5 Boroughs Partnership
NHS Foundation Trust

Quality Accounts

2010 - 2011

Contents

Part 1 Our commitment to Quality

1.1 Our Quality Accounts 2010-11

This is the second Quality Accounts that has been produced by 5 Boroughs Partnership NHS Foundation Trust. Our Quality Report 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 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.

1.2 Chief Executive's Statement

In line with the Government's White Paper (2010) 'Equity and Excellence: Liberating the NHS' we view the production of our Quality Accounts as a welcome opportunity to assess quality across the entire range of our services, with an eye to continuous quality improvement.

From 1 April 2010, the independent regulator of health and social care in England – the Care Quality Commission – awarded this Trust registration without compliance conditions to provide services under a new, tougher system for regulating standards in the NHS. The new standards cover important issues for patients such as treating people with respect, involving them in decisions about care, keeping clinical areas clean, and ensuring services are safe.

We are extremely proud that this report clearly demonstrates how we have continued to live by these key principles in the delivery of our high-quality care. And we are honoured that our use of a Big Brother-style booth to collect feedback was highlighted as an example of good patient experience practice in the Government's 'No Health Without Mental Health' strategy.

Within this report we have outlined our priorities for and commitment to quality improvement, specifically in the areas of preventing avoidable harm, improving physical health care and improving the experience of care for all of our service users and their carers. The report also identifies those areas where we need to make improvements; clearly setting out our safety and quality priorities for 2011-12. This year, these have been informed by our Council of members and our Local Involvement Networks.

I am satisfied and delighted that this report clearly demonstrates that we are delivering on quality now and have the plans in place to ensure we continue to do so in the future.

Simon Barber, Chief Executive

1.3 Chairman's Statement

As an organisation we firmly believe that we can only deliver high-quality care by engaging our service users in the design of our services. That is why involving service users, carers and volunteers in all our key decision-making processes is something that we have embedded within the culture of this Trust.

Our Involvement Scheme members sit on our committees at every level of governance – providing valuable insights into the patient experience and speaking up for the needs, wants and desires of their fellow service users and carers.

I am delighted that within this report there are many excellent examples of engagement – some of which have led to this Trust being nationally-recognised. For example, we were the first Trust to pair equal numbers of people with a Personality Disorder, known as 'Experts by Experience', with professionals so that they can jointly deliver an innovative new training programme, commissioned by the Department of Health and Ministry of Justice, to staff across our footprint.

Furthermore, our work to engage service users in Infection Control resulted in a 2010 Nursing Times Award.

It is our view that quality and engagement are inextricably linked. That is why we continue to champion engagement with our service users, carers, volunteers, staff, Foundation Trust members, stakeholders and partners; involving them in our quality

agenda and in its accurate representation within this report.

Bernard Pilkington, Chairman

1.4 Our Vision

The Trust has declared its vision as follows:

'Our vision is to be a leading provider of world class mental health, learning disability and community services, with a reputation for quality, innovation and excellence'.

Implicit within this vision is a strong commitment to patient 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.

1.5 Our 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."

More information about the Trust Values are in section 3.5.2 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:
http://www.5boroughspartnership.nhs.uk/qualityaccounts.html

1.7 Statements from External Stakeholders

Supporting statements have been invited from:

- Overview and Scrutiny Committees.
- Local Involvement Networks (LINks).
- Lead Commissioner statement (NHS Knowsley).

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 2010-11 Quality Accounts is accurate.

Simon Barber
Chief Executive

1.9 Responsible person's written statement and signature

As the responsible person registered with the Care Quality Commission, I declare that the content of the Trust's Quality Accounts 2010-11 is accurate to the best of my knowledge.

Mrs S. Hooton

Mrs S Hooton, Assistant Director Governance, Performance and Patient Safety.
(Registered as the responsible person for 5 Boroughs Partnership NHS Foundation Trust with the Care Quality Commission).

Part 2 Priorities for improvement

2.1 Quality priorities for improvement 2011-2012

As part of our commitment to ongoing quality improvement we have engaged with our service users, local scrutineers and clinical staff to agree our quality priorities for the year ahead.

The Trust Board has agreed three quality priorities for 2011-12 which will be monitored by the full Trust Board throughout the year. The priorities will demonstrate improvements in:
- patient safety.
- patient experience; and
- effectiveness of services.

Where possible these priorities align with the improvement targets agreed between the Trust and its Commissioners as set out in the local 2011-2012 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.

The Priorities were shared with and agreed with the local LINks organisations, The Trust Joint Service User and Care Forum and the Council of Members throughout 2010-11.

2.2 Improving on 2011-2012 Quality Measures

Last year, the Trust agreed a set of 'base-line' Quality Measures which have been monitored by the Trust Board throughout the year. This ongoing monitoring will continue throughout 2011-12 in addition to the three Quality Priority areas for improvement. (The ongoing Quality Measures are reported in section 3.3 of this document).

The following table sets out the Trust's Quality Priorities for 2011-12.

2.3 Safety and Quality Priorities 2011-12

Quality and Safety priorities 2011-12	Indicator	Rationale
Safety: Preventing avoidable harm	By March 2012, we will have taken improvement actions, leading to demonstrably safer care by reducing the ratio of harm to incident as measured by the National Patient Safety Agency.	The Mental Health Strategy (2011) 'No Health without Mental Health' has set a standard: Fewer people will suffer avoidable harm.

Quality and Safety priorities 2011-12	Indicator	Rationale
Effectiveness: Good physical health care	By March 2012, the Trust will be able to demonstrate a 10 per cent increase in the number of service users in Community Mental Health Teams who have had physical health incorporated into their care plans.	The Mental Health Strategy (2011) 'No Health without Mental Health' has set a standard: More people with mental health problems will have good physical health care.
Experience: Ensuring a positive experience of care	By December 2011 the Trust will have agreed a meaningful suite of patient experience measures with the Council of Members in each of its business streams and will have published them on the internet	The Mental Health Strategy (2011) 'No Health without Mental Health' has set a standard: For patient experience to be measured and published so that other patients might choose where they will have their care provided.

2.4 Trust Quality Improvement Plan 2011-2012

The Trust is developing a Quality Improvement Plan which includes:
- Quality and safety priority indicators 2011-12 (as above).
- Actions arising from the national patient survey results.
- Actions arising from the Trust patient experience survey results.
- Safety and quality actions from external regulator's visits/ reports.
- Actions relating to data quality in the Monitor External Assurance review.

Link:
http://www.5boroughspartnership.nhs.uk/qualityaccounts.html

2.5 Statements of Assurance provided by the Trust Board

As part of our Quality Accounts, we are required to present a series of 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 section 3.2 of this document).

2.5.1 Review of Contracted Services

The Trust provided and or subcontracted NHS services totalling £107.242 million.

During 2010/11 5 Boroughs Partnership NHS Foundation Trust provided 91 contracted and/or sub-contracted 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. This is through regular service reviews against the strategies set out in the Trust's Integrated Business Plan.

The income generated by the NHS services reviewed in 2010/11 represents 100 percent of the total income generated from the provision of NHS services by the 5 Boroughs Partnership NHS Foundation Trust for 2010/11.

2.5.2 missioning for Quality and Innovation Payment Framework (CQUIN)

A proportion of 5 Boroughs Partnership NHS Foundation Trust's income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between NHS Knowsley acting as Co-ordinating Commissioner, through the Commissioning for Quality and Innovation payment framework. The Trust attracts 1.5 per cent of our contract value as CQUIN payments.

The total available within the CQUIN framework is £1.47m.

The monetary total for the amount of income in 2010/11 conditional upon achieving quality improvement and innovation goals, and associated payment is 87.5 per cent of that which is £1,285,888. Further details of the agreed goals for 2010/11 and for the following 12 month period are available online at:
http://www.5boroughspartnership.nhs.uk/qualityaccounts.html

2.5.3 Participation in clinical audits and national confidential enquiries

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 2010/11 has been Infection Prevention and Control. It is high on the political and public agenda and is a key indicator of quality. Therefore, auditing of practice, policies and procedure is crucial to maintaining patient and staff safety and continuous improvement. It also helps provide assurance of complying with Care Quality Commission criteria and the Health and Social Care Act 2008.

In 2010-11 an overall improvement has been seen in all audit results across the whole of the Infection prevention and Control audit programme. The overall Trust pass rate has now been over 90 per cent for the first time in each audit as seen in the following two tables:

Infection Control	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Environment	80%				85%					90%		
Sharps & Clinical Waste			95%				97%				94%	
Hand Hygiene Facilities		92%		94%		90%		100%		96%		93%
Hand Hygiene Technique		97%		97%		95%		97%		98%		92%
Hand Hygiene Observation Tool		68%		94%		88%		92%		100%		85%

National Cleaning Standards	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Domestics	100%	95%	100%	100%	95%	100%	95%	68%	86%	95%	100%	100%
Nursing	91%	95%	91%	100%	100%	95%	95%	85%	100%	100%	95%	100%
Estates	91%	95%	100%	100%	100%	100%	100%	100%	100%	90%	95%	100%

During 2010/11, nine national clinical audits and one national confidential enquiry covered NHS services that 5 Boroughs Partnership NHS Trust Foundation Trust provides.

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

The national clinical audits and national confidential enquires that the Trust was eligible to participate in during 2010/11 are as follows:

National Audit of Psychological Therapies for anxiety and depression (NAPT)

POMH Topic 7b Monitoring of patients prescribed Lithium

POMH Topic 8b Medicines reconciliation

POMH Topic 9b Use of antipsychotic medicines in people with Learning Disability

POMH Topic 10 use of antipsychotic medication in CAMHS

POMH Topic 11 Prescribing antipsychotics for people with dementia

National Patient Safety Agency: Preventing Suicide: Ward Managers Checklist

Royal College of Physicians: National Falls and Bone Health Audit in Older People 2010

Royal College of Psychiatrists: The National Audit of Schizophrenia (NAS) – enrolled.

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 2010/11 are as follows:

National Audit of Psychological Therapies for anxiety and depression (NAPT)

POMH Topic 7b Monitoring of patients prescribed Lithium

POMH Topic 8b Medicines reconciliation

POMH Topic 9b Use of antipsychotic medicines in people with Learning Disability

POMH Topic 10 use of antipsychotic medication in CAMHS

POMH Topic 11 Prescribing antipsychotics for people with dementia

National Patients Safety Agency: Preventing Suicide: Ward Managers Checklist

Royal College of Physicians: National Falls and Bone Health Audit in Older People 2010

Royal College of Psychiatrists: The National Audit of Schizophrenia (NAS)

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, and for which data collection was completed during 2010/11, 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. As follows:

Name of Audit	Number of cases submitted	% of required cases provided
National Audit of Psychological Therapies for anxiety and depression (NAPT)	235	100%
POMH Topic 7b Monitoring of patients prescribed Lithium	144	100%
POMH Topic 8b Medicines reconciliation	159	100%
POMH Topic 9b Use of antipsychotic medicines in people with LD	48	100%
POMH Topic 10 use of antipsychotic medication in CAMHS	25	100%

Name of Audit	Number of cases submitted	% of required cases provided
POMH Topic 11 Prescribing antipsychotics for people with dementia	Collecting March 2011	N/A
National Patient Safety Agency: Preventing Suicide : Ward Managers Checklist	62	100%
Royal College of Physicians: National Falls and Bone Health Audit in Older People 2010	1	100%
Royal College of Psychiatrists: The National Audit of Schizophrenia (NAS)	62	100%
National Confidential Inquiry into suicide and Homicide by people with Mental Illness (NCISH)	1	100%

The reports of four national clinical audits were reviewed by the provider in 20010/11 and 5 Boroughs Partnership NHS Foundation Trust intends to take actions to improve the quality of healthcare provided.

The reports of 63 local clinical audits were reviewed by the provider in 2010/11 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 appropriate committee or group.
- A Trust lead is appointed for each action.
- Time scales for each action are established and agreed.
- Follow up actions are agreed by the Trust.

2.5.4 Participation in clinical research

Participation in clinical research demonstrates 5 Boroughs Partnership NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. It helps us ensure that our clinical staff stay abreast of the latest possible treatment possibilities and value active participation in research as it leads to successful patient outcomes.

The number of patients receiving NHS services provided or sub-contracted by 5 Boroughs Partnership NHS Foundation Trust in 2010-2011 that were recruited during that period to participate in research approved by a research ethics committee was 328. This represents an increase of over six hundred percent over the previous year. This shows the vigour with which the Trust is increasing its research activity.

As an active member, 5 Boroughs Partnership NHS Foundation Trust is strongly committed to supporting the activities of the Comprehensive Local Research Networks (CLRN). It is a member of the Cheshire and Merseyside CLRN and has participated in a growing number of clinical studies in their research portfolio.

5 Boroughs Partnership NHS Foundation Trust was involved in conducting 37 clinical research studies in mental health during 2010-2011. This was an increase of fifty percent from the previous year. The studies included those that described new treatments (observational studies) as well as ones that tested new treatment (interventional studies). They covered a range of areas from trials of new therapeutic drugs to testing the effectiveness of new talking therapies.

2.5.5 Clinical Research Unit
In June 2010 the Trust opened a Clinical Research Unit. This is a new purpose-built facility for the conduct of clinical studies including clinical trials. This will enhance the capacity of the Trust to increase activity in this area and the Trust has the ambitious goal to increase the number of clinical staff involved in clinical trials by at least 50 per cent per annum for the next three years.

5 Boroughs Partnership NHS Foundation Trust actively seeks engagement of its service users in research. Where possible it involves service users in the formulation of the research question. In 2010-2011 service users have contributed to the generation of the research question in two grant bids to funders such as the National Institute for Health Research. The involvement of service users in this way is pursued so that we assure improvement in patient health outcomes.

5 Boroughs Partnership NHS Foundation Trust is committed to pursuing clinical research so that

this leads to better treatments for patients.

There were 12 members of clinical staff at 5 Boroughs Partnership NHS Foundation Trust participating in mental health research approved by a research ethics committee during 2010-2011. It is a Trust goal to increase the number of staff participating in research year on year by at least 50 percent.

Our engagement with clinical research also demonstrates 5 Boroughs Partnership NHS Foundation Trust's commitment to testing and offering the latest medical treatments and techniques to its patients.

2.5.6 ality of our data
Five Boroughs Partnership NHS Foundation Trust attaches a high level of importance to data quality. The Trust believes that 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 to 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 & 190)	100%
Care Activity CDS (Outpatient) (020) Long-term Psychiatric Census(170)	100%
	100%
Accident and Emergency Care	N/A
Mental Health Minimum Data Set	99.3%

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

Admitted Patient Care (130 & 190)	96.3%
Care Activity CDS (Outpatient) (020) Long-term Psychiatric Census(170)	98.9%
	99%
Accident and Emergency Care	N/A
Mental Health Minimum Data Set	98.8%

2.5.7 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.

2.5.8 formation Governance Toolkit
5 Boroughs Partnership NHS Foundation Trust's Information Governance Assessment Report overall score for 2010/11 86 per cent and was graded green. The Toolkit was audited by Mersey Internal Audit Agency in February 2011 and was given Significant Assurance.

5 Boroughs Partnership NHS Foundation Trust will be taking the following actions to improve data quality. Any minor areas for improvement will be addressed in the Trust's Information Governance Work Plan 2011-12.

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

The Care Quality Commission has not taken enforcement action against 5 Boroughs Partnership NHS Foundation Trust during 2010/11. The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

See section 3.7 for a breakdown of performance against 2010-11 CQC Essential Standards for Safety and Quality.

Part 3 Other information

3.1 Trust Quality and Safety priorities 2010/11

This section of our Quality Accounts presents information relating to the quality of our services throughout 2010-11. We start this section by reporting on our achievement against the three Trust Priorities that we set ourselves for 2010-11.

Quality and safety priorities and indicators 2010-11	Outcome	Commentary
Safety: Ratio of Incidents reported to patient harm suffered **We will reduce the outcome of patient harm against the March 2010 base line** **Effectiveness:** Health of the Nation Outcome Scores (HONOS)	met	Base line for the reduction of reportable harm to incident ratio 2009/10 was 63.5%. Actual for year end 2010/11 was 72% of reportable incidents resulted in no harm suffered. HONOS provides a scoring system to demonstrate improvement following uptake of mental health services.
We will extend the use of HONOS measurement tool across all in-patient services and our community services **Medium and low secure services will use the HONOS secure and HCR 20 measurement tools** **Experience:** Trust Service User Experience Survey.	met	HONOS is now firmly embedded within all In-patient and Community Services. HCR-20 training is specialist risk management training. This has now been fully rolled out across all Low Secure Services (Auden, Chesterton, Marlowe and Tennyson Units). All service users are offered an exit questionnaire prior to discharge from an in-patient ward.
All in-patient service users will be offered an exit questionnaire to complete **The questionnaire will cover safety and dignity** **A sample of in excess of 100 service users drawn from community services will be collected each month**	met	The questionnaire includes questions relating to safety and dignity. These indicators score well (Appendix 3 provides a detailed breakdown). Community teams now provide a copy of the questionnaire to approximately 10% of their caseload each month. Monthly average sample for 10-11 is in excess of 100 service users.

Demonstrating improvement

Last year, we recognised certain limitations in that many of the Trust targets set before 2010 did not fully cover our community services. This was addressed in the 2010-11 Quality Priorities that were agreed. The above chart shows improvements by:

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

3.2 Performance against Monitor targets 2010-2011

As a new Foundation Trust, throughout 2010-11 we have reported progress against Monitor compliance targets.

Many of the targets relate to safety, service user experience and effectiveness of care. Our performance is as follows:

Monitor Targets 2010-11	Threshold	Achievement as at March 11
Patients 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%	97.1%
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%	95.2%
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%	4.3%
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	90%	98.3%
Meeting commitment to serve new psychosis cases by early intervention teams Quality Rationale: Patients that are detected and diagnosed with a first episode of psychosis by Early Intervention teams gain prompt and appropriate treatment and it reduces their duration of untreated psychosis.	95%	99.3%

Monitor Targets 2010-11	Threshold	Achievement as at March 11
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%	99.5%
Data completeness: outcomes Quality Rationale: 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		97.3%
Valid accommodation status	No Target in 2010/11	95.4%
HONOS assessment in the past 12 months		80.2%
Discharged patients with a diagnosis		100%

3.3 Trust Quality Measures for Patient Safety, Clinical Effectiveness and Patient Experience Indicators 2010-2011

In 2009-10 the Trust presented its first Quality Accounts and identified 11 Quality Measures that would be presented year-on-year to monitor our progress. The Quality Measures relate to:

- patient safety
- patient experience
- effectiveness

The 11 Quality Measures were agreed in consultation with clinical staff and service users and they have been monitored by the Trust Board throughout the year.

We attempted to ensure a balanced approach when selecting the Quality Measures, 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

The majority of the Trust's Quality Measures cover all client groups and care settings. The progress made against the Trust Quality Measures in 2010-11 is detailed in the following table.

Trust quality measures

Domain	Indicator to be measured	March 11 RAG Status against March 10 Baseline	Data Source	Detailed Definiton
Patient Safety	Proportion of 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	↔	Department of Health Vital Signs Monitoring Health Protection Agency	Number of MRSA infections that are hospital or community acquired
	Healthcare associated infections - C Diff	↔		Number of C Difficile infections that are hospital or community acquired
	7 Day Follow Up	↑	Monitor Compliance Target Department of Health Vital Signs Monitoring	The percentage of patients on CPA that were followed up within 7 days of discharge from a MH in-patient service
	% of service users with a carers assessment completed	↑	Internal Reporting	The percentage of patients with a carer who have been offered a carers assessment
	The reconciliation of medicines for patients on admission to services	↓	Internal Reporting	A process undertaken to ensure medicines prescribed on admission, correspond with those that the patient was taking prior to admission.
	*Number of medicine administration errors April to July 2010	↑	Internal Reporting	Actual error in administration of medicaiton which has resulted in the wrong dose being given, dose being omitted, wrong patient administered the dose, inaccurate timing of dose.
	*Number of medicine administration errors August 2010 to March 2011	↔	Internal Reporting	Actual error in administration of medicaiton which has resulted in the wrong dose being given, dose being omitted, wrong patient administered the dose, inaccurate timing of dose.
Patient Experience	Number of Compliments	↑	5BP Service User Experience Survey	Expression of satisfaction received verbally or written
	Number of Complaints	↓	Internal Reporting	Expression of dissatisfaction requiring a response that could not be resolved locally within 24 hours.
	Satisfaction with our services	↑	National Medicines Audit (POMH) Internal Reporting	Percentage of patient experience questions tha were scored as Excellent or Good.
Effectiveness	Increase in HONOS (inpatient) assessment scores	↔	Internal Reporting	% of patients who have had both a admission and discharge HONOS who are showing an improvement.

* Following discussions with the NPSA, this measure was changed in August 2010. This now includes all errors picked up by the Pharmacy Team.

3.4 Trust-wide achievements

3.4.1 What we do well
Section three of this report has presented quality and safety achievements for the Trust realised throughout 2010-11.

There are several sources of valuable external feedback regarding what the Trust does well. Our Quality Accounts 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 2010-11

Areas identified for improvement from each of these sources are included in the Trust Improvement Action Plan 10-11.

3.4.2 fection prevention and control
In 2010-11 the Trust continued to achieve unconditional registration with the Care Quality Commission for compliance with the Health Act 2008. This involves a rigorous programme to prevent MRSA, C. Difficile and other serious infections in the Trust. This work is championed by our Nurse Consultant in Infection Prevention and Control.

The Infection Prevention and Control Team believe that service user involvement in infection prevention and control is crucial to ensure that they are actively involved in 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, and contributing to policy and patient information leaflet development.

3.4.3 National award winner
The Trust is delighted that the service user and carer scheme won the Nursing Times Award 2010 in the Infection Prevention and Control Category. In November 2010 service users attended the awards ceremony in London as part of the Trust's team. Judges praised the team as an excellent example of involving service users and carers which ensures that their views are represented and that they are actively involved and engaged in infection prevention and control.

3.5 Workforce development and learning

3.5.1 ambitious Leadership Programme
As a Trust 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, to improve patient care.

In 2010 an ambitious, performance improving management and leadership development framework was launched. The framework was developed to enhance the capacity and capability of managers and leaders at all levels of the Trust. Based on our vision for management and leadership development, the framework was needs-led and outcome-focused, with the aim of providing better service user and carer outcomes.

The first of its kind in the north west, the framework is unique in that it is based on the individual needs of the learner and is underpinned by the Trust's own leadership competences specific to the three levels of leaders.

As part of the framework, and in order to support individual managers to increase their levels of self-awareness, an in-house Assessment and Development Faculty was created. The faculty comprises of senior Human Resources and Organisational Development professionals who are accredited and registered with the British Psychological Society to administer and facilitate a range of assessment tools.

3.5.2 Values programme Early in 2010 it was recognised by the Trust Management Team (TMT) that in order to build on our Foundation Trust application and successfully realise the transformational ambitions within our Business Strategy, considerable work was needed to be done to engage our workforce and transform our culture. Furthermore, an additional trigger for the Values programme came as a result of feedback from the patient opinion survey which had identified a number of behavioural themes.

We adopted a 'bottom up' style, designed to invite as many of our staff to participate as possible and eleven workshops were held with staff in addition to a session with the Service User and Carer Forum, members of the Trust Board and a session with the Council of Members.

At the end of January 2011 we shared a draft set of five Trust Values which were developed using all the information we gathered during the workshops in 2010 with a launch in March 2011.

3.5.3 Advancing Quality Programme

Advancing Quality is a new quality initiative 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 coordinated work across the North West Mental Health Trusts and have 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 will be 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 stretch the services into providing consistent care for everyone. Advancing Quality measures will be a key feature of 11-12 Quality Accounts and more detail can found in appendix 7.

This details the preparatory work that has been undertaken in readiness for the Advancing Quality measures and the staff training that has taken place to date.

3.5.4 Patient Safety Framework 2010-11

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 using the Safer Mental Health Checklist.
- 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'. The Trust held a Patient Safety conference in March 2011 to share lessons learnt across the Trust.

3.5.5 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 sub – board committee.
- Membership of the monthly Patient Safety Panel meetings.
- Acting as Serious Incident reviewers.

3.6 Achievements in each business stream 2010-2011

Business Stream	Achievements
Children and Young People	**Child and Adolescent Mental Health Services (CAMHS) Community services patient experience questionnaire** This was developed in partnership with young people and Trust staff and uses questions identified as being important to young people. **Choice and Partnership Approach (CAPA)** This is a clinical model adopted by CAMHS Services to improve service provision. The aim of the model is to effectively manage waiting lists, improve clinical screening and promote effective utilisation of team skills within an improved pathway from referral to discharge. **Mental Health and the Arts** This innovative project runs in conjunction with Manchester Art Gallery. Young people are involved in producing art and actively supported in visiting museums/art galleries as part of their care. **The Quality Network for Community CAMHS** works with professionals from health, social services, education and the voluntary sector to improve the experience of young people receiving community-based services. There is a strong peer review process with the aim of improving services and sharing best practice.
Adults	**Patient experience** All patients discharged from adult in-patient wards are offered a Patient Experience questionnaire. 85% of patients scored the level of 'overall satisfaction' as Good or Excellent in 2010-11. **Assessment** All patients referred for a Mental Health Act Assessment were seen within 24 hours. **Accreditation of In-patient services** All adult wards expected to be open at 31 March 2011 will be accredited by the AIMS programme by the end of March 2011. One ward is awaiting final confirmation of accreditation as at 31 March 2011.

Business Stream	Achievements
Older People	**Patient experience** We have developed a later life forum for service users, carers and third sector organisations. **Service user satisfaction** All patients discharged from older persons in-patient wards are offered a Patient Experience questionnaire. 93% of patients scored the level of satisfaction as Good or Excellent in 2010-11. **Accreditation of in-patient services** All Older People wards expected to be open at 31st March 2011 will be accredited by the AIMS programme by the end of March 2011. All in-patient wards have fully engaged with the dementia Advancing Quality project and have been trained to use the quality assessment tools. **Dedicated training** Training has been completed for staff in older persons' settings in physical health and pain management.
Learning Disabilities	**Learning Disability Forum** We have established a Learning Disability joint service user carer forum. **Patient satisfaction** All patients discharged from learning disability in-patient areas are offered a Patient Experience questionnaire. 79% of patients scored the level of satisfaction as 'Good' or 'Excellent' in 2010-11. **Improved care pathways** Care pathways have been revised. Led by a clinical lead in working with primary care trusts and local authorities to improve the patient experience and access to service.
Forensic services	**Improving outcomes** Implementation of HONOS and HCR20 is on track to be achieved at the end of March 2011. **Listening and improving** Three service user initiated ideas have been implemented within the forensic Wards in 2010-11. **Protected time with service users** 25 hours of activity for each service user has been fully embedded with the forensic wards. **Recovery** All patients that have had a length of stay of three months or longer have a recovery action plan in place.

3.7 Feedback from external scrutiny

3.7.1 Response to issues raised by regulators or public representatives in the last year

This section provides information about our registration with the Care Quality Commission (CQC) and any monitoring the CQC has undertaken with the Trust in the past year. It also provides information about the Quality Report requirements for Monitor.

3.7.2 Care Quality Commission (CQC)

From April 2010 the regulatory requirements for the NHS changed, requiring all providers of healthcare to register with the CCQ. As part of the registration process the Trust declared full compliance to the new 16 Essential Standards of Quality and Safety, which resulted in the Trust being registered without CQC compliance conditions.

During the year 2010-2011 effective monitoring, scrutiny and reporting of the CQC essential standards has provided the Trust with assurance of our continual compliance to the new standards.

3.7.3 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 Quality and Risk Profile is released routinely throughout the year and provides a view of how the Trust is performing against the 16 Essential Standards of Quality and Safety.

The 16 Essential Standards of Quality and Safety are reported on a comparison dashboard via the Corporate Report and the Quality and Safety Metrics Report; it shows the Trust's compliance along side the CQC judgment using the information they know about us.

The following table shows the Trust's position as at the end of March 2011. The Trust reviews the CQC indicators on a monthly basis and actions plans are in place for indicators not shown as green.

Section	Outcome	April 2011
Involvement and information	1: Respecting and involving people who use services	Green
	2: Consent to care and treatment	Green
Personalised care, treatment and support	4: Care and welfare of people who use services	Green
	5: Meeting nutritional needs	Green
	6 Cooperating with other providers	Green
Safeguarding and safety	7: Safeguarding people who use services from abuse	Green
	8: Cleanliness and infection control	Green
	9: Management of medicines	Green
	10: Safety and suitability of premises	Green
	11: Safety, availability and suitability of equipment	Green
Suitability of staffing	12: Requirements relating to workers	Green
	13: Staffing	Green
	14: Supporting workers	Green
Quality and management	16: Assessing and monitoring the quality of service provision	Green
	17: Complaints	Green
	21: Records	Green

3.1.1 Monitor Reporting Requirements 2010-11

Monitor require Trusts to publish:

- The Director's Statement of Responsibility (Appendix 4)
- External assurance on the content of the Quality Accounts to ensure it is in line with Monitor's requirements and is consistent with other information (Appendix 5)
- External assurance on two mandated performance indicators in the Quality Accounts: (Any two out of the following to be determined by the Council of Members)
  - 100 per cent CPA patients receiving follow up within 7 days of discharge from hospital*
  - Minimising delayed transfers of care*

- Access to Crisis Resolution Home Treatment

(Published opinion will be reported in 2011-12 in a 'dry run' report)

- Assurance on one locally selected performance indicator in the Quality Accounts to be agreed by the FT governor/ membership:
  - An additional quality indicator was agreed by the council of members to be included in the external assurance exercise
    - Complaints recording

3.7.5 Responses to reports received by the Care Quality Commission (CQC)

The Trust remains compliant with the CQC's 16 Essential Standards of Quality and Safety. The evidence of compliance and action plans are reviewed and scrutinised for each of the standards as part of the agreed continual compliance process in place at the Trust.

Compliance with the standards and how the Trust is viewed by the CQC, using the Quality and Risk Profile, is part of Trust reporting. It is reviewed by the Trust Board, as it is included in the Corporate Report and by the Clinical Governance and Clinical Risk Committee as it is included in the Safety Metrics Report and forms the basis for our authorisation with Monitor.

3.7.6 Mental Health Act Commissioner (MHAC)

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

- Responding to Mental Health Act Commissioner reports.
- MHAC Annual report response and 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.

All visits by the Mental Health Act Commission are followed up with an action plan and an annual report is presented to the Trust Board.

3.7.7 External assurance reports against three priority Monitor indicators

See Auditor's report - Appendix 5.

3.7.8 External assurance reports against the Quality Account report

See Auditor's report – Appendix 5.

3.8 Engaging with and listening to service users and local groups

3.8.1 Overview and Scrutiny Committees

The Trust links with five Overview and Scrutiny Committees on health issues and proposed developments in the Trust. Quality Accounts have been shared with Local Involvement Networks (LINks) and Overview and Scrutiny Committees and they have been invited to contribute to the 2010-11 Quality Accounts/Report.

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

- The Commissioning PCT.
- LINk groups.
- Local Authority Overview and Scrutiny Committees.

3.8.2 aging with Third Sector Organisations

The Trust has many links with Third Sector organisations and works on many projects with a diverse range of partners.

The Trust engaged with service users, carers, staff and representatives from local Third Sector organisations to develop a bespoke information folder provided to service users, carers and families prior to discharge from in-patient units, a similar information pack for use in community services is currently under development.

3.8.3   Further examples of engagement and responsiveness

5BP Engagement

Trust Joint Service Users and Carers Forum
- Includes "Take it to the top" session with Chief Executive

Trust Service Users and Carers Forums for Older People and Learning Disability
- Developed at the request of service users and carers

Investing in Children
- Developing engagement with young service users

Local LINks organisations
- Attend meetings of the Trust Patient & Public Involvement Advisory Group

Trust Involvement Scheme
- 285 service users, carers and volunteers are actively involved in over 50 business activities

Sticks and Stones Campaign
- National exposure with 100,000 people signed up to challenge stigma

Foundation Trust - Council of Members
- 25 members of the public make up the 47 Council of Members

3.8.4 How can we improve? Ask 'Big Brother'

Results from the Trust's use of the 'Big Brother Video Booth' has helped us to ask the questions: "what do we do well, and what can we do better?" The results are shared at various meetings, including with the Trust Board and other senior managers meetings. The aim is to challenge perceptions and change attitudes.

Feedback from the use of the big Brother Booth is used regularly in staff training and is taken into account when planning service delivery and service change.

3.9 Key messages from external statements for 2011-12

3.9.1 Messages from St Helens LINks

- Can the Trust inform us on the falls work in older people services?
- Can we have a St Helens specific picture of safety for 2011-12?
- Recovery does not feature as a key priority for the Quality Accounts.
- We would like to explore differences in number of care reviews completed and the national patient survey data (which is below the acceptable threshold). Also this applies to CRHT figures as presented in other local reports.
- We would like to discuss the differences in the Trust's performance data and the service users' views.
- We would like to be more engaged in setting CQUIN targets (as we do for another Trust in the region).

3.9.2 Messages from PCT Commissioners

- Can we improve complaints reporting from Learning Disability Services?
- There is a need for further borough specific data.
- There is a need to have a focus on domestic violence in 2011-12.

3.9.3 Messages from Wigan LINks

- Support the idea of a specific safety indicator per business stream.
- Falls in the elderly client group should be investigated.
- Can we remind staff about eyesight difficulties and resulting falls and basic care around wearing glasses?
- Would like further engagement throughout the year and Wigan-specific data.

3.9.4 Messages from Warrington LINks

- We would like to work with the Trust on physical health issues, for example physical activity opportunities and gym usage within the Trust.
- Also to look at use of volunteers in supporting physical activity.
- Psychiatric Liaison in Warrington A&E is of continued interest to us and working together to implement the recommendations from the local review of A&E Liaison.

3.9.5 Messages from Halton Overview and Scrutiny committee

We are concerned for the dignity of patients with mental health problems and the recognition that social inclusion is one of the most important factors in healing.

- Active promotion of the Recovery Model in mental health and evidence of how effective this is.
- Role of carers needs promoting.

3.9.6 Messages from Council of Members

- Need to look at complaints – especially in the minority groups in the Trust.
- Agree proposal to identify a key harm reduction measure for each client group and to report on progress to the Council throughout 2011-12.
- The Council will work to identify the Priorities for 2012-13 through its work plan.

3.10 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 has provided comparative data for performance reporting throughout 2010-11).
- Trust membership of the national Audit Commission Mental Health benchmarking group.
- The 'reducing harm' Trust Priority for 2010-11 and 2011-12 uses benchmarking data from the National Patient Safety Agency (NPSA) to provide baselines and definitions of harm.
- The incident reporting quality measure and thresholds are based on NPSA benchmark data.
- The Trust has improved its position as a high reporter of incidents in the past year in comparison with other Mental Health Trusts (NPSA benchmark data).
- The data provided from the National Patient Survey (Appendix 2) is benchmarked against the top 20% NHS Mental Health Trusts and the bottom 20% of NHS Mental Health Trusts to provide context and comparisons for staff and service users.

Appendices

4.1 Appendix 1 Supporting Statements

4.1.1 Commissioner Statements

NHS Knowsley - Lead commissioner (4 Borough Alliance)
Addressed to: Director of Operations, Standards and Nursing
5 Boroughs Partnership Foundation Trust
Hollins Park, Hollins Lane
Warrington, WA2 8WA

Dear Ray,
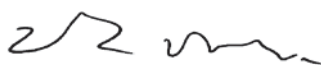
Re: Quality Accounts
In reflection on the year 2010/11, I believe the Trust's quality management processes have continued to evolve positively both in the measures developed and utilised and in the transparency of the monitoring process.

Quality management receives strategic leadership and reports are routinely submitted to the board. External scrutiny is delivered by a quarterly quality review group chaired by the Network Director for Mental Health, NHS Knowsley. This group has reviewed a number of quality measures and has undertaken a deep dive into learning disability services and CAMHS services during 2010/11. The consistent pattern evident is of an organisation that has quality management at its core.

During 2010/11 the Trust agreed a number of quality improvement measures, known as CQUINs which generated a payment for achievement. This is the second year of such an arrangement. These measures cover a range of topics and are challenging. The Trust has maintained an appetite to deliver such challenging quality improvement measures and sustain them. Such a success is the Accreditation of all impatient areas through the AIMS programme, an externally evaluated quality enhancement process. The Trust achieved all measures bar one relating to Access, but has agreed a wider programme of change to deliver these outcomes in 2011/12.

Commissioners intend to work with the Trust in 2011/12 to support it further in its attempts to drive quality up further. Commissioners remain vigilant on quality and governance issues and will continue to monitor these areas closely.

Yours sincerely,

Colin Vose, Network Director
Mental Health, 4 Borough Alliance

The above response from NHS Knowsley was also agreed by Ashton Wigan and Leigh PCT

Mr J Marshall
Assistant Director Priority Services
Ashton Wigan and Leigh Primary Care Trust

4.1.2 Overview and Scrutiny Committees

Halton Overview and Scrutiny Committee
- We are concerned for the dignity of patients with mental health problems and would expect there to be something in the report to show how patients are helped back into the community. Social inclusion is one of the most important factors in healing.
- Active promotion of the Recovery Model in mental health and evidence of how effective this is.
- Role of carers.
- Relationships with partners.
- Anything around social inclusion and equalities.

Warrington Overview & Scrutiny Committee
Health and Wellbeing Overview and Scrutiny Committee's response to a request from 5 Boroughs Partnership NHS Trust for a written statement which is to be included in the publication of the 5 Boroughs Partnership NHS Foundation Trusts Quality Accounts 2010-2011

Due to the nature of the request and the timescales involved which unfortunately did not coincide with the Council's Civic Year it has not been possible to submit the accounts to a formal Health and Wellbeing Overview and Scrutiny Committee meeting. However the accounts were reviewed by the Chairman of the Committee who felt that she did not have a wide enough understanding or appreciation of the content of the submission to enable her to make a valid statement at this time.

Learning from the pressures of the timing in 2010/11 we will be working with the 5 Boroughs Partnership NHS Foundation Trust to discuss 2011/12 priorities and progress throughout the year.

Helen Stanley
Overview & Scrutiny Officer
Assistant Chief Executive's Directorate
Democratic and Member Services
Warrington Borough Council

4.1.3 Nks Organisations

Halton LINks

Sue Hooton OBE
Assistant Director Governance
5 Boroughs Partnership NHS Foundation Trust
Hollins Lane
Winwick,
Warrington
WA2 8WA

1st June 2011

Dear Sue,

Re: Quality Accounts: 5 Boroughs Partnership NHS Foundation Trust

Thank you for your letter re the Quality Accounts for 5 Boroughs Partnership NHS Foundation Trust. Members welcomed the Trust's commitments to share the report widely and to seek the views of the Halton LINk and they appreciated the opportunity to be able to give feedback. The statement from Halton LINk for your report is available in the post-script at the end of this letter.

The Trust has been open with Halton LINk and representatives attend the Patient & Public Involvement meetings and the LINk Host meetings to share their experiences and to keep abreast on the activities the Trust does to involve the public with their work.

Following your request for comments, LINk Board Members met on 26th May, 2011, to look at the report. Members felt they did not have enough information and knowledge to comment on the accuracy of the report. However they broadly support the views from other LINks. The comments from the Halton LINk relate mainly to the layout of the report and how the Trust could improve this, so that it is more user-friendly and easier for members of the public to follow.

Please find their comments listed below:
- Members would welcome a mid-term consultation so that LINks are involved in an on-going process.
Report Lay-out:
- Good, clear index (presume page numbers will be in final draft).
- Consistent format for different sections, though would appreciate figures instead of arrows to measure progress (p22)
- Clear headings and colour use. Would also welcome a simple 'jargon buster'

- Appropriate use of tables and diagrams to illustrate outcomes but would welcome few more graphs & more comparison figures from previous year/s
- 'Quality Priorities for Improvement' – we would appreciate an explanatory rationale for each choice.

Thank you again for inviting the LINk to comment and we look forward to working with you in the future.

Yours sincerely,

Doreen Shotton
LINk Board Member – Halton LINk Lead for Quality Accounts.

Knowsley LINks
From: Paul Mavers
Sent: 12 May 2011 14:48
To: Dave Thompson
Subject: Quality Account

Hi Dave,

Just further to the meeting yesterday, on behalf of Knowsley LINk can I thank 5 Boroughs for inviting Knowsley LINk to comment on this year's Quality Account. For this year the Knowsley LINk Core Group has chosen to comment on the Quality Accounts for Knowsley Integrated Provider Services, St Helens and Knowsley Hospitals Trust, Aintree Hospitals Trust and Liverpool Women's. We are taking a different approach to the commentaries and asking the Trust to provide a formal presentation to LINk members and drawing from the work we have completed with the trusts to form the basis of the commentaries.

We have two staff members who are representing Knowsley LINk on mental health involvement and they have taken copies of the 5 Boroughs Partnership and Mersey Care accounts to help them in their involvement activities for the future.

Thanks again for the meeting yesterday. Again a good opportunity for Knowsley LINk to get involved.

Best Wishes

Paul Mavers
Knowsley LINk Support
Nutgrove Villa
1 Griffiths Road
Huyton
Knowsley
Tel: 0151 489 1222 ext: 602

St Helens LINk (using response format - NHS North West)

Is there a Chief Executive Statement?

Yes and a Chairman's statement (as per Quality Accounts guidance). They are provided in context and include how service user's views have been involved in shaping the Trust Priorities. St Helens LINk have inputted to shaping the Trust's Priorities.

St Helens LINk has been advised the Trust is limited to three priorities for 2011-12 but feel that recovery should be highlighted as a Priority (included as an objective in the national Mental Health Strategy and the Trust states it is a 'recovery promoting Trust').

Does it contain Priorities for Quality Improvement and state why they have been chosen?

Yes (in Appendix 1). A Priority to 'increase physical health in-put to care plans' does not necessarily mean that there will be an improvement in physical health – (e.g. obesity) perhaps before and after measures might be more useful and have more impact?

The Priority to 'have a meaningful suite of patient experience measures' is supported but publishing on the Trust internet is a minimum and that other formats should be considered. The measures chosen should, if possible, be considered against other comparable measures.

Do the Quality Indicators chosen represent quality across all services provided?

With regard to HONOS the philosophy could be more focussed on how much better service users actually feel. Current performance is 77% of users having a HONOS score in the last 12 months, so it is embedded, but we recognise that other recovery orientated measures are available and being piloted in the Trust.

Complaints – cover all services provided but definitions could be improved. The Trust could report on informal complaints that have been resolved quickly, providing a positive angle on complaints handling and be more meaningful. Patient Opinion is a source for gaining independent patient experiences.

Definitions around the indicator for carer's assessments could also be improved to include number of carers assessment offered as well as completed.

Does the Quality Account contain evidence of Improvement?

The improvement in research participation is noted. We wish to know how service users were involved in formulating research questions, our service user on the research group was involved in a later sign-off stage of a research bid.

The Trust Leadership development programme is encouraging but how will this impact upon user and carer outcomes?

Accountability and Assurance

Pleased to see that exit questionnaires are being extended to community settings, however there is concern that staff could choose which 10% of discharged patients to issue the questionnaire to. The sampling system is not explained.

Warrington LINks

Warrington LINk Quality Accounts Statement 2011 for 5 Boroughs Partnership NHS Foundation Trust

Patient Experience

5 Boroughs Partnership NHS Foundation Trust have an effective open working relationship 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. LINk staff and members are also invited to attend the monthly Joint Service User and Carer Forum and have also been invited to attend the newly formed Learning Disabilities Forum and Later in Life Forum.

The Trust has also organised six monthly meetings for the five LINk Host Organisations to meet and discuss how they can work more effectively with the Trust. Staff from the Trust have also attended and presented at LINk events and meetings, including presenting the Trust's Discharge Pack, where LINk members suggested improvements which were made.

Any comments that are received regarding the Trust are sent monthly and responded to by the Trust.

Wigan LINks

Addressed to: 5 Boroughs Partnership NHS Foundation Trust
Hollins Park House, Hollins Lane
Winwick
Warrington, WA2 8WA

Dear Sue,
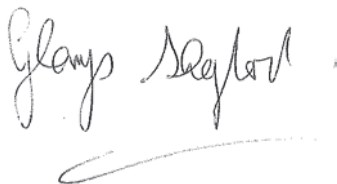
Subject: Quality Accounts

Thank you for requesting some feedback from Health and Care Together to support the 5 Boroughs Partnership NHS Foundation Trust Quality Accounts. Our commentary is as follows:

'Health and Care Together Steering Group do not feel they can comment specifically on information within the report. However, they would in future like to become more involved in the work of the 5 Boroughs Partnership NHS Foundation Trust to gain a better understanding of the work. They are particularly interested in the support during recovery that will be available to people experiencing mental health problems in light of cuts to services. They are in support of the proposed work in relation to falls and would like this to include a review of the information given to patients in relation to the drugs they take and their side effects. We look forward to working more closely with the Trust over the next year'.

We also look forward to receiving a copy of the Quality Accounts when they are published.

Yours Sincerely

Glenys Shepherd
Chair of Health and Care Together

4.1.4 Council of Members
Statement on behalf of the Council of Members on the Trusts draft Quality Accounts

The Council of Members has been involved in the production of the Trust's Quality Report/Accounts 2010-11 in different ways throughout the year:

- The Compliance with Authorisation Committee, a sub committee of the Council of Members, has received regular updates on the Quality Report/Accounts and the progress being made to achieve the Trust priorities.
- The Council of Members has been influential in setting the priorities for 2011-12 and will continue to monitor progress through the Compliance with Authorisation Committee.
- More recently, Council Members have identified specific measures to be audited as part of the Monitor assurance process to test the robustness of the data reporting and the data analysis for the 2010-11 priorities.

The Council of Members feel that these processes and the results of internal audit throughout the year help provide assurance that the data presented in the Quality Report/Accounts 2010-11 is accurate and representative of the Trusts position.

The Council of Members is committed to improving quality across the organisation and to be engaged in the 2011-12 quality and safety agenda as set out in the Trust's Quality Report/Accounts.

Signed: …………………………………………………………………

Alan Griffiths
Chair of Compliance with Authorisation Committee/Council Member

Date: 11 May 2011

4.1.5 Clinical Governance and Clinical Risk Committee

The Clinical Governance and 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.

During 2010-11 systems have developed to ensure closer scrutiny of key quality measures and this includes the evidence base for continued compliance with the Care Quality Commission Essential Standards for Quality and Safety.

This enables the Committee to inform 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 Non-Executive Chair of the Clinical Governance and 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 and Clinical Risk and the Audit Committee have strengthened in the last year.

Dr Colin Dale
Non-Executive Chair of the Clinical Governance and Clinical Risk Committee

17 May, 2011

4.2 Appendix 2
National Patient Survey Results 2010

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.

850 randomly selected Service Users who had been in contact with Trust during July, August and September 2009 were contacted. 199 service users from the Trust responded to the survey.

The findings of the survey are reported in two ways. The 'Standardised' version shows the Trust rated as about the same in all questions except one which was rated as 'better'. Does your care plan set out your goals?

In addition to the 'Standardised' results there is a set of 'Benchmarked' results which identifies scores for each question and if the Trust is in the top 20 per cent, middle 60 per cent or bottom 20 per cent when compared to other Trusts.

Using the Benchmarked approach the Trust has five scores in the bottom 20 per cent and nine in the top 20 percent, (Fig 1) refers.

There are significant variations in the results from our own community survey to that of the National Patient Survey (Fig 2). Work will be undertaken during 2011-2012 to develop an understanding of the wide range of difference.

Fig 1. Top and Bottom 20 per cent responses to the National Patient Survey

Question - Red		5BP score	Threshold for lowest scoring 20%
1	Were you given information about the medication in a way that was easy to understand?	64	65
2	If you had any talking therapy from NHS Mental Health Services in the last 12 months, did you find it helpful?	63	63
3	Do you know who your Care Co-ordinator (or lead professional) is?	76	79
4	Do the Mental Health Services you receive help you to achieve these goals?	67	67
5	In the last 12 months have you had a care review meeting to discuss your care plan?	65	66

Question - Green	5BP score	Threshold for highest scoring 20%

1	Do you think your views were taken into account in deciding which medicines to take?	75	75
2	In the last 12 months, did the provision of talking therapies meet your requirements?	84	84
3	Does your care plan set out your goals?	69	65
4	Does your care plan cover what you should do if you have a crisis (e.g. if you may need to be admitted to a mental health ward)?	67	67
5	Were you told that you could bring a friend, relative or advocate to your care review meetings?	83	83
6	Before the review meeting, were you given a chance to talk to your care co-ordinator about what would happen?	80	80
7	Did Mental Health Services give you enough support with your care responsibilities?	56	56
8	Have Mental Health Services involved a member of your family or someone else close to you, as much as you would like?	69	69

Fig 2. The results from the Trust's Patient Experience Survey in July 2010 compared to most similar question from the 2010 National Patient Survey

Trust Patient Experience Survey (Community Mental Health Teams) Questions	National Patient Survey 2010 Questions	National Patient Survey 2010 Results	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?	93%	94.7% ↑
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?	72.5%	82.1% ↑
4 Care and Treatment How well do you feel our staff deliver what is contained in your care plan?	Do the mental health services you receive help you to achieve these goals?	67.1%	85% ↑
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?	64.2%	81.1% ↑

Trust Patient Experience Survey (Community Mental Health Teams) Questions	National Patient Survey 2010 Questions	National Patient Survey 2010 Results	Trust Survey Per Cent of Good and Excellent
6 Staff. How would you describe the amount of time you were given to discuss your condition and treatment with the staff?	Were you given enough time to discuss your condition and treatment?	83.5%	81% ↓
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?	60.9%	85% ↑
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?	70.4%	92.7% ↑

4.3 Appendix 3
Trust Patient Experience Survey

In an attempt to gain a real-time understanding of service users experiences of services we operate an internal Patient Experience Survey. Service users are asked to complete questionnaires as they are discharged from the ward and a percentage of service users are offered the questionnaires in community settings. During the past three months response rates from the in-patient surveys have averaged 68 per cent and monthly averages of 366 community surveys have been received.

The results, which are produced monthly for the Trust Performance Report are presented by trust-wide in-patient, trust-wide community and by business stream (Adults, Older People, Learning Disability, Forensics and Young People) and by individual ward and team.

An easy-read version has been developed for use in Learning Disability services and carers/families are invited to support the survey in older persons services.

Questions relating to Dignity and Respect and Safety were identified as Trust priorities in the 2010-11 Quality Accounts.

Experience: Trust Service User Experience Survey.	
All in patient service users will be offered an exit questionnaire to complete	All service users are offered an exit questionnaire prior to discharge from an in-patient ward.
The questionnaire will cover safety and dignity	The questionnaire includes questions relating to safety and dignity. See charts below.
A sample of in excess of 100 service users drawn from community services will be collected each month	Community teams now provide a copy of the questionnaire to approximately 10% of their caseload each month. During August 2010 to January 2011 a monthly average of 366 community surveys were received.

Dignity and respect
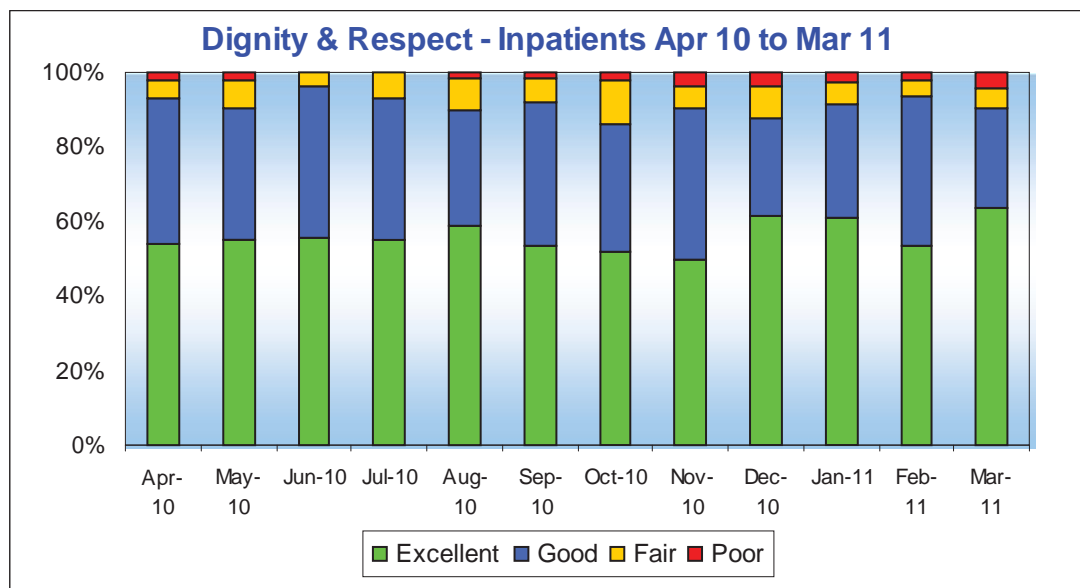
This graph contains the response rates for question two of the Trust's inpatient questionnaire: 'In relation to dignity and respect, how would you rate the care and treatment you received from our staff throughout your stay?' It shows a consistently high satisfaction rate was received during April 2010 to March 2011.

Safety

Safety - Inpatients Apr 10 to Mar 11

Legend: ■ Very Safe ■ Safe ■ Unsafe ■ Very Unsafe
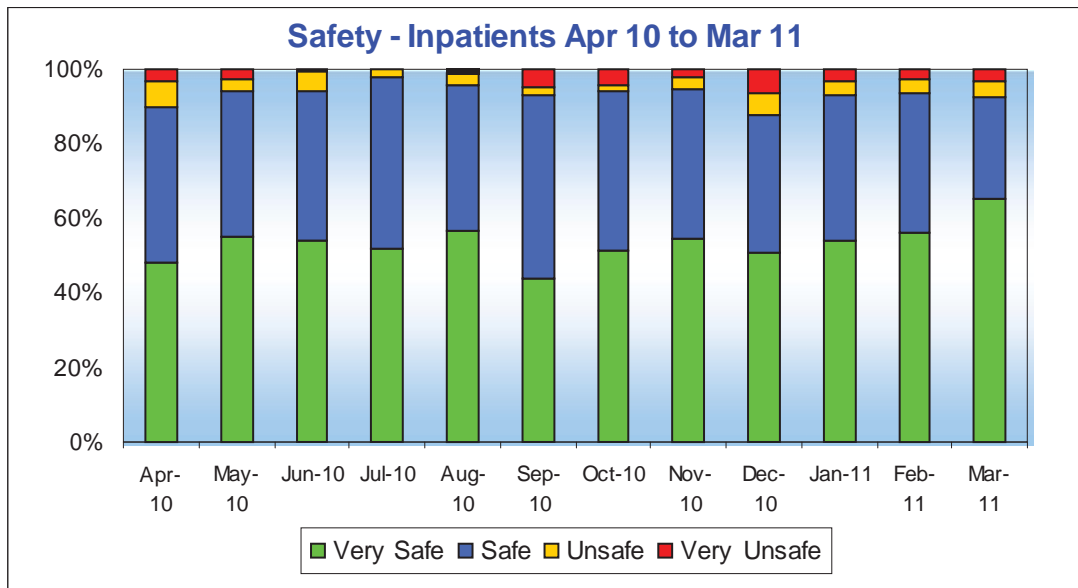
This graph contains the response rates for question ten of the Trust's inpatient questionnaire - How safe do you feel on your Ward?

It shows a consistently high satisfaction rate was received during April 2010 to March 2011.

Moving forward with the Trust Patient Experience Survey

- Develop an understanding of the reason why the Trust Patient Experience Survey results are more positive than those received from the National Patient Survey.
- Expand involvement and experience opportunities for service users from the Trust Forensic Services.
- Develop a reporting system to analyse patient experience data.
- Develop further actions to target areas relating to the questions receiving the highest number of "poor and fair" responses in the Trust Patient Experience Surveys.

4.2 Appendix 4
Directors' Statement of Responsibility

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

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (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 report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2010 to June 2011.
  - Papers relating to Quality reported to the Board over the period April 2010 to June 2011.
  - Feedback from the commissioners dated 4 and 9 May 2011.
  - Feedback from governors dated 11 May 2011.
  - Feedback from LINks dated:
    Knowsley LINks   12 May 2011
    St Helens LINks   9 May 2011
    Warrington LINks   6 May 2011
    Wigan LINks   6 May 2011

  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2011.
  - The Mental Health Acute In-patient Service Users Survey 2009.
  - Survey of people who use Community and Mental Health Services 2010.
  - The National NHS Staff Survey 2010.
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated 17 May 2011.
  - CQC quality and risk profiles dated:
    Release 1   22/09/2010
    Release 2   21/10/2010
    Release 3   18/11/2010
    Release 4   16/12/2010
    Release 5   17/02/2011
    Release 6   16/03/2011

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

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

By order of the Board

.... Date....31/05/2011..........................

Chairman

.... Date....31/05/2011..........................

Chief Executive

4.5 Appendix 5   Monitor External Assurance statement
External assurance on the content of the Quality Report to ensure it is in line with Monitor's requirements and is consistent with other information

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

I have been engaged by the Council of Members of 5 Boroughs Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of the content of 5 Boroughs Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter
I read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I become aware of any material omissions.

Respective responsibilities of the Directors and auditor
The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially inconsistent with:
- Board minutes for the period April 2010 to June 2011;
- papers relating to quality reported to the Board over the period April 2010 to June 2011;
- feedback from the Commissioners dated 4 and 19 May 2011;
- feedback from the governors dated 11 May 2011;
- feedback from LINks dated May 2011;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS complaints Regulations 2009, dated April 2011;
- the mental health acute in-patient service users survey 2009;
- survey of people who use community and mental health services 2010
- the national NHS staff survey 2010;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 17 May 2011; and

- Care Quality Commission quality and risk profiles dated September 2010, October 2010, November 2010, December 2010, February 2011 and March 2011.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

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.

I permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Council of Members to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report.

To the fullest extent permitted by law, I 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 my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). My limited assurance procedures included:
- making enquiries of management;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- 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

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

4.6 Appendix 6   Performance against CQUIN targets 2010-11

Aim	Measure	Year End Position
EXPERIENCE		
To improve Service User experience when under the care of mental health services resulting in more effective, safe care, and high quality Service User experience.	1. All in patient service users will be offered an exit questionnaire to complete.	We have achieved all of these measures
	2. The exit questionnaire will as a minimum cover issues of Safety and Privacy and Dignity	
	3. The data will be collected monthly	
	4. A sample of in excess of 100 service users drawn from CMHTs, and EI services and AOT will be collected each month	
SAFETY AND EXPERIENCE		
To ensure patients are followed up within 3 days rather than the current 7 days	Follow up patients discharged from MH in patient services within 3 days (72 hours) of discharge. All patients discharged from psychiatric in patient care, (excluding secure services) within 3 days of discharge.	Achieved for quarters 1,2 & 4
QUALITY		
Measure of adult and older people inpatient services against national standards	Inpatient wards including PICU and Learning Disabilities (but excluding Fairhaven and secure services), open as at the 1st of April 2010 and expected to be open at the 31st March 2011 will be accredited and/or maintain accreditation through the AIMS programme (Royal College of Psychiatrists) by the end of the financial year. Any ward opened after that date will register and apply for accreditation in this financial year.	One ward awaiting final confirmation of accreditation as at 31st March 2011
ACCESS		
MH Access & advice services- response times	The Trust will record the date and time of referral and the date and time that a Mental Health Act Assessment has been completed under the MHA	Achieved for the year as a whole
	Excluded are the following: Referred direct or via GP to a more appropriate service Referred to Doctor for review of Medication Failed to attend despite two attempts to contact the person - we would then refer back to the GP Referrals come in and lack information and are returned to the GP these should not be included until the form is completed and appropriate (we will also need to exclude from the 5 day target those referrals who do not have a telephone contact number on their referral)	Response times have improved and are continuing to improve across all areas. Monthly snapshot as at March showed 69.2% of patients were seen within 10 days

Aim	Measure	Year End Position
EFFECTIVENESS AND EXPERIENCE		
People with LD who has a mental health difficulties to be able to access services and be treated to the same standard as anyone else	Action plan in place in each business stream enabling people with LD who has a mental health difficulties to be able to access services and be treated to the same standard as anyone else	Achieved for the year as a whole
EFFECTIVENESS, QUALITY AND EXPERIENCE		
Improve care and experience of secondary care users with dementia and psychosis	The indicator seeks to ensure that MH/LD provider trusts are collecting and reporting information in line with the two separate MH/ LD work streams for Advancing Quality (AQ). The measures and metrics will relate to the work streams for dementia and psychosis	Achieved for the year as a whole
EFFECTIVENESS		
Outcome measurement in secure services	Medium and low secure providers will use HONOS secure and HCR 20	Achieved for the year as a whole
PATIENT EXPERIENCE		
Ward Climate	Medium and low secure providers will use the Essen Climate evaluation scale	Achieved for the year as a whole
PATIENT EXPERIENCE		
Initiatives developed from patient views	To improve service user experience and promote engagement with service users	Achieved for the year as a whole
EFFECTIVENESS		
Ensuring therapeutic activity is taking place	Medium and low Secure Providers will meet the Quality Standard A81 – Best Practice Guidance for Medium Secure Units- DH Health Offender Partnerships 2007: • week and day routine; • range of therapy programmes including occupational therapy; • psychological sessions; • structured activity programmes; • structured leisure time; • unstructured free time; • access to real opportunities to work; • substance misuse and offence-related therapy	Achieved for the year as a whole
EFFECTIVENESS		
Recovery Planning	Low and medium secure providers will implement a recognised tool for Recovery planning. E.g, Recovery Star, WRAP, DREAM. Once implemented every patient should be offered the opportunity to complete a recovery plan	Achieved for the year as a whole

4.7 Appendix 7   Advancing Quality Programme

Aim	Improve care and experience of secondary care users with dementia and psychosis.
Descriptor	The indicator seeks to ensure that MH/LD provider trusts are collecting and reporting information in line with the two separate MH/LD work streams for Advancing Quality (AQ). The measures and metrics will relate to the work streams for dementia and psychosis.
Trust Overview	The Trust has fully adopted the Advancing Quality agenda both within Adult Early Intervention Services and Older People's In-patient areas. All meetings with the AQ team have been attended and the Trust has fully participated in the development of both the indicators and the reporting system (Clarity). This has then been cascaded through the Adults and Older Peoples Business meetings to gain operational "buy-in". Operational staff and the Trust AQ lead meet on a monthly basis to discuss changes to data collections and the impact within Operational Services. All data for both work streams is collected on a monthly basis ready for submission to the AQ system once available. This will then allow us to benchmark ourselves against other local Trusts.
Dementia Overview	A full training program has taken place with regard to the assessments required at both Admission and Discharge for Older Adults. All ward staff attended the training and now complete the assessments as required. This data is then collected and aggregated by the Performance Team ready for submission to the AQ system.
Psychosis Overview	All Early Intervention Team Managers attended the initial AQ meetings to discuss the development of the Psychosis collection. This was then cascaded to teams through team meetings. Full support through the process has been given by the Performance Team via attending Team meetings. As per AQ guidelines, the Trust internal data collections have been amended to collect the AQ data ready for submission to the AO system.

4.8   Appendix 8 Compliments and Complaints Report 2010-11
(Compliant with regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009)

We aim to make sure that we offer the right care, delivered to the highest standard. However, there will be circumstances when a service user or a member of their family may feel that their expectations have not been met. We are committed to doing everything possible to resolve concerns and complaints raised with us. The Complaints and PALS teams are working closely together to ensure that concerns and complaint issues are captured and resolved at the earliest opportunity, and that the complainant's views are sought at all stages as part of the resolution process.

All complaints we receive are dealt with through our Complaints and Concerns Policy and in line with current NHS complaint regulations.

During the period 1 April, 2010 to 31 March, 2011:
- We received 277 compliments.
- We received 180 complaints.
- We closed 182 complaints. Of these:
  - 169 (92.9% of complaints received) were closed within a time scale agreed with the complainant
  - 13 (7.1%) were closed outside of this agreed timescale.

- Of the 182 closed complaints:
  - 98 (53.8% of all complaints closed) were not upheld,
  - 41 (22.5% of all complaints closed) had some but not all issues upheld,
  - 31 (17% of all complaints closed had all issues upheld (well founded).

- We were informed of two complaints that were referred to the Parliamentary and Health Service Ombudsman, and in both cases, the Ombudsman declined to investigate the complaints further.

- Breakdown of themes of complaints received (top 5):
  - Treatment issues (26%)
  - Staff attitude (22%)
  - Communication (24.4%)
  - Records issues (5.6%)
  - Waiting times for appointments/ access to services (5.6%)

- We received 13 MP enquiries
- We dealt with 46 concerns