

5 Boroughs Partnership NHS Foundation Trust

Quality Accounts

2012/13

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Part 1 – Our Commitment to Quality

1.1 Our Quality Accounts 2012/13

This is the fourth Quality Account produced by 5 Boroughs Partnership NHS Foundation Trust. Our Quality Account is published alongside our Annual Report, which we will continue to produce each year and make available as a public statement of our commitment to improving quality and safety in the Trust.

The purpose of our Quality Account is to demonstrate the Trust's commitment to improving quality and safety for the people who use our services. It presents:

- Where improvements in quality are required
- What we are doing well as an organisation
- How service users, carers, staff and the wider community are engaged in working with us to improve quality of care within the Trust

1.2 Chief Executive's Statement

All providers of NHS healthcare services are required to produce a Quality Account - an annual report to the public about the quality of services delivered.

We welcome this opportunity to take an honest look at how well we have performed during the reporting year and to outline future improvements we aim to make.

We have worked with the following groups to produce our Quality Account:

- Clinical Governance and Clinical Risk Committee
- Council of Members via our Compliance with Authorisation Committee
- Staff, service users and carers from across the breadth of our organisation

We have also consulted with key external stakeholders including:

- Overview & Scrutiny Committees
- Healthwatch Organisations (formerly Local Involvement Networks (LINKs))
- Clinical Commissioning Groups

You can read what our stakeholders have to say about our quality performance in **Appendix 1**.

I am pleased to comment that during the reporting year we have achieved all our three quality priorities: falls, shared decision making and issues of concern.

- The quality priority for falls has been to further focus on the prevention of avoidable harm as a result of falls. I am pleased to report the reduction of patient falls by 21 per cent, compared with last year. This is as a direct result of the innovative preventative initiatives brought about by our multi-disciplinary Strategic Falls Prevention Group.

The Group introduced two Falls Prevention Forums; further developed our policy and procedures; standardised clinical practice and increased the knowledge and ability of our staff to provide evidence-based care and to obtain and use falls prevention equipment and clothing.

- The quality priority for shared decision making was to increase engagement with service users to ensure they are involved in decision-making at an earlier stage of their care and treatment; further embedding person-centred care planning; to promote independence and self-management of care.

The Musculoskeletal Service (MCAS) worked on a project to implement shared decision making tools in their outpatient clinics. The success of these tools has been demonstrable in achieving our quality priority. In consultation with our stakeholder organisations and our Council of Members, this topic will continue to be a quality priority for 2013/14 where we will extend this success to other services including mental health.

- Our third quality priority was to look at our processes for issues of concern expressed by service users - acting on the information they share; to build on positive experiences and change where they tell us we can do better.

We now have a risk management system that collects all complaints, concerns and compliments across the whole Trust - which has enabled improved reporting and monitoring. Patient Experience feedback is now reported more effectively for use by operational services to make changes. These changes are fed back to service users and carers via 'You Said, We Did' posters. The roll-out of the 'Take it to the Top' to services has been a success and we review and respond to postings on the Patient Opinion website. In addition, I am pleased that since February 2013 patient stories have been used at the start of every Trust Board meeting.

These are all excellent outcomes, which show how our people come together to jointly address tangible issues for those we care for. You can read more about these: our Trust-wide achievements and initiatives - and view detailed information about our performance against quality and safety priorities and indicators - within the following report.



Simon Barber
Chief Executive

1.3 Chairman's Statement

We want to get better at listening to what our service users and carers think about the service we provide; build on positive experiences they share with us and change where they tell us we can do better.

Here, you can read about the steps we have taken to improve the way we collect and act upon the concerns – one of our three quality priorities in 2012/13.

We have also been taking positive steps towards involving service users at an earlier stage in decision-making about their care and treatment; focusing on recovery, and promoting independence.

Your Member Councillor Representatives from the Council of Members have approved the Quality Priorities for 2013/14 - as detailed in this report.

I welcome your continuing support and involvement over the next 12 months as we work together to achieve them.



Bernard Pilkington
Chairman

1.4 Our Overall Purpose

We work with many partners including Clinical Commissioning Groups; Local Authorities; Social Services and the voluntary sector to help us accomplish our overall purpose:

“We will take a lead in improving the wellbeing of our communities in order to make a positive difference throughout people’s lives.”

1.5 The Trust's Values

"We **value** people as individuals ensuring we are all treated with dignity and respect."

"We **value** quality and strive for excellence in everything we do."

"We **value**, encourage and recognise everyone's contribution and feedback."

"We **value** open, two-way communication, to promote a listening and learning culture."

"We **value** and deliver on the commitments we make."

For more information about how we have included our values in the development of our organisational culture, please see section **3.3.5** of this report.

1.6 Supporting Statements

In order to help demonstrate the Trust's commitment to quality improvement, supporting statements have been provided by the following:

- Chair of the Clinical Governance and Clinical Risk Committee
- The Trust's Council of Members (Compliance with Authorisation Committee)

These statements are included as **Appendix 1**.

A table of wider engagement activities is available at the following link:
www.5boroughspartnership.nhs.uk/quality-accounts/

1.7 Statements from External Stakeholders


Supporting statements have been invited from:

- Overview & Scrutiny Committees
- Healthwatch Organisations
- Lead Commissioner Statement
- Clinical Commissioning Groups

These are also included in **Appendix 1**.

1.8 Chief Executive's Written Statement and Signature

I confirm that to the best of my knowledge the information in the 2012/13 Quality Account is accurate.


S Barber

Part 2 - Priorities for Improvement

2.1 Trust Quality and Safety Priorities 2012/13

We start this section by reporting on our achievement against the Trust Quality and Safety Priorities we set ourselves for 2012/13.

The table below outlines the indicators, our progress and how we met these over the past year. All are applicable to the Trust as a whole - including services within mental health, learning disabilities and community health.

Quality & Safety priorities 2012/13	Outcome	Commentary
<p>Safety: Falls</p> <p>To provide evidence on how the Trust has addressed Falls amongst the service user population.</p> <p>During 2011/12 the Trust achieved its quality priority in relation to reduction of harm.</p> <p>In 2012/13 we are going to focus further on the prevention of avoidable harm as a result of falls.</p> <p>In addition, as part of the National Mandatory CQUIN targets for 2012/13 the Trust will also be monitoring falls using the NHS Safety Thermometer.</p>	<p>Met</p>	<p>The Trust can demonstrate how it has met this quality and safety priority by the following progress made during 2012/13:</p> <ul style="list-style-type: none"> • Trust Falls Prevention Strategy Group formed • Falls Strategy and Work Plan finalised following consultation • Links to Falls CQUIN Target • Monitor relevant patient safety falls data • A Falls Champions Group formed in both Mental Health and Learning Disabilities and Community Health Services • Six Falls Champions within Mental Health and Learning Disabilities • 26 Falls Champions within care homes from Community Health Services <p>Falls Champions with clinical expertise provide awareness-raising and education and support for all clinicians for:</p> <ul style="list-style-type: none"> • risk screening assessment • development of appropriate care and treatment interventions of patients who have fallen or who are at risk of falling <p>The success of the strategy can be demonstrated by the Trust achieving a 21 per cent reduction in patient falls compared to the previous year.</p>

Quality & Safety priorities 2012/13	Outcome	Commentary
<p>Effectiveness: Shared Decision Making</p> <p>To identify examples of shared decision-making between service user and the clinician; recognition of the ‘expert’ status of the service user; developing person-centred care plans and supporting carers.</p> <p>Further embedding of person-centred care planning will promote independence and self-management of care.</p> <p>Increased engagement with service users will ensure they are involved in decision-making at an earlier stage of their care and treatment.</p> <p>The Trust has also considered service user feedback about the quality and involvement they want with their care planning.</p>	<p>Met</p>	<p>The Trust can demonstrate how it has met this quality and safety priority by the following progress made during 2012/13:</p> <p>The Musculoskeletal Service (MCAS) has commenced a project with the Advancing Quality Alliance (AQuA) to implement shared decision making in their outpatient clinics where there are decision tools available for specific conditions.</p> <ul style="list-style-type: none"> • MCAS intends to extend this to more presenting conditions at outpatient appointment as AQuA develops and validates the range of decision making tools • 5BP are acting as the North West host for AQuA to train facilitators of shared decision making which will also enable the Trust to extend this initiative to as many services as appropriate (for example Podiatry Services and Dietetic and Weight Management Services)

Quality & Safety priorities 2012/13	Outcome	Commentary
<p>Experience: Issues of Concern</p> <p>The Trust will look at the process for collecting and acting upon issues of concern expressed by service users.</p> <p>The Trust wants to listen to what our service users think about the service we provide; build on positive experiences they share with us and change where they tell us we can do better.</p>	<p>Met</p>	<p>The Trust can demonstrate how it has met this quality and safety priority by the following progress made during 2012/13:</p> <ul style="list-style-type: none"> • As of October 2012 the risk management system now collects all complaints, concerns and compliments across the whole Trust • Improved reporting and monitoring • ‘Take It to the Top’ rolled out to services • Patient Opinion public website reviewed and responses made • Patient stories have been used at the start of every Trust Board meeting from February 2013 • Patient Experience Reports used by operational services from January 2013 • Changes made are fed back to service users and carers via ‘You Said, We Did’ posters.

2.2 Improving on 2012/13 Quality Measures

The Trust’s quality and safety priorities for 2012/13 have been monitored for the past year - resulting in the achievement of them all. As there will be a change in the ‘experience’ quality and safety priority in 2013/14, the Trust has already established how it will continue to make improvements using patients’ experience over the coming year:

During 2013/14 we will continue to:

- Work with operational services to develop ways of utilising Patient Experience data in order to influence service redesign
- Work with service users and carers in agreeing ways of demonstrating the effectiveness of their feedback via a ‘You Said, We Did’ format
- Develop our corporate reporting structures
- Fine-tune current Patient Experience activities
- Develop new opportunities to involve service users and carers in Trust business

These areas will build on the work undertaken in 2012/13 when we developed a Patient Experience Report for operational services analysed

by Modern Matrons and their teams. The Matrons then lead on any changes which are fed back to service users and carers via 'You Said, We Did' posters and on the Trust website.

2.3 Quality and Safety Priorities for Improvement 2013/14

To demonstrate our continual commitment to quality improvement we have engaged with our service users; local scrutineers and Foundation Trust members to agree our quality and safety priorities for the year ahead.

The three quality priorities will demonstrate improvements in patient safety; patient experience and effectiveness of our services. The Trust Board will monitor progress for the quality priorities throughout the forthcoming year.

These three quality and safety priorities have been chosen and designed for the Trust as a whole and are markers for improvement for mental health, learning disabilities and community healthcare. The priorities will align with Trust objectives for 2013/14 and will be quality targets agreed with our commissioners.

Quality & Safety priorities 2013/14	Indicator	Rationale
Safety: Falls (reduction in harm-related)	<p>As part of the Trust's three-year Falls Strategy, there is an ambition to implement a standard process for our service users who are identified as at risk of falling and apply this consistently across all areas of the Trust to reduce harm associated with falls.</p> <p>We aim that for all service users who are identified at meeting the 'at risk' threshold, we consistently carry out risk assessments. Care plans are person-centred with interventions known to work effectively and we deliver on the agreed care and interventions.</p>	<p>The Falls Prevention Strategy Group - responsible for delivery of the three-year strategy - have identified people who are typically at risk of falling. People within this risk threshold are:</p> <ul style="list-style-type: none"> • of age 65 and over • have a history of falls • have known mobility or balance difficulties • those who already use a walking aid • have a diagnosis of osteoporosis • have sensory impairment • people admitted to in-patient services <p>Falls risk assessments will be carried out consistently and will be the basis for care plans that are person-centred and include known effective interventions for people at risk. These include:</p> <ul style="list-style-type: none"> • health promotion • management of immediate and long-term conditions related to risk of falls • harm minimisation strategies

Quality & Safety priorities 2013/14	Indicator	Rationale
<p>Effectiveness: Shared-care</p>	<p>The Trust will increase the number of services within Community Health Services engaged in Shared Decision Making with their service users. The Trust will also commence a roll-out programme to implement Shared Decision Making in Mental Health Services.</p> <p>As part of the roll-out, decision aid material will be developed and reviewed. Collaborative working with Wigan Healthwatch Organisation will assist in the development of these aids for some mental health services.</p>	<p>During 2012/13 the Musculoskeletal Service within Community Health Services was involved in the National Shared Decision Making Collaborative Programme 2012/13. The programme has resulted in measurable improvements in quality of the service provided to patients.</p> <p>The roll-out of this programme to other services in the Trust will ensure that where a service user has a range of options with regard to their healthcare they are supported to make an informed, best choice for themselves. This is an essential element of person-centred care and is shown to improve patient compliance with healthcare - thus increasing the effectiveness of the care and treatment we deliver.</p> <p>Training has been undertaken for key individuals to take this programme forward to apply these new principles of shared decision making to both physical and mental health services where this has never been used before.</p>

Quality & Safety priorities 2013/14	Indicator	Rationale
Experience: Service user involvement in Trust Business	<p>To build upon the involvement of service users and carers and ensure their expertise and knowledge is utilised within the day-to-day business of the Trust.</p> <p>We will develop new opportunities for service users and carers in aspects of the Trust's quality agenda - including involvement in:</p> <ul style="list-style-type: none"> • the internal quality review programme • staff recruitment • Serious Untoward Incident investigations <p>We will establish a baseline for people currently trained and involved and will recruit and provide training for internal quality inspections; Serious Untoward Incidents and staff recruitment.</p>	<p>Service users and carers are recognised as Experts by Experience. The Trust wants to ensure their 'voice' is heard in all areas of the Trust from recruiting and training our staff; inspecting our premises; influencing the development of new services and service redesign; monitoring existing services and helping us identify what we do well and what we can do better.</p> <p>We will develop systems to support their personal development aimed at increasing skills, knowledge and overall satisfaction from their involvement.</p>

2.4 Trust Quality Improvement Plan

The Trust is developing a Quality Improvement Plan for 2013/14 which includes:

- Quality definition – proposed through consultation and discussion with Council of Members
- Engagement event held between Clinical Leadership Group and Leadership Forum - of which the members are senior managers and clinical leaders across the organisation, and facilitated by two Executive Directors.
- Event to agree and propose Quality Definition and areas of work for 2013/14
- Trust Quality Strategy to be developed
- Trust Quality Committee to be established to provide leadership and assurance to the Trust Board on the effectiveness of Trust

arrangements for quality - ensuring there is a consistent approach throughout the Trust, specifically in the areas of:

- Safety (Patient and Health and Safety)
- Effectiveness
- Patient Experience

www.5boroughspartnership.nhs.uk/quality-accounts

2.5 Statements of Assurance Provided by the Trust Board

As part of our Quality Account we are required to present a series of statements which have been agreed by the Trust Board which relate to the quality of our services. These statements serve to offer assurance to our members and the general public that we are:

- Performing to national essential standards of quality and safety (Care Quality Commission registration standards)
- Measuring and improving our clinical performance in audit and research activity
- Engaging in innovative projects (Commissioning for Quality and Innovation payment framework)
- Maintaining compliance with our Monitor targets (see section 3.1 of this document)

2.5.1 Review of Contracted Services

During 2012/13 5 Boroughs Partnership NHS Foundation Trust provided and/or sub-contracted 285 NHS services.

5 Boroughs Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The Trust ensures that data available for these services covers the three dimensions of quality: patient safety, clinical effectiveness and patient experience. This allows for regular service reviews against the strategies set out in the Trust's Integrated Business Plan.

The income generated by the NHS services reviewed in 2012/13 represents 100 per cent of the total income generated from the provision of NHS services by 5 Boroughs Partnership NHS Foundation Trust for 2012/13.

2.5.2 Participation in Clinical Audits and National Confidential Inquiries

The Trust considers involvement in clinical audits to be a key indicator of quality. The importance of clinical audits is realised when it leads to the implementation of initiatives to improve services.

The increase in the number of clinical audits and service evaluation projects in the past year clearly demonstrates a culture for enthusiasm for the monitoring and continuous improvement of the quality of services we provide to our patients.

An example of improvement is the audit undertaken on Antimicrobial Prescribing.

The Trust undertakes regular audits on Antimicrobial Prescribing. The aim of these audits is to determine the level of compliance with prescribing and documentation against the Trust antimicrobial prescribing standards. The prescribing standards aim to reduce the incidence of bacterial resistance e.g. Methicillin-Resistant Staphylococcus Aureus (MRSA) and overgrowth of pathogenic bacteria such as Clostridium difficile.

The audit of September 2012 shows the Trust achieved compliance of 90 per cent or above with the Antimicrobial Prescribing standards. The recommended drug was chosen in 90 per cent of cases (compared with 95 per cent in June 2012). Although this is slightly lower than previous recent audits, the compliance rate remains very high.

The Trust achieved 100 per cent compliance with the requirement for an appropriate stop/review date - thus preventing under and over-treatment which can result in the problems. Compliance with the requirement to document the patient's allergy status in the notes achieved 95 per cent - the highest achieved by the Trust in this series of audits.

Swab samples sent for sensitivity testing confirm the Trust's Antimicrobial Guideline correctly details effective treatment (proactive selection) and/or that medical staff are referring to culture and sensitivity reports when prescribing (retrospective selection) in all cases.

The results from the September 2012 antimicrobial audit provide assurance to the Trust Board of continuing high compliance - particularly with Trust prescribing standards which reflect what the patient receives - thus helping to prevent the problems associated with inappropriate prescribing. This is due to:

- Continuing interventions by the Medicine Management Team to ensure initial prescribing choices are changed to match the Antimicrobial Guide
- Nurses prompting medical staff to refer to the Antimicrobial Guide when prescribing and documenting activity
- Introduction of all new medical staff to the guidelines and audit process during the induction programme

During 2012/13, three national clinical audits and one national confidential inquiry covered NHS services that 5 Boroughs Partnership NHS Foundation Trust provides.

During that period 5 Boroughs Partnership NHS Foundation Trust participated in 66 per cent of national clinical audits and 100 per cent national confidential inquiries of the national clinical audits and national confidential inquiries which it was eligible to participate in.

The national clinical audits and national confidential inquiries that 5 Boroughs Partnership NHS Foundation Trust was eligible to participate in during 2012/13 are as follows:

National Audit of Psychological Therapies
POMH UK Topic 11b – Antipsychotics - Dementia
POMH UK Topic 13a – Prescribing for Attention Deficit Hyperactivity Disorder
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)

The national clinical audits and national confidential enquiries that 5 Boroughs Partnership NHS Foundation Trust participated in during 2012/13 are as follows:

POMH UK Topic 11b – Antipsychotics - Dementia
POMH UK Topic 13a – Prescribing for Attention Deficit Hyperactivity Disorder
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)

A decision was made by the Trust to not participate in the National Audit of Psychological Therapies in 2012/13 due to service redesign and the implementation of the Acute Care Pathway.

The national clinical audits and national confidential inquiries that 5 Boroughs Partnership NHS Foundation Trust participated in - and for which data collection was completed during 2012/13 - are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry. Please see as follows:

Name of Audit	Number of cases submitted	% of required cases provided
POMH UK Topic 11b – Anti-psychotics – Dementia	338	100%
POMH UK Topic 13a – Prescribing for Attention Deficit Hyperactivity Disorder	90	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	231	100%

The report of one national clinical audit was reviewed by the provider in 2012/13 and 5 Boroughs Partnership NHS Foundation Trust intends to take actions (once agreed) to improve the quality of healthcare provided.

The reports of 334 local clinical audits were reviewed by the provider in 2012/13 and 5 Boroughs Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Action Plans are completed and agreed at the appropriate committee or group
- A Trust lead is appointed for each action
- Timescales for each action are established and agreed
- Follow up actions are agreed by the Trust

2.5.3 Participation in Clinical Research

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. It helps us ensure our clinical staff stay abreast of the latest treatment possibilities and they value active participation in research as this leads to successful patient outcomes.

The number of patients receiving NHS services provided or sub-contracted by 5 Boroughs Partnership NHS Foundation Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 142.

The Trust is strongly committed to supporting the activities of the Comprehensive Local Research Networks (CLRN). It is an active member of the Cheshire and Merseyside CLRN and has participated in a growing number of clinical studies in their research portfolio. The Trust is also a full member of the Mental Health Research Network.

The Trust was involved in conducting 32 clinical research studies in mental health, learning disabilities and community health services during 2012/13. The total number of subjects participating in research studies was 232. The studies included those that described new treatments (observational studies) as well as ones testing new treatments (interventional studies).

They covered a range of areas from trials of new therapeutic drugs to testing the effectiveness of new talking therapies. The studies included commercial clinical trials as well as National Institute for Health Research (NIHR) studies and included international collaborations, researching new treatments across all ages in areas including dementia; schizophrenia; Attention Deficit-Hyperactivity Disorder (ADHD) and self-harm.

The Trust was the top recruiter in the UK for several commercial and NIHR portfolio studies. As a result of this we have been approached by a number of pharmaceutical companies to participate in or complete feasibility studies for other clinical trials in Major Depressive Disorder; Schizophrenia and Dementia. With the success of the current studies, one of our Principal Investigators is acting as Chief Investigator with overall responsibility for a clinical trial in the UK. The number of sub/co-investigators has increased significantly in this year – with many of our Consultants gaining more experience in clinical trials to become Principal Investigators. More than 40 of our medical practitioners are currently participating in a range of clinical studies.

Our Associate Medical Director of Research, Dr Ashley Baldwin, was presented with two awards - one from the Mental Health Research Network and one from the Northwest Leadership Academy for promoting the growth of commercial research trials in the North West.

The Trust has been increasingly active in research applications to programmes of the NIHR. As well as supporting applications from Universities, the Trust has completed two applications as lead Trust. One application for a NIHR Clinical Fellowship was shortlisted but unsuccessful. This will be re-submitted next year. The other is an application to the Research for Patient Benefit programme, which is pending. The number of publications from Trust employees is steadily growing. During 2012/13, 13 were published - one of them in the high-impact publication the New England Journal of Medicine. Following the success of our Research Awareness Days, a third annual event is planned in June 2013.

2.5.4 Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of 5 Boroughs Partnership NHS Foundation Trust income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed with NHS Knowsley - acting as Co-ordinating Commissioner for Halton, St Helens, Knowsley, Warrington and Ashton, Leigh and Wigan separately through the Commissioning for Quality and Innovation payment framework. Targets are also agreed separately with Specialised Commissioning for the provision of secure services.

The Trust attracts 2.45 per cent of our contract value as CQUIN payments. The total available within the CQUIN framework is £3.1m.

During 2011/12 the value of CQUIN payments was £1.945m.

Further details of the agreed goals for 2012/13 and for the following 12-month period are available online.

www.5boroughspartnership.nhs.uk/quality-accounts

2.5.5 Registration with the Care Quality Commission (CQC)

5 Boroughs Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against 5 Boroughs Partnership NHS Foundation Trust during 2012/13.

5 Boroughs Partnership NHS Foundation Trust has not participated in any special reviews or investigations by the CQC in the reporting period.

For information about the Trust's compliance with CQC standards and outcomes from CQC inspections please see section **3.3.11** of this report

2.5.6 Quality of our Data

5 Boroughs Partnership NHS Foundation Trust attaches a high level of importance to data quality. The Trust believes excellent data quality is one of the foundations for the delivery of quality care; good patient experience and cost-effective services. It also assists with clinical decision-making.

5 Boroughs Partnership NHS Foundation Trust has been taking the following actions to improve data quality:

- Continue to publish monthly data quality and completeness data at Executive, Management and Operational Levels via the Trust intranet
- Continue to publish monthly high-level trend reports
- Continue to publish quarterly benchmarking reports comparing Trust achievement levels against national, regional and local Trusts
- Continue liaison with, and training for, operational teams to support improvement of data quality across all services
- Continue to liaise with Consultants and their medical teams in relation to clinical coding and the availability of discharge and clinical information

5 Boroughs Partnership NHS Foundation Trust submitted records during 2012/13 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:

Admitted Patient Care (130 and 190)	99.66%
Care Activity Commissioning Data Set (Outpatient) (020)	100%
Long-term Psychiatric Census (170)	100%
Mental Health Minimum Data Set	99.0%

The percentage of records, which included the patient's valid General Practitioner Registration code, was:

Admitted Patient Care (130 and 190)	98.94%
Care Activity Commissioning Data Set (Outpatient) (020)	98.85%
Long-term Psychiatric Census (170)	90.97%
Mental Health Minimum Data Set	98.62%

2.5.7 Information Governance Toolkit

5 Boroughs Partnership NHS Foundation Trust's Information Governance Assessment Report overall score for 2012/13 was 90 per cent and was graded Not Satisfactory.

This score was in relation to the frequency and tools used for training staff. Guidance requires that training be undertaken yearly using approved tools. However the Trust has developed its own in-house e-learning module based on the national approved tools - which all staff must complete every two years.

In addition, various types of face-to-face Information Governance training sessions are also provided, at the Trust Inductions: Essentials for Administrators; Essentials for Managers and other ad hoc sessions. To complement both the e-learning and face-to-face training, a comprehensive intranet site has been developed with regular reminder communications (via the Trust's e-bulletin and through leaflets, posters and emails) sent out throughout the year to all staff.

The Information Governance Management Group is responsible for agreeing the assurance and accountability-driven work plan and monitoring its progress throughout the year. The Trust believes this blended approach to training is satisfactory in ensuring staff receive appropriate levels of training in Information Governance.

2.5.8 Clinical Coding

5 Boroughs Partnership NHS Foundation Trust was not subject to the Payment by Results Clinical Coding Audit during the reporting period by the Audit Commission.

The Trust commissioned an independent review of clinical coding that was undertaken by Mersey Internal Audit Agency in September 2012. The overall level of assurance was 'High' - the highest level in a four-point scale. The audit results were as follows:

Primary Diagnosis	94%
Secondary Diagnosis	96%
Primary Procedures	100%
Secondary Procedures	100%

2.5.9 Core Quality Indicators

The Quality Account regulations require the following core quality indicators are included within the 2012/13 Quality Account. The following tables show the Trust's performance compared to the Health and Social Care Information Centre (HSCI) data representing all of England.

	HSCI Information Centre benchmarking data			Trust %	
	National Average	Highest Reported	Lowest Reported	Full Year 2011/12	Full Year 2012/13
Percentage of Patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period	Quarter 3 2012/13 97.6%	98.8%	95.3%	98.1%	96.9%

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage - and so the quality of its services - by reviewing this and other quality information when presented and scrutinised within the Trust's business streams and at Trust Board.

	HSCI Information Centre benchmarking data			Trust %	
	National Average	Highest Reported	Lowest Reported	Full Year 2011/12	Full Year 2012/13
Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	Quarter 3 2012/13 98.4%	100%	96.5%	99.6%	98.5%

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage - and so the quality of its services - by reviewing this and other quality information when presented and scrutinised within the Trust's business streams and at Trust Board.

	HSCI Information Centre benchmarking data			Trust %	
	National Average	Highest Reported	Lowest Reported	Full Year 2011/12	Full Year 2012/13
Emergency readmissions within 28 days of discharge from hospital	11.42%	9.4%	3.7%	6.7%	6.6%

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage - and so the quality of its services - by reviewing this and other quality information when presented and scrutinised within the Trust's business streams and at Trust Board.

	HSCI Information Centre benchmarking data	Trust %	
	National Average January to December 2012	January to December 2011	January to December 2012
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 during the reporting period	86.64%	87.96%	86.41%

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage - and so the quality of its services - by reviewing this and other quality information when presented and scrutinised within the Trust's business streams and at Trust Board.

	HSCI Information Centre benchmarking data	Trust %	
	National Average April to September 2012	Full Year 2011/12	April to September 2012
Percentage of patient safety incidents reported within the Trust during the reporting period that resulted in severe harm or death	2.6%	0%	0.3%

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described. For the full reporting period 2012/13 the Trust performance against this indicator was 0.43 per cent.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage - and so the quality of its services - by reviewing this and other quality information when presented and scrutinised within the Trust's business streams and at Trust Board.

Part 3 - Other Information

Throughout 2012/13 the Trust has continued with its ambition to continuously improve quality and report on quality outcomes at all levels throughout the Trust - that is 'From Board to Ward'.

We have developed quality trackers for each business stream which are presented at each Trust Board with a clear narrative from the clinicians and managers within that business stream highlighting areas of note within

the quality tracker. The challenge and discussion about quality is a very important part of our Board.

The Trust has an agreed definition of quality which has been created and approved by members of the Trust Board; our clinical leaders; senior managers and our Council Members.

“The users of our services are the first priority in everything we do ensuring that they receive effective care from caring, compassionate and committed people, working within a common culture and protected from avoidable harm.”



Gail Briers
Director of Nursing and Quality

3.1 Trust Quality Measures





In addition to the achievement of our quality and safety priorities during 2012/13 and establishing our quality and safety priorities for 2013/14, (part 2), the Trust has also established a set of Quality Measures.




When selecting the Quality Measures, we wanted to ensure we were measuring quality across our different client groups.




These measures cover in-patient and community mental health and learning disabilities and community services across our business streams below - and fit to the same domains of patient safety, patient experience and clinical effectiveness:



- Later Life and Memory Services
- Adult Services
- Child and Adolescent Mental Health Services
- Forensic Services
- Learning Disability Services
- Community Children's and Locality Services
- Targeted, Rehab and Acute

Progress against the Quality Measures are routinely reported to the Trust Board. The following table shows our progress during 2012/13:

Domain	Indicator to be measured	Detailed Definition	2012/13 in year movement against previous year	2011/12 Full Year Position	2012/13 Full Year Position	Data Source	Comments
Patient Safety	Proportion of incidents with outcome of no harm	The percentage of incidents that had an outcome of no harm. Year-on-year improvement		81.0%	81.1%	Internal Reporting of National Patient Safety Agency definition	The slight increase in this indicator is positive; the green arrow shows the similarity to last year
	Number of SUI's	Number of SUIs commissioned in year		43	37	Internal Reporting of NHS Commissioning Board definition	The reduction is positive; the arrow indicates the improvement for this indicator
	Number of Falls	Number of patient falls in year		607	466	Internal Reporting	The reduction is positive; the arrow indicates the improvement for this indicator
	Number of absconsions	Number of absconsions of detained patients in year		71	63	Internal Reporting of Department of Health definition	The reduction is positive; the arrow indicates the improvement for this indicator

Domain	Indicator to be measured	Detailed Definition	2012/13 in year movement against previous year	2011/12 Full Year Position	2012/13 Full Year Position	Data Source	Comments
Patient Experience	Number of Compliments (Trust)	Expression of satisfaction received verbally or written in year		1059	1338	Internal Reporting	The increase in this indicator is positive; the green arrow shows the improvement
	Number of Complaints (Trust)	Expression of dissatisfaction requiring a response that could not be resolved locally within 24 hours		242	239	Internal Reporting of Scottish Office; Citizens Charter definition	The number of complaints received by the Trust has remained similar - indicating that systems promoted by the Trust are open and accessible to users
	Number of Concerns (Trust)	A concern is defined as: <i>'Any anxiety or worry, regarding Trust services, expressed by service users, carers or their representatives which they do not wish to be treated as a complaint'</i> . Or an issue that cannot be resolved in 24 hours		110	256	Internal Reporting	The system adopted by the Trust for capturing Issues of Concern has been successful, the increase in this indicator is positive

Domain	Indicator to be measured	Detailed Definition	2012/13 in year movement against previous year	2011/12 Full Year Position	2012/13 Full Year Position	Data Source	Comments
Effectiveness	Immunisations in Community Health Services	Immunisation - Compliance with schedule for those children choosing to have immunisations in clinics by Community Health Services		91.98%	94.2%	Internal Reporting	The increase in this indicator is positive; the green arrow shows the improvement
	Shared Decision Making	SURE decision making tool introduced into the Trust during 2012/13 Measured by audits to establish how involved people were in the decision regarding their care		Benchmark Quarter 2 97.6%	Re-audit Quarter 4 100%	Internal Reporting	The increase in this indicator is positive - indicating that people were involved with decisions regarding their care
		SHARED decision making tool developed and introduced into the Trust during 2012/13		Benchmark Quarter 2 84.25%	Re-audit Quarter 4 100%	Internal Reporting	The increase in this indicator is positive - indicating that people were involved with

		Measured by audits to establish how involved people were in the decision regarding their care					decisions regarding their care
	Delayed Discharges	The percentage of patients whose discharge has been delayed	Target 7.5% 	5.6%	5.1%	Internal Reporting of Department of Health definition	This has risen slightly since 2011/12; it still remains well below the National Target of 7.5%
	Re-admissions	The percentage of patients who have been re-admitted to hospital within 28 days of discharge	Target 9% 	5.9%	6.6%	Internal Reporting of Department of Health definition	This has risen slightly since 2011/12; it still remains well below the National Target of 9%

3.2 Achievements against Monitor Targets 2012/13

On a monthly basis throughout 2012/13 the Trust reports progress against the Monitor compliance targets. Many of the targets relate to safety, service user experience and effectiveness of care. Our performance is as follows:

Monitor Targets 2012/13	Threshold	Year End Position
Monitor Mental Health and Learning Disability Targets Reported throughout the year		
Patients seen, treated and discharged within 4 hours of arrival at Accident and Emergency Quality Rationale To reduce the time that patients wait to be seen, treated and discharged at walk-in centres	95%	99.86%
Patients on CPA receiving contact within 7 days of discharge Quality Rationale Evidence shows safer outcomes for patients who receive early follow-up by staff following discharge	95%	95.3%
Patients having a formal review with their Care Co-ordinator within 12 months Quality Rationale Effective care co-ordination facilitates access for individual service users to the full range of community support they need in order to promote their recovery and integration	95%	97.9%
Minimising delayed discharge / transfer of care Quality Rationale The patient experience is adversely affected by delayed discharges once they are fit to be discharged	No more than 7.5%	5.1%
Access to Crisis Resolution/ Home Treatment Quality Rationale To ensure patients receive a speedy and effective 'step up' in the support and treatment they receive, yet avoiding hospital admission	95%	98.8%
Meeting commitment to serve new Psychosis cases by Early Intervention Teams Quality Rationale Patients detected and diagnosed with a first episode of Psychosis by Early Intervention Teams gain prompt and appropriate treatment which reduces their duration of untreated Psychosis	95%	106.3%

Monitor Targets 2012-13	Threshold	Year End Position
Monitor Mental Health and Learning Disability Targets Reported throughout the year		
Data completeness: Identifiers Quality Rationale Data completeness enables the monitoring of outcomes for individuals in terms of morbidity, quality of life and user satisfaction with services	99%	99.8%
Data completeness: Outcomes for patients on Care Programme Approach (CPA) Quality Rationale Mental Health Minimum Data Set (MHMDS) data completeness enables the monitoring of outcomes for individuals in terms of morbidity, quality of life and user satisfaction with services		
Valid employment status	50%	98.1%
Valid accommodation status		97.2%
Health Of the Nation Outcome Scores (HONOS) assessment in the past 12 months		72.5%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability		compliant
Monitor Community Care Indicators		
Community Treatment Activity - Referrals	50%	67.9%
Community Treatment Activity – Care contact activity	50%	99.9%

Monitor Compliance Framework for Walk-In Centres A&E 4-Hour Wait Time

Walk-in Centre	Target and Threshold	Reported			
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Halewood	Accident & Emergency 4-Hour Waiting Time Target: ≥ 95%	100.00%	99.98%	99.84%	99.80%
Huyton		99.96%	99.97%	99.88%	99.73%
Kirkby		99.93%	99.91%	99.83%	99.88%
Trust Overall		99.96%	99.87%	99.85%	99.80%

The Trust has three Walk-in Centres as part of our Community Health Services - seeing more than 73,000 patients per year. Their aim is to reduce pressure on

A&E services by dealing with minor injuries - plus advise and provide treatment for non-life-threatening illness. Patients are assessed and treated to discharge or onward referral.

Walk-in Centres are subject to the same 4-hour wait target as applied to Accident and Emergency departments. The above table demonstrates the Trust's achievement of all reported targets in 2012/13. The Trust monitors and reports performance against these targets on a monthly basis - and these tables in addition to more detailed information is reported as part of the Trust's monthly Quality and Performance Report.

3.3 Trust-wide Achievements

Section 3 of this report has presented quality and safety achievements for the Trust realised throughout 2012/13.

There are several sources of valuable external feedback regarding what the Trust does well. Our Quality Account and our measurements have been informed by:

- National Patient Survey feedback (**Appendix 2**)
- Trust Patient Experience Survey (**Appendix 3**)
- CQC Trust Quality and Risk profile 2012/13

Areas identified for improvement from each of these sources are included in the Trust Improvement Action Plan 2012/13.

The remainder of this section focuses on quality work undertaken within the Trust over the past year.

3.3.1 Improvements in Clinical Quality / Internal Quality Reviews

In March 2012 the Director of Nursing and Governance proposed a quality initiative to the Trust Board to internally review the quality of care in all in-patient wards and areas within Community Health Services.

The initiative - named Internal Quality Reviews - consisted of a team of staff visiting the wards and teams. The aim of these reviews was to gain real-time experience and evidence of how services are performing in line with the CQC Essential Standards of Quality and Safety - highlighting both positive practice and areas for improvement.

To establish the quality of care, the reviews used a combination of clinical observation; reviewing documentation and asking questions of staff, service users and carers. For Community Health Services, focus groups were held with staff.

Visits took place in March and April 2012 and follow-up visits took place in September and October 2012. Following each visit, immediate verbal feedback was provided to the team/service - followed up by a written report highlighting areas of good practice and also areas for improvement and action.

Analysis from the inspections allowed the Trust to establish how key services are delivered. An example of this is the review found on the whole that staff had a good understanding of safeguarding issues. Learning was shared; examples of this include the use of staff photo boards and the information available to service users and carers on the range of activities available to in-patient service users.

In addition, the Internal Quality Reviews highlighted areas for improvement - for example care planning and record keeping. We found there were areas where staff wanted more clarity and these included internal safeguarding processes and the use of incident data to inform improvements and changes in practice.

By utilising the Nursing and Governance Directorate, both local actions and Trust-wide action (and work to change practice) were identified resulting in improvements to the quality of care the Trust provides. An example of this is the work around person-centred care planning. The principle of this is that care is individualised, based on need and involves the service user and/or carers and this continues to be part of the Quality Priorities for 2013/14.

The Internal Quality Reviews have become an essential tool to review the care we provide to share best practice and to identify areas for improvement both at a local level and on a Trust-wide basis. For 2013/14 plans have already been agreed to continue the internal quality visits - rolling these out to the wider Trust services including Community Mental Health and Learning Disability Teams.

The reviews have also been a catalyst for changing the way the Nursing and Governance Directorate works. A more responsive and supporting role for Operational colleagues has been developed, which has been key to supporting and achieving continual clinical improvement.

3.3.2 Physical Health within Mental Health and Learning Disabilities

By making advances in the way which we assess and monitor the physical health needs of service users with mental health problems and/or learning disabilities, this improves the quality of the services we provide.

Diabetes is one area within the year where significant progress has been made. We have purchased standardised blood glucose monitoring equipment for all wards; identified diabetes link nurses for all in-patient areas and developed an assessment tool for all people with diabetes. Changes in working practices now allow referrals to the Diabetes Specialist with our Community Health Services.

The Trust has taken the lead role in the development of an NHS North West Physical Health in Mental Health e-learning package for professionally qualified staff. Also, a Nurse Development Day on diabetes was attended by more than 60 members of staff; guidance for staff has also been developed.

A Competency Assurance Group has been established to increase assurance around the competency of professionally qualified nursing and medical staff to assess and appropriately manage the physical health needs of service users with mental health problems and/or a learning disability. Improvements made include a review of the staff personal development review documentation to include a declaration of competency. Information gathered from this will inform training needs and meet any deficits in competencies identified. Pathways to services for interventions that are beyond the competencies expected of staff - such as end of life care - will be developed and a review of service level agreements with other providers relating to physical health is being undertaken.

3.3.3 Shared Decision Making

During 2012/13 the Musculoskeletal Service (MCAS) within Community Health Services was involved in the National Shared Decision Making Collaborative Programme 2012/13. This was one of the Trust's quality priorities for 2012/13 and has resulted in measureable improvements in quality of the service provided to patients.

The programme was to ensure that where a service user has a range of options with regard to their healthcare, they are supported to make an informed, best choice for themselves, an essential element of person-centred care.

MCAS used both SURE and SHARED tools for shared decision making at different sites. At the start of the programme the SURE baseline data was very positive - indicating excellent work was already being carried out as there was very little decisional conflict evidenced. Subtle changes to the way in which staff communicated with patients led to 100 per cent scores for the remainder of the programme.

The SHARED tool - introduced as a more sensitive tool than SURE to highlight areas for improvement - was also completed by the Service. Although not yet a validated tool, the data would appear to show an improvement in patients' experience over the course of the programme.

An audit was undertaken to review these tools and to check if the 'Ask 3 Questions' had been completed. These are:

1. What are my options?
2. What are the pros and cons of each option?
3. How do I get support to help me make a decision that is right for me?

All of the 50 sets of patient notes audited were completed with all patients answering 'yes' to all three questions – indicating they were involved with decisions regarding their care.

The Trust has now received a report from the National Shared Decision Making Collaborative Programme, for our participation during year one of programme. The following was included:

Despite joining the collaborative some six months later than the other teams involved, with efficient, proactive and strong leadership the 5 Boroughs Team has successfully rolled out the programme from an initial six staff to 40 across its whole MCAS Service - and in just three months they have brought the Shared Decision Making approach to all consultations within the service, which sees around 20,000 patients a year.

During 2013/14 the Trust and its stakeholder have chosen to include Shared Decision Making as a Quality Priority for a second year - building on the success within the MCAS service. We will increase the number of services within Community Health Services engaged in Shared Decision Making with their service users and also commence a roll-out programme to implement Shared Decision Making in Mental Health Services.

3.3.4 Advancing Quality Programme

Advancing Quality is a quality initiative that has been in existence since 2010 within mental health. The basic principle of Advancing Quality is that interventions are provided at the right time, every time for all service users.

NHS North West has co-ordinated work across North West Mental Health Trusts and has devised a number of common measures to drive improvement in relation to Dementia care and Early Interventions in Psychosis.

Through this work a number of quality statements have been developed that are now being used to measure the care a service user receives on discharge from mental health services.

The measures are based on simple, evidence-based interventions and are designed to ensure services provide consistent high-quality care for all.

Further details of the interventions measured can be found at **Appendix 7**.

3.3.5 The Development of our Organisational Culture

In March 2011 the Trust started a campaign to determine a set of core organisational Values. This involved a series of workshops for staff to attend to tell us what was important to them and what Values we should have going forward. Since this time we have been working hard to develop a strong, shared culture and to embed these Values across the organisation. This year, to continue to bring our Values to life, we have invested in supporting the development of our organisational culture – to become one where our people are listened to, asked for their opinions and involved in decisions that affect them and the quality and safety of care and service they deliver.

We have done this in a number of ways with a key emphasis this year being on our people, managers and leaders. The development and implementation of our Coaching Conversations Programme will see more than 350 of our managers and leaders complete a four-day coaching culture development programme. The programme aims to enhance the

skills of individuals to facilitate coaching conversations as part of their role as a manager and leader. Individuals attend four one-day modules over the course of four months at which they are introduced to a range of enhanced communication methods alongside coaching models and interventions. A key part of the programme is the opportunity to practice and develop their skills in small groups of three with the support of a more experienced colleague acting as a Trio Facilitator. We are closely evaluating the results of this training with individuals and the people with whom they work closely to measure changes to the way we lead our teams and work with one another.

Following on from our Coaching Conversations Programme - and in order to support cultural development at different levels - 16 of our senior leaders were keen to enhance their coaching competence further. These people have been supported to complete a Post Graduate Certificate in Executive Coaching enabling them to work with managers and leaders across the Trust to provide a deeper level of support on an individual basis.

3.3.6 National Award Winners

For the second year running the Trust has won a prestigious Nursing Standard Award in the 'Mental Health' category, which recognises individuals or teams who have developed innovative and creative initiatives to improve the delivery of mental health care.

Healthcare Assistant Anne Kiney was recognised for her involvement in championing Life Story Work in response to the Prime Minister's challenge on Dementia.

Advanced Nurse Practitioner Jennifer Settle achieved finalist status in the Nursing Times Awards 2012. Together with Dr Arvind Kumar from Wrightington, Wigan and Leigh NHS Foundation Trust, Jennifer piloted a new collaborative clinic service for patients who are possibly experiencing the early signs of Dementia. Each patient has access to an Acute NHS Trust Consultant as well as a Mental Health Trust Advance Nurse Practitioner (ANP) at the time of their visit – reducing the need for multiple assessments and referrals.

3.3.7 Infection Prevention and Control

The Trust has continued to maintain compliance with the Health Act 2010 and other national standards in relation to cleanliness and infection control and since 2012 this has included Community Health Services. This involves a rigorous education, audit and monitoring programme to prevent Methicillin-Resistant Staphylococcus Aureus (MRSA), Clostridium difficile and other Healthcare Associated Infections (HCAI).

The comprehensive Trust-wide audit programme has indicated ongoing improvement in standards and results. This work is championed by our Nurse Consultant in Infection Prevention and Control supported by the Infection Prevention and Control Team including our active service user involvement representatives who are crucial to ensure delivery of this

important agenda. Examples of service user involvement include auditing practices on wards such as hand hygiene; cleanliness of environment and equipment; undertaking unannounced spot-checks at the Trust; contributing to policy and patient information leaflet development.

The Trust is required to report monthly on HCAI as part of national mandatory requirements (e.g. MRSA bacteraemias and Clostridium difficile). There have been no instances during 2012/13 attributable to the Trust.

3.3.8 Productive Community Services

Universal Child Health Services report that all Performance and Quality Leads have received training in Productive Community Services. They have used this approach within the experience-based design review of baby clubs across the Knowsley borough - using the 'one good idea' feedback cards to obtain staff and parental views in relation to baby club experiences. We were shortlisted for a national patient experience award regarding this process under the 'Improving Environment of Care' category. Staff have found this process extremely useful and are planning to use the 'one good idea' approach again as part of the planned work with AQUA looking at asthma management for school-aged children.

The Macmillan Nursing Team attended the three-day training workshop - following which they completed the 'Well Organised Working Environment' module, which has enabled a more conducive and efficient workplace. The team space is now well organised; they have systematically reduced the amount of stock that is required and the team are able to locate items with ease with the use of visual management techniques such as coding. The significant improvements can be demonstrated from their evaluation process, which includes 'before and after' photographs and assessment of impact in terms of time. The team will be commencing the 'Patient Status at a Glance' module within the coming months.

3.3.9 Patient Safety Framework 2012/13

To ensure the Trust's quality and safety activities are co-coordinated across the Trust, a Patient Safety Framework has been developed and consists of:

- Patient Safety Panel (review quality and outcomes of Serious Untoward Incident investigations and reports)
- Monthly Safety and Quality Metrics Report (all safety incident reporting in one report and reviewed by Trust Board)
- Executive-level walkabouts to visit clinical services
- Thematic review of Serious Untoward Incidents using the Safer Mental Health Checklist
- Proactive use of the Safer Mental Health Checklist for open case-loads resulting in actions to enhance patient safety
- Monthly Business Stream Risk Reports that include data and analysis of incidents; risks; complaints; claims; audits and Care Quality Commission compliance

- Targeted improvement plans for each Business Stream to reduce the number of incidents that result in harm
- Clinical Quality Dashboard to feedback key data to frontline staff

3.3.10 Involving Service Users in Patient Safety

Service Users and carers are seen as a vital component of the Patient Safety Framework. They are involved in the following ways:

- Membership of the Clinical Governance and Clinical Risk Committee - sub-committee of Trust Board
- Membership of the monthly Patient Safety Panel meetings
- Serious Untoward Incident reviewers

By involving service users in the Patient Safety Framework and taking into account their insight and experience, the Trust has been able to improve the quality of the actions implemented to enhance patient safety within the services provided.

































3.3.11 Care Quality Commission (CQC) Reporting and Compliance

Since April 2010 the Trust has been registered with the CQC for the locations and types of services provided by the Trust.

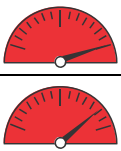






Registration and compliance with the 16 essential standards of quality and safety have been monitored, scrutinised, and reported throughout the year via the Corporate Report and the Safety and Quality Metrics Report.

In addition, the above reporting is linked to the CQC's Quality and Risk Profile; a document released routinely throughout the year by the CQC. The profile captures all the CQC knows about the Trust in one document and provides a view of how the Trust is performing against the 16 Essential Standards of Quality and Safety.

The table below shows both the CQC's rating and the Trust's position as at March 2013:

Section	Outcome	CQC Quality Risk Profile Rating		Trust Self Declaration	
Involvement & Information	1 - Respecting and involving people who use services	Better than expected		Better than expected	
	2 - Consent to care and treatment	Much better than expected		Better than expected	
Personalised Care, Treatment & Support	4 - Care and welfare of people who use our services	Much better than expected		Tending towards better than expected	
	5 - Meeting nutritional needs	Better than expected		Tending towards better than expected	
	6 - Cooperating with other providers	Similar to expected		Similar to expected	
Safeguarding & Safety	7 - Safeguarding people who use services from abuse	Tending towards better than expected		Tending towards better than expected	
	8 - Cleanliness and Infection Control	Much better than expected		Better than expected	
	9 - Management of Medicines	Similar to expected		Better than expected	
	10 - Safety and suitability of premises	Better than expected		Better than expected	
	11 - Safety, availability and suitability of equipment	Much better than expected		Similar to expected	
Suitability of Staffing	12 - Requirements relating to workers	Similar to expected		Tending towards better than expected	
	13 - Staffing	Much better than expected		Tending towards better than expected	
	14 - Supporting workers	Much better than expected		Better than expected	
Quality & Management	16 - Assessing and monitoring the quality of service provision	Much better than expected		Better than expected	
	17 - Complaints	Tending towards better than expected		Tending towards better than expected	
	21 - Records	Much better than expected		Better than expected	

The Trust has adopted the same eight-point rating scale used by the CQC to show a direct comparison on the level of compliance with each of the 16 standards of Quality and Safety. Below is a key to each of the indicators used:

Much worse than expected		The Trust is failing to meet a significant number of minimum standards of care required in this outcome.
Worse than expected		The Trust is failing to meet a moderate number of minimum standards of care required in this outcome.
Tending towards worse than expected		The Trust is meeting the majority of minimum standards required in this outcome.
Similar to expected		The Trust is meeting the minimum standards of care required in this outcome.
Tending towards better than expected		The Trust is meeting all and exceeding a small number of the minimum standards of care required in this outcome.
Better than expected		The Trust is meeting all and exceeding a moderate number of the minimum standards of care required in this outcome.
Much better than expected		The Trust is meeting all and exceeding a significant number of the minimum standards of care required in this outcome.

The first table above shows the CQC's rating of the Trust against all 16 standards of quality and safety are either similar to or exceed the standards set. The Trust uses a more prudent view of compliance as it has more information and evidence to base its opinion on. All outcomes currently have a compliance level which is either similar to or exceed the standards set.

3.3.12 Care Quality Commission Inspections

During 2011/12 the Trust had two CQC inspections at Auden Unit and Willis House. Since that time Willis House has closed as part of the Trust's planned redesign of services. The CQC returned in February 2013 to re-evaluate the care provided at Auden Unit and have published their findings. The final report included the following judgements:

The overall judgement from the CQC is *"Warrington was meeting all the essential standards of quality and safety inspected."*

The overall judgement for Outcome 4, Care and welfare of people who use services, was: *"The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights."*

The overall judgement for Outcome 7, Safeguarding, was: *"The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening."*

During February and March 2012 the Trust had two joint inspections by CQC, looking at both the compliance to standards by the Compliance Inspector and compliance to the Mental Health Act and its Code of Practice inspected by the Mental Health Act Commissioner.

The inspections took place within our St Helens location at Iris and Taylor Wards based at St Helens Hope and Recovery Centre. The report covering both wards has now been received and action plans developed for the Mental Health Act areas inspected.

The outcome of the compliance inspections is that the Trust is meeting all the essential standards of quality and safety reviewed during the inspections - maintaining the Trust's registration as registered without conditions. The following standards were inspected during both reviews:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision

Compliance to the standards is a real indicator for the work which has been undertaken during 2012/13 to improve the quality of services that we provide. To read more about these improvements please see section **3.3.1** of this report.

3.3.13 Care Quality Commission Mental Health Act Commissioner

The Trust's corporate Mental Health Law Service comprises experienced mental health law administrators who are based at each hospital site. As well as undertaking the day-to-day administration of the Mental Health Act, which ensures the legal rights of patients are upheld, the Mental Health Law Service staff also provide advice and guidance on all aspects of the implementation and operation of the Act to managerial and clinical staff. In addition, staff deliver training for hospital staff on elements of the Act pertinent to the nature of the detention such as those aspects related to the criminal justice process.

The Mental Health Law Service also ensures patients receive timely responses to their requests for Associate Hospital Managers' (AHM) reviews. Mental Health Law staff also ensure AHMs are appraised and trained regularly and have quarterly meetings with AHM to ensure they are updated on any changes in case law or practice. Mental Health Law Service staff receive regular support and supervision from specialists attached to a local University Mental Health Department to ensure the highest level of expertise in the application of the Mental Health Act is provided across the Trust.

3.3.14 Monitor Reporting Requirements 2012/13

Monitor is the regulator of Foundation Trusts and it is required we include the following in our Quality Account:

- The Director's Statement of Responsibility, included at **Appendix 4**.
- The external assurance on the content of the Quality Account. This is the report of an audit undertaken by an independent organisation on both the content of this Quality Account and assurance for three chosen indicators. These indicators are:
 - 100 per cent CPA patients receiving follow up within seven days of discharge from hospital
 - Minimising delayed transfers of care
 - Incidents resulting in severe harm or death (this indicator was chosen by the Trust's Council of Members prior to being mandated)

PricewaterhouseCooper LLP undertook the audit on the above elements. Their external assurance statement is included at **Appendix 5**.

3.4 Engagement and Responsiveness

The diagram below shows the way the Trust engages with service users; carers; our stakeholders and other organisations. Examples of how these have improved the quality of the services we provide are shown below in the diagram:



3.4.1 Foundation Trust Council of Members

As a Foundation Trust, local people can become members of our Trust and can elect Member Councillors to represent their views. The Council of Members and the Board of Directors work with each other to decide on the future of our services and our priorities for the future.

The Council of Members and its scrutiny group, the Compliance with Authorisation Committee are heavily involved in the quality agenda for the Trust and during 2012/13 this can be demonstrated by:

- Involvement in determining the Trust's Quality Definition, which will be the basis for the Quality Strategy from 2013/14
- Each year they influence and agree the Quality Priorities for the year ahead
- Provide a supporting statement for the Quality Account, at **Appendix 1**
- Choose a Quality Indicator from the Quality Account to be audited each year. This year it is incidents resulting in severe harm or death that has been chosen
- Receive the external assurance statement in the form of a 'Governors Report' from the Trust's external auditors, which informs on the accuracy of the content of the Quality Account and the indicators audited

3.4.2 Trust Service Users and Carers Forums

Forums are a crucial part of the Trust engagement strategy. They offer service users; carers and their representatives the opportunity to share their experiences of our services and to discuss current services and future developments. The forums are based on the needs of each of our business streams: Adult Services; Later Life and Memory Services; Learning Disability Services; Child and Adolescent Mental Health; Forensic; Community Children's and Locality Services and Targeted, Rehab and Acute.

Senior managers attend the forums for the unique 'Take it to the Top' question-and-answer session. Through these sessions attendees have been able to directly influence a number of service improvements such as signage, ward activities and the provision of information.

The 'Patient Champion' concept has been launched within Weight Management and there has been substantial development in terms of patient engagement. Patient Champions have written inspirational articles and answered questions via the recently launched e-newsletter. They have also attended group sessions to chat with patients and share their experiences and top tips.

Universal Child Health Services were shortlisted as finalists in the 2012 Patient Engagement Network National Awards for their work with children and families in developing information to improve knowledge and awareness of service. The service also developed feedback literature for their Polish community in Northwood. Named Children's Care Cards, the service worked with the Little Stars Group based in Northwood to develop a Polish language version of the cards.

The Community Health Development Team (CHDT) participated in an NHS Institute for Innovation and Improvement pilot entitled '15 Steps Challenge'. Initially developed to identify improvements to enhance the patient experience in acute settings, CHDT participated in the pilot for the Community Toolkit. This provided the Team with valuable patient feedback and opportunity to comment on the final Community Toolkit.

3.4.3 Investing in Children

Work initiated through the Investing in Children Scheme supported the development of the 5 Star Forum which bring together children and young people from our Child and Adolescent Mental Health Services (CAMHS). Forum members have been involved in designing a website bespoke to CAMHS.

3.4.3 Trust Involvement Scheme

The Trust is committed to involving service users; carers and members of the public (volunteers) in a wide range of our business. We appreciate the unique contribution they make by sharing their experience of living with a health problem and using health services personally or in a caring role. This form of 'Experts by Experience' is not available from any other source.

In recognition, the Trust has developed an Involvement Scheme designed to provide a safe and efficient process to enable volunteers to become involved in all stages of designing, delivering and monitoring Trust services.

Recent work undertaken by volunteers includes:

- Training staff - including co-presenting staff induction and training doctors
- Joining recruitment panels
- Supporting ward staff to provide activities
- Catering audits including 'mystery food tasting' on wards
- Participating in Quality Audit Teams
- Co-producing the Trust's service user and carer magazine
- Participating in a wide range of groups and committees

During 2012 there were 2,493 recorded involvement opportunities carried out by volunteers. This was an increase of 110 per cent on 2011.

It is acknowledged the ultimate level of involving service users in Trust business is through employment. During the past year staff from our Human Resources Department, Occupational Health Department and Equality Diversity and Inclusion Unit have worked together to support the recruitment and retention of staff who have direct experience of Trust services. This included successfully employing four apprentices who were recruited with support from our CAMHS team.

3.4.5 Sticks and Stones Campaign

During March 2012 55 Year 8 and 9 pupils at St Gregory's Catholic High School in Warrington stepped into our Diary Room-style booth to talk to 'Big Brother'. They had participated in 'Sticks and Stones' lessons delivered by the school's teaching staff and campaign team using our teaching materials as part of their Personal, Health Social and Economic lessons.

The footage reveals how their perceptions and attitudes have changed as a result and can be viewed online at

www.5boroughspartnership.nhs.uk/stamp-out-stigma

We further developed content on the campaign website – tailoring it towards schools and improving its functionality for teachers wishing to access our teaching materials and other mental health resources. As a result we formed new educational partnerships with schools both locally and nationally – as far afield as Leeds, London and Brighton.

To mark World Mental Health Day 2012, and to de-stigmatise conditions such as anxiety and depression, we formed a media partnership with Lancashire Publications Newsgroup. This resulted in a week-long series of service user and practitioner interviews - highlighting the availability of Psychological Therapies Services to address mild to moderate symptoms of mental ill-health.

3.4.6 Annual Involvement Event

In April 2012 the Trust held the fifth Annual Involvement Event which was attended by more than 180 service users; carers; volunteers; staff and representatives from local third sector organisations. The event focused on celebrating 10 years of involvement and included joint presentations from service users; carers and staff - covering a range of involvement opportunities. The event also launched recognition awards, which will be presented at our 2013 event.

3.4.7 Local Organisations and Feedback

The Trust links with five Overview and Scrutiny Committees on health issues and proposed developments of the Trust. The Quality Account has also been shared with Healthwatch and Clinical Commissioning Groups representative of the five boroughs. All have been invited to contribute to the 2012/13 Quality Account.

Appendix 1 contains supporting statements from a range of external organisations. This includes:

- Clinical Commissioning Groups
- Healthwatch Groups
- Local Authority Overview and Scrutiny Committees

The Trust has actively engaged with Stakeholders throughout the last 12 months and hosted an event for all commentators on 7 November 2012. This event provided an opportunity for the Trust to update Stakeholders on progress against the Quality and Safety Priority Indicators for 2012/13 and commenced discussion for 2013/14 indicators. Consultation continued with further contact in January 2013 - providing Stakeholders with additional opportunities to contribute.

This dialogue has provided commentary and supported development of the Quality and Safety Priorities for 2013/14 along with key messages from each area.

Messages from Wigan Local Involvement Network (LINK)

- Want to see support is available to people and their carers following discharge (e.g. to support with medication)
- Need to ensure the physical health needs of people are addressed along with their mental health needs
- Want to know how the Trust is preparing for changes in Commissioning relationships
- Develop the voice of carers in evaluating access/quality of services

Messages from Warrington Local Involvement Network (LINK)

- The A&E Liaison Service at Warrington Hospital remains a priority for their members
- To work closer with LINKs in identifying issues – getting patients' stories

Messages from Knowsley Local Involvement Network (LINK) / Overview and Scrutiny Committee

- Want to ensure barriers to accessing services - particularly for people who are in crisis - are addressed
- Retain a focus on Falls
- Ensure carers are included in planning. Shared decision making should be a priority
- Would like to see a system for reporting back to the community issues of concern

Messages from St Helens Local Involvement Network (LINK)

- To ensure equality and diversity information is included in the Quality Account
- The importance of care plans that are effective and reflect the needs of the person
- Systems to ensure concerns are forwarded and investigated

Messages from Halton Policy and Performance Board

- To consider the increased demand on services due to the number of people diagnosed with Dementia
- To provide more training on whistle-blowing/safeguarding
- To consider the home environment when working to address falls
- The importance of exercise for those with an illness or disability
- To provide information and support to carers

Messages from Wigan Clinical Commissioning Group

- To consider triangulation with GP colleagues in regards to service provision
- Look to reduce Serious Untoward Incidents

3.4.8 Benchmarking against other Organisations

Where possible the Trust engages in benchmarking with similar organisations. Examples of this include:

- Trust membership of the North West Performance Benchmarking Group (which looks at activity data and quality initiatives such as CQUIN)
- Collaborative working with the North West Mental Health Clinical Audit Network
- Collaborative working with the North West Mental Health National Institute of Health and Clinical Excellence (NICE) Group to establish reporting against NICE quality standards
- The Trust uses benchmarking data from the National Patient Safety Agency (NPSA) to provide baselines and definitions of harm
- The data provided from the National Patient Survey (**Appendix 2**) is benchmarked against the top 20 per cent NHS Mental Health Trusts and the bottom 20 per cent of NHS Mental Health Trusts to provide context and comparisons for staff and service users
- Participation in the Employers Forum Disability Standard
- Completion of the North West NHS Equality Performance Improvement Toolkit

3.5 Equality Delivery System

The Equality Delivery System (EDS) is a national benchmarking tool developed by the Department of Health and the NHS Equality and Diversity Council. It has been designed to help NHS organisations meet the requirements of the public sector Equality Duty. The four EDS goals are:

- 1) Better health outcomes for all
- 2) Improved patient access and experience
- 3) Empowered, engaged and well-supported staff
- 4) Inclusive leadership at all levels

Each of these goal headings has a number of sub-goals.

After consulting with the Trust's Equality and Human Rights Reference Group in 2012 the Trust submitted evidence to NHS Merseyside, who then shared it with a panel of LINK organisations. This panel was asked to approve or reject the evidence supplied. The Trust assessed itself as achieving nine outcomes as 'developed', and nine outcomes as 'advanced'. The results from the panel varied in three outcomes; two resulted in 'advanced' being assessed as 'developed' and in one instance an outcome of 'developed' was assessed as 'undeveloped'.

Since receiving the rationale of the variance in results, further evidence has been submitted. The outcome was: 'NHS Merseyside agreed the three sections will be regarded in line with the original submission at the next review meeting and we await the results'.

During 2013/14 we will continue to assess our work against the EDS framework in order to measure our performance. The Trust's Equality, Human Rights and Inclusion Strategy Group, chaired by the Deputy Chief Executive, will agree a set of targets aimed at increasing our ratings accordingly.

Appendices

Appendix 1 - Supporting Statements

Commentary from the following stakeholder organisations is included in this appendix:

Halton Clinical Commissioning Group

Knowsley Clinical Commissioning Group

Wigan Borough Clinical Commissioning Group

Warrington Clinical Commissioning Group

Halton LINK / Healthwatch

Knowsley LINK / Healthwatch

St Helens LINK / Healthwatch

Warrington LINK / Healthwatch

Knowsley Borough Council

Warrington Borough Council

Council of Members

Clinical Governance and Clinical Risk Committee

Halton Clinical Commissioning Group



Halton Clinical Commissioning Group

First Floor
Runcorn Town Hall
Heath Road
Runcorn
Cheshire
WA7 5TD

Gail Briers
Director of Nursing and Quality
5 Boroughs Partnership NHS Foundation Trust

Ref: QA 12/13/JS

Dear Gail

Re: Quality Account 2012/13

Many thanks for sharing and presenting the Quality Account for 2012/2013 for 5 Boroughs Partnership NHS Foundation Trust to NHS Halton Clinical Commissioning Group and Halton Local Authority on 30th April 2013 and to the other Merseyside CCGs on the 9th May 2013.

NHS Halton CCG would like to thank you for the Quality Account and we note the issues highlighted within it, we note the progress the organisation has made in some areas during 12/13 and note the commitment of the organisation to deliver performance improvements during 2013/2014.

We look forward to the proposed Board to Board in the near future and to working with you during 2013/2014

Yours Sincerely

Jan Snoddon
MSc BA SRN SCM NDN
Chief Nurse
NHS Halton CCG

Knowsley Clinical Commissioning Group

From: Breeda Worthington
Sent: 24 May 2013 15:32
To: Louise Cheung
Cc: Patricia Drohan

NHS Knowsley Clinical Commissioning Group and collaborative commissioning partners welcomes the opportunity to receive and comment on Five Boroughs NHS Foundation Trust Quality Account for 2013/14.

In preparation for the formal establishment of the CCG in April 2013, NHS Knowsley has coordinated the collaborative contractual arrangements over the past year and this account is consistent with reports received and development of priorities for 2012/13.

It is clear to the CCG that Five Boroughs NHS Foundation Trust has a clear commitment to quality improvement, safety and engagement with patients. Clear progress has been made through the year although achievement of all the Trusts aspirations remains a challenge. The Trusts developments have included the bringing together of Knowsley specific community services and mental health services under one umbrella organisation. It is hoped that this development will provide further opportunities for improved quality of care and experience for the patients and families who need to access this important provision. We are pleased to note a continued focus on safety and quality improvement whilst engaging patients and service users.

We have established working arrangements between the CCG, its commissioning partners and the Trust and look forward to developing our relationship further over the coming years as we seek to improve health outcomes for the population of Knowsley and its surrounding boroughs.

Kind regards

Breeda

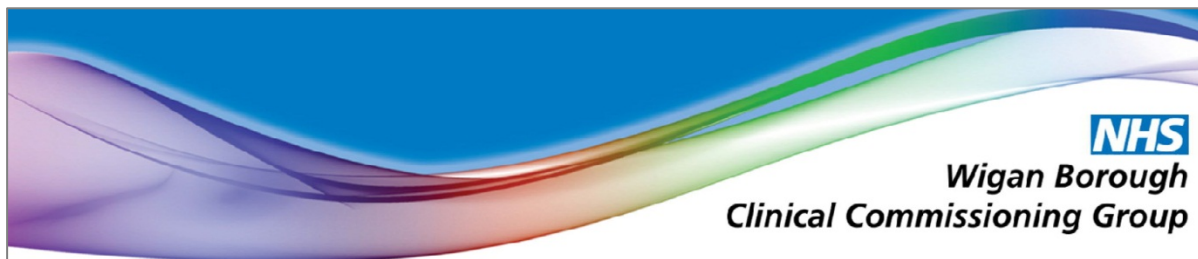
Breeda M Worthington | Head of Quality and Safety/Governing Body Lead Nurse
Knowsley Clinical Commissioning Group | Nutgrove Villa, Westmorland Road, Huyton, L36 6GA

Tel: 0151 244 3592
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Please consider the environment before printing this e-mail.

Wigan Borough Clinical Commissioning Group



WBCCG COMMISSIONER RESPONSE TO 5BP QUALITY ACCOUNTS 2012 - 2013

'NHS Wigan Borough Clinical Commissioning Group has reviewed the 5BP Trust Quality Accounts for 2012-13. NHS Wigan Borough Clinical Commissioning Group can confirm that the accounts are a fair and balanced description that reflects the progress reported throughout the year to NHS Wigan Borough Clinical Commissioning Group at their regular contract quality meetings.

The accounts evidence improvements during 2012-13 in those areas agreed with the commissioners of NHS Wigan Borough Clinical Commissioning Group and its colleagues across the 5BP footprint.

NHS Wigan Borough Clinical Commissioning Group is particularly pleased with the improvements evidenced within the Trusts Quality tracker that reflect an improvement in patient safety and their continued participation in research programmes.

It is particularly pleasing that both the practitioners that are highlighted in the National Awards section have achieved their awards working in Wigan schemes and the NHS Wigan Borough Clinical Commissioning Group will continue to support innovation in services provided by the 5BP Trust.

The NHS Wigan Borough Clinical Commissioning Group is also supportive of the engagement model used with commissioners, service users and carers in the development of the priority areas for 2013-14.

The NHS Wigan Borough Clinical Commissioning Group will be monitoring 5BP Trust areas robustly in the coming year through our Clinical Quality Review team to assure themselves that the lessons learned from recently published Independent inquiries are embedded in practice and the Trust is held to account and those improvements are achieved.

Peter Harrison
Head of Commissioning Mental Health and non acute contracts
NHS Wigan Borough Clinical Commissioning Group

Warrington Clinical Commissioning Group



☎ 01925 843701
Please Ask For: Dr Sarah Baker
E-mail: sarah.baker@warringtonccg.nhs.uk

14 June 2013

Ms P Drohan
Customer Relations Lead
Nursing and Governance Directorate
5 Boroughs Partnership NHS Foundation Trust
Community Health Services
Unit 4, Puma Court
Kings Business Park,
Liverpool
L34 1PJ


Warrington
Clinical Commissioning Group

Millennium House
930-932 Birchwood Boulevard
Millennium Park
Birchwood
Warrington
WA3 7QN

Tel: 01925 843702
PA: Debbie Monfared

debbie.monfared@warringtonccg.nhs.uk
www.warringtonccg.nhs.uk

Dear Ms Drohan

Many thanks for giving me the opportunity to comment on the Quality Account for the 5 Boroughs Partnership. It is always a positive sign for any organisation to share their strengths and weaknesses. I particularly welcome the format of the report which identifies the organisations commitment to quality and it's priorities for the future improvement.

I am pleased to see that you have made considerable achievements in your identified quality priorities; falls, shared decision making and issues of concern. Patient safety is an integral part of the CCG's quality strategy. The assurance that providers are proactively seeing ways to prevent avoidable harm is always welcome but I would have liked to have heard a little more of how this reduction in patient falls has been achieved, whilst I note a reduction of 21% for this year, the inclusion of last year's figure would have added to the impact of what you have accomplished.

Can I also congratulate you on the work that you have commenced regarding patient decision making, the involvement of patients to make informed decisions about their health is a positive step forward and I look forward to hearing how your work with AQUA in implementing these tools to other services in your organisation will impact on the quality of care provision.

The inclusion of the trusts participation in Clinical Audits and National Confidential Inquires is welcome. I note that from the results of these audits the trust has identified areas that it "intends to take actions to improve the quality of healthcare provided". I trust that these action plans will be shared with the CCG and agreed timelines in which to make these changes will be established.

Regarding the trust Quality Measures I note that the slight decrease in complaints from 242 (2011-12) to 239 (2012/13) is somewhat overshadowed by the number of concerns which has risen from 110 to 256 whilst the definition includes 'do not wish to be treated as a complaint' this is a significant amount of patients/ relatives who have had cause to raise their concerns around aspects of patient care provision and I trust that you will be monitoring the themes and trends of the concerns raised.

The establishment of the Internal Quality Reviews is a positive step forward and offers a real opportunity for the organisation to monitor how services are performing in line with the CQC Essential Standards of Quality and Safety. It has also provided an ideal opportunity for staff to request clarity on significant areas of patient care such as the internal safeguarding process and the use of incident data which will ultimately inform improvements in care delivery.



GP Chair: Dr Andrew Davies MB ChB

Chief Clinical Officer: Dr Sarah Baker, MPhil, MA, MBBS, DFPHM, DRCOG



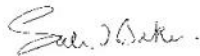
I am very pleased to hear of the advances that you have made in the assessment and monitoring of patients physical health particularly around patients with diabetes. Your lead role in the development of an NHS North-West Physical Health in Mental Health E-learning package for staff is also a significant step forward in improving staff competencies in care delivery.

The 'sticks and stones' campaign illustrated a good approach to staff working with local education to de-stigmatise conditions such as anxiety and depression in young people. It is great to see how your success has formed new educational partnerships both locally and nationally.

May I conclude by taking this opportunity of congratulating your staff on their success in winning the Nursing Standard – Mental Health category for the second year running and for all their hard work and commitment to improving the health and wellbeing of the local population.

I believe that this account is clear and concise and identifies where future quality improvements can be made. The report offers a balanced view of the organisations performance of the reported period.

Yours sincerely



Dr Sarah Baker
Chief Clinical Officer
Warrington Clinical Commissioning Group



SP Chair: Dr Andrew Davies MB ChB

Chief Clinical Officer: Dr Sarah Baker, MPhil, MA, MBBS, DFPHM, DRCOG



Halton LINK / Healthwatch



Patricia Drohan
Customer Relations Lead
Nursing and Governance Directorate
5 Boroughs Partnership NHS Foundation Trust
Community Health Services
Unit 4, Puma Court
Kings Business Park,
Liverpool
L34 1PJ

Dear Pat,

Re: Quality Accounts: 5 Boroughs Partnerships NHS Foundation Trust 2012-13

Thank you for your invitation to respond to your Quality Accounts. [The response statement from Halton LINK for your report is enclosed.](#)

Members met to look at the report and compile a response. We hope the comments from the Halton LINK will be useful to the Trust.

During the past year, the Trust has been willing to work in partnership with Halton LINK, and representatives regularly attend meetings on Patient and Public Involvement and also contribute to user and carer forum events to give input into the work of the Trust.

We have especially appreciated the opportunities to attend your regional up-date meetings during the past year and going forward into Healthwatch, we look forward to building on this good working relationship we have with the Trust and its members of staff.

Thank you again for inviting the LINK to comment and Healthwatch will look forward to seeing the planned improvements taking place during next year.

Yours sincerely,

Doreen Shotton

Doreen Shotton, QA Lead
on behalf of the LINK Board.

HALTON LOCAL INVOLVEMENT NETWORK



Halton LINK, Halton & St Helens VCA, Sefton House, Public Hall Street, Runcorn, Cheshire WA7 1NG
Tel: **01928 592405** • email: info@haltonlink.org.uk • web: www.haltonlink.org.uk

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**Halton LINK Statement
for the Quality Accounts 2012-13 of 5 Boroughs Partnership NHS Foundation Trust**

"Members thanked the Trust for sharing the report widely and for seeking the views of the Halton LINK.

The excellent 'Contents' page makes it easy for readers to find items of particular interest to them. For next year, perhaps the Trust could consider including a summary document of the Quality Account, which we feel would be useful.

Members welcomed the reduction in falls last year and the fact that the Trust will continue to build on this good work in 2013-14, particularly the implementation of the falls risk assessment as part of the person-centred care plans.

We would like to see the views of carers contributing to the care plans and perhaps the Trust could consider offering training opportunities to carers on restraint procedures and medicines management.

We like the comprehensive way the Trust records complaints and we appreciate the statistical breakdown of complaints and compliments.

The LINK recognises and values the good work done by the Trust to gain the views of users and carers and we hope the Trust will continue to build on the relationships with user/carer forums, which are an excellent opportunity for feeding in comments. Members have also appreciated being able to give feedback at the stakeholder events held during the year.

We hope that on-going meaningful dialogue with service users, carers and the wider community will help the Trust ensure their priorities are achieved."

HALTON LOCAL INVOLVEMENT NETWORK



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Knowsley LINK / Healthwatch

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www.healthwatchknowsley.co.uk



5 Boroughs Partnership NHS Foundation Trust Quality Account Commentary Healthwatch Knowsley

Healthwatch Knowsley welcomes the opportunity to provide this commentary on the Quality Account for 5 Boroughs Partnership NHS Trust. The Quality Account report was provided to LINKs in a timely manner and presented at a stakeholder event organised by the Trust in May.

This commentary covers the period 1st April 2012 to 31st March 2013 and we are therefore making this commentary on behalf on Knowsley LINK.

During the last twelve months the partnership working and challenges provided through Knowsley LINK has been welcomed by the Trust. Knowsley LINK members have met with representatives of the Trust several times through the Knowsley LINK Adult Mental Health Coffee Morning and through both the Later Life and Memory Services Steering Group and the Adult Services Redesign Group. This relationship enabled Knowsley LINK to provide robust challenges to the Trust at a time when it is undergoing a major change in the way services are delivered, it is hoped that this relationship will continue with Healthwatch Knowsley.

In addition members of the Knowsley LINK Enter and View Team took part in three “CQC Style” Inspections at Integrated Provider Services treatment rooms, across the borough.

It is felt that the Priorities for Improvement identified for the coming year are and Healthwatch Knowsley is pleased to note that the Trust has stated its intention to increase service user inclusion in planning Trust business However we are disappointed to note that the Trust has not identified improving carer involvement in the planning of care. In addition a consistent theme that occurs when we receive patient experience comments is the difficulties in accessing mental health community services and this has been highlighted to the Trust at our mental Health coffee mornings. We would urge the Trust to prioritise this in the coming year as we have real concerns about the affect this is having on local users of secondary care services.

Healthwatch Knowsley will continue to challenge the Trust in the coming year, particularly if it appears that cost savings are taking priorities over service provision, using the evidence we collate in our patient experience surveys and we look forward to working together to improve the experience of all patients who access services.



5BP Quality Accounts document 2012-13 St. Helens LINK feedback

Official commentary for publishing

- Re. Internal Quality Reviews (last complete paragraph). It is essential that everyone has a clear understanding of safeguarding issues, saying staff are knowledgeable 'on the whole', is not adequate. And, regarding 'activities available to inpatient service users', a ward visit in April 2013 at Peasley Cross site, all activities had been cancelled that week due to staff holidays, so policy was not reflected in practice on this occasion.
- Re. physical health needs of patients - (comment from a LINK Board member) "It is a disgrace that proper attention to physical health needs and that patient centred planning have only just been introduced. It is very destructive to well-being if any aspect of personal need and identity is ignored or disrespected"
- LINK is pleased to see that organisational culture is to be developed and that internal staff will be enabled them to coach further staff.
- Re. patient experience surveys, although more than 55% of service users did not think a question about advice on employment/training/support applied to them, the rating score was very low. At least one of those three types of advice would be relevant to every service user leaving services.

2012-13 Quality & Safety priority areas - performance

Falls:

There is adequate evidence that the Trust has addressed falls, we agree this priority has been sufficiently met. LINK provided contact details for the Falls lead at St. Helens & Knowsley Trust to assist 5BP develop its systems.

Shared Decision Making:

LINK suggests the Trust should actually describe an anonymous example of shared decision making between a service user and clinician. A case study is needed to demonstrate how this outcome is being met. Just having a project about this, does not mean it's being met.

Issues of Concern:

LINK suggests service users are involved in advising how to improve processes for raising concerns. On page 29, the number of complaints is static, surmising that 'systems are open/accessible to users'. Systems to complain being available does not equate to being completely accessible or entirely effective.



2013-14 priority areas

It would seem sensible for the Trust to continue with 2 areas from 2012-13:

- falls
- shared care and decision-making

These will need to be on-going until sufficient data is collected to show efforts are producing improvements.

However, there are no targets mentioned for these 2 priorities, so what will be the measure of success? The Trust's Director Nursing agreed that success would be proof of consistency of falls and relevant risk plans being resolved. There has been a large reduction in the number of falls (beyond expected), so LINK recommends that the activity should focus on making sure people have appropriate care plans, and not only those people meeting the 'at risk' threshold.

The third area of 'service user involvement in Trust business' is certainly a principle that LINK would support, particularly the elements of supporting the service users' involved with their personal development and increasing satisfaction of their involvement.

Warrington LINK / Healthwatch



Healthwatch Warrington response to 5BPS Quality Accounts 2012-2013

The document contains all the information and evidence required in reporting of this kind.

Particularly pleasing is the theme of patient experience, involvement and safety throughout the whole report with objectives for future service design set against data extracted from the patient experience. It is also pleasing that the trust is continuing to strive to improve and develop good practice in shared decision making within the Trust by being part of The National Shared Decision Making Collaborative Programme 2012/13 (with promising outcomes shown in the Musculoskeletal Service within Community Health Services, using tools such as SURE and SHARED).

Another encouraging area to highlight is the importance given to the physical health needs of people with mental health problems and learning difficulties and the steps being taken to improve the assessment of people with complex health needs. The increase in Audit is also a positive note in this report as well as the evidence of partnership working with the new Healthwatch organisations.

The LINK between the period of April 2012 – April 2013 received several comments and issues, these mainly focused on access to the Acute Care Pathway and the A&E Liaison Service. The key issues involved ineffective communications of the referral pathway, triage systems within Warrington Hospital and staff training. The work was an ongoing issue and was included in the LINKs Legacy document for Healthwatch Warrington to prioritise.

Knowsley Borough Council



Knowsley Council

May 2013

Dear Sir/Madam,

Re: Quality Account Report 2012-2013

Thank you for sending your draft Quality Account Report 2012-2013 for consideration and comment by Knowsley's Health Scrutiny Sub-Committee.

In order to manage its workload, the Health Scrutiny Sub-Committee has agreed to consider Quality Accounts from two (out of a possible eight) healthcare providers this year. These are:

- St. Helens and Knowsley Teaching Hospital NHS Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust

Unfortunately, on this occasion, the Health Scrutiny Sub-Committee will not be commenting on the 5 Boroughs Partnership NHS Foundation Trust's Quality Account. However, as Chair of the Committee, I am happy for you to include this letter, should you wish, as your response from Knowsley's Health Scrutiny Sub-Committee.

Next year, the Committee will again choose which Quality Accounts to review and would welcome the opportunity to engage with the 5 Boroughs Partnership NHS Foundation Trust regarding their report in advance of making that choice.

Should you require any further information regarding Knowsley's Health Scrutiny Sub-Committee, please contact Hannah Myers (Democratic Services Officer – Scrutiny and Partnerships) on 0151 443 3760.

Yours faithfully,

B. Swann
Councillor Bob Swann,
Chair of the Health Scrutiny Sub-Committee
Knowsley MBC



Knowsley Metropolitan Borough Council
PO Box 24 Archway Road Huyton Knowsley Merseyside L36 9YU
Telephone: 0151 489 6000 www.knowsley.gov.uk



St Helens Council



St. Helens Council

Patricia Drohan
Customer Relationship Lead
Nursing and Governance Directorate
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Kings Business Park
Liverpool
L34 1PJ

Adult Social Care and
Health Scrutiny Committee
Town Hall
Victoria Square
St. Helens
Merseyside
WA10 1HP

Contact: Joanne Heron
Tel: 01744 676277
Fax: 01744
joanneheron@sthelens.gov.uk
Our ref: asch/06/12
Your ref:

15th May 2013

Dear Pat

Re: Commentary from St Helens Adult Social Care and Health Overview and Scrutiny Committee to support the 5 Boroughs Partnership NHS Foundation Trust Quality Accounts 2012/13.

Thank you for taking the time to meet with representatives from the Adult Social Care and Health Overview and Scrutiny Panel and share your outline draft Quality Accounts for 2012/13.

In relation to Section 2.1, Trust Quality and Safety Priorities for 2012/13, the Panel would make the following comments:

a) Safety: Falls

The Panel is not clear in relation to the evidence that shows that this indicator has been met. The service user profile is not clear whether this refers to all 5 Boroughs Trust service users or those in in-patient settings.

If the latter applies, then the reduction in the number of falls may link to the reduction of in-patient beds, particularly the closure of Stewart Assessment Ward or changes to services. Without a clearer understanding of the measure and the action taken across the whole community, the Council is not confident in identifying this area is met.

The Panel is pleased to note the continued commitment of the Trust to addressing this issue in 2013/14, but think that there is a major challenge in relation to ensuring that the Trust's Falls initiative are properly integrated with other Falls initiatives in the Borough and this is not properly referenced in the report.

b) Effectiveness/Shared Decision Making

The St Helens Scrutiny Review in relation to the implementation of the Acute Care Pathway completed in November 2012 identifies some significant issues in relation to the embedding of personalised care planning and increased engagement with service users in the Trust. This echoed the findings of the St Helens Later Life and Memory Service's Scrutiny Review

www.sthelens.gov.uk

completed in February 2012.

Whilst the Scrutiny Panel has received reassurance about both of these issues from the Trust and understands that the Trust is acting to improve performance in these areas, in the light of the findings of both Scrutiny Reviews, the Council would again have concerns about this issue being regarded as met. In addition, noting the priorities for 2013/14, the Council would welcome some further details about how the Wigan model referred to will be rolled out across all boroughs.

c) Experience

The two Scrutiny Reviews identified above, identified significant issues with the engagement of service users and carers in St Helens. Again, the Panel received reassurances that the Trust would consider these approaches and whilst accepting that some mechanisms are in place as outlined in the report, the Panel is again not confident that the finding of 'met' is appropriate. The Panel does accept that the Trust is committed to further work on this, but feels there is not enough evidence contained in the document as it stands for them to be reassured on this issue.

d) Data Quality

Being aware that it may not understand all the complexities of data quality, the Panel is unable to understand why different reporting periods are used for different indicators. Most of the Care Quality indicators in Section 2.5.9 give a full year result, however the patient experience indicator and more importantly percentage of patient safety incidents reported only give a part year effect.

e) 3.35 Organisational Culture

The Council is pleased to note that there is work ongoing in relation to the organisational culture. This is particularly important in the light of the findings of the Winterbourne Serious Case Review and the Francis Inquiry, and believes that perhaps these important documents which focus on the culture of effective health organisations should be referenced in the report.

f) Feedback from the two Scrutiny Reviews Referred to

The Panel is disappointed that in the light of the significant investment in time and the positive relationships developed with officers of the Trust during the Scrutiny Reviews of the Acute Care Pathway and Later Life and Memory Services that the main findings of this are not included in the messages outlined from local organisations and feedback outlined in 3.4.7. The Council is not confident that the messages from St Helens Local Involvement Network LINK fully reflect the messages from LINKs.

I look forward to continuing to work in partnership with you in the future and being given the opportunity as a Scrutiny Panel to contribute the Trust's Improvement Plan and future Quality Accounts.

Yours Sincerely

Councillor Anthony Burns
Chairman of Adult Social Care and Health Overview and Scrutiny Panel.

Trust response to St Helens Council

5 Boroughs Partnership 
NHS Foundation Trust

Gail Briers
Director of Nursing and Quality
Chief Executive Office
Hollins Park House
Hollins Lane
Winwick
Cheshire
WA2 8WA

Tel: 01925 664007
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Councillor Anthony Burns
Adult Social Care and Health Scrutiny Committee
Town Hall
Victoria Square
St.Helens
Merseyside
WA10 1HP

Dear Cllr Burns,

Thank you for the opportunity to present the draft Quality Account 2012/13 to representatives of Adult Social Care and Health Overview and Scrutiny Panel and your commentary following this.

The views of the Panel are important to the Trust and we value the relationship that has developed, which facilitates on-going dialogue. It is in this spirit that I would like to present additional information for the consideration of the Panel, in response to the commentary provided. It is presented under the headings used in your commentary dated 15 March 2013 for ease of reference.

a) Safety: Falls

Initial development of the Falls Strategy in 2012/13 focussed on ensuring our internal systems were sufficiently robust to achieve a reduction in the number of falls within our in-patient facilities. However the Strategy Group is Trust wide and the reduction reported in the Quality Account reflects this and is not in patient only.

Falls Champions Groups have formed in Mental Health, Learning Disabilities, and Community Health Services and 6 Falls Champions have been identified across the Trust along with 26 Falls Champions within care homes from Community Health Services.

The Falls Strategy group have agreed a wider focus to their work for 2013/14, and I would like to reassure the Panel that the Strategy Group will look to engage with partners both in wider health, social care and community organisations.

A Better View... of mind & body

Chief Executive: Mr. Simon J. Barber
Chairman: Mr. Bernard Pilkington

Trust Headquarters, Hollins Park House, Hollins Lane, Winwick, Warrington, WA2 8WA
Mini Com Number 01925 664094



b) Effectiveness/Shared Decision Making

The challenge in developing the Quality Account is that it does not fully reflect all activity undertaken by the Trust within a specific area. Consequently the priority identified – in this instance ‘Shared Decision Making’ - is only one example of how the Trust is striving to develop its person centred activity. The aim is to identify a priority that can have a Trust wide impact.

The Trust recognises and values the contributions made by the Panel in identifying areas of improvement and their contributions to both the Acute Care Pathway and Later Life and Memory Service Scrutiny Reviews. The Trust looks to learn from all service specific activity and as with the ‘Shared Decision Making’ which was piloted in Musculoskeletal Services in Knowsley, continues to identify development opportunities that can benefit all our services. The input from Wigan Healthwatch is identified as an example as to how we can look at ‘Shared Decision Making’ and develop the process for use by mental health services. All our partner organisations are welcome to participate and I would extend an invitation to the Panel to contribute so the Trust can continue to benefit and the Panel can be reassured that the learning identified in the previous scrutiny reviews is included.

c) Experience

The Trust welcomed the points highlighted in the commentary and is pleased that the Panel are reassured of our commitment to hearing the views of the people who use our services and their carers. The target set for 2012/13 was the development of processes for collecting concerns, compliments and complaints and this system is now live. The introduction of Patient Stories at the beginning of each Trust Board from February 2013 is a further opportunity to hear the experiences of people who use our services.

d) Data Quality

The reporting of patients experience was undertaken to best reflect the comparison data with the National Survey. The reporting of patients experience has been much improved in the Trust, and any information you require can be shared with you. In response to your query relating to patient safety, this was a new mandatory requirement for the quality report for 2012/13, the source of the information was dictated to us by Monitor, asking us to use the most up to date information available via this source, which is included in the report.

e) Organisational Culture

The Trust would like to reassure the Panel of their commitment to continuous improvement, and are delighted that this has been recognised by Healthcare People Management Association, who have shortlisted the Trust in the category for Excellence in Human Resource Management Awards 2013 for the Coaching Culture programme currently being rolled out across the organisation

The requirement for health care providers to produce a Quality Account is a recommendation of the initial Francis Inquiry and 2012-13 will be the fourth year a Quality Account has been published by the Trust. The input of our partner organisations remains a key element and your comments are welcomed.

A Better View... of mind & body

Chief Executive: Mr. Simon J. Barber
 Chairman: Mr. Bernard Pilkington

Trust Headquarters, Hollins Park House, Hollins Lane, Winwick, Warrington, WA2 8WA
 Mini Com Number 01925 664094

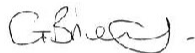


f) Feedback from the two Scrutiny Reviews

Thank you for your observations, I am pleased that the Panel positively view the relationship with the Trust and recognises the commitment shown by Panel members during the Scrutiny reviews. The messages contained in point 3.4.7 were gathered via engagement activity undertaken by the Trust in November 2012 and January 2013. Those organisations listed provided the Trust with commentary. All organisations mentioned have been provided with copies of the draft document and opportunity to confirm the accuracy of their commentary and alter the content.

I hope the Panel finds these responses useful and informative, the Trust is committed to providing a high quality service to the people of St Helens and we appreciate the time dedicated by the Panel in assisting us with this. Should the Panel wish, I am happy to meet with representatives to continue this dialogue at a mutually agreeable time.

Yours sincerely



Gail Briers
Director of Nursing and Quality

A Better View... of mind & body

Chief Executive: Mr. Simon J. Barber
Chairman: Mr. Bernard Pilkington
Trust Headquarters, Hollins Park House, Hollins Lane, Winwick, Warrington, WA2 8WA
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Warrington Borough Council



Professor Steven Broomhead
Interim Chief Executive

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Our Ref: 5BPT/JJ
Date: 14 May 2013

Pat Drohan,
Customer Relations Lead
5 Boroughs Partnership NHS Foundation Trust
Community Health Services
Unit 4, Puma Court
Kings Business Park
Liverpool L34 1PJ

Members' Suite
West Annexe
Town Hall
Warrington
WA1 1UH

Dear Pat

5 BOROUGH PARTNERSHIP NHS FOUNDATION TRUST – QUALITY ACCOUNT 2012/13

I am writing as Chair of Warrington's Scrutiny Committee in respect of your Annual Quality Account 2012/13 and wish to thank you for the opportunity to comment on the draft report. I should be grateful if you would include the following statement in your final document:-

"Warrington Borough Council's overview and scrutiny function has considered 5 Boroughs Partnership NHS Foundation Trust's Annual Quality Account 2012/13. The Scrutiny Committee is very pleased to hear about the Trust's achievements in 2012/13 and priorities for the future in respect of its Quality and Safety Priorities.

The Committee notes that all key targets were met for 2012/13 and that there were some significant outcomes in delivering the Trust's priorities, including the following:-

- a commitment to reducing harm to service users through improved strategic direction, new procedures and the implementation of practical solutions, leading to a 25% reduction in the number of falls;
- the use of person-centred care planning, including engagement at an earlier stage of care. The project developed by Musculoskeletal Services (MCAS) with Advancing Quality Alliance (AQuA) demonstrates a commitment to piloting and promoting shared decision-making models; and

- a commitment to listening to service users' and carers' views throughout the organisation, as evidenced by the use of the complaints, concerns and compliments system, 'Take it to the Top' questioning sessions, feedback and improved reporting and monitoring regimes.

The Committee is pleased to note a number of examples of good practice and performance by the Trust included in the Quality Account, including:-

- use of clinical audits and active participation in national clinical audits and confidential inquiries, demonstrating a culture of learning and improvement;
- robust procedures for monitoring and reducing infections from MRSA and C. difficile;
- evidence of regular participation in clinical research, which helps clinical staff stay abreast of the latest treatment opportunities;
- performance of all Core Quality indicators was close to, or better than the national averages;
- performance against all relevant Monitor compliance targets was better than the required standard;
- performance of other Quality Measures identified by the Trust was positive and monitoring by the Board was proactive;
- performance against the CQC's Standards of Quality and Safety was good with most indicators showing 'tending towards better' or 'better' than expected.

There is some concern about the Information Governance Toolkit score of 'not satisfactory', which appears to be due to the tools used to train staff. Overall, appropriate training measures appear to be in place, but the Committee recommends vigilance against complacency in this area.

The Committee agrees with the Trust's selection of priorities for 2013/14, comprising:-

- Falls – This priority builds upon the work already achieved under the Falls Strategy, with a particular emphasis on implementing a consistent approach across the Trust and the use of a intelligence to help identify and assess those most at risk, to provide care plans and to make appropriate interventions;
- Shared Care – This priority also builds on work undertaken in 2012/13. Key tasks will be to roll out best practice around shared decision-making across the organisation and to develop decision aid material, which will be particularly important for users of mental health services;
- Service User Involvement in Trust Business – This priority seeks to embed service users and carers into the day to day operation and governance of the organisation, which is wholly consistent with its status as a Foundation Trust.

The Committee welcomes the development of a Trust Quality Improvement Plan and the establishment of a Trust Quality Committee to help to drive forward improvement and to provide the Board with assurance about quality issues.

Representatives of the Scrutiny Committee were pleased to attend the Trust's stakeholder events held on 7 November 2012 and 8 May 2013. In addition, the Trust provided a report and presentation to the Committee on 20 March 2013, giving a first-hand account of quality and safety issues. The Trust has also given an undertaking to provide regular updates to the Committee in the future and to produce a summary of key messages from the Quality Account for the wider public. Scrutiny Members in the North West are grateful to colleagues from the Trust for their valuable input into a regional development session for scrutiny councillors held on 15 October 2012.

The Committee is mindful of the Francis Inquiry into the care provided by Mid Staffordshire NHS Foundation Trust, which concluded that patients were routinely neglected by a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care. The inquiry was also critical of the local authority scrutiny process, which relied too heavily on information provided directly by the Trust and failed to identify that anything was wrong.

The Quality Account for 5 Boroughs Partnership NHS Foundation Trust indicates that the Board is not just looking at figures, but is proactive in seeking and acting upon the views of users and carers. In particular, the Committee is pleased to see evidence of the development of internal quality reviews, which will help to ensure that senior management and staff have real time experience of quality and safeguarding issues.

The Committee wishes to build upon its good relationship with the Trust to provide support in 2013/14, whilst maintaining an appropriate level of challenge. The Committee will seek to engage with independent sources of information, including Local Healthwatch, in order to provide an assurance to the public that the Trust is delivering real quality to its service users.”

I hope that these comments are useful.

Yours sincerely

Anthony Higgins

Councillor Tony Higgins
Representing Fairfield & Howley Ward



If you have difficulty making contact with your Councillor please ring
01925 442112 or email jjinson@warrington.gov.uk



www.warrington.gov.uk

5 Boroughs Partnership NHS Foundation Trust - Council of Members

Statement on behalf of the Council of Members on the Trust's Quality Account

The Council of Members feels that it has had increased involvement in Quality and the production of the Trust's Quality Accounts for 2012/13. This has been demonstrated by:

- During the year the Trust's organisational definition of quality was agreed with consultation of the Council of Members
- The Compliance with Authorisation Committee, a sub-committee of the Council of Members, has received regular updates on the Quality Accounts and the progress being made to achieve the Trust priorities during 2012/13
- Representatives from the Council of Members have attended stakeholder organisation meetings and have been involved in both Quality Account Stakeholder Events held by the Trust - including leading on panel discussions
- The Council of Members has been influential in setting, agreeing and approving the quality priorities for 2013/14
- This year the Council Members chose 'incidents resulting in severe harm or death' as the Quality Indicator to be audited as part of the assurance processes for the Quality Accounts
- The Council of Members receive the External Assurance on the Trust's Quality Report (Governors Report) from the external auditors
- The Compliance with Authorisation Committee will continue to monitor progress against the Quality Priorities for the coming year.

The Council of Members feel that these processes and the results of external audit throughout the year help provide assurance that the data presented in the Quality Accounts 2012/13 is accurate and representative of the Trust's position.

The Council of Members is committed to improving quality across the organisation and to be engaged in the 2013/14 Quality and Safety Agenda as set out in the Trust's Quality Accounts. During 2013/14 the Trust's New Quality Committee will be formed; the Chair of the Compliance with Authorisation Committee will be a member; further strengthening quality governance and scrutiny within the Trust.

Alan Griffiths

Chair of Compliance with Authorisation Committee / Council Member

Clinical Governance and Clinical Risk Committee

The Clinical Governance and Clinical Risk Committee is one of the two sub-committees of the Trust Board which delegates authority to ensure appropriate structures, systems and processes are embedded in the organisation to manage patient safety and clinical risk and ensure services are continuously improving. The Committee reports to the Board. Following each meeting the Committee's minutes are formally received by the Board. The Committee has close links with the Trust's Audit Committee and directly communicates with the Audit Committee by way of a verbal report from the Chairman, who is a member of both committees. Standing items on the agenda include detailed scrutiny of: Serious Untoward Incidents; compliance with the Care Quality Commission Essential Standards for Quality and Safety; in-depth updates of service re-design and performance. This enables the Committee to inform the Trust Board of any lapses and ensure appropriate actions are taken to address any deviation from accepted standards. In 2013/14 the Committee will be re-configured into the Trust Quality Committee to ensure a greater focus on consistent Quality across the organisation. A number of current roles and responsibilities of the Committee will pass to the Audit Committee.

Dr Colin Dale

**Non-Executive Director, Clinical Governance & Clinical Risk Committee
Chair**

Appendix 2 - National Patient Survey Results 2012

Each year since 2004 all NHS Trusts providing mental health services have taken part in the Care Quality Commission National Patient Survey, which is designed to gather information about service user experiences and assess how Trusts are performing.

The way in which the findings of the National Patient Survey are reported was changed in 2012. Scores are now amalgamated into nine categories and a comparison is given between the Trust and all other Trusts. The Trust was rated:

	Category	Ranking
S1	Health and Social Care Workers	Same as other Trusts
S2	Medications	Same as other Trusts
S3	Talking Therapies	Same as other Trusts
S4	Care Co-ordinator	Same as other Trusts
S5	Care Plan	Same as other Trusts
S6	Care Review	Better than other Trusts
S7	Crisis Care	Same as other Trusts
S8	Day to Day Living	Same as other Trusts
S9	Overall	Same as other Trusts

Due to a new reporting system the differences between Trusts' scores are less obvious. One example of this is:






	Question	5BP score	Highest score of any trust	5BP Ranking
Q20	Can you contact your Care Co-ordinator (or lead professional) if you have a problem?	8.9	8.9	Same



Under this new reporting system scores are:

Worse	0
Same	36
Better	2

Question – Better		5BP score	Lowest Trust score	Highest Trust score
1	In the last 12 months have you had a care review meeting to discuss your care?	8.5	6.5	8.6
2	Has anyone in NHS mental health services ever asked you about your alcohol intake?	7.7	5.5	7.9

Fig 2. The results from the Trust’s Patient Experience Survey in January 2013 compared to the most similar question from the 2012 National Patient Survey

Trust Patient Experience Survey (Community MH Teams) Questions Numbers correspond to those on the actual questionnaire	National Patient Survey 2012 Questions	National Patient Survey 2012 Results (Actual marks out of 10 have been amended for comparison)	Trust Survey Per Cent of Good and Excellent
1 Dignity and Respect: In relation to dignity and respect, how would you rate the care and treatment you receive from our staff?	Did this person treat you with respect and dignity?	92	94 
3 Your Care Plan: How do you rate the level of involvement you have in the development of your care plan?	Do you think your views were taken into account when deciding what was in your care plan?	82	88 
4 Care and Treatment: How well do you feel our staff deliver what is contained in your care plan?	Have NHS mental health services helped you start achieving these goals?	68	91 
5 Medication: How would you rate the information you have been given by our staff about your medication?	Were you given information about the medication in a way that was easy to understand?	70	81 
6 Staff: How would you describe the amount of time you were given to discuss your condition and treatment with staff?	Were you given enough time to discuss your condition and treatment?	84	90 

Trust Patient Experience Survey (Community MH Teams) Questions	National Patient Survey 2012 Questions	National Patient Survey 2012 Results (Actual marks out of 10 have been amended for comparison)	Trust Survey Per Cent of Good and Excellent
Numbers correspond to those on the actual questionnaire			
7 Crisis: Have you been given a telephone number in mental health services to contact in an emergency?	Do you have the number of someone from your local NHS mental health service that you can phone out of office hours?	59	69 
10 Overall: Overall, how would you rate the care and support you receive from our staff?	Overall, how would you rate the care you have received from mental health services in the last 12 months?	73	91 

Appendix 3 - Trust Patient Experience Surveys

Mental Health and Learning Disability

In addition to the Quality and Safety Priority for 2012/13 on Patient Experience the Trust agreed two key target/objectives pertaining to Patient Experience for 2012/13:

1. A CQUIN target aiming at improving responsiveness to the personal needs of mental health and learning disability patients through the use of Patient Experience surveys in three services including Adults and Later Life & Memory Services; both in-patients and community settings, and
2. A high-level objective: to have developed and implemented a minimum of five methods of capturing, reporting on and responding to service user and carer experience which can be learned from and utilised across all our services

The Annual National Patient Survey only provides data regarding patient experience in Adult Mental Health Community Services. It is also acknowledged that the timescales for collection and reporting reduce the Trust's ability to respond in a timely manner. In order to gain real-time understanding of service users' experiences there is a need for Trusts to also operate an internal Patient Experience Survey. The survey tool (questionnaire) used by the Trust was designed in partnership with service users, carers and staff from the Operations and Corporate Directorates.

Each business stream has adapted the wording and format of the survey tool to best meet the needs of their service users. Each survey covers 10 themes identified within the appropriate National Patient Survey (Community or In-patient).

An easy-read version has been developed for use in Learning Disability Services and carers/families/advocates are invited to support the survey in Later Life and Memory Services and Learning Disability Services.

The Trust used the common themes identified from the National Patient Surveys for In-patients:

- Admission
- Being treated with dignity and respect
- Cleanliness of the ward
- Quality of information
- Level of involvement in the development of care plans
- How well staff delivered what was identified in a care plan
- Information about medication
- Amount of time spent with staff
- Feeling safe while on a ward
- Their 'overall' experience while on the ward

Service users are asked to complete questionnaires as they are discharged from the ward.

Inpatients	Average September 2012 to January 2013
Questions	Responded Good or Excellent
Admission	91.1%
Dignity and respect	92%
Cleanliness	93%
Information	87.8%
Care Plan	84.6%
Treatment	87.5%
Medication	83.4%
Staff time	84%
Safety	91.7%
Overall	93.1%

For Community Services questions relate to:

- Being treated with dignity and respect
- Quality of information
- Level of involvement in the development of care plans
- How well staff delivered what was identified in a care plan

- Information about medication
- Amount of time spent with staff
- Provision of contact details for crisis support
- Information, advice or support relating to employment, training or further education
- Cleanliness of Trust premises
- Their 'overall' experience of receiving services

Cross-sections of service users are offered the questionnaires in community settings.

Community	Average September 2012 to January 2013
Questions	Responded Good or Excellent
Dignity and respect	93.4%
Information	91.4%
Care Plan	88.5%
Treatment	91%
Medication	81.4%
Staff time	89.7%
Cleanliness	78.8%
Overall	91.5%

Community	Average September 2012 to January 2013
Questions	Responded Good or Excellent
Given emergency phone number*	69.2%
Employment / training / support**	17.2%

* Localised information cards that include emergency telephone numbers have been produced and distributed to service users and carers via LINKs (Local Involvement Networks); Carers Centre and other community groups.

** More than 55 per cent of service users stated this question was not applicable to them.

Examples of the 2012/13 Results (September 2012 to January 2013)

- More than 83.4 per cent of service users from in-patient services answered 'Good or Excellent' to the question relating to 'Medication' - How would you rate the information you have been given by our staff about your medication?

- More than 91.7 per cent of service users from in-patient services answered 'Good or Excellent' to the question relating to 'Safety' - How safe do you feel on your ward?
- More than 91 per cent of service users from community services answered 'Good or Excellent' to the question relating to 'Care and Treatment' - How well do you feel our staff deliver what is contained in your care plan?
- More than 89.7 per cent of service users from community services answered 'Good or Excellent' to the question relating to 'Staff Time' - How would you rate the amount of time our staff are able to spend with you?
- In December 2012 the questionnaires were amended to include three new questions that provide service users with the opportunity to add narrative responses to:
 - *What did we do well?*
 - *What could we do better?*
 - *Is there anything else you want to tell us about the service?*

These questions have also been made available on the Trust's Internet.

Feedback from all of the questions contained in the questionnaires is now collated in a monthly Patient Experience Report that is tailored to each business stream, which also includes feedback received from:

- Sharing Lived Experiences (visits to Dementia Cafes and Life Stories recorded face-to-face interviews)
- Technology including Kiosks and Trust website
- Patient Opinion posting
- Service Users and Carers Forums (including Knowsley Community Health Forums)
- Patient Advice Liaison Services (PALS)
- Compliments, Complaints and Incidents
- Modern Matrons, Business Managers and Team Leaders (face-to-face, mock CQC assessments, Patient Meetings, etc.)
- Other Feedback (LINKs / Healthwatch, National Patient Survey, etc.)
- Patient Experience questionnaires (including narrative responses)

The reports are analysed by Operational Modern Matrons and their teams, who then lead on any changes which are fed back to service users and carers via 'You Said, We Did' posters and on the 'Patient Experience' section of the Trust website.

Community Health Services

Community Health Services participate in the annual Patient Experience Survey commissioned by Commissioning for Quality and Innovation Payment

Framework (CQUIN). Engaging patients in satisfaction surveys can help to show patients that healthcare organisations are interested in quality and in making improvements and demonstrate the organisation's commitment to its patients by acting upon the results.

The aim of the Patient Experience Survey is to gain patients' perception on the services provided by Community Health Services.

The objectives are to assess:

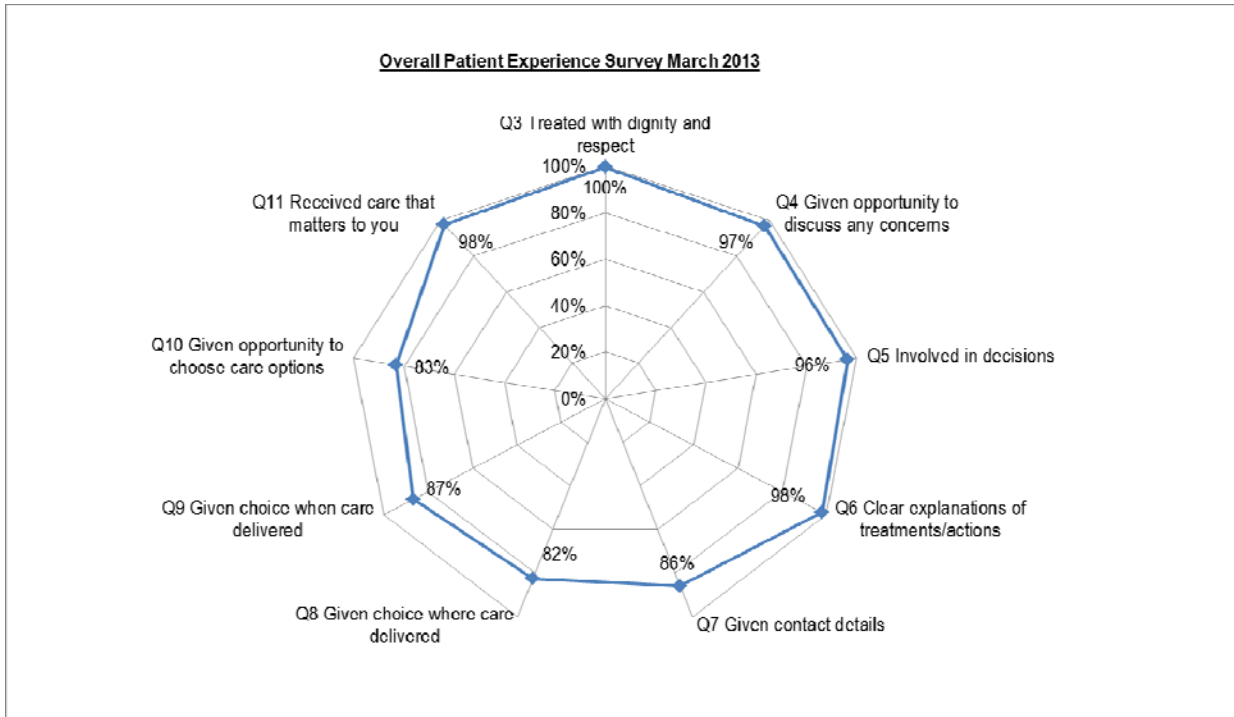
- If patients with a disability have all their needs met with regards to the disability
- If for those patients that English is not their first language all their needs were met
- If patients were treated with dignity and respect
- If patients were given the opportunity to discuss any concerns they may have had in relations to their health
- If patients felt they were involved in decisions about their care
- If patients receive clear explanations of treatments/actions
- If patients are given contact details
- If patients are given a choice to where/when care/treatment is delivered or type of treatment options and if their choices were respected
- If staff introduced themselves and explained their role

In 2012/13 a total of 42 Community Health Services participated in the Patient Experience Survey and we received 1,862 responses. Results could not be compared to the previous Generic Satisfaction Survey as the questions were revised this year in line with the NICE Quality Standards for Patient Experience in adult NHS services.

Each individual service participating in the Patient Experience Survey refined the methodology to the specific needs of the patients and to be reflective of the service provided. Services were given the opportunity to add service-specific questions they deemed relevant.

Each participating service receives a drafted report of the results and the project lead is expected to finalise the report and complete an action plan where required.

The overall results for generic areas of the survey are shown below:



Findings

Generally there were no overall problems identified. Services receive an individual report detailing their results and all comments made. Each service will produce and monitor an action plan where required - detailing actions and timescales. The Trust plans to undertake a re-audit and will include a comparison of results.

Appendix 4

2012/13 Statement of Directors' Responsibilities in Respect of the Quality Account

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

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

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual*
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2012 to April 2013
 - Papers relating to Quality reported to the Board over the period April 2012 to April 2013
 - Feedback from the commissioners dated May 2013
 - Feedback from Governors dated May 2013
 - Feedback from local Healthwatch organisations dated May 2013
 - The Trust's Complaints Report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2013
 - The National Patient Survey (Community) 2012
 - The National Staff Survey 2012
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2013
 - Care Quality Commission quality and risk profiles:

Release 17	02/04/2012
Release 18	31/05/2012
Release 19	31/07/2012
Release 20	30/09/2012
Release 21	31/10/2012
Release 22	30/11/2012
Release 23	31/01/2013

Release 24 28/02/2013
 Release 25 31/03/2013

- The Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable; conforms to specified data quality standards and prescribed definitions; is subject to appropriate scrutiny and review and the Quality Account has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Account (available at www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275)

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

NB: sign and date in any colour ink except black

28/5/13Date..... Chairman

28/5/13Date..... Chief Executive

Appendix 5 Monitor External Assurance Statement

Independent Auditor's Limited Assurance Report to the Council of Members of 5 Boroughs Partnership NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Members of 5 Boroughs Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of 5 Boroughs Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 in the Quality Report that have been subject to limited assurance consist of the following national priority indicators as mandated by Monitor:

- 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital; and
- Minimising delayed transfers of care.

We refer to these national priority indicators collectively as the "specified indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the assessment criteria referred to in the *Directors' Statement of Responsibilities* in Appendix 4 of the Quality Report (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM;
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the period April 2012 to the date of signing this limited assurance report (the period);
- Papers relating to Quality reported to the Board over the period April 2012 to the date of signing this limited assurance report;
- Feedback from the Commissioners – Knowsley Clinical Commissioning Group dated 24/05/2013;
- Feedback from the Council of Members;
- Feedback from local Healthwatch organisations – Healthwatch Knowsley dated 17/05/2013; Healthwatch Warrington dated 16/05/2013; and Halton LINK dated 13/05/2013;
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 09/04/2013;
- Feedback from other stakeholders involved in the sign-off of the Quality Report – Warrington Borough Council Scrutiny Committee dated 14/05/2013; Knowsley Council Health Scrutiny Sub-Committee dated 20/05/2013;
- The national (Community) patient survey 2012;
- The national staff survey 2012;
- Care Quality Commission quality and risk profiles dated 02/04/2012; 31/05/2012; 31/07/2012; 30/09/2012; 31/10/2012; 30/11/2012; 31/01/2013; 28/02/2013; 31/03/2013;
- The Head of Internal Audit's annual opinion over the trust's control environment dated 28/05/2013.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the “documents”). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Members of 5 Boroughs Partnership NHS Foundation Trust as a body, to assist the Council of Members in reporting 5 Boroughs Partnership NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable Council of Members to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Members as a body and 5 Boroughs Partnership NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- Making enquiries of management
- Limited testing, on a selective basis, of the data used to calculate the specified indicators back to supporting documentation.
- Comparing the content requirements of the FT ARM to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Directors’ interpretation of the Criteria in the *Directors’ Statement of Responsibilities* in Appendix 4 of the Quality Report.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by 5 Boroughs Partnership NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2013,

- the Quality Report does not incorporate the matters required to be reported on as specified in annex 2 to Chapter 7 of the FT ARM;
- the Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria.

PricewaterhouseCoopers LLP

PricewaterhouseCoopers LLP

Chartered Accountants
101 Barbirolli Square
Lower Mosley Street
Manchester
M2 3PW

29 May 2013

The maintenance and integrity of 5 Boroughs Partnership NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Appendix 6 Performance against CQUIN targets 2012/13

Mental Health and Learning Disability Services

Indicator Name	Goal	Year-end position
Safety Thermometer	Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter	Indicator met in all quarters
Advancing Quality	To improve the quality of care delivered to patients in Dementia and Psychosis	Indicator met in all quarters
Communication	Improve discharge communication from in-patients, outpatients and community services	Indicator met in quarters 1 to 3: one element not met at Q4
Access	Improve access for mental health clinical advice for GPs from senior clinical staff	Indicator met in all quarters
	Acute Care Pathway response times	Indicator met in Q1; not met in Q2, Q3 and Q4
	Later Life and Memory Services response times	Indicator met in all quarters
Dementia	A statement about carers needs will be part of all-new service user assessment letters	Indicator met in Q1, Q3 and Q4
	All identified carers will be offered carers assessment and/or directed to social care for assessment for carer support/breaks	Indicator met in all quarters
	All people newly diagnosed with Dementia and their carers will be referred to a post-diagnostic support group	Indicator met in all quarters
Physical Health	All in-patients who are prescribed anti-psychotic medication with have a range of clinical interventions	Indicator met in all quarters

Indicator Name	Goal	Year-end position
Physical Health Patient Experience	Outpatients to improve the physical health of people who are prescribed anti-psychotic medication who are also on CPA	Indicator met in all quarters
	Improve responsiveness to the personal needs of patients	Indicator met in all quarters
Shared Pathway	Shared Pathway – Recovery and outcomes	Indicator met in all quarters
The Secure Pathway	To introduce and monitor key milestones on the patient pathway in order to make the pathway more efficient and reduce length of stay	Indicator met in all quarters
Service User-defined CPA standards	To introduce and monitor Service user defined CPA Standards	Indicator met in all quarters
Optimising length of stay	To incentivise providers to describe the total care pathway for services users entering and leaving their service and to begin to plan how they might work differently both within the service and with partners to optimise length of stay	Indicator met in all quarters
Patient participation in recruitment	To promote patient involvement in recruitment of staff in Specialised Mental Health in-patient units to better ensure that staff who are recruited have the necessary skills to develop and maintain a rapport with their patients	Indicator met in all quarters

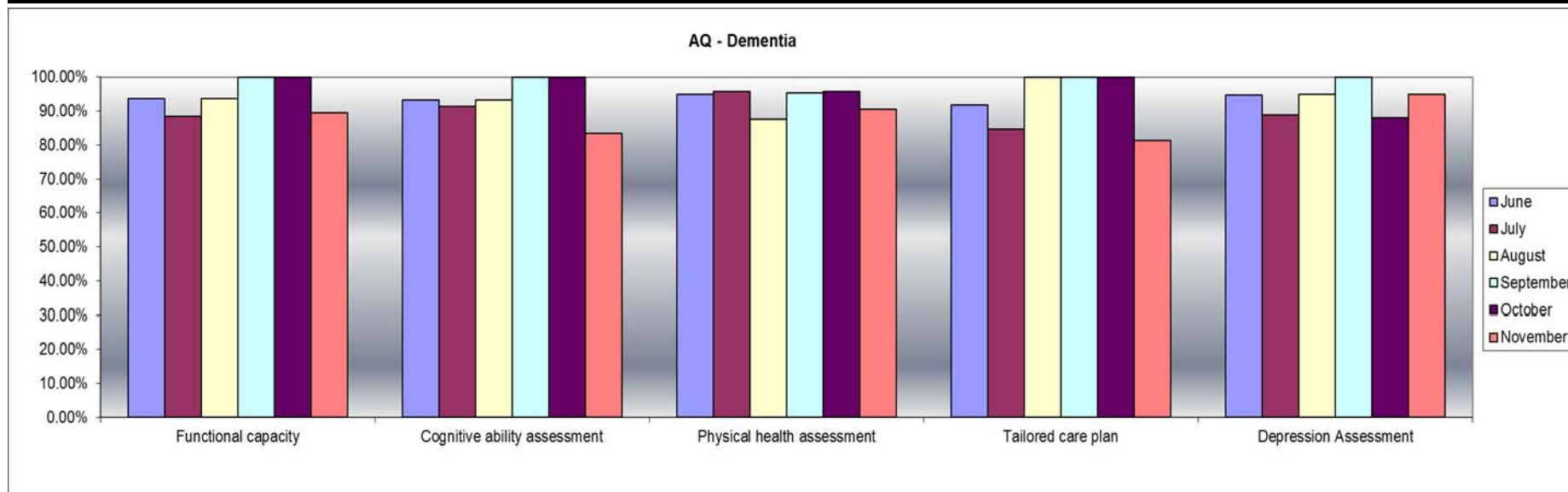
Community Health Services

Indicator Name	Goal	Year-end position
Patient Experience	<p>Improve personalisation of care planning and self-management amongst patients with long-term conditions</p> <p>Improve patient outcomes through the development of quality-of-life tools</p>	Indicator met in all quarters
Safety Thermometer	Improve the collection of data in relation to pressure ulcers, falls, urinary tract infections in those with a catheter	Indicator met in all quarters
Communication	Rapid transfer of care/discharge communication between members of Multi-disciplinary Teams	Indicator met in all quarters
Medicines Management	<p>Develop and evidence of compliance with a single wound formulary</p> <p>To provide assurance that prescribing is in line with the local formulary</p>	Indicator met in all quarters
Dementia Screening	<p>Undertake Dementia risk assessments on patients aged 65+ on the District Nurse</p> <p>Complete a risk assessment on those patients with a score of 8 or above and refer back for specialist diagnosis</p>	Indicator met in all quarters
Energising for Excellence	<ul style="list-style-type: none"> • Reduction in the incidence of pressure ulcers • Implementation of Falls Risk Assessment Tool • Reduce the risk of inappropriate weight loss • Important Choices – where to die • Reduction of sickness absence in nursing workforce • Reduction in the incidences of Urinary Tract Infections 	Indicator met in Q1, Q2 and Q3; 2 elements not met in Q4

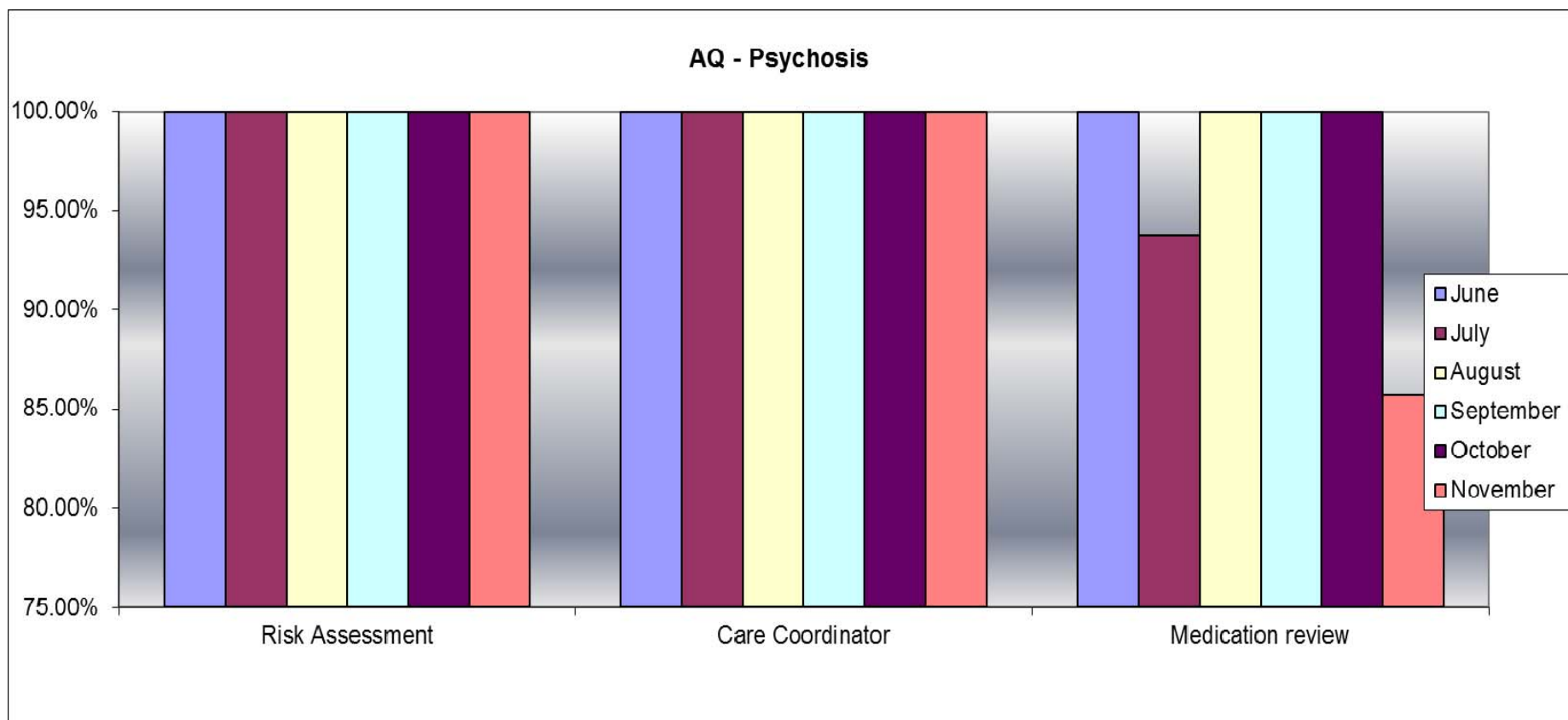
Appendix 7 Advancing Quality Programme

An explanation of advancing quality is included in this report at section 3.3.4

	Total			June			July			August			September			October			November			
	Num	Dem	Rate	Num	Dem	Rate	Num	Dem	Rate	Num	Dem	Rate	Num	Dem	Rate	Num	Dem	Rate	Num	Dem	Rate	
Dementia																						
Functional capacity	117	124	94.35%	15	16	93.75%	23	26	88.46%	15	16	93.75%	23	23	100.00%	24	24	100.00%	17	19	89.47%	
Cognitive ability assessment	100	107	93.46%	14	15	93.33%	21	23	91.30%	14	15	93.33%	16	16	100.00%	20	20	100.00%	15	18	83.33%	
Physical health assessment	117	125	93.60%	19	20	95.00%	22	23	95.65%	14	16	87.50%	20	21	95.24%	23	24	95.83%	19	21	90.48%	
Tailored care plan	70	76	92.11%	11	12	91.67%	11	13	84.62%	8	8	100.00%	10	10	100.00%	17	17	100.00%	13	16	81.25%	
Depression Assessment	125	134	93.28%	18	19	94.74%	24	27	88.89%	19	20	95.00%	23	23	100.00%	22	25	88.00%	19	20	95.00%	
Composite Process	529	566	93.46%	77	82	93.90%	101	112	90.18%	70	75	93.33%	92	93	98.92%	106	110	96.36%	83	94	88.30%	



	Total			June			July			August			September			October			November		
	Num	Dem	Rate	Num	Dem	Rate	Num	Dem	Rate	Num	Dem	Rate	Num	Dem	Rate	Num	Dem	Rate	Num	Dem	Rate
Psychosis																					
Risk Assessment	79	79	100.00%	11	11	100.00%	18	18	100.00%	13	13	100.00%	8	8	100.00%	17	17	100.00%	12	12	100.00%
Care Coordinator	79	79	100.00%	11	11	100.00%	18	18	100.00%	13	13	100.00%	8	8	100.00%	17	17	100.00%	12	12	100.00%
Medication review	61	63	96.83%	8	8	100.00%	15	16	93.75%	12	12	100.00%	7	7	100.00%	13	13	100.00%	6	7	85.71%
Composite Process Score	219	221	99.10%	30	30	100.00%	51	52	98.08%	38	38	100.00%	23	23	100.00%	47	47	100.00%	30	31	96.77%



Appendix 8 Complaints Report 2012/13

Compliant with Regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

During the period 1 April 2012 to 31 March 2013

We received **239** complaints.

We closed **207** complaints. Of these:

182 (87.9% of all closed complaints) were closed within a timescale agreed with the complainant

25 (12.1% of all closed complaints) were closed outside of this agreed timescale.

Of the **207** closed complaints:

103 (49.8% of all closed complaints) had none of the issues complained about upheld.

94 (45.4% of all closed complaints) were well founded (had some or all of the issues complained about upheld).

10 (4.8% of all closed complaints) were withdrawn or not progressed by the complainant

During the reporting period we were informed of 17 complaints that were referred to the Parliamentary and Health Service Ombudsman. The Ombudsman reported on the investigation of one complaint - partly upholding the complaint against the Trust.

Breakdown of themes of complaints (top 5):

- Communication (19.1 %)
- Staff attitude (16.4 %)
- Clinical treatment (15.4 %)
- Outpatient appointment issues (10.0 %)
- Care issues (8.5 %)

We received **1,338** compliments.

We received **13** MP enquiries

We dealt with **256** concerns.

