13	2013/14	
			<p>ordination Centre.</p> <p>The <i>NHS National Staff Survey</i> results include the percentage of staff saying that they:</p> <ul style="list-style-type: none"> - have received training, learning, or development in infection control (including guidance on hand washing); - always have hand washing materials available. <p>Staff receive training on infection prevention and control at induction, mandatory training/ learning, and bespoke training to all community and ward staff where necessary. Audits are also undertaken by the Trust's Infection Prevention and Control Team, incorporating questions in relation to hand decontamination, on a rolling basis. Every inpatient area and every clinic Trustwide was audited in 2013/14.</p>			
Clinical effectiveness						
i. Implement the Advancing Quality programme for dementia and psychosis	2009/10	'Advancing Quality' measures clinical and patient reported outcomes to determine the level of care that patients have received, benchmarked against a set of agreed 'best practice' criteria	<p>Dementia:</p> <p>CWP compliance 88%</p> <p>Regional compliance (range) 63% – 98%</p> <p>–</p> <p>Psychosis:</p> <p>CWP compliance 82%</p> <p>Regional compliance (range) 73% – 99%</p>	<p>Dementia:</p> <p>CWP compliance 88.7%</p> <p>CWP target 88.6%</p> <p>–</p> <p>Psychosis:</p> <p>CWP compliance 89.9%</p> <p>CWP target 87.9%</p>	<p>Dementia:</p> <p>CWP compliance 89.9%</p> <p>CWP target 83.6%%</p> <p>–</p> <p>Psychosis:</p> <p>CWP compliance 98.0%</p> <p>CWP target 88.2%</p>	<p>Data source = Clarity Informatics</p> <p>There is up to a six month delay in reporting of compliance data relating to 2013/14. The above figures for 2013/14 reflect CWP's monthly submissions up to and including January 2014.</p>
ii. Physical health checks for all inpatient service users, including Body Mass Index (BMI)	2008/09	The monitoring of a service user's physical health is a priority to ensure that a service user's physical health needs are being met	<p>85% compliance with the patient having their BMI calculated on admission</p> <p>Performance was measured throughout the year as part of</p>	<p>94% compliance with the patient having their BMI calculated on admission</p> <p>Performance was measured once during the year as part of</p>	<p>97% compliance with the patient having their BMI calculated on admission</p> <p>Performance was measured once during the year as part of</p>	

Quality indicator	Year identified	Reason for selection	CWP performance		
			2011/12	2012/13	2013/14
			the Trust's patient safety priority for 2011/12. The denominator was 1102.	the Trust's patient safety priority for 2012/13. The denominator was 560.	the Trust's patient safety priority for 2013/14. The denominator was 642.
Data source = local patient safety metrics data. The 'physical health check undertaken within 6 hours of admission' part of this indicator reported in previous years was removed as this is no longer a requirement of the local patient safety metrics.					
iii. Develop integrated care pathways	2009/10	Seamlessness between primary and secondary care promotes a joined up approach, and improves the continuity and quality of care	Care pathways and associated care bundles developed for: - urinary catheter care - wound care - pressure ulcer care - dementia memory assessment - early intervention in psychosis - structured assessment and treatment in learning disabilities - obsessive compulsive disorder in young people	Care pathways and associated care bundles developed for: - dementia assessment - chronic obstructive pulmonary disease - diabetes - heart failure	Care pathways and associated care bundles developed for: - attention deficit hyperactivity disorder - bipolar disorder - complex needs - dementia (memory assessment clinics) - early intervention
All outcome measures for the care pathways identified as priorities for 2013/14 are reported in <i>part 2 – clinical effectiveness priority for 2013/14.</i>					
Patient experience					
i. Increase patient experience feedback - <i>the types of feedback measured include concerns/ PALS contacts, comments, complaints, and compliments</i>	2008/09	Understanding the experience of service users, and their carers, is fundamental to being able to provide high quality services and to identify areas for improvement	28% increase compared with 2010/11 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance.	5% increase compared with 2011/12 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance.	4% decrease compared with 2012/13 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance.

Quality indicator	Year identified	Reason for selection	CWP performance		
			2011/12	2012/13	2013/14
			Physical Health West received 264 patient experience contacts in 2011/12.	Physical Health West received 350 patient experience contacts in 2012/13.	Physical Health West received 410 patient experience contacts in 2013/14.
			<p>Data source = the Trust's incident reporting system (Datix).</p> <p>For 2013/14, the changes in patient feedback are: Concerns = 9% increase PALS contacts = 27% decrease Comments/ suggestions = 13% decrease Compliments = 1% increase Complaints = 13% increase</p> <p>The increase in concerns and complaints suggests that the Trust has a learning and an open and transparent culture, as this is one recognised indicator that people using the Trust's services and those close to them are not fearful of complaining due to the consequences (A review of the NHS hospitals complaints system: Putting patients back in the picture, 2013).</p> <p>The decrease in PALS contacts is expected, following targeted work by the PALS Officer with all services to promote local resolution of informal concerns.</p>		
ii. Improvement of complaints management and investigation processes	2008/09	Complaints handling and investigations should be of a high quality and robust so that any improvements are highlighted and cascaded throughout the Trust in order to continually improve services and share best practice	6 complaint quality assurance reviews	6 complaint quality assurance reviews	2 complaint/serious incident quality assurance reviews
			<p>Complaint quality assurance reviews are led by a Non Executive Director, and provide internal assurance of the quality and robustness of complaints management and investigation processes.</p> <p>Fewer reviews were held in 2013/14 but this was expected as the former complaint quality assurance reviews were extended to also review the quality and robustness of serious incident investigation processes.</p>		
iii. Measure patient satisfaction levels	2008/09	Patient satisfaction is an important measure of the quality of the care and treatment delivered by the Trust	National Patient Survey score 72% (average performance compared with all other mental health Trusts)	National Patient Survey score 75% (better than the average performance across all other mental health	National Patient Survey score 78% (better than the average performance across all other mental health

Quality indicator	Year identified	Reason for selection	CWP performance		
			2011/12	2012/13	2013/14
			Responses = 236 – CWP inpatient survey 73% of service users rated the service they received as 'good' or 'excellent' Responses = 79	Trusts) Responses = 224 – CWP inpatient survey 80% of service users rated the service they received as 'good' or 'excellent' Responses = 86	Trusts) Responses = 284 – CWP inpatient survey 83% of service users rated the service they received as 'good' or 'excellent' Responses = 110
Data sources = Quality Health Ltd and internal patient survey data respectively The National Patient Survey score for 2011/12 represents how service users rated the care received from CWP. The National Patient Survey score for 2012/13 and 2013/14 represents how service users scored receiving good overall care from NHS mental health services in the last 12 months.					

Monitor requires mental health foundation Trusts, for external assurance of their *Quality Accounts*, to ensure a review by independent auditors of two mandated indicators and one local indicator chosen by the councillor of governors. The independent auditor's report, at *Annex D*, details the findings of the review of the mandated indicators.

Mandated indicators

1) 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital.

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

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

Audit in progress

2) Admissions to inpatient services had access to crisis resolution home treatment teams.

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

- Patients recalled on Community Treatment Order.

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

Audit in progress

Local indicator

1) Delayed transfer of care

A delayed transfer of care from mental health care occurs when people who use the Trusts services who are ready to depart from such care and is still occupying a bed.

- The indicator is expressed as the number of Delayed Transfers of Care per average occupied bed days.
- The indicator (both numerator and denominator) only includes adults aged 18 and over.
- The numerator is the number of non-acute patients (aged 18 and over on admission) per day under consultant and non-consultant-led care whose transfer of care was delayed during the year. For example, one patient delayed for five days counts as five.
- The denominator is the total number of occupied bed days (consultant-led and non-consultant-led) during the year.
- Delayed transfers of care attributable to social care services are included.
- A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.
- A patient is ready for transfer when:
 - A clinical decision has been made that the patient is ready for transfer; and
 - A multi-disciplinary team decision has been made that the patient is ready for transfer; and
 - A decision has been made that the patient is safe to transfer.

Audit in progress

Additional information on improving the quality of CWP's services in 2013/14

Below is a selection of the work over the past year that some of the Trust's services, as detailed in *part 2 – information on the review of services*, have undertaken to improve the quality of the services they provide. The Trust's quarterly *Quality Reports* provide more information about the quality of the services provided by CWP throughout the year.

Improving patient safety



CWP was shortlisted as finalists at the national *Patient Safety Awards* held in July 2013, in the category of 'patient safety in mental health'. The Trust's submission was for its 'inpatient safety metrics' programme, which monitors policy standards across all of the Trust's inpatient wards. Peer reviews are undertaken by ward managers to provide a contemporaneous method of measuring and tracking patient safety standards, in order to reinforce local accountability and to act as a spur for providing high quality care, facilitated by targeted action planning. The programme has delivered demonstrable improvements in compliance with patient safety standards over the past two years.

CWP was one of 54 NHS mental health providers that participated in a benchmarking project for inpatient mental health services between July and August 2013. *NHS Cheshire & Merseyside Commissioning Support Unit* reviewed early benchmarks in the "Mental Health Benchmarking Toolkit" and concluded that CWP made a good quality data submission. The report highlighted:

- CWP was benchmarked **above average in the provision of beds** in categories acute, psychiatric intensive care, eating disorders and other mental health.
- CWP was one of 15 providers to **achieve delayed transfer of care [adult acute] rates at less than 2% of total bed days impacted**.
- Improved adult acute readmission rates within 28 days – CWP **ranked second** with a readmission percentage rate of less than 2.5%.
- CWP accepted over 95% of referrals to community mental health teams along with 13 other providers.
- CWP had **less failed to attend scheduled appointments** than the other providers' average of 10%.



This benchmarking project has provided CWP with an excellent platform for enhancing future service provision. CWP continues to analyse reports and develop conclusions on the results of mental health benchmarking. Good practices are shared amongst member organisations to support ongoing improvements within the mental health sector.

The Trust's *Patient Safety Walkround* programme has continued throughout 2013/14, with a total of seven inpatient wards receiving a planned visit from a member of the executive team. The walkround is arranged in conjunction with the ward manager at a time that is most suitable for the ward to receive visitors and it is an opportunity for the staff to meet a member of the executive team. During the visit, the ward staff provide the executive with a tour of the ward, after which some quality 'time out' is taken to receive patient safety feedback through the use of a series of open ended questions. The outcome of these discussions is recorded and followed up by a thematic analysis and subsequent action plan. Successfully implemented actions have included a review of staffing levels, accelerated replacement of security door fobs, and older peoples' wards being granted monies to purchase staff uniforms.



The *Patient Safety First* campaign's ambition is to eliminate the avoidable harm associated with pressure ulcers across the NHS. With an estimated 180,000 newly acquired pressure ulcers developing each year (NHS Safety Thermometer, 2012) and 91,810 patient safety incident reports received by the *National Reporting and Learning System* in 2011, this is one of the biggest patient safety challenges facing the NHS. CWP is contributing to national work in this important area of patient safety. The Trust's Tissue Viability Specialist Nurse and Specialist Practitioner Community Student attended the UK annual wounds conference. The general theme for this year focused on the management of pressure ulcers, supported by many

seminars and workshops. The CWP Tissue Viability Specialist Nurse is an active member of the North West Tissue Viability Nurse Group. They **presented a poster about the staging of pressure ulcers**, which was designed by the group. The conference was well received by over 1,000 delegates this year, and it consisted of the largest exhibition of wound care companies in the UK.

Community physical health services continue to measure levels of harm free care using the *NHS Safety Thermometer* on a monthly basis on four outcomes:

- pressure ulcers
- falls
- venous thromboembolisms
- urinary tract infections in patients with catheters

This is a national *CQUIN* goal, which aims to facilitate the delivery of **harm free care over time**. The level of harm free care delivered during 2013/14 ranged from 90% – 94%.

Improving clinical effectiveness

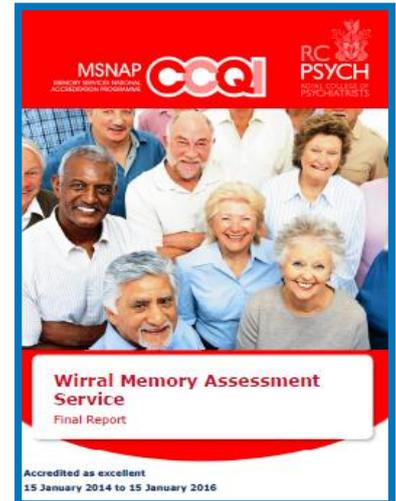
NHS England's National Clinical Director for Mental Health, Dr Geraldine Strathdee, has commended CWP for its 'can do' ethos at its annual 'Good Practice' showcase event. Impressive marketplace stalls were created by staff from mental health, learning disability, drug and alcohol, and physical health services, who came together to share and showcase good practice at the Trust's **clinical effectiveness and leadership forum**. Staff spoke about how much they enjoyed the event, how much they learnt, and how they have been inspired to take ideas back to their own work areas to make improvements. Dr Strathdee spoke at the event and spent time visiting the marketplace stalls. She observed how CWP works proactively with acute services, holding joint therapy sessions, and how the Trust uses information to embed learning and implement best practice. Dr Strathdee commented on the "brilliant and impressive" services in the marketplace, showcasing mental health care at its best, with staff and service users stood side by side, proud of what they had jointly co-designed.



Staff from the CWP acquired brain injury [ABI] service in Chester have recently celebrated their new book being published. 'Practical Neuropsychological Rehabilitation in Acquired Brain Injury: A Guide for Working Clinicians [Brain Injuries]' aims to acknowledge the complexity of working with clients who have ABI, giving practical and useable guides for readers to develop their practice.

Wirral memory assessment service was **accredited as excellent** by the Royal College of Psychiatrists in the final report of the 'Memory Service National Accreditation Programme'. Accreditation assures staff, people using the service, carers, commissioners and regulators of the quality of the service being provided. Some of the positive aspects mentioned in the report are listed below:

- Joint shared protocols with GPs and primary care
- Early evening and Saturday morning appointments available
- Five accessible satellite clinics
- Opportunities for people using the service and carers to be involved with research
- Routine feedback/ satisfaction surveys
- The service was described as 'caring', 'sensitive', 'considerate' and 'always accessible'
- Promotion of staff training and provision of consistent supervision
- Provision of education to GPs
- Access to full time dementia advisor



CWP celebrated double success at *The NHS North West Leadership Academy* recognition awards in November 2013. CWP's Clinical Service Manager for Wirral drug & alcohol services won the **NHS Partnership/ System Leader of the Year** award. CWP's Medical Director (Executive Lead for Quality) won a joint award for **NHS Quality Champion/ Innovator of the Year**.

Improving Patient experience

CWP was part of a joint project in Quarter 4 with other hospitals to support a quality initiative to help general hospital staff recognise and assess the extra support needs of people using services with learning disabilities. The collaboration developed a *reasonable adjustment risk* assessment and a *care plan* to suit each hospital, focusing on: communication, consent, behaviour, support needs, medication, and discharge planning. The care plan provides information to prompt hospital staff to focus on and record the 'reasonable adjustments' required to meet the needs of people using the service in order for them to have a **positive hospital experience**. The care plan enables carers to share their knowledge and their own needs to ensure that people using services receive the correct support during a hospital stay. It has been presented as an **example of good practice at a national conference** and it also meets the recommendations of the *confidential inquiry into the premature deaths of people with learning disabilities* (CIPOLD).

Wirral older people mental health team's occupational therapists have won the first ever **Ken Holt Memorial Award** for 'life story work' at the *National Dementia Care Awards*. The award recognised the outstanding work that the ward has done in integrating life story work into clinical practice. Life story work is a technique designed to enable older adults to recognise their past, present, and future. Life story books are built into this work, to give a visual aid and reminder of important events or feelings. This work has:

- Enhanced the quality of **person centred care**
- **Improved engagement** in therapy and activities
- **Encouraged** people who use the service to reminisce and help in sustaining interactions
- Generated spontaneous discussions with people using the service who struggle to initiate conversation
- Helped care homes in getting to know residents transferred from hospital
- Settling agitation and improving concentration
- Provided comfort to people using the service, carers and families
- Brought **collaboration** to care planning





Drug & Alcohol Services in West Cheshire have listened to people using these services struggling to attend clinics at Aqua House and Unity House due to transport difficulties. In response to this feedback, the service has improved access to weekly clinics and made them available in Neston at Mellock Lane health centre and Frodsham health centre. **Attendance rates have increased to 96%**. People using these services are also benefiting from the use of other facilities provided in the health centres. Further work has been developed alongside people who use these services to improve successful drug and alcohol treatment completions. A

newspaper for people using the drug and alcohol services has been developed promoting groups and services provided.

CWP facilitated a “My Life, My Say” event during the “Big Health Day” for people with learning disabilities during ‘Learning Disability Week’. CWP promoted good practice and provided awareness of different services available. People using learning disability services expressed their thoughts and ideas on large pin boards and in video booths. The feedback gathered helped local services to improve communication pathways and provide a clearer understanding of the needs of people using learning disability services.



Annex A:

Glossary

Advancing Quality

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

Board

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

CAREnotes

The main clinical electronic care record used within CWP.

Care bundles

A care bundle is a collective set of interventions, performed in a structured way as part of a care pathway, which are effective in improving outcomes for service users.

Care pathways

A pre-determined plan of care for patients with a specific condition.

Care plan

Written agreements setting out how care will be provided within the resources available for people with complex needs.

Care Programme Approach

The process mental health service providers use to co-ordinate care for mental health patients.

Care Quality Commission – CQC

The Care Quality Commission is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

Carer

Person who provides a substantial amount of care on a regular basis, and is not employed to do so by an agency or organisation. Carers are usually friends or relatives looking after someone at home who is elderly, ill or disabled.

Clinical audit

Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Clinical commissioning group – CCG

Clinical Commissioning Groups are groups of GPs that are responsible for designing and commissioning/ buying local health and care services in England.

Clinical governance

The system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.

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 Data Set

The basic structure used for the submission of commissioning data to the Secondary Uses Service.

Commissioning for Quality and Innovation – CQUIN

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

Community physical health services

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

Crisis

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

Department of Health

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

Dual diagnosis

The term dual diagnosis is used to describe the co-morbid condition of a person considered to be suffering from a mental illness and a substance misuse problem. Dual diagnosis is also used to describe someone who has been diagnosed with more than one mental health problem.

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 Board of Governors comprising people elected from and by the membership base.

Health Act

An Act of Parliament is a law, enforced in all areas of the UK where it is applicable. The Health Act 2009 received Royal Assent on 12 November 2009.

Healthcare

Healthcare includes all forms of care provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery.

Healthcare Quality Improvement Partnership

The Healthcare Quality Improvement Partnership was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. It is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

Hospital Episode Statistics

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

Improving Access to Psychological Therapies – IAPT

Improving Access to Psychological Therapies is an NHS programme offering interventions approved by NICE for treating people with depression and anxiety disorders.

Information Governance Toolkit

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

Intranet

An internal network, which works like the internet or World Wide Web, which can only be accessed by the employees of an organisation.

Healthwatch

A local Healthwatch will be an independent organisation, able to employ its own staff and involve volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public.

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.

Mental health and learning disability trusts

Mental health and learning disability trusts provide health and social care services for people with mental health problems and a range of healthcare and social support services for people who have learning disabilities and other long-term complex care needs.

Mental Health Minimum Data Set – MHMDS

The Mental Health Minimum Data Set is a database maintained by providers of mental healthcare containing a wide range of information on patients, details of the care they are receiving or have received and some of the outcomes of care.

Monitor

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

National audit of psychological therapies for anxiety and depression

Run by the Royal College of Psychiatrists, its aim is to promote access, appropriateness, acceptability and positive outcomes of treatment for those suffering from depression and anxiety.

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

A research project funded mainly by the National Patient Safety Agency that aims to improve mental health services and to help reduce the risk of similar incidents happening again in the future.

National Institute for Health and Care Excellence – NICE

The National Institute for Health and Care Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NHS Commissioning Board Special Health Authority

Responsible for promoting patient safety wherever the NHS provides care.

NHS Constitution

The principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

National Patient Survey

The National Patient Survey programme, co-ordinated by the Care Quality Commission, gathers feedback from patients on different aspects of their experience of recently received care, across a variety of services/ settings.

National prescribing observatory for mental health

Run by the Health Foundation, Royal College of Psychiatrists, its aim is to help specialist mental health services improve prescribing practice through quality improvement programmes including clinical audits.

National Staff Survey

An annual national survey of NHS staff in England, co-ordinated by the Care Quality Commission. Its purpose is to collect staff satisfaction and staff views about their experiences of working in the NHS.

Patient Reported Outcome Measures – PROMs

Patient Reported Outcome Measures are measures of a patient's health status or health-related quality of life. They are typically short, self-completed questionnaires, which measure the patients' health status or health related quality of life at a single point in time.

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.

Payment by Results

A national initiative introduced by the Department of Health requiring all CCGs to pay providers of NHS healthcare for treatment at prices (tariffs) which are consistent across the country.

Providers

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

Public health

Public health is concerned with improving the health of the population rather than treating the diseases of individual patients.

Quality and Risk Profile – QRP

A Quality and Risk Profile is a tool for providers of NHS care, commissioners and CQC staff in monitoring compliance with the CQC's sixteen essential standards of quality and safety. It draws in data from a number of sources which the CQC analyses to identify areas of potential non-compliance within a provider by producing a set of 'risk estimates' of non-compliance, one for each of the essential standards.

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 every day part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular

type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

Secondary care

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

Secondary Uses Service – SUS

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

Serious untoward incident

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

Service users/ patients/ people who use services

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

Special review

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

Stakeholders

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

Strategy

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

Tier 4 CAMHS

Specialist assessment and treatment services for young people with complex mental health needs, which includes psychiatric inpatient provision and intensive community focussed services.

The Health and Social Care Information Centre

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

Annex B:

Comments on CWP Quality Account 2013/14

CWP has included contributions internally from its staff, senior clinicians and managers, involvement representatives, and the Council of Governors, in developing this *Quality Account*. Externally, CWP offered all of its local scrutineers the opportunity to comment – commissioners; local *Healthwatch* organisations; and the local health and well-being scrutiny committees. The contribution of local scrutineers is key to the *Quality Account* assurance process. Their contribution assures the public that the information presented in the *Quality Account* is accurate and fairly interpreted, and that the range of services described and priorities for improvement are representative. Through the Trust's quarterly *Quality Report*, CWP has engaged with its local scrutineers throughout the year, to assist them in developing a better informed comment, and to regularly discuss healthcare matters with CWP and their stakeholders, including service users.

The following comments were returned from its local scrutineers. Following the return of these comments, no amendments were required to be made to CWP's *Quality Account* 2013/14.

Comments by CWP's commissioners

Statement from West Cheshire Clinical Commissioning Group

We are committed to commissioning high quality services from our providers and we make it clear in our contract with this Trust the standards of care that we expect them to deliver. We manage their performance through 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 performed well against all the goals set in their Commissioning for Quality and Innovation Scheme. We commend the Trust on their positive response to the shift in sharing responsibility for delivery against these goals with other partners, and their dedication to partnership working within the health economy.

We welcome the commitment and investment to instil a Zero Harm culture within the Trust which aligns to national priorities and best practice. We note that there is no reference to local priorities and drivers that may have contributed to the commencement of this Zero Harm programme and would have expected more detail regarding a number of recurrent themes identified in the root causes of serious incidents.

We are pleased to note that the Trust has registered for involvement with the 'Sign Up to Safety – the path to saving 6,000 lives' national programme of work, and the commitment this shows to open and honest care.

We note the considerable improvements that have been made through the Always Events and in-patient safety metrics programme of work. In particular we are pleased to see the on-going progress being achieved through replicating the Always Events model into the patient safety metrics developed for community services.

We had highlighted the lack of learning from pressure ulcer incidents as a concern. We welcome the improvements in the investigation process into why and how a pressure ulcer has developed. The process being used now is clearly identifying any root causes and the timeliness of reporting has shown some improvement. We expect to see a reduction in the recurrent themes identified in the root causes of pressure ulcers and more effective shared learning across the teams where these avoidable harm incidents have occurred.

We note the increased number of grade 3 and 4 pressure ulcer incidents and support the Trust in acknowledging that this is due to improvements in how these are being reported publically. We expect this number will decrease in the year ahead as a number of your priorities for delivery in 2014-15 impact on direct care.

We acknowledge the hard work of your staff in this past year and recognise the national awards and commendations you have received for various areas of both physical and mental health care.

We support the priorities that the Trust has identified for the forthcoming year and look forward to continuing to work in partnership with you to assure the quality of services commissioned in 2014-15.

Comments by Healthwatch

Statement from Healthwatch Wirral

Healthwatch Wirral would like to thank Cheshire and Wirral Partnership Trust NHS Foundation Trust for the opportunity to comment on the Quality Account for 2013/14.

A member of Healthwatch Wirral attended the Quality Account Event on 2nd May and we were impressed that CWP immediately acted on the feedback from this event and that the Quality Account reflects this.

A sub group of Healthwatch Wirral, who look at Quality Accounts for NHS Trusts, met on 13th May 2014 to compile this response.

Quality Improvement Priorities

Healthwatch Wirral noted the Quality improvement priorities this year and the Trusts aims to achieve this by instilling a 'zero harm' culture. It was interesting to read about the investment scheme to help staff to deliver better care by providing them with the necessary support and training.

The Quality improvement priorities for 2013/14 were noted. Healthwatch Wirral were pleased that CWP has achieved all the quality improvement priorities it set in last year's Quality Account.

Compliance with 'always events' as monitored by the inpatient safety metrics programme,

It was noted that all teams had achieved improvements to 'Transfer of Care' standards with the exception of the drug and alcohol services. Healthwatch Wirral would be interested to hear how this will be monitored to track improvement in performance.

Care Quality Commission Reviews

Healthwatch Wirral reviewed the reports and compliance to outcomes were noted.

It was disappointing to read that The Care Quality Commission identified minor concerns in the review of compliance at Springview in relation to Outcome 5 – meeting nutritional needs and Outcome 21 – records. The review at Bowmere identified non compliance in Outcome 21 – records.

Healthwatch Wirral will look with interest at the progress of the action plan produced by the Trust to address these concerns.

Performance against key national priorities from the Monitor Compliance Framework 2013/14

Healthwatch Wirral noted that the Trust performed well against these priorities.

Healthwatch Wirral would like to congratulate the Trust for being shortlisted as finalists at the national Patient Safety Awards held in July 2013, in the category of 'patient safety in mental health'. Also for the Wirral memory assessment service being accredited as excellent by the Royal College of Psychiatrists in the final report of the 'Memory Service National Accreditation Programme'.

Overall the Quality Account was positive. The format was easy to read and the report was informative.

The Trust should be recognised for supporting the governments new 'Mental Health: priorities for change' action plan by introducing a number of initiatives to complement this. The Trust should also be

commended for their partnership working where ward staff, senior staff, people who use services and carers views are taken into account when decisions around service improvement are made.

Karen Prior

Healthwatch Wirral Manager
On behalf of Healthwatch Wirral

Statement from Healthwatch Cheshire West

A draft copy of the Quality Account for Cheshire and Wirral Partnership NHS Foundation Trust was received late by Healthwatch Cheshire West on the 8th May 2014. Where Healthwatch Cheshire West acknowledges and accepts the reasons for this as outlined by the Trust, the late receipt of the draft quality account limited the opportunity for us to provide a fuller commentary.

Healthwatch Cheshire West did however attend a Quality Account Presentation Day hosted by the NHS England Area Team on 2nd May 2014, to receive a good presentation regarding the draft Quality Account from Cheshire and Wirral Partnership NHS Foundation Trust staff.

The presentation day allowed the opportunity for Healthwatch Cheshire West to comment on the Quality Account in draft format and interact with Trust staff in a meaningful and positive way. Healthwatch Cheshire West was particularly pleased to see that the Trust took on board the feedback received from Healthwatch Cheshire West and wider stakeholders at the presentation day in developing its Quality Account, and produced a detailed action plan to support this.

The receptiveness to feedback from stakeholders and people who use the Trust's services is explicit in the Quality Account in relation to references to 'Learning from Experience', and the importance that is placed on acknowledging areas where the Trust needs to make changes to improve care. With this in mind, Healthwatch Cheshire West suggests that future publications may benefit from a stronger, or perhaps more balanced, focus on the challenges and areas for improvement over celebration of achievements and targets hit.

Healthwatch Cheshire West would also like to see greater consideration of alternative formats and more innovative ways to bring the information contained within the Quality Account to life for patients and the public (in addition to an 'easy read' format'). To this end we happily offer our expertise in this area in relation to future publications.

Healthwatch Cheshire West looks forward to receiving regular updates from the Trust on progress with the implementation of the Quality Account and the impact on patient care throughout 2014/15 and more early involvement in the review of the Quality Account next year.

Jonathan Taylor
Service Manager

Verbal statement from Healthwatch East Cheshire

Healthwatch East Cheshire attended a Quality Account Presentation Day hosted by the NHS England Area Team on 2nd May 2014 and gave feedback regarding the draft Quality Account from Cheshire and Wirral Partnership NHS Foundation Trust staff. The feedback was addressed and is now evident in the Quality Account.

Phil Johnston
On behalf of Healthwatch East Cheshire

Comments by other stakeholders

Statement from Wirral Metropolitan Borough Council

The Families and Wellbeing Policy and Performance Committee undertakes the health scrutiny function at Wirral Council. The Committee has established a Panel of Members (The Health and Care Performance Panel) to review the draft Quality Accounts received from health partners. Members of the Panel met on 29th April 2014 to consider the draft Quality Account and received a verbal presentation on the document. Members would like to thank Cheshire and Wirral Partnership Trust for the opportunity to comment on the Quality Account 2013/14. Members provide the following comments:

Overview

Members acknowledge the positive performance of the Trust as measured against the targets for 2013/14. Members note that the Trust achieved the major objectives that they set out last year under the headings of improving patient safety; improving patient experience and improving clinical effectiveness. However, the lack of more specific targets means that measurement of achievement is difficult to assess.

The number of initiatives based on patient experience, documented within this Quality Account and also in CWP's Learning from Experience reports demonstrate a positive approach towards service improvement. In particular, Members welcome the Trust's commitment to implementing the values defined by the 6 Cs (care, compassion, courage, communication, competence and commitment) as described in the Nursing Strategy, 'Compassion in Practice'.

Council Members look forward to working in partnership with the Trust during the forthcoming year and would welcome the opportunity to receive the quarterly Quality Reports regarding progress towards achieving next year's objectives.

Opening Statement from the Chief Executive

The Chief Executive highlights the Trust's campaign 'Challenging Stigma', which relates to reducing the stigma that people who use CWP's services often encounter. She proposes to work more closely with partner organisations, including the Local Authorities, to develop this campaign. Members welcome this approach.

Part 2 Priorities for improvement - Quality improvement priorities for 2013/14

Patient Safety

Members note that the compliance for the 'transfer of care' standards at year end was below baseline compliance, with the Quality Account particularly drawing attention to drug and alcohol services. Although the document states that services "will continue to be monitored on an ongoing basis to track improvements to performance", there appears to be no specific priority in 2014/15 to target this improvement.

Patient experience priorities

Members welcome the priority which the Trust has placed on improving carer engagement, including the involvement of carers and families in the care planning and treatment of people with mental ill-health. The progress has been demonstrated by the Trust being awarded England's first 'Triangle of Care' gold star for ensuring that carers and families are supported in the care planning and treatment process.

Quality improvement priorities for 2014/15

In general, Members consider that there is a lack of detail in the priority setting, with few specific targets being provided. Whilst understanding the comment of the Medical Director that "One of the principles of the Berwick review recommendations was to focus on better care rather than quantitative targets", this will make measurement of achievement difficult to quantify and monitor.

Information on the use of the CQUIN framework

The Quality Account provides examples to illustrate the positive impacts that CQUIN goals have had on the quality of care. In particular, Members commend the use of training courses in life skills, such as literacy and numeracy, to ensure that patient's needs and aspirations in relation to education and vocation are enhanced.

I hope that these comments are useful.



Councillor Moira McLaughlin
Chair, Health and Care Performance Panel and
Deputy Chair, Families and Wellbeing Policy & Performance Committee

Working document

Annex C: Statement of directors responsibilities in respect of the quality report

To follow

Working document

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

To follow

Scope and subject matter

Respective responsibilities of the Directors and auditors

Assurance work performed

Limitations

Conclusion

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CHESHIRE EAST COUNCIL

REPORT TO: Health and Adults in the Community Scrutiny Committee

Date of Meeting: 12 June 2014
Report of: Democratic Services
Subject/Title: Work Programme update

1.0 Report Summary

- 1.1 To review items in the 2014 Work Programme, to consider the efficacy of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

- 2.1 That the work programme be received and noted.

3.0 Reasons for Recommendations

- 3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 Not applicable.

6.0 Policy Implications including - Climate change - Health

- 6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs

- 7.1 None identified at the moment.

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 None.

9.0 Risk Management

9.1 There are no identifiable risks.

10.0 Background and Options

10.1 In reviewing the work programme, Members must pay close attention to the Corporate Priorities and Forward Plan.

10.2 The schedule attached, has been updated in line with the Committees recommendations on 8 May 2014. Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.

10.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- Does the issue fall within a corporate priority
- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation
- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service

10.4 If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: James Morley
Designation: Scrutiny Officer
Tel No: 01270 686468
Email: james.morley@cheshireeast.gov.uk

Health and Adults in the Community Overview and Scrutiny Committee Work Programme – 4 June 2014

Topic	Description /Comments	Responsible Organisation /Officer	Suggested by	Corporate Priority	Current Position (G/A/R)	Next Key Date
Caring Together Strategy	To consider the draft Strategy and provide comments about potential changes	Eastern Cheshire CCG/ Sam Nicol	Chairman	Outcome 5 - People live well and for longer	On target to receive a draft strategy document by the Agenda deadline	Receive documents by Agenda deadline 4 June
North West Ambulance Service Quality Accounts 13/14	To consider and comment on the Quality Accounts	North West Ambulance Service/ Tim Butler	Committee	Outcome 5 - People live well and for longer	Quality Accounts received and ready for publication in Agenda of 12 June meeting	Agenda deadline 4 June
CWP Quality Accounts 13/14	To consider and comment on the Quality Accounts	Cheshire and Wirral Partnership/ Audrey Jones	Committee	Outcome 5 - People live well and for longer	Quality Accounts received and ready for publication in Agenda of 12 June meeting	Agenda deadline 4 June
Clatterbridge Cancer Centre SDV	To consider whether proposed development of services by CCC are substantial to the Borough	CCC NHS England CMCSU	NHS England and CCC	Outcome 5 - People live well and for longer	Committee previously received a briefing on the proposed development. Need to formally decide whether it's an SDV at 12 June meeting	Agenda deadline 4 June
NHS England Two Year Plan	To consider previous 12 months activity and plans for next two years to inform the work programme	NHS England Kirsty Mc Bride Tina Long	Committee	Outcome 5 - People live well and for longer	Tina Long to attend July meeting to present the two year plan.	Agenda deadline 2 July Meeting 10 July
Winter Wellbeing	To Review of Winter Planning 2013 – encompassing the CCG's Winter Planning and the multi-agency	Council, Eastern CCG, South CCG/ Guy Kilminster	Committee	Outcome 5 - People live well and for longer	Deferred, awaiting confirmation that Committee will continue to pursue this item. Future of the	Potential for July meeting, yet to be confirmed

Health and Adults in the Community Overview and Scrutiny Committee Work Programme – 4 June 2014

	Winter Wellbeing activities 2014.				Committee's work programme yet to be considered.	
Mortality Rates at Mid Cheshire NHS Hospitals	To request a detailed report on mortality rates following concerns raised during consideration of Quality Account	Mid Cheshire Trust, South CCG	Committee	Outcome 5 - People live well and for longer	Arrangements being made for a Joint Health Scrutiny Committee with CWAC to scrutinise the mortality rates of Mid Cheshire Trust	Potential for a June meeting, yet to be confirmed
NHS England Specialist Cancer Surgery		NHS England Kirsty Mc Bride Tina Long	NHS England	Outcome 5 - People live well and for longer	Tina Long to attend July meeting and present a report on specialist cancer surgery	Agenda deadline 2 July Meeting 10 July

Possible Items to Monitor or consider at future Meetings

- Connecting Care Programme – South Cheshire CCG
- CCG two year plans
- Family Nurse Partnership
- Future of local hospitals
- Rape and Sexual Abuse Support Centre Annual Report
- Impact of Social Landlords on Health and Wellbeing
- Better Care Fund
- Public Health Services
- Mental Health
- Health and Wellbeing Strategy
- NHS England – Specialist Commissioning
- Health Impact Assessments for the Local Plan
- Travel plans (i.e. patients, family and friends travelling to health services)
- Shifting services from hospitals to communities
- Quality of health and care services
- Integration and connecting budgets for health and social care
- Early Intervention and Prevention of illness and deterioration

Wednesday, 4 June 2014

Health and Adults in the Community Overview and Scrutiny Committee Work Programme – 4 June 2014

Dates of Future Committee Meetings

12 June, 10 July, 11 September, 9 October, 6 November, 4 December, 8 January 2015, 5 February 2015, 5 March 2015, 2 April 2015

Dates of Future Cabinet Meetings

27 May, 1 July, 22 July, 16 September, 14 October, 11 November, 9 December, 6 January 2015, 3 February 2015, 3 March 2015, 31 March 2015, 28 April 2015

Dates of Future Health and Wellbeing Board Meetings

29 May, 29 July, 23 September, 18 November, 27 January 2015, 24 March 2015

Dates of Future Council Meetings

14 May, 17 July, 16 October, 11 December, 26 February 2015, 20 May 2015

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