



Quality Account 2016/17



Quality at CWP
2016/17 in pictures

Vision:

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

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Introduction

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

Quality in the NHS is described in the following ways:

Patient safety

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

Clinical effectiveness

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

Patient experience

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

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

To help meet this aim, we produce *Quality Improvement Reports* three times a year on our priorities to show improvements in quality during the year.



This *Quality Account*, and 'easier read' accessible versions of the *Quality Account* and our *Quality Improvement Reports*, are published on our website.

Part 1.

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



As ever, I am extremely pleased to present to you our annual Quality Account. At CWP, we are committed to improving the quality of the lives over people who access our services by providing and delivering the best possible of quality of care. This is our eighth year of publishing an annual report on the quality of our services and I hope that the following pages will demonstrate to you:

- Our commitment and approach to quality improvement.
- How we have performed against the quality improvement priorities for 2016/17.
- Our quality improvement priorities for the coming year.

2016/17 has been a year when we have continued our quality improvement journey. Key to our journey has been ensuring that our excellent staff who deliver our services are engaged in developing a person-centred culture. At CWP, person-centredness is about *connecting with people as unique individuals with their own strengths, abilities, needs and goals*. I am therefore delighted that in the results of

the 2016 NHS Staff Survey, 88% of our staff felt that they were able to deliver a person-centred approach in their practice/ delivery of care. However, we are not complacent, as demonstrated by the launch of our new person-centred framework in March and by setting a quality improvement priority this year to improve on the performance in the staff survey even further. You can read about this and the other quality improvement priorities we have set in *Part 2* of this report. They will provide the focus for our work in the coming year. We are proud of what we have achieved so far and hope to do even more in 2017/18.

Readers of last year's Quality Account will recall that we received a comprehensive inspection of our inpatient and community mental health services and community physical health services by the Care Quality Commission. This year we received a re-inspection of our mental health services and also a first inspection of our substance misuse services in East Cheshire. I was delighted that all the services that were re-inspected, as well as our substance misuse services, were all rated as Good. The Trust has sustained its rating of Good overall and Outstanding for caring. You can read more about the re-inspection in *Part 2* of this report.

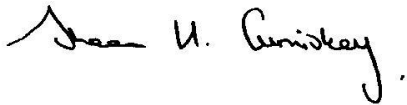
Reflecting on what we have achieved since the *Five Year Forward View* was published in 2016, I'm pleased at what we have achieved in working towards this national vision through many initiatives that we are running locally. One focus is providing greater mental health support, particularly for children and young people. We have made great strides in our communities in this area of focus, for example:

- In Wirral, CWP has supported over 750 school children with mental health first aid training, and the Trust's Primary Mental Health Worker team works closely with schools and community providers to support young people's mental health needs through training and group work.
- In West Cheshire, young people aged between 11–19 living or attending school/ college in the area are able to contact the *MyWell-being* online team, a team of professional clinicians, for online support, chat and guidance around their emotional health and well-being.
- In East Cheshire, CWP has been working in partnership with *Cheshire East Council, Just Drop-In, The Children's Society* and *Visyon* to deliver the Emotionally Healthy Schools Project – an innovative

collaboration aiming to help six local secondary schools promote positive emotional health and well-being to their pupils.

The Board continues to be inspired by the commitment and passion of all our staff to continue to improve care and services for the people and communities we serve, despite the unprecedented challenge and change in the NHS. The next financial year is going to continue to be challenging, but with some great opportunities to continue to develop and improve our services by keeping quality at the heart of all that we do.

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

Draft

Statement from the Medical Director – Executive lead for quality



In September, I had the great pleasure of joining over 200 people at our annual Best Practice showcase event, which took place this year at the Floral Pavilion theatre in New Brighton. This is one of my favourite events of the year and it is always a delight to see so many fantastic examples of great work from our teams at CWP. Over 35 services showcased their successful projects on the day. Examples of these included how our Wirral Complex Needs Service has significantly reduced admissions to A&E; the involvement of young people in the development of our CAMHS new build Ancora House; and the Crewe Recovery Team's partnership with Crewe Alexandra FC to encourage healthy living and social inclusion. Angie and Tony Russell, Co-Directors of the Positive Practice in Mental Health Collaborative, helped us kick off the day by speaking passionately about the importance of learning, not just from our own experiences, but also from those in the wider healthcare community.

We recognise that delivering healthcare is not without risk and we acknowledge that we don't get it right for every person every time. It is therefore important that we learn from our mistakes and listen to people who access our services, the communities we serve and our stakeholders about their personal experiences and the health needs of our population. We also recognise the importance of learning from other organisations' quality performance, a process known as benchmarking. Being open to learning from others enables us to be the best we can be. Where we perform well, this assures the Trust and also our stakeholders, including the communities we serve, of the high quality of our services. Where we perform less well, we are committed to understanding why so that we can identify quality improvement approaches to further improve our services. In January, I presented to the Board of Directors on the results of our performance in the *NHS Benchmarking Network's* "Mental Health Benchmarking" report for 2016. As a member of this network, we work with other members to understand the variation in demand, capacity and outcomes within the NHS to help define "what good looks like". This showed that we perform well in relation to areas such as lengths of stay on inpatient wards and patient satisfaction, but we need to understand what we can do better in areas including serious incident reporting, complaints management, and use of community treatment orders. As such, we have identified quality improvement projects to look at these areas, which we will report on to our Quality Committee in July and September.

Quality improvement is now a huge part of everyone's day to day role at CWP. Over the last couple of years, a key driver to this has been our Zero Harm campaign – our dedication to supporting everyone to deliver the best care possible, as safely as possible, and in doing so reducing avoidable harms. A shining example of this is the work of the Tissue Viability team and the pressure care Zero Harm group. By using structured quality improvement approaches in a consistent way, they have successfully sustained continuous reductions in avoidable pressure ulcers in the community, resulting in no reported avoidable pressure ulcers since June 2016, which is a significant achievement. I was delighted to hear that they were asked to present all of their hard work at the *International Forum on Quality and Safety in Healthcare* in London in April 2017.

During the year, we have started to help our staff to understand how to deliver quality improvement by using structured approaches, like PDSA (Plan Do Study Act) cycles. You can read more about how we are doing this in *Parts 2 and 3* of this report, as well as finding lots of examples of quality improvement in our Quality Improvement Reports, which we produce three times a year. They can be found on our Internet at <http://www.cwp.nhs.uk/resources/reports/>.

I hope you enjoy reading our Quality Account.



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

Draft

Part 2.

Priorities for improvement and statements of assurance from the board

Priorities for improvement

Quality improvement priorities for 2016/17

CWP has made significant improvements towards the targets it set in last year's Quality Account.

Below is a summary of how CWP achieved these priorities, which are presented at the Trust's Board meetings and are available on the CWP website.

Based on feedback from our stakeholders last year, we have tried to report at local-level as well as Trustwide levels.

Patient safety priorities for 2016/17

We wanted to:

Demonstrate improvement in the completeness and quality of handovers between wards and home treatment teams using the SBAR tool.

How we have shown improvement:

- ✓ An audit of a random sample of cases from quarter 1 and quarter 4 of 2016/17. The results show an increase in the completeness of handovers from **55% to 75%** when patients are transferred between wards.
- ✓ The audit showed that the SBAR forms were fully completed with risk assessments and physical health information.
- ✓ The Home Treatment teams are consistently using an electronic form called the "Gateway Assessment form" to improve transfer of patients from the community into inpatient settings.

We wanted to:

Demonstrate improvement in Trustwide incident reporting profile in line with the Heinrich model.

How we have shown improvement:

- ✓ Overall results show a significant improvement in recording of incidents over time. The Heinrich model is about recording proportionately more low and no harm incidents (grades D and E) to give a better chance of identifying and preventing hazards before they result in more serious harm incidents.
- ✓ Physical health community care teams have a different profile because pressure ulcer incidents are reported as either grade B or C depending on their severity. Whilst this means their profile will be made up of more of these incidents, the teams can and do benchmark against each other and other services in the Trust.
- ✓ For 2017/18, CWP is looking to develop the Heinrich model to reflect incident reporting profiles that are more reflective of healthcare provider services.

**CWP Incidents per trimester 2016/17
against 300:30:1 Heinrich ratio)**



Clinical effectiveness priority for 2016/17

We wanted to:

Demonstrate improvement in the use of service-level health related outcome ratings.

How we have shown improvement:

✓ Outcome ratings such as the Health of the Nation Outcome Score (HoNOS) enable teams to assess the impact of the care and treatment they have provided. From December 2016, the Locality Data Packs (LDPs) produced by the Trust's Quality Surveillance team now show the change in HoNOS score between admission and discharge, for every patient discharged from the ward.

✓ The LDPs for CAMHS teams now show the percentage of children with Goal Based Outcomes, patient reported outcome measures (PROMs) or patient reported experience measures (PREMs).

Patient experience priority for 2016/17

We wanted to:

Demonstrate increase in the uptake of the Friends and Family Test (FFT).

How we have shown improvement:

✓ Between February 2017 and March 2017, Trustwide we received 568 FFT responses, with 55% of people saying they would be extremely likely to recommend our services to friends or family.

✓ A total of 403 comments were received. 61% of people who commented said they were extremely likely to recommend our services to friends and family.

✓ Starting in April 2017, the Patient and Carer Experience team will be attending team meetings to discuss the support teams need to further increase uptake of the FFT, targeting Central & East Cheshire initially.

	Apr – May 2016	Feb – Mar 2017	Change
Central & East Cheshire	153	94	-39%
West Cheshire	254	280	+10%
Wirral	123	148	+20%
Not specified	32	46	+44%
Trustwide	562	568	+1%

Quality improvement priorities for 2017/18

Our priorities have been developed and chosen based on:

- Identified risks to quality which includes feedback such as complaints and learning from investigations into serious incidents.
- What is important to people who access the Trust's services, people who deliver the Trust's services and stakeholders such as commissioners.
- National priorities.

The quality priorities identified for achievement in 2017/18 have been set out in the Trust's plans, including how they link to the Trust's corporate and locality strategic objectives. This allows the Trust's quality priorities to be consistently consulted on and effectively communicated across the Trust and wider stakeholder groups.

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

Progress against the delivery of the quality improvement priorities will be reported to the *Quality Committee* and regular updates will be included in the Trust's *Quality Improvement Report* which is reported to the Board, and is available on our [website](#).

Our approach to Quality Improvement

We are looking at quality in more detail to better demonstrate the aspiration of achieving equity of care through quality improvement. We are, using the well-known international definitions of quality, as detailed in the chart below.

QUALITY					
Patient safety	Clinical effectiveness			Patient experience	
Safe	Effective	Affordable	Sustainable	Acceptable	Accessible
Achieving Equity and Person-centred Care through CO-PRODUCTION, CO-DELIVERY, QUALITY IMPROVEMENT & WELL-LED SERVICES					
Delivering care which minimises risks	Delivering care that follows an evidence base and results in improved health outcomes, based on people's needs	Delivering care in a way which maximises use of resources and minimises waste	Delivering care that can be supported within the limits of financial, social and environmental resources	Delivering care which takes into account the preferences and aspirations of people	Delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs
<p><i>"Being treated in a safe environment"</i></p> <p><i>"Being protected from harm and injury"</i></p>	<p><i>"Receiving care which will help me recover"</i></p> <p><i>"Having an improved quality of life after treatment"</i></p>			<p><i>"Having a positive experience"</i></p> <p><i>"Being treated with compassion, dignity and respect"</i></p>	

Our patient safety priority for 2017/18

Measure	Increase the identification of patients taking monotherapy or combination antipsychotic treatment, in which daily doses exceed the recommended maximum limits according to the British National Formulary) to improve monitoring of the associated risks.
Rationale	There are greater risks, including serious physical side-effects, associated with antipsychotics taken in high doses or in combination (Royal College of Psychiatrists, 2014).
Baseline	From quarter 1 (April 2017 – June 2017) the number of patients recorded as having an alert stating “High Dose Antipsychotic Therapy (HDAT) prescribing” and/ evidence that the HDAT checklist has been completed will be audited. Population = inpatients and those under the care of community teams.
Improvement target	a/ An incremental increase (from quarter 2 onwards) in the number of patients who have a documented HDAT – an improvement target will be set at the end of quarter 1 once the baseline is known. b/ An 80% rate of completion of the HDAT checklist by quarter 4 (January 2018 – March 2018).
Source	HDAT alert and checklist reporting dataset obtained from the Trust's electronic patient records system, extracted by the Information Team on a monthly basis.

Our clinical effectiveness priority for 2017/18

Measure	Demonstrable improvement in the Trustwide average bed occupancy rate for adults and older people.
Rationale	The optimal bed occupancy rate to facilitate more effective care is 85% (Royal College of Psychiatrists, 2011).
Baseline	The average Trustwide bed occupancy rate (excluding leave beds) at year end (month 12 – December) for adult and older people inpatient wards. For 2016, this rate was 89.7%.
Improvement target	The Trustwide average bed occupancy rate for 2017 (excluding leave beds) at year end (month 12 – December) for the adult and older people inpatient wards to reduce to 85%.
Source	NHS England bed availability and occupancy data (KH03).

Our patient experience priority for 2017/18

Measure	A demonstrable improvement in embedding a person-centred culture across the organisation.
Rationale	In March 2017, the Trust implemented a person-centred framework. CWP defines person-centredness as “connecting with people as unique individuals with their own strengths, abilities, needs and goals”. This priority will demonstrate how the framework is helping to improve the organisation's person-centred culture.
Baseline	The percentage of staff responding positively in the NHS Staff Survey that they were able to deliver a person-centred approach in their practice/ delivery of care. For 2016 this was 88%.
Improvement target	90% or more staff responding positively in the NHS Staff Survey that they are able to deliver a person-centred approach in their practice/ delivery of care.
Source	NHS Staff Survey 2017.

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

We are commissioned to provide the following services:

- NHS Bolton CCG – Eating Disorder services.
- NHS England – CAMHS Tier 4, Specialised Eating Disorder, Low Secure, school age immunisations programmes, Child Health Information Systems (CHIS) and Specialist Community Peri-natal Mental Health services.
- NHS Eastern Cheshire CCG – Mental Health, Learning Disability and CAMHS services.
- NHS South Cheshire and Vale Royal CCGs – Mental Health, Learning Disability and CAMHS services.
- NHS Trafford CCG – Eating Disorder Services and Learning Disability services.
- NHS Western Cheshire CCG – Mental Health, Learning Disability, CAMHS and Community services.
- NHS Wirral CCG (and co-commissioners) – Mental Health, Learning Disability, Eating Disorder and CAMHS services.
- Cheshire East Council – Substance Misuse services.
- Cheshire West and Chester Council – the Healthy Child Programme (0-5s) and Children and Young People's (5-19) services.

During 2016/17 Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub contracted 83 NHS services, as outlined within the Trust's contract with its commissioners. The income generated by the relevant health services reviewed in 2016/17 represents 95 per cent of the total income generated from the provision of relevant health services by Cheshire and Wirral Partnership NHS Foundation Trust for 2016/17.

We have reviewed the data on the quality of our services in the following ways during the year.

Contract review and monitoring

We work together with our commissioners to review and update the quality requirements in our contracts to ensure that they reflect changes in best practice and emerging national or local good clinical or good healthcare practice.

Reviewing the results of surveys

We have engaged people who access our services, carers, people who deliver our services, and other partners in a wide variety of survey activity to inform and influence the development of our services.

The National Staff Survey is used to review and improve staff experience. The results also inform local and national assessments of the quality and safety of care, and how well organisations are delivering against the standards set out in the *NHS Constitution*. Trusts are asked to provide the following specific survey result indicators, to demonstrate progress against a number of indicators of workforce equality linked to the Workforce Race Equality Standard (WRES):

KF 26 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months:

White	16%
Black and minority ethnic	15%

KF21 – Percentage believing that the trust provides equal opportunities for career progression or promotion

White	91%
Black and minority ethnic	97%

Further information can be found at:

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2016_RXA_full.pdf

The WRES detailing the NHS Staff Survey results for 2016 will be published on our website in July 2017.

Learning from experience

Learning from complaints and a serious incident has demonstrated that staff need further training in understanding patients who have Autistic Spectrum.

As a result of a 'Report to Prevent Future Deaths' (Regulations 28 of the Coroners (Investigations) Regulations 2013), we have reviewed the training and support to staff in using our nicotine management policy.

We are analysing our claims profile in respect of value, volume, speciality and cause to improve patient safety. A claims "score card" is presented in every Learning from Experience report.

Mortality monitoring

In March 2017, the *National Quality Board* published [National Guidance on Learning from Deaths](#) which was informed by the recent findings of the *Care Quality Commission* report [Learning, candour and accountability](#). At CWP, we have already begun to increase reporting of deaths that do not meet the serious incident criteria to help us identify more learning. This work is being reported in our Learning from Experience report and is being monitored by our Quality Committee.

Feedback from people who access the Trust's services

We welcome compliments and comments from people who access our services and carers, and use the feedback to act on suggestions, consolidate what we do well, and to share this best practice across the Trust.

Our *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. 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 our Board meetings, our partner organisations and via our website.

Examples of feedback from people who access our services include:

“To all staff in Croft ward, you have helped [patient] and me so much. I have met such wonderful people. I will never forget you – it helped me get through the worst year of my life. I will keep on fighting for the unit. [Doctor] you have performed a miracle with [patient]” – Older People Services, CWP East

“[Staff member] was great. She listened and was able to identify and bring to the table ways for me to put my thoughts into context. Always positive and I will take away a strength that I will continue to get better. I believe in myself thanks to her.” – Primary Care Mental Health Team, CWP West

“Thank you very much for looking after me when I was on the ward. You are all very nice people and showed this by caring for each other and caring for me. I will very much miss our games of scrabble and cards and I am slightly disappointed that I missed the on-ward safari. I am getting used to making my own cups of tea. Thank you and god bless.” – Learning Disability Services, CWP Wirral

“[Staff member]’s whole manner was wonderful. Professional, caring and made my daughter my daughter again. Cannot praise him highly enough. As parents, we’re forever grateful.” – Child and Adolescent Mental Health Services, CWP East

“I want to thank you and all your colleagues for the professional care and kindness [patient] received from you all during last year. Your many visits were always personal and friendly and contributed very much to her wellbeing. I am extremely grateful to you all.” – Physical Health Services, CWP West

Duty of Candour

Duty of Candour is a regulation that providers of health and social care follow to ensure that they are open and transparent with people who access and use services, and people acting lawfully on their behalf, in relation to care and treatment – including when things go wrong. A review of our practice has been undertaken and has demonstrated areas of good practice, as well as areas where improvements can be made. Early improvement actions identified include reviewing compliance through locality governance meetings, providing scenarios for staff to help better understand application of the duty and provision of information for staff.

Reviewing the results of clinical audit

Clinical audit is used to check that standards of care is of a high quality. Where there is a need for improvement, actions are identified and monitored.

Information on participation in clinical audits and national confidential enquiries

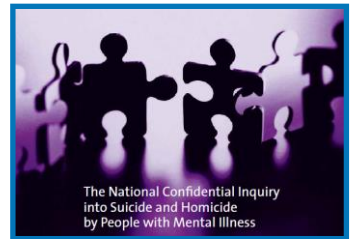
National clinical audits and national confidential enquiries

National clinical audits

We take part in national audits in order to compare findings with other NHS Trusts to help us identify necessary improvements to the care provided to people accessing our 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 2016/17 **seven** national clinical audits covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2016/17 the Trust participated in **100%** national clinical audits which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2016/17 are as follows:

- National Prescribing Observatory for Mental Health: Topic 1g & 3d: Prescribing high dose and combined antipsychotics on adult psychiatric wards.
- National Prescribing Observatory for Mental Health: Topic 7e: Monitoring of patients on Lithium.
- National Prescribing Observatory for Mental Health: Topic 11c: Prescribing antipsychotic medication for people with dementia.
- National Prescribing Observatory for Mental Health: Topic 16a: Rapid Tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour.
- NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis Self-Assessment Audit.
- NHS England: Physical health assessment of patients with severe mental illness.
- University of Bristol: Learning disability mortality review programme.

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

		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 1g and 3d: Prescribing high dose and combined antipsychotics on adult psychiatric wards	141	Data submitted; report to be published July 2017. Action planning will then follow.
National Prescribing Observatory for Mental Health: Topic 7e: Monitoring of patients prescribed Lithium	133	Report published. Action planning in progress.
National Prescribing Observatory for Mental Health: Topic 11c: Prescribing antipsychotic medication for people with dementia	283	Report published. We have developed an action plan to support improvements identified, provided in briefings from the clinical directors to all teams involved in dementia care.
National Prescribing Observatory for Mental Health: Topic 16a: Rapid Tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour	21	Data submitted; report to be published in June 2017. Action planning will then follow.
Early Intervention in Psychosis Network/ Royal College of Psychiatrists: Early Intervention in Psychosis Self-Assessment Audits: Wirral, West, Central and East Cheshire	Central & East	127
	West	94
	Wirral	200
		Reports received April 2017. Action planning in progress.

Cases submitted as a percentage of registered cases

NHS England: Physical health assessment of patients with severe mental illness	¹ 50 ² 100 ³ 121 ⁴ 120 (see locality figures below)	Data submitted; ^{1,2} report to be published May 2017. Action planning will then follow. ^{3,4} report provided to commissioners April 2017.
Cardio metabolic assessment and treatment for patients with psychoses:		
¹ Inpatients		
² Community mental health patients		
³ Community early intervention patients		
⁴ Communication with General Practitioners		
Inpatients	Central & East	21
	West	18
	Wirral	11
Community mental health patients	Central & East	38
	West	29
	Wirral	33
Community early intervention patients	Central & East	40
	West	41
	Wirral	40
Communication with General Practitioners	Central & East	40
	West	40
	Wirral	40
Learning disability mortality review programme (LeDeR)	15	Ongoing data submission.
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	No cases	
Suicide	100%	
Homicide	100%	
Victims of homicide	No cases	
National Confidential Enquiry into Patient Outcome and Death		
Young people's mental health study	100%	

The reports of seven national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2016/17 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 seven completed local clinical audits were reviewed in 2016/17 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
1. NICE clinical guidance: Meningitis (bacterial) and meningococcal septicaemia in under 16s (re-audit)	Enabling actions to support individual clinicians in the service to make improvements required in recording and measuring the level of oxygen in the patient's blood.

Title of local CWP clinical audit	Action/s taken
2. Lone Workers policy	<ul style="list-style-type: none"> ▪ Awareness raising of the risks that “lone workers” might come across. ▪ A review of staff training around “Breakaway – disengagement techniques”.
3. Monitoring of physical health on an open rehabilitation unit (Limewalk)	<ul style="list-style-type: none"> ▪ Clinical leads identified for each patient group to ensure cardio metabolic risk factors are monitored and interventions are in place. ▪ Development of innovative ways to help staff view and monitor progress on patients’ physical health needs.
4. Monitoring of cardio metabolic assessments on an intensive rehabilitation ward (Rosewood)	<ul style="list-style-type: none"> ▪ Identified clinical lead on the ward to ensure cardio metabolic assessments are undertaken. ▪ Introduction of user friendly guidelines for staff on monitoring requirements. ▪ Recruitment of a registered general nurse to undertake physical health checks, including blood tests. ▪ Introduction of a physical health template to be completed at each CPA review.
5. Resuscitation Equipment (re-audit)	<ul style="list-style-type: none"> ▪ Introduction of spot checks and increased awareness raising. ▪ Trainee doctor induction programme has been amended to strengthen gaps identified in the audit, for example the importance of the trolleys being fully equipped. ▪ A session on resuscitation equipment/ suction techniques has been added to the yearly mandatory life support training for clinical staff. ▪ Improvements to the procurement of resuscitation equipment.
6. Record keeping	A review of the record keeping training e-learning module has moved emphasis from paper to electronic records.
7. Handovers of care	Feedback of audit results to promote greater completion and improved quality of handover documentation.

National and local CWP clinical audits are reviewed as part of the annual healthcare quality improvement programme (which incorporates clinical audit), and are reported to our *Patient Safety & Effectiveness Sub Committee*, chaired by the Medical Director.

We have an infection prevention and control (IPC) audit programme, to ensure cleanliness of the care environment, identify good IPC practice and areas for improvement. We also monitor and analyse patient safety standards through the completion of the national safety thermometer tool.

Information on participation in clinical research

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

The number of patients that were recruited during that period to participate in research approved by a research ethics committee was **1530**.

Cheshire and Wirral Partnership NHS Foundation Trust was involved in conducting **94** clinical research studies in all of its clinical services during 2016/17.

There were **351** clinical staff participating in approved research during 2016/17. These staff participated in research covering **22** medical specialties and management training.

The number of principal investigators in CWP has increased over the last year and more clinicians are actively involved in research. CWP has been associated with **58** research publications, the findings from which are used to improve patient outcomes and experience across the Trust and the wider NHS.

During 2016/17 CWP has been part of an ongoing Phase 1 clinical research study. This is a study of a vaccine in Alzheimer's disease. We have been working closely with the *Royal Liverpool and Broadgreen University Hospitals NHS Trust's* Phase 1 Clinical Research Unit. Over 1,500 patients were screened and we exceeded our target for recruitment; follow up work is in progress.

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 of our specialists are involved in the production of national guidelines for *NICE*. CWP is strengthening the processes to monitor our adherence to *NICE* guidance

Royal College of Psychiatrists accreditation

Programmes	Participating services	Accreditation Status
<u>MSNAP</u> : Memory Services National Accreditation Project	Chester Memory Service	Accredited
	Wirral Memory Service	Accredited
<u>PLAN</u> : Psychiatric Liaison Accreditation Network	Liaison Psychiatry Team (Arrowe Park)	Accreditation deferred
<u>QNCC ED</u> : Quality Network for Community CAMHS (Child and Adolescent Community Mental Health Services) Eating Disorders	Child Eating Disorder Service (CHEDS)	Participating but not yet undergoing accreditation
<u>QNLD</u> : Quality Network for Learning Disability Wards	Greenways ATU	Accredited
<u>ECTAS</u> : Electro Convulsive Therapy Accreditation Service	Clatterbridge (Wirral)	Accredited as excellent
	Bowmere Hospital	Not yet assessed
<u>EIP Self-Assessment</u>	Central and Eastern Cheshire	N/A
	Cheshire West Early Intervention	N/A
	Wirral Early Intervention Service	N/A
<u>QNFMS</u> : Quality Network for Forensic Mental Health Services	Saddlebridge Recovery Centre and Alderley Unit (LSU)	Accreditation not offered by this network
<u>QNIC</u> : Quality Network for Inpatient CAMHS	Coral Ward	Accredited
	Indigo Ward	Participating but not yet undergoing accreditation
<u>AIMS PICU</u> : Psychiatric Intensive Care Units	Brooklands Ward	Accredited
<u>HTAS</u> : Home Treatment Accreditation Service	Wirral Home Treatment Team	Not yet assessed
<u>QED</u> : Quality Network for Eating Disorder Services	Oaktrees Ward	Accredited
<u>EIPN</u> : Early Intervention in Psychosis Network	Early Intervention in Psychosis West	Accreditation not offered by this network
	Wirral Early Intervention Team	Accreditation not offered by this network

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 our income to the achievement of local, regional, and national quality improvement goals. *CQUIN* goals are reviewed through the contract monitoring process.

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust's income in 2016/17 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 2017/18 and for the following 12 month period available by request from the Trust's Effective Services Department: email lynn.davison@cwp.nhs.uk

The maximum income available in 2016/17 was £3,225,995 and the Trust received £3,126,445 (to be confirmed after quarter 4 submissions) for the *CQUIN* goals achieved. The total monies available in 2017/18, upon successful achievement of all the agreed *CQUIN* goals, is forecast to be £2,050,725 (this figure currently excludes the Wirral Associates to the NHS contract, Bolton and Trafford CCGs as these have not yet been finalised) and a further £1,139,956 dependent upon meeting technical requirements stipulated by *NHS Improvement* and *NHS England*.

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 2016/17.

The Trust has participated in **1** investigation or review by the Care Quality Commission during 2016/17, which was in relation to the following area:

Routine re-inspection of core mental health services

In October 2016, mental health services were re-inspected in five core services that the Care Quality Commission identified as having areas which required improvement during the Trust's comprehensive inspection undertaken in June 2015, as well as re-assessing core services overall. The Care Quality Commission also inspected our Substance Misuse Services in East Cheshire for the first time.

The areas re-visited were:

- Forensic inpatient/ secure wards
- Acute wards for adults of working age and psychiatric intensive care units
- Community-based mental health for adults of working age
- Community-based mental health services for older people
- Specialist community mental health services for children and young people

Results of the re-inspection were published on 3 February 2017. All re-inspected services were rated as "Good" overall. Following the re-inspection, the Trust's rating has not changed, remaining as "Good" overall with "Outstanding" for caring.

There is one area for improvement identified from the re-inspection, in relation to the "safe" domain for acute adult and psychiatric intensive care units. A robust action plan was developed, which has been agreed with the Care Quality Commission and is subsequently being implemented. All actions are on track and due to be completed by 31 July 2017.

CWP community physical health services have not yet received a re-inspection by the Care Quality Commission.

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 2016/17 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:
99.6% for admitted patient care;
100% for outpatient care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:
99.1% for admitted patient care; and
100% for outpatient care

Information Governance Toolkit attainment levels

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

Cheshire and Wirral Partnership NHS Foundation Trust's Information Governance Assessment Report score overall for 2016/17 was **95%** and was graded **green** (satisfactory).

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

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust was **not** subject to the *Payment by Results* clinical coding audit during 2016/17 by the *Audit Commission*.

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

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

Cheshire and Wirral Partnership NHS Foundation Trust will be taking the following actions to improve data quality:
Continue to implement the data quality framework during 2017/18.

Performance against key national quality indicator targets

We are required to report our performance against a list of national measures of access and outcomes, against which we are judged as part of assessments of our governance. We report our performance to the Board and our regulators throughout the year. These performance measures and quality outcomes help us to monitor how we deliver our services.

Performance against key national quality indicator targets from the Single Oversight Framework

Indicator	Required performance threshold	Trustwide	*CWAC	**CEC	***Wirral
Data completeness: community services, comprising:			100%	N/A	N/A
▪ Referral to treatment information	50.0%	100.0%			
▪ Referral information	50.0%	99.9%	99.9%	N/A	N/A
▪ Treatment activity information	50.0%	80.7%	80.7%	N/A	N/A
Care Programme Approach (CPA) patients, comprising:			98.7%	98.4%	99.1%
▪ Receiving follow-up contact within seven days of discharge	95.0%	98.6%			
▪ Having formal review within 12 months	95.0%	95.8%	95.0%	98.4%	94.3%
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50.0%	85.7%	81.7%	88.9%	85.5%
Improving access to psychological therapies (IAPT):			86.2%	85.9%	N/A
▪ People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	89.2%			
▪ People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	98.7% (quarters 3 and 4)	99.3%	96.8%	N/A

Indicator	Required performance threshold	Trustwide	*CWAC	**CEC	***Wirral
Minimising mental health delayed transfers of care	≤7.5%	0.7%	1.1%	0.0%	0.5%
Admissions to inpatients services had access to crisis resolution/ home treatment teams	95.0%	97.8%	99.7%	98.4%	95.9%
Mental health data completeness: identifiers	97.0%	99.6%	99.5%	98.8%	99.8%
Mental health data completeness: outcomes for patients on CPA	50.0%	85.4%	80.0%	85.4%	90.4%

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.

*The Cheshire West and Cheshire Local Authority (CWAC) include services within two CWP localities; West Cheshire Locality and Central and East Cheshire locality.

**Cheshire East Local Authority (CEC) includes services within the CWP Central and East locality.

***The Wirral Local Authority includes services within the CWP Wirral locality.

		Reporting period					
		2016/17			2015/16		
Quality indicator	Related NHS Outcomes Framework Domain	CWP performance	National average	National performance range	CWP performance	National average	National performance range
		98.6%	Not available until August 2017*	Not available until August 2017*	97.6%*	98.2%	84.3 – 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 NHS Improvement (target for 2016/17 is achieving at least 95.0% of all admissions gate kept, CWP performance for 2016/17 is 97.8%). The Trust has taken the following action to improve this percentage, and so the quality of its services: targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts.					
The percentage of patients aged (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Helping people to recover from episodes of ill health or following injury	(i) 1.2%*	Not available via HSCIC indicator portal*	Not available via HSCIC indicator portal*	(i) 9.4%*	Not available via HSCIC indicator portal*	Not available via HSCIC indicator portal*
		(ii) 5.8%*			(i) 6.5%*		
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because using information that is held on internal information systems. Readmission rates help to monitor success in preventing or reducing unplanned readmissions to hospital following discharge.					
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	73%	65%	54 – 73%	68%	66%	36 – 93%
		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 the best score of all mental health Trusts.					

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2016/17			2015/16		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
		The Trust has taken the following action to improve this percentage, and so the quality of its services, by developing an action plan to address 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	85%	N/A	79 -90%	Not available		
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the survey is administered and verified by Quality Health Ltd on behalf of the Care Quality Commission. The Trust has taken the following action to improve this percentage, and so the quality of its services. Sharing results with locality leaders to support their work to develop actions plans to address priority areas for improvement.					
Incidents (i)The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in (ii) severe harm or (iii) death	Treating and caring for people in a safe environment and protecting them from avoidable harm	** (i) 2855/ bed rate 51.5	** (i) 2963/ bed rate 46.5	** (i) 8 – 6723/ bed rate 6 – 84.0	*(i) 6067/ bed rate 55.0	*(i) 5200/ bed rate 41.2	*(i) 33 – 12295/ bed rate 0 – 82.9
		** (ii) 50/ 1.8%	** (ii) 10/ 0.4%	** (ii) 0-50/ bed rate 0 – 2.9%	*(ii) 59/ 0.9%	*(ii) 18/ 0.4%	*(ii) 0 - 123/ 0 – 2.4%
		** (iii) 51/ 1.8%	** (iii) 23/ 1.1%	** (iii) 0 – 84/ 0 – 10.0%	*(iii) 86/ 1.5%	*(iii) 39/ 0.9%	*(iii) 0 – 146/ 0 – 3.6%
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The data is analysed and published by the NHS Commissioning Board Special Health Authority. The national data stated relates to mental health trusts only. The Trust has taken the following action to improve this number/ percentage, and so the quality of its services: encouraging the reporting of incidents through it "learning from experience" report produced for staff three times a year. The national average data includes all mental health trusts that have provided partial or full data. *Represents full 2015/16 data hence the difference in reporting in the Quality Account 2015/16. **Represents data for 01/04/2016 to 30/09/2016, data for 01/10/2016 to 31/03/2017 will be available in April 2018.					

(*) denotes:

Performance for 2016/17 (and 2015/16 where applicable) is not available or is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendments Regulations 2012*.

The data source is *The Health and Social Care Information Centre (HSCIC)* Quality Accounts section within their indicator portal. The data source of the performance that is stated as Trust performance where *HSCIC* data is not available is the Trust's information systems.

Draft

Part 3.

Other information

An overview of the quality of care offered by CWP – performance in 2016/17

Below is a summary of our performance, during 2016/17, against previous years' quality improvement priority areas approved by Board as part of our *Quality Accounts*. The performance compares historical and/ or benchmarking data where this is available.

This approach demonstrates our commitment to continuing to review our performance.

Quality indicator	Year identified	Reason for selection	CWP performance			
			2014/15	2015/16	2016/17	
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	7598 incidents	10560 incidents	9558 incidents	
			Central & East Cheshire			3092 incidents
			West Cheshire			4588 incidents
			Wirral			1789 incidents
			Corporate			89 incidents
			Data source = the Trust's incident reporting system (Datix).			
ii. 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> 87% (National average 75%)	NHS Staff Survey scores <i>Training:</i> N/A*	NHS Staff Survey scores <i>Training:</i> N/A*	
			<i>Availability of hand washing materials:</i> N/A*	<i>Availability of hand washing materials:</i> N/A*	<i>Availability of hand washing materials:</i> N/A*	
Data source = National NHS Staff Survey Co-ordination Centre. The <i>NHS National Staff Survey</i> results include the percentage of staff saying that they have received training, learning, or development in infection control. *The NHS Staff Survey Advisory Group reviewed these questions for their usefulness and relevance for the 2014/15, 2015/16 and 2016/17 surveys and decided not to include in the survey.						
iii. Care Programme Approach (CPA) patients receiving follow-	2008/09	Preventing people from dying prematurely	97.9%	98.4%	98.6%	
			Data source = The Trust's information systems.			

Quality indicator	Year identified	Reason for selection	CWP performance		
			2014/15	2015/16	2016/17
up contact within seven days of discharge from psychiatric inpatient care					
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: CWP compliance 64.0%</p> <p>CWP target 57.3%</p> <p>Psychosis: CWP compliance 84.2%</p> <p>CWP target 90.9%</p>	<p>Dementia: CWP compliance* 76.3%</p> <p>CWP target 59.3%</p> <p>Psychosis: CWP compliance* 97.1%</p> <p>CWP target 90.9%</p>	<p>Dementia: **N/A -</p> <p>Psychosis: **N/A</p>
<p>Data source = Clarity Informatics There is up to a six month delay in reporting of compliance data relating to 2015/16. *These figures for 2015/16 reflect CWP's monthly submissions up to and including January 2016. **Advancing Quality programme for dementia and psychosis has been discontinued</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>97% compliance with the patient having their BMI calculated on admission</p> <p>Performance was measured once during the year as part of the Trust's patient safety priority for 2014/15. The denominator was 596.</p>	<p>99.5% compliance with the patient having their BMI calculated within the previous week</p> <p>Performance was measured every two months as part of the Trust's patient safety priority for 2015/16. The denominator was 639.</p>	<p>100% compliance with the patient having their BMI calculated during their inpatient stay or within last 12 months if admitted >12 months ago.</p> <p>Performance was measured once during the year as part NHS England/Royal College of Psychiatrists</p>

Quality indicator	Year identified	Reason for selection	CWP performance		
			2014/15	2015/16	2016/17
					National CQUIN: Improving physical healthcare to reduce premature mortality in people with severe mental illness - Cardio Metabolic assessment and treatment for patients with psychoses. The denominator was 50.
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	During the year the Trust has developed a pathway template to regularly monitor progress with the development of care pathways and the reporting of outcomes from measurement of these pathways. These pathways are based on NICE guidance and collect the minimum data required to ensure a quality service is being delivered.	Additional pathways were developed during 2015/16 to facilitate a reduction in unwarranted variation in the following areas of care: <ul style="list-style-type: none"> ▪ Acute care ▪ Bipolar disorder ▪ ADHD 	Acute care pathways have been strengthened by implementing 3 further pathways. 1) The establishment of a centralised bed management hub during 2016/17. The bed hub works closely with the Complex Recovery Assessment and Consultation (CRAC) team for more complex service users requiring additional assessment and rehabilitation. 2) Enhanced collaboration between

Quality indicator	Year identified	Reason for selection	CWP performance		
			2014/15	2015/16	2016/17
					<p>primary, community and secondary care started as a pilot scheme within Princeway Community Care Team and has now been extended to facilitate reduced length of stay.</p> <p>3) Further work has been undertaken to integrate mental and physical health services, including the introduction of psychological therapies for some long term conditions.</p>
Patient experience					
i. Patient experience	2008/09	Understanding the experience of service users, and their carers, is fundamental to being able to provide high quality services and to identify areas for improvement	<p>33% increase compared with 2013/14</p> <p>This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 410 patient experience contacts in 2014/15.</p>	<p>25% increase compared with 2014/15</p> <p>This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 118 patient experience contacts in 2015/16.</p>	<p>26% decrease compared with 2015/16</p> <p>This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 502 patient experience contacts in 2016/17.</p>
			Central & East Cheshire		765
			West Cheshire 2016/17 excluding Physical Health		1459
			West Cheshire 2016/17 Physical		493

Quality indicator	Year identified	Reason for selection	CWP performance		
			2014/15	2015/16	2016/17
			Health only		
			Wirral incidents		1057
			Corporate incident		30
			<p>Data source = the Trust's incident reporting system (Datix).</p> <p>For 2016/17 the changes in patient feedback are: Concerns = 25% decrease PALS contacts = 300% increase Comments/ suggestions = 43% decrease Compliments = 32% decrease Complaints = 53% increase</p> <p>The increase in PALS contacts is associated with the development of a Patient and Carer Experience Team that includes the additional role of a Carer Advice and Liaison Service Officer. The service has been promoting the service during this financial year to provide a more targeted and focused approach.</p> <p>The decrease in formally recorded compliments is associated with the implementation of a new compliments reporting system during the year. We are acting on feedback around the use of the system to improve its efficiency and to encourage reporting more positive feedback and examples of good practice.</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	2 complaint/serious incident quality assurance reviews	6 complaint/serious incident quality assurance reviews	12 complaint/serious incident quality assurance reviews
			Central & East Cheshire		12
			West Cheshire		9
			Wirral		2
			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.		
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 78% (better than the average performance across all other mental health Trusts) Responses =	National Patient Survey score N/A*	National Patient Survey score 74% (better than the average performance across all other mental health Trusts) Responses =

Quality indicator	Year identified	Reason for selection	CWP performance		
			2014/15	2015/16	2016/17
			256 – CWP inpatient survey 74% service users rated the service they received as 'good' or 'excellent' Responses = 142	– CWP inpatient survey N/A*	237 – CWP inpatient survey N/A**
			<p>*The Trust does did not have these specific survey results to report for 2015/16.</p> <p>** The Trust does did not have these specific survey results to report for 2016/17.</p>		

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

Mandated indicators

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

Locally selected indicator

- Minimising Mental Health delayed transfer of care.

Additional information on improving the quality of CWP's services in 2016/17

Below is a selection of the work over the past year that some of our services have undertaken to improve the quality of the services we provide. Our *Quality Improvement Reports*, published three times a year, provide more information about the quality of the services we provide throughout the year.

Improving patient safety

Our Tissue Viability team has successfully sustained a continuous reduction in avoidable pressure ulcers in the community.



In the twelve months to June 2015, 13 out of 95 stage 3 or 4 pressure ulcers were deemed avoidable (which equates to 14%). Stage 3 and 4 pressure ulcers are the most severe stages where there is significant skin and tissue damage and risk of infection. In the twelve months to June 2016 (i.e. one year on) the corresponding figures were 10 out of 111 (or 9%). In other words, the number of pressure ulcers being identified and treated went up, and the proportion of avoidable pressure ulcers went down. Incident analysis demonstrates the longest run of months without a single avoidable pressure ulcer incident reported in the community. None have been reported since June 2016. This shows sustained improvement in the care we provide and demonstrates how our staff are learning from incidents by reflecting on their practice.

This is one example of many in the Trust that shows how our staff are embracing our Zero Harm campaign, which is about supporting people to deliver the best care possible, as safely as possible and in doing so reducing unwarranted avoidable harm. Through collaboration, learning, sharing knowledge and listening and responding, we have achieved real improvements in the way we deliver care to people.



In February 2015, CWP identified an "Accelerating Restraint Reduction" Quality Improvement project, sponsored by the Medical Director. This was in response to national benchmarking data which suggested that we were reporting more incidents than the national average. Through implementing the project, as well as significantly reducing the number of prone position restraint incidents, there is clear evidence that staff are progressively using more de-escalation techniques. Quality Surveillance Analysts from our Safe Services Department continue to monitor ongoing progress and improvements are being sustained to-date.

An academic paper describing CWP's approach to reducing prone position restraint has been accepted for publication in the *International Journal of Health Governance*. A multidisciplinary team, led by Dr Elizabeth Shaw (previously a trainee grade doctor at CWP), and sponsored by Dr Anushta Sivananthan, Medical Director, audited CWP's approach to using prone position restraint, which in turn has significantly and sustainably reduced the number of restraint incidents.

Our Estates and Facilities team have taken the lead on environmental risk management. This includes undertaking environmental risk assessment surveys of all CWP inpatient units, resulting in a 5-year capital investment programme of remedial works.



The Estates and Facilities team have collaborated with clinicians to develop a suite of supporting information including risk management plans, snapshot reports, ward specific risk maps and dashboards. The reports have been designed to provide accurate risk information in an easily accessible format. A dashboard allows senior management/ board level to review progress on reducing risks.

CWP now has a robust risk management plan in place and is on target to achieve its strategic risk targets. The systems are considered an example of best practice and CWP is currently supporting neighbouring Mental Health trusts with developing environmental risk plans.

CWP marked **World Suicide Prevention Day** (10 September) with a suicide prevention workshop, drawing over 80 attendees, with speaker Angela Samata, former head of *Survivors of Bereavement by Suicide (SOBS)* and presenter of a BBC documentary *Life after Suicide*.

As part of its Zero Harm strategy, CWP is committed to reducing the risk of suicide and has developed a four-year Suicide Prevention Strategy with partners across Cheshire and Merseyside. Audrey Jones, Head of Governance, has led this project, which is aligned to both national and regional strategies.



Improving clinical effectiveness



CWP's physical health community care teams have improved collaborative working with secondary care. The team wanted to improve communication and information sharing between primary and secondary care after they noted that patients with complex needs, often elderly, were being admitted to hospital without any notification to the community care team. This led to failed visits and lack of continuity of care for both the patient and staff. A pilot scheme began last year with teams having conference calls with professionals in secondary care. All of CWP's community care teams are now included in the project and a process has been formulated between CWP and the *Countess of Chester Hospital NHS Foundation Trust*.

As well as improved communication between primary and secondary care, the project has resulted in a greater understanding of what each team does. There is now a slicker, safer flow of the patient's journey. The project has reduced the number of failed home visits. Local GP practices are also involved, further facilitating greater communication and awareness between primary and secondary care.



Our forensics department has teamed up with the *National Autistic Society* to improve screening for autism at Cheshire's custody suites and to prevent those with learning difficulties from re-offending. The partnership has implemented screening measures whereby everyone who enters the custody process is assessed for autism using a tailored questionnaire. Individuals who require support are then referred to the relevant team.

The aim is to identify autism at the earliest opportunity, so that adjustments can be put in place to support people during their time within the criminal justice system.

The Macmillan Specialist Community Palliative Care Team has developed a drop in clinic for patients with motor neurone disease (MND) and their families. MND is a rare neurological condition that causes the degeneration (deterioration and loss of function) of the motor system (the cells and nerves in the brain and spinal cord which control the muscles in our bodies). This results in weakness and wasting of the muscles. MND is progressive and symptoms worsen over time. MND severely reduces life expectancy and most people with MND die within five years of the onset of symptoms. The team has developed a drop-in clinic so that patients suffering with MND, and their carers, can call into the Hospice once a month for advice. This enables therapists to reassess and offer appropriate treatment. A focus group was set up to establish patients' requirements; this resulted in the creation of the clinic. The team also planned a programme of speakers to give informative monthly talks. It has also provided patients with a social element to their care as they meet at the clinic, allowing them, and their carers, to provide mutual support to each other.



Fountains Community Care Team has been collaborating with St Werburgh's Medical Practice for the homeless, and Richmond Court Homeless Facility, to improve the end of life care for people who are homeless. The palliative care service is the first of its kind attached to this type of accommodation; this facility having been researched and developed with support from a range of agencies and health professionals including CWP staff. The centre also has a dedicated medical room to allow its partner health agencies to provide more advanced treatment options for homeless people. CWP staff

provided advice on equipping this facility. The team wanted to ensure that access to end of life care for homeless people was fair and equitable with other patients. The aim of the project was to provide dignified end of life care, fulfil the persons' wishes, and support their friends within the homeless community. There is now an agreed process in place to support homeless people in Richmond Court needing end of their life, which allows them to remain within Richmond Court, but also be supported with their end of life medical needs and medication administration.

Catherine House has established an Alcohol Support Drop-in at which is open to anyone accessing either the Community or Hospital Alcohol Liaison Service (HALS). People can receive advice and support, and an introduction to what is available from the service. There is an opportunity to provide brief interventions. This project typifies how CWP teams are making services more accessible to those who use them, and providing affordable and sustainable solutions.

Improving patient experience

Our older people wards have signed up to a national campaign, called *John's Campaign*, to enable the families and carers of patients with dementia to stay with them in hospital. John's Campaign is named after Dr John Gerrard with passed away with Alzheimer's disease in 2014. Meadowbank, Croft and Cherry wards have all pledged their support to the campaign after recognising the important role that families and carers play in putting people with dementia at ease during their hospital stay, demonstrating their commitment to person-centred care.



Patient-led assessments of the care environment (PLACE) are a self-assessment of non-clinical services which contribute to healthcare delivered in both the NHS and independent healthcare sector in England. Through focusing on the areas which matter to patients, families and carers, the PLACE programme aims to promote a range of principles including:

- Putting patients first.
- Actively encouraging feedback from the public, patients and staff to help improve services.
- Striving to get the basics of quality of care right.
- A commitment to ensure that services are provided in a clean and safe environment that is fit for purpose.

The PLACE results for 2016/17 were released in August and are detailed in the table below. The results demonstrate that:

- CWP scores have improved from previous visits.
- CWP is above national average on all areas of inspection.

Area of assessment	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
CWP	99%	92%	92%	97%	95%	89%
Central & East Cheshire	99%	92%	91%	96%	95%	86%
West Cheshire	100%	93%	91%	98%	97%	93%
Wirral	99%	93%	97%	99%	96%	95%
National	98%	88%	84%	93%	75%	79%



Patient experience is a key element of quality at CWP. This means ensuring the people who access our services, have a positive experience of their care, and receive treatment with compassion, dignity and respect. CWP staff and volunteers marked Dignity Action Day 2017 by asking colleagues and visitors "What does dignity mean to you?" Dignity Action Day gives everyone the opportunity to contribute to upholding people's rights to dignity and provide a truly memorable day for people receiving care. Dignity Action Day aims to ensure people who use care services are treated as individuals and are given choice, control and a sense of purpose in their daily lives.



CWP and partners are developing a Specialist Perinatal Community Mental Health Service. The service will be delivered through three locality teams provided by CWP, 5 *Boroughs Partnership NHS Foundation Trust* and *Mersey Care NHS Foundation Trust*, and will support women with serious mental health problems during pregnancy and in the first year after birth. The funding from the Perinatal Mental Health Community Services Development Fund is the first successful bid for the Cheshire and Merseyside Sustainability and Transformation Plan (STP) footprint. The perinatal development fund, set up by *NHS England*, is part of a £365million plan to expand perinatal support to an extra 30,000 women a year by 2020. Women are more likely to

suffer from mental health issues during the perinatal period than at any other point in their lives. Securing this funding has provided CWP and its partner trusts with the opportunity to greatly improve access to evidence-based treatments, as well as training for other front-line services caring for local women. It will improve early intervention in perinatal mental health care to prevent local women and their children from experiencing potential problems in the future and build capacity and sustainability across the workforce to ensure consistent, high-quality care across the region. Thousands of women from across Cheshire and Merseyside will benefit from the additional funding.

Staff in the 14-18 Wirral CAMHS Team run an Activity Group for young people and, as part of this, they have recently been working with a local gym to set up some free sessions with young people who access their service with a view to getting them out and about, active and improving their emotional well-being.

Exercise and engaging in meaningful occupations can have a positive impact on a person's mental health. The young people who access the activity group typically are not attending school and are very isolated, often spending long periods of time at home on their own. Exercise can help to:

- Reduce anxiety symptoms, improve self-esteem and help to build confidence.
- Give these young people some meaningful occupation adding to their structure and routine for the week, allowing them to try new activities in a supportive environment.
- Engage with other young people who have similar difficulties.
- Have a positive impact on low mood and depression, as well as improving their physical well-being.



The Occupational Therapists contacted local gyms in Hoylake, to see if they could offer any sessions to help the young people who access the Wirral CAMHS service to help reduce their anxiety around attending the gym, but also to help them access exercise and all the positive benefits this can offer.

The Underground Training Station (UTS) gym in Hoylake offered a 6 week programme at their gym, and offered to tailor this to meet the needs of the young people. The initial sessions will be kept short and friendly to get the young people used to the idea of going in the gym as this is a massive barrier for some. The sessions will develop to deliver a circuit style class aimed at harnessing the power of physical activity and basic nutrition to help improve the mental health and well-being of the young people who attend.

Annex A: Glossary

Board

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

Care 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 clinically-led statutory bodies that are responsible for designing and commissioning/ buying local health and care services in England.

Commissioners

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

Commissioning for Quality and Innovation – CQUIN

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

Community physical health services

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

Crisis

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

Department of Health

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

Duty of Candour

This is Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

Forensic

Forensic mental health is an area of specialisation that involves the assessment and treatment of those who have a mental disorder or learning disability and whose behaviour has led, or could lead, to offending.

Foundation Trust

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

Health Act

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

Healthcare

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

Healthcare Quality Improvement Team

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

Heinrich ratio

The Heinrich ratio relates to the number of incidents that do not result in harm to the number that result in minor harm, and the number resulting in major harm. This is written as a ratio based on 1 case of major harm – 300:30:1.

Hospital Episode Statistics

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

Human Factors

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

Information Governance Toolkit

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

Locality Data Pack

Locality data packs (LDPs) are data sets contained quality of service and care information about wards and teams. They are prepared every two months for wards, and community teams with three or more staff. Team managers use them to compare their team against benchmarks, to share good practice and to drive further improvement.

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.

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.

NHS Improvement

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

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.

Palliative

Palliative care is specialised medical care for people with serious illness or life limiting illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

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.

Person-centred care

Connecting with people as unique individuals with their own strengths, abilities, needs and goals.

Perinatal

The perinatal period extends from when pregnancy begins to the first year after the baby is born.

Providers

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

Public health

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

Quarter

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

Registration

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

Regulations

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

Research

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

SBAR

SBAR stands for Situation, Background, Assessment and Recommendation. It is a widely used communication tool and is evidenced based to reduce the incidence of harm.

Secondary care

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

Secondary Uses Service – SUS

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

Serious untoward incident

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

Service users/ patients/ people who access services

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

Special review

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

Stakeholders

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

Strategy

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

The Health and Social Care Information Centre

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

Zero Harm

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

Draft

Annex B: Comments on CWP Quality Account 2016/17

Statement from Governors

Awaited

Comments by CWP's commissioners

Awaited

Statement from Scrutiny Committees

Awaited

Statement from Healthwatch organisations

Awaited

Draft

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

To be provided end May 2017

Draft

**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 be provided end May 2017

Draft

Annex E: Definitions of the performance measure indicators

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

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

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

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

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

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

Locally selected indicator

Minimising Mental Health Delayed transfer of care

For minimising mental health delayed transfers of care - Numerator: 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 quarter. For example, one patient delayed for five days counts as five. Denominator: the total number of occupied bed days (consultant- and non-consultant led) during the quarter. Delayed transfers of care attributable to social care services are included.