5 Boroughs Partnership
NHS Foundation Trust

Quality Account 2014-2015

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Part 1 - Our Commitment to Quality

1.1 Our Quality Account 2014-2015

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

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

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

1.2 Chief Executive's Statement

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

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

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

Quality Committee; Council of Governors and their sub-committee the Governors Assurance Meeting, and Staff, service users and carers from across the breadth of our organisation.

We have also consulted with key external stakeholders including:

- Overview and Scrutiny Committees;
- Healthwatch organisations;
- Clinical Commissioning Groups, and
- Health and Wellbeing Boards.

You can read what our stakeholders have to say about our quality performance in 0.

Throughout 2014-15 I have overseen continued challenge and improvement in the way that the Trust delivers on quality and safety.

Changes to responsibilities of Executive Directors during 2014-2015, has strengthened operational and governance arrangements, providing oversight and strategic focus for the quality and safety of care provided by the Trust.

The Trust Quality Strategy 2013 to 2015, identifies the Trusts quality goals; it includes in year quality initiatives at both local and Trust-wide levels, past and present quality priorities as identified in this report, along with longer term goals in the Trust's three Quality Big Dots. The strategy also focuses on the Quality requirements of the Trust, as objectives, which include promoting quality at an operational level. The Quality Strategy is overseen by the Quality Committee, a sub-committee of the Trust Board that provides leadership and assurance to the Trust Board on the effectiveness of Trust arrangements for quality, ensuring there is a consistent approach throughout the Trust, specifically in the areas of: safety, effectiveness and patient experience.

I am pleased to comment on progress made on our three 2014-2015 Quality Priorities:

- **Reduce harm in relation to falls, violence and aggression and self-harm.** The Trust set and achieved the ambitious target to reduce moderate and severe harm by 10% for these three areas by March 2015; and in doing so reflect the requirements of the national Sign up to Safety Campaign which is one of our main features of this year's quality priorities.
- **Care plans are person-centred and involve service users and carers as appropriate.** This quality priority is considered to be partially met. The work plan to set up service user/carer groups, hold care planning engagement events, feedback events and undertake an audit were all completed. However, due to the delayed implementation of the Trust's new electronic patient care records system (RiO) within clinical teams that use care planning, this quality priority is considered to be partially met.
- **Culture of care.** The Trust is proud of the work that has achieved this quality priority and embedded the Culture of Care within the workforce. A number of successful initiatives have embedded the 6c's; Compassion, Care, Courage, Competency, Communication and Commitment including the registration of staff as 'care makers'. The cultural barometer has been refined into a meaningful measure and utilised to show positive results in a number of areas.

During 2014-2015 the Trust was subject to 19 visits by the Care Quality Commission, all in relation to the Mental Health Act. The inspection reports found there were no significant issues.

These outcomes demonstrate how our staff work together to jointly address tangible issues for those we care for. You can read more about these; our Trust-wide

achievements and initiatives, and view detailed information about our performance against Quality and Safety Priorities and Indicators within this report.

Simon Barber
Chief Executive

1.3 Chairman's Statement

This year saw the introduction of Patient Stories at the beginning of each Trust Board meeting and the inclusion of Non-Executive Directors in our Internal Quality Reviews. These elements have brought about an increased understanding at Board-level of the work that we do and the care we provide. You can read more about how we engage and are responsive to the people we care for in Section 3.4 of this report.

The Quality Priorities for next year have been agreed by our Council of Governors, following engagement with our stakeholder organisations. These Priorities are a real indicator of how we want to make improvements in areas which are important to people who use our services. All three Quality Priorities are inherently linked to each other and high level objectives of the Trust, and we look forward to seeing progress made throughout the year for each.

Bernard Pilkington
Chairman

1.4 Our overall Purpose

"We will take a lead in improving the wellbeing of our communities in order to make a positive difference throughout peoples' lives."

1.5 The Trust's Values

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

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

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

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

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

1.6 Definition of quality

An agreed definition of quality is in place; created and approved by members of the Trust Board, Council of Governors and clinical leaders with the support of the Advancing Quality Alliance (AQUA):

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

1.7 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 Quality Committee, and
- The Trust's Council of Governors (Compliance with Authorisation Committee).

These statements are included as 0.

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

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

1.8 Statements from External Stakeholders

Supporting statements have been invited from:

- Overview & Scrutiny Committees;
- Healthwatch organisations;
- Lead Commissioner Statement;

- Clinical Commissioning Groups, and
- Health and Wellbeing Boards

These are also included in 0.

1.9 Chief Executive’s Written Statement and Signature

I confirm that to the best of my knowledge the information in the 2014-2015 Quality Account is accurate.

S Barber

Part 2 - Priorities for Improvements

The Quality Committee is a sub-committee of the Trust Board, with the purpose to provide leadership and assurance to the Trust Board on the effectiveness of Trust arrangements for quality; ensuring there is a consistent approach throughout the Trust under the domains of Safety, Effectiveness and Patient Experience.

The Quality Committee is responsible for overseeing the implementation and monitoring of the Trust's Quality Strategy, Quality Objectives, Quality Goals and Quality Priorities. The strategy is supported and monitored via the Quality Strategy Implementation Plan, and includes quarterly reporting and monitoring of the Trust's Quality Goals and Quality Priorities.

2.1 Trust Quality and Safety Priorities 2014-2015

We start this section by reporting on our achievement against the Trust Quality and Safety Priorities we set ourselves for 2014-2015.

The following tables outline the indicators and progress over the past year. All are applicable to the Trust as a whole - including services within mental health, learning disabilities and community health.

2014-2015 QUALITY PRIORITY ONE – SAFETY Reduce Harm in relation to Falls, Violence and Aggression and Self-harm		
Indicator	**Outcome**	**Commentary**
It is known that over 65 per cent of reported incidents in the Trust where there has been a level of harm are within the following areas: • Self-harm; • Violence and Aggression, and • Falls. The Trust is committed to reducing harm and will bring together existing and new Safety and Quality Strategies and projects into our Harm Reduction Initiative. The Trust has set an ambitious target to reduce harm by 10 per cent for the three areas of Self-harm, Violence and Aggression and Falls by March 2015. This initiative will monitor these projects and measure their overall effectiveness in reducing harm during 2014-2015.	**Met**	During 2014-2015 the Trust will establish the quality initiatives across the Trust against the following areas: • Self-harm; • Violence and Aggression, and • Falls. The Harm Reduction Initiative will be developed outlining all the Quality Initiatives and their contribution towards the expected reduction; ensuring robust monitoring and governance arrangements are in place for each area. The Trust will continue to implement the final year of the three-year Falls Strategy work and agreed work plan, which includes (but is not exclusive to): • Ratification and implementation of the revised Falls Policy and Procedure; • Continue to improve local level monitoring of the Falls Risk Assessments; • Undertaking further thematic analysis on avoidable falls and harm and focusing on “back to basics” skills and staff competencies through a variety of approaches and training, including the introduction of intentional rounding; • Commencement of a programme of external peer review of the Trust falls prevention and management work, and • Development of the falls prevention “Point of Practice” cards for use in clinical practice. Initiatives for the reduction of harm from violence and aggression will include (but are not exclusive to):

		• Implementation of a project with the aim to reduce the need for and use of restraint; • Establishment of benchmarking for the project along with metrics to measure progress, and • Implementation of intentional rounding within in-patient areas of the Trust, which is the regular interaction with in-patients to establish any changing needs to trigger therapeutic interventions in line with their care plan. Initiatives for the reduction of harm from Self-harm will include (but are not exclusive to): • The structure of the Self-harm Expert Group will be reviewed as this work closely links with the suicide prevention work for the Trust and become a joint strategy group with oversight of the Self-harm and Suicide Prevention Strategy work; • Ratification and implementation of the Self-Harm Minimisation and Management Policy and Procedure to prevent further escalation of self-injury behaviours; engagement with psychological therapeutic interventions leading to the long-term aim of cessation of self-injury, and • Targeted training will be undertaken with clinical staff commencing with identified areas of prevalence within Forensic and Adult female in-patient wards and Children and Young People's in-patient facility. Work will focus on the introduction of tailored clinical and psychosocial assessment, psychotherapeutic interventions and tailored alternative coping strategies for self-injury within the individual's care plan. Monitoring: • A work plan with clear milestones for implementation will be developed for each area; • The Self-harm work plan will be

		monitored through the Strategic Suicide and Self-harm Meeting; • The Violence and Aggression work plan will be monitored through the Strategic Prevention and Management of Violence and Aggression Meeting, and • The Falls Prevention work plan will be monitored through the existing Falls Group. A quarterly report will be made to the Trust Board incorporating progress in each area.

Overall progress for this Quality Priority

During 2014-2015 harm was reported in 28.9% of incidents for self-harm, violence and aggression and falls, compared to 32.4% from the previous year. The Trust met the 10% target to reduce severe and moderate harm in the 3 areas of self harm, violence and aggression and falls achieving with an overall reduction of:

- 76% reduction of severe harm (total all 3 areas) comparing 2013/14 to 2014/15
- 58% reduction of moderate harm (total all 3 areas) comparing 2013/14 to 2014/15
- 60% reduction of moderate and severe harm (total all 3 areas) comparing 2013/14 to 2015/16

Progress achieved for Self-Harm

It is considered that the Trust met this element of the safety priority for self-harm, as severe and moderate Harm in relation to self-harm has been reduced by more than 10%.

The Self-Harm Expert Group has been reviewed. This has been replaced with the Suicide and Self-Harm Strategy Group. The group comprises senior clinicians and meets monthly to monitor the implementation of the Suicide Strategy and the Self-Harm pilot.

The draft self-harm policy and procedure has been 'tested' on two wards and will be evaluated in March for ease of use and efficacy. Following this the policy will be reviewed and will be presented for final ratification.

Training and roll-out of the draft policy took place on two wards, one in Forensic Services and one in Adult Services. The training was led by the multi-disciplinary

teams and all staff attended. Following the training the teams have been implementing the policy and this will be evaluated prior to Trust-wide roll-out.

Harm reduction on Cavendish ward has been significant and the policy and procedure together with the model used to implement this on Cavendish ward will be rolled out in 2015/16.

The self-harm policy and procedure has been reviewed and revised and will be rolled out across the trust following ratification.

The clinical team on Cavendish ward is in the process of auditing the initiatives implemented following training and supervision provided to the whole staff group and has offered to meet with clinical teams from other wards to assist in preparation for developing similar initiatives. Further training will be available to support this.

Progress achieved for Violence and Aggression

It is considered that the Trust met this element of the safety priority for violence and aggression, as severe and moderate Harm in relation to violence and aggression has been reduced by more than 10%.

The REsTRAIN project is a joint research initiative to reduce the use of restraint. Developed by the University of Central Lancashire (UCLan) and the Advancing Quality Alliance (AQuA) it has been introduced on the Adult female inpatient ward at Halton.

The Trust has been participating in benchmarking across the NHS with regard to measuring incidents of violence and aggression. This work is on-going and the Trust will continue to use this data to inform any future initiatives.

Intentional rounding has been rolled out across inpatient areas. This has been aligned to the existing Observation and Engagement Policy to ensure staff are not having to duplicate work.

Progress achieved for Falls

The Trust has met the quality priority for falls for 2014-2015, as the Trust fully succeeded in implementing all aspects of the Quality Priority for Falls, and completion of the third year of the three-year Falls Strategy. Reporting of the Falls quality priority focused on severe and moderate harm and achieved the 10% reduction of harm in these areas, however, although a reduction has been achieved in these levels of harm it has not reduced the overall in harm from falls, as increases were seen in both low harm and no harm during 2014-2015. The work undertaken to date includes:

- The Trust have in place three Falls Specialists, in addition to one champion for each of the 21 in-patient wards, and champions in District and Community

Nursing for Community Health Service (CHS);

- The Trust has a specialist Fall Prevention Management Service;
- The quarterly CHS Falls Forum and Monthly Mental Health and Learning Disability Forum continue. The CHS Forum incorporates the wider community to include independent providers;
- Monthly Falls Champion Forums are held during which there is local review of falls data and clinical case supervision for falls; this has included a thematic analysis of falls within the Trust which has led to a review of the observational policy and introduction of specific training of Healthcare Assistants;
- The Trust monitors falls through the Trust monthly performance dashboard;
- The standard process which was introduced whereby all patients on admission are screened for risk of falls as part of the Trust's Comprehensive Physical Health Assessment continues and a recent audit showed that this is now embedded;
- The Trust Falls Prevention and Management Policy and Procedures requires all patients over 65 years of age who are admitted to hospital and those who meet the risk threshold are to have a Falls Risk Assessment completed which was also reviewed as part of an external review;
- The Trust Falls Prevention and Management Policy and Procedures have been updated, approved and in process of being rolled out and training updated;
- The Critical Analysis by Matrons and Falls Leads following all patient falls continues to show a significant improvement in the level of compliance and consistency of care plans where required;
- Team Managers are also now expected to record compliance as part of the manager's review of the incident reported on the Trust's Incident Reporting System. Care Quality Record Audits are undertaken with results discussed in supervision on the quality and standards of care plans and Falls Prevention and Management Strategies;
- The Trust has training in place which is monitored via the Trust Mandatory Training Matrix;
- An external review of the Trust Falls Policies, Strategies and Training was commissioned during 2014-5 in order to undertake a complete 'refresh' of the Falls Strategy particularly to review end of year 3 and prior to developing the next 3 Year Strategy. This received a favourable response. Although some areas for improvement were noted in particular to environmental factors this has now either been rectified or a business case being developed to gain additional resources e.g. additional bed sensors;
- The specific Falls Environmental Audit used by the Reviewer for the audit is also being rolled out to all wards following training and is being discussed with the Matrons;
- Additional Falls Training including Falls Master class was also provided by the External Reviewer Training. This has included provision of a training package which the Matrons for LLAMS is in progress of rolling out;

- Benchmarking with other trusts has also started with Falls Leads attending other trust Falls Groups;
- The NHS Patient Safety Lead for Falls has also been contacted for advice and support in the development of the refresh and has offered support.

Previous Safety Quality Priorities have been to reduce falls and to reduce harm from falls, this commitment will continue during 2015-2016, as it is a key element of the Sign up to Safety campaign. To find out more about our Quality Priority for 2015-2016, see the next section of this report.

2014-2015 QUALITY PRIORITY TWO – EFFECTIVENESS

Care Plans are Person-centred and Involve Service Users and Carers as Appropriate

Indicator	Outcome	Commentary
It is acknowledged that when a person is actively involved in their care and decision-making processes they achieve better outcomes. By using methods of capturing patient feedback, it has been identified that service users and carers would like more involvement in the care planning process. We aim to ensure that all service users and carers - where appropriate - are involved in the assessment, planning, implementation and evaluation of their care and treatment. This includes the promotion of individualised, person-centred care planning processes.	**Partially met**	During 2014-2015 the following work will be undertaken to ensure that service users and carers are involved in improving our processes for person-centred care planning. 1. As part of the implementation of the Trust's new Electronic Patient Care Record (RiO) there is an opportunity to review our systems and processes relating to the planning of care. We will establish a RiO Service User and Carer Reference Group to build on the work from the engagement events and provide input into the final care record to ensure it meets the needs of those we serve. 2. In the period leading up to the implementation of RIO, there will be at least a further three care planning engagement events with service users and carers. These will continue to provide feedback on progress and to ensure views and ideas are sought. 3. We will continue to assess service user and carer involvement in assessment, planning, implementation and evaluation of care by utilising methods to listen and respond to feedback. 4. We will continue to promote within our services, the individualised, person-centred care planning process within our Culture of Care work.

		5. Achievement of the Trust's 2014-2015 CQUIN target for Shared Decision Making – to roll-out the identified model of recovery which will include the Shared Decision Making process within the areas agreed. Monitoring: • A work plan with clear milestones will be developed and monitored through the Strategic Care Quality Delivery Meeting, and • A quarterly report will be made to the Trust Board on progress. In addition to the CQUIN target for Shared Decision Making we will demonstrate a qualitative measure against this indicator: • People in hospital for mental health care - including service users formally detained under the Mental Health Act - are routinely involved in Shared Decision Making. Roll-out to all areas the identified model of recovery to include the Shared Decision Making (SDM) process and actions within the agreed pathways/patient cohorts: • 80% of patients on CPA, and • 40-50% of non-CPA patients.

How we achieved this Quality Priority

It is considered that the Trust has partially met this Quality Priority.

1. A service user and carer group was convened and met in November 2014 with representatives from the RIO team. Discussions took place in relation to care plans in RIO and it was agreed the group would continue to meet to inform the development of templates and alerts that would improve both the quality and sharing of care plans.

The implementation of RiO was delayed. The first cohort went 'live' on 2 February 15, this cohort only included teams from Community Physical Health Services, such as, podiatry and dietetics, who do not use care planning due to the nature of their work.

2. Further events are planned; the next being in April 2015 and they will continue throughout the development and implementation of RiO.

3. Service User and Carer Groups are well-established and the Equality, Diversity and Inclusion Team continue to develop arenas for listening and feedback events.

4. In January 2015 four volunteers from the Trust Service User and Carer Involvement Scheme took part in an audit with the objective of assessing service users' involvement in care planning and decision making.

The volunteers undertook a telephone survey with a sample of service user accessing Community Mental Health Services across all localities and also visited the inpatient wards at Hollins Park and completed the survey with all those service users who wished to participate.

2014-2015 QUALITY PRIORITY THREE – EXPERIENCE – OUR CULTURE OF CARE

To Communicate and Implement our Culture of Care based on the six Cs: Care, Compassion, Competency, Courage, Commitment and Communication

Indicator	Outcome	Commentary
The Trust has placed the continued development of, and improvement in, the quality and safety of care and service we deliver as a top priority. In 2013 the Trust set its Quality Definition: *"The users of our services are the first priority in everything that we do ensuring that they receive effective care from caring, compassionate and committed people, working in a common culture and protected from avoidable harm."* We have always strived to ensure that the service patients and service users receive is delivered by caring, compassionate and committed people, working in a common culture that protects them from avoidable harm. The Trust has given a commitment to support staff to promote improvement projects and to recognise in each category those who go the extra mile.	**Met**	1. As part of a three-year strategy in response to Francis and to see the realisation in practice of the Quality Definition of the Trust, a Cultural Barometer will be introduced for staff across all in-patient areas. 2. The Trust will set an ambition to have 100 Care Makers registered by the end of 2014-2015. 3. The Trust will utilise the Staff Friends and Family Test to assist in the measure of the impact of our Culture of Care. 4. The Trust will implement a revised Whistle Blowing Policy as part of our responsibilities for duty of candour, and take assertive measures to ensure it is embedded within our clinical practice. Monitoring: The Trust has been recognised and heralded nationally for focussing on a cultural shift and not imposing targets for measurement. However, in terms of identifying that change has taken place, we will use results from the Staff Family and Friends Survey and once the baseline measure is known, we will continue to measure and show either an improving or maintaining trend. Similarly the Cultural Barometer will be continually measured and -depending on the baseline measure achieved - will be

		improved upon or maintained through-out the year. We will monitor on a quarterly basis the number of Care Makers signed up across the Trust and measure this against an aim of 100 by the end of the year. Therefore a 25 per cent per quarter trajectory will be the minimum we would require.

How we achieved this Quality Priority

It is considered that the Trust has met this Quality Priority.

1. A Cultural Barometer has been developed based on that originally designed by King's College. This was rolled out to in-patient and community teams across mental health and physical health services. The initial results were very positive and therefore the cultural barometer was reviewed to produce more sensitive feedback to enable identification of areas for improvement. We have now redesigned a set of 32 questions into a user friendly (12 question) questionnaire categorised in alignment with the 6Cs. This is being piloted across the same teams to compare results prior to full roll out trust wide.

2. The Trust set an ambition to have 100 Care Makers registered by the end of 2014-2015. So far 42 members of staff were able to register as Care Makers with NHS England, before they closed their registration. NHS England has communicated that they will re-open registration in June/July 2015. The Trust is continuing to promote Care Makers, and will submit new applications when registration is re-opened. We have an active cohort of Care Makers in the Trust. Our Clinical Director as one of the first Care Makers in the Trust presented on a national webinar in February 2015 about the Trust's journey and her own experience as a Care Maker. Two Care Makers have joined the Culture of Care Steering Group and are leading activities and networking for the 42 Care Makers across the Trust.

3. The Trust has received very positive results from the Friends and Family Test; however, it is not possible to attribute this directly to the impact of the Culture of Care. The Trust Staff Recognition Awards have been launched for 2014/15 and have been promoted in alignment with the 6Cs. A number of staff have presented work demonstrating the Culture of Care in action at engagement events and staff have also been recognised for specific pieces of work which evidence commitment to compassionate care. Jane Cummings the Chief Nursing Officer for England is due to visit the Trust in April to see the work that has been done.

4. A revised Whistle Blowing Policy named as 'Raising a Concern' has been developed as part of our responsibilities for duty of candour, this started the ratification process in March 2015.

2.2 Improving on 2014-2015 Quality Measures

The Trust's Quality and Safety Priorities for 2014-2015 have been monitored for the past year. As the Quality Priorities show the Trust focusing on some different areas in 2014-2015, the Trust wants to ensure that these areas continue to be monitored and has already established how it will continue to make improvements incorporating areas from the 2014-2015 Priorities into 2015-2016.

- The effectiveness quality priority will continue to be care plans and person centred care for 2015/16. We believe that care plans tailored to individuals needs are key to peoples' recovery and living life well. We will continue to ensure that this is a focus, and build on the work already undertaken last year.
- Self-Harm, violence and aggression and falls will continue to feature in the Quality Priorities for Safety in 2014-2015. It is included as a key aspect of the sign up to safety campaign.
- The programme of work for Culture of Care will also continue as a basis to ensure that the service patients and service users receive is delivered by caring, compassionate and committed people, working in a common culture that protects them from avoidable harm. It will support all of the Quality Priorities for 2015/16.

2.3 Quality & Safety Priorities for Improvement 2014-2015

In order to ensure that the views of service users, carers, staff and the wider public have been taken into account, the Trust has used the facility of our Council of Governors meetings to engage in discussions about Quality and Safety Priorities throughout 2014-2015.

Healthwatch organisations have also provided significant guidance and feedback from our local communities to engage the Trust in discussions around progress in-year against 2014-2015 Quality Priorities and setting the 2015-2016 Quality Priorities.

The three Quality Priorities will demonstrate improvements in Patient Safety, Patient Experience and Effectiveness of our services. The Trust Board and Quality Committee will monitor progress for the Quality Priorities throughout the forthcoming year.

These three Quality and Safety Priorities have been chosen and designed for the Trust as a whole and are markers for improvement for mental health, learning disabilities and community healthcare. The priorities align to Trust objectives for 2015-2016 and will be quality targets agreed with our commissioners.

2015-2016 QUALITY PRIORITY FOR SAFETY

Sign up to Safety

Rationale	Indicator / measure
The Trust remains committed to improving safety and reducing harm, and has already demonstrated improvements in previous years as part of the quality priorities for safety. During 2015/16 the Trust will expand on these areas by supporting the national Sign up to Safety Campaign, launched by NHS England in 2014. The overall plan for the campaign is to reduce avoidable harm by 50% in three years; saving 600 lives nationally. The fundamental difference to this plan is that this national campaign is for everyone. It transcends organisational boundaries and aligns ideas and expertise, which we want to build on. The success of the campaign will rely significantly on the safety culture within the Trust and the importance that everyone places on improving safety and reducing harm. Although the campaign is in its early stages, we have already undertaken work, by signing up to the campaign and establishing our 'safety pledges' which reflect the on-going quality and safety work within the Trust: ***Put Safety First*** by striving to achieve the trust quality priority for safety for 2014/15 and	Early work will see the development of a three year Safety Improvement Strategy which will bring together new and existing Safety and Quality Strategies and projects, together with a work plan for the first year. We will also be establishing targets for the reduction in avoidable harm for the following areas • Self-harm • Suicide • Falls • Violence and Aggression • Physical Health By collaborating with other Trusts, we will develop learning networks in order to determine harm reduction priorities and develop and implement these solutions locally. By monitoring these projects appropriately we will measure their overall effectiveness in reducing harm during 2015-2016. Quarter 1 • Develop and agree the Trust's Safety Improvement Strategy which will include a year one work plan and communication plan. • Establish how we will define and identify avoidable harm, to ensure accurate reporting of progress. • Utilise existing strategic groups to implement the Safety Improvement Strategy. • Develop bespoke training for Matrons and Quality Leads. • Develop indicators for the reduction of avoidable harm including % target reduction in years 1, 2 and 3. • Develop and design the role of the Safety Ambassador.

reduce harm in relation to falls, violence and aggression and self-harm. Implement a range of initiatives to improve physical health competencies across the workforce ***Continually learn*** by introducing the Friends and Family test across all of our services. Following the launch of the Mental Health Safety Thermometer, the Trust will subscribe to the initiative and measure commonly occurring harm in people who engage with Mental Health Services. ***Honesty*** will be encouraged by implementation of the Duty of Candour and participation in Open and Honest Care: Driving Improvement in Mental Health. ***Collaborate*** by working closely with service users and carers in carrying out serious incident investigations and root cause analysis. Review teams will include a member of the Trust's Involvement scheme. ***Support*** the promotion of a Coaching Culture within the organisation and continue to deliver the coaching skills programme to staff.	Quarter 2 • Deliver bespoke training to Matrons and Quality Leads. • Develop a cohort of Safety Ambassadors, along with roles and responsibilities and training required to fulfil role Quarter 3 • Safety Ambassadors in place to identify safety initiatives within their own areas of work and produce Safety Improvement Plans. Quarter 4 • Safety Ambassadors present the outcomes of safety improvement plans to the Quality Committee. • Evaluate the Trust's Safety Culture using a questionnaire that will be used to shape work plan for year 2.

2015-2016 QUALITY PRIORITY FOR EFFECTIVENESS

Care Planning

Rationale	Indicator / measure
It is important for care delivery that plans of care are developed across all services, to ensure that both service users and staff know what care and interventions should be delivered, when and by whom. During 2015/16, we want to build on work of the 2014/15 Quality Priority for effectiveness and make care plans/statements of care, simple and formed in partnership with service users and/or their carer's. Defining care plans/statements of care in the following way, would allow for a clear understanding of all: ***Specific*** what is the problem? ***Measurable*** is this linked to NICE guidance, what does improvement look like? ***Achievable*** is the person able to achieve the goals set? ***Realistic*** can we deliver what is being asked, do we have the resources? ***Timed*** when will the plan be completed and evaluated?	We will ensure that the care planning module in RiO is aligned to ensure that care plans are Specific, Measurable, Achievable, Realistic and Timed (SMART) The Trust will develop mechanisms to monitor care plans/statements of care for effectiveness. We will continue to use those people already trained from the Involvement Scheme to conduct on-going audits which were developed as part of the care planning priority from last year. Quarter 1 • The care planning module in RiO will use the SMART for care planning/statements of care. • We will develop an audit tool to reflect this format. Quarter 2 • We will audit 50 care plans using the new audit tool. • We will report the findings of the audits to the Quality Committee. Quarter 3 • Action plans will be developed and implemented for any improvement areas from the audits results. Quarter 4 • Re-audits will take place to ensure improvements have been made and are embedded in practice.

2015-2016 QUALITY PRIORITY FOR EXPERIENCE
PATIENT AND STAFF FEEDBACK

Using patient and staff feedback to shape improvements in services.

Rationale	Indicator / measure
The Trust has placed the continued development of, and improvement in the quality and safety of care and service we deliver as a top priority. In 2013 the Trust set its Quality Definition: *"The users of our services are the first priority in everything that we do ensuring that they receive effective care from caring, compassionate and committed people, working in a common culture and protected from avoidable harm."* The Trust is committed to actively listening and involving patients, service users, carers and staff to improve their experience and quality of services. The overall aim of the initiative is to bring together feedback from these groups into one place to inform the development and continual improvement of services. As a direct result of feedback	The Trust operates a suite of tools and functions to gain feedback from patients and staff. The measures identified for this priority will look at the three areas of • PALS (Patient Advice Liaison Service), • Family and Friends Test (FFT) • Trust's values based recruitment activity. **PALS** We will improve our systems to ensure that all PALS activity is recorded sufficiently. This will allow us to analyse concerns raised and incorporate PALS into existing mechanisms currently used for complaints that we use to shape improvements in our services. We want to ensure that the service PALS provides is appropriate and effective. We will introduce a method to evaluate the service provided and use the feedback as an opportunity to shape and develop the service to ensure that it meets the needs of those who use it. Quarter 1 • PALS activity will be recorded using the Trust's Risk Management System, Datix; it will identify both the borough, and themes of concerns together with outcomes and actions. • PALS feedback and evaluation methods will be developed and agreed. These will comprise of methods for both people contacting the service and staff.

from patients and staff the Trust will show changes in processes and/or service to improve overall experience.	Quarter 2 • Develop and agree robust reporting mechanisms for PALS activity, to align fully with existing processes used for the evaluation of themes and feedback for complaints. • Roll out the agreed evaluation methods to gain patient and staff feedback of the service provided by PALS. Quarter 3 • Implement the agreed reporting methods to aggregate the PALS activity from the Datix system, and communicate these within our services and teams to establish actions for improvements. • Review and report on the feedback received from the evaluation of the PALS service; and agree improvements and actions to achieve this. Quarter 4 • Receive and report on actions taken within services to address PALS concerns within our services, to ensure that further learning is disseminated throughout the Trust. • Implement actions and report against progress and changes made as a result of the evaluation exercises. **Family and Friends Test (FFT)** FFT was introduced to all areas of the Trust from January 2015. Outcomes from the FFT will be published nationally on a quarterly basis from April 2015. The Trust will establish a working group that will develop a process for measuring the impact of and sharing the intelligence and learning from FFT. Quarter 1 • Membership of the Friends and Family Working Group will be established. The Group will meet and agree their Terms of Reference.

Quarter 2

- The Group will identify and agree methods of data collection for the whole Trust, and decide on a system to measure improvements from actions implemented as a result of FFT.

Quarter 3

- Collect and collate information on improvements.
- Identify opportunities to utilise other patient experience intelligence to form an overall picture of patient satisfaction.

Quarter 4

- Provide a report to the Trust's Quality and Safety Meeting that incorporates collated PALS information with other patient experience sources identifying where improvements are needed and been made within services. Incorporate PALS information to Patient Experience Reports for each borough.

Values Based Recruitment

The Trust is committed to ensuring we have the right staff, with the right values in our services. By recruiting the right people who are caring, compassionate and committed, we will in turn increase the quality of care we provide.

To support this commitment, we have introduced a series of Values Based Interview (VBI) tools aligned to both the Trust Values and the Nursing Six C's. Each value contains a series of interview questions, enabling managers to select from a range of options. In addition, the tool requires managers to create their own technical competency-based questions, resulting in candidates having a two-part interview consisting of five values questions and a number of technical ones.

The Trust has also introduced other VBR selection tools which we would like to develop further as

	below. Monitoring: Quarter 1 • Continue to actively promote the VBI tools across Nursing and seek on going feedback from managers. • Trial the Admin and Clerical VBI tools across the Trust, proactively involving managers in the development of questions. • Implement Values Based Application questions on NHS Jobs for all posts that are advertised. • Train a further 25-30 recruiting managers and service users and carers in Values and Behavioural Based Interview Training, evaluating feedback regularly. • Continue to develop the pool of service user and carer VBI questions. • Further extend the service user and carer interview involvement scheme to band 6 posts and above. Quarter 2 • Involve Domestic Managers in the introduction of VBI questions for both substantive and bank posts. This will include on-going evaluation from recruiting managers. • Create a VBI assessment centre / recruitment event tool kit incorporating role play materials and scenario based exercises for volume posts. • Train a further 25-30 recruiting managers and service users and carers in Values and Behavioural Based Interview Training, evaluating feedback regularly. • Start work on the VBI tool for Psychological Therapies, engaging recruiting managers in the design of the questions and subsequent piloting. • Further extend the service user and carer interview involvement scheme to band 5 posts and above.

	Quarter 3: • Commence working on VBI questions for Medical and Consultant recruitment, engaging senior medical leaders in the design of questions. • Start work on the design of AHP VBI questions involving recruiting managers throughout. • Train a further 25-30 recruiting managers and service users and carers in Values and Behavioural Based Interview Training, evaluating feedback regularly. • Further extend the service user and carer interview involvement scheme to band 4 posts and above.

2.4 Trust Quality Improvement Plan

The Trust Quality Strategy 2013 to 2015, identifies the Trusts quality goals; it includes in-year quality initiatives at both local and Trust-wide levels, past and present quality priorities as identified in this report, along with longer term goals in the Trust's three Quality Big Dots. The strategy also focuses on the Quality requirements of the Trust, as objectives, which include promoting quality at an operational level. The Quality Strategy is overseen by the Quality Committee, which is supported by the Quality Strategy Implementation Plan. The Trust has robust quality governance arrangements in place, which will continue to support the Trust quality initiatives in the future.

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

2.5 Statements of Assurance provided by the Trust Board

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

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

2.5.1 Review of Contracted Services

During 2014-2015, 5 Boroughs Partnership NHS Foundation Trust provided and/or sub-contracted 70 relevant health services.

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

The income generated by the relevant health services reviewed in 2014-2015 represents 100 per cent of the total income generated from the provision of relevant services by 5 Boroughs Partnership NHS Foundation Trust for 2014-2015.

The Trust ensures that data available for these services covers the three dimensions of Quality: Patient Safety, Clinical Effectiveness and Patient Experience. This allows

for regular service reviews against the strategies set out in the Trust's Integrated Business Plan.

2.5.2 Participation in Clinical Audits and National Confidential Enquiries

The Trust offers a range of specialist and often innovative services. To support and further promote these services and interventions, and to underpin the national agenda, there is a need for a better evidence base around the impact and outcomes of these interventions and the whole system benefits of community health services.

The Trust's Clinical Audit programme ensures that all National Clinical Audits, where applicable, are undertaken.

Participating in relevant national clinical audits and confidential enquiries provides an important opportunity for the Trust to benchmark the quality of its services against those of other providers and to improve services where identified.

During 2014-2015 seven national clinical audits and one national confidential enquiry covered relevant health services that 5 Boroughs Partnership NHS Foundation Trust provides.

During 2014-2015, 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 enquiries that 5 Boroughs Partnership NHS Foundation Trust was eligible to participate in during 2014-2015 are as follows:

POMH UK Topic 12b – Prescribing for People with Personality Disorder
POMH UK Topic 9c – Antipsychotic Prescribing in People with Learning Disabilities
CQUIN – Cardio metabolic Assessment for Patients with Schizophrenia 2014/15
National Audit of Intermediate Care 2015
SSNAP (Sentinel Stroke National Audit Programme)
Memory Clinics Audit 2014
National Chronic Obstructive Pulmonary Disease Rehabilitation Audit
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 2014-2015 are as follows:

POMH UK Topic 12b – Prescribing for People with Personality Disorder
POMH UK Topic 9c – Antipsychotic Prescribing in People with Learning Disabilities
CQUIN – Cardio metabolic Assessment for Patients with Schizophrenia 2014/15
National Audit of Intermediate Care 2015
SSNAP (Sentinel Stroke National Audit Programme)
National Chronic Obstructive Pulmonary Disease Rehabilitation Audit
Memory Clinics Audit 2014
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 2014-2015 - are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry. Please see as follows:

Name of Audit	Number of cases submitted	% of required cases provided
POMH UK Topic 12b – Prescribing for People with Personality Disorder	65	100%
POMH UK Topic 9c – Antipsychotic Prescribing in People with Learning Disabilities	248	100%
CQUIN – Cardio metabolic Assessment for Patients with Schizophrenia 2014-2015	100	100%
National Audit of Intermediate Care 2014-2015	Bed – Patient Reported Experience Measure (PREM) 23/50	Not Applicable

	Bed – Service User Questionnaire (SUQ) 50/50 Home – PREM 34/100 Home – Service User 94/100	Not Applicable Not Applicable Not Applicable
SSNAP (Sentinel Stroke National Audit Programme)	32	100%
Memory Clinics Audit 2014-2015	5	100%
National Chronic Obstructive Pulmonary Disease Rehabilitation Audit	77	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	Suicide Questionnaires 22/35 Homicide Questionnaires 1/1 SUD Questionnaires 1/3	63% 100% 33%

The report of one national clinical audit was reviewed by the provider in 2014-2015 and 5 Boroughs Partnership NHS Foundation Trust intends to take actions to improve the quality of healthcare provided (see points at the bottom of this page).

Reports have been received for the following National Audits in 2014-2015:

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH);
- CQUIN – Cardio metabolic Assessment for Patients with Schizophrenia 2014/15 – Report due in March
- Memory Clinics Audit 2014
- POMH Topic 4b – Prescribing of Anti-dementia Drugs
- POMH Topic 7d – Monitoring of Patients prescribed Lithium
- POMH Topic 10c – Use of Antipsychotic Medication in CAMHS
- POMH Topic 13a – Prescribing for ADHD
- National Audit of Schizophrenia
- National Audit of Psychological Therapies (NAPT)

The reports of 313 local clinical audits were reviewed by the provider in 2014/15 and 5 Boroughs Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

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

2.5.3 Participation in Clinical Research

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

The number of patients receiving relevant health services provided or sub-contracted by 5 Boroughs Partnership NHS Foundation Trust in 2014-2015 that were recruited during that period to participate in research approved by a research ethics committee was 210.

The National Institute for Health Research (NIHR) Clinical Research Network has undergone a period of transition. As of the 1st April 2014 the Network has been reconfigured into 15 NIHR Local Clinical Research Networks (LCRN). The Trust is now a member of the Clinical Research Network: North West Coast hosted by the Royal Liverpool and Broadgreen University Hospitals NHS Foundation Trust and is strongly committed to supporting the activities of the Network. The Trust is also a member of the NIHR Collaboration for Leadership in Applied Health Research & Care North West Coast (NIHR CLAHRC NWC) which was established in 2014 and is developing its relationship with the CLAHRC.

The Trust was involved in 66 research studies in Mental Health, Learning Disabilities and Community Health Services during 2014-2015. The studies have included UK Clinical Research Network (UK CRN) portfolio studies funded by NIHR or other grant programmes, commercially funded clinical trials and student research projects. The studies included both observational and interventional research covering a range of areas from trials of new therapeutic drugs to testing the effectiveness of new talking therapies. They have been across all ages in areas such as dementia, schizophrenia, depression, bi-polar disorder, arthritis, domestic violence and learning disability and pain management. The Trust was successful in meeting the portfolio study recruitment target set by the Clinical Research Network: North West Coast for 2014-2015.

The Trust is continuing to collaborate with another NHS organisation, Charity and academics from the University of Manchester which has led to a successful submission to the NIHR Research for Patient Benefit Programme. This programme of research is due to commence in 2015.

During 2014-2015, the number of publications from Trust employees was 18.

2.5.4 Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of 5 Boroughs Partnership NHS Foundation Trust's income in 2014-2015 was conditional upon achieving quality improvement and innovation goals agreed between 5 Boroughs Partnership NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation Payment framework.

NHS Knowsley act as co-ordinating Commissioner for Halton, St Helens, Knowsley, and Wigan CCGs through the Commissioning for Quality and Innovation Payment framework. Targets are also agreed separately with NHS Warrington and NHS England.

Further details of the agreed goals for 2014-2015 and for the following 12-month period are available electronically at www.5boroughspartnership.nhs.uk/quality-accounts

Section 3.1 of this report includes progress against CQUIN targets for 2014-2015.

During 2014-2015 the Trust attracts 2.3 per cent of our contract value as CQUIN payments. The total available within the CQUIN framework during that period was £3.1m.

During 2013-2014 the Trust attracts 2.47 per cent of our contract value as CQUIN payments. The total available within the CQUIN framework during that period was £3.1m.

2.5.5 Registration with Care Quality Commission (CQC)

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

The Care Quality Commission has not taken enforcement action against 5 Boroughs Partnership NHS Foundation Trust during 2014-2015.

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

For information about the Trust's compliance with Care Quality Commission standards and outcomes from Care Quality Commission inspections please see Section 3.3.1 and Section 3.3.2 of this report.

2.5.6 Quality of our Data

5 Boroughs Partnership NHS Foundation Trust submitted records during 2014-2015 to the Secondary Uses service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data;

- which included the patient's valid NHS number was:

100% for admitted patient care;
100% for outpatient care; and
95.93% for accident and emergency care.

- which included the patient's valid General Medical Practice Code was:

97.24% for admitted patient care;
97.14% for outpatient care; and
97.81% for accident and emergency care.

2.5.7 Information Governance Toolkit

5 Boroughs Partnership NHS Foundation Trust's Information Governance Assessment Report overall score for 2014-2015 was 76 per cent and was graded 'Green' = Satisfactory.

2.5.8 Clinical Coding

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

The Trust commissioned an independent review of clinical coding that was undertaken by Mersey Internal Audit Agency in December 2014. The overall level of assurance was 'High' - the highest level in a four-point scale. The audit results were as follows:

Primary Diagnosis	**98%**
Secondary Diagnosis	**96%**
Primary Procedures	**100%**
Secondary Procedures	**100%**

The audit consisted of 50 patient records relating to in-patient discharges from Adult Services, Later Life & Memory Services and Children & Young People's Services during August 2014. The results should not be extrapolated further than the actual sample audited.

5 Boroughs Partnership NHS Foundation Trust will be taking the following actions to improve data quality:

- Data quality metrics are monitored on a monthly basis through the Trust's Quality and Performance Report, and
- Data quality compliance information is available at team and individual staff-level and is refreshed on a daily basis.

2.5.9 Core Quality Indicators

The Quality Account regulations require the following core quality indicators be included within the 2014-2015 Quality Account. The following tables show the Trust's performance compared to the Health and Social Care Information Centre (HSCIC) data representing all of England.

TABLE 1	HSCIC benchmarking data			Trust %	
	National Average	Highest Reported	Lowest Reported	Full Year 2013-14	Full Year 2014-15
Percentage of Patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period	Q3 2014-15 97.3%	100%	91.3%	96.7%	96.1%

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described for the following reasons: Robust operational policies and procedures are in place within operational services to ensure that patients are followed-up within 72 hours which we feel is a measure of quality, hence follow-up will have taken place well within the Monitor timescales. The supporting data has been collated by the Trust's Performance team against robust guidelines that comply with Monitor guidance. These processes and the outputs of them have been audited by internal and external bodies. These audits have resulted in a clean return of data.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services. The Trust has a robust Data Quality Reporting System that looks at team-level data quality at an individual patient and practitioner level. Exceptions are reported at Business Stream and Trust-level within the Quality and Performance Trust Board monthly report

TABLE 2	HSCIC benchmarking data			Trust %	
	National Average	Highest Reported	Lowest Reported	Full Year 2013-14	Full Year 2014-15
Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	98.0%	100%	73.0%	97.1%	99.1% (A)

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described for the following reasons: Robust operational policies and procedures are in place within operational services to comply with this indicator. The supporting data has been collated by the Trust's Performance team against robust guidelines that comply with Monitor guidance. These processes and the outputs of them are subject to audit.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services. The Trust has a robust Data Quality Reporting System that looks at team-level data quality at an individual patient and practitioner level. Exceptions are reported at Business Stream and Trust-level within the Quality and Performance Trust Board monthly report.

TABLE 3	HSCIC benchmarking data			Trust %	
	Most Recent National Average Available 2011-12	Lowest	Highest	Full Year 2013-14	Full Year 2014-15
Percentage of patients aged 1-15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	10.01%	0%	0%	0%	0%
Percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	11.45%	0%	41.65%	6.5%	7.4%

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described for the following reasons: Robust operational policies and procedures are in place within operational services to comply with this indicator. The supporting data has been collated by the Trust's Performance team against robust guidelines that comply with Monitor guidance. These processes and the outputs of them are subject to audit.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services. The Trust has a robust Data Quality Reporting System that looks at team-level data quality at an individual patient and practitioner level. Exceptions are reported at Business Stream and Trust-level within the Quality and Performance Trust Board monthly report.

TABLE 4	HSCIC benchmarking data	Trust	
	National 2013	2013	2014
Patient Experience of Community Mental Health Services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	85.8%	85.6%	Highest, lowest and average results not currently available on HSCIC website

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described for the following reasons: This information is directly generated from the Patients' Experience Survey which is collated and reported by the Care Quality Commission.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services. The Trust uses the annual Patients' Experience Survey as an important source of information to shape and improve the services we provide. Actions are established by using service-level information that is fed directly to the services / teams, from which localised improvement plans are established and monitored to completion.

TABLE 5	HSCIC benchmarking data				
	Reporting Period Latest Available from HSCIC	National Average	Lowest Reported	Highest reported	Trust performance
Rate of patient safety incidents (per 1000 bed days)	1 Apr 2013 to 30 Sep 2013	33.73	8.6	91.1	58.50
	1 Oct 2013 to 31 Mar 2014	36.97	7.25	90.04	52.88
Number of patient safety incidents that resulted in severe harm or death	1 Apr 2013 to 30 Sep 2013	24.46	0	88	28
	1 Oct 2013 to 31 Mar 2014	24.31	0	87	11
Percentage of patient safety incidents that resulted in severe harm or death	1 Apr 2013 to 30 Sep 2013	1.3%	0%	5.4%	0.9%
	1 Oct 2013 to 31 Mar 2014	1.7%	0%	5.9%	0.4%

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described for the following reasons: Robust procedures are in place including a quality assurance process which utilises Operational Managers, Assistant Directors of operational services and the Risk Management team to ensure the NPSA data is uploaded accurately.

For the full reporting period 2014-2015 the Trust percentage of NPSA reported patient safety incidents that resulted in severe harm or death is 0.59 per cent.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services with patient safety being a priority within the Trust and the focus of significant attention. Actions identified and undertaken are included within the Quality Priority for Safety in this report, as well as

action identified within the Quality Strategy which defines the Trust's Quality Objectives.

TABLE 6	NHS Staff Survey 2014	Trust	
	National average of all Mental Health and Learning Disability Trusts	2013	2014
Percentage of staff who responded that they agree or strongly agree that they would recommend this organisation as a place to work. (Question 12c)	54%	59%	57%
Percentage of staff who responded that they agree or strongly agree that if a friend or relative needed treatment they would be happy with the standard of care provided by this organisation. (Question 12d)	59%	66%	67%

The NHS Staff Survey is conducted nationally on a yearly basis with centralised collation and reporting of results which are made publically available via www.nhsstaffsurveys.com

Part 3 - Other Information

Our Definition of Quality is:

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

Throughout 2014-15 we have delivered on a number of key objectives to ensure that our Quality Definition continues to be brought to life. This included embedding within our workforce our Culture of Care; based on the Chief Nursing Officers 6C's of Compassion, Care, Courage, Competency, Communication and Commitment.

We have continued with our programme of Internal Quality Reviews and introduced developments to assess our services against the Care Quality Commission's 5 areas that matter most to patients, Caring, Responsive, Effective, Well-led and Safe.

To support our clinical teams to identify areas of good practice and understand when improvement is required, we have established the Clinical Quality Cycle. It brings together outcomes from the internal quality reviews and the team quality assessment, a self-assessment against standards at team level; this is then used to inform the quality improvement at a local level and the quality agenda for the Trust. More information on the Clinical Quality Cycle is found at Section 3.3.1 of this report.

Gail Briers
Chief Nurse and Executive Director of Operational Clinical Services

Tracy Hill
Director of Strategy and Organisational Effectiveness

3.1 Trust Quality Measures

In addition to the achievement of our Quality and Safety Priorities during 2014-2015 and establishing our Quality and Safety Priorities for 2015-2016 (Part 2), the Trust has also established a set of Quality Measures.

When selecting the Quality Measures, we wanted to ensure we were measuring quality across our different client groups and used information from a range of sources including our incident reporting data, Human Resources data and that we sourced from our clinical records.

The Quality Measures have been revised slightly to those shown in our 2013-2014 Quality Account as a way to provide a balanced and transparent view of Quality and Safety Indicators used by the Trust. This year sees the addition of self-harm and violence and aggression data to replace the current effectiveness indicator for CQC inspections, this is because no inspections were carried out by CQC during 2014/15 for us to report upon.

We continue to use the CQUIN targets within our Quality Measures to provide further information of the Trust’s performance.

These measures cover in-patient and community mental health and learning disabilities and community services across our Business Streams below - and fit to the same domains of Patient Safety, Patient Experience and Clinical Effectiveness:

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

Progress against the Quality Measures is routinely reported to the Trust Board. The following table shows our progress during 2014-2015:

TABLE 7 Domain	Indicator to be measured	Detailed Definition	2014-15 in-year movement against previous year	2013-14 Full Year Position	2014-15 Full Year Position	Data Source	Comments
Patient Safety	Proportion of incidents with outcome of no harm	The percentage of incidents that had an outcome of no harm	↔	74%	74%	Internal Reporting of National Patient Safety Agency definition	There was no change in the proportion of reported no harm incidents.
	Medicines Reconciliation	Proportion of harm identified during medicines reconciliation reviews	↓	0.87%	0.54%	Internal Reporting of reconciliation reviews undertaken	For the second year in succession the proportion of harm in Medicines Reconciliation incidents decreased. Less than 1% harm of reported incidents is positive for both years listed.
	Number of Falls	Proportion of harm as percentage of falls	↑	32.8%	35.4%	Internal Reporting of NPSA and NICE guidance	The increase of overall harm from falls is attributable to low harm, as there has been a reduction of moderate and severe harm from falls during 2014-2015

Domain	Indicator to be measured	Detailed Definition	2014-15 in-year movement against previous year	2013-14 Full Year Position	2014-15 Full Year Position	Data Source	Comments
Patient Experience	Number of Compliments (Trust)	Expression of satisfaction received verbally or written in year	↑	1421	1698	Internal Reporting	The level of compliments has increased during the 2014-2015 year compared to the previous year.
	Number of Complaints (Trust)	Expression of dissatisfaction requiring a response that could not be resolved locally within 24 hours	↑	245	268	Internal Reporting of Scottish Office; Citizens Charter definition	The number of complaints received by the Trust has increased indicating that systems promoted by the Trust are open and accessible to users.
	Number of Concerns (Trust)	A concern is defined as: *'Any anxiety or worry, regarding Trust services, expressed by service users, carers or their representatives which they do not wish to be treated as a complaint'.* Or an issue that cannot be resolved in 24 hours	↓	351	304	Internal Reporting	The Trust continues to adopt a local approach to capturing issues of concern. Increased commitment will be driven by the Patient Experience Quality Priority for 2015-2016.

Domain	Indicator to be measured	Detailed Definition	2014-15 in-year movement against previous year	2013-14 Full Year Position	2014-15 Full Year Position	Data Source	Comments
Effectiveness	Re-admissions	The percentage of patients who have been re-admitted to hospital within 28 days of discharge	↓ Target 9%	6.5%	7.4%	Internal Reporting of Department of Health definition	The Trust has maintained a similar percentage as last year, and still remains well below the National Target of nine per cent.
	Self-Harm	The proportion of harm as percentage of self-harm	↓	54.7%	41.4%	Internal reporting of NPSA and NICE Guidance	There was a decrease in the percentage of self-harm incidents causing patient harm in 2014/15.
	Violence & Aggression	The proportion of harm as percentage of Violence & Aggression	↓	22.7%	22.1%	Internal reporting of NPSA and NICE Guidance	There was a small decrease in the percentage of violence & aggression causing patient harm in 2014/15.

Quality Measures – CQUIN Targets 2014-2015

Domain	Indicator Name	Definition/Goal	Q1-Q3 Actual and Q4 Forecast
National	Safety Thermometer (MH/LD)	Reduction in the prevalence of All Falls	Indicator not met in quarter 1 and 2 (50% payment made by CCG as showing progress) N/A for Q3 Q4 Forecast not to be met
	Safety Thermometer (CHS)	Reduction in the prevalence of pressure ulcers	Indicator met in Q1, 2 & 3. Q4 Forecast to be met
	Friends & Family Test	Implementation of Staff and Patient FFT	Indicator met in Q1, 2 & 3. Q4 Forecast to be met
	Improving Physical Healthcare Safety Thermometer (CHS)	Cardio Metabolic Assessment for Patients with Schizophrenia	Indicator met in Q1, 2 & 3. Q4 Forecast to be met

Domain	Indicator Name	Definition/Goal	Q1-Q3 Actual and Q4 Forecast
National	Improving Physical Healthcare Safety Thermometer (CHS)	Communication with GPs - programme of audit focussing on patients on CPA	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**
Regional	Advancing Quality (MH/LD)	To improve the quality of care delivered to patients in Dementia and Psychosis	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**
Local (MH & LD)	Communication (MH/LD)	Improve discharge communication from in-patients, outpatients and community services.	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**
	Suicide Prevention	Patients who have been identified (including risk assessed) as high risk of suicide by Primary Care and Secondary Care at the point of referral require access to specific support/intervention/protocols/pathways as a priority.	**Indicator met in Q1, Amber rating in Q2 and Q3** **Q4 Forecast to be met**

Domain	Indicator Name	Definition/Goal	Q1-Q3 Actual and Q4 Forecast
Local (MH & LD)	Mental Health First Aid	All Trust mental health staff working within the community setting will support interagency working with non-healthcare staff groups to provide training The development of a MH service directory for Self Help Improved relevant access to non-hospital services including: IAPT, others to be determined in Q1.	**Indicator met in Q1, 2 & 3.** **Q4 Forecast not to be met due to a delay in implementation of Self Help Directory**
	PROMs/PREMs	This CQUIN would support the development of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) for each of the 21 Payment by Results (PbR) clusters	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**
	Shared Decision Making	People in hospital for mental health care, including service users formally detained under the Mental Health Act, are routinely involved in shared decision-making. Roll out to all areas the identified model of recovery to include the Shared Decision Making (SDM) process and actions within the agreed pathways/patient cohorts: • 80% patients on CPA • 40-50% of non CPA patients	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**

Domain	Indicator Name	Definition/Goal	Q1-Q3 Actual and Q4 Forecast
Local **(MH & LD)**	Peer Support Worker, Carer Consultant, Family Skills Trainer	Peer Support worker to provide family skills training to carers of people who are 'frequent flyers' in emergency departments, police, and recurrent admissions. This post will deliver a structured training programme to train carers and family skills to enable them to be able to support people whom have difficulties with managing relationships and emotions effectively. This will involve six three hour training sessions and on-going support and supervision.	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**
	Dementia	Supporting Carers of people with Dementia	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**
	LD - Transition Support Group	The LD team will provide a Transition Support Group for young people with learning disabilities and their families moving from children's to adult services. The group will be linked in to the 'Let's Check' health facilitation scheme. It will provide information and support to enable transition between services. The group will provide practical information and emotional about what to expect in adult services. This will empower young people and their families to make choices and use services more effectively.	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**

Domain	Indicator Name	Definition/Goal	Q1-Q3 Actual and Q4 Forecast
Local **(MH & LD)**	LD - 'Let's Check' Communication Profiles	The SLTs from the LD team will work with people with a learning disability and their service providers to develop a comprehensive communication profile that will then inform staff practice in relation to the reasonable adjustments that need to be made to ensure the person with a learning disability has their communication differences acknowledged, respected and responded to appropriately. The development of these robust profiles supports the 'Let's Check' culture that the Warrington Community LD team is committed too.	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**
Local (CHS)	Breastfeeding	Improve the 6-8 weeks breastfeeding continuation rates in Knowsley	**Indicator met in Q1, not met in Q2 and Q3.** **Q4 forecast not to be met**
	Communication - Primary Care	The scheme is designed to deliver communication to patient's registered GP from Community Health Services within 2 working days at the following points on the patient pathway: 1. Following the initial assessment, 2. At the point of reassessment or significant change, 3. At the point of discharge.	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**
	Frail & Complex	Delivery of high quality care for the population who are frail and / or have complex care needs requires a co-ordinated approach to care delivery, which places the individual and their family at the centre of care.	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**

Domain	Indicator Name	Definition/Goal	Q1-Q3 Actual and Q4 Forecast
Local (CHS)	PROMs and PREMs	This CQUIN would support the development of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) for agreed community services to include: Continence / Musculoskeletal Clinical Assessment Service (MCAS)	Indicator met in Q1, 2 & 3. Q4 Forecast to be met
NHS England	Health Inequalities Baseline Assessment	The provider will, for each of its Public Health services, undertake a baseline assessment of access and coverage for vulnerable and deprived groups. The groups to be reviewed must include: - People living in areas of high deprivation (NB In general, this should be defined as the most deprived 10% of the population using the Index of Multiple Deprivation, but this can be varied by agreement with the commissioner) - People with Learning Difficulties - People with Physical Disabilities - People suffering from Mental Illness - Black & Minority Ethnic groups (NB It is important that these groups are considered separately, and not as one homogenous group. Some BME groups may have good coverage, whilst others groups may have low coverage) - Travellers - Looked After Children - Lesbian, Gay, Bisexual and Transgender people	Indicator met in Q1, 2 & 3. Q4 Forecast to be met

Domain	Indicator Name	Definition/Goal	Q1-Q3 Actual and Q4 Forecast
Secure Services	Collaborative Risk Assessments - Education	The provision of an education training package for patients and qualified staff around collaborative risk assessment and management.	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**
	Supporting Carer Involvement	To support carer involvement with their relatives in secure care, (particularly in the first three months of care) and then on to the point of discharge.	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**
	Service user formulation of need at key points of transition	To provide the service user information detailing a formulation of both current and potential future needs and how the proposed service might best meet them.	**Indicator met in Q1, 2 & 3.** **Q4 Forecast to be met**

3.2 Achievements against Monitor Targets 2014-2015

On a monthly basis throughout 2014-2015 the Trust reports progress against the Monitor compliance targets. Many of the targets relate to safety, service user experience and effectiveness of care. Our performance is as follows:

Monitor Targets 2014-2015	Threshold	Full Year 2014-2015
Monitor Mental Health and Learning Disability Targets Reported throughout the year		
Patients seen, treated and discharged within 4 hours of arrival at Accident and Emergency **Quality Rationale** To reduce the time that patients wait to be seen, treated and discharged at walk-in centres	95%	99.78%
Patients on CPA receiving contact within 7 days of discharge **Quality Rationale** Evidence shows safer outcomes for patients who receive early follow-up by staff following discharge	95%	96.1%
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%	100%
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%	6.7%
Access to Crisis Resolution/ Home Treatment **Quality Rationale** To ensure patients receive a speedy and effective 'step up' in the support and treatment they receive, yet avoiding hospital admission	95%	99.1%
Meeting commitment to serve new Psychosis cases by Early Intervention Teams **Quality Rationale** Patients detected and diagnosed with a first episode of Psychosis by Early Intervention Teams gain prompt and appropriate treatment which reduces their duration of untreated Psychosis	95%	106%

Monitor Targets 2014-2015	Threshold	Full Year 2014-2015
Monitor Mental Health and Learning Disability Targets Reported throughout the year		
Data completeness: Identifiers **Quality Rationale** Data completeness enables the monitoring of outcomes for individuals in terms of morbidity, quality of life and user satisfaction with services	99%	99.8%
Data completeness: Outcomes for patients on Care Programme Approach (CPA) **Quality Rationale** Mental Health Minimum Data Set (MHMDS) data completeness enables the monitoring of outcomes for individuals in terms of morbidity, quality of life and user satisfaction with services		
Valid employment status	50%	90.7%
Valid accommodation status		99.3%
Health Of the Nation Outcome Scores (HONOS) assessment in the past 12 months		73.0%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability		compliant
Data Completeness: Community Services compromising:		
Community Treatment Activity – Referrals information	50%	64.2%
Community Treatment Activity – Care contact activity	50%	100%

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

Walk-in Centre	Target and Threshold	Reported			
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Halewood	Accident & Emergency 4-Hour Waiting Time Target: ≥ 95%	99.92%	99.90%	99.94%	99.92%
Huyton		99.90%	99.86%	99.98%	99.87%
Kirkby		99.67%	99.62%	99.44%	99.61%
Trust Overall		**99.81%**	**99.78%**	**99.73%**	**99.78%**

The Trust has three Walk-in Centres as part of our Community Health Services - seeing more than 70,000 patients per year. Their aim is to reduce pressure on A&E

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

Walk-in Centres are subject to the same 4-hour waiting target as applied to Accident and Emergency departments. The table on page 54 demonstrates the Trust's achievement of all reported targets in 2014-2015. The Trust monitors and reports performance against these targets on a monthly basis - and these tables in addition to more detailed information is reported as part of the Trust's monthly Quality and Performance Report.

3.2.1 Delayed Discharges Figures 2014-15

Q1	4.9% Ⓐ
Q2	5.8% Ⓐ
Q3	6.6% Ⓐ
Q4	9.4% Ⓐ
Full Year	6.7% Ⓐ

The delayed discharge figures above are calculated differently from the Monitor definition, these have been audited by Pricewaterhouse Cooper LLP, the Trusts external auditors to the definition below as detailed in the document *'Detailed guidance for external assurance on quality reports 2014/15.'*

Numerator - Number of patients (acute and non-acute, aged 18 and over) whose transfer of care was delayed, averaged over the quarter. The average of the three monthly SitRep figures is used as the numerator.

Denominator - Average number of occupied beds

3.3 Trust-wide Achievements

Part 3 of this report has presented Quality and Safety achievements for the Trust realised throughout 2014-2015.

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

- National Patient Survey feedback (0);
- Family and Friends Test (0), and
- CQC Intelligent Monitoring Reports 2014-2015.

Areas identified for improvement from each of these sources are included in the Trust Improvement Action Plan 2014-2015.

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

3.3.1 Assessing the Quality of our Services

The Trust is expected to maintain its registration with the Care Quality Commission to undertake the regulated activities it provides. The Trust is routinely visited by the Care Quality Commission (including the Mental Health Act Commission) as part of their programme of inspections. The Trust will continue to assess itself against the Standards of Quality and Safety, and report these against the CQC rating each month to the Trust Board. Assurances will be provided by via the Clinical Quality Assurance Cycle that incorporates the following three areas.

- **Team Quality Assessment:** A team-led review of the services they provide against specific prompts created to reflect the Standards of Quality and Safety and Trust Policy, against the domains of Staff and Observations, Documentation and Service User and Carer Feedback;
- **Internal Quality Reviews:** A programme of unannounced inspections of teams undertaken by staff, service user / carer volunteers and Non-Executive Directors against the Standards of Quality and Safety and Trust Policy, and
- **Continuous Clinical Improvement:** A review of outcomes from the above elements that identifies areas for improvement. These are either carried out at a local-level within teams or on a trust-wide basis that informs the Quality Agenda for the Trust.

The Clinical Quality Assurance Cycle was introduced during 2013/14, and was undertaken a second time during 2014/15. The processes are now fully embedded throughout the Trust, with a suite of reports allowing relevant reporting and scrutiny at the Trust Board, the Quality Committee, the Quality and Safety Meeting and for each business stream.

The following table the Trust's rated position against each of the Essential Standards of Quality and Safety as at month 10, January 2015:

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

The Trust has adopted an eight-point rating scale to show the level of compliance with each of the 16 standards of Quality and Safety. A key to each of the indicators used follows:

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

The first table on page 57 shows the Trust level of compliance against all 16 Standards of Quality and Safety. All outcomes currently have a compliance level which is either similar to or exceed the expected standards.

3.3.2 Care Quality Commission Inspections

During 2014-2015 there have been a total of 19 visits to the Trust from the Care Quality Commission (CQC), all have been Mental Health Act Commission (MHAC) unannounced visits, with no significant issues identified. The following table shows these in more detail.

Month of Visit	Ward/Area Visited	Borough / Business Stream	Type of Visit	Compliance
Jan 15	Byron	Warrington / Learning Disabilities	MHAC Unannounced	No significant issues
Jan 15	Auden	Warrington / Learning Disabilities	MHAC Unannounced	No significant issues
Dec 14	Lakeside	Wigan / Adults	MHAC Unannounced	No significant issues
Nov 14	Tennyson	Warrington / Secure Services	MHAC Unannounced	No significant issues
Nov 14	Austen	Warrington / Adults	MHAC Unannounced	No significant issues
Nov 14	Marlowe	Warrington / Secure Services	MHAC Unannounced	No significant issues
Nov 14	Grasmere	Knowsley / Adults	MHAC Unannounced	No significant issues

Month of Visit	Ward/Area Visited	Borough / Business Stream	Type of Visit	Compliance
Oct 14	Fairhaven	Warrington / CAMHS	MHAC Unannounced	No significant issues
Oct 14	Chesterton	Warrington / Secure Services	MHAC Unannounced	No significant issues
Sep 14	Sheridan	Warrington / Adults	MHAC Unannounced	No significant issues
Sep 14	Taylor	St Helens / Adults	MHAC Unannounced	No significant issues
Sep 14	Rydal	Knowsley / Later Life and Memory Services	MHAC Unannounced	No significant issues
Aug 14	Coniston	Knowsley / Adults	MHAC Unannounced	No significant issues
Jul 14	Iris	St Helens / Adults	MHAC Unannounced	No significant issues
Jul 14	Cavendish	Wigan / Adults	MHAC Unannounced	No significant issues
Jun 14	Sephton	Wigan / Later Life and Memory Services	MHAC Unannounced	No significant issues
Jun 14	Grange	Halton / Later Life and Memory Services	MHAC Unannounced	No significant issues
May 14	Kingsley	Warrington / Later Life and Memory Services	MHAC Unannounced	No significant issues
May 14	Bridge	Halton / Adults	MHAC Unannounced	No significant issues

3.3.3 Shared Decision Making

Shared decision making (SDM) is a process by which a range of equally clinically appropriate options are discussed between the clinician and the service user ensuring that the chosen option is one which is preference sensitive in respect of the service user and based on valid clinical evidence and assessment on the part of the clinician.

The Trust has been working towards a Commissioning for Quality and Innovation payment frame work (CQUIN) for SDM which required that "People in hospital for mental health care, including service users formally detained under the Mental Health Act, are routinely involved in shared decision-making".

The milestones for achievement were set as:

- **Q1** The Trust will provide the Commissioner with an implementation plan, which demonstrates how they will introduce shared decision making and, where available, PDAs across the chosen care pathways.

- **Q2** Commence rollout of SDM methodology for specified condition cohorts by the end of Q2
- **Q3** Report on “so what measures” progress. Identify areas for spread within services utilising SDM end of Q3
- **Q4** Presentations by services on the success of “so what measures” by end Q4.

5 Boroughs Partnership NHS Foundation Trust is defining its recovery strategy as the support offered to assist our service users to live their lives well, will incorporate SDM as part of the process which underpins this.

5 Boroughs Partnership NHS Foundation Trust has a nationally acknowledged achievement in introducing the tool of SDM into its physical health services. In the main the greatest success was seen in out-patient assessment to intervention driven services where need for service provision is short term. This is exemplified by the work done in out-patient physiotherapy where SDM as a defined tool is now utilised for all patient cohorts. Similarly it is very successfully used in Podiatry having been initially introduced just for nail surgery. Dietetics and Weight Management have had great success in improving compliance and thereby patient reported outcomes.

Learning has taken place over the year of roll out of SDM into mental health services which identifies that versions are already in place of practitioner and service user discussion, information availability and longitudinal assessments, though not necessarily recognised under the banner of SDM.

A good example of this is the model in Improving Access to Psychological Therapies (IAPT). Where 5 Boroughs Partnership NHS Foundation Trust provide IAPT Services they are completely based on collaboration and SDM at all levels. A large part of psychological therapists’ training is geared towards the flattening of hierarchies within therapy and encouraging a collaborative approach and joint decision making based on a formulation of the client’s difficulties. There is a national Patient Decision Aid (PDA) for depression which has been reviewed by IAPT Services, however this was found to be too rudimentary as more detailed choice is already included in how the Trust engages service users being an equal partner than is suggested by the PDA.

The initial aim to support roll out was to produce a serious of PDAs, or ‘Decision Grids’ as 5 Boroughs Partnership NHS Foundation Trust have localised them. In some areas this methodology has proved useful, namely in smoking cessation and anti-psychotic medication reviews. However, the 5 Boroughs Partnership NHS Foundation Trust journey soon identified that there are already resources available, designed by our practitioners which support the concept of SDM and which are already in use.

A good example of this is the Medicines Management team who have created a web based information resource which acts as a decision grid but given the scope of medications available does not present as a ready-made comparison grid. However this is how the service user and clinician work together and demonstrate clinical safety by the clinician identifying which medication is clinically appropriate. This serves to direct the service user to the appropriate medication options. They are then able to access all the appropriate information regarding benefits, side effects, risks etc. that they would need to make a preference sensitive commitment on the appropriate medication to manage their health presentation.

Having identified in Q2 that teams were engaged in service user inclusion in decision making, we refined our work to look at SDM from the practitioner perspective. Here we found that given the length of assessment periods in formulating a diagnosis and treatment plan it was possible for practitioners to have commenced filtering of some interventions prior to that stage of the care pathway being reached and thereby depriving the service user of some of the preference sensitive options they may have wished to consider.

An example of this is the evidence found in the work taken on by the Child and Adolescent Mental Health Services (CAMHS) team looking at low mood depression. Our initial work demonstrated that particular practitioners were competent in selected ranges of interventions and these therefore, given the relationship that built between practitioner and young person/family, tended to be the ones that were eventually offered. To avoid change of practitioner and depreciation of the value of the relationship built, CAMHS adapted the SDM approach by making information available to the young person and family in the guise of a bespoke pack. This serves to inform the young person about the service, what journey of assessment, formulation and recovery they are engaged in, and what options for intervention are available. The young person therefore builds their own information resource as they progress and can make decisions based on this.

It should be noted however, that in common with many teams, practitioners have adopted this approach with other presentations and so the use of SDM as a tool, a way of working in parity with the service user is now embedded in the culture. This is the roll-out effect which we saw in physical health services where we first introduced SDM as a tool.

CAMHS have also engaged with the Advancing Quality Alliance (AQuA) in their 2 year transition programme, of which 14/15 is year 1. This recognises that a number of young people will either requiring on-going support from adult services, from primary care or will move to self-management in early adulthood. Transition has always been managed with improved and extended communication between partner agencies. What the AQuA project has added to this is an SDM approach to ensure the young person is fully involved in deciding when and how they are ready to make

any transition. To that end the Trust has adopted the Ready/Steady/Go-Hello model originated in Southampton.

The ICT team have won national recognition for the improvement in patient experience they achieved through this risk managed approach for the patients. LLAMS adapted this in the form of an advanced discussion, so that service user and family/carers could discuss at the point of initial diagnosis of a dementia what the service would want and require at the later stages of their illness. This approach is being taken up to support producing advanced plans for care. Essentially at a best time for the service user they are given a signpost to appropriate, accurate and valid information about what they may need to consider in their future. This utilises the tool of SDM but not as a decision grid methodology.

The use of SDM will continue to be utilised as part of our Culture of Care. This is our commitment to supporting the care decisions our patients and service users make both now and in their futures, ensuring that access to appropriate, accurate and valid information is easy and where appropriate a comparator decision grid is available to make an informed preference sensitive decision.

3.3.4 Advancing Quality Programme

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

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

The hard work of our Early Intervention in Psychosis Teams resulted in us being named as the ‘Best Performing Trust’ in the Mental Health category at the Advancing Quality Awards 2013.

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

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

3.3.5 The Development of our Organisational Culture

5 Boroughs Partnership NHS Foundation Trust’s Culture of Care recognises and translates the Chief Nursing Officer’s call to action to embed the 6Cs into everyday practice across all health care organisations. The Culture of Care forms part of the organisation’s response to a number of reports identifying the need for quality

improvement within the delivery of healthcare, notably the Francis, Berwick and Cavendish reports.

The Culture of Care was a Quality Account priority for 14/15. There is an ambition within that to have 100 Care-makers from the Trust signed up by NHS England (NHSE) by end March 2015. To measure the impact of the Culture of Care the Cultural Barometer and the results from the Staff Friends and Family Test will be utilised.

The Cultural Barometer has been refined and trialled a number of times. However a full Trust roll-out has not been achieved. This is an action the Steering Group will address in 15/16. We have 42 Care Makers officially recognised on the national website, having been unable to achieve the 100 following the closure of the NHSE site to accept further applications. The intention is to resume the recruitment drive when NHSE recommences application acceptance later this year. 2 Care Makers have joined the Steering Group.

Publicity and promotion have continued to the end of 14/15 and 5 Borough Partnership was invited to be the inaugural contributors to the "6Cs live" website page dedicated to mental health service providers. As part of the annual national Care Maker celebrations, Norah Flood; Clinical Director, appeared as the guest speaker on the 6Cs webinar to speak about the "5 Borough Partnership Journey So Far" and received very positive feedback about what the Trust has undertaken to promote the 6Cs.

The Quality Improvement Team from the Department of Health has included a piece on the 5 Borough Partnership Culture of Care in their 'one year on' progress report following the Government's publication November 2013 of 'Hard Truths: the Journey to Putting Patients First'.

The Culture of Care has been recognised in two NHSE publications:

http://www.england.nhs.uk/wp-content/uploads/2014/09/nhse-annual-rev.pdf

http://www.england.nhs.uk/2014/11/04/juliet-beal/

The Culture of Care continues to develop in strength and awareness across the organisation. The Steering group is gathering records of work undertaken across the trust to demonstrate sustained quality and improvement achieved.

Two Care Makers have joined the Steering Group and will be focussed on further care maker recruitment and engagement events. The Steering Group will undertake a roll-out of the Cultural Barometer.

3.3.6 National Award Winners

We have enjoyed another year of awards success. Evidence of our progress towards achieving our Overall Purpose:

'We will take a lead in improving the health and wellbeing of our communities in order to make a positive difference throughout people's lives'.

Our Speech and Language Therapy Service won the Commissioning Award category at the **Shine a Light Awards 2014**, for our partnership working with the Kirkby Collaborative of Schools around the 'A Chance to Talk' project. The project provides targeted support for children with speech, language and communication needs. Following a successful two-year pilot within seven schools, we are now providing the service across 12 schools in Kirkby.

In October 2014 we won the 'Patient Experience' category at the national **Breakthrough Positive Practice in Mental Health Awards**. Our pioneering Skin Camouflage Service won the award for their efforts to promote enhanced well-being, improved confidence and a potential reduction in self-harm for our service users through the use of bespoke medical camouflage creams.

In November, our Chief Executive Simon Barber won the NHS Mentor / Coach of the Year Award at the **NHS North West Leadership Recognition Awards 2014** in recognition of his efforts to personally engage our staff in the development of a new culture of values, coaching, learning and clinical leadership. After completing his Post Graduate Certificate in Executive and Business Coaching, Simon led the Trust Board to back the decision to create an opportunity for more than 420 of our managers and people leaders to complete coaching workshops.

Alex Horrocks, Recovery and Physical Health Lead within our Knowsley Recovery Team was also a finalist at the **NHS North West Leadership Recognition Awards** in the 'Patient Champion' category. Alex has championed social inclusion, physical exercise and support groups for our service users, empowering them to independently facilitate their own groups as 'Experts by Experience'.

3.3.7 Infection Prevention and Control

The Trust continues to maintain compliance with the Health Act 2010 and other national standards in relation to cleanliness and infection control. This involves a rigorous education, audit and monitoring programme to prevent Healthcare Associated Infections (HCAI). The Trust is also required to report monthly on HCAI as part of national mandatory return which currently includes *Clostridium Difficile* Infection (CDI), bloodstream infections due to Methicillin-Resistant *Staphylococcus aureus* (MRSA), Methicillin Sensitive *Staphylococcus aureus* (MSSA) and Escherichia coli.

The Trust reported the first case of CDI attributable to the Trust for four years in a patient who was administered antibiotics appropriately due to a chest infection. However, a Root Cause Analysis investigation identified that the ward involved had been unaware that this was a relapse in a patient who was previously positive and this had not been communicated on admission from the care home from where the patient was transferred. The care home and the patient's GP had been unaware as the patient had been to another acute trust and care home out of borough. RCA identified that the patient had been treated accordingly and that the CDI was in this case unavoidable. Information was communicated back to both care homes and lessons learnt shared in relation to communication.

The weekly HCAI proactive surveillance/monitoring undertaken by the Infection Prevention and Control Team (IPCT) also looks at all other organisms including, emerging multi-drug resistant organisms (MDRO) such as *Carbapenemase resistant enterobacteracia* (CPE). There have been no known cases of CPE identified in the Trust. There is currently no guidance for CPE for mental health and community trust and the IPCT have therefore developed their own interim policy and are part of the working group with Public Health England (PHE) to develop such a toolkit. Work has also taken place to ensure emergency preparedness (EP) for Ebola Viral Disease (EVD) working closely with the Trust EP Lead and PHE.

In 2014-2015 work undertaken as part of the comprehensive Trust-wide audit programme included amalgamating audits with our Community Health Service (CHS) which has provided a much more integrated audit system. Analysis continues to indicate on-going improvement in standards and results. Infection Prevention and Control Link Practitioners 'Champions' supported by the IPCT and Modern Matrons / Heads of Service undertake audits in their own areas which has helped increase ownership and responsibility. The IPCT continue to undertake quality assurance spot-checks involving our service user involvement representatives whose support is invaluable to ensure delivery of this important agenda.

3.3.8 Our Orchard – Walled Garden at Peasley Cross

In response to requests from service users and carers for improved outside space and in-line with the Trust's drive to support the physical health needs of our service users, we developed a recreational space adjacent to our Harry Blackman House Community Facility. It includes a woodland trail, giant wood sculptures, seating and information boards that highlight local wildlife and trees. Bird and bat boxes produced by service users from a local learning disability charity have also been installed.

The Orchard – Walled Garden - officially opened in October during the 2014 Peasley Cross Art Festival is now used as part of health and wellbeing programmes run by our ward-based Activity Workers.

Lessons learned from the development of the Hollins Park Woodland Trail were used to inform design. We are also planning to incorporate lessons learned into the new build scheme in Leigh.

3.3.9 Involving Service Users in Patient Safety

Patients, 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 Quality Committee – a sub-committee of Trust Board;
- Membership of the Lessons Learned Forum;
- Serious Incident reviewers;
- Internal Quality Inspection Teams, and
- PLACE Inspection Teams.

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

3.3.10 Monitor Reporting Requirements 2014-2015

Monitor is the sector regulator for health services in England. Their role is to protect and promote the interests of patients and ensure that care organisations are well-led and run efficiently so they can continue delivering quality services for patients in the future.

Monitor requires the Trust to include the following in our Quality Account:

- The Director's Statement of Responsibility (included at 0), and
- The external assurance on the content of the Quality Account. This is the report of an audit undertaken by an independent organisation on both the content of the Quality Account and assurance for three chosen indicators. These indicators are:
  - Admissions to inpatient services had access to crisis resolution home treatment teams
  - Minimising delayed transfers of care, and
  - Complaints

Pricewaterhouse Cooper LLP undertook the audit on the above elements. Their external assurance statement is included at 0.

3.3.11 Lessons Learned from Serious Incident Reviews

The Trust is committed to providing safe, individualised, quality care to patients, service users and their families and carers but sadly, serious incidents can and do occur. Following a serious incident the Trust undertakes an internal investigation; this is to identify any learning points to prevent an incident occurring again and to highlight any good practice we would want to share.

After the investigation has been undertaken an action plan is developed and this may include local actions or Trust Wide actions. As a direct result of some of the Trust Wide actions from incident there have been a number of initiatives commissioned which are included in the 2014/15 Quality Accounts. These include; an audit of suicides across the Trust which led to the development of the Suicide Strategy, the development and pilot of the self-harm policy and procedure and the on-going Falls work. Past initiatives have included the development of Physical Health Competencies for Mental Health staff to ensure these are picked up and acted upon. This year has seen the introduction of the Modified Early Warning Scale which is a simple tool used by the inpatient staff to assess and monitor any physical health problems on the wards to ensure these are picked up early and acted upon quickly.

To support and continually improve the serious incident investigation process the Trust commenced a review of the reporting, management and investigation of serious incidents during 2014. The Incident Management Policy and Procedure, and Being Open Policy and Procedure were refreshed and now include reference to the Statutory Duty of Candour. These policies were ratified, December 2014.

In addition a cohort of Matrons and Quality Leads were identified to be the lead reviewers for all serious incident investigations and bespoke NHS England approved training was provided in November 2014. This has helped to improve quality and consistency in the reports

Each Serious Incident review receives the highest level of scrutiny and the initial report is reviewed by the Medical Director, Chief Nurse/Director of Operational Clinical Services and Director of People and Integrated Governance at a regular Patient Safety Panel meeting.

The Learning Lessons Forum has also been developed to provide leadership and oversight of Serious Incidents themes and actions from investigations. In addition it is planned for 2015-16 that the Forum receives themes from complaints and disciplinaries to facilitate lessons to be learned across a number of areas.

3.4 Engagement and Responsiveness

The diagram below shows the way the Trust engages with the public, patients, service users, carers and other organisations.

3.4.1 Foundation Trust Council of Governors

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

The Council of Governors and its scrutiny group - the Governors Assurance Meeting are heavily involved in the Quality Agenda for the Trust. During 2014-2015 this is demonstrated by:

- Influencing and agreeing the Quality Priorities for the year ahead;
- Provide a supporting statement for the Quality Account (Annex 1);
- Their role in choosing a Quality Indicator from the Quality Account to be audited each year;
- Receive the external assurance statement in the form of a 'Governors Report' from the Trust's external auditors, which informs on the accuracy of the content of the Quality Account and the indicators audited, and
- Active involvement in Leigh New Build Members' Engagement Group and Later Life And Memory Services' Engagement Design Group

3.4.2 Trust Service Users and Carers' Forums

Forums are a crucial part of the Trust Engagement Strategy, offering patients, service users, carers and their representatives the opportunity to share their experiences of our services and to discuss current services and future developments. The forums are based on the needs of each of our Business Streams; Adult Services, Later Life and Memory Services, Learning Disability Services, Child and Adolescent Mental Health Services and Secure Services. In Knowsley, we operate four local Health Forums; Kirkby, Prescot, Halewood and Huyton.

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

3.4.3 Trust Involvement Scheme

The Trust is committed to involving patients, service users, carers and volunteers in a wide range of our business. We acknowledge and appreciate the unique contribution they make by sharing their experience of living with a health problem

and using health services personally or in a caring role. This form of 'Experts by Experience' is not available from any other source.

In recognition, the Trust has developed an Involvement Scheme designed to provide a safe and efficient process to enable volunteers to become involved in all stages of designing, delivering and monitoring Trust services. Over 500 members are registered with the Scheme. Recent work undertaken by volunteers includes:

- Care Records Audits:
- Participating in recruitment panels, Internal Quality Inspection Teams and Serious Incident reviews;
- Catering audits including 'mystery food tasting' on wards;
- Training staff (including co-presenting staff induction and training doctors);
- Supporting ward staff to provide activities;
- Co-producing the Trust's service user and carer magazine 'Outlook', and
- Participating in task and finish groups and committees.

It is acknowledged the ultimate level of involving patients, service users and carers in Trust business is through employment. During the past year staff from our Human Resources department, Occupational Health department and Equality Diversity and Inclusion unit have worked together to support the recruitment and retention of staff who have direct experience of Trust services. This includes recruiting to the Nurse Bank.

3.4.4 Equality and Human Rights Reference Group

This is the Trust's 'Stakeholder Advisory Panel' on issues relating to equality, diversity and human rights. Attendees include patients, service users, carers, staff, Foundation Trust members, representatives from Third Sector organisations, community groups and individuals. They are invited to offer comment, challenge and suggestions on the Trust's Equality Strategy (including statutory Equality Objectives) and annual work-plan that includes our Equality Delivery System submission (See Section 3.5).

3.4.5 Annual Involvement Events

In April 2014 the Trust held the seventh Annual Involvement Event which was attended by more than 150 patients, service users, carers, volunteers, staff and representatives from local Third Sector organisations. The event focused on celebrating the past year of involvement and included joint presentations from service users, carers and staff - covering a range of involvement opportunities. The event also included the presentation of the 100 Hours Recognition Awards and the Harry Blackman Memorial Trophy was presented to Irene Harris from the Trusts Chaplaincy Team for the outstanding contribution to involvement by a volunteer.

In July 2014 our annual Ignite Your Life, Mental Health and Wellbeing event was held in support of the International Disability Awareness Day celebrations. The workshops and exhibitions attracted over 200 visitors and included art, music, sport, creative writing, photography, complimentary therapies, dance and groups promoting healthy lifestyles.

In October 2014 we held our annual Arts Festival attracting over 350 visitors including patients, service users, carers, staff and their families, and residents of the local community. They were entertained by live performances of music, dance and poetry, as well as a display of arts, crafts and photography, plus a fantastic scarecrow competition.

3.4.6 Working with Local Healthwatch Groups

During the year we have worked closely with five local Healthwatch groups, this included attending and speaking at events. Healthwatch members are actively involved in our PLACE Inspection Teams. They also attend bi-monthly meetings of the Trust's Patient and Public Involvement Working Group and twice-yearly Communication Meetings with representatives from the Equality, Diversity and Inclusion Unit and Nursing and Governance teams.

3.4.7 'Sticks and Stones' Campaign

We have continued to develop the content on the campaign website - tailoring it towards schools and improving its functionality for teachers wishing to access our teaching materials and other mental health resources. As a result we formed new educational partnerships with schools both locally and nationally. More than 100 schools are now actively using our school packs to deliver lessons on mental health, learning disabilities and challenging stigma.

3.4.8 Triangle of Care

During 2014-2015 the Trust worked closely with the Carers Trust to implement the roll-out of their Triangle of Care project across mental health trusts in the North West. Locally we worked with carers, Carers Centres, Carers Groups and our staff to implement the principles of Triangle of Care which promotes the engagement of carers in care and support offered to patients and service users. This includes

training sessions designed and delivered by carers to our frontline staff, the development of a Carers Champions scheme, the production of guidance for staff and a range of literature aimed at carers, and an audit of services

3.4.9 Patient Experience

The Trust recognizes that feedback from patients, service users, carers and families can - when gathered and used appropriately - form evidence to inform service improvements and share good practice. Overall it can lead to improved experience and quality of care. Each month we produce reports from feedback captured from:

- Sharing Lived Experiences (including Life Stories, recorded face-to-face interviews);
- Technology including Kiosks and the Trust website;
- Patient Opinion postings;
- Service Users and Carers' Forums (including Knowsley Community Health Forums);
- Patient Advice Liaison Services (PALS);
- Compliments, Complaints and Incidents;
- Modern Matrons, Business Managers and Team Leaders (face-to-face, Quality Inspections Teams, Patient Meetings etc);
- Other Feedback (Healthwatch, National Patient Survey etc);
- Patient Experience questionnaires (including narrative responses) (used until 31st December 2014),
- NHS Friends and Family Test (rolled out across all services from 5th January 2015).

The reports inform teams about the feedback received during the given month. Modern Matrons and Business Managers work with their respective community team and ward managers to identify trends, take actions required and to share good practice.

The outcomes from concerns identified and actions taken are reported via 'You said, We did' posters that are displayed locally and made available from the Patient Experience section of the Trust website. See Annex 4 for examples.

Between April 2014 to March 2015, 3,706 responses were received from across Trust services via Patient Experience and Friends and Family Test questionnaires. See Annex 4 for tables highlighting recent results from Friends and Family Test.

3.4.10 Friends and Family Test

The NHS Friends and Family Test was initially introduced in some parts of the NHS in April 2013 and extended into those services provided by the Trust, Community Health Services and Mental Health and Learning Disability Services in January 2015.

The Trust has played an active part alongside a range of 'Early Adopter' sites in trialling various processes and systems before NHS England issued final guidance on how the NHS Friends and Family Test would be administered. We took part in regional and national developments around the NHS Friends and Family Test, presented at an NHS England workshop and participated in a number of Webex tele-conferences.

The NHS Friends and Family Test consist of two sections:

- A single question survey asking patients whether they would recommend the NHS service they have received, to their friends and family if they needed similar care or treatment.
- Open question(s) designed to ascertain the patients' reasons for their decision.

In response to the question: "How likely are you to recommend our Service to friends and family if they needed similar care or treatment?" (Please note; in Learning Disability Services this has been amended, in line with NHS England guidance, to "Is your care good?" with "yes", "no" and "I don't know" as possible responses. These are then converted to the standard question and responses using a specified formula.)

See Annex 4 for the results from December 2014 to March 2015.

3.5 Equality

3.5.1 Equality Analysis

The Trust takes an integrated approach to equality, diversity and human rights analysis with all Trust policies having an Equality Impact Assessment carried out prior to their ratification. This includes a narrative response from the Trust Equality & Diversity Advisor as part of the governance process. All major service reviews and changes within the Trust are also subject to the same equality analysis process.

3.5.2 Equality Delivery System

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

- Better health outcomes for all,
- Improved patient access and experience,
- Empowered, engaged and well-supported staff, and
- Inclusive leadership at all levels.

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

The Trust's Equality, Human Rights and Inclusion Strategy Group, which is chaired by the Director of Corporate Services, monitors progress and compliance with the Equality Delivery System through the Trust's Equality Strategy and Action Plan, which is refreshed annually.

3.5.3 Equality Delivery System 2

Following an evaluation of the Equality Delivery System by NHS England, a refreshed Equality Delivery System 2 (EDS2) benchmarking tool was published at the end of 2013.

The changes to the tool now allow a more integrated approach with services and give Trusts the opportunity (in partnership with their key stakeholders) to identify particular areas for priority and tailor the analysis to meet the needs of individual Trusts.

The Trust involved all clinical and corporate services in its EDS2 assessment with evidence collection mainstreamed within operational services where possible. Following a self-assessment our performance was assessed by a large group of service users, carers, staff, third sector organisations and Health Watch brought together from across the entire five boroughs area. Seventeen representatives from external organisations were involved as part of the assessment.

The Trust was assessed as, 'developing' for one of the EDS2 Goals and 'achieving' for the three remaining Goals. This demonstrates that the Trust is able to evidence that the majority of EDS2 outcomes are being met for people from at least five of the Protected Characteristics included within the Equality Act 2010.

Children & Adolescence Mental Health Services and Secure Services performed particularly well receiving Excelling for over a third of the assessed EDS2 Outcomes.

Recommendations have been made for all services identifying areas for development during 2015/2016.

Protected characteristics

Age	Disability	Ethnicity
Gender	Marriage/Civil Partnership	Pregnancy/Maternity
Religion/Belief	Sexual Orientation	Trans

EDS2 Grading Key

Grade	Description
Excelling	Standards are delivered for all or nearly all of the Protected Characteristics
Achieving	Standards are delivered for 5 or more of the Protected Characteristics
Developing	Standards are delivered for 3 or more of the Protected Characteristics
Undeveloped	Standards are delivered for 2 or fewer of the Protected Characteristics

EDS2 Goal Grades 2014 Assessment

Goal	Trust-wide
Outcome 1. Better health outcomes for all	Achieving
Outcome 2. Improved Patient Access & Experience	Developing
Outcome 3. A representative & supported workforce	Achieving
Outcome 4. Inclusive leadership	Achieving

Goal 1 Outcomes	Trust-wide Grade
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing

Goal 2 Outcomes	Trust-wide Grade
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
2.3 People report positive experiences of the NHS	Undeveloped
2.4 People's complaints about services are handled respectfully and efficiently	Undeveloped

Goal 3 Outcomes	Trust-wide Grade
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving
3.3 Training and development opportunities are taken up and positively evaluated by all staff	Developing
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Undeveloped
3.6 Staff report positive experiences of their membership of the workforce	Achieving

Goal 4 Outcomes	Trust-wide Grade
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving

Annexes

Annexe 1 - Supporting Statements from NHS England or relevant Clinical Commissioning Groups, local Healthwatch organisations and Overview and Scrutiny Committees

5 Boroughs Partnership NHS Foundation Trust - Quality Committee

The Quality Committee is one of the three sub-committees of the Trust Board. The Committee meets 10 times a year and - following each meeting - the Committee's minutes are formally received by the Trust Board. The Committee has close links with the Trust's Audit Committee and directly communicates with the Audit Committee by way of a verbal report from the Chairman, who is a member of both Committees.

The purpose of the Committee is to provide leadership and assurance to the Trust Board on the effectiveness of the Trust's arrangements for Quality, Patient Safety and Experience.

At the centre of discussions is the Patient and Quality. Standing items on the agenda include detailed scrutiny of Serious Incidents and in-depth updates of service re-design and performance. Ad-hoc items on the agenda have been the management of Violence and Aggression and the Trust's Culture of Care. The committee also receives presentations from the business streams demonstrating the actions being taken to provide quality care. These presentations have provided assurance of our staff's enthusiasm and commitment to care.

The Quality Committee reviews progress against the Quality Priorities on a quarterly basis, and receives the Quality Accounts.

This Quality Account truly reflects the work being undertaken by the Trust to continuously improve the quality of the care that it provides to the people who use our services.

Derek M Taylor.
Senior Independent Director, Quality Committee Chair

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

During 2014-2015 membership of the Quality Committee continued to include the Chair of the Governors Assurance Meeting, a sub-committee of the Council of Governors. This has proved to strengthen the quality governance and scrutiny within the Trust.

The Council of Governors has continued to be involved in the Trust's Quality Account. For 2014-2015 this has been demonstrated by:

- The Council of Governors and the Governors Assurance Meeting has received regular updates on the Quality Account and the progress being made to achieve the Trust Priorities during 2014-2015;
- Representatives from the Council of Governors attended Quality Priority Update events for stakeholder organisations - organised by the Trust - which involved leading on discussions to establish future Quality Priorities;
- The Council of Governors has been influential in setting, agreeing and approving the Quality Priorities for 2015-2016;
- This year the Council of Governors chose complaints as the Quality Indicator to be audited as part of the assurance processes for the Quality Account;
- The Council of Governors receive the External Assurance on the Trust's Quality Account (Governors Report) from the external auditors, and
- The Governors Assurance Meeting will continue to monitor progress against the Quality Priorities for the coming year.

The Council of Governors feel that these processes, and the results of external audit throughout the year help provide assurance that the data presented in the Quality Account 2014-2015 is accurate and representative of the Trust's position.

The Council of Governors is committed to improving quality across the organisation and to be engaged in the 2015-2016 Quality and Safety Agenda as set out in the Trust's Quality Accounts.

Alan Griffiths
Chair of Governors Assurance Meeting / Governor

Knowsley Clinical Commisioning Group

19 MAY 2015

NHS
Knowsley
Clinical Commissioning Group

Nutgrove Villa
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Huyton
Liverpool
Merseyside
L36 6GA

0151 244 4126

Friday 15th May 2015

Simon Barber
Chief Executive
5 Boroughs Partnership NHS Foundation Trust
Hollins Park House
Hollins Lane
Winwick
Warrington
WA2 2WA

Dear Simon,

RE: 5 BOROUGHS PARTNERSHIP NHS FOUNDATION TRUST QUALITY ACCOUNT 2014/15

Please find attached a formal response from Knowsley Clinical Commissioning Group regarding the 5 Boroughs Partnership NHS Foundation Trust Quality Account 2014/15

Diane

Dianne Johnson
Accountable Officer
Knowsley Clinical Commissioning Group (CCG)

Chair: Dr Andrew Pryce Accountable Officer: Dianne Johnson

Knowsley.CCGCommunications@knowsley.nhs.uk

5 Boroughs Partnership NHS Foundation Trust (5BP) Quality Account 2014/15: Knowsley CCG Response

NHS Knowsley Clinical Commissioning Group and the collaborating commissioners welcome the opportunity to receive and comment on the 5 Boroughs Partnership NHS Foundation Trust Quality Account for 2014/15.

The continued engagement of service users and carers is demonstrated throughout the Quality Account and the Trust should be commended on this.

It is pleasing to note the work being undertaken by the Suicide and Self-Harm Strategy Group and the implementation of the five year suicide strategy with the aspiration to reduce suicides to zero. The CCG is keen to understand the detailed plans to reduce the number of suicides within a community setting and would be keen to learn of further developments of this initiative as year two of the strategy progresses into 2015/16.

It is encouraging to see the achievement made against the Trusts' quality priorities and the acknowledgment that further improvement is required in some areas, such as care planning, where the trust has self-assessed performance as 'partially met'. Patient safety is at the forefront of all CCGs priorities when commissioning services and assurance that providers are proactively seeking ways to prevent avoidable harm is welcome. The CCG would also support the assessment by the Trust that the quality priorities will continue to be monitored and improved upon in 2015/16.

The Quality Account includes further information on community services and its performance. The CCG is keen to continue to monitor this information in 2015/16 and looks forward to seeing quality improvements from the implementation of the RiO electronic patient record system within mental health, learning disabilities and community services as 2015/16 progresses.

We congratulate the Trust on its achievement of national awards, particularly the National Breakthrough Positive Practice in Mental Health Award for 2014 regarding the pioneering Skin Camouflage Service.

NHS Knowsley Clinical Commissioning Group along with collaborative commissioners will continue to robustly monitor 5 Boroughs Partnership NHS Foundation Trust through the Clinical Quality and Performance Group meetings to gain assurance that the quality and safety of services delivered to patients continues to improve and that effective governance processes are in place which support quality improvement and ensures lessons learned from serious incidents are embedded throughout the organisation.

Warrington Clinical Commissioning Group

NHS
Warrington
Clinical Commissioning Group

☎ 01925 843636
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Arpley House
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Date: 26th May 2015

Gail Briers
Chief Nurse & Executive Director of Operational Clinical Services
5 Boroughs Partnership NHS Foundation Trust
Hollins Park Hospital
Hollins Park
Winwick
Warrington
WA2 8WA

Dear Gail

Re: **Quality Account 2014-2015**

Many thanks for the submission of the Quality Account for 2014-2015, and for the presentation to local stakeholders and the Local Area Team. This letter provides the response from Warrington CCG to your Quality Account.

The account affirms the work that is being carried out by the trust and which is regularly discussed through the mechanisms which we have in place; contract monitoring, the established strong focus on quality and the rigorous SUI process are all contributory factors to ensure that both commissioner and provider are working collaboratively to improve care and agree appropriate actions and monitoring when the patient experience has not been to the standard we all aspire too. I believe that these forums continue to build on our relationship and cemented our united approach to delivering high standards of health care to the local population.

Warrington CCG welcomes the work delivered by the Trust in relation to improving patient care for the local population and wishes to continue the healthy relationship that we have for future planning of health care delivery. We also wish to congratulate you for the impressive work which you have carried out, particularly in the continued reduction in harm in relation to falls, violence and aggression and self-harm. The CCG is pleased to see the implementation of the 6C's via your culture of care and acknowledges the work you have undertaken to engage staff in the process. Whilst your ambition to have 100 Care Makers was thwarted you have made a good start with 42 staff registered.

Warrington CCG acknowledges the nationally recognised work relating to shared decision making within your physical health services and is pleased to see that this work has been rolled out into your mental health services.

Warrington CCG recognises the work you have undertaken to improve your SUI process the CCG continues to have concerns regarding the level of assurance that this process offers in

Clinical Chief Officer : Dr Andrew Davies MB ChB

relation to quality, safety and effectiveness, however the CCG welcomes the opportunity to support you with this work during 2015/2016.

Warrington CCG is a little disappointed that the account doesn't offer the local population a real 'picture' of 5 Borough Partnership Warrington and the quality of the care provision being delivered to the local population.

Warrington CCG welcomes the feedback which you received from your Care Quality Commission (CQC) in relation to Mental Health Act Commission and is pleased to see that your Clinical Quality Assurance Cycle is now fully embedded. The inclusion of your planned Quality Priorities for 2015/16, particularly regarding the sign up to safety and the continued focus on patient feedback is also most welcome.

.
I believe that this is an accurate and honest account of your organisation and wish to congratulate you on your work.

Yours sincerely

John Wharton
Chief Nurse & Quality Lead
Warrington Clinical Commissioning Group

Clinical Chief Officer: Dr AndrewDavies MB ChB

Wigan Borough Clinical Commissioning Group

Wigan Borough Clinical Commissioning Group Response the 5 Boroughs Partnership NHS Foundation Trust Quality Report 2014/2015

Wigan Borough Clinical Commissioning Group (*the CCG*) welcomes the opportunity to comment on the sixth annual Quality Report for 5 Boroughs Partnership NHS Foundation Trust (5BPFT).

The CCG welcomes the progress the Trust has made in respect of the 2014/2015 quality priorities. Notable successes have included the reduction in harm related to Patient Falls; Violence and Aggression and Self-Harm and also embedding the Culture of Care within the workforce. However the delay in the implementation of the new RIO Clinical System has prevented the Trust from fully achieving Quality Priory 2 - *Care Plans are Person-centred and Involve Service Users and Carers as Appropriate* and the CCG is pleased to note the Trust will have a continued focus on this during 2015/2016.

Once again the CCG is supportive of the engagement model used with Commissioners, Healthwatch, Service Users and Carers in the development of the priority areas for 2015/2016. The quality priorities for 2015/2016 inclusive of; the engagement with the National Sign up to Safety Campaign; Care Planning and using Service User and Staff feedback to shape future improvements have the potential to improve the quality, safety and experience of care. In particular the introduction of Values Based Recruitment and Service User and Carer interview involvement in Band 5 posts and above will help to ensure Service User and Staff feedback shapes improvements in service delivery.

During 2015/2016 the CCG would like the Trust to continue to improve on how the organisation investigates and learns from Serious Incidents (SIs). The Trust should also continue to focus on compliance with Care Programme Approach (CPA) Policy, with a particular emphasis placed on contingency and crisis planning. The CCG would also like the Trust to remain focussed on improving the number of staff receiving Clinical Supervision to aid staff in identifying solutions to problems and to seek to continually improve overall practice and experience.

The CCG looks forward to continuing to work with the Trust during the coming year, to build on the progress made and to provide support to initiatives that will improve the quality of care and outcomes for the resident population of the Wigan Borough.

Dr Tim Dalton, Chairman, Wigan Borough Clinical Commissioning Group
May 2015

Wigan Life Centre • College Avenue • Wigan WN1 1NJ • www.wiganboroughccg.nhs.uk
Chairman: Dr Tim Dalton • Chief Officer: Trish Anderson

Healthy People, Healthy Place.

Healthwatch Halton

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Patricia Drohan
Patient Engagement, Experience & Equality Lead
5 Boroughs Partnership NHS Foundation Trust
Hollins Park Hospital
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WA2 8WA

15th May 2015

Dear Pat,

Re: Quality Account - 5 Boroughs Partnership NHS Foundation Trust 2014-15

Thank you for your invitation to respond to your Quality Account. The response statement from Healthwatch Halton for your report is attached.

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

We have appreciated the opportunities to attend your regional up-date meetings during the past year and we look forward to continue this good working relationship we have with the Trust and its members of staff.

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

Yours sincerely,

Doreen Shotton

Doreen Shotton,
QA Lead – Healthwatch Halton

Healthwatch Halton Statement
for the Quality Account 2014-15
of the 5 Boroughs Partnership NHS Foundation Trust

Members welcomed the report and the clear 'Contents' page which is easy to follow. We would welcome a Glossary of Terms.

We appreciate the comprehensive presentation of the 2014-15 priorities and their outcomes, which made it easy to understand. This report is useful for someone wanting to know the quality of the Trust's services as a whole, however there is little separate information for Halton people using services and their carers, to see what is working well and where improvements need to be made for our local residents. This is of particular concern in the breakdown of complaints.

Whilst we see an overall increase in harm from falls, we are pleased to note a reduction in severe and moderate harm incidents. We also applaud the reductions of severe and moderate harm in self-harm, violence and aggression and we welcome the Trust's commitment to continue this progress in their 'Sign up to Safety' priority for 2015-16.

Members were disappointed in the delayed implementation of the electronic patient care records system (RiO) and we look forward to seeing progress this year. We acknowledge the intentions of the Trust to take actions to improve data quality. Members feel it would be useful to have figures, as well as percentages, for each local authority area especially for complaints and the Health & Social Care Information Centre (HSCIC) benchmarking data.

We recognise the efforts of the Trust to include a range of stakeholders to identify the priorities for 2015-16 and we appreciate the explicit statements and the breakdown of your indicators/measures for these priorities.

Healthwatch Halton values the Trust's commitment to involving patients, users of services, carers & volunteers in all stages of designing, delivering and monitoring the work of the Trust. We hope the Trust will continue to use the user/carer forums, which are an excellent opportunity for feeding in comments. This meaningful dialogue with service users, carers and the wider community will help the Trust ensure their priorities are achieved.

Members have also appreciated being able to give feedback at the regular meetings of the Patient & Public Involvement Working Group and at stakeholder events held during the year.

Healthwatch Knowsley

5 Boroughs Partnership NHS Foundation Trust Quality Account Joint Commentary Healthwatch Knowsley and Knowsley Council's Health Scrutiny Sub-Committee

Healthwatch Knowsley and Knowsley Council's Health Scrutiny Sub-Committee welcome the opportunity to provide this joint commentary on the Quality Account for 5 Boroughs Partnership NHS Trust. A draft of the Quality Account report was provided in a timely manner and a formal presentation received in May 2015.

For the Knowsley area 5 Boroughs Partnership provides both the community health service for the whole of the population and also the mental health provision for a large proportion of the Knowsley geographic area.

It is pleasing to see the progress made against the priorities set for the 2014-2015, particularly in relation to the work carried out in reducing falls (Safety priority) and incidence of self-harm on specific wards (Effectiveness priority). It is reassuring that the Trust recognises that more work will continue to be undertaken in key areas around Safety and Effectiveness, particularly in relation to Care Plans and Person-centred approach. We will be keen, during 2015-16 to understand the impact of the RIO system in helping to ensure effective and person centred care planning processes are supporting patients and carers needs.

It is particularly important for the Trust to continue the work undertaken to listen to service user views in relation to Care Plans as this can prove to be a vital tool to understanding the pace of change and improvement and evidencing impact long term. This includes the views of family members who play an integral role in understanding the care needs of their relatives.

Although it is fully accepted that the Quality Account report is a reflection of the activities across the whole organisation, it would be helpful to more clearly reference the community provision performance in relation to the key priority areas moving forward. This is in recognition of the value community members and elected members place on the Community Health provision.

It is fully considered amongst community and elected members that effective communication in relation to services provided, what services can be accessed and 'Where to turn' in crisis situations is a vital aspect of service provision. It is hoped that the Trust will look to improve the level of information available in the community of Knowsley as soon as is possible. It is hoped that during the coming year and through the planned restructures that clear communication with community members will be a vital aspect of the planned

changes. It is suggested that 5 Borough's Partnership NHS Trust develop a 'directory' that would assist those who are waiting assessments and in need of support.

Concern and frustration continues to be expressed by community members in relation to timely access to both Community Health service areas and Improving Access to Psychological Therapies (IAPT) services. It is hoped that ongoing discussions between the Trust and community members will help to continue to improve access to vital services.

During this year Healthwatch representatives have valued the opportunity to participate in PLACE inspections and also contribute to the improvement of service provision and information available through the Knowsley Resource and Recovery Centre, it is hoped that this will continue moving forward. The Trust is praised for its commitment to continue to involve community members in self-appraisals.

In terms of the future developments for the Trust, it is important that the Trust finalises its approach to reviews of Serious Incidents and that an appropriate Strategy be implemented. It is also suggested that proper consideration given to the involvement of lay members in these reviews.

The introduction of the 'Street Triage' team in Knowsley is fully supported. Similar initiatives had been successful in other areas and this will be extremely beneficial in supporting community members who are considered to be at risk in Knowsley.

We look forward to building on the productive relationship that we have in place at this stage and to working together to further improve Service User and Carer's experience of accessing 5 Boroughs Partnership services.

Healthwatch St Helens

Healthwatch St. Helens commentary on :

**5 Boroughs Partnership NHS Foundation Trust
Quality Accounts 2014-2015**

2014-15 - last year's priorities

Progress achieved for Reduce harm in relation to Falls, Violence and Aggression and Self-Harm
Can the Trust show whether the REsTRAIN project with UcLan and AQuA has decreased the frequency of restraint being used? (Is there a quote from staff involved that could go in to strengthen this?)

Progress achieved for Care Plans are person-centred and involve Service users and Carers as Appropriate
Healthwatch St. Helens would support the Trust to continue working on this priority as it remains an area that is vital to patient engagement and recovery. We would be interested to see the results of the telephone survey conducted by volunteers to understand more about patients and carers views on this topic.

Progress achieved on Our Culture of Care
Healthwatch cannot state whether the Trust has met this objective, but from the evidence supplied and observations of colleagues within the Trust, we believe care and compassion is shown to inpatients we have met.

2015-16 - new priorities

Quality Priority for Safety - Sign up to Safety
The Trust to establish targets for the reduction in avoid harm for the following areas:

- Self-harm
- Suicide
- Falls
- Violence and Aggression
- Physical Health

We agree the Trust should continue progress from the previous year, however we would like to see more focus on self-harm and suicide, as

1

improvements have been made on falls and violence and physical health checks and facilities have also been improved

Quality Priority for Effectiveness – Care Planning
Healthwatch supports this proiroty and would be pleased to receive an adjustment findings of the 50 care plan audits alongside the Quality committee.
It is encouraging to see the detailed tasks per quarter, so that there is an impetus to drive progress on this area, despite the delays in implementing the IT system.

Quality priority for Experience – using Patient and Staff feedback to shape improvements
Healthwatch St. Helens supports this as a priority, specifically Healthwatch could assist with the work at quarter 2 evaluating patient & staff feedback.
We would also applaud the aspect of Values Based Recruitment as we have had concerns about appropriate culture previously.

Core Quality Indicators
Healthwatch would request that the Trust follows up all patients that are discharged, not only those within the Care Programme Approach

We are also pleased to see that for the number and percentage of patient safety incidents that resulted in severe harm or death that the Trust is performing close to or better than the national average.

Trust Quality measures

Re. Patient Experience
Healthwatch is pleased to see that the number of complaints received by the Trust has increased (and mirrors the national picture) and alongside this there has been a decrease in concerns.

Re. Effectiveness
Healthwatch is pleased to see decreases in harm from self-harm and violence & aggression incidents.

Equality Delivery System 2
Healthwatch St. Helens would broadly agree with Trust's self-assessment of its rating for Goals 2, 3, 4 but would appreciate discussion re. outcome 1 and does at this time not agree with the self-assessment of "Achieving".

Over the year, as is usual, we have been invited to participate fully in the Trust's business and have also been able to work alongside the trust around some individual cases and this has been a productive relationship with Elaine Mitchell and Ian Mountain.

The absence of a local mental health strategy for our borough is a concern that we have raised with commissioners and our local Health & Wellbeing Board and it is hoped that this will enable a stronger relationship to be built with our local provider for mental health services and some of our community health services.

Finally we wish Dave Thompson well in his retirement from the Trust and we hope to continue this very productive relationship with the remaining Engagement and Involvement staff members.

Corrections:
p. 16 *could add in… "By using methods of capturing patient feedback and in consultation with our Healthwatch stakeholders, it has been identified that service users and carers would like more involvement in the care planning process"

p. 17 - Point.5 in the commentary "Achievement of the Trust's 2014-15 CQUIN target for Shared Decision making" etc. - *need to spell out what CQUIN is here, once.*

p. 76, 4th paragraph from bottom - "… Health Watch…"
Should read Healthwatch.

Healthwatch Warrington

5 Boroughs Partnership NHS Foundation Trust, Quality Accounts

Thank you for the opportunity to comment on the Quality Accounts 2014-15.

Our overall reading of the Quality Accounts (QA) is that there seems to be significant progress on all of the priorities. The general tone of the QA is very encouraging, in terms of shaping service improvement through patient experience, though there seems to be a tremendous amount of "roll-out" planned as a result of positive developmental work.

We are interested to know about the feasibility of this planned work, and how will the efficacy of all this service improvement be assessed and evaluated?

From reading the QA, there also seems to be a little confusion around Healthwatch, our structure and our role. We would like to highlight that Healthwatch are not "groups" (as mentioned on pages 4, 7, 21, 76, and 81 of the QA) but independent organisations. We act independently in our localities as consumer champions in health and social care, and work with commissioners, regulators and services to utilise patient and service user experiences to inform developments and build on best practice in care both locally, regionally and nationally.

Here at Healthwatch Warrington, we have seen reported a number of issues within 5 Boroughs services;

- Patients have reported problems with lack of 'rapid access' and long waiting times with the Mental Health Assessment Team and Recovery Team, compounded by lack of communication and limited follow up/call backs.
- Loss of key staff throughout care pathways has caused a 'revolving door system' for patients, who then struggle to engage and re-build confidence with the staff and services they need most.
- Lack of information and limited communication is especially distressing for patients and families e.g. one patient recounted changes to her care plan made without her agreement, and lack of support from her designated care co-ordinator who was away from work throughout the majority of her treatment. In this incidence, there seems to have been no contingency plan in place, when key care staff were unavailable due to unforeseen circumstances – this kind of planning could prevent vulnerable people from developing escalated needs.
- There is a need for joined up approaches and ongoing integration with partners like WBC especially around social care, mental health, and dementia.
- There have been requests for a 'family approach' to counselling or counselling offers for some neurological/mental health issues.
- There is significant need for support information after discharge, e.g. signposting into other support services, referrals or information on how to re-refer into support services (if necessary), so that patients feel supported upon discharge.
- Issues have also been highlighted at Hollins Park e.g. inadequate patient treatment (attributed to limited staff numbers/capacity issues), lack of dignity in care, requests for more consistent monitoring for high risk self-harmers, and requests for family inclusion and clear communication in discharge planning.

We appreciate that our last 12 months of activity had been mainly re-active – as a result we have often seen experiences that have reached crisis point, as mentioned above. Patients, carers or those affected by care issues often seek out Healthwatch after care issues have occurred, in order to voice their experiences or to request resolution. Our

forthcoming 12 months are being spent much more proactively, with our new feedback centre and much more planned community engagement to gather experiences at the start of care, as well as during and after discharge. We would like our engagement to be better informed by 5 Boroughs and your forthcoming priorities while doing this.

It is very hard to dig beneath the surface of what is essentially a positive report - it would be helpful if we could discuss proactively making more use of the QA in developing our work program with 5 Boroughs at the start of the process, rather than being asked to comment at the end of the year's activity, when the reports are provided. If we did so, our response could be much more meaningful and targeted, and our consultation could provide much more focussed and rich intelligence relating to the priorities. The 'after consultation' at this stage leads to us commenting on the year's QA report rather than the work undertaken, which is not as valid or relevant as participating in ongoing evaluation.

Esstta Hayes
Community Engagement Officer

Trust's Response to Healthwatch Warrington's Statement

5 Boroughs Partnership NHS
NHS Foundation Trust

Gail Briers
Chief Nurse/Director of Operational Clinical Services
Chief Executive Office
Hollins Park House
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Tel: 01925 664007
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19 June 2015

Esstta Hayes
Community Engagement Officer
Healthwatch Warrington
The Gateway
89 Sankey Street
Warrington
WA1 1SR

Dear Esstta,

Thank you for commentary dated 27 May 2015, in relation to the Quality Account 2014/15, following the consultation period.

The views of Warrington Healthwatch are important to the Trust and we value the relationship that has developed, which facilitates on-going dialogue. It is in this spirit that I would like to present additional information for the consideration of your organisation, in response to the commentary provided.

a) Healthwatch: Structure and Roles

I concur wholeheartedly with your description of Healthwatch organisations and the valuable service that is provided. The role of Healthwatch organisations in supporting the Trust in producing the Quality Account is pivotal, and this is reflected in the commitment shown by the Trust to facilitate on-going dialogue throughout the year. This is recognised in the Quality Account on page 21;

'*Healthwatch organisations have also provided significant guidance and feedback from our local communities to engage the Trust in discussions around progress in-year against 2014-2015 Quality Priorities and setting the 2015-2016 Quality Priorities.*'

The Trust is committed to strengthening our year round engagement with Healthwatch organisations and has structured feedback on the Quality Account into the quarterly Patient and Public Involvement Group meetings, which I also plan to attend.

I understand you met with our Equality, Diversity and Involvement Team on 9 June 2015 to discuss sharing feedback from the comments system that has been implemented by Warrington Healthwatch. I am assured that this will provide

A Better View... of mind & body

opportunity to strengthen the sharing of issues and concerns on a real time basis with the Trust.

b) Warrington Healthwatch Issues

I was very concerned to read the issues detailed in your response and would welcome an opportunity to discuss the issues relating to individual's concerns in more detail.

I would like to take this opportunity to highlight some quality initiatives to provide assurance to your organisation of our on-going work in providing the highest quality services to patients, service users and their families and carers.

Access to Community Teams

The Trust has been very involved and visible with Warrington Clinical Commissioning Group's (CCG) development of a Warrington Mental Health Strategy, and further supported through facilitation, including views of patients and carers of our key areas for development going forward. Access and support were mentioned as key areas and feature within the Strategy.

The Trust is currently undertaking consultation prior to implementing a borough based model which will support issues regarding access.

Currently all Trust Assessment Teams operate an allocation system for referrals which is:

- Emergency referral – seen within 24 hours of receipt of referral
- Urgent referral – seen within 72 hours of receipt of referral
- Routine referral – seen within 10 days of receipt of referral

Communication

Robust communication and ensuring both patient and carer are kept informed is an absolute requirement in supporting people through challenging times. The Trust operates a duty system within the Recovery Team who supports the most urgent situations. Via individual care plans, named support should be highlighted, along with a contingency plan for identified situations, with named support where appropriate.

Individual's involvement in their care planning is currently part of an on-going audit that is undertaken by Trust volunteers, who speak with individuals and gather their experiences. Early results are positive and plans are in place to roll out the audit across all mental health inpatient and community services.

In relation to discharge from an in-patient facility, care plans should have clear guidance on how to contact services in secondary care, if the need arises, and supportive information signposting to local services.

Upon discharge, information is also forwarded to the patient's GP with advice for on-going support.

A Better View... *of mind & body*

Chief Executive: Mr. Simon J. Barber
Chairman: Mr. Bernard Pilkington
Trust Headquarters, Hollins Park House, Hollins Lane, Winwick, Warrington, WA2 8WA
Mini Com Number 01925 664094

Joined up working

I was encouraged to read your comment relating to joined up approaches to service delivery, as this is an area the Trust has committed significant effort and resources in developing. Initiatives such as Operation Emblem, where Trust staff work in conjunction with Cheshire Police has had significant impact on reducing inappropriate mental health related acute hospital presentations and speeded up access for those who require it.

Other examples of integrated working are The Criminal Justice Liaison Team who are integrated within Warrington Borough Council and the Recovery Team who host two Social Workers from Warrington Borough Council.

The Trust is a partner agency, contributing to Warrington Carers Strategy that is led by our colleagues at Warrington Borough Council. The strategy covering 2012-2015 is in the process of being reviewed and initiatives such as Triangle of Care have been introduced as part of the Trust actions in relation to the Carers Strategy.

The importance of working with external partners is reflected within the Trust joint CQUIN targets for 2015/16 to scope development of a single point of access with Mental Health Matters and Care Home Support, to be delivered alongside Alternative Futures.

Based at Warrington site of Trust is the A&E mental health liaison team, who work closely with Acute sector colleagues to provide rapid assessment to people presenting at A&E.

As noted in the outset of this letter I am very concerned to hear of the issues highlighted. I would like to reiterate my offer to explore each individual's issues in more detail.

Dignity in care, reduction of harm and family involvement are all key priorities for the Trust and featured in the Quality Account.

The safety priority for 2014/15 to reduce incidents of serious and moderate harm in relation to falls, violence and aggression and self-harm by 10 % was achieved. Reduction of avoidable harm is a priority for the Trust and this is evidenced by our commitment to the Sign up to Safety campaign, which has been identified as the safety quality priority for 2015/16.

A notable initiative in relation to the reduction in self harm has been undertaken as a pilot scheme within 2014/15. The reduction in incidents of self-harm was significant and the Trust is currently reviewing the pilot to identify opportunities to share the learning from the pilot across the Trust.

The experience priority for 2014/15 was to communicate and implement our 'Culture of Care' across the Trust. Culture of Care embodies the 6C's (care, compassion, competence, courage, commitment and communication) and sets these as the standard expected of all our staff. We met this objective in 2014/15.

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Mini Com Number 01925 664094

We have an active cohort of Care Makers in the Trust including our Chief Executive, Chief Nurse and Clinical Director. Our Clinical Director, as one of the first Care Makers in the Trust presented on a national webinar in February 2015 about the Trust's journey and her own experience as a Care Maker.

Two Care Makers have joined the Culture of Care Steering Group and are leading activities and networking for the Care Makers across the Trust.

Jane Cummings, Chief Nursing Officer for England visited the Trust in April 2015 and reported very positively on the work carried out in the Trust to support and embed the 6C's.

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

Yours sincerely

G. Briers

Gail Briers

Chief Nurse/Director of Operational Clinical Services

A Better View... *of mind & body*

Chief Executive: Mr. Simon J. Barber
Chairman: Mr. Bernard Pilkington
Trust Headquarters, Hollins Park House, Hollins Lane, Winwick, Warrington, WA2 8WA
Mini Com Number 01925 664094

POSITIVE ABOUT DISABLED PEOPLE

Warrington's Overview and Scrutiny

Professor Steven Broomhead
Chief Executive

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E-mail: thiggins@warrington.gov.uk

Tel No: 01925 825094
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Members' Suite
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Town Hall
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WA1 1UH

Our Ref: 5BPT/JJ
Date: 12 May 2015

Pat Drohan
Patient Engagement, Experience and Equality Lead
5 Boroughs Partnership NHS Foundation Trust
Hollins Park Hospital
Hollins Park
Winwick
Warrington WA2 8WA

Dear Pat

5 BOROUGHS PARTNERSHIP NHS FOUNDATION TRUST – QUALITY ACCOUNT 2014/15

I am writing as Chair of Warrington's Scrutiny Committee in respect of your Annual Quality Account 2014/15 and wish to thank you for the opportunity to comment on the draft report. I should be grateful if you would include the following statement in your final document:-

"On behalf of Warrington Borough Council's Scrutiny Committee I am pleased to receive 5 Boroughs Partnership NHS Foundation Trust's Annual Quality Account 2014/15. The Scrutiny Committee is delighted to hear about the Trust's achievements in 2014/15 and its priorities for the future in respect of quality and safety.

The Committee notes that two of the Trust's three top level priorities for quality improvement in 2014/15 were fully met, comprising:-

- *safety* – reduce harm in relation to falls, violence and aggression and self-harm; and
- *experience* – culture of care.

The Committee notes that significant progress was made in relation to the third priority, below, but that this was only partially met:-

- *effectiveness* –care plans are person-centred and involve service users and carers as appropriate.

The Committee acknowledges that this partial success was largely due to a delay in rolling out the Trust's new Electronic Patient Care Record (RiO) within the clinical teams that use care planning.

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

- strong leadership and effective governance structures;
- on-going use of the Quality Strategy 2013-15, a Culture of Care and commitment to the 6Cs;
- a high level of stakeholder involvement in developing quality priorities;
- the continued use of Patient Stories at the Trust's Board meetings;
- national recognition for achievements in relation to Shared Decision Making (SDM);
- participation in all national clinical audits and national confidential enquiries, demonstrating a culture of learning;
- the achievement and celebration of national awards by both the organisation and individual members of staff;
- meeting all standards required by CQC and having no significant issues raised in 19 CQC inspections/visits;
- positive responses overall to the Friends and Family Test; and
- consistent performance against a range of national and local quality indicators.

The Committee notes that further work may be needed in relation to negative performance in relation to the following targets or indicators:-

- a moderate increase of overall harm from falls attributable to low harm;
- a reduction in the number of concerns reported internally, which might indicate a reluctance to report issues rather than a lack of such concerns and;
- the need to develop a Mental Health Self Help Directory;

The Committee agrees with the Trust's selection of priorities for 2015/16, comprising:-

- *safety* – Sign up to Safety (adoption of a national campaign);
- *effectiveness* – care planning; and
- *experience* – using patient and staff feedback to shape improvements in services.

The Committee is happy to note that 5 Boroughs Partnership NHS Foundation Trust has continued to engage with stakeholders, including holding a stakeholder event on 21 November 2014 and attendance at Warrington's Scrutiny Committee on 18 March 2015."

I hope that these comments are useful.

Yours sincerely

Anthony Higgins

Councillor Tony Higgins
Representing Fairfield & Howley Ward

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

www.warrington.gov.uk

Halton Borough Council

22 MAY 2015

Simon Barber
Chief Executive
5Boroughs Partnership NHS Foundation Trust
Hollins Park House
Hollins Lane
Winwick
Warrington
WA3 8WA

Our Ref	EST
If you telephone please ask for	Emma Sutton-Thompson
Your ref	
Date	20th May 2015
E-mail address	Emma.Sutton-Thompson @halton.gov.uk

Dear Simon,

Quality Accounts 2015

Further to receiving a copy of your draft Quality Accounts and the Joint Quality Accounts event held on 13th May that your colleague Norah Flood attended to present a summary of your Quality Accounts, I am writing with the Health Policy and Performance Board comments. The Health Policy and Performance Board particularly noted the following key areas:

During the year 2014/15 the Trust identified a number of priorities to be achieved during this year. The Board noted the following:

- *Reduce harm in relation to Falls, Violence, and Aggression and Self-Harm* – although the target has been met, the Board felt that some of the data included with this priority did not clearly identify the challenges faced by the Trust, including the under-reporting of serious harm due to incidences being categorised as moderate harm.

- *Care Plans are Person-centred and Involve Service Users and Carers as Appropriate* – the Board noted that this priority was only partially met, but were pleased to see some of the work that has been recently introduced to further improve this area of work. In particular, the volunteers from the Trust Service User and Carer Involvement Scheme taking part in an audit to assess service users' involvement in care planning and decision making.

- *To Communicate and Implement our Culture of Care based on the six Cs: Care, Compassion, Competency, Courage, Commitment and Communication* – the Board was pleased to see that this priority had been met. The Board were particularly interesting to hear about the introduction of a revised Whistle Blowing Policy named as 'Raising a Concern' and look forward to hearing progress from this next year.

It's all happening **IN HALTON**

Communities Directorate
Runcorn Town Hall, Heath Road, Runcorn, Cheshire WA7 5TD
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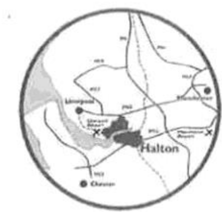

The Board are pleased to note the following Improvement Priorities for 2015 – 2016:

- *Sign Up to Safety* – The Board note that the Trust will be establishing targets for the reduction in avoidable harm for the following areas: Self-harm, Suicide, Falls, Violence and Aggression, and Physical Health. The Board concur with the Trust collaborating with other Trusts, to develop learning networks in order to determine harm reduction priorities and to develop and implement solutions locally.

- *Care Planning*

- *Using patient and staff feedback to shape improvements in services* – the Board were particularly interested in the action to improve systems with the PALS team to ensure that all activity is recorded sufficiently. The Board would like to see more analysis of concerns raised and incorporate PALS into existing mechanisms currently used for complaints so that improvements in services can be gained.

In addition to these, the Board would also like to see some reference to Dignity and Respect within the Quality Account report.

The Board would like to thank 5Boroughs Partnership NHS Foundation Trust for the opportunity to comment on these Quality Accounts.

Yours sincerely,

E.L. Sutton-Thompson.

pp **Councillor Joan Lowe**
Chair, Health Policy and Performance Board

It's all happening **IN HALTON**
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Public Health Comments on Quality Accounts May 2015

5 Boroughs Partnership

- Encouraged to see that the Trust's priorities for 14/15 included reducing harm in relation to falls, violence and aggression and self-harm (especially given that these are key health and wellbeing priorities). It was also encouraging to note a corresponding reduction in harm in all of these areas and that quality priorities for safety for 2015/ 16 will continue to address these areas and will also include suicide and physical health.

- Pleased to see progress against CQUIN targets particularly in relation to public health priorities such as health inequalities baseline assessment and dementia. We are also encouraged to see that the suicide prevention target is now back on track and hope that progress can be sustained into 2015/16.

- Equality Delivery System Outcomes- Outcome 1- Better health outcomes for all- "screening, vaccination and other health promotion services reach and benefit all local communities" – This indicator was seen as "developing", it would be great to see an improvement to "achieving".

It's all happening **IN HALTON**

Public and Environmental Health Department
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Annexe 2 - Statement of Directors' Responsibility in Respect of the Quality Account

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

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

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

- the content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 and supporting guidance

- the content of the Quality Account is not inconsistent with internal and external sources of information including:
    - Board minutes for the financial year, dated 28 April 2014, 27 May 2014, 30 June 2014, 28 July 2014, 29 September 2014, 27 October 2014, 24 November 2014, 26 January 2015, 23 February 2015, 30 March 2015;

    - Papers relating to Quality Account reported to the Board - Trust Quality & Performance Reports dated March 2014, April 2014, May 2014, August 2014, September 2014, October 2014, December 2014, January 2015, February 2015 and March 2015;

    - Feedback from the Commissioners Knowsley Clinical Commissioning Group, dated 15 May 2015 and Wigan Borough Clinical Commissioning Group, dated 15 May 2015, Warrington Clinical Commissioning Group, dated 26 May 2015;

    - Feedback from Governors - Statement on behalf of the Council of Governors on the Trust's Quality Account, signed by Alan Griffiths, Chair of Governors included within the Quality Account;

    - Feedback from Local Healthwatch organisations - Healthwatch Halton Statement dated 15 May 2015, Healthwatch Knowsley Statement dated 18 May, Healthwatch St Helens Statement dated 12 June 2015, Healthwatch Warrington Statement dated 27 May 2015;

    - Feedback from Overview and Scrutiny Committee - Warrington Scrutiny Committee, Councillor Anthony Higgins, dated 12 May 2015;

- The Trust's complaints report - Overview of Complaints Activity dated 7 April 2015;

- The national and local patient survey – Care Quality Commission - 5 Boroughs Partnership NHS Foundation Trust

- Mental Health, dated 18 September 2015;
- The National Staff Survey 2014;

- Care Quality Commission Intelligent Monitoring Reports dated November 2014;

- The Head of Internal Audit's annual opinion over the Trust's control environment - KPMG Internal Audit Annual Report 14/15 dated May 2015.

- the Quality Account presents a balanced picture of the NHS foundation trust's performance over the period covered

- the performance information reported in the Quality Account is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- the Quality Account has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Account (available at www.monitor.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 Account.

By order of the board

NB: sign and date in any colour ink except black

Date: 28 May 2015,..........Bernard Pilkington............ Chairman

Date: 28 May 2015,...........Simon Barber …………….Chief Executive

Annexe 3 - National Patient Survey Results 2014

Background

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

Response rate

At the start of 2014, 850 randomly selected service users who had been in contact with Trust were contacted. A total of 209 service users from the Trust responded, representing 25% of those sampled. This figure is lower than the national average (29%).

Interpreting the report

For each question in the survey, the individual responses were converted into scores on a scale of 0 to 10. A score of 100 represents the best possible response. The CQC asks that we note that a score of 8/10 does not mean that 80% of people who have used services in the trust have had a particular experience (e.g. ticked 'Yes' to a particular question), it means that the trust has scored 8 out of a maximum of 10.

A rating is also given to show how the Trust compares to other mental health service providers

Category	Ranking	Comparison with other Trusts
Health and Social Care Workers	7.5 / 10	Average
Organising care	8.3 / 10	Average
Planning care	6.9 / 10	Average
Reviewing care	6.9 / 10	Average
Changes in who people see	6.1 / 10	Average
Crisis care	6.3 / 10	Average
Treatments	6.8 / 10	Average
Other areas of life	4.6 / 10	Average
Overall views and experiences	7.1 / 10	Average

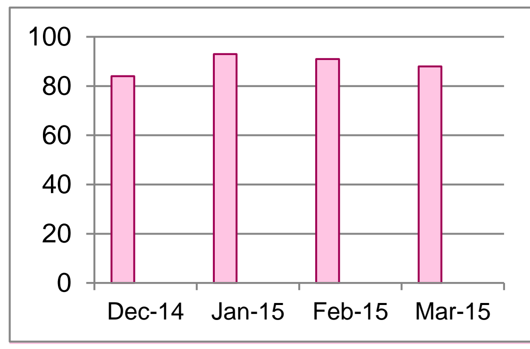
Modern Matrons and Business Managers work with their respective community team and ward managers to identify trends, take actions required and to share good practice.

Annexe 4 - Friends and Family Test

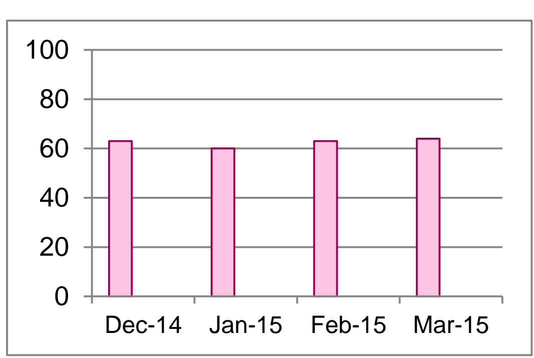
Monthly responses as a percentage who said they were “Extremely likely” or “Likely” to recommend our service, by Business Stream.

Metrics	Dec 14	Jan 15	Feb 15	Mar 15
Total responses	930	829	1175	772
% Recommended (Extremely Likely and Likely)	91%	94%	95%	91%
% Non-Recommended (Unlikely and Extremely Unlikely)	4%	2%	3%	3%

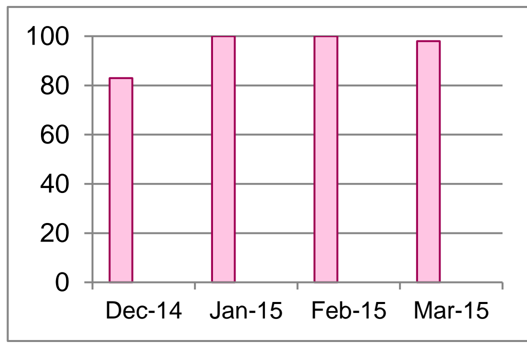
Adult services



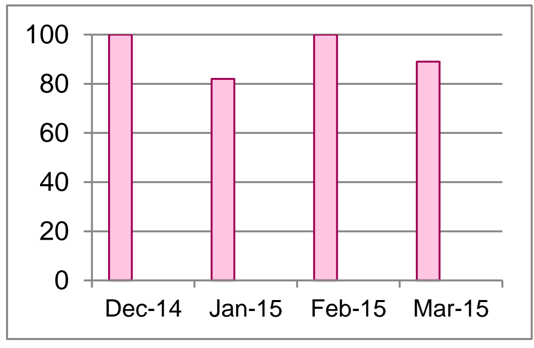
CAMHS



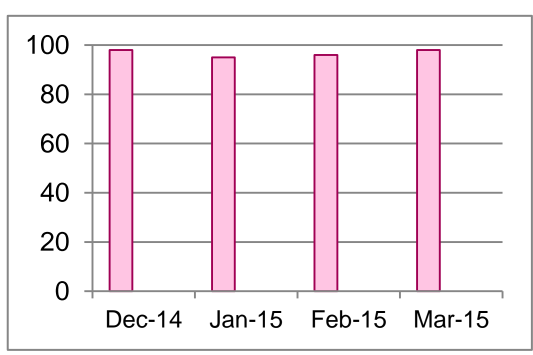
Learning Disability Services



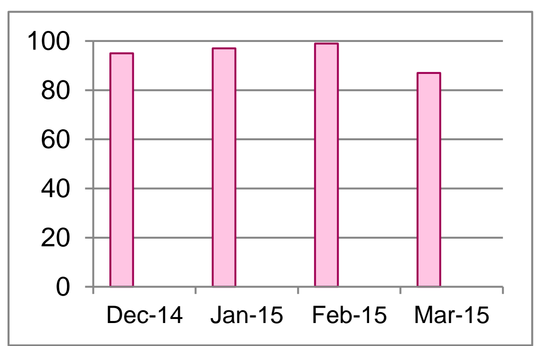
Secure Services



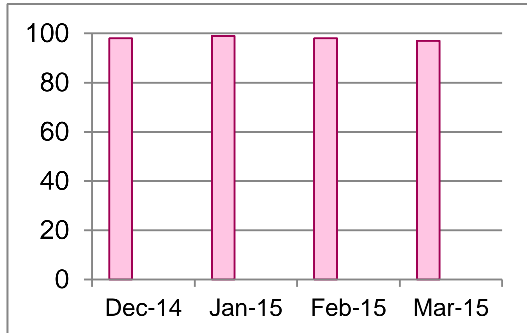
Later Life and Memory Services



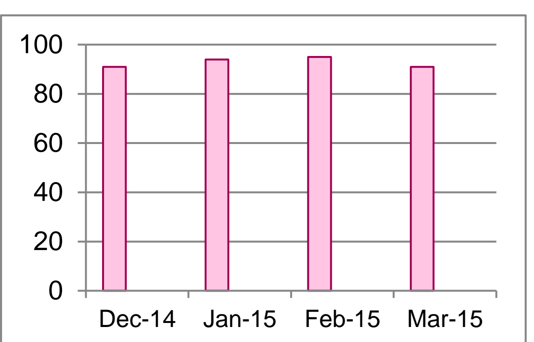
CHS Children Families & Well-being



CHS Physical Health



Trust Total



You Said and together We Did

Comments captured by Friends and Family Test feed directly into service improvements and are publicised in local areas via “You Said and Together We Did” posters and on the Trust website, some examples below.

You Said	Together We Did
You feel there should be more clocks on the ward. (Cavendish Ward)	Clocks have been purchased
You asked that notice of Patient meetings is given at breakfast on the day of the meeting (Lakeside Ward)	This now happens, a notice is placed on the di room door and details are on the whiteboard n the activities room
You would like drinks other than water to be constantly available throughout the day. (Grasmere Ward)	Jugs of squash are now available
You want safe storage for chargers and electrical items. (Bridge Ward)	Each person has an allocated box in a locked which you can access with staff at any time.
You want to reduce snacks and improve health options (Weaver Ward)	Biscuits are still available once per day but now fresh fruit is available throughout the day in the dining room.
You said you wanted to change the time of your Sunday meal. (Rivington Ward)	The roast meal is now in the evening.

For more details of ‘You Said, We Did’ posters visit:
www.5boroughspartnership.nhs.uk/you-said-we-did!/

Annexe 5 - Patient Experience Survey - Community Health Services

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

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

In 2014-2015 Community Health Services undertook a number of bespoke service-specific surveys.

Each individual service conducting a Patient Experience Survey – refining the questions and methodology to meet the specific needs of the patients and to be reflective of the service provided. Questionnaires included opportunities for patients to describe their own experiences in their own words as well as to answer pre-set questions. Results were used to inform action plans created by the Project Lead.

A total of 11 services within Community Health Services participated in patient experience survey with a total of 1559 completed surveys being returned. Services were measured against standards taken from the National Institute for Health and Clinical Excellence Quality Standards for patient experience in adult NHS services February 2012.

Services completing surveys within 2014-2015 were:

- Chronic Pain Management Service - Musculoskeletal Clinical Assessment Centre;
- Musculoskeletal Clinical Assessment Service (MCAS) – (Any Qualified Provider) (AQP – St Helens);
- Musculoskeletal Clinical Assessment Service (MCAS) – Acute;
- Musculoskeletal Clinical Assessment Service (MCAS) – Knowsley;
- Chronic Pain Management Service - Musculoskeletal Clinical Assessment Centre;
- CQUIN Patient Experience – Treatment Rooms, District Nursing, Macmillan Specialist Palliative Care Service, Continence Service, Community Matrons and Intermediate Care

Results

Overall results demonstrate a high standard of care is being delivered to patients accessing our community health services, where necessary localised action plans are in place. Services remain committed to providing feedback to patients and this work remains on-going.

Annexe 6 - Monitor External Assurance Statement

Independent Auditors' Limited Assurance Report to the Council of Governors of 5 Boroughs Partnership NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of 5 Boroughs Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of 5 Boroughs Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance (the "specified indicators"); marked with the symbol Ⓐ in the Quality Report, consist of the following national priority indicators as mandated by Monitor:

Specified Indicators	***Specified indicators criteria***
Admissions to inpatient services had access to crisis resolution home treatment team	In line with the definition included within Monitor's 'Detailed Guidance for External Assurance on the Quality Reports 2014/15'
Minimising delayed transfers of care	In line with the definition included within Monitor's 'Detailed Guidance for External Assurance on the Quality Reports 2014/15'

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2014/15" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

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

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2014/15";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "2014/15 Detailed guidance for external assurance on quality reports".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the "Detailed requirements for quality reports 2014/15; and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the financial year, dated 28/04/2014; 27/05/2014; 30/06/2014; 28/07/2014; 29/09/2014; 27/10/2014; 24/11/2014; 26/01/2015; 23/02/2015; 30/03/2015.

- Papers relating to quality report reported to the Board - Trust Quality & Performance Reports dated March 2014, April 2014, May 2014, August 2014, September 2014, October 2014, December 2014, January 2015, February 2015 and March 2015.
- Feedback from the Commissioners Knowsley Clinical Commissioning Group, dated 15 May 2015 and Wigan Borough Clinical Commissioning Group, dated 15 May 2015,
- Feedback from Governors - Statement on behalf of the Council of Governors on the Trust's Quality Account, signed by Alan Griffiths, Chair of Governors included within the Quality Report;
- Feedback from Local Healthwatch organisations - Halton Healthwatch, dated 15 May 2015; Knowsley Healthwatch, dated 18 May;
- Feedback from Overview and Scrutiny Committee - Warrington Scrutiny Committee, Councillor Anthony Higgins, dated 12 May 2015;
- The Trust's complaints report - Overview of Complaints Activity dated 7 April 2015;
- Feedback from other stakeholder(s) involved in the sign-off of the Quality Report;
- The national and local patient survey - CQC - 5 Boroughs Partnership NHS Foundation Trust Mental Health, dated 18 September 2015;
- The National Staff Survey 2014;
- Care Quality Commission Intelligent Monitoring Reports dated November 2014;
- The Head of Internal Audit's annual opinion over the Trust's control environment - KPMG Internal Audit Annual Report 14/15 dated May 2015.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of 5 Boroughs Partnership NHS Foundation Trust as a body, to assist the Council of Governors in reporting 5 Boroughs Partnership NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and 5 Boroughs Partnership NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2014/15";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; 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

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM the "Detailed requirements for quality reports 2014/15 and the Criteria referred to above.

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

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2015,

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2014/15";
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "Detailed guidance for external assurance on quality reports 2014/15".

PricewaterhouseCoopers LLP

101 Barbirolli Square, Lower Mosley Street, Manchester, M2 3PW

28 May 2015

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

Annexe 7 - Complaints Report 2014-2015

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

During the period 1 April 2014 to 31 March 2015:

We received **268** complaints representing a 9% increase in the volume of complaints compared to the previous year's figures.

We closed **260** complaints. Of the **260** closed complaints:

224 (86.2%) were closed within a timescale agreed with the complainant, compared to 83.7% last year.

36 (13.8%) were closed outside of this agreed timescale, compared to 16.3 % last year.

112 (43.1%) had none of the issues complained about upheld, compared to 42.5% previously.

124 (47.7%) were well-founded (had some or all of the issues complained about upheld), compared to 50.2% previously.

24 (9.2%) were withdrawn or not progressed by the complainant.

During the reporting period we were informed of 4 complaints that were referred to the Parliamentary and Health Service Ombudsman. The Ombudsman investigated 6 complaints during that period (some were carried forward from the previous year) and partly upheld one complaint against the Trust.

Breakdown of themes of complaints (Top 5):		Last year 2013-2014	
• Staff attitude	18.2%	Staff Attitude	18.6 %
• Care issues	15.7%	Care issues	16.0 %
• Communication	15.4%	Communication	15.2 %
• Appointments	11.3%	Clinical treatment	9.5 %
• Clinical treatment	10.6%	Appointment issues	8.8 %

We received **1698** compliments, a 19.5% increase on the previous year's figures.

We received **44** MP enquiries, a 57% increase from last year.

We received **304** concerns, compared to 351 the previous year.

Annex 8 - Statement of changes as a result of feedback

- Inclusion of serious incidents section;
- Inclusion of delayed transfer of care data;
- Statements received from Stakeholders;
- Inclusion of delayed discharges figures 2014-15 assured by Pricewaterhouse Cooper LLP.