

# 5 Boroughs Partnership NHS Foundation Trust

## Quality Accounts

2009 - 2010

Please note date of Authorisation with Monitor as 01/03/2010

## Contents

### Part 1

#### 1.1 Chief Executive's statement

#### 1.2 Chairman's Statement

#### 1.3 The Trust Vision

#### 1.4 Supporting statements (Appendix 1)

- Chairman
- Audit Committee
- Clinical Governance & Clinical Risk Committee
- Joint service User and Carer Forum

### Part 2

#### 2.1 Priority Indicators for Improvement 2010-11

- Rationale for priorities

#### 2.2 Continuous improvement in quality and safety 2010-11

- Commentary regarding the organisation's performance
- CQC Trust Quality & Risk Profile
- Trust Quality Improvement strategies
- Patient Safety Framework
- Patient Safety Dashboard
- Patient Safety Panel
- Clinical Quality Dashboard
- What we do well
- Where we need to improve

#### 2.3 Mandated ' Assurance' Statements (Schedule 2)

### Part 3

#### 3.1 Achievements against Quality Priorities and Indicators 2009-10

- Review of 2009-10 Trust Strategic Objectives (related to Quality & safety)
- Performance against Monitor targets 2009-10
- Infection prevention & control

#### 3.2 Engaging with Service Users and Local Groups

### **3.3 Patient safety, clinical effectiveness and patient experience indicators 2009 – 2010**

- Overview of the Trust's Priority Quality Indicators for 2009-10
- National Periodic Review Indicators 2009-10
- Core Standards 2009-10

### **3.4 Clinical Audit**

### **3.5 Patient Safety Framework**

### **3.6 Research & Innovation**

- Research activity 2009-10
- Research developments 2009-10

### **3.7 Commissioning for Quality & Innovation Payment Framework (CQUIN)**

### **3.8 Data Quality**

- Data Quality Reporting

### **3.9 Response to issues raised by regulators or public representatives**

- Care Quality Commission (CQC)
- Responses to reports received by the Care Quality Commission
- Mental Health Act Commissioner (MHAC)
- Engaging with Service Users and Local Groups

## **Appendices**

### **Appendix 1 Supporting Statements**

### **Appendix 2 National Patient Survey Results 2010**

### **Appendix 3 Trust Patient Experience Survey**

### **Appendix 4 The Care Quality Commission Quality & Risk Profile**

### **Appendix 5 Performance against CQUIN targets 2009-10**

# Part 1

## **The Trust Quality Accounts 2009-10**

This is the first set of Quality Accounts that has been produced by 5 Boroughs Partnership NHS Foundation Trust. Our Quality Accounts are published in the format of a three- part annual report, which we will continue to produce each year and make available as a public statement of our commitment to improving quality in the Trust.

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

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

### **1.1 Chief Executive's Statement**

The period 1 April, 2009 to 31 March 2010, has been exceptional for the Trust. Our journey towards achieving Foundation Trust status ended successfully when Monitor granted us official authorisation on 1 March.

We fully recognise our responsibility to offer assurances to our service users that we provide high-quality care. Therefore, it is appropriate that this year we have produced our first set of Quality Accounts.

Over the following pages, we have outlined our priorities for and commitment to quality improvement, specifically in the areas of patient safety, patient experience and patient effectiveness.

It is a source of immense satisfaction to the Trust that the report clearly demonstrates that we have high levels of reported patient satisfaction, that our services are as safe as possible, and that our clinical outcomes are higher than the national average.

Furthermore, we have maintained our 'Excellent' status, as accredited by the Care Quality Commission, for the second year running. In 2009, this rating placed the Trust in the top 30% of mental health Trusts in the country.

Our Quality Accounts also cover areas in which we need to make improvements. We clearly set out our safety and quality priorities for 2010-11.

For example, gaining accreditation for NHSLA level 2 for risk management has been a key achievement. Looking forward, we are now putting in place a framework which will allow us to gain NHSLA Level 3 accreditation.

The quest for continual quality improvement is the hallmark of every successful organisation. This report demonstrates that at our Trust, it underpins all our decision-making and our approach to quality health care provision.

Simon Barber  
Chief Executive

## 1.2 Chairman's Statement

As Chairman, it is a pleasure to note the extraordinary commitment and dedication our team of talented and specialist staff have demonstrated in the period this Quality Accounts report covers.

It means that our service users, who are often vulnerable or distressed, receive high quality care from us which in turn improves their quality of life.

I am delighted that our Quality Accounts outline our many achievements. Equally important, we have clearly set out our safety and quality priorities as we move forward during 2010 – 2011 as a Foundation Trust.

As members, local people now have every opportunity to be involved in the decision-making processes which shape the care provision we offer. Their views will enable us to maintain the excellent standards we are known for and drive real improvement in the future.



Bernard Pilkington  
Chairman

## 1.3 The Trust Vision

During 2009-10 the Trust has declared its vision to be:-

**'A leading provider of world-class mental health services with a reputation for innovation and excellence'.**

Implicit within this vision is a strong commitment to quality and safety. We are focused on achieving a range of quality measures which aim to improve safety, improve clinical outcomes as well as capture service user's views about their experience.

## Engagement with our Service Users and Carers

During 2009-10 many opportunities have been created to engage with service users and carers and to listen to their experiences in order to improve the quality of our services. (Service User & Carer Forum statement Appendix 1). Some key achievements for us and our service users and carers in the past year include:-

- **The Health of the Nation Outcome Scores (HONOS)** this demonstrates improved mental health as a result of treatment for our service users
- **Essence of Care Benchmarking** provides an opportunity to compare the quality of our services against Department of Health Essence of Care standards, resulting in demonstrable improvements across a range of services
- **The 5 Boroughs Patient Experience Survey Questionnaire** seeks patients' views on their experiences just before discharge from services, enabling us to address areas of dissatisfaction
- **Royal College of Psychiatrists Accredited Inpatient Mental health Services (AIMS)** project enables us to benchmark nationally against similar services
- **The Trust Involvement Scheme** co-ordinates the involvement of over 170 service users, carers and volunteers resulting in engagement in a wide range of Trust activities
- **Recovery Outcome Measures** have been developed, designed to benchmark a range of outcomes deemed to be important to service users and carers in their recovery.
- **'Vox pop' opportunities** capture 'live' views of service users, carers and the wider public and we use this valuable feedback to inform what we do. This has been shared with the Trust Board as well as frontline staff and members of the public
- **The Patient Opinion** website allows service users to give 'real time' feedback on services. The Trust was a national pilot for this system in a mental health setting.

The Trust Board values opportunities to listen to the experiences and concerns of our service users. Our success in achieving 'Investors in Children' accreditation has seen young people present their thoughts and experiences directly to the Trust Board, with significant impact.

We believe that engagement with our service users and carers at every level in the Trust has shaped our 2009-10 and 2010-11 quality and safety priorities.

### 1.4 Supporting Statements

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

- Audit committee

- Clinical Governance & Clinical Risk Committee
- The Trust's Service User and Carer Forum

These statements are included as Appendix 1.

A table of wider engagement activities is available at the following link:-

<http://www.5boroughspartnership.nhs.uk/qualityaccounts.html>

### **Mandatory statements**

Statements from:-

- Warrington Overview & Scrutiny Committee
- Warrington Links
- Lead Commissioner statement (NHS Knowsley) are included in Appendix 1


Additional (non- mandatory) statements have been sought from:-

- All local Links organisations
- All Overview and Scrutiny Committees

can be also be found at in Appendix 1.

### **Chief Executive's written statement and signature**

I confirm that to the best of my knowledge the information in the 2009-10 Quality Accounts is accurate.

A handwritten signature in blue ink, appearing to read 'S Barber', is enclosed within a black rectangular box.

# Part 2

## 2.1 Quality Priorities for Improvement 2010-2011

As part of our commitment to ongoing quality improvement we have engaged with our service users and clinical staff to agree our quality priorities for the year ahead. In this section of our report, we aim to demonstrate how we will monitor each quality priority to ensure that we have achieved the intended improvements.

**2.1.1** The Trust Board has agreed three quality priorities for 2010-11 which will be monitored by the full Trust Board, as part of the monthly Operational Performance Report. These indicators will assist us in monitoring improvements in:-

- patient safety
- patient experience and
- effectiveness of services

These indicators align with the improvement targets agreed between the Trust and its Commissioners as set out in the local 2010-2011 Commissioning for Quality and Innovation Payment Framework (CQIN framework). As such, they will additionally be monitored at the quarterly contract quality monitoring meetings with our PCT Commissioners.

## 2.1.2 Improving on 2009-10 Quality Indicators

Throughout 2010-11, ongoing measurement will be undertaken of the 2009-10 quality indicators included in section three of this document. This will provide the basis for comparisons to enable us to demonstrate year on year improvement for each selected quality indicator.



## SAFETY & QUALITY PRIORITIES 2010-11

Quality & Safety priorities 2010-11	Indicator	Rationale
<p><b>Safety:</b></p> <p>Incident reporting</p> <p>Incident to patient harm suffered ratio</p>	<p>The Trust will be a high reporter of incidents with reduced outcome of patient harm against 2009-10 baseline.</p> <p>(using National Patient Safety Agency definitions)</p>	<p>NPSA guidance states that high reporting Trusts are 'safer' Trusts. However we need to ensure that incidents are not resulting in avoidable harm.</p>
<p><b>Effectiveness:</b></p> <p>Health of the Nation Outcome Scores (HONOS)</p>	<p>1. In all our community and inpatient services (excluding secure services) we will use HONOS measurement tool</p> <p>2. In our low secure services we will use the national HONOS secure measurement tool</p>	<p>There are 12 scales used to rate mental health service users. They consider different aspects of mental and social health, each on a scale of 0-4. They are designed to be used by clinicians before and after interventions, so that changes attributable to the interventions (outcomes) can be measured.</p>
<p><b>Experience:</b></p> <p>Service user experience survey.</p> <p>We want to demonstrate more effective care, based upon an account of high quality service user experience.</p>	<p>Measurement of Service User expectations of service specifically in relation to</p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Privacy &amp; dignity</li> </ul> <p>All in patient service users will be offered a questionnaire to complete on exit from hospital</p> <p>A sample of in excess of 100 service users will be drawn from community services each month</p>	<p>Lord Darzi recognised patient experience as a key element of quality.</p> <p>This priority will build upon the Trust's 2009-10 patient experience survey results which looked at the overall level of satisfaction with services.</p>

### Trust Quality Improvement Plan 2010-11

The Trust has developed a Quality Improvement Plan which includes:-

- Improvement indicators from 2009-10 Quality Accounts
- Quality & Safety priority indicators 2010-11 (as above)
- Actions arising from the national patient survey results

- Actions arising from the 5 Boroughs Patient Experience Survey results
- Actions relating to safety and quality from external regulator's visits/ reports

This will relate to issues identified in our Care Quality Commission Quality & Risk Profile (Appendix 4). The Quality Improvement Plan can be accessed as follows:

<http://www.5boroughspartnership.nhs.uk/qualityaccounts.html>.

## 2.2 Continuous Improvement in Quality & Safety 2010-11

The starting point for the Trust to consider its 2010-11 safety and quality priorities, is at the point we agree our Strategic Objectives. This ensures a Trust wide commitment to quality and safety at every level of the organisation. The extract below shows those 2010-11 objectives relevant to quality and safety.

### 2.2.1 Trust Strategic Objectives, relevant to Quality & Safety 2010-11

Theme	Objective	Key Performance Indicators
<b>Service Delivery &amp; Patient Experience</b>	By March 2011 we will be able to demonstrate that we have improved the safety, outcome and experience of our services	<p>By March 2011 95% of patients discharged from an in-patient ward, will be seen within 72 hours of discharge.</p> <p>By March 2011 we will have reviewed HONOS scores across the Trust and have taken action that will demonstrate improvements in outcomes for the people who use our services.</p> <p>By March 2011 we will have taken actions that will result in demonstrably safer care by reducing the ratio of harm to incident as measured by the National Patient Safety Agency.</p>
<b>Well Governed</b>	In 2010/11 we will maintain sound governance arrangements that will ensure we continue to hold our CQC registration status and FT	By July 2010 we will have produced and published our first set of Quality Accounts. By October 2010 we will be able to demonstrate how we are contributing to delivering the NHS priorities

	authorisation.	Throughout 2010/11 we will introduce systems and processes to ensure that we comply with our Regulators' in-year monitoring processes.
<b>Engagement &amp; Partnership Working</b>	In 2010/11 the Trust will contribute to and support partnership arrangements with all stakeholders, to ensure the delivery of key agreed priorities and to improve the health and well being of local communities	<p>Throughout 2010/11 we will ensure there is appropriate engagement from the Trust with the Council of Members and specifically we will be able to demonstrate their involvement in Business Planning and the creation of the Quality Accounts for 2010/11</p> <p>Throughout 2010/11 we will continue to participate in our sub-regional Quality, Innovation, Productivity and Prevention (QIPP) initiative and will deliver on our commitments to that group</p> <p>By December 2010 we will have completed a survey of key stakeholders to assess levels of satisfaction with Trust engagement in partnership working.</p>

The 2010-11 Trust Strategic Objectives show a very clear linkage with the 2010-11 Quality & Safety Priorities covering patient safety, patient experience & effectiveness. These will be monitored via the Trust Performance Report, which is discussed at each Trust Board meeting.

This demonstrable linkage ensures a rigorous and complimentary monitoring system between the Trust's three Quality Priorities and the Trust strategic objectives, thereby ensuring Trust –wide ownership and commitment to the quality agenda, which will feature as a key part of the 'golden thread' within the appraisal system for all staff in the organisation throughout 2010-11.

## 2.3 Mandated 'Assurance' Statements

As part of our Quality Accounts, we are required to present a series of 'mandated' statements which have been agreed by the Trust Board that 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 for safety and quality (CQC Registration standards)
- Measuring and improving
- our clinical performance in audit and research activity
- Engaging in innovative projects (CQUIN framework)
- Maintaining compliance with our Monitor targets (see Part 3 of this document)

Further detail of how we have performed against each of the mandated statements during 2009-10, including performance against 2009-10 Monitor compliance targets is included in part 3 of this report.

	<b>Statement on Review of Services 2009 – 2010</b>
<b>1.</b>	During 2009-2010 the 5 Boroughs Partnership NHS Foundation Trust provided and/or sub-contracted 27 NHS services with 52 contracts.
<b>1.1</b>	The 5 Boroughs Partnership NHS Trust/ 5 Boroughs Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care. (in accordance with guidance in Quality Accounts Toolkit annex A).
<b>1.2</b>	The income generated by the NHS services reviewed in 2009/2010 represents 3 per cent of the total income generated from the provision of NHS services by the 5 Boroughs Partnership NHS Foundation Trust for 2009/2010.
<b>2.</b>	During 2009/10 11 national clinical audits and 1 national confidential enquiry covered NHS services that 5 Boroughs Partnership NHS Trust Foundation Trust provides.
<b>2.1.</b>	During that period 5 Boroughs Partnership NHS Foundation Trust participated in 67% of national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.
<b>2.2</b>	The national clinical audits and national confidential enquiries that 5 Boroughs Partnership NHS Foundation Trust was eligible to participate in during 2009-10 is as included in 2.3 below and further audits <b>not</b> participated in include:  National dementia audit National falls audit

2.3	<p>The national clinical audits and national confidential enquiries that 5 Boroughs Partnership NHS Foundation Trust participated in during 2009/2010 are as follows:</p> <p><u>National Confidential Enquiry</u> National Confidential Enquiry into suicide and homicide by people with mental illness</p> <p><u>National Audits</u> POMH (Prescribing Observatory for Mental Health) Topic 4 - Prescribing of Anti Dementia Drugs Topic 5c - The prescribing of high dose and combination anti-psychotics Topic 6 - Assessment of side effects of depot anti-psychotics Topic 7 - Lithium monitoring Topic 8 - Medicines Reconciliation - Acute Wards Topic 8 - Medicines Reconciliation - Forensic Wards Topic 9 - Antipsychotic prescribing in people with learning difficulties National Audit of Psychological Therapies, Anxiety and Depression (pilot) CAMHS Staff Survey for the National Programme for IT</p> <p><u>Royal College of Psychiatrists</u> Audits / CCQI Programme Service accreditation programmes x5 Service Quality Improvement Networks x3 Multisource feedback for psychiatrists (ACP 360)</p>
2.4	<p>The national clinical audits and national confidential enquiries that 5 Boroughs Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2009/2010, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.</p> <p><u>National Audits</u> POMH (Prescribing Observatory for Mental Health)</p> <p>Topic 4 - Prescribing of Anti Dementia Drugs – 164 Cases – 100%</p> <p>Topic 5c - The prescribing of high dose and combination antipsychotics - 1234 Cases – 100%</p> <p>Topic 6 - Assessment of side effects of depot anti-psychotics 501 cases submitted - 100%</p> <p>Topic 7 - Lithium monitoring – 152 cases – 100%</p> <p>Topic 8 - Medicines Reconciliation - Acute Wards 101 cases – 100%</p>
2.5	The reports of 7 national clinical audits were reviewed by the provider in
2.6.	2009/2010 and 5 Boroughs Partnership NHS Foundation Trust intends to take
2.7.	

2.8.	<p>the following actions to improve the quality of healthcare provided</p> <ul style="list-style-type: none"> <li>• Action Plans are completed and agreed at appropriate committee or group</li> <li>• A Trust lead is appointed for each action</li> <li>• Time scales for each action are established and agreed</li> <li>• Follow up actions are agreed by the Trust</li> </ul> <p>The reports of 42 local clinical audits were reviewed by the provider in 2009/2010 and 5 Boroughs Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided</p> <ul style="list-style-type: none"> <li>• Action Plans are completed</li> <li>• A Trust lead is appointed for each action</li> <li>• Time scales for each action are established and agreed</li> <li>• Follow up actions are agreed by the Trust</li> </ul>
3.	<p>The number of patients receiving NHS services provided or sub-contracted by 5 Boroughs Partnership NHS Foundation Trust in 2009/2010 that were recruited during that period to participate in research approved by a research ethics committee was 88.</p>
4. 4.1 4.2.	<p>A proportion of 5 Boroughs Partnership NHS Foundation Trust income in 2009/10 was conditional upon achieving quality improvement and Innovation goals agreed between NHS Knowsley acting as Co-ordinating Commissioner and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.</p> <p>(See Appendix 5 for performance against each indicator)</p> <p>Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from 5 Borough Partnership NHS Foundation Trust.</p> <p>The Trust has adopted the CQUIN payment framework throughout 2009-10. The full range of indicators are presented at:  <a href="http://www.5boroughspartnership.nhs.uk/qualityaccounts.html">http://www.5boroughspartnership.nhs.uk/qualityaccounts.html</a>.</p> <p>The CQUIN priorities fit with and enhance the Trust organisational objectives. The 2009-10 monitoring of CQUIN targets demonstrates that the targets have been met and this has resulted in additional income for the Trust.</p> <p>The monetary total for the amount of income in 2009/10 conditional upon achieving quality improvement and innovation goals, and associated payment is £467,000.</p> <p>11 months = £428,083</p> <p>1 month = £38,917 (as the Trust gained authorisation as a new Foundation Trust from 1<sup>st</sup> March 2010)</p>
5.	<p>5 Boroughs Partnership NHS Foundation Trust is required to register with the</p>

5.1.	<p>Care Quality Commission and its current registration status is without compliance conditions.</p> <p>The Care Quality Commission has not taken enforcement action against 5 Boroughs Partnership NHS Foundation Trust during 2009/2010.</p>
6. 6.1.	<p>5 Boroughs Partnership NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission and the last review was in October 2009. The CQC's assessment of the 5 Boroughs Partnership NHS Foundation Trust following that review was The Annual Health Check 2008/2009, Quality of Services – Excellent Rating, Use of Resources – Good Rating.</p> <p>5 Boroughs Partnership NHS Foundation Trust intends to take the following action to address the points made in the CQC's assessment - none to be taken.</p> <p>5 Boroughs Partnership NHS Foundation Trust has made the following progress by 31st March 2010 in taking such action – maintained the declaration of compliant.</p>
7. 7.1.	<p>5 Boroughs Partnership NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.</p> <p>All action plans following CQC (including Mental Health Act action plans) reviews during 2007-8 and 2008-9 can be found at the following link:-  <a href="http://www.5boroughspartnership.nhs.uk/qualityaccounts.html">http://www.5boroughspartnership.nhs.uk/qualityaccounts.html</a></p>
8. 8.1.	<p>5 Boroughs Partnership NHS Foundation Trust submitted records during 2009/2010 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:</p> <p>— which included the patient's valid NHS number was:</p> <p>100% for admitted patient care;  100% for out patient care; and  N/A for accident and emergency care.</p> <p>— which included the patient's valid General Medical Practice Code was:</p> <p>95.4% for admitted patient care;  97.2% for out patient care; and  N/A for accident and emergency care.</p>
10. 10.1	<p>5 Boroughs Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2009/2010 by the Audit Commission.</p> <p>But was subject to external Audit for Clinical Coding by Cheshire and Merseyside Data Quality and Clinical Coding Team. With a headline figure of 98% but with no coder errors @ primary diagnosis level.</p>

## 3.1 Achievements against Quality Priorities and Indicators 2009-10

In order to assure our Trust Board that our services are safe and that we learn from national events, our Quality Priorities and related indicators for 2009- 10 have been particularly shaped by:-

- Lord Darzi's NHS review 'High Quality Care for All' (DH, 2008)
- Healthier Horizons (NHS North West, 2008)
- New Horizons, a new Policy for Mental Health (DH, 2009)
- Review of care at Mid Staffs Hospital (CQC, 2009)
- The National Dementia Strategy (DH, 2009)

The Trust priorities for quality improvement for 2009-10 have been monitored monthly by the Trust Board throughout the year. Each indicator has been included in the Trust's Operational Performance Report in the sections that cover:

- High level Trust objectives (three specifically relate to safety & quality)
- Performance against Monitor targets (safety & quality)
- 2009-10 Indicators for Quality & Safety (Safety, experience & effectiveness)

The three Indicators that were not included in the Trust Performance report , were:-

- Incident to harm ratio
- No of carers' assessments completed
- Medicines reconciliation

These have been reported via the Trust's Corporate Quality, Performance & Risk Committee.



### 3.1.1 Review of 2009-10 Trust Strategic Objectives

The Trust has formulated strategic objectives for 2009-10. Three of these objectives relate specifically to improving aspects of quality & patient safety. . These will be built upon over the next three years, as part of our on-going commitment to driving quality improvement.

Theme	Objective	Key Performance Indicators	Mar 2010
<b>Service Delivery &amp; Patient Experience</b>	By March 2010 we will be able to demonstrate that we have improved the experience and quality of our services	To achieve an excellent for Quality of Services with CQC  Systems in place for Recovery Focused outcomes demonstrating a 5% improvement in outcomes  Trust's patient survey shows a 5% increase in patient satisfaction	<b>A C H I E V E D</b>
<b>Well Governed</b>	By 2010 we will provide evidence of statutory standards and targets and have robust, comprehensive and effective risk management and performance systems in place which are proven to effect decision making	Systems will be in place to comply with Quality Accounts requirements  By the time of FT authorisation we will be legally constituted and well governed	<b>A C H I E V E D</b>
<b>Engagement &amp; Partnership Working</b>	In 2009/10 the Trust will contribute to and support partnership arrangements with all stakeholders, to ensure the delivery of key agreed priorities to improve the health and well being of local communities	Established a framework for effective clinical & partnership engagement for advancing quality of care to our population  Demonstrate the Trust's contribution to the local health economy through an audit of agreed programmes of work	<b>A C H I E V E D</b>

Through monitoring the 2009-10 indicators, we can demonstrate improvements in:-

- Patient Safety:** Improved timeliness & quality of our reviews of incidents & complaints so that we can learn lessons & make changes more rapidly
- Patient Experience:** Improved satisfaction with services
- Effectiveness:** Improved patient outcomes

### 3.1.2 Performance against Monitor targets 2009-10

Throughout 2009-10 we have reported progress against Monitor compliance targets that directly relate to safety, service user experience and effectiveness of care. This monitoring will continue throughout 2010-11.

Monitor Targets	Threshold	Achievement as at Mar 2010
<b>18 week wait from point of referral</b> Quality Rationale Early referral into services ensures speedy diagnosis and commencement of treatment	95%	100%
<b>Patients receiving contact within 7 days of discharge</b> Quality Rationale Evidence shows safer outcomes for patients who receive early follow up by staff following discharge	95%	98.2%
<b>Minimising delayed discharge/ transfer of care</b> Quality Rationale The patient experience is adversely affected by delayed discharges once they are fit to be discharged	No more than 7.5%	3.4%
<b>Access to Crisis Resolution/ Home Treatment</b> Quality Rationale To ensure patients receive a speedy and effective 'step up' in the support and treatment they receive, yet avoiding hospital admission	90%	100%
<b>Maintain level of Crisis Resolution teams set in 03/06 planning round (or subsequently contracted with PCT)</b> Quality Rationale (as above)	n/a	6.5 Teams

### **3.1.3 Infection prevention & control**

In 2009, the Trust achieved unconditional registration with the Care Quality Commission for compliance with the Hygiene Code. We consider audit against national standards for cleanliness and hygiene indicators to be an important source of assurance regarding how clean our services are. This includes a robust system of reporting against:-

- MRSA infections
- C Difficile cases
- Hand hygiene audits
- Cleanliness of environment standards

The cleanliness audit outcomes are presented to each full Trust Board meeting.

The Trust was found to be within the top 20% of mental health Trusts for cleanliness in the National Patient Survey results received in 2009. (See Appendix 2 for National Patient Survey results 2009-10).

### **3.2 Engaging with Service Users and Local Groups**

Our range of engagement with Service Users and community involvement schemes are covered fully in the Trust's Annual Report.

Engagement in developing the Trust Quality Accounts for 2009-10 can be found at <http://www.5boroughspartnership.nhs.uk/qualityaccounts.html>

### **3.3 Patient Safety, Clinical Effectiveness and Patient Experience Indicators 2009-2010**

This section of our Quality Accounts explains what our Quality Priorities have been and what specific indicators we set for quality measurement in 2009-10. There are indicators relating to:-

- patient safety
- patient experience
- effectiveness

The indicators were agreed in consultation with clinical staff and service users and they have been monitored throughout 2009-10.

We attempted to ensure a balanced approach when selecting the 2009-10 indicators, as we wanted to ensure that we were measuring quality across our different client groups, as well as in-patient and community services to include:-

- Older people's services
- Adult services
- Children & young people's services
- Forensic services
- Learning disability services

For further information as to which indicators relate to our client groups please see chart on the Quality Accounts section of the Trust website as follows:

<http://www.5boroughpartnership.nhs.uk/qualityaccounts.html>

### **Promoting Leadership within the Trust**

As a Trust, we agree with Lord Darzi when he states that “leadership is vital in realising our ambitions, we need a new and enabling approach to leadership” (Darzi 2008). This is further reinforced in the DoH publication 2010-2015 ‘Good to Great’. We recognise that effective leadership is one of the critical success factors in achieving our ambitions. We know that our leaders will shape and influence our culture, and this will drive our performance. The expectations we have of our leaders is changing, both in terms of what we need to achieve and how we go about our business.

In order to achieve these challenges, we have launched an ambitious, performance improving leadership development framework to enhance the capacity and capability of leaders at all levels of the Trust. Aligned to the strategic objectives of the Trust, the framework provides wide ranging development opportunities based on individual need. We are confident that our service users and carers will benefit from more effective leaders who will support their teams to deliver high quality care and support.

For further information please see:

<http://www.5boroughpartnership.nhs.uk/internal.aspx?PageID=9098>

### **Limitations on our approach**











We have, during this year recognised certain limitations with the 2009-10 indicators in that they did not fully cover our community services. This has been addressed in the 2010 -11 quality priorities that we have agreed.

In addition we have taken certain actions to ensure that our quality improvement systems are fully inclusive by:-



- extending our Patient Experience survey to cover community services
- extending HONOS into community services
- extending Essence of Care into community services

The following three tables show the Trust's performance against the Priority Quality Indicators for 2009-10, the National Periodic Review Indicators for 2009-10 and the Core Standards 2009-10.

### 3.3.1 Overview of the Trust's Priority Quality Indicators for 2009-10

Domain	Indicator to be measured	09/10 Performance	Data Source	Detailed Definition
Patient Safety	Incidents with an outcome of no harm		Internal Reporting	The percentage of incidents that had an outcome of no harm. Year on year improvement
	Healthcare associated infections MRSA C Difficile		Department of Health Vital Signs Monitoring Health Protection Agency	Number of MRSA Infections in the Year Number of C Difficile Infections in the Year
	7 Day Follow Up		Monitor Compliance Target Department of Health Vital Signs Monitoring Care Quality Commission Special Collection	The percentage of patients on CPA that were followed up within 7 days of discharge from a MH in patient service.
	Reduction in medicine administration errors		Internal Reporting	Number of Medicine Errors
Patient Experience	Number of Compliments		Internal Reporting	Number of compliments received
	Number of Complaints		Internal Reporting	Number of complaints received
	Satisfaction with our services		5BP Service User Experience Survey	Number of surveys that have a rating of Excellent or Good. The guidance was put together in collaboration with Service Users
Effectiveness	Increase in HONOS (inpatient) assessment scores		Internal Reporting	The Target is for 90% of Patients to show an improvement. There are 12 scales used to rate mental health service users of working age adults. They consider different aspects of mental and social health, each on a scale of 0-4. They are designed to be used by clinicians before and after interventions, so that changes attributable to the interventions (outcomes) can be measured.
	The reconciliation of medicines for patients on admission to services		National Medicines Audit (POMH) Internal Reporting	Percentage of medicine reconciliations carried out by Medicines Management Team.
	No of service users with a carers assessment completed		Commissioner Reporting	Number of Open Service Users who have a named carer with a completed assessment

### 3.3.2 National Periodic Review Indicators 2009-10

National Periodic Review Indicators	09/10 Year end position
<b>Indicators for Mental Health Trusts</b>	
Access to crisis resolution/home treatment services	 Green
Access to healthcare for people with a learning disability	 Green
Best practice in mental health services for people with a learning disability	 Green
Care Programme approach (CPA) 7 day follow up	 Green
Child and Adolescent Mental health Services (CAMHS)	 Green
Ethnic coding data quality	 Green
Delayed transfers of care	 Green
Drug users in effective treatment	 Green
Patient Experience	 Green
Staff Satisfaction	 Green
<b>Indicators for Learning Disability Trusts</b>	
Campus Provision	 Green
Number of people with a care plan	 Green

### 3.3.3 Core Standards 2009-10

Domain	Core Standard	Year End Position
1. Safety	C01a: Incidents - Reporting and Learning	Green
	C01b: Safety Alerts	Green
	C02: Safeguarding Children	Green
	C03: NICE Interventional Procedures	N/A
	C04a: Infection Control	Green
	C04b: Safe Use of Medical Devices	Green
	C04c: Decontamination	Green
	C04d: Medicines Management	Green
	C04e: Clinical Waste	Green
2. Clinical & Cost Effectiveness	C05a: NICE Technology Appraisals	Green
	C05b: Clinical Supervision	Green
	C05c: Updating Clinical Skills and Technologies	Green
	C05d: Clinical Audit and Review	Green
	C06: Partnership	Green

Domain	Core Standard	Year End Position
3. Governance	C07a&c: Corporate and Clinical Governance	Green
	C07a&c: Corporate and Clinical Governance	Green
	C07b: Honesty, Probity, etc	Green
	C07d: Financial Management /Use of Res	N/A
	C07e: Discrimination	Green
	C07f: Existing Performance Targets	N/A
	C08a: Whistle-blowing	Green
	C08b: Personal Development etc	Green
	C09: Records Management	Green
	C10a: Employment Checks	Green
	C10b: Professional Code of Conduct	Green
	C11a: Recruitment, Training & Skill Mix	Green
	C11b: Mandatory Training	Green
	C11c: Professional Development	Green
	C12: Research Governance	Green

Domain	Core Standard	Year End Position
4. Patient Focus	C13a: Dignity and Respect	Green
	C13b: Consent	Green
	C13c: Confidentiality of Patient Information	Green
	C14a: Accessible Complaints Procedure	Green
	C14b: Complainants and Discrimination	Green
	C14c: Complaints Response	Green
	C15a: Food - Provision	Green
	C15b: Food - Individual Needs	Green
5. Accessible and Responsive care	C16: Accessible Information	Green
	C17: Patient and Public Involvement	Green
	C18: Equity Choice	Green
6. Care Environment and Amenities	C19: Emergency Health Needs Targets	N/A
	C20a: Safe, Secure Environment	Green
	C20b: Privacy and Confidentiality C21: Clean, Well Designed Environments	Green
7. Public Health	C22a&c: Public Health Partnerships	Green
	C22b: Local Health Needs	N/A
	C23: Public Health Cycle	Green
	C24: Emergency Preparedness	Green

### **3.4 Clinical Audit**

The Trust considers involvement in clinical audits to be a key indicator of quality. The importance of clinical audits is realised when we make changes to improve services based on audit findings.

A key example of this in 2009-10 has been the improvement in medicines reconciliation ie ensuring safe continuation of medication on admission to hospital for our service users. We can show marked improvement which has been achieved by our participation in the national Prescribing Outcomes for Mental Health (POM-H) audit.

Our monitoring this year has also shown a decrease in the number of reported medicines administration incidents.

### **3.5 Patient Safety Framework**

To ensure that our quality and safety activities are co-coordinated across the different parts of the Trust, we have developed our Patient Safety Framework which consists of:-

- Patient Safety Panel (challenge meetings around SUI reports)
- Patient Safety Dashboard (all safety incident reporting in one report)
- Executive level walkabouts to visit clinical services
- Thematic review groups to address recurring risk areas
- Clinical Quality Dashboard to feedback key data to frontline staff

The framework has been implemented in a phased approach, the phase for 2010-11 is 'strengthening lessons learnt throughout the Trust' and improving services as a result of learning'. Learning will be incorporated into the Trust's Clinical Quality Dashboard.

#### **What we do well**

Section three of this report has presented quality & safety achievements for the Trust realised throughout 2009-10.

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

- National Patient Survey feedback
- Trust Patient Experience Survey
- CQC Trust Quality & Risk profile 2009-10 (Appendix 4)



## What we aim to improve & what actions we are taking?

These are set out in the Trust's 2010-11 Quality Improvement Plan  
<http://www.5boroughpartnership.nhs.uk/qualityaccounts.html>

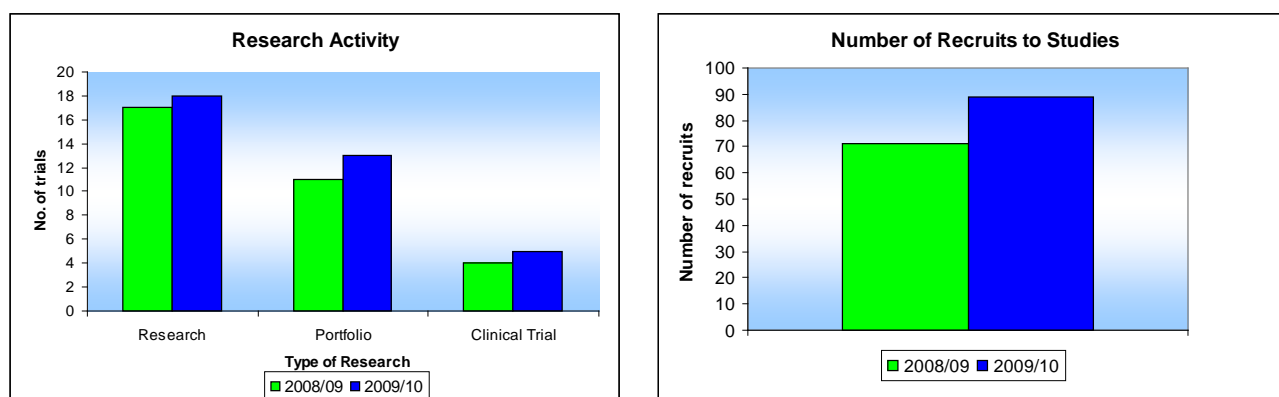
### 3.6 Research & Innovation

This section of our Quality Accounts confirms that the organisation participates in clinical research, and that we strive to make our services evidence based wherever this is possible.

The Trust is a member of the Cheshire and Merseyside Comprehensive Local Research Network and part of this agreement is to report the number of patients recruited into National Institute of Health Research (NIHR) adopted studies. NIHR adopted studies are high quality, peer reviewed studies that are considered to have a clear value to the NHS.

#### 3.6.1 Research activity 2009-10

Table 1



#### 3.6.2 Research developments 2009-10:

- Increase in research activity & increase in number of people recruited
- A research database which outlines all research projects within the Trust
- Researchers present their findings at the Trust research and Audit forum to ensure sharing and adoption of outcomes
- The Trust is developing a Research Trials Unit, to open in 2010
- The Trust has developed rigorous governance procedures and is recruiting to a new research governance post

The Trust's governance framework ensures that the NHS Constitution principle is upheld that:-

'all patients have a right to know what research is being undertaken and what they are eligible to be involved in'. (2009)

### **3.7 Commissioning for Quality & Innovation Payment Framework (CQUIN)**

The Trust has adopted the CQUIN payment framework throughout 2009-10. The full range of indicators are presented as Appendix 5. The CQUIN priorities fit with and enhance the Trust's strategic objectives. The 2009-10 monitoring of CQUIN targets demonstrates that the targets have been met.

### **3.8 Data Quality**

Data quality is an important measure of service quality and as such, data accuracy and quality are considered to be key indicators of quality.

**3.8.1** The Trust produces monthly reports at Executive, management and operational level to enable the continued improvement of service user data quality. These reports highlight any areas for improvement and provide recommended actions to achieve this.

- NHS Number (validated) for HES CDS is currently at 100%.
- Within the IG Toolkit requirements Information Quality achieved level 3 (3=highest)
- Clinical Coding has recently undergone an external audit where the preliminary findings show zero Clinical Coding errors at primary diagnosis and an overall score of 98%
- External data quality assessments of the Trust's submissions to SUS (Secondary Uses Services) indicate a very high achievement rate overall with many data items recorded at 99-100%.
- Recording of Registered GP Practice Codes is sourced via the Patient Demographic Service (PDS) and is currently over 97%

### **3.9 Response to issues raised by Regulators or Public Representatives in the last year**

This section serves two purposes. Firstly it provides information about our registration with the Care Quality Commission (CQC) and any monitoring the CQC has undertaken with the Trust (including periodic and/or special reviews in the past year).

Secondly, it sets out work programmes undertaken, and feedback received from LINKS organisations and PCTs in the past year to demonstrate our response to external scrutiny.

### 3.9.1 Care Quality Commission (CQC)

The following table provides an overview of our performance with regard to CQC regulatory requirements :-

	2005/6	2006/7	2007/8	2008/9
Auditor's Local Evaluation	Fair	Fair	Fair	Good
HCC / CQC Core Standards	Fair	Fair	Excellent	Excellent

For 2009-10, the Trust has declared compliance against all of the 24 existing core standards as at the end of March 31 2010.

In addition the Trust has declared full compliance against the new CQC Essential Common Standards in order to meet the new regulatory requirements for registration as set out by CQC. As such, the Trust has been registered with CQC without conditions.

Throughout the year, the Trust has monitored performance against a range of 'periodic indicators' which are set by the CQC at the beginning of each year. The performance monitoring for the year is included above.

### 3.9.2 Responses to reports received by the Care Quality Commission

The Trust continues to monitor the following action plans:-

In-patient services review (HCC visit to services, 2007)

- Community services review (HCC visit to services, 2007)
- Learning Disability Services review (HCC visit to services, 2008)

All action plans are monitored annually by the Clinical Governance & Clinical Risk Committee and available to view on the following link:-

<http://www.5boroughspartnership.nhs.uk/qualityaccounts.html>

### 3.9.3 Mental Health Act Commissioner (MHAC)

The Trust has established a new Mental Health Act Law Compliance group. This is responsible for:-

- Responding to Mental Health Act Commissioner reports
- MHAC Annual report response & action planning
- Monitoring local action plans following visits of the Commissioner
- Responding to specialist commissioners (secure commissioning)
- Generating data sets to monitor care experienced by our detained patients

The Trust provides responses to reports and visits from several other organisations including:-

- Serious Case Review investigations (OFSTED) action plans
- Internal Audit reports - each has an ongoing action plan
- Coroners reports/ rulings are reported to and monitored by the Clinical Governance & Risk Committee

### 3.9.4 Engaging with Service Users and Local Groups

The Trust links with five Overview & Scrutiny Committees on health issues and proposed developments in the Trust.

Full responses have been made to each Overview and Scrutiny Committee following their Annual Health Check third party commentaries in May 2009.

Appendix 8 demonstrates that we have met the requirement to share our Quality Accounts prior to publication with:

- The Commissioning PCT
- The appropriate LINK groups
- Local Authority Overview & Scrutiny Committees

Further examples of engagement & responsiveness:

Trust Joint Service Users and Carers Forum	"Take it to the top" session with Chief Executive and Director attendance	Minutes show a number of issues raised by service users and carers and responses received / actions taken
Local LINKs organisations	Representation from each local LINKs invited to attend meetings of the Trust Patient & Public Involvement Advisory Group meetings  Trust staff attend local LINKs meetings  Additional 6 monthly catch up meetings with local LINKs.	Enables sharing of developments and concerns to be shared with the Trust Provides a more focussed opportunity to develop joint working arrangements and communicate the latest ideas.

Trust Involvement Scheme	There are over 170 members actively involved in over 50 business activities	Reports show an increase of service users, carers and volunteers registered on the scheme and an increase in involvement opportunities across the Trust
--------------------------	---	---

The Trust has engaged with local service users and carers in developing a bespoke information folder, with DVD and fact sheets on Delivering Same Sex Accommodation. This project received regional and national acclaim.

The results from the Trust's use of the 'Big Brother Booth' has also helped us ask the question: "what do we do well, and what can we do better?". The results are shared at various meetings, including Trust Board meetings and are aimed at raising awareness which is aimed at challenging perceptions and changing attitudes.

In partnership with service users and carers, a standardised "Discharge Pack" has been developed to ensure everyone leaving an inpatient ward receives all the information they require.

We have used the above examples to demonstrate the Trust's commitment to patient and public engagement and to demonstrate how such initiatives contribute directly to shaping our quality improvement agenda.

# Appendices

## Appendix 1 Supporting Statements

### Audit committee

During the past year, the Trust has developed stronger links between the Audit Committee which oversees the financial aspects of the Trust and has overall responsibility for risk management within the Trust, and the Clinical Governance and Clinical Risk Committee, which is responsible for operational clinical risk management and clinical quality.

This has been achieved by the approval of the work programme of the Clinical Risk and Clinical Governance Committee by the Audit Committee. Further links have been achieved by a review of Audit Committee membership to ensure effective communication and sharing between the two Committees.  
**(approved by A. Chan – Non Executive Director Chair)**

### Clinical Governance & Clinical Risk Committee

The Clinical Governance & Clinical Risk Committee assures the Trust Board that appropriate structures, systems and processes are embedded in the organisation to manage patient safety and clinical risk and ensure that services are continuously improving. This includes informing the Trust Board of any lapses and ensuring appropriate actions are taken to address any deviation from accepted standards. The committee receives a regular Patient Safety Dashboard which displays integrated patient safety data for scrutiny and challenge at each meeting.

The Chair of the Clinical Governance & Clinical Risk Committee reports to each Audit Committee meeting regarding the ongoing management of risk across the whole organisation. This arrangement has ensured links between Clinical Governance & Clinical Risk and the Audit Committee have strengthened in the last year.

**(approved by Dr C. Dale – non Executive Director Chair)**

### Joint Service Users and Carers Forum

Throughout the past year the Trust has continued to develop a range of activities that provide service users and carers with opportunities to share their experiences. This includes:

- Joint Service Users and Carers Forum and Take it to the Top,
- Annual Service Users and Carers Involvement Conference,
- Involvement Scheme,
- Patient Experience Surveys.

The Joint Service Users and Carers Forum has continued to meet bi-monthly and has an interactive agenda that includes “Take it to the Top” where Directors, including the Chief Executive take questions from attendees.

Updates on current activities and future developments are shared. Service user and carer representatives provide feedback from corporate meetings such as the Trust Board (up to February 2010), Foundation Trust Council of Members (since April 2010) and Clinical Risk and Clinical Governance Committee.

Several involvement opportunities have been developed as a result of presentations from managers including:

- the procurement group for the new catering contract,
- investigation teams for Serious Untoward Incidents,
- staff training for the new Personality Disorder service,
- Anti stigma campaign “Sticks and Stones”

The 2009 Annual Service Users and Carers Involvement Conference attracted over 120 people. Service users and carers shared their experiences of involvement in a range of Trust activities. Several new involvement opportunities were developed as a result of discussions held at or as a result of the event.

Nearly 200 service users, carers and volunteers have registered with the Trust Involvement Scheme that is managed by a full time co-ordinator who supports their involvement in over 50 activities including:

- corporate meetings,
- staff recruitment panels,
- development and delivery of staff training,
- audits,
- focus group,
- working groups,

Service users and carers have reported that involvement in the scheme has supported their personal development, increased confidence, met new people and feeling that their experience counts.

In April 2009 the Trust launched their Patient Experience Surveys in all in-patient wards. Questionnaires are offered to service users during the discharge process. Results are presented monthly through the Trust Performance Reports that are used to inform service improvements. The reports are shared across the Trust at corporate, management and ward level. The results are also shared with service users and carers at the Joint Service Users and Carers Forum. Surveys were launched in a range of community services in October.

Overall we feel that the Trust has continued to develop systems that promote active involvement that values the contributions made by service users and carers.

***John Chiochi and Vince Jackson –  
Service user and carer representatives***

**St Helens Adult Social Care and Health Overview and Scrutiny Committee**

Date 4th May 2010

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 2009/10.

Thank you for taking the time to meet with representatives from the Adult Social Care and Health Overview and Scrutiny Committee and present your Quality Accounts for 2009/10.

On behalf of the Scrutiny Committee I would like to confirm that the Quality Accounts have been thoroughly explained and it is my belief that the indicators set out are able to fully demonstrate the effectiveness of the Foundation Trust, particularly in respect of patient safety, clinical effectiveness and patient experience.

Whilst I recognise that the National Performance Indicators are in the main number driven, it was pleasing to hear that personal accounts and experiences are able to be included in the analysis of evidence. I believe that the approach undertaken by the Foundation Trust is correct and reflects its intentions of improvement to safety and effectiveness. I am not aware of anything in the Quality Accounts that misrepresents the Foundation Trust.

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

Yours Sincerely

Councillor Joe Pearson  
Chairman of Adult Social Care and Health Overview and Scrutiny Committee

**NHS Knowsley (Lead commissioner)**

Statement for Quality Account – 5 Boroughs Partnership Foundation Trust

NHS Knowsley, on behalf of its associates to the contract with 5 Boroughs Partnership Foundation Trust has reviewed the Trust Quality Accounts for 2009-10. NHS Knowsley welcomes the significant progress 5 Boroughs Partnership Foundation Trust has made across a range of areas relating to quality. The Quality Account reveals progress across a range of indicators and is reflected in the achievement of excellent by the Care Quality Commission in 2009, accreditation for NHSLA Level 2 for risk management and achievement of foundation trust status.



Quality improvement requires a continued and ongoing vigilance, reflection and action planning to drive quality standards up further. NHS Knowsley is committed to supporting 5 Boroughs Foundation Trust in this ongoing process through the coming year.

Colin Vose  
Network Director – Mental Health  
4 Boroughs Alliance

### **Working with the Warrington LINK**

5 Boroughs Partnership NHS Foundation Trust have been open with the Warrington LINK, inviting them to attend bi monthly Patient and Public Involvement Meetings, where the LINK can share their work and also hear what the Trust has been doing regarding involving the public. At these meetings the Trust share stories from Patient Opinion and results from Patient Surveys that the Trust carries out regularly. The Trust has also organised 6 monthly meetings for the 5 LINK Host Organisations to meet and discuss how they can work more effectively with the Trust. LINK members are also invited to attend the Joint Service User and Carer Forum, and have also attended Board Meetings. Through the Trusts Involvement Scheme LINK members attend several meetings including the Infection Control Meeting.

The Trust has been involved in the work the LINK has undertaken regarding people with mental health problems returning to work, training or volunteering. The Trust contributed additional funds for the publication of a service user booklet. Staff from the Trust have also attended and presented at LINK events and meetings.

In response to the Quality Accounts statement Warrington Mental Health Forum requested a breakdown of the Crisis Resolution figures for Warrington. 5 Boroughs Partnership responded immediately to our query and we received the Warrington breakdown. 5 Boroughs Partnership have offered to respond to Warrington's Mental Health Forum regarding any questions or queries, we look forward to linking in with them in the future.

Elaine Packer  
Warrington LINKs Manager

### **Warrington Overview & Scrutiny Committee**

Due to the timescales involved and the nature of the request, the Committee did not feel it had a wide enough understanding or appreciation for the content of the submission to enable them to make a valid statement.

The Committee felt that it would however be better placed in a years' time to provide future statements.

During its meeting on the 8th June 2010, Members of the Committee acknowledged the amount of detail in the Quality Accounts. The Committee considered them to provide a very broad sweep and generalisation across a wide range of services. An area of concern at this stage was that the Accounts did not appear to drill down and show areas for improvement, but the Committee recognised that the delivery of this process is in its infancy. The Committee were advised how indicators could be used in the future would be considered for future development of the Accounts and the Committee looks forward to working with the Trust to develop the Accounts.

**16 June 2010**  
**Councillor Wendy Johnson**  
**Health Committee Chair**

## Appendix 2 National Patient Survey Results 2009-10

Figure 1 below, 2004-2008 National Inpatient Survey Results; shows the Trust's performance, from answers submitted, shown as a red or green status when compared to all mental health Trusts.

Figure 2 below, 2009 National Community Survey Results; shows the Trust's performance, from answers submitted, shown as a RAG (Red/Amber/Green) status when compared to all mental health Trusts. This was the first time this survey had been undertaken.

The Inpatient surveys show year on year improvement, whereas the community based survey indicates further work to be undertaken in 2010-11.

Figure 1: 2004 to 2008 Results (In-patient surveys)

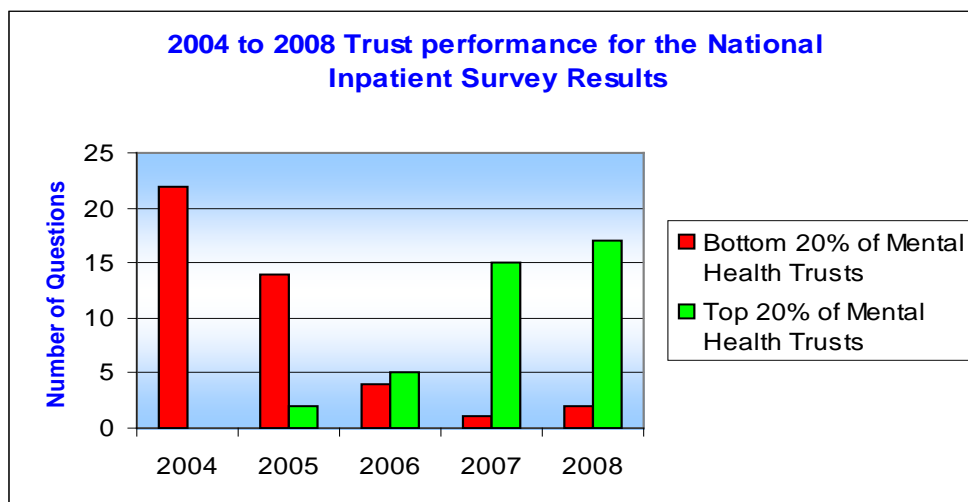
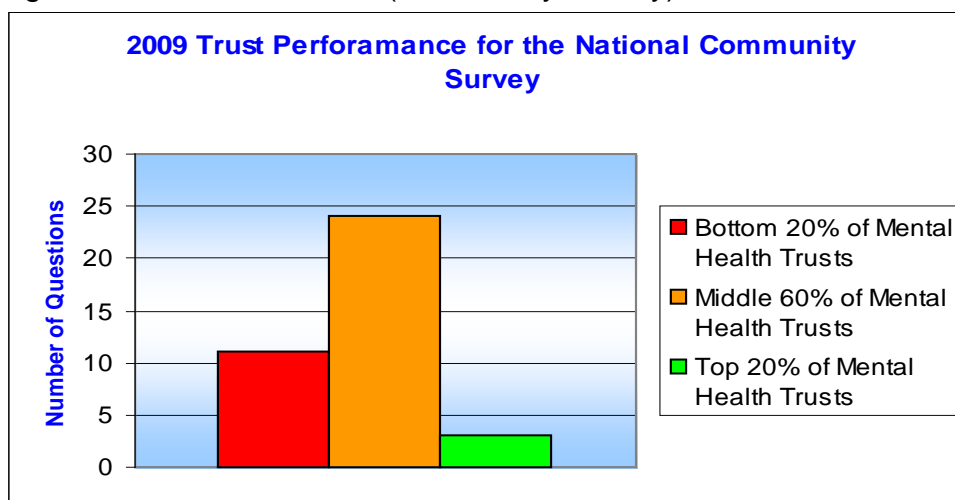


Figure 2: 2009 Results (Community Survey)



Combined with the results from our internal Patient Experience Surveys we have been able to recognise trends that require investigation. An action plan has been produced that includes:

1. Service users being treated with respect and dignity
2. Nurses spending quality time with service users
3. Providing good quality information for service users and carers
4. Ensuring that meaningful activities are provided consistently across inpatient services
5. Reviewing and increasing the availability of talking therapies
6. Full involvement of service users and carers in the care planning progress

### **Appendix 3 Trust Patient Experience Survey**

In an attempt to gain a real time understanding of service users experiences of our services we introduced our internal Patient Experience Survey in April 2009. Service users are asked to complete questionnaires as they are discharged from the ward. Response rates from the in-patient surveys have averaged 56 per cent during the past 6 months. The results are presented in various formats including Trust-wide, business stream (Adults, Older People, Learning Disability, Forensics and Young People) and by individual ward. An easy read version has been developed for use in Learning Disability services. The questionnaire includes ten questions:

1. Admission
2. Dignity & Respect
3. Cleanliness
4. Information
5. Care Plan
6. Treatment
7. Medication
8. Staff Time
9. Overall Satisfaction
10. Safety

A separate questionnaire was launched in selected Community Services in October 2009. Care Managers give copies to approximately 10 per cent of their case load each month. The survey is currently being rolled out to other services. The questionnaire includes eleven questions:

1. Dignity & Respect
2. Information on Care / Rights
3. Involvement Care Plan
4. Treatment
5. Medication
6. Staff Time
7. Crisis Number
8. Employment / Training support
9. Environment / Clean
10. Overall Care & Support
11. Help to Complete

The results of both surveys will be reported in the 2010-11 Quality Accounts.

## Appendix 4 The Care Quality Commission Quality and Risk Profile

The CQC hold a Quality and Risk Profile for each registered provider, which gathers all they know about a provider in one place.

The Trust received the first version of the Quality and Risk Profile from the CQC on the 12 January 2010.

Of the 110 items in the Trust's Quality and Risk Profile, the CQC have identified 106 as being of no concern. A summary analysis of these points of information is presented below in table 2

Outcome	Non concerning items Green	Concerning Items Amber	Concerning Items Red
1. Respecting and involving people who use services	5		
2. Consent to treatment	2		
4. Care and welfare of people who use services	12		
5. Meeting nutritional needs	5		
6. Cooperating with other providers	2	1	
7. Safeguarding people who use services from abuse	2		
8. Cleanliness and infection control	4		
9. Management of medicines	5		
10. Safety and suitability of premises	12		
11. Safety, availability and suitability of equipment	4		
12. Requirements relating to workers	7		
13. Staffing	4		
14. Supporting workers	27	2	1
16. Assessing and monitoring the quality of service provision	11		
17. Complaints	6		
21. Records	6		

*Table 2 Summary of the CQC Quality and Risk Profile for the Trust*

The Quality and Risk Profile contains four items of concern. There is one red item, relating to Outcome 14, 'supporting workers'. This relates to staff using flexible working options and is sourced from the Healthcare Commission Survey of NHS Staff 2008/09.

There are 3 additional amber items relating to:-

- staff suffering from work related stress, and
- staff reporting good communication with senior management.
- co-operating with other providers.

All items are included in the CQC Essential Standards action plan and are closely monitored.

## Appendix 5 Performance against CQUIN targets 2009-10

Aim	Measure	Payment Weighting	Lead Director	Year End Position
<b>High Quality Care for All - Safety</b>				
To reduce untoward incidents as a result of illicit use of Drugs.	1) 100% of all admissions to <b>Acute Functional illness</b> wards offered drug screening during admission process	20%	Director of Operations	Achieved
	2) Measure number of screening taking place as a % of potential of target group.			Achieved
	Both measured from Qtr 2 2009/10			
<b>High Quality Care for All - Outcome Measures</b>				
Adoption Recovery Outcome Measures	Recovery Outcome Measures are agreed for Clinical Conditions relating to <b>Functional Illnesses</b> . An implementation plan will developed in qtr 1, a data collection system will be developed by qtr 2 and staff training completed by October 2009, data collection to commence in qtr 3.	20%	Director of Nursing, Governance and Performance	Achieved
<b>The Operating Framework - ACCESS</b>				
Improved access/extended opening to appointments	Health Care Professionals should have access to Access and Advice staff from 9am to 8pm, Monday to Friday effective from May 2009	20%	Director of Operations	Achieved
Establishment of 6 monthly GP satisfaction survey	All GPs (100%) registered to: NHS Knowsley (excluding GPs in Kirkby area), NHS Halton & St Helens, NHS Warrington, NHS Ashton Leigh and Wigan will be sent a satisfaction survey every 6 months (May/November). Results of survey to be shared with PCT's.	20%	Director of Operations	Achieved
<b>High Quality Care for All</b>				
Measure of adult inpatient services against national standards	All ten acute wards and all organic older peoples wards (excluding Oakdene) will have applied for AIMS by May 2009.	20%	Director of Operations	Achieved