



Cheshire and Wirral Partnership

NHS Foundation Trust



# **Cheshire and Wirral Partnership NHS Foundation Trust**

## **Quality Accounts 2009/2010**

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## Part 1: Statement on Quality

### 1.1 Introduction and statement from the Chief Executive

I am pleased to present Cheshire and Wirral Partnership (CWP) NHS Foundation Trust's Quality Accounts, which provide information on the quality of care provided for 2009/2010.

An enormous amount of work is undertaken whereby clinicians and managers are routinely monitoring quality and driving improvements in clinical services. The information and data presented in this document represents a small proportion of this work.

Quality is intrinsic to everything we do at Cheshire and Wirral Partnership, set out within our statement of purpose to 'improve health and well-being by creating innovative and excellent services'

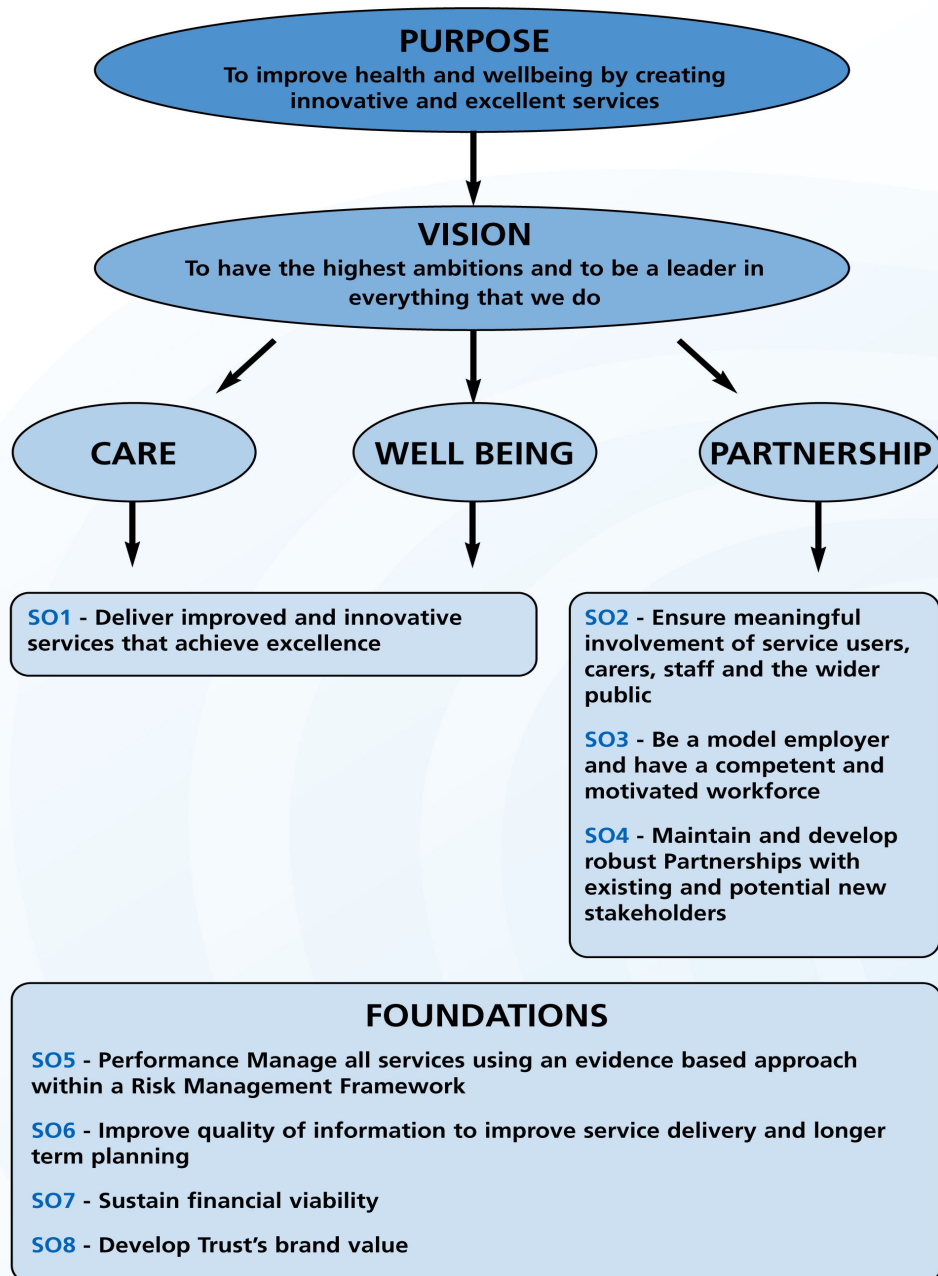
The Board of Directors is totally committed to delivering high quality care and continually improving the quality of our services. We encourage and welcome feedback from service users, carers and the public so that we can learn and improve. It also gives us the opportunity to celebrate and commend staff who provide high quality services, meeting and often exceeding service user and carer expectations.



The Trust has always strived to provide quality services for the population that it serves, by ensuring that:

- the views of service users, carers, staff and the public are taken into account when planning services,
- the clinical care provided is the most up to date, aligned to best practice and current research;
- clinical audit and review of clinical services is conducted throughout the year to share learning and best practice, promoting safety and quality;
- the Trust works closely with partner organisations e.g. commissioners, voluntary organisations, local authority, Local Involvement Networks (LINKs) etc. to ensure that we are responsive to the changing needs of the population.

These priorities are evident in our strategic vision, outlined below.





This ethos of striving to constantly maintain and improve quality has resulted in many achievements for the Trust, some of which are listed below.

**81% of service users and 71% of carers would recommend CWP's services**

*Inpatient service user experience report/ Carer's audit, CWP, 2009*

**84% of in-patient service users rate the quality of CWP services as either 'Good' or 'Excellent'**

*Mental health acute inpatient service users survey, Care Quality Commission, 2009*

**Ranked in the top 20% of mental health trusts in England for patient care**

*National Patient Survey, Care Quality Commission, 2009*

**First mental health trust in the North of England to achieve foundation trust status**

*Monitor, 2007*

**First Trust in UK to achieve the 'Absolute Monty' award for implementing 75 ideas to improve the patient experience in all in-patient wards**

*Star Wards, 2009*

**First Trust in UK to achieve ward status level one for excellence in organic Acute Inpatient Mental Health Services (AIMS)**

*AIMS, 2009*

**First Trust to sign-up to the 'Time to Change' national challenging stigma campaign.**

*Time to Change, 2008*

**One of 15 mental health Trusts in the country to have achieved NHSLA level 2 accreditation**

*NHS Litigation Authority 2009*

The Trust has an excellent culture of engagement with Patient and Public Involvement (PPI) representatives, Council of Governors, Foundation Trust members, Local Involvement Networks (LINKs), commissioners and other key stakeholders. During 2010/11 we will be working very closely with these stakeholders ensuring that priorities for improvement outlined within this Quality Accounts are monitored and priorities are reviewed in year, to ensure a dynamic process.

Further information about the treatments provided by the Trust and its performance are available from either NHS Choices website ([www.nhs.uk](http://www.nhs.uk)) or by accessing the Trust's website ([www.cwp.nhs.uk](http://www.cwp.nhs.uk)).

**Sheena Cuminsky, Chief Executive Cheshire and Wirral Partnership NHS Foundation Trust**

## 1.2 Foreword from Dr Vimal Sharma- Medical Director, Executive Lead for Quality

*High Quality Care for All*, published in 2008 set the vision for quality, to be the guiding principal in the NHS. The challenge set out within this document was for all healthcare organizations to:

- Define what quality meant to their staff and service users;
- Understand where improvement is happening or is needed;
- Tell others what you are doing and what you are planning to do to improve quality;
- Recognize the role of clinicians as leaders and empower them to drive improvements in quality of care;
- Recognize and reward quality;
- Make sure essential standards are met;
- Make the best use of innovation and research and push forward, not back.

Lots of work has been achieved in 2009/10 to implement all of the above in Cheshire and Wirral Partnership Trust, some of which you will read within this document. Looking ahead for next year 2010/11, we will strive to maintain and improve quality of care.

We will continue to work with our service users, public, staff and commissioners to make sure we have a greater understanding of what quality means for them.



We will continue to engage our staff to improve quality, where it is required and reward best practice.

We will continue to develop our research and innovation agenda, so that the Trust is at the forefront of evidence-based practice in mental health, learning disability and drug and alcohol services.

This Quality Account document has been developed in partnership internally with clinicians, senior managers and service users. Externally the views of the Trust's commissioners, Overview and Scrutiny Committees and Local Involvement Networks have also been taken into account. I am assured that the information contained within this document, to the best of my knowledge, is accurate.

**Dr Vimal Sharma, Medical Director Cheshire and Wirral Partnership NHS Foundation Trust**

## Part 2: Priorities for Improvement and Statement of Assurance from the Board

### 2.1 Priorities for Improvement

For 2010/11, the Trust has identified priorities to improve quality in line with its commissioners, staff, service user engagement groups and other key stakeholders. This are outlined within this section of the Quality Account, with the rationale for the priority, how it will be monitored and measured throughout the forthcoming year and how it will be reported.

The priorities are identified against the three principal areas of service quality:

1. Patient Safety
2. Clinical Effectiveness
3. Patient Experience

#### 2.1.1 Patient Safety

**Safety Priority 1: *Improve safety by monitoring of trends from Serious Untoward Incident (SUI) investigations and development of systems to monitor reduction of repeatable themes***

**Rationale for priority:** Applying lessons learned from SUIs is a key measure of safety within any organisation. The Trust has always strived to ensure that any outcomes and recommendations resulting from investigations are shared and applied across the Trust. This is an area that the Trust is also being asked to consider as part of the Quality Schedule of the Trust's contract with its commissioners.

**How improvement will be measured and monitored:** The current incident system will be improved to capture details of themes highlighted from SUI investigations, as well as actions taken and monitoring of outcomes. The Trust will aim to provide evidence that we have reduced repeatable themes from SUIs.

**How improvement will be reported:** Repeatable themes from SUI investigations will be reported to the Board and commissioners as part of the quarterly incidents, complaints and claims report and reported internally to clinical services via a 'Lessons Learned' publication.

**Safety Priority 2: *Reduction of preventable falls in in-patient areas by at least 10% by end March 2011***

**Rationale for priority:** A patient falling is the most common patient safety incident reported to the National Reporting and Learning Service (NRLS) from inpatient services at a national, regional and Trust level.

**How improvement will be measured and monitored:** Each inpatient fall will be reviewed to determine whether the Trust falls policy was adhered to, in order to assess whether the fall may have been preventable. If it is found that the fall could have been prevented, actions taken will be reported and cascaded as learning to all inpatient teams.

**How improvement will be reported:** Falls incidents will be reported to the Board and commissioners as part of the quarterly incidents, complaints and claims report and reported internally to clinical services via a 'Lessons Learned' publication.

### 2.1.2 Clinical Effectiveness

#### **Effectiveness Priority 1: *Implementation of the Advancing Quality programme for schizophrenia and dementia (including development of Patient Reported Outcome Measures)***

**Rationale for priority:** This is a new regional priority for mental health services. 'Advancing Quality' measures clinical and patient reported outcomes to determine the level of care that patients have received, benchmarked against a set of agreed 'best practice' criteria. This has also been identified as a priority by the Trust's commissioners and is a Commissioning for Quality Improvement (CQUIN) scheme for 2010/11.

**How improvement will be measured and monitored:** The Trust has signed up to Advancing Quality and will be implementing the programme against timeframes outlined within an agreed regional project plan.

**How improvement will be reported:** Progress with Advancing Quality will be reported within a quarterly quality report that will be provided to the Trust Board of Directors and key stakeholders, such as commissioners.

#### **Effectiveness Priority 2: *Development of integrated care pathways in mental health***

**Rationale for priority:** It is important that integrated care pathways are further developed to promote interface with other services i.e. primary care. This has been highlighted as a priority with commissioners, staff within the Trust and also service users/carers, who would like to see seamless care between primary and secondary care.

**How improvement will be measured and monitored:** Integrated care pathways will be developed for specific areas in mental health within the clinical framework of integrated care.

**How improvement will be reported:** Progress will be reported within a quarterly quality report that will be provided to the Trust Board of Directors and key stakeholders.

#### **Effectiveness Priority 3: *Review of physical healthcare for Trust service users.***

**Rationale for priority:** Research has indicated that people with mental health problems have an increased likelihood of physical health problems and are at risk of dying prematurely. In recognition that CWP service users may have complex physical health demands, which may be at risk of being neglected, it is important not only to detect physical health problems but also promote physical health and wellbeing. Performance in 2009/10 was monitored for inpatients as part of the quality reporting mechanisms and outlined in Chapter 3 of this Quality Account.

**How improvement will be measured and monitored:** The Trust has a physical health care pathway in place within the Trust for inpatient services, which will be reviewed. There will also be a review of physical healthcare in the community setting for the Trust's service users, working with General Practitioners.

**How improvement will be reported:** Progress will be reported within a quarterly quality report that will be provided to the Trust Board of Directors and key stakeholders.

### 2.1.3 Patient Experience

#### **Patient Experience Priority 1: *Collection of real time patient experience data***

**Rationale for priority:** Patient experience has always been an important measure of quality within the Trust and feedback from service users and carers has been sought in a variety of different ways- surveys, clinical audit, PALS Talkback, focus groups etc. The Trust however has recognised the importance of collecting 'real time' patient experience data (which is about asking the views of patients and/or their carers/relatives during or immediately after their treatment), to allow service users and carers to give more accurate and timely feedback on their care, as a good patient experience is integral to quality of care and will affect outcomes. This has also been identified as a priority by the Trust's commissioners and is a Commissioning for Quality Improvement (CQUIN) scheme for 2010/11.

**How improvement will be measured and monitored:** The Trust will use technology to collect real time patient experience, piloting in a number of areas (at least one in each commissioning area). This will be linked to the Advancing Quality programme for dementia and schizophrenia, in order to be able to review clinical outcome and patient experience data for these service users.

**How improvement will be reported:** Progress with patient experience will be reported within a quarterly quality report that will be provided to the Trust Board of Directors and key stakeholders.

#### **Patient Experience Priority 2: *Ensure that patient experience of previous Assertive Outreach service users and carers is sought and continuously monitored during the merge of the Assertive Outreach function into Community Mental Health Teams (CMHTs).***

**Rationale for priority:** CWP have undertaken a recent review of the Assertive Outreach function, in conjunction with service users, carers, staff and partner organisations. It was agreed that the work of the Assertive Outreach Teams would be incorporated into Community Mental Health Teams (CMHTs), rather than being a stand alone function. The review was based on clinical research and also to ensure a more efficient service.

**How improvement will be measured and monitored:** We have planned to put a process in place for monitoring the implementation of the proposal to ensure that assertive outreach service users and their carers receive the level of care and support that they need. This will be achieved by undertaking focus groups and a survey.

**How improvement will be reported:** There is an action plan in place, which outlines the reporting requirements. This includes regular internally reporting within the Trust's governance structure, but also regular external reporting to Overview and Scrutiny Committee, LINKs and Commissioners.

The Trust will continuously monitor progress against these quality priorities and will report progress in 2010/11 Quality Accounts, but also throughout the year internally to service users, and carer groups and staff; and externally to commissioners and scrutiny groups.



## 2.2 Statements Relating to Quality of all NHS Services Provided

### 2.2.1. Review of services

During 2009/10 Cheshire and Wirral Partnership NHS Foundation Trust provided and/or sub contracted 37 NHS services, across West, Central and Eastern Cheshire and Wirral, as outlined within the Trust's contract with its commissioners.

The Trust has reviewed all the data available to them on the quality of care in **all** of these services as part of the CQC registration process and the ongoing internal and external clinical governance arrangements. In addition to the performance and quality data reviewed by the Board of Directors, the Trust implemented 'Patient Safety Walk Rounds' in the past year, which gives Board members the opportunity to talk to frontline staff, service users and carers, giving Board members firsthand knowledge of quality initiatives in practice (e.g. Star Wards, Brilliant Basics, Productive Ward and Productive Leader) and also any priorities for quality identified in partnership with frontline staff.

The income generated by the NHS services reviewed in 2009/10 represents 100% percent of the total income generated from the provision of NHS services by Cheshire and Wirral Partnership NHS Foundation Trust for the period 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010.

### 2.2.2a. Participation in clinical audits

Clinical audit is a way of measuring the practice of healthcare professionals and the standards of care and treatment delivered to service users, so that any necessary improvements can be made or excellence in practice consolidated and shared.

During 2009/10, no national clinical audits covered NHS services that CWP provides, therefore it did not and was not eligible to participate in the National Clinical Audit Programme. However, as a matter of best practice, CWP considers the merits of its participation in other national audits that are not part of the formal National Clinical Audit Programme. During 2009/10, CWP participated in the National Health Promotion in Hospitals audit, was the only mental health trust in the region to participate in the original pilot, and was part of the steering group to develop the audit methodology so that the 2009/10 audit would generate quality data and outcomes for mental health inpatient wards to use.

A total of 77 clinical audits were registered with the Trust's Clinical Audit Team and completed during 2009/10. This included those projects registered by individual teams where they aimed to improve the quality of healthcare for specific aspects of the services they deliver, an audit conducted in partnership with other mental health trusts in the North West region, and those participated in by medical trainees. The Clinical Audit Team provides direct support to and reports on a priority number of local (Trustwide) audits each year as part of its clinical audit programme. The reports of 18 local (Trustwide) clinical audits were reviewed by CWP in 2009/10 as part of the Trust-wide clinical audit programme, and it intends to take the following actions to improve the quality of healthcare it provides:



### 1. Inpatient record keeping audit

CWP undertakes an annual Trustwide record keeping audit to ensure compliance with standards for good quality record keeping, facilitating delivery of high quality care and treatment. The audit recommendations have re-enforced the need to comply with all elements of the Trust's record keeping policy, including the use of standard assessment and risk assessment paperwork, and to ensure that discharge arrangements are recorded in records. Where appropriate, health records will be audited on a smaller scale on an ongoing basis to ensure standards are monitored and high standards sustained, with any decrease in compliance actioned promptly.

### 2. Medical devices audit

CWP undertook this audit to provide quality information about the numbers and types of medical devices that are in use within the Trust and to assure service users, carers and the wider public with regard to the processes in place for the safe use of medical devices within the Trust. Learning from the audit has informed the following improvements:

- Introduction of an electronic dissemination system for medical device alerts;
- Development of an inventory checklist to teams and wards accompanied by a list of possible medical devices, to remind staff about medical devices that are used on an irregular basis so that they are taken into account when assessed by the nominated Medical Devices Co-ordinator;
- Learning and Development Services will incorporate staff responsibilities relating to medical devices as per Trust policy into staff appraisal training.

### 3. Carers audit

CWP recognises the need to support carers in terms of knowledge, guidance and understanding of their needs. Carers should be satisfied with the amount of support given to them by CWP to help them carry out their caring role. Carers should also be given adequate information about the services that are provided for them and for the person they care for/support. This audit recommended the following actions to improve the quality of this support further:

- To ensure the Trust supports older age carers with the appropriate level of support and guidance;
- To put programmes in place to strengthen links with all ages of carers;
- To communicate the availability of out of hours support;
- To support and encourage more carers from other services to participate in future carers audits by:
  - Providing more information and developing a standardised approach, working with voluntary sector to deliver this;
  - Working closer with care co-ordinators and 'carer links';
  - Presenting more information to carers.

### 4. Therapeutic observation audit

Within inpatients areas, it is vital that there is a clear process for therapeutic observation of services users to ensure the delivery of safe and effective care. As a consequence of the findings of a clinical audit of compliance with the Trust's therapeutic observation policy, CWP intends to share the learning from the audit with inpatient staff to ensure that actions are taken to:

- Record in all cases of observation the time of initiation of the current level of observation;
- Document in the case notes daily entry the current level of observation;

- Document complementary current risk assessments with current level of observation;
- Record the conversation assessing mood and behavior in the case notes at least once per shift for patients being observed,
- Complete an intervention plan for all patients on levels 1 and 2 of observation within 72 hours;
- Document in the observation care plan how often the patient should be checked at observation levels 1, 2 and 3;
- Complete a full or partial risk assessment tool at every observation level change;
- Document in the case notes when an observation level is reduced;
- Give patients verbal information about their current observation level;
- Give patients a leaflet containing written information regarding their current observation level.

### 5. Care Programme Approach audit

The Care Programme Approach is used in mental health services to assess, plan and deliver care, and aims to promote effective liaison and communication between agencies, carers and service users, thereby managing risk and meeting the individual needs of those service users in contact with the Trust so that it enhances their social recovery. As a consequence of the findings of a clinical audit of the use of the Care Programme Approach, CWP will share the learning from the audit with all clinical staff and will ensure the following actions are taken:

- Team managers raise any individual performance issues with staff as part of supervision;
- Staff awareness training is provided to ensure that the benefits of the Care Programme Approach are communicated to service users and carers and that they are aware of the need to inform service users that they can bring a relative or friend to care review meetings;
- All carers are offered a carer's assessment and those who accept should then receive a copy;
- Carers information packs are provided, recorded and monitored.

### 6 - 7. Safeguarding adults and children audits

Abuse and mistreatment of vulnerable adults and children and the need for a systematic approach when working with those who may be at risk is central to CWP's approach to safeguarding. CWP has undertaken clinical audits around these processes, and the learning has been shared with all Trust staff to ensure that team leaders and ward managers lead on safeguarding adults and children issues within their teams, so that each team and ward has an identified lead for safeguarding issues. CWP will also ensure that awareness is promoted of how to access safeguarding policies.

### 8. Slips, trips and falls

The Trust is aware of its responsibilities for managing the risk associated with slips, trips and falls, for service users, staff and others, and aims to ensure, via appropriate risk assessment, that staff, patients and others are protected from accidents and a safe environment is facilitated in which high quality clinical care can be provided. As a consequence of the findings of a clinical audit of slips, trips and falls, CWP will ensure that:

- All service users who are assessed and are at risk of falling within community teams are referred to the relevant Primary Care Trust falls prevention service;
- All service users who are assessed and are at risk of falling have a falls intervention care plan and it must be reviewed when applicable;

- All service users who are assessed as not at risk of falling are given a falls information leaflet. The falls information leaflet must be contained within the admission information pack given to each service user.

## 9 - 10. Medicines management audits

CWP aims to ensure the safe and secure handling of medicines at all stages of the medicine process within ward/inpatient and community/team settings and in doing so minimise the incidents of harm caused by medication errors. CWP undertakes an annual audit regarding medicines management to constantly improve the safe use of medicines, listed below are some examples of learning from the most recent audit and an additional audit of the medicines management policy. CWP will ensure that the following actions are taken:

- Staff distribute medicine leaflets to service users and record advice and monitoring of side effects in their notes;
- When prescribing, staff record the indication for prescribing medication on an 'as required' basis, and that this is relayed in junior doctor training;
- When prescribing, staff record the name of medication to be prescribed off-label and the treatment plan in the case notes;
- Systems and procedures where they have been identified as requiring review are updated and/or standardised;
- There are improvements to the training programme regarding controlled drugs.

## 11. Audit of NICE guideline: Anxiety

Compliance with National Institute of Health and Clinical Excellence guidance for anxiety has been assessed via a clinical audit and actions have been identified to ensure that:

- Staff distribute medicine leaflets to service users and record advice and monitoring of side effects in their notes;
- If one type of intervention does not work, the service user is re-assessed and consideration given to trying another type of intervention;
- If there has been two interventions provided [any combination of psychological intervention, medication, or bibliotherapy] and the service user still has significant symptoms, then referral to specialist mental health services should be offered.

## 12. Audit of NICE guideline: Schizophrenia

Compliance with National Institute of Health and Clinical Excellence guidance for schizophrenia has been assessed via a clinical audit and actions have been identified to ensure that:

- Service users with schizophrenia receive a comprehensive multidisciplinary assessment, including a psychiatric, psychological and physical health assessment;
- There are improvements to the number of service users who are given a copy of their care plan;
- There is an increase in the number of service users with schizophrenia offered cognitive behavioural therapy and family therapy;
- There is improved recording of indications/benefits/risks of medication.

## 13. Strategies to reduce missing patients audit

"Strategies to reduce missing patients" is a workbook designed to provide acute mental health staff with key strategies, illustrated with positive practice examples, to reduce the number of patients who go missing from acute wards. The learning from the self-assessment tool that was used in this clinical audit aims has resulted in the following actions:

- Ensuring the generic service user information pack is available throughout the trust, with use of this promoted;
- All areas should have a daily patient meeting;
- Modern Matrons should liaise with the lead Occupational Therapists for their areas to look at the provision of patient activities and collaborative working.

#### 14. Self harm audit

The aim of this audit was to assess CWP's liaison psychiatry teams' compliance with the National Institute for Health and Clinical Excellence guidelines for self harm. Learning from the audit has resulted in the following actions:

- The Crewe, Chester and Macclesfield liaison teams will invite service user, carer, PCT and ambulance trust representatives to the meeting they currently have in place with the acute trusts;
- An email will be distributed amongst all liaison psychiatry team members to draw their attention to the legal services available to them for advice on the care of their patients;
- Information for staff on how to access legal services will be added to the local induction policy;
- All liaison psychiatry team managers will link with their respective emergency departments to jointly develop training programmes where this is not currently in place.

#### 15 - 17. Resuscitation equipment audits

CWP aims to ensure the optimum management of adult and child cardio-respiratory arrests, should they arise, and a policy is in place to guide and support staff. A number of clinical audits have been undertaken throughout the year to measure compliance with the standards contained within the policy, and the learning from the most recent audit has resulted in the following actions:

- 'Availability of a ligature knife' field should be added to existing daily checklists; this is a recommendation nationally to ensure staff can react promptly to any ligature incidents that occur in inpatient areas;
- Assurance should be sought regarding access via the fob systems employed on clinic room doors. This will ensure that all staff, including bank and locums, are able to access ward clinic rooms in which resuscitation equipment is held;
- Further guidance regarding the acceptable/recommended volume of oxygen gas to be maintained within ward cylinders for use in a resuscitation capacity should be developed.

#### 18. Ward audit

CWP undertakes an annual audit of compliance with clinical standards that are in place across all inpatient areas of the Trust. This year's clinical audit has informed the following actions to improve the quality of care:

- All wards to review at least annually their documentation to ensure they are using the current versions as per Trust policy;
- Staff must be reminded that the admission checklist must be fully completed and filed in the casenotes;
- Staff must be reminded that nutrition screening tools should be fully completed;
- Ensure that all staff are aware of and follow the CWP resuscitation policy;
- Ensure that all medicine fridges are kept locked, have external digital thermometers and there is evidence to demonstrate daily temperature checks;
- All wards should ensure that they have a folder to file National Patient Safety Agency and medicine alerts;

- All wards should ensure they have a Health and Safety poster;
- Risk assess and where possible remove waste bins with liners;
- Ensure a 'Welcome Pack' is available to all service users admitted to the ward;
- Ensure that all staff access line management supervision.

All service line clinical audit reports are reviewed and reported by service line clinical audit leads to frontline staff. Trustwide audits are reported to the Clinical Standards Sub Committee, a delegated sub committee of the Board of Directors, chaired by the Medical Director. The Trust Board also reviews audit data as part of its annual reporting processes but also will review risk based information, gauged from clinical audit, as part of the risk management processes.

The Trust also undertakes a series of infection control, cleaning and spot checks audits, which are undertaken by the Infection Prevention and Control nurses, reported to service line managers and through to the Board of Directors via the Director of Infection Control's quarterly Infection Prevention and Control report.

### 2.2.2.b. Participation in national confidential enquiries

There are a number of national confidential enquiries, all of which are overseen by the National Patient Safety Agency. The aim of these projects is to improve NHS services by gathering information about trends and developing recommendations to improve the safety of NHS services for the future. The current studies and enquiry programmes of all national confidential enquiries are considered by CWP for applicability to NHS services that CWP provides.

During 2009/10, one national confidential enquiry covered NHS services that CWP provides. During that period CWP participated in this national confidential enquiry. This was the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.

The data collection that was completed during 2009/10 is listed below, alongside the number of cases submitted to each category of the national confidential enquiry that CWP was eligible to participate in, as a percentage of the registered cases required by the terms of the enquiry:

Number of cases	Categories of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Percentage of registered cases
2	Sudden unexplained death in psychiatric inpatients	100%
50	Suicide	100%
1	Homicide	100%
1	Victims of homicide	100%

The table above demonstrates that the Trust fulfilled all requirements of participation in the National Confidential Enquiry programme.

### 2.2.3. Research

The numbers of patients receiving NHS services provided or sub contracted by CWP in 2009/10 that were recruited during that period to participate in research approved by a



research ethics committee was 558 patients, 17 carers, 5 staff members and 8 teams/wards. This is an increase from 2008/09 figures of 201 patients, 41 carers, 73 staff members and 3 teams/wards.

This level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care that we provide but also making our contribution to the wider health economy. For details of the current research studies being undertaken at CWP, please access the following URL:

<http://www.cwp.nhs.uk/AboutCWP/Pages/Researchprojects.aspx>

The Trust was involved in conducting 51 clinical research studies. 94% of these studies were completed as designed within the agreed time and to the agreed recruitment target.

CWP used national systems to manage the studies in proportion to the risk. Of the 51 clinical research studies given permission to start in 2009/10, 100% were given permission by an authorised person less than 30 days from receipt of a valid complete application. Of the 51 studies, 2 were Clinical Trials of an Investigational Medicinal Products (CTIMPS), 100% of which were established and managed under national model agreements.

100% of the 51 eligible research involved using the Research Passport System.

In 2009/10 the National Institute for Health Research (NIHR) supported 25 studies through its research networks.

In the last three years 2007 to April 2010, 79 publications have resulted from our involvement in NIHR research, additionally a further 65 research related publications by Trust staff over this period, helping to improve patient outcomes both within the Trust and experience across the NHS.

#### 2.2.4. Goals agreed with commissioners

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed by the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. This equated to £338,175.

In 2009/10, the Trust achieved all its CQUINs with the commissioners. These were as follows:

- Review of inpatient assessment and treatment units within Learning Disabilities (LD), in line with key department of Health policy documents and most up to date guidance;
- The production and implementation of a recovery strategy for Black and Ethnic Minority service users within CWP;
- To improve access and reduce waiting times for children accessing 0-16 specialist Child and Adolescent Mental Health Services (CAMHS);
- Development of an alcohol pathway to promote the use of brief interventions in Adult and Older Peoples' Mental Health services



- Provision of a mechanism to communicate medication changes for mental health patients to general Practice;
- Regional CQUIN on quality to help measure, monitor and benchmark quality across the North West.

In 2010/11 the CQUIN schemes agreed with the Trust's commissioners are as follows.

- To promote quality for patients with learning disabilities accessing mainstream mental health services through application of the 'Green light Toolkit';
- Implementation of the regional 'Advancing Quality' programme for Schizophrenia and Dementia;
- Promote collection of real time patient experience data;
- Review the dementia pathway within the Trust, working with partner organizations, in line with the National dementia Strategy;
- Development of an alcohol pathway in CAMHS (16-19)/LD to support the use of brief interventions;
- To develop a strategy for improving services for those individuals with Challenging Behaviour.

There are also a number of specialist CQUINS for Secure Commissioning. The total CQUIN monies in 2010/11 equates to £1,246,093

Further details of the agreed goals for 2009/10 and for the following 12-month period are available on request from the Trust's Clinical Governance Department at the Trust Board Offices <http://www.cwp.nhs.uk/1/Pages/contactus.aspx>

### 2.2.5. What others say about the Provider

The Trust had to register its services with the Care Quality Commission (CQC), as part of the new registration standards applicable to all NHS Trusts.

The Trust provides the following types of services (as categorised by the Care Quality Commission):

- Hospital services for people with mental health needs, learning disabilities and problems with substance misuse, including liaison psychiatry;
- Rehabilitation services;
- Community based services for people with mental health needs;
- Community based services for people with a learning disability;
- Community based services for people who misuse substances.

CWP provide services to the following service users (as categorised by the Care Quality Commission):

- Learning disabilities or autistic spectrum disorder;
- Older people;
- Adults;
- Children 0-3 years;
- Children 4-12 years;
- Children 13-18 years;
- Mental health;

- Dementia;
- People detained under the MHA 1983;
- People who misuse drugs and alcohol;
- People with an eating disorder.

The Trust has had **no conditions** placed on its registration and the Care Quality Commission has not taken enforcement action against the Trust during 2009/10.

CWP is subject to periodic reviews by the Care Quality Commission, (please refer to the following link for more information).

[http://healthdirectory.cqc.org.uk/findcareservices/informationabouthealthcareservices/summaryinformation/searchfororganisation.cfm?cit\\_id=RXAandwidCall1=customWidgets.content\\_view\\_1](http://healthdirectory.cqc.org.uk/findcareservices/informationabouthealthcareservices/summaryinformation/searchfororganisation.cfm?cit_id=RXAandwidCall1=customWidgets.content_view_1)

The last review the CQC undertook with the Trust was in October 2009 and was a *‘Visit to monitor the care of people whose rights are restricted under the Mental Health Act’*.

The Care Quality Commission visits all places where patients are detained under the Mental Health Act 1983. The Commissioner linked to the Trust monitors the Trust’s operation of the Mental Health Act and visits and meets with detained patients, throughout the year, to monitor the care of people whose rights are restricted under the Mental Health Act. A feedback summary with recommendations is given to the Trust following each visit and, where necessary, action is taken and fed back to the Commission. At the end of the year, the Commissioner then produces an annual statement.

The Care Quality Commission’s annual statement, dated October 2009, has provided an overview of the main findings and outcomes from visits to wards/units throughout CWP during the period August 2008 - September 2009.

The CQC made three recommendations for CWP to consider:

### 1. Section 58

The Commissioner has found a lack of evidence of Clinicians in Charge of treatment following the Code of Practice in the following areas:

- Information given to in relation to treatment and how this is recorded for each service user;
- Seeking and recording consent of those service users where the Mental Health Act permits some medical treatment for mental disorder without consent. In these instances, the individual’s consent or refusal should be recorded in their notes, as should the treating clinician’s assessment of the patient’s capacity to consent, including those being treated under the three month rule as per Section 63 of the Mental Health Act.
- The compliance of Responsible Clinicians with their requirement to record the conversation they have with a detained patient following the visit of a Second Opinion Appointed Doctor [SOAD].

### Trust Response to this recommendation

To reinforce the importance of compliance by Responsible Clinicians/Clinicians in charge of treatment with the requirements of the Code of Practice as outlined above. An internal audit will be carried out to ensure ongoing compliance with the issues raised.

## 2. Statutory Consultees

Compliance by Statutory Consultees with the requirements of the Code of Practice needs to improve.

### *Trust Response to this recommendation*

To remind staff acting as Statutory Consultees of their obligations as outlined in the Code of Practice. An internal audit will be carried out to ensure ongoing compliance with the issues raised.

## 3. Section 17

Since the Trust's last audit, there is a much improved level of compliance. However, there are still issues relating to risk assessment and service users signing the section 17 proforma. The Commissioner has suggested that where a patient refuses or is unable to sign the leave form that this is recorded. Also staff are not always making a note in the case notes as to how leave has progressed and the impact on the patients Mental Health.

### *Trust Response to this recommendation*

To remind ward staff of the need to consistently record the outcome of leave for daily leave of longer periods and escorted or unescorted.

**CWP has made the following progress by 31 March 2010 in taking such action:**

### 1. Section 58

A Trust-wide Section 58 audit is currently being undertaken by the Mental Health Act Team. Findings, recommendations and an action plan will be discussed at the Mental Health Act Strategy Group. The action plan will also be provided to the Care Quality Commission in April 2010. The Code of Practice's guiding principles continue to be highlighted at the Trustwide mandatory training sessions for application of the Mental Health Act.

### 2. Statutory Consultees

The Trust has a guidance note in place, as well as a reminder system regarding obligations placed on Consultees, as outlined by the Code of Practice. The obligation of Statutory Consultees is also highlighted in the Trust's mandatory Mental Health Act training. An audit will be undertaken in due course. In the interim, as an immediate action, the Mental Health Act Team Manager has reminded all staff in writing that their duties as Statutory Consultees [recording their consultation with the Second Opinion Appointed Doctor (SOAD)] are fulfilled.

### 3. Section 17

A reminder to all staff has been completed as an immediate action. Plans are in place to highlight the need for recording outcomes of leave in the Trust-wide mandatory Mental Health Act training. The section 17 leave form is in the process of being reviewed.

The CQC also highlights areas of good practice to which each Trust should be aspiring, as well as recommendations regarding matters that require further attention:

- The interface between the Mental Health Act and the Mental Capacity Act;
- Deprivation of Liberty Safeguards;
- The Guiding Principles of the Code of Practice;
- With regard to lone females on wards, the Trust should ensure that it is not acceptable under any circumstances for there to be a lone female on ward or unit and the Commission would like to see this closely monitored. The Code of Practice is clear about this;

- The Trust to monitor the use of Independent Mental Health Advocates.

Progress as at 31 March 2010 in taking action against these five areas has been to schedule a discussion at CWP's Mental Health Act Strategy Group in May 2010 with a view to producing an action plan to promote compliance with best practice.

Cheshire and Wirral Partnership has not participated in any special reviews or investigations by the CQC during the period April 2009 to March 2010. The Trust will be participating in the special review 'Meeting the Physical Health Needs of Those with Mental Health Needs and Learning Disabilities', which is due to be completed by October 2010.

### 2.2.6. Data Quality

CWP submitted records during 2009/10 to the Secondary Uses System (SUS) for inclusion in the Hospital Episode statistics, which are included in the latest published data. The number of records submitted was as follows:

- Inpatient: 2,860
- Outpatient: 43,468

**The percentage of records in the published data which included the patient's valid NHS number was:**

- 98.78% for admitted patient care
- 99.94% for outpatient care

The above data shows a high percentage of records within the Trust having the NHS number recorded. This is considered to be an important measure of patient safety as national evidence shows that recording a valid NHS number can reduce incidents involving patient misidentification.

**The percentage of records in the published data which included the patient's valid General Medical Practice code was:**

- 99.27% for admitted patient care
- 99.99% for outpatient care

The above data shows a high percentage of records within the Trust having a valid General Medical Practice code. This is considered to be an important measure of patient safety as having a valid GP practice logged can enable transfer of clinical information about service users from the Trust back to their GP.

CWP's score for 2009/10 for information quality and records management, assessed using the Information Governance Toolkit, was 88%.

CWP was **not** subject to the Payment by Results clinical coding audit during 2009/10 by the Audit Commission, as this is not applicable to Mental Health Trusts.

## Part 3: Review of Quality Performance

### 3.1 Looking back at quality improvement

Cheshire and Wirral Partnership has been a Foundation Trust since July 2007. Prior to that, it had been an NHS Trust since 2002. The Trust currently serves a population of approximately 1 million people across its traditional area of Cheshire and Wirral although it does provide services on a regional footprint in some cases. Its principal activities have always been to provide primary and specialist mental health, learning disabilities, child and adolescent mental health, and drug and alcohol services - as well as a range of specialist services such as eating disorders services and occupational health.

Within 2009/10, there has been a specific amount of work undertaken to improve the quality of our services, as prioritised within our annual plan. This has included

#### Adult mental health

- NHS Wirral and CWP invested £2.8 million this year to co-locate all of its adult and older people's services on a single site with improved facilities at Springview hospital in Wirral. All of the older people's wards at Springview have now been completely refurbished and feature single bedrooms with en-suite facilities. In addition, service users have access to a healing environment garden and fully equipped gym.
- Refurbishment of Crewe Mental Health resource centre, enabling clinical and administrative staff to be co-located, promoting more effective working across the team;
- New front entrance and reception area in Millbrook Unit in Macclesfield, promoting a better welcoming and therapeutic environment;
- Establishment of three health facilitator posts in mental health services, to support the public health and health promotion agenda within mental health, working with partner organisations and service users to improve physical and mental well being;
- Establishment of the Intensive Re-enablement Team in Wirral to proactively support clients with complex needs in the community and reduce inpatient admissions;
- CWP's criminal justice liaison service in central and eastern Cheshire has provided mental health awareness training to over 200 police officers and 400 probation workers to ensure that people experiencing mental health problems receive the appropriate approach and care;
- CWP also joined forces with the Royal College of Psychiatrists to pilot a new programme in the North West to drive up standards in memory services. CWP developed two new practitioner roles to help access and diagnose local people with dementia. The Trust was subsequently accredited for its high quality care in memory services by the Royal College of Psychiatrists.

#### Child and adolescent mental health

- Maple Ward, a new 10-bedded emergency service for young people aged between 13 and 18, opened in Chester in September 2009, funded by CWP. It takes admissions from across Cheshire and Merseyside which means in-patient mental health care for young people experiencing serious mental health problems is now available 24 hours a day;



- Development of Multi-systemic team in Wirral in partnership with the Children and Young People's Department youth offending service, with joint investment from Wirral PCT;
- Development of Tier 2 services for primary mental health worker following investment from Wirral PCT;
- Development of psychology post to enable effective use of the alcohol pathway for children and young people admitted to A and E at Arrowe Park Hospital in Wirral
- Achieving the CQUIN target of 13 weeks access to CAMHS across CWP footprint;
- West 16 – 19 Service have completed the relevant process for meeting the You're Welcome Programme (A national programme for all Children's Services); the team are currently awaiting verification of this achievement. Wirral CAMHS working towards completion of same;
- Achievement of Level 4 across all 6 CQC standards.

### Learning disabilities

- Greenways, the new £3.3 million state of the art assessment and treatment unit funded by CWP for adults with learning disabilities, opened in Macclesfield in February 2010. New design features include single en-suite rooms, additional lounges for privacy, a dedicated patient kitchen, computer suite, sensory room, and dedicated spaces for education and learning.
- Successfully part of the secure services framework, following competitive tender by specialist commissioners;
- Refurbishment of Mary Dendy Unit, Macclesfield, promoting a safer, more therapeutic environment;
- CWP continues to be at the forefront of the development of easy read materials, spearheaded by its learning disability services staff. A highlight of this work in the last year was partnership working with NHS Wirral to produce easy read leaflets for people with learning disabilities during the swine flu pandemic, including the symptoms and anti-viral medication. The leaflet was disseminated nationally as best practice.

### Drug and alcohol

- Successful in being awarded the contract for provision of drug services in Trafford in partnership with Addiction Dependency Solutions (ADS);
- Wirral drug service has received national praise for its work on recovery and hosted a recovery event.
- New drug service navigator roles have been established to reduce the emphasis on long-term treatment.

CWP was also successful in its bid to become the new provider of the following services this year:

- A community eating disorder service for adults and young people in Warrington and Halton;
- A drug service, in partnership with Addiction Dependency Solutions, in Trafford;
- A learning disability service in Trafford.



### 3.2 Seeking Your Views

The Trust has a strong culture of Patient and Public Involvement and engagement with key stakeholders, such as commissioners, local businesses, voluntary agencies and partners in health and social care.

In 2009/10, the following activities were undertaken in relation to seeking and responding to views to improve quality:

- As well as participating in the national survey programme, the Trust conducted its own inpatient survey and a survey of carers. The inpatient survey was conducted by service users asking other service users their views of the wards, treatment and staff;
- During the last year CWP has hosted the Mindful Employer North West network, including a series of events with partners across the region to promote well-being at work. One event featured keynote speaker Dame Carol Black, the government's National Director of Health and Work;
- A 'jobs pledge' aimed at developing job opportunities for local people has been signed by the Trust and Jobcentre Plus. Local Employment Partnerships represent a new and innovative approach where employers pledge jobs for long term unemployed people and those at a disadvantage in the labour market;
- The Trust held a family day and annual members' meeting, which took place on World Mental Health Day as part of the national Time to Change "Get Moving" campaign in October 2009, and was attended by around 300 members and the general public. Activities included dance, drama, sports and art; and members also had the opportunity to find out about a wide range of CWP services;
- Three annual planning engagement events took place during November 2009. These events allowed members of the Trust to meet staff from across the Trust, find out more about CWP's latest plans, and to have their say on the longer term direction of the Trust;
- Members were invited to join governors and CWP staff at seven 'Meet the Service Events' which took part in different settings across the Trust. These events have proven to be hugely successful with members, and a further three local meetings along these lines have been planned for the coming year. Governors are also planning a number of local meetings with members living within their area.

### 3.3 Learning and Improving

**Sharing learning is key to ensuring that safety is maintained and that action can be taken to prevent recurrence of similar issues. The following demonstrates improvements and learning as a result in 2009/10:**

- The Trust developed information leaflets and training for staff on the safe use of bed rails following an incident;
- Incidents regarding GPs not being aware in changes to medication when service users were admitted for an in-patient episode have resulted in a 'change of medication' communications form being developed. This form is completed and faxed to a safe haven fax in the GPs surgery when medication is changed, improving safety for the patient;

- Following on from a complaint, Trust Liaison Psychiatry staff have reviewed the self-harm pathway with AandE staff to ensure adherence to NICE guidance and consistent application for all service users;
- Learning from a complaint has also demonstrated that there have been some occasions when carers have not been informed of a change in an individual's care plan. This has resulted in an alert being put on the Trust's Electronic Patient Record Systems (Carenotes) to remind staff to consult with carers on any significant changes in care or treatment decisions. This is also monitored through the Trust's carers survey.

### 3.4 Performance against key National Priorities and National Core Standards

Regulatory Body/Accountable Organisation	Target Title	Required Performance	Actual Performance
<b>Patient Related</b>			
Monitor	Admissions to inpatient services had access to crisis resolution home treatment teams	90%	100%
Monitor, also a Care Quality Commission indicator	100% Enhanced Care Programme Approach (CPA) patients receiving follow up contact within seven days of discharge from hospital	95%	98%
Monitor	Minimising delayed transfers of care	>=7.5%	2.16%
Monitor	Maintain level of crisis resolution teams set in 03/06 planning round (or subsequently contracted with PCT)	4	4
Care Quality Commission	Quality of Services	Not nationally determined	Good
Care Quality Commission (National Treatment Agency)	Number of drug users in effective treatment	Threshold not yet published	89%
<b>Non Patient Related</b>			
Care Quality Commission	Management of Resources	Not nationally determined	Excellent
Monitor	Financial Risk Rating	4 in last two quarters	3 in quarter Looking like 4 in quarter 4
Care Quality Commission (Connecting for Health)	Information Governance Toolkit	Not nationally determined	88%
Internal	Reduce overall sickness levels of staff	5%	5.15%

Some of these targets use external sources of data to assess performance. For more information contact the Trust at [information@cwpc.nhs.uk](mailto:information@cwpc.nhs.uk)

The Trust reports performance to the Board of Directors and to regulators throughout the year. Actions to address any areas of under performance are in place.

In November 2009, the Trust made its mid-year declaration in respect of the core standards for the full year of 2009/10. The Trust declared full compliance with all core standards.

### 3.5 Review of Quality Accounts Performance Target 2009/10

CWP set itself some ambitious quality improvement targets in its inaugural Quality Report in 2008/09, which featured in last year's annual report and accounts. These comprised of three targets in each of the three domains of quality, defined in the 2008 Department of Health publication *High Quality Care For All* as **patient safety**, **clinical effectiveness**, and **patient experience**. There was robust stakeholder engagement in defining the targets, with the aim of supporting the delivery of high quality care by frontline staff. Below are CWP's achievement against these targets:

#### Patient Safety

**1. Improve learning from patient safety incidents by increasing reporting by 3%**

The reporting of patient safety incidents over the past year increased by 3.1%, an upward trend that is encouraging and in line with best practice. This increase was assisted by the introduction of the online reporting of incidents across the Trust. A commitment to reporting demonstrates a commitment to patients and their safety by promoting the ability to learn from each patient safety incident that is reported. This is consistent with the national evidence from the National Patient Safety Agency (NPSA), which indicates that a good safety culture within any Trust is evident from a higher reporting of incidents and near misses, with the majority of incidents resulting in 'no' or 'low' harm. This is the case in CWP.

**2. Create a better safety culture by achieving NHSLA Level 2**

CWP achieved compliance with Level 2 the NHS Litigation Authority's [NHSLA] risk management standards for mental health and learning disability trusts in November 2009. This independent assessment against national patient safety priorities verifies CWP's ongoing work in developing a better safety culture. There are only 16 mental health Trusts nationally that have achieved this level of accreditation.

**3. Strengthen hand decontamination procedure compliance**

Almost 2,500 staff have attended hand decontamination training during the year, and almost 50 audits undertaken to measure hand decontamination practice. Equipping staff with the skills to undertake effective hand decontamination minimises the risk of cross infection to service users and staff whilst the additional audits that have been undertaken have ensured that areas requiring improvement have been acted on. This has been highlighted nationally by the Care Quality Commission and Department of Health. The Trust is due to receive a routine Infection, Prevention and Control inspection from the Care Quality Commission in 2010, the results of which will be published on the Trust's website.

#### Clinical Effectiveness

**1. Increase offer of psychological intervention for service users with schizophrenia**

CWP set itself an ambitious goal of offering psychological intervention to 70% of service users with schizophrenia. During the year we developed the data collection method across all areas of the Trust for this target. As at January 2010, the Trust demonstrated that psychological intervention was offered to over 68% of service users, a significant improvement on 50% demonstrated by the most recently available clinical audit data. This improvement assists in addressing service users' identified needs more holistically via

their care plan, as stated within national evidence based practice and National Institute of Clinical Excellence (NICE) guidance. This will continue to be monitored as part of the 'Advancing Quality' programme for Schizophrenia in 2010/11.

## 2. Diagnosis of dementia by a specialist

CWP has contributed to raising the profile of dementia, for example by developing care pathways through its dementia clinical network, and linking with the PCT-led National Dementia Strategy, to ensure that service users are referred, assessed and treated in a timely manner. Almost 95% of service users referred to the Trust were diagnosed and assessed within 13 weeks, which is national best practice. This will continue to be monitored as part of the 'Advancing Quality' programme for Dementia in 2010/11.

## 3. Physical health checks for all in-patient service users (including Body Mass Index)

CWP contributes to promoting healthy lifestyles as part of its 'Choosing Health' work programme, aims to ensure that all service users who are admitted have an annual physical assessment including Body Mass Index [BMI] measurement as part of this assessment, and facilitates GP access for service users in the community. The importance of physical healthcare in patients who have mental illness has been highlighted via research and also within evidence based practice NICE guidance. Clinical audit data in 2009, showed that 79% of inpatients were receiving a physical health exam, with 83% of these individuals having had their BMI measured. The Trust has an action plan in place to increase this further and will be monitoring this in year as part of the prioritised work on physical healthcare for 2010/11 (which will focus on developing robust systems of monitoring this target), as outlined in section 2.1.2.

## Patient Experience

### 1. Increase patient experience feedback by 5%

CWP is committed to providing high quality services and does everything possible to promote patient experience feedback to help develop the services it provides. CWP surpassed its goal, with feedback obtained from patient experience by over 39% this year. This was broken down by the following:

Type of feedback	2008/2009	2009/2010
<b>PALS (including concerns and comments)</b>	311	743
<b>Complaints</b>	233	216
<b>Compliments</b>	884	1023
<b>Total</b>	1428	1982

The Trust is pleased to see the downward trend in complaints received by the Trust and the increase in PALS contacts/compliments received, which is in accordance with the Department of Health's implementation guidance on 'Making Experiences Count'.

### 2. Measure patient service satisfaction levels

Local and trust-wide patient survey activity to capture patient service satisfaction levels has been increased throughout the year. In addition to the national survey work, we said that we would increase local and Trustwide survey and engagement activity. In 2009/10, we undertook a Trustwide inpatient survey and survey of carers. We also organised a number of engagement events, such as 'Meet the Service' Events, 'Annual Planning and

Consultation' events and 'Open Space' events. This is in accordance with our Patient and Public Involvement and Membership strategies, which outlines our duty under the Health and Social Act, 2001.

### **3. Improvement of complaints management and investigation processes**

Last year, CWP introduced quality assurance reviews into its complaints management and investigation processes to support the implementation of the new complaints regulations. This involved a quality assurance check on responses to some of the more complex complaints, overseen by Non Executive Directors and Executive Directors of the Board, senior clinicians and managers, which is in accordance with the Department of Health's implementation guidance on 'Making Experiences Count'. The goal of 12 quality assurance reviews has been met.

The rationale for setting these targets was laid out in our quality report targets for 2009/10, a section within our Annual Report 2008/09, which is available in the reports section of the Trust website ([www.cwp.nhs.uk](http://www.cwp.nhs.uk))

#### **3.6.1 An explanation of who we have involved**

We have involved the following groups and bodies when developing these Quality Accounts

##### **Internally**

- Senior Clinicians and Managers;
- Patient and Public Involvement Representatives;
- Council of Governors.

##### **Externally**

- Commissioners;
- Joint Overview and Scrutiny Committee for Cheshire and Wirral;
- Local Involvement Networks

We will continue to work with the above groups to monitor these Quality Accounts throughout 2010/11.

#### **3.6.2 Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts**

Pending