



# Quality Account 2015/16



Quality at CWP  
2015/16 in pictures

## Vision:

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

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# Introduction

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

Quality in the NHS is described in the following ways:

## Patient safety

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

## Clinical effectiveness

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

## Patient experience

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

The aim in reviewing and publishing performance about quality is to enhance *public accountability* by *listening* to and *involving* the public, partner agencies and, most importantly, *acting* on feedback 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 deliver services for the Trust, people who access 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 introduce this year's annual Quality Account. This report is an important way for CWP to report on quality and to show improvements in the services we deliver to the people we serve. This year has seen the development of a new safety management system for CWP, which will be implemented in 2016/17 and beyond to complement and strengthen the improvement focus of our quality priorities reported on later in this report. Dr Sivananthan, Medical Director & Executive Lead for Quality, describes this new development in more detail in her foreword.

Most readers will be aware that in June 2015, CWP welcomed the Care Quality Commission (CQC) to the Trust. In its role as the independent regulator of health and social care in England, the CQC inspected the treatment, care and support that our services provide. We saw this as a real opportunity for us to show how well we deliver high quality, integrated and innovative services that improve outcomes for the people who access our services. We also saw it as an opportunity for us to learn more about how we can make our services even better. It was a comprehensive, announced inspection that took place over the course of one week, although the reality is that the whole process involved many months of effort. As such, on behalf of the Board, I'd like to acknowledge the support and dedication of all of our staff during the process. Their commitment to quality and their ethos of placing the person accessing our services at the centre of all that they do is a real testament to their dedication and professionalism. This was demonstrated by the CQC rating us as 'outstanding' for the care delivered by our services, which is their best rating, with a 'good' rating overall. Specifically, of the 14 core services inspected, inpatient services for people with learning disabilities and/ or autism were rated 'outstanding' – an extremely rare accomplishment. The CQC's report pointed out many areas of best practice, which should provide assurance to those accessing our services. There were also areas rated as 'requiring improvement', these are detailed in *Part 2* of this report, alongside details of the actions we have taken. The CQC will re-assess these areas during the early part of 2016/17, with our aspiration being to move those areas that required improvement to 'good' as a minimum.

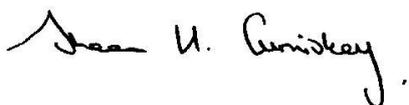
The Board, from speaking with the people who deliver our services, is always struck by their commitment to aim for the best of the CQC's ratings. We all know what 'outstanding' care looks like and what we expect, usually as most of us have all needed to access NHS services at one time or another. It's about 'what really matters to me' and not just 'what is the matter with me'. CWP embraces what really matters to people accessing our services, their carers and their families. A really good example of this was the launch of our brand new Eating Disorders Service website, [CreatingHopeTogether.com](http://CreatingHopeTogether.com). The website, which contains a host of online resources for people with an eating disorder, their families, healthcare professionals and the wider general public, includes a number of innovative features, such as dedicated 'Cook-Along' videos and a 'Sanctuary' area, providing ideas for days out, crafts, games and relaxation techniques. Small practical things such as this can make a real difference and is evidence of our drive to deliver personalised care and services for people – you can see more examples like this throughout the report.

To help us be even better at delivering personalised care, in collaboration with our partners across the health and care system, my executive colleagues and I have continued to make progress with the NHS's own plan for the future, the Five Year Forward View. This is about investment in transforming models of care, and has a simple aim of delivering care in better ways, through more integrated care and out-of-

hospital services. At CWP we recognise that we must work differently to best deploy our resources, our people, and our passion for high quality services and care. By doing so, we will reach more of the people we serve as part of an NHS that does not recognise organisational boundaries, though does reward consistently good patient outcomes and experiences. It is this focus on quality that is at the heart of our own clinical strategies.

Embarking on a period of significant change, whilst working within a limited financial budget, will make 2016/17 a challenging year, but I have no doubt that all of our people who directly and indirectly contribute to the delivery of services at CWP and in partnership with others, will rise to this challenge and will continue to contribute significantly to every patient experience. It will also be critical to work with people who access our services, their carers and families, the Foundation Trust's Council of Governors, commissioners and other stakeholders, to continue to build on quality improvements to our services. Together, all these stakeholders play a vital role in influencing and shaping the future plans of the Trust.

I hope that by reading this report you find it informative and stimulating and can get an understanding of the breadth of the services that CWP provides, as well as a flavour of our commitment to the people we serve. 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



Every day, the people who deliver care across the range of CWP's services have the privilege and responsibility of providing this care through their contacts with thousands of people across all ages, with acute or long term chronic illnesses, in inpatient and outpatient clinical areas, as well as in people's own homes. Wherever this care is provided, it is delivered by people who are united in an ambition to ensure the highest levels of safety and quality. At CWP we believe that this ambition is only delivered through continued scrutiny of the services we provide and by ensuring that there is a focus on continuous improvement, including looking at best practice and innovations within and outside the NHS. This directly supports the '25 year vision for the NHS' to be a safer health system with an improvement culture.

CWP is open to learning from all sources of insight. Through our quarterly Quality Report, the Board receives a selection of the hundreds of compliments received by our teams. The Board also receives other feedback from people who access our services, including through patient stories and complaints, as well as learning from external reports. As such, the Board recognises that we sometimes do not meet the standards that we set ourselves. We therefore welcome these rich sources of information to help us in our ambition of providing the best care in the right place and at the right time.

To support us with this ambition, during the year and as part of our ongoing 'Zero Harm' approach to continuously improving quality, the Board and our Quality Committee approved a 'safety management system'. This ambitious programme provides CWP with an opportunity to implement, in a systematic way, resilient systems to help us to listen, to learn, to improve and to raise the bar on quality. Over the course of the next two years, each team will be taken through the programme, with priority given to those teams with the greatest potential for quality improvement as indicated by a number of qualitative measures. A new healthcare quality improvement team will implement the programme as part of continuous improvement cycles. They will look at each team's safety and quality related information in order to help them to respond and continuously improve. Each team will receive an improvement report to help them, with advice and support to implement identified improvements, including peer support and coaching.

As well as this planned quality improvement work with each of our teams, last year we took an improvement focus to reduce the number of specific types of incidents which have the potential to cause harm. This year I personally sponsored a quality improvement project to reduce prone position (face down) restraint incidents by enabling and giving our staff the confidence to manage challenging behaviour through de-escalation techniques. Through collaboration, learning, sharing knowledge, and listening and responding to the experience of people who access our services, we have achieved real improvements in the way we deliver care to people presenting with challenging behaviour. We have seen a decrease in the total number of reports of these incidents and also overall incidents of restraint, accompanied by an increase in the use of de-escalation techniques. This demonstrates that our staff are learning from incidents by reflecting on their practice and behaviours, and using feedback from patients. It is important that we continually improve the quality of our care and services, as well as measuring any changes to ensure we are improving outcomes for the people who access our services. This is one example of many that shows our staff are embracing our Zero Harm campaign, which is about supporting people to deliver the best care possible, as safely as possible and in doing so reducing unwarranted avoidable harm. We were especially pleased that the CQC in their inspection report recognised our investment in staff through Zero Harm and our commitment to improving quality of services, supported by good governance structures.

Finally, I would like to express my thanks to everyone who made our annual 'Best Practice Showcase' event its usual success. Held in September 2015, a number of excellent examples of improving the care we deliver were shared – just some of these are described later in this report. I hope you enjoy reading about them. The event was followed by our Annual Members Meeting, where over 120 people attended to hear about our work in the previous year and look forward to our further developments. The afternoon finished on a great high with our annual 'Going the Extra Mile' awards, which provided a fantastic opportunity for us to celebrate and to thank staff, volunteers and involvement representatives for the excellent contribution they make to the work of CWP in helping to improve people's lives.



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

Working document as at 21.04.2016

# Part 2.

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

### Priorities for improvement

#### Quality improvement priorities for 2015/16

**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 2015/16

*CWP said it would:*

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

*CWP achieved this priority by:*

- ✓ Demonstrating a comparative increase in the ratio of 'no harm' to 'harm' reporting of incidents. This is a positive indicator of the Trust's patient safety culture – that it is taking opportunities to learn from incidents that have not resulted in harm before actual harm events happen.
- ✓ Increasing overall reporting by 39%, demonstrating a stronger learning culture where patient safety is a high priority.
- ✓ Reducing incidents of prone position (face down) restraint, which can cause harm to patients and staff, by 50% as a result of a quality improvement project that has enabled and given staff the confidence to manage challenging behaviour through de-escalation techniques.
- ✓ Aligning the Trust's suicide prevention strategy with that of the Cheshire-Merseyside strategy. Education on suicide reduction/ prevention has been contributing to outing the strategy into operation, including suicide awareness training for all Clinical Support Workers.

#### Clinical effectiveness priority for 2015/16

*CWP said it would:*

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

*CWP achieved this priority by:*

- ✓ Holding an innovation competition for which 40 ideas were submitted. These ideas are currently being developed.
- ✓ The Effective Care Planning lead developing and commencing a Trustwide programme of education sessions targeting all clinical staff groups to improve the quality and effectiveness of care plans.
- ✓ Developing of new care pathways, as detailed in *Part 3*.
- ✓ Establishing a Healthcare Quality Improvement team, which has completed a number of quality improvement projects.

## Patient experience priority for 2015/16

CWP said it would:

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

CWP achieved this priority by:

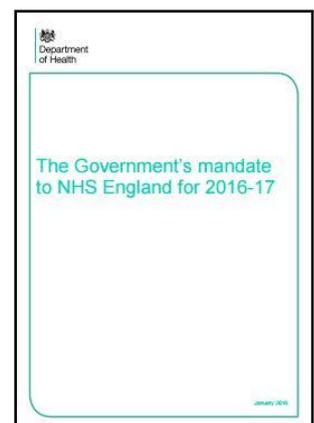
- ✓ Achieving a 25% increase in patient feedback to better understand the experience of people accessing the Trust's services, which is fundamental to being able to provide high quality services and to identify areas for improvement.
- ✓ Using an online survey to gather feedback on what the Trust's values mean to people who deliver the Trust's services.
- ✓ Raising awareness of the Friends and Family Test (FFT) throughout the Trust.
- ✓ Sending questionnaires to people who have raised a concern/ made a complaint to evaluate how they believe their complaints/ concerns were dealt with. Learning from this will be incorporated into the Trust's education needs and shared through 'sharelearning' bulletins.
- ✓ Making pledges, as part of the "Takeover Challenge", to promote a focus on the rights of young people in delivering healthcare to this group of people who access the Trust's services.
- ✓ Providing 'Triangle of Care' training to promote the essential role of carers as part of providing care.

## Quality improvement priorities for 2016/17

**As a continuous quality improvement programme linked to the Trust's 5-year strategic plan 2014/19, CWP is continuing to implement the current quality improvement priorities that it selected in 2014/15 for 2016/17.**

These priorities have been developed and chosen based on:

- Identified risks to quality in-year, this includes from feedback such as complaints and outputs from investigations into serious incidents.
- What is relevant, based on general feedback received throughout the year, to people who access the Trust's services, people who deliver the Trust's services and stakeholders such as commissioners and other scrutineers.
- National priorities:
  - Helping to create the safest, highest quality health and care services, through the demonstration of improvements detailed in *The NHS Outcomes Framework*, which is the Government's "mandate" to the NHS.
  - The Trust's continuing 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 through reflection and 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, a focus on **better care** rather than quantitative targets. As such, the 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 2016/17 have been set out in the Trust's strategic and operational plans, 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:*

Progress against a plan for the delivery of the quality improvement priorities will be reported to the *Quality Committee* every two months and regular updates will be included in the Trust's quarterly *Quality Improvement 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 access the Trust's services, their carers and families, 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 and clinical engagement and leadership forums.
- 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.

*How progress to achieve the priorities will be measured:*

As described in *Part 1*, as part of the Trust's ongoing 'Zero Harm' approach to continuously improving quality, the Board and the Quality Committee approved a 'safety management system'. This safety management system is based on an evidence-based means of measuring and monitoring safety so that continuous improvement actions can be identified (*Vincent C, et al. BMJ Qual Saf 2014;0:1-8. doi:10.1136/bmjqs-2013-002757*). As a result, this year, as well as setting a number of areas for overall continuous quality improvement, a number of goal driven measures aligned to the dimensions of the Trust's safety management system and to the Trust's forward operational plan for 2016/17 have been set. These goals were the outputs from a "masterclass" session that the Board of Directors attended in March 2016, where CWP showcased some of its successes related to its strategic Zero Harm patient safety approach, and then went on to reflect on how to demonstrate, in an even better way, that quality of care is continuously improving across the Trust.



## **Patient safety priority for 2016/17**

### **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* and one of *NHS England's* objectives for 2016/17 to protect people who access NHS services from avoidable harm. This includes taking action to identify vulnerable groups in the general population, including people with mental health problems, learning disabilities and autism. The Government has set out goals to support the NHS to be the world's largest learning organisation. All health care professionals have a 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 conditions which support error

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:*

**Goal driven measure 1 for patient safety:**

*Measure:* Demonstrable improvement in the alignment of the Trust-wide incident reporting profile to the Heinrich ratio each trimester.

*Baseline:* Heinrich ratio (proportion of serious:moderate:low harm incidents) for the period April 2016 – July 2016.

*Improvement target:* For the period December 2016 – March 2017, the Heinrich ratio to improve to 1:3:300 or better and to improve by 10% better than the baseline performance in relation to reporting of low/ no harm incidents.

*Source:* Incident reporting data in the Trust's incident reporting system as presented in the 'Learning from Experience' report.

**Goal driven measure 2 for patient safety:**

*Measure:* Demonstrable improvement in the completeness and quality of handovers between wards and home treatment teams.

*Baseline:* SBAR (a communication tool that can be used during transfers of patients which is evidence based to decrease the incidence of harm) completion for the period June 2016.

*Improvement target:* For the period March 2017, SBAR completion to improve by 10% (this will include a qualitative review of content).

*Source:* Transfer of care data and SBAR documents in the Trust's care records system.

**Continuous improvement measures for patient safety:**

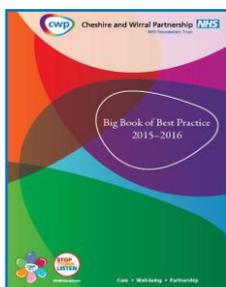
- Evaluation of staff receiving training and development in safe, organisational human factors practices and the spread of the implementation of these practices, including through learning from the review of serious incidents.
- Evaluation of incident reporting by staff in relation to the reported number of actual or potential harm events, and improvement actions identified to continuously increase all incident reporting – in particular the number/ proportion of 'low/ no harm' incidents (the 'Heinrich ratio').
- 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 through incident reporting and 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.
- Monitoring of team safety performance and safety improvement plans using the Trust's safety management system.

**Clinical effectiveness priority for 2016/17**

**Priority for quality improvement:**

**Achieve a continuous improvement in health outcomes for people accessing 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. Supporting innovation, research and growth in order to get the best health outcomes for patients is also one of the Government's ambitions for the health service for 2016/17. 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:*

**Goal driven measure for clinical effectiveness:**

*Measure:* Demonstrable improvement in service level health related outcome ratings each quarter.

*Baseline:* Aggregated Trustwide number of indicators of positive variance in relation to aggregated service level health related outcome ratings for the period April 2016 – May 2016.

*Improvement target:* For the period February 2017 – March 2017, the number of indicators of positive variance in relation to aggregated service level health related outcome ratings to improve by 10% compared to the baseline performance.

*Source:* Outcome reporting data set in the Trust's locality data packs.

**Continuous improvement measures for clinical effectiveness:**

- Continuous improvement in the collection and reporting of outcomes from care delivery processes.
- 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 and externally through the Trust's dedicated best practice and outcomes portal.
- 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 healthcare quality improvement activities, through recommendations to reduce unwarranted variations in the quality of healthcare via continuous improvement plans.
- 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 2016/17**

**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:*



Securing measurable improvement in people's experience of health services is one of the Government's objectives for the NHS for 2016/17. 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:*

**Goal driven measure for patient experience:**

*Measure:* Demonstrable increase in the uptake of the Friends and Family Test each quarter.

*Baseline:* Aggregated Trustwide uptake for the period April 2016 – May 2016.

*Improvement target:* For the period February 2017 – March 2017, the Trustwide uptake to improve by 10% or better.

*Source:* Friends and Family Test reporting data set in the Trust's locality data packs.

Continuous improvement measures for **patient experience**:

- Evaluation of the outputs of the Trust's 6Cs (care, compassion, courage, communication, competence and commitment) and organisational development work programme 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 patient survey activity 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. This includes evaluation of 'Friends and family' test for patients results and improvement actions identified to continuously improve these.
- 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 local surveys, focus groups and real time experience collection, conducted to measure the experience of people who access the Trust's services, carers, and people who deliver services 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 access 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
- 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
- Primary/general medical and care services in Ellesmere Port (West Cheshire)

During 2015/16 Cheshire and Wirral Partnership NHS Foundation Trust provided and/or sub contracted 92 NHS services, as outlined within the Trust's contract with its commissioners. The income generated by the relevant health services reviewed in 2015/16 represents 95 per cent of the total income generated from the provision of relevant health services by Cheshire and Wirral Partnership NHS Foundation Trust for 2015/16.

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 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 access its services, carers, people who deliver the Trust's services, and other partners in a wide variety of survey activity to inform and influence the development of its services.

#### **Learning from experience and feedback from people who access the Trust's services**

- The main learning themes from serious incidents identified during the year were around training, communication, care planning and documentation. The Trust undertook a quality improvement project during the year to accelerate restraint reduction. As described above in *Quality improvement priorities for 2015/16*, this approach was found to be successful in driving up quality, and is an approach that the Trust is going to continue to use in other safety critical areas of care.
- Learning from a clinical negligence claim relating to a serious incident that occurred identified that a relevant 'near miss' with learning that could have contributed to preventing the serious incident had not been reported. This is why the Trust continues to promote 'no harm' and 'near miss' incidents and is a goal driven quality improvement priority for 2016/17.
- As a result of an inquest, the Trust has reviewed how it liaises with the third sector and other organisations in relation to undertaking investigations and sharing findings to ensure that learning

across organisations can be maximised. Further work is currently being undertaken to develop joint protocols for more joined up and effective working when undertaking investigations across organisations.

- As a result of feedback from people who have raised issues or complaints, the complaints team has developed a case management approach. This helps as people have one person to liaise with and it offers a more consistent approach in managing complaints. An emerging theme is families reporting that they are not being fully involved in care decisions and that they are often not listened to. This is particularly relevant when consent is not provided and staff do not feel they can engage with families and carers. Work is ongoing in relation to data protection to ensure that families and carers can be included as much as possible.

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

CWP welcomes compliments and comments from people who access 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 2015/16, CWP has seen a continued **19% increase** compared with 2014/15 in the number of compliments received from people who access 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 access 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 access the Trust's services include:

*"I honestly don't know where I'd be now if I hadn't come to you, you have helped me so much that words can't begin to describe how thankful I am. You've changed my life when once I felt I could never be happy, you always made me feel comfortable and accepted when nobody else made me feel like that. Thank you so much for sticking by me through everything."*

Child and Adolescent Mental Health Services, CWP East

*"Just a note to say thank you for looking after my dad, thank you for the support and the cups of tea."*

Older People Services, CWP West

*"I cannot praise the nurses and carers highly enough. They treated my husband not only with kindness and care but with a gentleness and respect that I had hardly hoped for. They were outstanding. My husband passed away peacefully at home shortly after a comforting visit from the caring team."*

Physical Health Services, CWP West

*"All staff helpful: Doctors, Nurses, Carers, Tea Lady and Laundry Lady. I could not speak highly enough. I don't think you can improve. Keep up the good work you do already."*

Adult Mental Health, CWP Wirral

*"Thank you to all the staff! Due to your professional input, we have seen a vast improvement our son's life and you have helped us in recognising an underlying problem that has now been diagnosed. Your service is extremely valuable and reassuring to us."*

Learning Disability Services, CWP Wirral

*"Can't believe the difference its made just speaking to someone over the phone. I was so worried about my telephone appointment but the therapist made me feel so at ease. Thank you."*

Improving Access to Psychological Therapies Services, CWP East

### 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 people accessing healthcare services. It is at the heart of providing the necessary changes in practice to ensure that CWP is delivering efficient, person focused, high quality care and treatment.

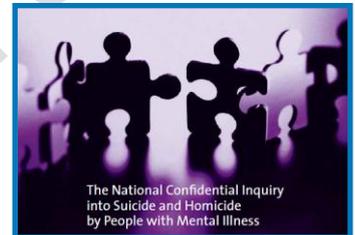
### National clinical audits and national confidential enquiries

#### National clinical audits

CWP takes part in national audits in order to compare findings with other NHS Trusts to help CWP identify necessary improvements to the care provided to people accessing 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 2015/16 **six** national clinical audits covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2015/16 the Trust participated in **100%** national clinical audits which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2015/16 are as follows:

- National Prescribing Observatory for Mental Health: Topic 13b: Prescribing for ADHD in children, adolescents and adults
- National Prescribing Observatory for Mental Health: Topic 14b: Prescribing for substance abuse: alcohol detoxification
- National Prescribing Observatory for Mental Health: Topic 15a: Prescribing Sodium Valproate in bipolar disorder
- NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis audit
- NHS England: Physical health assessment of patients with severe mental illness
- UK Parkinson's Audit

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

CWP also participated in the National Sentinel Stroke Audit led by the *Countess of Chester Hospital NHS Foundation Trust*.

Cases submitted as a percentage of registered cases

### National clinical audits

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

		Cases submitted as a percentage of registered cases
National Prescribing Observatory for Mental Health: Topic 13b: Prescribing for ADHD in children, adolescents and adults	62	Report published. CWP has developed two action plans; one for adults and one for CAMHS, both of which are identifying improvements to the Trust's electronic ADHD clinical pathway.
National Prescribing Observatory for Mental Health: Topic 14b: Prescribing for substance abuse: alcohol detoxification	48	Data submitted; report to be published in June 2016.
National Prescribing Observatory for Mental Health: Topic 15a: Prescribing Sodium Valproate in bipolar disorder	119	Data submitted; report to be published in June 2016.
NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis audit	50	Data submitted; report to be published end of April 2016.
NHS England: Physical health assessment of patients with severe mental illness	<sup>1</sup> 100 <sup>2</sup> 69 <sup>3</sup> 135	Data submitted; report to be published end of April 2016.
Cardio metabolic assessment and treatment for patients with psychoses:		
<sup>1</sup> Inpatients <sup>2</sup> Coimunity early intervention patients <sup>3</sup> Communication with General Practitioners		
UK Parkinson's Audit	20	Data submitted; report to be published in May 2016.
<b>National Confidential Inquiry into Suicide and Homicide by People with Mental Illness</b> (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 **six** national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2015/16 and the Trust intends to take the actions identified in the table above to improve the quality of healthcare provided.

### CWP clinical audits

The reports of **seven** completed local clinical audits were reviewed in 2015/16 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
Effective Care Planning & Risk Assessment	<ul style="list-style-type: none"> <li>▪ Development of an effective care planning e-learning module as an additional learning tool for clinical staff.</li> <li>▪ Modification of the Physical Health in Mental Health training programme to include a specific version for clinical staff working in the community setting.</li> <li>▪ Physical health diagnosis codes and descriptions are now routinely entered into clinic letters.</li> <li>▪ Pilot of a Positive Behavioural Support Plans for Inpatients training programme.</li> <li>▪ The doctors' induction programme on risk assessment has been updated to reflect Zero Harm, person-centred care and a focus on</li> </ul>

Title of local CWP clinical audit	Action/s taken
	<p>patients' needs, strengths and aspirations.</p> <ul style="list-style-type: none"> <li>▪ The Trust's Care Planning policy has been updated to provide staff with guidance on supporting service users in preparing Advance Statements.</li> <li>▪ An effective care planning 'z-card' information leaflet has been developed which includes fundamentals of the effective care planning process, examples of care plans and links for national and local organisations.</li> <li>▪ The Recovery Colleges are working to introduce courses to support Advanced Statements.</li> </ul>
NHS Improving Quality: Winterbourne Medicines Programme	<ul style="list-style-type: none"> <li>▪ Awareness raising of the challenging behaviour pathway.</li> <li>▪ Benchmarking of the Trust's pathway against NICE guidelines.</li> <li>▪ Development of an aide memoire which includes challenging behaviour quality standards on medicines management and psychosocial management.</li> <li>▪ Providing the NICE information leaflet "People with Learning Disabilities and behaviour that challenges" to people accessing CWP's services and carers.</li> </ul>
Crisis Care	<ul style="list-style-type: none"> <li>▪ Improvements to contingency plans for patients, especially around person centred care planning.</li> <li>▪ Promotion of attendance on effective care planning training and the complementary person-centred thinking training.</li> <li>▪ Implementation of a system to review the care plans of all patients who present to Street Triage in order to improve contingency arrangements and highlight of risk factors.</li> </ul>
Challenging Behaviour and Restraint Reduction	<ul style="list-style-type: none"> <li>▪ Identification of a number of enabling actions to support staff to deliver safe and effective care for managing challenging behaviour.</li> <li>▪ Improvements to documentation, including for reflective reviews.</li> </ul>
Seclusion	<ul style="list-style-type: none"> <li>▪ Review of seclusion documentation.</li> <li>▪ Upgrade to CAREnotes to facilitate recording of seclusion episodes.</li> </ul>
Community Treatment Orders (Supervised Community Treatment)	<ul style="list-style-type: none"> <li>▪ A review of the Mental Health Act training package to strengthen gaps highlighted in the audit.</li> <li>▪ Mental Health Act administrators now attend locality meetings to provide further support to clinicians in the areas of Mental Health Act practice.</li> </ul>
Record keeping	<ul style="list-style-type: none"> <li>▪ A review of the Trust's e-learning package around essential record keeping standards to strengthen gaps highlighted in the audit.</li> </ul>

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 subcommittee of the Board chaired by the Medical Director – Executive Lead for Quality.

The Trust 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. The Trust also monitors and analyses patient safety standards through the completion of the national safety thermometer tool and local inpatient and community safety metrics audits.

## 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 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was **504**.

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 82 clinical research studies in all of its clinical service units during 2015/16.

There were **112** clinical staff participating in approved research during 2015/16. These staff participated in research covering **18** 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 research. Also, over the last three years, CWP has been associated with 98 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.

This year CWP participated in its first Phase 1 clinical research study. This was a study of a vaccine in Alzheimer's Disease. The Trust has been working closely with the Royal Liverpool and Broadgreen University Hospitals NHS Trust's Phase 1 Clinical Research Unit, which was the first NHS unit to be awarded Phase 1 accreditation. Over 1,500 patients were screened to get the patients onto the study. CWP achieved its target recruitment. The Trust's Older People's Clinical Director was the Principal Investigator and CWP hopes that there will be a further study on this vaccine and that it will be continuing to work in this specialised area.

### **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 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.

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust's income in 2015/16 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 2016/17 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 maximum income available in 2015/16 was **to be confirmed** and the Trust received **to be confirmed** for the *CQUIN* goals achieved. The total monies available in 2016/17, upon successful achievement of all the agreed *CQUIN* goals, is forecast to be **to be confirmed**.

## 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 2015/16.

The Trust has participated in **1** investigation or review by the Care Quality Commission during 2015/16, which was in relation to the following area:

### Routine inspection of core services

This inspection took place in June 2015, in line with the new inspection framework and a commitment to inspect all mental health trusts by December 2016. The inspection covered 14 core services across the Trust. The overall ratings for the Trust were published in an inspection report published on 3 December 2015.

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

Of the core services inspected, inpatient services for people with learning disabilities and/ or autism were rated 'outstanding' – which is a rare accomplishment. 10 core services were rated 'good', including wards for older people with mental health problems; long stay/ rehabilitation mental health wards for working age adults; child and adolescent mental health wards; community mental health services for all ages and people with learning disabilities and/ or autism, crisis services and health based places of safety, community physical health services for adults, and 'end of life' services. The services rated as

'requires improvement' were acute wards for adults of working age and psychiatric intensive care units, community health services for children, young people and families, and Forensic inpatient/secure wards

A robust action plan was developed in response to the regulatory actions identified, which was agreed with the Care Quality Commission and subsequently implemented. All actions have been completed by 31 March 2016 as agreed with the Care Quality Commission. A re-inspection is expected during quarter 1 of 2016/17 to review the actions taken, the outcome of which will update the current rating for services at the Trust.

## 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 2015/16 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:  
**100%** for admitted patient care;  
**100%** for outpatient 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 outpatient care

### Information Governance Toolkit attainment levels

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

Cheshire and Wirral Partnership NHS Foundation Trust's Information Governance Assessment Report score overall for 2015/16 was 94% and was graded green (satisfactory).

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

### Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust was **not** subject to the *Payment by Results* clinical coding audit during 2015/16 by the *Audit Commission*.

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

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

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

Continue to implement the data quality framework during 2016/17 to address the following areas –

- 1) The quality of data in national and mandatory submissions and feedback areas for improvement to localities and their management structure through locality analysts.
- 2) Data quality issues through a weekly data quality dashboard, engaging with clinical systems and business intelligence teams and clinical system user groups in feeding back themes and patterns in data quality for improvement.
- 3) Further embedding of locality analysts in the management structure as a point of contact for data quality issues and promotion of best practice across the organisation.
- 4) Promotion of the use of outcome measures in the organisation for both national and internal reporting.

## Performance against key national quality indicator targets

CWP is required to report its performance with a list of published key national measures of access and outcome, against which the Trust is judged as part of assessments of its governance. 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 quality outcomes help CWP to monitor how it delivers its services.

### Performance against key national quality indicator targets from the Monitor Risk assessment framework August 2015

Indicator	Required performance threshold	Actual performance
Data completeness: community services, comprising: <ul style="list-style-type: none"> <li>▪ Referral to treatment information</li> <li>▪ Referral information</li> <li>▪ Treatment activity information</li> </ul>	50.0% 50.0% 50.0%	100.0% 98.5% 87.3%
Care Programme Approach (CPA) patients, comprising: <ul style="list-style-type: none"> <li>▪ Receiving follow-up contact within seven days of discharge</li> <li>▪ Having formal review within 12 months</li> </ul>	95.0% 95.0%	98.4% 96.9%
Minimising mental health delayed transfers of care	≤7.5%	1.2%
Admissions to inpatients services had access to crisis resolution/ home treatment teams	95.0%	98.2%
Meeting commitment to serve new psychosis cases by early intervention teams	95.0%	110.6% 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).
Mental health data completeness: identifiers	97.0%	99.6%
Mental health data completeness: outcomes for patients on CPA	50.0%	85.0%

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: 2014/15 – 2015/16

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2015/16			2014/15		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from psychiatric inpatient care	Preventing people from dying prematurely	Quarter 1 <b>97.5%</b>	Quarter 1 <b>97.0%</b>	Quarter 1 <b>88.9 – 100%</b>	Quarter 1 <b>95.9%</b>	Quarter 1 <b>97.0%</b>	Quarter 1 <b>93 – 100%</b>
		Quarter 2 <b>99.6%</b>	Quarter 2 <b>96.8%</b>	Quarter 2 <b>83.4 – 100%</b>	Quarter 2 <b>97.5%</b>	Quarter 2 <b>97.3%</b>	Quarter 2 <b>94.6 – 99.2%</b>
	Quarter 3 <b>97.7%</b>	Quarter 3 <b>96.9%</b>	Quarter 3 <b>50.0 – 100%</b>	Quarter 3 <b>99.1%</b>	Quarter 3 <b>97.3%</b>	Quarter 3 <b>94.9 – 99.6%</b>	
	Quarter 4 <b>97.6%</b>	Quarter 4 <b>Not available until June 2016*</b>	Quarter 4 <b>Not available until June 2016*</b>	Quarter 4 <b>99.4%</b>	Quarter 4 <b>97.2%</b>	Quarter 4 <b>93.1 – 100%</b>	
	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 2015/16 is <b>achieving at least 95.0%</b> rate of patients followed up after discharge, CWP performance for 2015/16 is <b>98.4%</b> ). The Trust has taken the following action to improve this percentage, and so the quality of its services: targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts.						
Admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper	Enhancing quality of life for people with long-term conditions	Quarter 1 <b>96.9%</b>	Quarter 1 <b>96.3%</b>	Quarter 1 <b>18.3 – 100%</b>	Quarter 1 <b>98.8%</b>	Quarter 1 <b>98%</b>	Quarter 1 <b>33.0 – 100%</b>
		Quarter 2 <b>98.0%</b>	Quarter 2 <b>97.0%</b>	Quarter 2 <b>48.5 – 100%</b>	Quarter 2 <b>98.1%</b>	Quarter 2 <b>98.5%</b>	Quarter 2 <b>95.3 – 99.8%</b>
		Quarter 3 <b>99.3%</b>	Quarter 3 <b>97.4%</b>	Quarter 3 <b>61.9 – 100%</b>	Quarter 3 <b>98.5%</b>	Quarter 3 <b>97.8%</b>	Quarter 3 <b>82.5 – 100%</b>

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2015/16			2014/15		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
		Quarter 4 <b>97.6%*</b>	Quarter 4 <b>Not available until June 2016*</b>	Quarter 4 <b>Not available until June 2016*</b>	Quarter 4 <b>97.0%</b>	Quarter 4 <b>98.1%</b>	Quarter 4 <b>59.5 – 100%</b>
		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 2015/16 is <b>achieving at least 95.0%</b> of all admissions gate kept, CWP performance for 2015/16 is <b>98.2%</b> ). The Trust has taken the following action to improve this percentage, and so the quality of its services: targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts.					
The percentage of patients aged (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Helping people to recover from episodes of ill health or following injury	<b>(i) 9.40%*</b>	<b>Not available via HSCIC indicator portal*</b>		<b>(i) 0.04%*</b>	<b>Not available via HSCIC indicator portal*</b>	
		<b>(ii) 6.53%*</b>			<b>(ii) 6.74%*</b>		
		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 targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts.					
Staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care	Ensuring that people have a positive experience of care	<b>71%</b>	<b>68%</b>	<b>18 – 93%</b>	<b>68%</b>	<b>66%</b>	<b>36 – 93%</b>
		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 <b>achieved a performance better than the national average</b> for this quality indicator. The Trust has taken the following action to improve this percentage, and so the quality of its services, by developing an action plan to address					

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2015/16			2014/15		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
to their family or friends		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	<b>Not available</b>			<b>8.2/ 10</b>	<b>Not available</b> CQC guidance states “it is not possible to compare trusts overall” however the CQC states that CWP’s performance is “about the same” for the “Health and social care workers” section of the survey	
Cheshire and Wirral Partnership NHS Foundation Trust does not have a performance score against this quality indicator for 2015/16.							
Incidents (i)The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in (ii) severe harm or (iii) death	Treating and caring for people in a safe environment and protecting them from avoidable harm	<b>** (i) 2713/ bed rate 49.2</b>	<b>** (i) 2456/ bed rate 38.0</b>	<b>** (i) 8 – 6723/ bed rate 6 – 84</b>	<b>(i) 2081/ bed rate 19.7</b>	<b>(i) 2456/ bed rate 38.0</b>	<b>(i) 539 – 5852/ bed rate 0 – 92.5</b>
		<b>** (ii) 8/ 0.3%</b>	<b>** (ii) 9/ 0.4%</b>	<b>** (ii) 0 - 74/ 0 – 2.5%</b>	<b>(ii) 51/ 2.5%</b>	<b>(ii) 9/ 0.4%</b>	<b>(ii) 0 – 122/ 0 - 2.9%</b>
		<b>** (iii) 37/ 1.4%</b>	<b>** (iii) 18/ 0.8%</b>	<b>** (iii) 0 – 95/ 0 – 3.2%</b>	<b>(iii) 65/ 3.1%</b>	<b>(iii) 17/ 0.7%</b>	<b>(iii) 0 – 74/ 0 – 3.7%</b>
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust’s data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The data is analysed and published by the NHS Commissioning Board Special Health Authority. The national data stated relates to mental health Trusts only. The Trust has taken the following action to improve this number/ percentage, and so the quality of its services: encouraging the reporting of incidents through it “learning from experience” report produced for staff three times a year. The					

		Reporting period					
		2015/16			2014/15		
Quality indicator	Related NHS Outcomes Framework Domain	CWP performance	National average	National performance range	CWP performance	National average	National performance range
		national average data includes all Mental Health Trusts that have provided partial or full data.					
		**Represents data for 01/04/2015 to 30/09/2015, data for 01/10/2015 to 31/03/2016 will be available in April 2017.					

(\*) denotes:  
Performance for 2015/16 (and 2014/15 where applicable) is not available or is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendments Regulations 2012*.  
The data source is *The Health and Social Care Information Centre (HSCIC)* Quality Accounts section within their indicator portal.  
The data source of the performance that is stated as Trust performance where *HSCIC* data is not available is the Trust's information systems.

Working document as of 27/03/17

# Part 3.

## Other information

### An overview of the quality of care offered by CWP – performance in 2015/16

Below is a summary of CWP's performance, during 2015/16, 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. Where performance against quality indicators are not available for 2015/16, these have not been included below.

This approach 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		
			2013/14	2014/15	2015/16
<b>Patient safety</b>					
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	<b>9213 incidents</b>	<b>7598 incidents</b>	<b>10560 incidents</b>
Data source = the Trust's incident reporting system (Datix).					
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> <b>89%</b> (National average 72%)  <i>Availability of hand washing materials:</i> <b>60%</b> (National average 54%)	NHS Staff Survey scores <i>Training:</i> <b>87%</b> (National average 75%)  <i>Availability of hand washing materials:</i> <b>N/A*</b>	These questions were not asked on this years survey
Data source = National NHS Staff Survey Co-ordination Centre. The <i>NHS National Staff Survey</i> results include the percentage of staff saying that they have received training, learning, or development in infection control. *The NHS Staff Survey Advisory Group reviewed this question for its usefulness and relevance for the 2014/15 and 2015/16 surveys and decided not to include it.					
<b>Clinical effectiveness</b>					
Implement the Advancing	2009/10	'Advancing Quality' measures	<b>Dementia:</b> CWP	<b>Dementia:</b> CWP	<b>Dementia:</b> CWP

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
Quality programme for dementia and psychosis		clinical and patient reported outcomes to determine the level of care that patients have received, benchmarked against a set of agreed 'best practice' criteria	<i>compliance</i> <b>89.9%</b>	<i>compliance</i> <b>64.0%</b>	<i>compliance</i> <b>60.7%</b>
			<i>CWP target</i> 83.6%	<i>CWP target</i> 57.3%	<i>CWP target</i> 57.3%
			–	–	–
			<b>Psychosis:</b> <i>CWP compliance</i> <b>98.0%</b>	<b>Psychosis:</b> <i>CWP compliance</i> <b>84.2%</b>	<b>Psychosis:</b> <i>CWP compliance*</i> <b>83.8%</b>
			<i>CWP target</i> 88.2%	<i>CWP target</i> 90.9%	<i>CWP target</i> 90.9%
<p>Data source = Clarity Informatics  There is up to a six month delay in reporting of compliance data relating to 2015/16.  *These figures for 2015/16 reflect CWP's monthly submissions up to and including January 2016.</p>					
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	<b>97% compliance</b> with the patient having their BMI calculated on admission	<b>97% compliance</b> with the patient having their BMI calculated on admission	<b>99.5 % compliance</b> with the patient having their BMI calculated within the previous week
			Performance was measured once during the year as part of the Trust's patient safety priority for 2013/14. The denominator was 642.	Performance was measured once during the year as part of the Trust's patient safety priority for 2014/15. The denominator was 596.	Performance was measured every two months as part of the Trust's patient safety priority for 2015/16. The denominator was 639.
<p>Data source = local patient safety metrics data.  The 'physical health check undertaken within 6 hours of admission' and 'the patient having their BMI calculated on admission' parts of this indicator reported in previous years were removed as these are no longer a requirement of the local patient safety metrics.</p>					

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
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: dementia assessment chronic obstructive pulmonary disease diabetes heart failure	During the year the Trust has developed a pathway template to regularly monitor progress with the development of care pathways and the reporting of outcomes from measurement of these pathways. These pathways are based on NICE guidance and collect the minimum data required to ensure a quality service is being delivered.	Additional pathways were developed during 2015/16 to facilitate a reduction in unwarranted variation in the following areas of care: <ul style="list-style-type: none"> <li>Acute care</li> <li>Bipolar disorder</li> <li>ADHD</li> </ul>
<b>Patient experience</b>					
Patient experience	2008/09	Understanding the experience of service users, and their carers, is fundamental to being able to provide high quality services and to identify areas for improvement	<p><b>4% increase</b> compared with 2012/13</p> <p>This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 350 patient experience contacts in 2013/14.</p>	<p><b>33% increase</b> compared with 2013/14</p> <p>This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 410 patient experience contacts in 2014/15.</p>	<p><b>25% increase</b> compared with 2014/15</p> <p>This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 118 patient experience contacts in 2015/16.</p>
			<p>Data source = the Trust's incident reporting system (Datix).</p> <p>For 2015/16 the changes in patient feedback are:</p> <p>Concerns = <b>40% increase</b></p> <p>PALS contacts = <b>33% decrease</b></p> <p>Comments/ suggestions = <b>57% increase</b></p> <p>Compliments = <b>35% increase</b></p> <p>Complaints = <b>10% increase</b></p>		

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
			<p>The continued increase in complaints suggests that the Trust has a learning and an open and transparent culture, as this is one recognised indicator that people accessing 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). The increase in compliments suggests that targeted training focused on recording positive feedback to ensure the sharing of good practice has had an impact. Targeted and focused work will be planned to improve PALS contacts during the next financial year.</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	<b>2 complaint quality assurance reviews</b>	<b>2 complaint/serious incident quality assurance reviews</b>	<b>6 complaint/serious incident quality assurance reviews</b>
			<p>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>		

*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 council of governors. The independent auditor's report, at *Annex D*, details the findings of the review of the mandated indicators. *Annex E* details the definitions of the indicators.

#### *Mandated indicators*

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

#### *Locally selected indicator*

Waiting times for psychological therapies – this was chosen by the council of governors in order to understand the current position given that this is a national indicator for 2015/16.

## Additional information on improving the quality of CWP's services in 2015/16

Below is a selection of the work over the past year that some of the Trust's 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



As part of the Trust's **Zero Harm** strategy, Locality Data Packs (LDPs) have been developed to provide team managers with safety and quality information to celebrate and promote areas of good practice and identify areas for continuous improvement. Teams receive these packs every two months. Feedback has been very positive. One example is the Crisis and Reablement Team, which cares for patients who are experiencing a new health crisis and are at risk of hospital admission. The team manager has found the introduction of the LDPs a useful way of focussing on safety critical areas of care. Particular areas of focus relating to patient safety have been the investigation of serious incidents, the number of complaints, and the number of compliments. By incorporating the LDPs as a standing agenda item at the team meeting, it has ensured that essential safety and quality issues are discussed and addressed.

At the second **Patient First: Preventing Harm – Improving Care conference** held in London on 12 November, CWP's Associate Director of Safe Services, who is a Human Factors expert advising *Health Education England*, gave a presentation entitled "Human Factors: solutions, not problems". Over 2,800 professionals were in attendance across the two days of the conference, with some delegates travelling from other countries to attend. The presentation focused on CWP's proactive response to tackling the patient safety challenge using Human Factors training to empower staff to deliver safe and effective care and to build a culture of zero harm.



Wirral Electro Convulsive Therapy (ECT) clinic has demonstrated that they meet national guidelines and standards and were awarded accreditation by the *ECT Accreditation Service (ECTAS)*. The Wirral clinic has been

**accredited with continuing excellence** for Year 1 of the three year cycle. Accreditation with continuing excellence covers a period of three years subject to a satisfactory annual review. *ECTAS* works with ECT services to assure and improve the quality of the administration. The *Care Quality Commission* uses *ECTAS* accreditation as one of the information sources to direct its inspection activities in its assessment of mental health services. Learning and innovations from this accreditation are being spread beyond the participating service to other services within the Trust.

### Improving clinical effectiveness

CWP's Early Intervention teams participate in the North West's *Advancing Quality* programme for First Episode Psychosis and were recognised for the quality of care they provide. Although the care given to a patient is tailored to individual needs, clinicians from across the region have agreed a number of key things which – if carried out at the same time and in the same way for every patient – will help to ensure the **best possible outcomes**; these are what *Advancing Quality* refer to as Clinical Process Measures. For 2015/16, CWP's Early Intervention team was recognised as the **third best** in the region for meeting these standards.



CWP is extending its existing Criminal Justice Liaison Service following a successful bid to *NHS England*. From 1 October 2015, a number of CWP community mental health practitioners will be located as part of an extended team into Middlewich and Blacon police custody suites and in Chester, Crewe and Macclesfield Magistrates Courts. Mental health support will also be provided to Chester Crown Court as part of this new initiative. The practitioners will be in place Monday to Friday to help support individuals who come into contact with local criminal justice services across Cheshire. In line with national recommendations to ensure people with suspected mental health problems are assessed more quickly when they are held by police, this **proactive and innovative service** will enable CWP to provide a whole range of mental health services working in partnership with the police and courts within Cheshire.

In order to provide 'joined up thinking' within the Tier 4 Child and Adolescent Mental Health Services (CAMHS), CWP's Young People's Centre – comprising Pine Lodge, Maple ward and Chester Eating Disorder Service (CHEDS) have offered in-house mental health training to staff working in inpatient care once a month. Staff were encouraged to become confident in developing new skills and ways of working with young people and their families.

A training programme was devised with sessions on various topics and theories. Staff then used a 'reflecting team' approach to apply the theories to direct clinical cases. Sessions also offered staff practical support and included topics such as 'meal time management' for young people with eating disorders; 'engaging parents and carers' in their young person's treatment; and 'risk management' and 'care planning approaches'.

Staff whose experience has been working in Learning Disability Services or with Adult Mental Health Services have gained a greater understanding of child and adolescent development which has helped them to continue to provide high quality robust, competent and compassionate care when working with this population of young people.

### Improving patient experience

In November 2015, CWP took part in the national event called "Takeover Day". This is an annual event that promotes children's rights and encourages their voices to be heard. *Takeover Challenge* sees organisations across England invite children and young people to 'take over' their job roles and be involved in decision making. It promotes Article 12 of the *United Nations Convention on the Rights of the Child*, which says all **children should have a say in matters that affect them**. CWP has participated in the event for the past three years. One of CWP's Young Advisors formally opened the event for 2015 and gave an overview of CWP's involvement. Each year sees young people taking over management in their local area and also being given the opportunity to meet with CWP managers and members of the Board of Directors to raise some of the issues that are important to them. 2015/16 saw young people from CAMHS being fully involved in the event and also young people being represented from Learning Disability CAMHS, Substance Misuse Services and the Cheshire Eating Disorder Service.



CWP has received a second gold star from the national *Carers Trust*, recognising the Trust's commitment to improving support for unpaid carers and their families. Since becoming one of the first members of the *Carers Trust's* 'Triangle of Care' scheme, staff have completed self-assessment audits and created action plans to work towards a three way partnership between the service user, the main carer and the professional. Specialised carer awareness training for front line staff has been delivered, and teams have been encouraged to develop stronger partnership working with a range of local carer support organisations including services to support both young

carers and adults.

The recognition comes after the launch of the new Care Act which launched on 1 April 2015. The Act strengthens the rights of all voluntary and unpaid carers to request a carer's assessment via the local authority, who are keen to identify carers at an earlier stage, recognise the contribution they make and offer support to enable the unpaid carer to sustain their caring role and support their own health and wellbeing.



Staff on Cherry ward have introduced weekly sessions to provide people with dementia opportunities to spend time with their loved ones in a supportive and structured environment. The group's aims were to stimulate the recall of memories, through communication and interaction. The 'Weekly Sparkle' reminiscence newspaper is a tool to aid reminiscence therapy. This includes a variety of topics such as 'this week in history', music reminiscence, and quizzes. The group has also been opened up to carers. Picture resources and items are used as memory prompts and discussion aids, to enable staff to support people on a one to one and group basis.

The group has had a very positive impact on people's experience of care, who have been observed to dance and sing to the music played and express their enjoyment. There has also been positive feedback from carers who have also enjoyed being part of the group, reporting that it has given them a topic of conversation to discuss with their relative.

## 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.

### **BMJ Quality Improvement licences**

BMJ Quality is an online service that supports individuals and teams through healthcare improvement projects and on to publication. The tools include interactive workbooks, learning modules, tools, and resources to help make healthcare improvement simple.

### **Board**

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

### **Care 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.

### **Commissioners**

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

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

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

### **Community physical health services**

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

### **Crisis**

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

### **Department of Health**

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

### **Foundation Trust**

A type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS Foundation Trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS Foundation Trusts have members drawn from patients, the public and staff, and are governed by a Council of Governors comprising people elected from and by the membership base.

### **Health Act**

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

### **Healthcare**

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

### **Healthcare Quality Improvement Team**

A team within CWP to support and enable staff with continuous improvement specifically using the results of clinical audits. The team will also focus on ensuring this learning is embedded in practice to assist in the spread of learning and excellence in patient care.

### **Hospital Episode Statistics**

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

### **Human Factors**

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

### **Information Governance Toolkit**

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

### **Mental Health Act 1983**

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

**Monitor**

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

**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 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 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.

**Providers**

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

**Public health**

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

**Quarter**

One of four three month intervals, which together comprise the financial year. The first quarter, or quarter one, means April, May and June.

**Recovery**

The concept of recovery is about people staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking. Focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms.

**Registration**

From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission.

**Regulations**

Regulations are a type of secondary legislation made by an executive authority under powers given to them by primary legislation in order to implement and administer the requirements of that primary legislation.

## **Research**

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

## **Secondary care**

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

## **Secondary Uses Service – SUS**

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

## **Serious untoward incident**

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

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

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

## **Special review**

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

## **Stakeholders**

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

## **Strategy**

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

## **The Health and Social Care Information Centre**

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

## **The Triangle of Care**

The Triangle of Care approach was developed by carers and staff to improve carer engagement in acute inpatient and home treatment services. The guide outlines key elements to achieving this as well as examples of good practice. It recommends better partnership working between service users and their carers, and organisations.

## **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.

## **Zero Harm**

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

## Annex B: Comments on CWP Quality Account 2015/16

### Statement from Governors

To follow

### Comments by CWP's commissioners

To follow

### Statement from Scrutiny Committees

To follow

### Statement from Healthwatch organisations

To follow

Working document as at 21.04.2016

## Annex C: Statement of Directors responsibilities in respect of the quality report

Below to be updated once the independent audit has been completed

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period **date to be inserted**
  - Papers relating to Quality reported to the Board over the period **date to be inserted**
  - Comments from **state CCGs – dates to be inserted**
  - Comments from Wirral Commissioning Group received 01 June 2015
  - Feedback from local Healthwatch organisations – **state organisations – dates to be inserted**
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, for the period of **dates to be inserted/ publication date**
  - The 2015 national staff survey – received by the Trust 2015
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated 2015/2016 published **date to be inserted**
  - CQC Intelligent Monitoring Tool **date/s to be inserted**

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

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

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

By order of the Board at the meeting held on **date to be inserted**

**Date to be inserted** Chair of the meeting

**Date to be inserted** Chief Executive

# **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**

Report content to be detailed below once the independent audit has been completed

Working document as at 21.04.2016

## Annex E: Definitions of the performance measure indicators

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

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

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

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

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

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

### **Waiting times for psychological therapies (local performance indicator)**

75% of people referred to the IAPT programme will be treated within 6 weeks of referral, and 95% of people within 18 weeks of referral. All measures are for treatment episodes completed in the reporting period. A completed treatment episode is an episode with at least two attended treatment contacts.