

Quality Account 2013/14



Quality at CWP –
2013/14 in pictures

Vision:

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

Contents

To follow

Working document

Introduction

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

Quality in the NHS is described in the following ways:

Patient safety

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

Clinical effectiveness

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

Patient experience

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

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



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

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

Part 1.

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



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

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

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

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

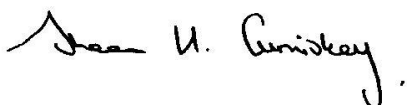
I am immensely proud that partnership working is one of our key strengths at CWP. We want our Quality Account to be part of our evolving conversation with the people we serve about what quality means and about how we must work together to deliver quality across the organisation. We have made huge strides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

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

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

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

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



Sheena Cumiskey
Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust

Statement from the Medical Director – executive lead for quality



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

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

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

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

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

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

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

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



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

Part 2.

Priorities for improvement and statements of assurance from the board

Priorities for improvement

Quality improvement priorities for 2013/14

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

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

Patient safety priority for 2013/14

CWP said it would:

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

CWP achieved this priority by:

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

Patient safety priority for 2013/14

CWP said it would:

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

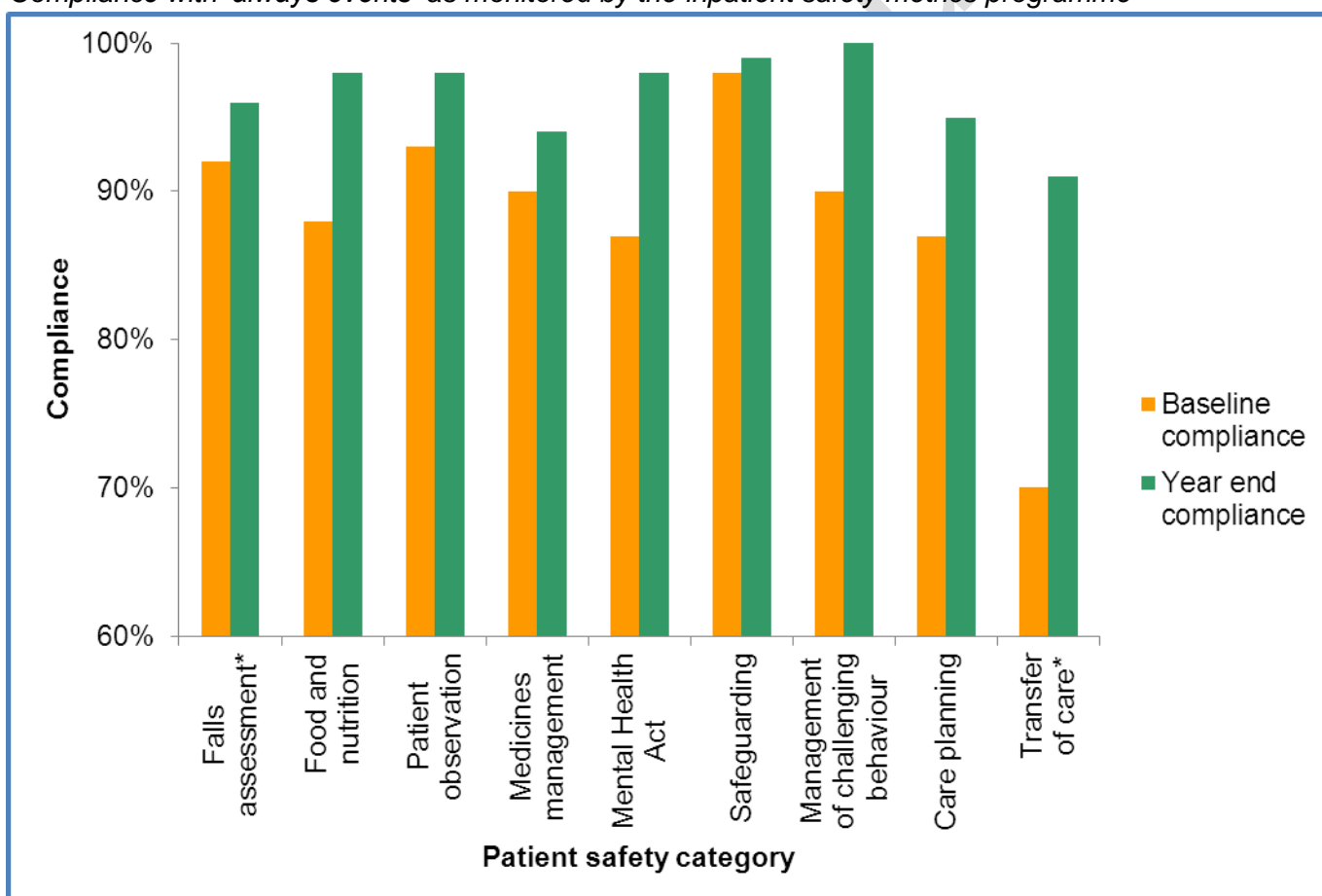
CWP achieved this priority by:

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

Inpatient wards

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

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

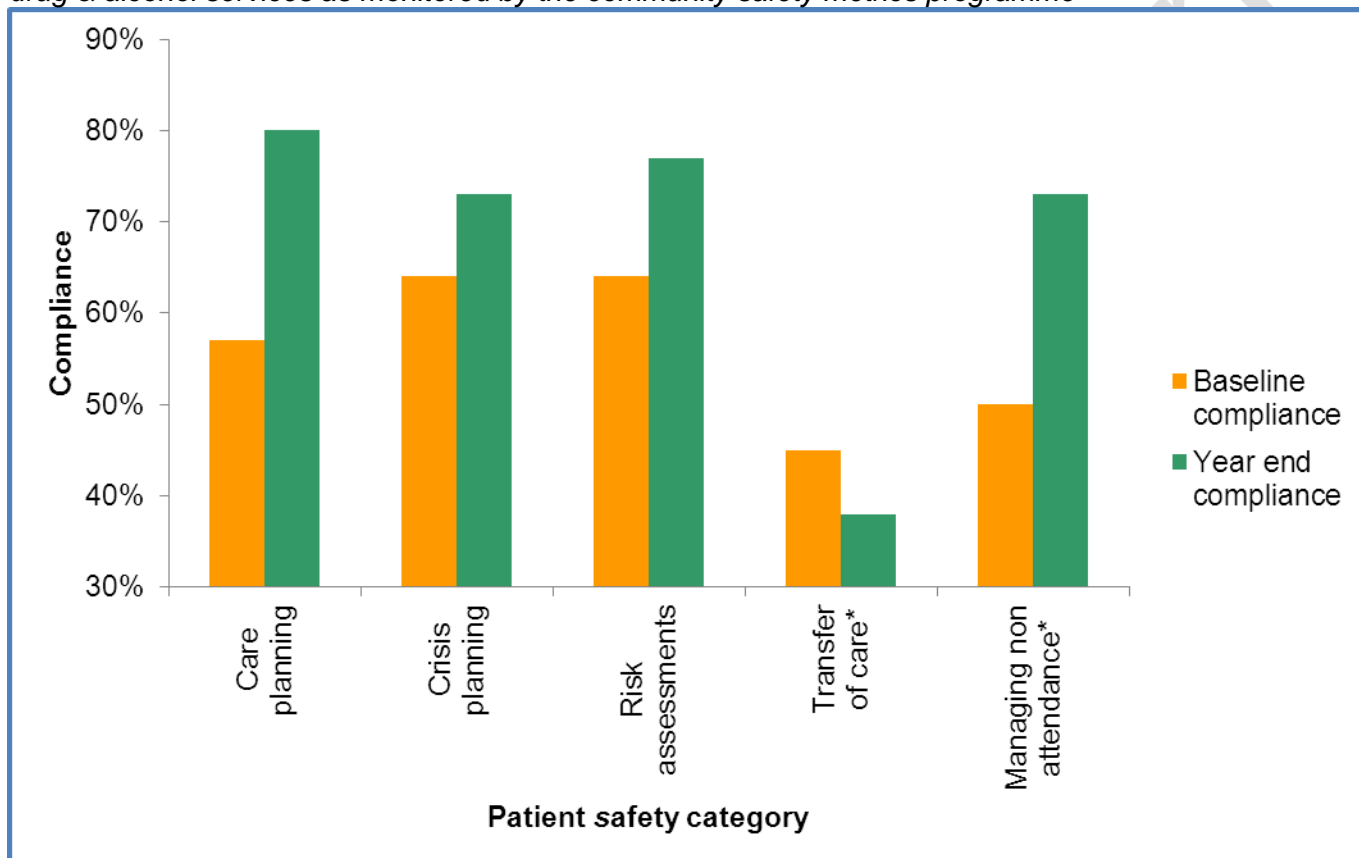


*includes 'always events'

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

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

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

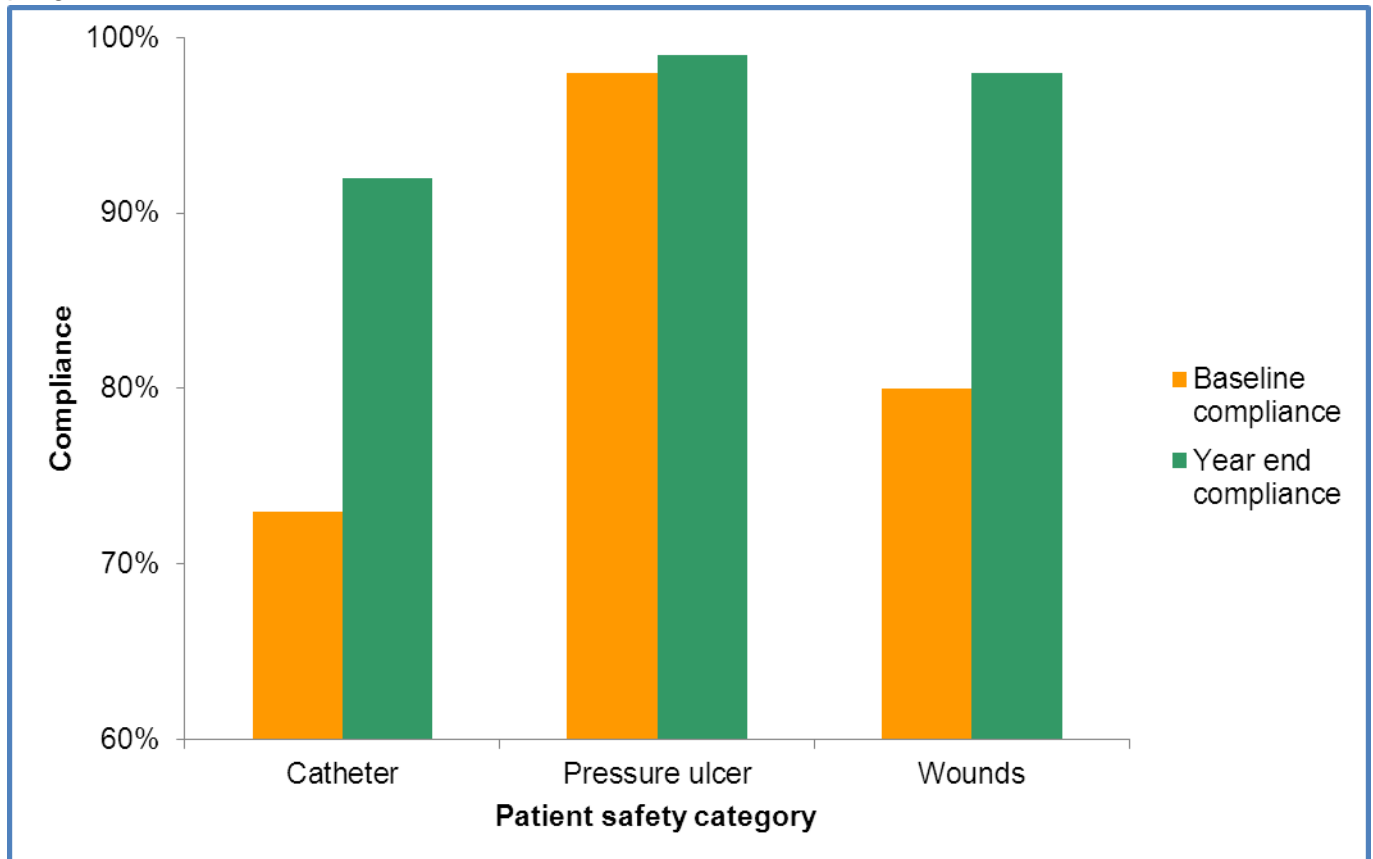


*Includes 'always events'

District nursing teams

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

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



Clinical effectiveness priorities for 2013/14

CWP said it would:

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

CWP achieved this priority by:

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



Patient experience priority for 2013/14

CWP said it would:

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

CWP achieved this priority by:

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

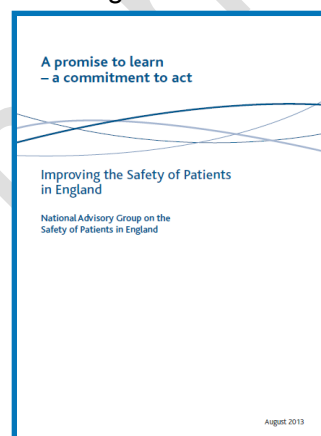


Quality improvement priorities for 2014/15

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

These priorities have been developed and chosen based on:

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



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

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

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

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

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

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

Patient safety priority for 2014/15

Priority for quality improvement:

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

Rationale for selection of this priority:

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

How progress to achieve the priority will be measured:

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

Clinical effectiveness priority for 2014/15

Priority for quality improvement:

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

Rationale for selection of this priority:



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

How progress to achieve the priority will be measured:

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

Patient experience priority for 2014/15

Priority for quality improvement:

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

Rationale for selection of this priority:



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

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

How progress to achieve the priority will be measured:

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

Statements of assurance from the board

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

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

Information on the review of services

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

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

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

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

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

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

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

Contract review and monitoring

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

Reviewing the results of local and national patient surveys

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

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

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



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

Local CWP surveys

Carers survey

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

Service level experience and satisfaction activity

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

Trustwide inpatient survey

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

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

Learning from experience

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

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

Feedback from people who use the Trust's services

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

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

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

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

Physiotherapy/ Musculoskeletal Services – Physical Health West

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

Drug and Alcohol Services – CWP East

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

Thorn Heys Respite Learning Disability Service – CWP Wirral

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

Adelphi ward – CWP East

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

Winsford Team, CAMHS – CWP West

Reviewing the results of clinical audit

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

Information on participation in clinical audits and national confidential enquiries

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

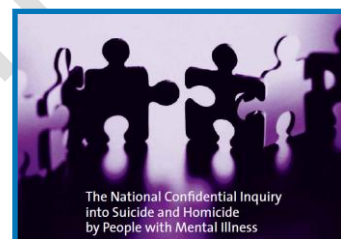
National clinical audits and national confidential enquiries

National clinical audits

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

National confidential enquiries

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



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

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

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

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

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

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

Local CWP clinical audits

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

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

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

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

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

Information on participation in clinical research

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

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

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

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

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

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

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



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

NICE guidance

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

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

Information on the use of the CQUIN framework

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

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

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

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

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

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

Dementia baseline screening for people with Down syndrome

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

Literacy

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

Mental and physical health care pathways: dementia care

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

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



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

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

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

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

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

Review of compliance: Eastway

Review of compliance: Springview

Review of compliance: Bowmere

Review of compliance: Greenways

Special review: Safeguarding and looked after children

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

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

The special reviews were:

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

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

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

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

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

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

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

Outcome 4 – care and welfare of people who use services
Outcome 6 – co-operating with other providers
Outcome 10 – safety and suitability of premises

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

Outcome 21 – records

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

Reviews of compliance:

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

Special reviews:

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

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

Reviews of compliance:

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

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

Special reviews:

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

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

Information on the quality of data

NHS number and general medical practice code validity

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

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

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

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

99.9% for admitted patient care;

100% for out patient care.

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

100% for admitted patient care; and

100% for out patient care.

Information Governance Toolkit attainment levels

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

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

Clinical coding error rate

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

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

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

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

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

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

Performance against key national priorities and quality indicators

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

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

| Indicator | Required performance | Actual performance |
|--|----------------------|--|
| Data completeness – community services: | | |
| ▪ Referral to treatment information | 50% | 100% |
| ▪ Referral information | 50.0% | 95.6% |
| ▪ Treatment activity information | 50.0% | 92.7% |
| Care Programme Approach (CPA) patients: | | |
| ▪ Receiving follow-up contact within seven days of discharge | 95.0% | 97.9% |
| ▪ Having formal review within 12 months | 95.0% | 96.2% |
| Minimising mental health delayed transfers of care | ≤7.50% | 1.48% |
| Admissions to inpatients services had access to crisis resolution home treatment teams | 95.0% | 98.1 % |
| Meeting commitment to serve new psychosis cases by early intervention teams | 95.0% | 128.5% CWP has over-performed against this target. This means that the Trust has seen more new cases than the national target (in line with local need). |
| Data completeness: identifiers | 97.0% | 99.4% |
| Data completeness: outcomes for patients on CPA | 50.0% | 85.7% |

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

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

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

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

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

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

(*) denotes:

Performance for 2013/14 (and 2012/13 where applicable) is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendments Regulations 2012*.

The data source is *The Health and Social Care Information Centre (HSCIC)* Quality Accounts section within their indicator portal.

The data source of the performance that is stated is the Trust’s information systems.

Part 3.

Other information

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

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

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

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

| Quality indicator | Year identified | Reason for selection | CWP performance | | |
|---|-----------------|--|---|---|--|
| | | | 2011/12 | 2012/13 | 2013/14 |
| | | | the Trust's patient safety priority for 2011/12. The denominator was 1102. | the Trust's patient safety priority for 2012/13. The denominator was 560. | the Trust's patient safety priority for 2013/14. The denominator was 642. |
| Data source = local patient safety metrics data The 'physical health check undertaken within 6 hours of admission' part of this indicator reported in previous years was removed as this is no longer a requirement of the local patient safety metrics. | | | | | |
| iii. Develop integrated care pathways | 2009/10 | Seamlessness between primary and secondary care promotes a joined up approach, and improves the continuity and quality of care | Care pathways and associated care bundles developed for: <ul style="list-style-type: none">- urinary catheter care- wound care- pressure ulcer care- dementia memory assessment- early intervention in psychosis- structured assessment and treatment in learning disabilities- obsessive compulsive disorder in young people | Care pathways and associated care bundles developed for: <ul style="list-style-type: none">- dementia assessment- chronic obstructive pulmonary disease- diabetes- heart failure | Care pathways and associated care bundles developed for: <ul style="list-style-type: none">- attention deficit hyperactivity disorder- bipolar disorder- complex needs- dementia (memory assessment clinics)- early intervention |
| All outcome measures for the care pathways identified as priorities for 2013/14 are reported in <i>part 2 – clinical effectiveness priority for 2013/14.</i> | | | | | |
| Patient experience | | | | | |
| i. Increase patient experience feedback - <i>the types of feedback measured include concerns/ PALS contacts, comments, complaints, and compliments</i> | 2008/09 | Understanding the experience of service users, and their carers, is fundamental to being able to provide high quality services and to identify areas for improvement | 28% increase compared with 2010/11 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. | 5% increase compared with 2011/12 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. | 4% decrease compared with 2012/13 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. |

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

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

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

Mandated indicators

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

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

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

Audit in progress

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

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

- Patients recalled on Community Treatment Order.

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

Audit in progress

Local indicator

1) Delayed transfer of care

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

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

Audit in progress

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

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

Improving patient safety



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

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

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



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

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



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

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

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

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

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

Improving clinical effectiveness

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



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

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

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



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

Improving Patient experience

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

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

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





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

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

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



Annex A:

Glossary

Advancing Quality

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

Board

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

CAREnotes

The main clinical electronic care record used within CWP.

Care bundles

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

Care pathways

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

Care plan

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

Care Programme Approach

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

Care Quality Commission – CQC

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

Carer

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

Clinical audit

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

Clinical commissioning group – CCG

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

Clinical governance

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

Commissioners

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

Commissioning Data Set

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

Commissioning for Quality and Innovation – CQUIN

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

Community physical health services

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

Crisis

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

Department of Health

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

Dual diagnosis

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

Foundation Trust

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

Health Act

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

Healthcare

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

Healthcare Quality Improvement Partnership

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

Hospital Episode Statistics

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

Improving Access to Psychological Therapies – IAPT

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

Information Governance Toolkit

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

Intranet

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

Healthwatch

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

Mental Health Act 1983

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

Mental health and learning disability trusts

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

Mental Health Minimum Data Set – MHMDS

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

Monitor

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

National audit of psychological therapies for anxiety and depression

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

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

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

National Institute for Health and Care Excellence – NICE

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

NHS Commissioning Board Special Health Authority

Responsible for promoting patient safety wherever the NHS provides care.

NHS Constitution

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

National Patient Survey

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

National prescribing observatory for mental health

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

National Staff Survey

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

Patient Reported Outcome Measures – PROMs

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

Patient Advice and Liaison Services – PALS

Patient Advice and Liaison Services are services that provide information, advice and support to help patients, families and their carers.

Payment by Results

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

Providers

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

Public health

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

Quality and Risk Profile – QRP

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

Quarter

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

Registration

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

Regulations

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

Research

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

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

Secondary care

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

Secondary Uses Service – SUS

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

Serious untoward incident

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

Service users/ patients/ people who use services

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

Special review

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

Stakeholders

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

Strategy

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

Tier 4 CAMHS

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

The Health and Social Care Information Centre

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

Annex B:

Comments on CWP Quality Account 2013/14

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

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

Comments by CWP's commissioners

Statement from West Cheshire Clinical Commissioning Group

We are committed to commissioning high quality services from our providers and we make it clear in our contract with this Trust the standards of care that we expect them to deliver. We manage their performance through progress reports that demonstrate levels of compliance or areas of concern. It is through these arrangements that the accuracy of this *Quality Account* has been validated.

The Trust has performed well against all the goals set in their Commissioning for Quality and Innovation Scheme. We commend the Trust on their positive response to the shift in sharing responsibility for delivery against these goals with other partners, and their dedication to partnership working within the health economy.

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

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

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

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

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

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

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

Comments by Healthwatch

Statement from Healthwatch Wirral

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

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

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

Quality Improvement Priorities

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

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

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

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

Care Quality Commission Reviews

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

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

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

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

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

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

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

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

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

Karen Prior

Healthwatch Wirral Manager
On behalf of Healthwatch Wirral

Statement from Healthwatch Cheshire West

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

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

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

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

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

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

Jonathan Taylor
Service Manager

Verbal statement from Healthwatch East Cheshire

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

Phil Johnston
On behalf of Healthwatch East Cheshire

Comments by other stakeholders

Statement from Wirral Metropolitan Borough Council

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

Overview

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

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

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

Opening Statement from the Chief Executive

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

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

Patient Safety

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

Patient experience priorities

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

Quality improvement priorities for 2014/15

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

Information on the use of the CQUIN framework

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

I hope that these comments are useful.

A handwritten signature in black ink, appearing to read 'Moira McLaughlin', with a stylized, cursive script.

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

Working document

Annex C:

Statement of directors responsibilities in respect of the quality report

To follow

Working document

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

To follow

Scope and subject matter

Respective responsibilities of the Directors and auditors

Assurance work performed

Limitations

Conclusion