

Quality Quarterly Report

Quarter 2 – September 2010

Our Vision:

To have the highest ambitions and to be a leader in everything that we do

Our Purpose:

To improve health and well-being by creating innovative and excellent services



Award winning healing environment garden at Springview Hospital
See page 23

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Introduction

CWP produced its first Quality Accounts in 2009/10. It is now in the process of producing its second Quality Accounts for 2010/11.

Quality Accounts are annual reports to the public from NHS providers about the quality of services they provide.

The aim is to enhance public accountability by listening to and involving the public, partner agencies and, most importantly, acting on the feedback we receive. By producing a series of quarterly reports during the year, CWP aims to constantly engage its staff, service users, carers, the public, commissioners and scrutiny groups, on the Trust's priorities to improve quality. CWP's quality priorities are identified against the three principal areas of service quality:

Patient Safety
Clinical Effectiveness and
Patient Experience

which it will continuously monitor and report on in each of its quarterly reports.

***“NHS 2010–2015:
from good to great
made clear that we
remain committed to
the Next Stage
Review vision of
putting
quality
at the heart of all
that we do”***

**The operating framework
for the NHS in England
2010/11**

CWP's Quality Priorities for 2010/11

Our Progress

We set out various **quality priorities** for 2010/11 in our first Quality Accounts for 2009/10 against each of the principal areas of service quality. The following describes our progress in implementing these.

Patient Safety

Priority 1

Applying lessons learned from Serious Untoward Incidents [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.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Improve safety by monitoring of trends from SUI investigations and development of systems to monitor reduction of repeatable themes	<p>Review of previous SUIs and themes developed from this review.</p> <p>The Trust incident management system [Datix] to be configured to record themes arising from SUIs.</p>	<p>All Root Cause Analysis reports undertaken as a result of a SUI to include themes.</p> <p>Analysis of SUI themes to establish whether there are recurring themes and actions developed to reduce repeatable themes if appropriate.</p>	Demonstration of effectiveness of actions if appropriate, in order to reduce repeatable themes.
Have we achieved our target?	✓ Achieved	On track	On track

Priority 2

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. The Trust has on average 180 falls incidents reported each quarter. The last report from the NRLS showed the Trust to have a higher rate of falls compared to other mental health Trusts, however the NRLS data and Trust incident data shows that the majority of Trust falls [97%] were in the 'no' or 'low' harm category, which is an indication that in the majority of cases the Trust is actively managing the risk of falls. This will be investigated further.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Reduction of preventable falls in inpatient areas by at least 10% by end March 2011	Falls collaborative developed with key senior clinical and management staff. Audit tool developed, sample size determined in order to audit a sample of inpatients falls within the Trust. Preventable falls criteria developed. Review of inpatient falls care plan.	Audit undertaken, analysed, results disseminated and action plan in place. Falls careplan to be reviewed and any amendments to be made, if appropriate.	Ongoing monitoring of inpatient falls to assess whether action plan has been implemented.
Have we achieved our target?	✓ Achieved	On track	On track

Clinical Effectiveness

Priority 1

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 and Innovation [CQUIN] scheme for 2010/11.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Implementation of the Advancing Quality programme for schizophrenia and dementia [including development of Patient Reported Outcome Measures]	Ensure that clinical outcome metrics for schizophrenia and dementia have been selected [in line with regional metrics] and that systems are in place to capture the data.	Data collection will have commenced for psychosis and dementia.	Data will be submitted to the Advancing Quality programme and regional benchmarking data will have been reported.
Have we achieved our target?	✓ Achieved	On track	On track

Priority 2

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 see seamless care between primary and secondary care as a must do for improving quality of care.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Development of integrated care pathways in mental health	Identification and planning of Integrated Care Pathways in place and those that need to be further developed.	Development and pilot of selected integrated care pathways with outcome measures and analysis of variance built in.	Roll out of care pathways Trustwide with analysis of variance in place.
Have we achieved our target?	✓ Achieved	On track	On track

Priority 3

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.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Review of physical healthcare for Trust service users	The inpatient care pathway and assessment form for physical health will have been reviewed Ward audit to be conducted giving baseline for physical healthcare. Minimum standards to be developed for physical healthcare in the community in conjunction with primary care.	The reviewed physical health care pathway will have been piloted in Wirral in all wards [mental health, eating disorders, learning disability]. Minimum standards for physical healthcare in the community to be communicated back to GPs via clinical networks, contracting processes etc.	A planned programme in place and being implemented for roll out of use of revised physical health care pathway and assessment across all inpatient areas Trustwide. For patients in the community, the Trust will have worked with GPs to establish mechanisms to receive information on annual physical health checks undertaken in primary care for those people with enduring mental illness, drug and alcohol addiction and learning disabilities.
Have we achieved our target?	✓ Achieved	On track	On track

Patient Experience

Priority 1

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 CQUIN scheme for 2010/11.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Collection of real time patient experience data	Identify areas to take part in real time patient experience work, i.e. use of touch screen tablets to collect patient experience data at the point of delivery of care. Areas to have participated.	Analysis and action planning from those areas that have participated.	Repeat the exercise in the areas to assess whether actions have improved patient experience. Consider rolling out to further areas across the Trust.
Have we achieved our target?	✓ Achieved	On track	On track

Priority 2

CWP has 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.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Ensure that patient experience of previous Assertive Outreach service users and carers is sought and continuously monitored during the merger of the Assertive Outreach function into Community Mental Health Teams.	Monitoring system to be set up to record outcomes measures, activity and patient feedback - to be reviewed April 2010 and July 2010 following on from baseline. Staff evaluation exercise to have commenced.	Monitoring to continue.	Final monitoring to be undertaken in January 2011 to establish safety, effectiveness and experience of service users and staff.
Have we achieved our target?	✓ Achieved	On track	On track

Our Quality & Risk Profile

“Cheshire and Wirral Partnership NHS Foundation Trust performed well across our assessments”

Source: Care Quality Commission

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

http://healthdirectory.cqc.org.uk/findcareservices/informationabouthealthcareservices/summaryinformation/searchfororganisation.cfm?cit_id=RXAandwidCall1=customWidgets.content_view_1

- ✓ As part of the new registration standards applicable to all NHS Trusts, CWP was required to register all the services it provides with the Care Quality Commission. The Trust has had **no conditions** placed on its registration.
- ✓ The Care Quality Commission has **not** taken enforcement action against the Trust to-date during 2010/11.

Now that CWP has registered its services, the Care Quality Commission will continuously check and monitor whether the services we provide are meeting their **essential standards**. The Commission will do this based on our Quality & Risk Profile, which is a tool used to assess where risks lie when monitoring our compliance against the new essential standards. In the autumn of 2010 we will receive access to an updated version of our profile, which we will report on in our next quarterly report. We have reviewed the initial ‘trial’ version of our profile to determine how best to monitor the proposed “judgements” it contains about the quality of services we provide. We will monitor any actions through our internal meetings and report back, as necessary, to the Care Quality Commission and our commissioners.

Our Patient Related Performance

We report our performance against key national priorities to the Board of Directors and our regulators throughout the year. Actions to address any areas of under performance are put in place where necessary. The patient related performance measures and outcomes below help us to monitor how we deliver our mental health services.

		Average length of stay [days]	28-day readmission rate [%]	Delayed transfers of care [%]	7-day follow up [%]
Why do we measure this?		A service user's care and treatment should be received in the least restrictive environment possible. Our Crisis Resolution Home Treatment Team facilitates the earliest discharge from hospital possible, taking into account the needs of the service user and their carer/s, to provide home based acute care.	Readmission rates help us to monitor our success in preventing or reducing unplanned readmissions to hospital following discharge.	Once a service user no longer requires hospital treatment, they should not unnecessarily continue to be in hospital waiting for discharge or transfer of care. The delay of a service user's transfer to the next care setting has an impact on the quality of care they receive.	Follow up within 7 days for service users discharged from hospital is important because the early days after discharge are when service users and their carers can feel especially vulnerable.
How does this support the health economy?		High lengths of stay have economic significance due to the high cost of inpatient care and impacts on health outcomes due to potential delays in receiving the right care and delays to recovery.	Readmission rates are an effective measure of treatment across the entire patient pathway across all sectors of health and social care.	This contributes to what is a wider health and social care responsibility to work jointly to prevent delays in all patients receiving <i>the right care in the right place at the right time</i> .	This contributes to reducing the overall rate of death by suicide across the NHS.
Aspiration/Target		Reduction	Reduction	Reduction/ No more than 7.5*	Increase/ No less than 95%**
Month of admission	Apr	18.0	8.8	1.8	100
	May	22.6	14.1	1.6	99.6
	Jun	23.4	6.3	2.0	100
	Jul	24.0	6.4	1.8	100
How are we doing?		We are demonstrating an increase in length of stay, with the range over the past three months of 1.4 days. We will monitor the significance of any increases in this measure at our Performance & Compliance Sub Committee.	We are demonstrating a downward trend over time.	We are exceeding the target set by Monitor. *Source: Monitor – target as part of our terms of authorisation	We are exceeding the target set by the Care Quality Commission. **Source: Care Quality Commission – priority indicator 2010/11

Quality and Our Contracts

Commissioning for Quality and Innovation

A proportion of CWP's income in 2010/11 is conditional on **achieving quality improvement and innovation goals** agreed by us and those who buy the NHS services we provide [our commissioners], through the Commissioning for Quality and Innovation [CQUIN] payment framework. The total CQUIN monies in 2010/11 equates to £1,246,093, subject to achievement of certain goals. These are set out below, along with our progress to-date from April to August 2010.

No.	Goal	Indicator	April 2010	May 2010	June 2010	July 2010	August 2010
Regional goals							
1	To promote Clinical Effectiveness, Safety & Patient Experience through the Green Light Toolkit	Green Light Toolkit	Indicator agreed	Compliance rating being undertaken for all 39 Green Light Toolkit areas being reported through Interface Clinical Network	Baseline completed with all action plans to be developed	Action plans in development [Green Light Toolkit and Healthcare for All action plans integrated]	On course - Action plans being monitored by Interface Clinical Network
2	To promote Clinical Effectiveness, Safety & Patient Experience through Advancing Quality [AQ]	Advancing Quality – Psychosis and Dementia	Indicator agreed	Trust participating in Steering Group and roll out	Trust meeting milestones from AQ regional project plan	Trust meeting milestones from AQ regional project plan	On course - Trust meeting milestones from AQ regional project plan
Local goals							
3	Improve Patient Experience	The indicator will be a composite, calculated from 5 survey questions captured at near real time using hand held technology	Indicator agreed	Recruiting clinical areas to participate	Clinical areas signed up	Leads and meeting being scheduled	On course - Leads and meeting being scheduled

No.	Goal	Indicator	April 2010	May 2010	June 2010	July 2010	August 2010
4	The overall goal is to achieve the development of an outcome based high level pathway for people with Dementia, to enable people and their carers to live well with Dementia. This requires the development of Dementia Dashboard with associated metrics/audits, in order for commissioners and providers to develop a fuller understanding of the quality of patient and carer experience in this service area	% of carers of people newly and currently diagnosed with Dementia offered a Carers Assessment	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
		Ensuring a carers assessment is undertaken and a support plan is in place	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
		% of carers with a support plan being reviewed	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
		% of carers without a support plan reviewed	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted

No.	Goal	Indicator	April 2010	May 2010	June 2010	July 2010	August 2010
		To work towards a reduction in anti psychotic prescribing in line with national targets to reduce by one third by 2013	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
		All service users with Dementia who develop behaviour that challenges should receive a comprehensive assessment and the results should be recorded in the service user's notes	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
		Provide mapping of all therapies currently available for patients diagnosed with Dementia	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
5	Development of an alcohol pathway in Learning Disability [LD] and Child & Adolescent Mental Health Services [CAMHS 16 - 19 years] to support the use of brief interventions	% of staff who have been trained in brief interventions following a training needs analysis	Indicator agreed	Analysis being undertaken and training dates being arranged with Drug & Alcohol Services	Training needs analysis to be completed end June - training booked	Training being delivered	On course - Training being delivered
		% of individual patients within LD and CAMHS identified needing brief	Indicator agreed	On course	On course	On course	On course

No.	Goal	Indicator	April 2010	May 2010	June 2010	July 2010	August 2010
		interventions who receive one					
6	To improve clinical services for Learning Disability patients who present with challenging behaviour and reduce inappropriate admissions to inpatient facilities and emergency admissions	% of patients on a clinical care pathway for people who present with challenging behaviour	Indicator agreed	Action plan in place to develop care pathway and strategy	Progress update provided via sharing of notes from strategy meeting	Progress update provided via sharing of notes from strategy meeting	On course - Progress update provided via sharing of notes from strategy meeting
		The development and implementation of an associated learning and development plan for specialist health staff	Indicator agreed	Analysis on course to be completed	Training needs analysis to be completed end June	Training analysis completed- training being delivered	On course - Training analysis completed - training being delivered
Specialist commissioner goals							
7	Outcome measurement in secure services	HoNOS/ risk assessment	Indicator agreed	On course	Update report given	On course	On course
8	Ward Climate	Essen scale	Indicator agreed	On course	Implementation plan in place - to implement before end July	On course	On course
9	Initiatives developed from patient views	Patient initiatives	Indicator agreed	On course	Update report given	On course	On course
10	Ensuring therapeutic activity is taking place	Patient activity	Indicator agreed	On course	Update on progress and exceptions given	On course	On course
11	Recovery Planning	Recovery tool	Indicator agreed	On course	Update given on % of service users with completed recovery plan	On course	On course

Advancing Quality

A goal that is included in the CQUIN payment framework is participation in the Advancing Quality programme. This is a programme introduced by NHS North West in order to **drive up quality improvement across the North West** region. Along with our partner mental health trusts in the region, CWP will start collecting and submitting information in relation to the quality of services we provide for service users with dementia and schizophrenia. We can then compare our performance in the following quality performance areas with that of our partner mental health trusts:

Dementia quality measures

1. An assessment of functional capacity completed and recorded in the clinical record prior to discharge from hospital.
2. An assessment of cognitive ability completed and recorded in the clinical record within 7 days of hospital admission, or by discharge if length of stay is less than 7 days.
3. An assessment of physical health completed and recorded in the clinical record within 7 days of hospital admission, or by discharge if length of stay is less than 7 days.
4. A tailored care plan that aims to help carers address specific challenging behaviour is completed and evidence that this has been passed onto carers is recorded in the clinical record upon discharge from hospital.
5. An assessment for depression and anxiety completed and recorded in the clinical record within 7 days of hospital admission, or by discharge if length of stay is less than 7 days.

Schizophrenia quality measures

1. A complete assessment of the risk of harm to themselves and others documented in the Early Intervention Service clinical record within 30 days of acceptance into Early Intervention Service.
2. Care co-ordinator assigned with their name recorded in the clinical notes within 24 hours. The patient is informed of their care co-ordinator's name within 72 hours of acceptance into Early Intervention Service, and there is clear evidence in the clinical notes of how the patient was informed.
3. An antipsychotic medication review within 6 weeks of antipsychotic medication being prescribed with recording of adherence to treatment and positive or negative side effects of treatment. This information is reported to, and reviewed by, the Multi Disciplinary Care Team

Data collection will commence from January 2011 onwards and an update will be provided in the next quarterly report.

Other Contractual Quality Requirements

We also have certain quality requirements agreed in other 'schedules' of our contracts, which are monitored through the contract monitoring process, to ensure that the aim to improving quality of care is on track. Our performance highlights include:

- Providing inpatient care in a safe environment:
 - **100% compliance** against the targets in the **Delivering Same Sex Accommodation Plan 2010/11** so that men and women do not share bedrooms, bed bays, bathing and/ or toilet facilities.
 - **No 16 or 17 year olds admitted to an adult psychiatric ward** unless the admission is in accordance with their needs.
- Ensuring people with a mental disorder who are involved in the criminal justice system receive a high quality service by providing a comprehensive and rapid response and intervention service.
- **No inpatient suicides by use of non-collapsible rails.** The National Patient Safety Agency calls this a Never Event, which is a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented.

Clinical Audit

"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"

CWP won a **National Clinical Audit Award** in April for the approach used by our **Learning Disability Service** in obtaining the views of service users.



The award was presented by the Healthcare Quality Improvement Partnership, who operate the national clinical audit programme on behalf of the Department of Health. Awards are presented for **excellence and innovation within clinical audit**. We won the **patient involvement** award for the innovative development of 'patient stories' to obtain the views of service users with a learning disability as part of our care planning audits. By acknowledging the specific communication needs of our service users and involving them in recording and mapping their experiences pictorially [left], we are able to accurately capture what they want to tell us in their own words.

CWP was also named as a runner-up in the category of **partnership working** for our joint work with NHS Western Cheshire in evaluating and developing our **Intensive Home Treatment Team**. The Team provides crisis intervention for older people with dementia and the clinical audit of the service demonstrated that the Team prevents hospital admissions allowing service users to remain at home in familiar settings.

Clinical Audit Programme

So far this year, CWP has prioritised 31 Trust level clinical audits as part of our clinical audit programme, an increase of 13 on the previous year. This includes two national clinical audits that cover NHS services that CWP provides. These are not due to be completed until March 2011, progress will therefore be reported in the next quarterly report. As at September 2010, the reports of four Trust level clinical audits have been reviewed and the following actions identified in order to improve the quality of healthcare we provide:

1 – 2. Resuscitation 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. The learning from the clinical audits conducted in the period covering this report have resulted in the following actions:

- Placed areas of low compliance on the local risk registers.
- Distributed and ensured that Ward Managers display new resuscitation equipment location signs in staff only areas.
- Purchased spare defibrillator [AED] pads and a portable suction unit for the occupational health department in Wirral.
- Purchased a portable suction unit for the Alderley Unit and replaced a leaking cylinder.
- Has organised electrical testing of the resuscitation equipment on those wards where this was lacking.
- Reviewed access to pulse oximeters and purchased them where required.

3. Medicines management and rapid tranquilisation re-audit

CWP undertakes an annual audit regarding medicines management to constantly improve the safe use of medicines. Actions identified from this year's audit include:

- Pharmacy staff have arranged to visit all recently opened wards to ensure that all medicines management procedures are in place.
- Staff have been made aware to document all reviews of medication, the side effects of medication and how they are being managed in the clinical note entries.
- The Trust's policy on psychotropic drugs in pregnancy has been added to induction and mandatory training for staff and will be included in the appropriate care pathways.

4. Ward re-audit

CWP is undertaking two ward audits this year, in order to assess compliance with clinical standards that are in place across all inpatient areas of the Trust. This is due to the fact that Trust policies are undergoing a significant review following changes in service redesign and a review of governance arrangements within the Trust. The outcome of the ward audit undertaken in the period of this report, prior to the implementation of new inpatient policies, has highlighted improvements in the majority of standards and informed those areas that need to improve further, as identified in the following actions:

- The inpatient suite of policies are being updated to respond to the findings of the audit, for example the duplication of record keeping requirements.
- Staff have been reminded that the admission checklist, nutrition screening tools, physical health checklists and smoking intervention plans must be fully completed and filed in the patient's casenotes.
- All wards have been asked to display a list of medication leaflets that are available.
- All wards have been asked to make a 'Welcome Pack' available to all service users admitted to the ward.
- All wards have been asked to ensure that they have weighing scales that meet the Trust's guidelines.
- Advance statements need to be further promoted and this will be facilitated by introducing an alert on the patient's record when one is in place.

Other Trust level clinical audits

National Prescribing Observatory for Mental Health clinical audits

CWP participates in the National Prescribing Observatory for Mental Health clinical audit programme run by the Health Foundation, Royal College of Psychiatrists. In July we participated in the 'prescribing antipsychotics for children and adolescents' audit, assessing patients who are under the care of child and adolescent mental health and/ or paediatric services, and who are currently being prescribed antipsychotic medication. The Trust will identify actions from the results of this audit once they have been received from the Royal College of Psychiatrists.

Infection Prevention and Control clinical audits

The Trust has introduced an audit programme that is led by our Modern Matrons. Monthly audits are undertaken with the support of the Infection Prevention and Control Assistant Practitioner. As a result of these, action plans are generated for each Ward Manager in order to improve performance.

Improvements that have been identified include the need to:

- Fully complete weekly cleaning checklists.
- Ensure equipment is dusted.
- Ensure the underside of dining room tables are checked for food debris.
- Promote hand hygiene before and after each service user contact.

Areas of good practice that have been identified include:

- The maintenance of a tidy environment on wards.
- The display of promotional materials to improve infection prevention and control performance.
- Access to appropriate hand washing/ decontamination facilities.

The audits are unannounced to provide assurance that staff are continually maintaining standards. In addition to action plans being generated for each Ward Manager, the key themes from the audits are reported to the Board of Directors via the Director of Infection Prevention and Control's quarterly Infection Prevention and Control report.

Learning from Experience

The actions identified from clinical audits are discussed at the Trust's newly convened Learning from Experience Group so that they are analysed alongside other learning across the Trust from incidents, complaints, claims, compliments, and contacts with the Patient Advice & Liaison Service [PALS]. This 'aggregated analysis' helps to identify trends and spot early warning signs so that actions can be taken to prevent shortfalls in care. The Trust produces a quarterly 'Learning from Experience' publication to bring this learning together. Sharing learning is key to ensuring that safety is maintained and that action can be taken to prevent recurrence of similar issues. This publication is available on request from the Trust's Clinical Governance Department at the Trust's Headquarters:

<http://www.cwp.nhs.uk/1/Pages/contactus.aspx>

Highlights of lessons learned contained within quarter one's report include:

- To reduce risks to challenging behaviour, Greenways, one of our Learning Disability assessment and treatment units, has introduced zones within the ward to manage challenging patients.
- Following an incident of an admission of an under 18 year old service user to an adult mental health ward, the admission pathway for all presentations by under 18 year olds to Maple Ward have been distributed to all on-call Crisis Resolution Home Treatment Team staff and all Adult Mental Health psychiatrists to ensure that the appropriate admission pathways are adhered to.
- Following an incident where the telephone lines at Bowmere Hospital were rendered inactive due to generator tests, business continuity plans are being reviewed to ensure that wards are aware of contingency plans in the event of this occurrence so that telephone communications can still be made.
- Following an incident where a service user was able to climb up a wall within a ward courtyard, remedial works have been carried out to ensure that the risk of recurrence is reduced.
- Following a complaint, staff have been reminded that if complaints cannot be resolved on the spot, they are forwarded to the Complaints Team as soon as possible to ensure that the correct triage is assigned and that they are acknowledged within three working days. This will be further enhanced by production of an updated Complaints Policy.

For quarter one of 2010/11, our performance against key indicators was:

Performance indicator				Current numbers	Change since previous quarter	
Number of patient safety incidents/ near misses reported				1186	10.3%	⬆️
Average number of incidents per 1000 bed days				36.1	8.1%	⬆️
Severity of patient safety incidents	Category A <i>e.g. death, homicide</i>			18	40%	⬇️
	Category B <i>e.g. attempted suicide, unlawful detention</i>			8	55.5%	⬇️
	Category C <i>e.g. medication errors, certain self harm incidents</i>			132	41.9%	⬆️
	Category D <i>e.g. minor injuries</i>			809	11.4%	⬆️
	Category E <i>e.g. very low or no harm incidents</i>			182	2%	⬆️
Reports to external agencies	Strategic Health Authority			26	18.8%	⬇️
	Medicines & Healthcare Regulatory Authority			0	⬇️	
	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations			5	⬇️	
	NHS Litigation Authority	Clinical claims		2	↔️	
		Non clinical claims		3	81.3%	⬇️
	National Patient Safety Agency			1186	10.3%	⬆️
	Health Protection Agency			0	⬇️	
Number of complaints				61	1 complaint	⬆️
Acknowledgement of complaints within 3 days				60	1 complaint	⬇️
Number of compliments				301	25.4%	⬆️

Our 'Learning from Experience' publication discusses our performance described above in more detail and discusses the themes identified by analysing our performance further.

It is encouraging that our performance for quarter one of 2010/11 in respect of reporting incidents indicates that we are a **learning organisation** and that **patient safety is a high priority**. The National Patient Safety Agency encourages high reporting and analysis of patient safety related incidents, particularly those resulting in no or low harm, as it provides an opportunity to reduce the risk of future incidents. Research shows that organisations which report more usually have a stronger learning culture where patient safety is a high priority. Through high reporting, the whole of the NHS can learn from the experiences of individual organisations.

Examples of compliments we have received can be found on page 24.

Research & Effectiveness

In June, CWP held its annual **research and effectiveness conference** to raise awareness about research at CWP and to explore opportunities and ideas surrounding funding, training and Trust developments. The event was attended by over 80 people and included presentations by the National Institute for Health & Clinical Excellence [NICE], other mental health trusts, and the Universities of Liverpool and Oxford.



Research

CWP's involvement in research studies, including those supported by the National Institute for Health Research, helps the Trust to improve patient outcomes both within the Trust and experience across the NHS. The following research projects have been approved to be carried out within CWP and are presently ongoing:

- Donepezil and Memantine in Moderate to Severe Alzheimer's Disease
- The Viewpoint Survey
- The Oxford Community Treatment Evaluation Trial
- HELPER [ReCAP]
- Brains for Dementia
- Rehabilitation Effectiveness and Activities for Life
- Mental illness among victims of homicide
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, including a specific project:
 - The Aetiology and Prevention of Inpatient Suicide

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

This is a research project that aims to improve mental health services and to help reduce the risk of similar incidents happening again in the future. The data collection that has been completed as part of this research project is listed below, alongside the number of cases submitted to each category as a percentage of the registered cases required by the terms of the Inquiry:

1 April 2010 – 31 August 2010		
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%
6	Suicide	100%
1	Homicide	100%
0	Victims of homicide	100%

NICE

The National Institute for Health and Clinical Excellence [NICE] is an independent organisation responsible for providing national guidance on **promoting good health** and **preventing and treating ill health**.

CWP makes every effort to ensure NICE guidance is implemented and monitored effectively and is fully compliant with 66% of the relevant guidance issued that CWP has been able to fully assess so far.

The table below lists the five categories of NICE guidance and the numbers within each category that we are fully, partially or not compliant with.

Type of NICE guidance	As at July 2010			
	Full Compliance	Partial Compliance	Non Compliance	Total
Clinical Guideline	13	8	5	26
Public Health Interventions	10	6	0	16
Interventional Procedures	2	0	0	2
Technology Appraisal	13	1	0	14
Patient Safety	1	0	0	1
Total	39 [66%]	15 [25.5%]	5 [8.5%]	59

We are working with our clinical leads in the Trust and our commissioners to further promote compliance with NICE guidance. The reasons we are non-compliant with five of NICE's clinical guidelines are:

- Restrictions where we are not commissioned to provide a full service across the whole of the Trust for [i] Attention Deficit Hyperactivity Disorder, [ii] Antisocial Personality Disorder, and [iii] Borderline Personality Disorder.
- An external restriction where the accommodation at one of our sites is not compliant with self harm guidance because of lack of funding from our commissioners. This risk is being carefully managed and we are currently undertaking a review of future provision of services at this site.
- An internal restriction where we do not have a current head injury pathway and we are not currently using the Glasgow Coma Scale as recommended by NICE. We are addressing this as part of the work currently being undertaken as part of our Physical Health Group, as outlined as a key clinical effectiveness priority in our Quality Accounts 2009/10 [see page 6].

A six monthly report of compliance with NICE guidance, including actions being taken to further improve compliance, is presented at our Patient Safety and Effectiveness Sub Committee.

Our Success Stories –

- Patient Safety News

Valleybrook Ward, **Crewe**, has reviewed arrangements for children visiting service users. Staff have donated toys and books and a designated and well equipped **child visiting room** has been created to ensure that children visiting their relatives can now do so in a welcoming and safe environment.

The Springview ECT clinic, **Wirral**, has achieved level 2 re-accreditation from the Royal College of Psychiatrists' **ECT Accreditation Service**. The accreditation recognises adherence to best practice and patient safety standards.

We have conducted **Patient Safety Walkarounds** on our wards. One of the Executive Team attends the ward to meet with staff and ask a series of open questions to promote discussion on patient safety issues. As a result of these walkarounds, we have identified a number of themes:

- Good communication, teamwork and support within teams.
- A strong patient safety culture, whereby staff are comfortable in reporting incidents to improve patient safety without fear of unfair recriminations.

Actions that have been undertaken in response to discussion with wards include:

- A follow-up visit to a ward by the Trust's Security Manager to advise on measures to increase staff and service user safety.
- Ordered more 'wet floor' signs.
- Reviewed staffing levels on wards.

- Clinical Effectiveness News

InnovateNoW, the NHS regional innovations fund for the North West, has awarded CWP **£40,000** to pilot two key mental health projects across Cheshire and Wirral. These are work on neuro-behavioural rehabilitation for people with alcohol related brain damage and psychological interventions in bingeing/addictive eating for overweight and obese people. The projects are due to commence in January 2011.

In **Macclesfield**, a new **gardening scheme** has been launched, run by CWP's ground staff, to aid service users' recovery and to enable them to gain employment skills.



The occupational therapy department within Leighton Hospital's mental health unit in **Crewe** has refurbished a newly named '**Activity Centre**' [left]. Service users were involved in the refurbishment and the centre is now home to their artwork and provides a therapeutic environment for them to take part in recreational activities to help them in their recovery.

As prioritised in our annual plan, we have launched the **CWP Alcohol Service** in Birkenhead, **Wirral** to provide advice and support for people with alcohol related problems [right]. The new site offers much more modern and comfortable surroundings from which to deliver high quality services, enabling service users to access support for all levels of harmful drinking from one base.



A CWP alcohol associate practitioner, **Wirral**, has used an **innovative way to engage with clients**. She joined residents of a local hostel on a canal boat trip [left], during which she discussed topics such as triggers, word scrambles, and catch phrases around alcohol. This informal and safe environment helped to break down barriers and gave the opportunity for clients to discover themselves and prove they are capable of many things.

CWP has returned from a partnership visit to Kisiizi Hospital in **east Africa** [right]. The Trust secured a grant from the International Health Links Funding Scheme which enabled three members of staff to visit the remote 235-bed hospital, with one mental health ward, in Uganda. Our staff worked with the mental health team to identify how best we can work together to help develop the hospital's mental health services. We have agreed key areas for **partnership working** including psychological therapies and public health information.



CWP has employed three dedicated **health facilitators** to ensure service users receive the best possible **physical healthcare** as well as mental healthcare. The innovative appointments are in response to a report by the Disability Rights Commission that highlighted substantial physical health inequalities experienced by people with mental health problems.

The Child & Adolescent Mental Health Service [CAMHS] held a **Good Practice in Tier 4 CAMHS** workshop in June 2010 that focused on services provided within Tier 4 [highly specialised] CAMHS as well as future aspirations for the service. This workshop improved information to and communication with our commissioners and those who refer patients to our services.

- Patient Experience News

As prioritised in our annual plan, we have opened a new ten bedded **inpatient eating disorder unit** at Springview Hospital, **Wirral**, to support both adults and young people from the age of 16 years with eating disorders. As many as 50% of inpatients in the eating disorder service are in full time study, **Oaktrees** therefore provides service users with access to computers, WiFi and an internet café as well as extensive occupational therapy, physical therapy, day space and an award winning healing environment garden [see front page].

Assessments have shown that CWP provides **excellent patient environments, privacy and dignity and catering services**. Springview Hospital, Wirral, Pine Lodge, Chester, and Greenways and Alderley Unit, Macclesfield, have each featured in the top 3% of all Trusts in England following a Patient Environment Action Team [PEAT] site assessment.

Our Learning Disability Services have developed ‘**easy read**’ versions of leaflets on the Mental Health Act for their **service users**, including pictures, to make them easier to understand.

We have received a 25% increase in the number of **compliments** received from service users and others about their experience of our services. Below are a selection of the comments and compliments we have received:

“Thank you for all the time that you spent with me, it has improved by life substantially and I feel happier than I have in years. The therapy was invaluable for helping start enabling some positive changes in my life. Thank you.” [Adult Mental Health Services](#)

“Just a few words of thanks. X has been an absolute rock for me, by that I mean always there to help me and listen to me. She didn’t always do and say what I wanted but I feel she definitely acted with my best interest at the forefront of her decision making. Her troubleshooting skills, foresight and anticipation are exemplary.” [Drug and Alcohol Services](#)

“Thank you to all the ladies in reception. It is a pleasure to come into Ashton House as you always make me feel welcome and you all do your work well.” [Learning Disability Services](#)

“I just want to take the opportunity to thank you sincerely for all your advice, guidance and support over this academic year in terms of our partner agency meetings. Your input is invaluable to us and we very much appreciate your attendance in what I know are extremely demanding times in terms of all our work loads. I hope, however, that these meetings continue to be a way to ultimately reduce all professionals’ caseloads by us all contributing to finding multi-faceted interventions for our students.” [Child & Adolescent Mental Health Services](#)

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way the Care Quality Commission does this is by asking people who have recently used their local mental health services to tell them about their experiences. We have recently received the results from the annual patient survey report conducted by the Commission entitled **Survey of people who use community mental health services**. This report shows how each Trust has scored for each question in the survey, compared with national average results. We will use the report to review our performance and to identify areas where it needs to improve. Feedback on this will be provided in the next quarterly report.

Improving Outcomes for Our Service Users –

We are committed to improving outcomes for our service users so that the care and treatment that we provide improves our service user's **quality of life**, **social functioning** and **social inclusion**, self reported **health status**, and **recovery** from illness. Below are two examples of the services that we provide which have demonstrated improved outcomes for our service users.

- Focus on...

Our Adult 'Attention Deficit Hyperactivity Disorder' [ADHD] Service

We provide access to quality ADHD services for all ages but offer the only adult multidisciplinary service, based in Wirral, with practitioner and psychological input in the region. Symptoms of ADHD include chronic problems with concentration, distractibility, irritability, impulsiveness, restlessness and disorganisation, all of which have a negative impact on a person's daily functioning.



Dr P R Mason
Consultant Psychiatrist - Adult ADHD Service

“An estimated 2% of adults in the UK have attention deficit hyperactivity disorder”

Our Adult ADHD Service, sees most referrals from GPs, community mental health teams, and other mental health trusts. Treatment options vary and include medical, psychological and social treatments. Outcome measures have demonstrated that these treatments have resulted in both statistically and clinically significant positive outcomes for our service users, including:

- improved quality of life - such as becoming **medication free**
- improved health status - such as **improved symptoms**
- improved social inclusion - through **behavioural improvements** and **better social functioning**
- fewer problems associated with substance misuse

These positive outcomes for our service users also have positive **health care**, **social** and **economic** benefits and outcomes, such as individuals being able to return to employment, a reduction in the amount and cost of medication, and service users having fewer additional conditions [co-morbidities] requiring treatment.

- Focus on...

Our Liaison Psychiatry Service

We provide specialist mental health, social and risk assessment to patients presenting to Accident and Emergency Departments or receiving care and treatment within general hospitals. As part of this we support and advise general hospital staff of patients presenting with:

- self harm
- physical health conditions **and** mental ill health
- adjustment to and behavioural reactions to physical health conditions and treatment
- 'medically unexplained' symptoms
- psychiatric emergencies
- suicide risk
- dementia, delirium and organic mental disorders

The service uses the **Health of the Nation Outcome Scale [HoNOS]** in Wirral amongst patients seen in clinics. As its use is developed across the Trust, it will have an even greater potential to demonstrate improved outcomes relating to **psychiatric symptoms, physical health, and social functioning**.

The Liaison Psychiatry Service is also using and developing other outcome measures to help improve **health and emotional well-being** of patients and **reduce health inequalities**. These include:

- health improvement measures –
such as improvement in:
 - depression and
 - general mental health conditions
- improved patient experience and satisfaction –
such as:
 - minimal waiting at the Accident and Emergency Department
 - minimal waiting for mental health assessments and interventions on general hospital wards
 - minimal delays in transfer of care from hospital, and
 - improvements in the experience of patients with dementia being cared for in a general hospital
- reduction in repetition of self harm
- contribution to suicide prevention

Quality standards that contribute to delivering better outcomes for patients are monitored by our commissioners. Additionally, in August 2010, our psychiatry teams in **Chester** [right] and **Wirral** demonstrated achievement of quality standards to the Royal College of Psychiatrists' Psychiatric Liaison Accreditation Network [PLAN] and were '**accredited as excellent services**' - the first teams to gain this rating in the country. This accreditation recognises our work in ensuring that patients with mental health needs receive high quality care.

