5 Boroughs Partnership
NHS Foundation Trust

Quality Account 2015-2016

Version: QA FINAL

Contents

Part 1 - Our Commitment to Quality

1.1 Our Quality Account 2015-2016

This is the seventh 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 Committee, our staff, service users and carers from across our organisation.

We have also consulted with key external stakeholders including:

- Overview and Scrutiny Committees
- Healthwatch organisations
- Clinical Commissioning Groups

You can read what our stakeholders have to say about our quality performance in section 2.5 of this report.

Throughout 2015-16 I have overseen continued challenge and improvement in the way that the Trust delivers on quality and safety. During 2015-16 the Quality

Committee agreed the 2015-18 Quality Strategy and Quality Improvement Plan, which includes the following elements;

- Quality Objectives – all quality initiatives are categorised into these objectives
- Quality Big Dots – longer term aspirational goals with yearly quality initiatives
- Quality Priorities – yearly quality initiatives developed in partnership with our service users, carers and stakeholders
- Quality Improvement Cycle – measurement of quality to inform future quality improvement
- Sign Up to Safety – National safety campaign
- Lessons Learned – continual learning and improvement from experience

In addition during 2015-16 the Trust developed the Trust's Safety Improvement Strategy which compliments the Quality Strategy.

Both strategies are 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 and safety, 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 achieving all our 2015-2016 Quality Priorities:

- **Safety: Sign Up to Safety** The campaign launched by NHS England in 2014, to improve safety and reduce avoidable harm has been successfully implemented over the past year, showing progress against our five pledges:
    1. Put safety first
    2. Continually learn
    3. Honesty
    4. Collaborate
    5. Support

    Trained Safety Ambassadors and other initiatives including the roll out of the safety thermometer have been introduced to improve the safety culture.

- **Effectiveness: Care planning** The Trust has used volunteers to review documentation for care planning for the Trust's new electronic records system Rio. Reviewing care plans has been an important part of the evaluation process. A revised clinical audit programme has utilised members of the involvement scheme to undertake interviews with service users on their experiences and involvement within their care plans. The outcomes from these audits have been used to shape improvements.

- **Experience: Using patient and staff feedback to shape improvements in services** The aim for this quality priority was to bring together feedback from patients, service users, carers and staff to form continuous improvement to services. During 2015-16 the PALS (Patient Advice and Liaison Service) and Complains team created a single point of access for people who had a concern. This alongside with supporting our operational teams to resolve concerns locally has seen a 31% reduction in formal complaints. These improvements to services has enabled quicker resolution, reducing concerns escalating to formal complaints, and providing an overall better quality service to people when they raise a concern.

  Ensuring we recruit the right people who are caring, compassionate and committed is essential to providing good quality care. To support us to achieve this, a number of values based recruitment initiatives were introduced. These included values based questions in interviews, and developing the pool of service users who participate in interview panels.

During 2015-2016 the Trust was subject to 12 routine visits by the Care Quality Commission in relation to the Mental Health Act. The Trust has received and responded to all of the reports received, providing action plans to the Care Quality Commission for any areas which required improvement. A table detailing these inspections is included at section 3.3.2 of this document.

In July 2015, the Trust underwent a full comprehensive inspection by the Care Quality Commission. During the visit by the Care Quality Commission reviewed all 12 of the Trust's core services, publishing a report for each and an overall report in February 2016. The Trust's overall rating is 'requires improvement'. All of the Trust's reports are available to view on the Care Quality Commission website here.

Overall I believe that the experience and outcome of the inspection was positive, as we achieved a 'good' rating for nine out of the ten core mental health services, and 'good' for two of the three core community health services. We were also rated as 'good' for the domains of effective, caring and responsive. The Quality Summit held on 29 January 2016 supported this view, with positive feedback received from the Care Quality Commission Inspection Chair, Care Quality Commission Head of Inspection, Monitor and our stakeholders. An action plan has been submitted and accepted by the Care Quality Commission and the Trust expects a re-inspection before the end of July 2016. Further details of the Care Quality Commission inspection are included in section 3.3.2 of this report.

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 Safety Walkabouts undertaken by Executive and Non-Executive Directors. A total of 37 have taken place between May 2015 and the end of March 2016 which has included all inpatient areas. Feedback is provided at the beginning of each Trust Board Meeting, following the patient story, providing an increased understanding at Board-level of the work that we do and the care we provide. Feedback from clinical teams has been very positive, with teams asking for the Board to visit their services.

The quality priorities for 2016-17 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 the high level objectives of the Trust, and we look forward to seeing progress made throughout the year for each.

Engagement with our service users, carers and the public continues to be a priority. Myself and the Chief Executive continue to support these events such as; the Annual Involvement Event, Ignite your Life and the Arts Festival. The refresh of the Service User and Carer Forums has also enhanced our ability to communicate with the wider community and I look forward to continuing to support these events.

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:

> *'"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 (Governors Assurance Committee).

These statements are included at section 2.5 of this report.

1.8 Statements from External Stakeholders

Supporting statements have been invited from:

- Overview and Scrutiny Committees

- Healthwatch organisations
- Lead Commissioner Statement
- Clinical Commissioning Groups
- Health and Wellbeing Boards

These are also included at Annex 1.

1.9 Chief Executive's Written Statement and Signature

I confirm that to the best of my knowledge the information in the 2015-2016 Quality Account is accurate in all material respects.

Simon Barber

Chief Executive

25 May 2016

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 2015-2016

We start this section by reporting on our achievement against the Trust Quality and Safety Priorities we set ourselves for 2015-2016.

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.

2015-2016 QUALITY PRIORITY ONE – SAFETY

Sign Up to Safety

Rationale	Outcome	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-	**Met**	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 percentage target reduction in years 1, 2 and 3. • Develop and design the role of the Safety Ambassador.

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 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.		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.

Support the promotion of a Coaching Culture within the organisation and continue to deliver the coaching skills programme to staff.		

How we achieved this quality priority

- Developed the Trust's Safety Improvement Strategy which included a year one work plan and communication plan. A Sign Up to Safety Steering Group has been established and this group receives updates as to progress against each of the five areas that had set targets for the reduction of avoidable harm.
- The Trust has introduced several initiatives which act as enablers to improve the safety culture within the organisation. Bespoke safety improvement training has been developed in conjunction with Advancing Quality Alliance and this was delivered to the first cohort of 'Safety Ambassadors' which included Matrons, Quality Leads and Psychology and Nursing Representatives from inpatient wards. To date 15 ambassadors and leads have been trained and they support wards and teams to identify risk themes and develop safety improvement initiatives.
- Mental Health Safety Thermometer was rolled out across all Warrington services (with exception of Secure Services). The harms reported are:
    1. Incidents of Restraint
    2. Incidents of Self Harm
    3. Psychological safety
    4. A victim of violence or aggression
    5. Omissions of medication
- The self-harm reduction pilot held on Cavendish Ward has now been rolled out to two further in patient units.
- The ReSTRAIN research project undertaken in conjunction with University of Central Lancashire and Advancing Quality Alliance was completed. An information sharing event is scheduled for June 2016; following this the Trust will be involved in implementing successful initiatives from the research findings.
- Executive support has been agreed in relation to the safety culture questionnaire. The questionnaire adopted has been developed by the Agency for Health Care Research and Quality and endorsed by Advancing Quality Alliance. The questionnaire will be used to evaluate the Trust's Safety Culture and results will be used to shape work plan for year two of the programme.

2015-2016 QUALITY PRIORITY TWO – EFFECTIVENESS

Care Planning

Rationale	Outcome	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 National Institute for Health and Care Excellence (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?	**Met**	We will ensure that the care planning module in RiO, the Trust's new electronic record system; 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.

How we achieved this quality priority

- Volunteers have participated in on-going discussions led by a Nurse Consultant Lead to review documentation for Care Planning within the Rio system. As the rollout of Rio has been subject to some delay the development of an audit element has been revised.
- In order to gather evidence that care plans are person centred and formed in partnership with service users and carers, the Trust refreshed the Care Planning Audit Programme. We implemented a revised schedule of interviews with service users in relation to their involvement and development of care plans. These interviews were undertaken by members of the Involvement Scheme.
- The schedule of audits for 2015-2016 has been implemented. The audit is qualitative focussed and volunteers undertake interviews, both face to face and via telephone with patients to gather their satisfaction in relation to their care plans. The latest audit was undertaken in February 2016.
- An audit of 50 sets of randomly selected Care Records of patients subject to the Care Programme Approach was undertaken in October 2015. The findings from this audit were reported to the Quality Committee.
- In February 2016 a further audit of approximately 70 sets of randomly selected care records of patients who were Non-Care Programme Approach was undertaken.
- Analysis of findings is utilised to shape service developments and re-audit incorporates these findings to ensure recommendations have been implemented and embedded within practice.

2015-2016 QUALITY PRIORITY THREE – EXPERIENCE

Using patient and staff feedback to shape improvements in services.

Rationale	Outcome	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 from patients and staff the Trust will show changes in processes and/or service to improve overall experience.	**Met**	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 and Liaison Service) • Family and Friends Test • Trust's values based recruitment activity **PALS** (Patient Advice and Liaison Service) 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.

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

The Friends and Family Test was introduced to all areas of the Trust from January 2015. Outcomes from the Friends and Family Test 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 the Friends and Family Test.

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 the Friends and Family Test.

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 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 selection tools which we would like to develop further as below.

Quarter 1

- Continue to actively promote the Values Based Interview tools across Nursing and seek on going feedback from managers.
- Trial the Admin and Clerical Values Based Interview 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 Values Based Interview 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 Values Based Interview questions for both substantive and bank posts. This will include on-going evaluation from recruiting managers. • Create a Values Based Interview 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 Values Based Interview 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 Values Based Interview questions for Medical and Consultant recruitment, engaging senior medical leaders in the design of questions. • Start work on the design of Allied Health Professionals Values Based Interview 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.

How we achieved this quality priority for PALS (Patient Advice and Liaison Service) and Friends and Family Test

- The PALS and Complaints Team have merged and provide a single point of access for service users, patients and the public. All data pertaining to contacts is recorded onto the Datix Risk management system.
- A Patient Experience Report has been developed that incorporates complaints, PALS, Friends and Family Test feedback and other Forums such as Patient Opinion and Service User and Carer Forums. This approach mirrors national guidance on ensuring that the whole picture is viewed in relation to Patient Experience. The intelligence within the report is used to shape discussion and actions at the Lessons Learned Forum and quality monitoring meetings with Commissioners.
- Friends and Family Test feedback is gathered, Trust wide. The intelligence gained from these comments has enabled operational services to develop actions in response. These changes are then promoted via 'You said, we did' posters that are displayed on wards/public areas. A selection of the actions undertaken is also provided to Trust Board on a monthly basis, along with overall satisfaction ratings and response rate.

How we achieved this quality priority for Values Based Recruitment

- The Values Based Interview tools have been actively promoted, with feedback used to reflect the behaviours and skills needed in recruiting the right people.
- A successful trial led to a Trust-wide roll out of administrative and clerical Values Based Interview tools which proactively involved managers in the development of questions.
- All posts advertised on NHS Jobs now have a Values Based Interview question added requiring candidates to evidence how they ensure they provide high quality care.
- There has been further development of the pool of service user and carer Values Based Interview questions.
- Work has commenced to involve Domestic Managers in the introduction of Values Based Interview questions for both substantive and bank posts to include on-going evaluation from recruiting managers.
- A Values Based Interview assessment centre has been created for the admin

bank which includes a Values Based Interview, role specific questions, scenario exercises and two role specific tests. Nurse Recruitment Events were held during March 2016 which used scenario based exercises including safeguarding and values elements, in addition to a Values Based Interview.

- Work has commenced on the Values Based Interview tool for Psychological Therapies and a number of managers from Psychological Therapies have attended Values Based Interview training and started to use the values based questions.
- Work has started and will continue during 2016-17 to extend the service user and carer interview involvement scheme to band 4, 5 and 6 posts.
- Values Based Interview questions for Consultants have been developed and will sit within the re-design of the medical selection process.
- A large number of Allied Health Professional managers have attended the training and are using the Values Based Interview questions in their areas; Speech and Language Therapies, Occupational Therapies, Physiotherapy.
- Attendance at Values and Behavioural Based Interview Training is now mandatory for all interviewers; over 110 managers and 30 service users and carers have attended. Regular feedback is taken to ensure the Values Based Interview tools reflect the behaviours and skills needed. We have delivered a Values Based Interview session to student nurses at Liverpool John Moores University and attendance at other universities is scheduled.

2.2 Improving on 2015-2016 Quality Measures

The Trust's Quality and Safety Priorities for 2015-2016 have all been met and continue to be quality initiatives for the Trust, but have been replaced with new quality priorities for 2016-17 as agreed with our stakeholder organisations.

Below details how the Trust will continue to develop and monitor the 2015-16 quality priorities, and how they are linked with the quality priorities for 2016-17.

- **Safety:** Sign Up to Safety remains as one of the main 6 areas of the Trust's 3 year Quality Strategy 2015-2018. The Trust's Safety Improvement plan identifies the following five pledges that will see a continuous reduction in avoidable harm;
    1. Put safety first
    2. Continually learn
    3. Honesty
    4. Collaborate
    5. Support

    Progress for Sign Up to Safety will continue to be monitored by the Quality Committee, in line with the Quality Strategy and Implementation Plan.

- **Effectiveness**: Care Planning continues to be a quality area for the Trust. A range of agreed clinical audits for 2015-16 will establish the Trust's application of the Care Programme Approach against the expected standards. The 2016-17 quality priority for End of Life Care Strategy, will measure the Trust's approach to meeting the needs of patients approaching end of life, and is directly linked to care planning. Monitoring of audits and quality priorities will be undertaken periodically by the Quality Committee.

- **Experience:** Using patient and staff feedback to shape improvements in services continues to be a key focus, building on the improvements made during 2015-16, it will continue to use the robust governance systems in place to report on Friends and Family Test, complaints, concerns and compliments. Values based recruitment will continue to be rolled out further, ensuring that we recruit the right people, who are caring, compassionate and committed, and improving the experience of the people we care for.

2.3 Quality and Safety Priorities for Improvement 2015-2016

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 2015-2016.

Healthwatch organisations have also provided significant guidance and feedback from our local communities to engage the Trust in discussions around progress in-year against 2015-2016 Quality Priorities and setting the 2016-2017 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 2016-2017 and will be quality targets agreed with our commissioners.

2016-2017 QUALITY PRIORITY FOR SAFETY

Lessons Learned Strategy

Rationale	Indicator / measure
In an increasingly scrutinised health economy, it has never been more important for organisations to ensure a culture wherein lessons are learned and embedded to prevent recurrence. The Trust is keen to foster a culture for reviewing and analysing areas when things go wrong and then ensuring we communicate the lessons learned and embed key actions to help prevent future issues, particularly in relation to service delivery and care. The Lessons Learned Forum was formed to provide assurance to the Trust that lessons are learned from incidents. This is to prevent recurrence by holding to account, strategic and operational groups to deliver on actions from incidents linked to rapid improvement. The group is tasked with monitoring and testing improvements made to ensure they are sustained and embedded.	Quarter 1 • We will review the incident reporting policy to incorporate lessons learned. • We will develop a system for recording and tracking progress against Lessons Learned themes which have been identified from serious incidents. Quarter 2 • We will develop a system for capturing and following up on actions from Lessons Learned themes. • Actions identified will be measurable, with realistic timescales and allocated to a responsible individual or group who will be accountable for delivery. Monitoring of actions and outcomes will be undertaken by the Lessons Learned Forum. Quarter 3 • Lessons Learned from incidents will be examined to look for patterns and trends so reporting and actions becomes more proactive and preventative. • Actions from Quarter 1, 2 and 3 will be measured through reporting which will show a reduction in the number of incidents identified and communicated as part of the Lessons Learned Trust-wide communication portfolio (Core Brief, In View and Patient Safety Alerts) which recur. Quarter 4 • The Lessons Learned Forum will expand its remit to incorporate reports from Patient Safety Walkabouts, Internal Quality Reviews, complaints and disciplinaries so information is triangulated. Data will be used to highlight concerns for early intervention. • A process for evaluation of actions from Lessons Learned themes will be determined. • A ‘deep dive’ into one incident theme identified as part of Lessons Learned will be undertaken and the outcomes reported to determine if the Trust wide publications are having an impact on learning from incidents.

2016-2017 QUALITY PRIORITY FOR EFFECTIVENESS

End of Life Care Strategy

Rationale	Indicator / measure
The End of Life Care Strategy sets out the Trust's approach to ensuring we meet the needs of patients approaching the end of life both imminently or when they are likely to die within the next 12 months. It includes patients whose death is expected within a few days or hours, as well as patients with progressive, life-limiting illness in the last year of life. End of Life Care is defined as the total care of a person with an advanced incurable illness and does not just equate with dying. This care helps those with advanced, progressive, incurable illness to live as well as possible until they die and this reflects the principles of our Living Life Well Strategy. The strategy also focuses on ensuring the Trust is able to meet the needs of families and carers. During 2016-17, we want to build on work completed in 2015 in developing this strategy and accompanying policies and procedures. We want to ensure that all care delivered at end of life is of high quality, evidenced as best practice and standardised.	There are four indicators which demonstrate standardised and effective quality care at end of life: 1. Safe management of controlled drugs 2. Standardised recording of care using or following the requirements of the Care and Communication Record 3. The number of appropriate patients on the GP Practice Gold Standards Framework Register 4. Achievement of the Preferred Place of Care Quarter 1 • The Electronic Patient Record System within Community Health Services will be developed in order to accurately record the above four indicators. • We will develop an audit tool to capture all four indicators Quarter 2 • We will audit 10 care records per District Nursing Team per month using the new audit tool. • We will report the findings of the audits to the Quality Committee on a quarterly basis identifying any trends and themes. 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.

2016-2017 QUALITY PRIORITY FOR EXPERIENCE

Living Life Well Strategy

Rationale	Indicator / measure
The Living Life Well Strategy is an important element of our programme of cultural change. It supports and is supported by our Culture of Care Strategy and our Trust Values in relation to our patients and service users, our colleagues and ourselves. The Trust's overall purpose states; ***"We will take a lead in improving the lives of our communities in order to make a positive difference throughout peoples' lives"*** Making a positive difference is about supporting people who use our services to live their life well. The Living Life Well Strategy is based on 12 key principles: 1. People who use our service have their basic needs identified and addressed. 2. People who use our services have their goals identified and addressed. 3. All our teams provide. personalised services. 4. All services are strengths based. 5. All services promote social inclusion. 6. All services work in partnership with people who use services and their carers as equals. 7. Informal carers are involved. 8. Services encourage advance planning. 9. Services encourage self-management. 10. Staff are supported and valued.	In 2015 we established a Living Life Well Programme Board and an Expert Reference Group. We protected time for six teams to have facilitated workshops to look at how they would incorporate the principles of Living Life Well into their every-day work and how they could use them as a service improvement tool. Quarter 1 We will report on the work done, celebrate and communicate the achievements of the first wave sites. • We will identify where the outcomes and products of the first wave sites can be spread and adopted. • We will identify a second wave of teams to develop their projects. • We will audit the number of patients who are receiving care according to the principles of Living Life Well. Quarter 2 • We will commence the second wave sites affording them facilitated protected time. • We will support adoption of first wave products and audit their implementation. • We will grow teams of facilitators from previous wave teams. • We will audit the number of patients who are receiving care according to the principles of Living Life Well. Quarter 3 • We will commence third wave sites affording them facilitated protected time. • We will support adoption of second wave products and audit their implementation. • We will grow teams of facilitators from previous wave teams. • We will audit the number of patients who are receiving care according to the principles of Living Life Well.

11. All the above principles are evident in the way we deliver our services and work with our partners, and 12. Our strategic intentions reflect our commitment to supporting our communities to live their lives well.	Quarter 4 • We will commence fourth wave sites affording them facilitated protected time. • We will support adoption of third wave products and audit their implementation. • We will grow teams of facilitators from previous wave teams. • We will audit the number of patients who have received care according to the principles of Living Life Well in 2016-17.

2.4 Trust Quality Strategy and Improvement Plan

The use of quality and safety improvement methodology is used Trust wide. This ensures that standard tools are used to develop, manage and monitor the Trust's Quality Strategy and Improvement Plan; ratified by the Quality Committee in November 2015.

The Quality Strategy is overseen by the Quality Committee, which is supported by the Quality Strategy Implementation Plan. The Trust Quality Strategy identifies the Trust's quality goals; it includes in-year quality initiatives at both local and Trust-wide levels. Past and present quality priorities are 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 Trust has robust quality governance arrangements in place, which will continue to support the Trust quality initiatives in the future.

The Quality Accounts can be found on the Trust's website:

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 the standards that regulate quality and safety as detailed within the Health and Social Act;
- 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 included at section 3.1 of this document).

2.5.1 Review of Contracted Services

During 2015-2016, the 5 Boroughs Partnership NHS Foundation Trust provided and/or sub-contracted 70 relevant health services.

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

The income generated by the relevant health services reviewed in 2015-2016 represents 100 per cent of the total income generated from the provision of relevant health services by the 5 Boroughs Partnership NHS Foundation Trust for 2015-2016.

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's Clinical Audit Programme for 2015-16, incorporated all relevant national clinical audits and confidential inquiries, providing the opportunity to benchmark the quality of our services against other participating providers, and to make improvements where identified.

The audit programme has also supported elements of the Quality Strategy, and other quality initiatives such as Commissioning for Quality and Innovation targets during 2015-16, providing evidence and assurance that agreed actions have been successful in improving the quality of care provided.

Other, locally agreed clinical audit activity during 2015-16, has been used effectively to review new and specific areas allowing us to understand and establish our working practices against specific policies, procedures, standards and best practice. Outcomes from re-audits during 2015-16 have continued to show improvements in the care we provide.

During 2015-2016 ten national clinical audits and one national confidential enquiry covered relevant health services that 5 Boroughs Partnership NHS Foundation Trust provides.

During that period, 5 Boroughs Partnership NHS Foundation Trust participated in 100 per cent 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 2015-2016 are as follows:

Prescribing Observatory for Mental Health UK Topic 13b – Prescribing for Attention Deficit Hyperactivity Disorder in children

Prescribing Observatory for Mental Health UK Topic 14b – Prescribing for Substance Misuse: Alcohol Detoxification

Prescribing Observatory for Mental Health UK Topic 15a – Prescribing Valproate in Bipolar Disorder

Commissioning for Quality and Innovation – Cardio metabolic Assessment for Patients with Schizophrenia 2015-2016

(SSNAP) Sentinel Stroke National Audit Programme Stroke Audit (Organisational)

(SSNAP) Sentinel Stroke National Audit Programme (Clinical)

National Audit of Intermediate Care

National Chronic Obstructive Pulmonary Disease (COPD) Rehabilitation Audit

The Early Intervention in Psychosis Audit (Organisational)

The Early Intervention in Psychosis Audit (Clinical)

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 2015-2016 are as follows:

Prescribing Observatory for Mental Health UK Topic 13b – Prescribing for Attention Deficit Hyperactivity Disorder in children

Prescribing Observatory for Mental Health UK Topic 14b – Prescribing for Substance Misuse: Alcohol Detoxification

Prescribing Observatory for Mental Health UK Topic 15a – Prescribing Valproate in Bipolar Disorder

Commissioning for Quality and Innovation – Cardio metabolic Assessment for Patients with Schizophrenia 2015-2016

(SSNAP) Sentinel Stroke National Audit Programme Stroke Audit (Organisational)

(SSNAP) Sentinel Stroke National Audit Programme (Clinical)

National Audit of Intermediate Care

National Chronic Obstructive Pulmonary Disease (COPD) Rehabilitation Audit

The Early Intervention in Psychosis Audit (Organisational)

The Early Intervention in Psychosis Audit (Clinical)

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 2015-2016, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of Audit	Number of cases submitted	% of required cases provided
Prescribing Observatory for Mental Health UK Topic 13b – Prescribing for Attention Deficit Hyperactivity Disorder in children	27	100%
Prescribing Observatory for Mental Health UK Topic 14b – Prescribing for Substance Misuse: Alcohol Detoxification	33	100%
Prescribing Observatory for Mental Health UK Topic 15a – Prescribing Valproate in Bipolar Disorder	59	100%
Commissioning for Quality and Innovation – Cardio metabolic Assessment for Patients with Schizophrenia 2015-2016	100	100%
(SSNAP) Sentinel Stroke National Audit Programme Stroke Audit (Organisational)	1	100%
(SSNAP) Sentinel Stroke National Audit Programme (Clinical)	68	100%
National Audit of Intermediate Care	Bed – Patient Reported Experience Measure (PREM)	N/A

	19/50 Bed – Service User Questionnaire (SUQ) 50/50 Home – Patient Reported Experience Measure PREM 67/100 Home – Service User Questionnaire (SUQ) 16/100	N/A N/A N/A
National Chronic Obstructive Pulmonary Disease Rehabilitation Audit	74	95%
The Early Intervention in Psychosis Audit (Organisational)	3	100%
The Early Intervention in Psychosis Audit (Clinical)	59	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	Suicide Questionnaires 19/20 Homicide Questionnaires None sent SUD Questionnaires 1/4	95% N/A 25%

Reports have been received for the following National Audits in 2015-2016:

- Prescribing Observatory for Mental Health UK Topic 13b – Prescribing for Attention Deficit Hyperactivity Disorder in children
- National Audit of Intermediate Care
- National Chronic Obstructive Pulmonary Disease Rehabilitation Audit
- (SSNAP) Sentinel Stroke National Audit Programme Stroke Audit (Organisational)

The reports of four national clinical audits were reviewed by the provider in 2015-2016 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
- Timescales for each action are established and agreed
- Follow-up actions are agreed by the Trust

The reports of 178 local clinical audits were reviewed by the provider in 2015-16 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
- Timescales for each action are established and agreed
- Follow-up actions are agreed by the Trust

2.5.3 Participation in Clinical Research

Evidence suggests that when health-care organisations engage in research this is likely to have a positive impact on health-care performance. 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 also helps to ensure that our clinical staff stay well informed of the latest treatment possibilities.

The number of patients receiving relevant health services provided or sub-contracted by 5 Boroughs Partnership NHS Foundation Trust in 2015-2016 that were recruited during that period to participate in research approved by a research ethics committee 181.

The Trust was involved in 61 research studies in Mental Health, Learning Disabilities and Community Health Services in 2015-2016, 40 of which were new studies granted Trust permission during this time. The studies have included UK Clinical Research Networkportfolio research funded by the National Institute for Health Research or other grant programmes, commercially funded clinical trials of investigational medicinal products and student research projects seeking to recruit patients, carers and/or members of staff. This has 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, psychosis, bi-polar disorder, autism, perinatal mental health, personality disorder and self-harm.

The Trust is 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 was successful in meeting and exceeding the portfolio study recruitment target set by the Clinical Research Network: North West Coast for 2015-2016.

During 2015-2016, the number of publications from Trust employees was 30.

2.5.4 Commissioning for Quality and Innovation Payment Framework

A proportion of 5 Boroughs Partnership NHS Foundation Trust's income in 2015-2016 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 Clinical Commissioning Groups 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 2015-2016 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 Commissioning for Quality and Innovation targets for 2015-2016.

During 2015-2016 the Trust attracts 2.3 per cent of our contract value as CQUIN (Commissioning for Quality and Innovation) payments. The total available within the CQUIN framework during that period was £3.1m.

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.

2.5.5 Registration with Care Quality Commission

5 Boroughs Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions attached to registration.

The Care Quality Commission has taken enforcement action against 5 Boroughs Partnership NHS Foundation Trust during 2015-2016.

The Trust had a comprehensive assessment in July 2015; the overall outcome was the Trust 'Requires Improvement'. The enforcement action taken by the Care Quality Commission was to issue requirement notices for areas where the

Trust breached regulations. Further information about the Care Quality Commission comprehensive assessment is included at section 3.3.2 of this document.

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

2.5.6 Quality of our Data

5 Boroughs Partnership NHS Foundation Trust submitted records during 2015-2016 to the Secondary Uses service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data:

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

  99.63% for admitted patient care;
  100% for outpatient care; and
  96.32% for accident and emergency care.

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

  98.97% for admitted patient care;
  98.38% for outpatient care; and
  98.02% 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 2015-2016 was 68 per cent and was graded 'Green' = Satisfactory.

The Trust commissioned an independent review of its proposed Information Governance Toolkit submission, which was undertaken by the Trust's Internal Auditors in February 2016. The overall level of assurance given was 'Significant Assurance with Minor Improvement Potential' – the second highest level in a four-point scale.

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 January 2016. 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 and Memory Services and Children and Young People's Services during May 2015. 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 2015-2016 Quality Account. The following tables show the Trust's performance compared to the Health and Social Care Information Centre data representing all of England.

TABLE 1	**Health and Social Care Information Centre benchmarking data**			**Trust %**	
	National Average	**Highest Reported**	**Lowest Reported**	**Full Year 2014-15**	**Full Year 2015-16**
The Percentage of Patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period	Quarter 3 2015-16 96.9%	100%	50% (outlier 3 of 6) 90.9%	96.1%	96.05%

The 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.

The 5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by utilising the 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	Health and Social Care Information Centre benchmarking data			Trust %	
	National Average	Highest Reported	Lowest Reported	Full Year 2013-14	Full Year 2014-15
The Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	97.4%	100%	61.9%	99.1%	99.2%

The 5 Boroughs Partnership NHS Foundation Trust considers that this data is as described for the following reasons: 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, by utilising 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	Health and Social Care Information Centre benchmarking data (most recent data available 2011-2012 – released April 2014)			Trust %	
	National Average	Lowest	Highest	Full Year 2014-15	Full Year 2015-16
The percentage of patients aged 0-15 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	10.26%	0%	0%	0%	0%
The 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	11.96%	0%	41.65%	7.4%	6.7%

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 by, utilising the 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	Health and Social Care Information Centre benchmarking data	Trust %	
	National 2013	2013	2014
The trust's '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 Health and Social Care Information Centre website

The above table uses the most up to date information available, and is the same as shown in the Trust's Quality Account last year.

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, by using 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	Health and Social Care Information Centre benchmarking data				
	Reporting Period Latest Available	National Average	Lowest Reported	Highest reported	Trust perfor-mance
Number of patient safety incidents reported.	1 Apr 2014 to 30 Sep 2014	2396	4	5852	2820
	1 Oct 2014 to 31 Mar 2015	2428	8	5784	2344
Rate of patient safety incidents (per 1000 bed days)	1 Apr 2014 to 30 Sep 2014	37.0	7.2	90.4	52.9
	1 Oct 2014 to 31 Mar 2015	38.9	4.8	92.5	44.9
Number of patient safety incidents that resulted in severe harm or death	1 Apr 2014 to 30 Sep 2014	24.30	0	87	11
	1 Oct 2014 to 31 Mar 2015	26.37	0	122	16
Percentage of patient safety incidents that resulted in severe harm or death	1 Apr 2014 to 30 Sep 2014	0.41%	0.03%	3.03%	0.21%
	1 Oct 2014 to 31 Mar 2015	0.45%	0%	2.93%	0.31%

5 Boroughs Partnership NHS Foundation Trust considers that this data is as described for the following reasons; the information in table five shows that we are improving our patient safety in areas where severe harm or death is the outcome. We believe this is as a result of scrutiny across the organisation at all levels. Robust procedures are in place including a quality assurance process which utilises Team Managers, Operational Managers, and Assistant Directors of operational services in identifying are reporting incidents. The Risk Management team ensure the National Patient Safety Agency data is uploaded accurately.

For the full reporting period 2015-2016 the Trust percentage of National Patient Safety Agency reported patient safety incidents that resulted in severe harm or death is 0.90 per cent.

5 Boroughs Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by ensuring that patient remains a safety 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.

Part 3 - Other Information

During 2015-16 the Quality Committee agreed the 2015-18 Quality Strategy and Quality Improvement Plan, which includes the following elements;

Quality Objectives –all quality initiatives are categorised into these objectives
Quality Big Dots – longer term aspirational goals with yearly quality initiatives
Quality Priorities – yearly quality initiatives developed in partnership with our service users, carers and stakeholders
Quality Improvement Cycle –measurement of quality to inform future quality improvement
Sign Up to Safety - National safety campaign
Lessons Learned – continual learning and improvement from experience

In addition during 2015-16 the Trust developed the Trust's Safety Improvement Strategy which compliments the Quality Strategy, shown in Annex 6 of this document.

Both strategies are overseen by the Quality Committee, a sub-committee of the Trust Board that provides leadership and assurance on the effectiveness of Trust arrangements for quality and safety. The Quality Committee ensures there is a consistent approach throughout the Trust, specifically in the areas of: safety, effectiveness and patient experience.

Throughout 2015-16 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. The embedding of values based recruitment ensures we recruit the right people who are caring, compassionate and committed, essential to providing good quality care.

Our programme of internal quality reviews continued during 2015-16, and was complimented by the introduction of Safety Walkabouts undertaken by Executive and Non-Executive Directors. Starting in May 2015, a full programme of visits has included all inpatient areas. Feedback is provided at the beginning of each Trust Board Meeting, following the patient story, providing an increased understanding of the work that we do and the care we provide. Both review visits follow a structured

process with opportunity to talk and discuss safety and quality of care issues with staff, patients and their carers.

During 2015-16, the 'Future Fit' programme restructured clinical services to align more fully to the 5 Boroughs. The benefits of the changes are already influencing the services we provide ensuring that we meet the needs of different populations that we serve.

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 2015-2016 and establishing our Quality and Safety Priorities for 2016-2017 (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.

The Quality Measures were established by Chief Nurse and Executive Director of Operational Clinical Services and the Director of Strategy and Organisational Effectiveness on behalf of the Trust Board, following feedback received from stakeholders for last year's Quality Account. The indicators remain the same as those reported in our previous Quality Account and provide a balanced and transparent view of Quality and Safety Indicators used by the Trust. We continue to use the Commissioning for Quality and Innovation 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.

Progress against the Quality Measures is routinely reported to the Trust Board. The following table shows our progress during 2015-2016.

TABLE 7 Domain	Indicator to be measured	Detailed Definition	2015-16 in-year movement against previous year	2014-15 Full Year Position	2015-16 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%	**76.3%**	Internal Reporting of National Patient Safety Agency definition	There has been an increase in incidents reported resulting in no harm.
	Medicines Reconciliation	Proportion of harm identified during medicines reconciliation reviews		0.54%	**0.25%**	Internal Reporting of reconciliation reviews undertaken	For the third year in succession the proportion of harm in Medicines Reconciliation incidents decreased. The past 3 years have seen incidents at less than 1% reported harm.
	Number of Falls	Proportion of harm as percentage of falls		35.4%	**31.5%**	Internal Reporting of National Patient Safety Agency and NICE guidance	There has been a reduction in the proportion of falls that have resulted in harm during 2015-16.

Domain	Indicator to be measured	Detailed Definition	2015-16 in-year movement against previous year	2014-15 Full Year Position	2015-16 Full Year Position	Data Source	Comments
Patient Experience	Number of Compliments (Trust)	Expression of satisfaction received verbally or written in year		1698	**1857**	Internal Reporting	The level of compliments has increased during the 2015-2016 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		268	**183**	Internal Reporting of Scottish Office; Citizens Charter definition	The number of complaints received by the Trust has decreased. This is as a result of improved systems for people who raise a concern. See quality priority for experience.
	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		304	**473**	Internal Reporting	The Trust continues to adopt a local approach to capturing issues of concern. The increase is as a result of the improvements made, who would not require a formal complaint.

Domain	Indicator to be measured	Detailed Definition	2015-16 in-year movement against previous year	2014-15 Full Year Position	2015-16 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%	7.4%	**6.7%**	Internal Reporting of Department of Health definition	The Trust has maintained a similar percentage as last year, and remains well below the National Target of nine per cent.
	Self-Harm	The proportion of harm as percentage of self-harm		41.4%	**37.1%**	Internal reporting of National Patient Safety Agency and NICE Guidance	There was a further decrease in the percentage of self-harm incidents causing patient harm in 2015-16.
	Violence and Aggression	The proportion of harm as percentage of Violence and Aggression		22.1%	**23.8%**	Internal reporting of National Patient Safety Agency and NICE Guidance	There has been an increase in the proportion of violence and aggression incidents that have resulted in harm during 2015-16.

Quality Measures – Commissioning for Quality and Innovation Targets 2015-2016

Domain	Indicator Name	Definition/Goal	Q1-Q3 Actual and Q4 Forecast
National	Urgent Emergency Care	Reduction in A&E mental health re-attendances	Indicator met in Q1, 2 & 3. Q4 Forecast to be met
	Physical Health of Mental Health Patients	Cardio Metabolic Assessment for Patients with Schizophrenia	Indicator met in Q1, 2 & 3. Q4 Forecast to be partially met
		Communication with GPs - programme of audit focussing on patients on Care Programme Approach (CPA)	Indicator met in Q1, 2 & 3. Q4 Forecast to be met
Local Mental Health and Learning Disabilities	Employment and Mental Health	To improve access to specific support for those patients who have been identified as high risk of suicide	Indicator met in Q1, 2 & 3. Q4 Forecast to be met
	Mental Health First Aid	To improve the understanding, awareness and interaction of mental health issues in the local population	Indicator partially met in Q1 Met in Q2 & Q3 Q4 Forecast to be met
	Smoking Cessation	Implement full National Institute for Health and Care Excellence Guideline (NICE PH48) across the organisation	Indicator met in Q1, 2 & 3. Q4 Forecast to be met

Domain	Indicator Name	Definition/Goal	Q1-Q3 Actual and Q4 Forecast
Local **Mental Health and Learning Disabilities**	Child and adolescent mental health services (St Helens only)	Single Point of Access	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**
	Child and adolescent mental health services (Wigan only)	Eating Disorders Children and Young People	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**
	Single Point of Access	Scoping Commissioning for Quality and Innovation to reduce inappropriate referrals. Joint Commissioning for Quality and Innovation with Mental Health Matters	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**
	Care Home Support	Joint Commissioning for Quality and Innovation with Alternative Futures. Training and Education	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**
	Mental Health Safety Thermometer	To fully engage the Trust with the National NHS Safety Thermometer for mental health services	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**
Local **Community Health**	Urgent Emergency Care and Integrating care for patients with long term conditions	Reducing the proportion of avoidable emergency admissions to hospital and to promote positive management for patients with long term conditions	**Indicator met in Q1, not met in Q2 and Q3. Q4 forecast to be met**
	Frail Elderly	To maintain optimum functional health for patients living in the community	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**

Domain	Indicator Name	Definition/Goal	Q1-Q3 Actual and Q4 Forecast
Services	Health Inequalities	To ensure vulnerable and deprived groups have equality of access to Public Health Services	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**
Secure Services	Risk Assessment	Secure service users active engagement programme (to involve all secure service users in a process of collaborative risk assessment and management)	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**
	Stop Smoking	Supporting service users in secure services to stop smoking	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**
	Carer Involvement	Mental health carer involvement strategies	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**
Fairhaven (Tier 4)	Improving care pathway journeys	This Commissioning for Quality and Innovation enables providers to better understand the admission and discharge elements of their service pathway. Data generated by the Commissioning for Quality and Innovation will allow services to strengthen these elements of the pathway and inform "system wide" improvements via Commissioning for Quality and Innovations in 2015-16	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**
	Assuring the appropriateness of unplanned Child and adolescent mental health admissions	To provide assurance about the clinical appropriateness of unplanned admissions to Tier 4 (general adolescent services) through a rapid multi-agency review process and reduce the number of inappropriate admissions	**Indicator met in Q1, 2 & 3. Q4 Forecast to be met**

Quarter 4 position will be available during May 2016.

3.2 Achievements against Monitor Targets 2015-2016

On a monthly basis throughout 2015-2016 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 2015-2016	Threshold	Full Year 2015-2016
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%	99.75%
Patients on Care Programme Approach (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 *(The Trust has made the assumption that because of the availability of a specialist professional at EMI Nursing Homes, patients transferred to these locations are classified as an 'automatic pass' for the purpose of measuring this indicator.)*	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%	99.9%
Minimising delayed discharge / transfer of care Quality Rationale The patient experience is adversely affected by delayed discharges once they are fit to be discharged	No more than 7.5%	6.5%
Access to Crisis Resolution/ Home Treatment Quality Rationale To ensure patients receive a speedy and effective 'step up' in the support and treatment they receive, yet avoiding hospital admission	95%	98.3%

Monitor Targets 2015-2016	Threshold	Full Year 2015-2016
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 (*****_Early Intervention Teams are commissioned to achieve 151 new patients diagnosed with a first episode of psychosis; this target was exceeded)_	95%	103%*
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	50%	
Valid employment status		91.9%
Valid accommodation status		98.7%
Health Of the Nation Outcome Scores (HONOS) assessment in the past 12 months		69.0%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability		compliant
Early intervention in Psychosis: People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral.	50%	71%**
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to IAPT programme will be treated within 6 weeks of referral	75%	96.1%**
People with common mental health conditions referred to IAPT programme will be treated within 18 weeks of referral	95%	99.2%**

Monitor Targets 2015-2016	Threshold	Full Year 2015-2016
Data Completeness: Community Services compromising:		
Community Treatment Activity – Referrals information	50%	67.6%
Community Treatment Activity – Care contact activity	50%	100%

** These figures were only required to be reported for quarter four, and therefore represent the period January to March 2016.

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%	99.84%	99.98%	99.79%	99.83%
Huyton		99.87%	99.89%	99.91%	99.54%
Kirkby		99.79%	99.81%	99.61%	99.56%
Trust Overall		**99.83%**	**99.88%**	**99.77%**	**99.63%**

Data for Huyton is now reported via St Helens; Data for Kirkby is now reported via Aintree.

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 above demonstrates the Trust's achievement of all reported targets in 2015-2016. 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 How we are implementing Duty of Candour

The care across 5 Boroughs Partnership NHS Foundation Trust has always aimed at being an open, honest and transparent and the importance to apologise when harm has occurred is understood. In order to meet Duty of Candour requirements there has been a drive to promote understanding at all levels of the organisation to ensure this is firmly embedded in practice. This has included implementation of a Being Open Policy which is audited annually, education sessions, Patient Safety Alerts and monitoring of Duty of Candour through all serious incident reports. In addition to the serious incident reports a prompt is built in to the local incident reporting system to ask the reporter and reviewer to consider whether Duty of Candour applies. This prompt also allows the local incident reporting system to capture all instances where Duty of Candour is implemented and the figures are reported in the Executive Performance Report. Based on the following work, we consider our services to be compliant with all Duty of Candour requirements.

3.2.2 Patient Safety Improvement Plan

The Trust has adopted the Sign Up to Safety campaign and aims to reduce avoidable harm by 50% by 2018. The Trust submitted its Sign Up to Safety pledges in December 2014. The Patient Safety Improvement Plan will build on and bring together all of the quality and safety work in the organisation. The work streams identified are Prevention and Management of Violence and Aggression, self-harm, suicide, falls and physical health.

The Trust's Patient Safety Improvement plan can be viewed at Annex 6.

3.3 Trust-wide Achievements

Part 3 of this report has presented Quality and Safety achievements for the Trust realised throughout 2015-2016.

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
- Family and Friends Test
- Care Quality Commission Intelligent Monitoring Reports 2015-2016

Areas identified for improvement from each of these sources are included in the Trust Improvement Action Plans 2015-2016.

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 continually assesses itself against the fundamental standards, reporting monthly as part of the performance report; alongside outcomes from Care Quality Commission Intelligent Monitoring reports. Assurances are provided via the Clinical Quality Assurance cycle that incorporates the following three areas:

- **Internal Quality Reviews** a programme of internal inspections of teams undertaken by staff, service user / carer volunteers and Non-Executive Directors, against the standards of quality and safety (changed to fundamental standards from April 2015) and Trust policy.
- **Safety Walkabouts** are visits undertaken by Executive and Non-Executive Directors that started in May 2015. A total of 37 have taken place up to the end of March 2016 which has included all inpatient areas. Following each visit the Trust Board member feeds back the findings and recommendations to the Trust Board. Following safety walkabouts, local managers are encouraged to act on issues that are identified.
- **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 following table shows the Trust's rated year-end position for 2015-2016 against each of the Fundamental Standards which were introduced in April 2015;

Fundamental Standard Regulations		
Regulation	**Accountable Director**	**Mar-16**
5 - Fit and Proper Person - Directors	Simon Barber	Green
9 - Person-centred care	Gail Briers	Green
10 - Dignity and respect	Gail Briers	Green
11 - Need for consent	Louise Sell	Green
12 - Safe care and treatment	Gail Briers	Green
13 - Safeguarding service users from abuse and improper treatment	Gail Briers	Green

Regulation	Accountable Director	Mar-16
14 - Meeting nutritional and hydration needs	Gail Briers	Green
15 - Premises and equipment	Sam Proffitt	Green
16 - Receiving and acting on complaints	Tracy Hill	Green
17 - Good governance	Tracy Hill	Green
18 - Staffing	Tracy Hill	Green
19 - Fit and proper persons employed	Tracy Hill	Green
20 - Duty of Candour	Tracy Hill	Green

The Trust uses a three point rating scale of red, amber, green to show the level of compliance with each of the 13 fundamental standards. A key to each of the indicators used follows;

Red	Major Issues	The system for providing assurance/evidence has not been designed effectively and is not operating effectively. Evidence is limited by ineffective system design and significant attention is needed to address the controls. Might be indicated by one or more priority one recommendations and fundamental design or operational weaknesses in the standard (i.e. the weakness or weaknesses identified have a fundamental and immediate impact preventing achievement of the standard or result in an unacceptable exposure to reputation or other risks)
Amber	More issues with higher priority recommendations for action	The means both the design of the system of assurance/evidence and its effective operation need to be addressed by management. Indicated by a number of high level recommendations that taken cumulatively suggest a weak control environment (i.e. the weakness or weaknesses identified have a significant impact preventing achievement of the standard or result in an unacceptable exposure to reputation or other risks)
Green	Minor/No issues	The systems are generally well designed to capture evidence and assurances, however only low or minor improvements have been identified. Actions have been identified to address minor weaknesses or to achieve best practice which could improve the efficiency or effectiveness of the standard

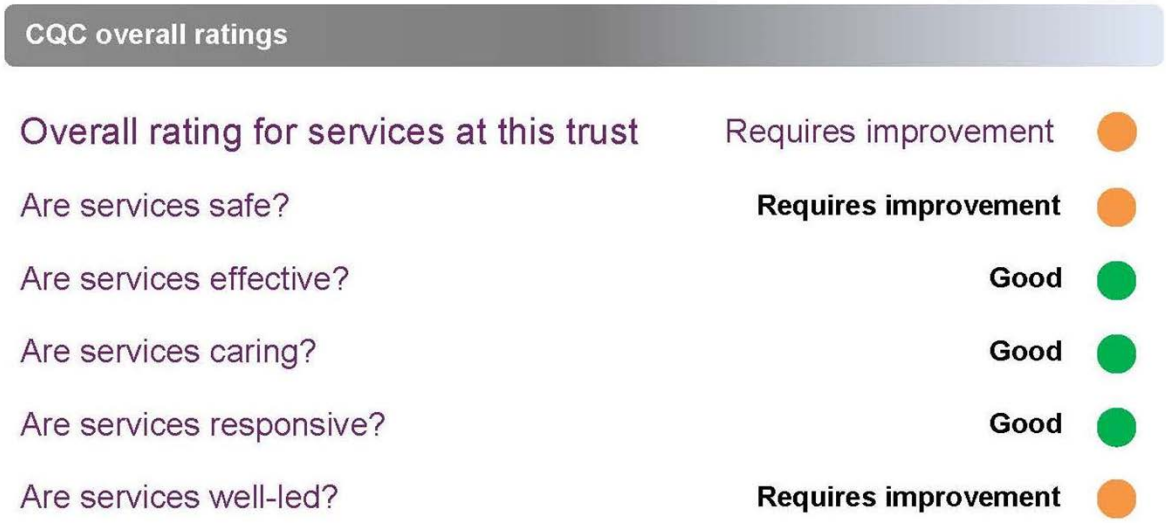
The first tables above show the Trust's level of compliance against all 13 fundamental standards.

3.3.2 Care Quality Commission Inspections

During 2015-16 there have been a total of 12 inspections to the Trust from the Care Quality Commission; of these ten were unannounced Mental Health Act Commissioner inspections and one was an announced assessment covering assessment and admission, this visit included partner agencies from Local Authority, police and ambulance services there were no significant issues raised during 11 of these inspections. An area of concern in relation to staffing in the use of Bank and agency staff was highlighted on the visit to Cavendish Ward in January 2016; this was addressed and continues to be monitored by the Borough leadership team. One visit was a full comprehensive inspection.

Month of Visit	Ward/Area Visited and Borough	Type of Visit	Outcomes or areas covered
June 15	Wigan	Assessment and Admission Announced	**Domain 1:** Assessment and Application for Detention
July 15	Rivington	Routine Unannounced	**Domain 2:** Detention in Hospital
July 15	Trust-wide	Comprehensive Inspection	**All Core Services**
October 15	Bridge	Routine Unannounced	**Domain 2:** Detention in Hospital
November 15	Grange Halton	Routine Unannounced	**Domain 2:** Detention in Hospital
November 15	Sephton Wigan	Routine Unannounced	**Domain 2:** Detention in Hospital
November 15	Kingsley Warrington	Routine Unannounced	**Domain 2:** Detention in Hospital
January 16	Sheridan Warrington	Routine Unannounced	**Domain 2:** Detention in Hospital
January 16	Weaver Halton	Routine Unannounced	**Domain 2:** Detention in Hospital
January 16	Cavendish Wigan	Routine Unannounced	**Domain 2:** Detention in Hospital
February 16	Iris St Helens	Routine Unannounced	**Domain 2:** Detention in Hospital
February 16	Taylor St Helens	Routine Unannounced	**Domain 2:** Detention in Hospital

In July 2015 the Trust received a comprehensive Care Quality Commission inspection. The report was published on 1 February 2016. The Trust received an overall rating of ‘requires improvement’.



The full ratings table for all core services is included at Annex 7.

The Trust believes that overall the experience and findings from the comprehensive inspection were positive based on the following:

- Nine out of 10 core mental health services rated as 'Good'
- Two out of three community health services rated as 'Good'
- Rated 'Good' at Trust level for
  - Effective
  - Caring
  - Responsive
- Out of 65 domains, 52 are rated as 'Green'

The Trust's perception of this was borne out at the Quality Summit on 29 January 2016 when the Care Quality Commission and Monitor made the following comments;

Kevin Cleary, Care Quality Commission Inspection Chair: "The feedback I received from the inspection team was that 5 Boroughs Partnership was a very helpful trust to work with. Staff were responsive, kind and clearly care for patients very well. There is a lot of really good work going on and I came away with a positive view of a kind, caring organisation."

Nicholas Smith, Care Quality Commission Head of Inspection: "Staff were highly committed and patients speak very highly of the person-centred care they receive."

Shona Milton, Monitor: "The report is overwhelmingly positive. It's very clear that you have committed and passionate staff and engage well with service users and carers, including hard-to-reach groups."

An action plan has been submitted and accepted by the Care Quality Commission and the Trust expects a re-inspection before the end of July 2016

and is working hard to ensure the areas identified for improvement have been made and the areas already rated as good are sustained or improved even further. The Trust is anticipating the overall rating will be changed to 'good'.

The Trust remains fully compliant with the registration requirements of the Care Quality Commission.

In addition there were a number of other visits during 2015-16.

Month of Visit	Ward/Area Visited and Borough	Visiting Organisation
June 2015	Cavendish Ward – Wigan	Wigan Clinical Commissioning Group
October 2015	Sheridan Ward - Warrington	Warrington Clinical Commissioning Group
January 2016	Sheridan Ward - Warrington	Healthwatch
January 2016	Taylor Ward – St Helens	Healthwatch
January 2016	Grasmere Ward - Knowsley	Healthwatch
January 2016	Coniston Ward - Knowsley	Healthwatch
January 2016	Home Treatment Team – Wigan	Wigan Clinical Commissioning Group
February 2016	Bridge Ward - Halton	Healthwatch
February 2016	Weaver Ward - Halton	Healthwatch

The Trust received reports from Wigan Clinical Commissioning Group following their visits to Cavendish Ward and the Home Treatment Team; on the whole the visits were positive. The Trust has developed action plans for areas were improvement was identified and worked with the Clinical Commissioning Group to enable monitoring. The Trust is awaiting reports for the remainder of the visits.

3.3.3 Safety Walkabouts

The Trust has previously had success in relation to walkabouts and the decision was taken to 'refresh' the framework to consistently listen and respond to the experiences of all staff groups and service users.

The safety walkabouts re-commenced in May 2015 and have continued since then with at least one safety walkabout taking place every week; supported by Executive and Non-Executive Directors. Between May 2015 and end of March 2016, 37 safety walkabouts have taken place. The visits take place across the

whole organisation from inpatient units to small, specialist community teams, for example; Prison In-reach team which was visited by the Chief Executive.

The aims of the safety walkabouts are to:

- Increase awareness of safety issues from "the floor to the Board" and further develop a safety culture within the organisation as a whole.
- Assist in making safety a high priority for everyone.
- Allow the Trust to obtain and act on information generated by staff and service users in relation to safety issues.

Following each visit a report is produced, which is shared with the team along with any recommendations that may have been made. A summary report is also presented to the Trust Board of each team that has been visited during the previous month.

Staff feedback for the visits has been positive, and staff have commented that it is good to have the opportunity to spend time with members of the Trust Board; enabling staff to share what they do well, what they are proud of and to raise any issues of concern.

3.3.4 REsTRAIN Project

During 2015-16 the Trust has participated in the REsTRAIN research project which has been carried out in conjunction with the University of Central Lancashire and Advancing Quality Alliance. The aim is to provide a robust approach to quality and patient safety. The project involves introducing initiatives and training aimed at reducing the use of restraint on inpatient wards.

The REsTRAIN project steering group meets bi-monthly with all Trusts in the region that are involved. Feedback from the Trust and other participating Trusts has been positive; however not all of the data has been analysed.

Weaver Ward in Halton was selected as the ward that would receive a programme of additional training and improvement initiatives and Grasmere Ward in Knowsley was selected as the control ward. The Trust is awaiting the outcome of the project which will be concluded in July 2016 at an event being organised by University of Central Lancashire and Advancing Quality Alliance.

Both staff and service users on Weaver ward have self-reported a positive improvement in the ward environment and describe the ward as feeling safer. This is also reflected in the daily mood board displayed on the ward.

Phase two has involved Grasmere ward commencing the programme in December 2015 and the team is being supported to undertake the additional training and introduce the initiatives first introduced to Weaver Ward.

There has been a great deal of interest from other Trusts beyond the Cheshire and Merseyside region regarding this project and Trusts in Hull, London and Wales have expressed interest in commencing with this initiative in phase three.

A REsTRAIN yourself toolkit is being developed and introduced by Advancing Quality Alliance, which will be available for use by the Trusts involved in the research project. The toolkit will contain training materials, assessment tools, safety plans, information on de-briefs and templates for quantitative and qualitative data collection.

The University of Central Lancashire reported that the results for the Trust are promising, with a 30-40% reduction in incidents of violence and aggression on Weaver ward. There is a positive change in the culture on the ward in relation to the Prevention and Management of Violence and Aggression. Staff report feeling more confident when dealing with incidents and this is due to the additional training, support that they have received and by working in partnership with service users.

The Trust will be supporting all other in patient wards to implement the successful initiatives identified during the research project including use of the toolkit with the aim of reducing the use of restraint across the organisation. It is envisaged that the current Trust Conflict Resolution Training will also be refreshed to include results and recommendations from the project and liaison with the Education Centre will take place.

3.3.5 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'.

In this year's prestigious Nursing Standard Awards 2015, Amanda Derbyshire from our Halton and Warrington Early Intervention Team won Healthcare Practitioner of the Year for establishing and developing a physical health and wellbeing pathway for service users after an audit showed screening was poor.

In May 2015, John Pearson from the Centre for Independent Living in Knowsley won an award at the North West Adult Learners' Week Awards. John won the Career Progression in Health and Social Care category for his dedication and passion for learning.

Gillian Hollihead from Rydal Ward was named Best Business Administration Student by West Cheshire College in June 2015. This is for her excellent work whilst completing her Advanced Diploma in Business Administration.

In November, the Warrington and Halton Street Triage Team won the '5127 Award' in The Academy of NHS Fabulous Stuff Awards 2015. The team is part of a multiagency response to individuals at the point of crisis who would benefit from an immediate, combined police and mental health service response.

We have also reached the finals of these prestigious awards:

Our colleagues in Estates were recognised for their excellent sustainable waste management practices. In April 2015, they were highly commended in the waste category of the NHS Sustainability Day Awards 2015. In July 2015, they were also runners-up in the Healthcare Recycler of the Year category in the Materials World Recycling National Awards 2015.

In May 2015, our Warrington and Halton Street Triage Team were finalists in the Nursing Standard Awards 2015 for their excellent multiagency response to people experiencing a mental health crisis.

In September, Jane Davies, Clinical Manager on Rydal Ward, was among the finalists in the Kate Granger Compassionate Care Awards 2015. This was for her innovative use of Skype to put a patient in touch with relatives in Australia.

Also in September, the Warrington and Halton Street Triage Service and our Harm Reduction Strategy were both highly commended in the Positive Practice in Mental Health Awards 2015. The Harm Reduction Strategy used clinical recovery and social inclusion led activities to reduce hate-related violence and aggression. Over a six-month period, hate incidents within our secure services fell by almost 18 per cent.

In October, Nicola Daly and John Pearson were among the finalists in the Warrington Inspiration Awards 2015. Nicola is our Environment and Sustainability Officer and was nominated for her excellent work in this area. John is one of our drivers in Knowsley and was again recognised for his dedication to personal development and adult learning.

3.3.6 Infection Prevention and Control

The Trust continues to maintain compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance, and also adheres to national cleaning standards. There is a rigorous education, audit and monitoring programme to prevent Healthcare Associated Infections within the Trust.

The audit programme has been reviewed and revised over the last twelve months and now encompasses all clinical areas including mental health and learning disability clinics, and community clinics and walk in centres in Knowsley community health settings.

Analysis of the audits continues to indicate on-going improvement in standards and results, in particular around hand hygiene and 'bare below the elbows'. Infection Prevention and Control Link Practitioners, supported by the Infection Prevention and Control Team and Matrons / Quality Leads, undertake audits in their own areas which has helped increase ownership and responsibility. The Infection Prevention and Control Team continue to undertake quality assurance spot-checks involving our service user involvement representatives, whose continued support is invaluable to ensure delivery of this important agenda.

The Trust continues to report monthly on Healthcare Associated Infections as part of the 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 (E-coli). We have had a nil return for MRSA, MSSA and E-Coli blood stream infections.

The Trust has reported one case of CDI attributable to the Trust in June 2015. A full root cause analysis was undertaken and feedback from the findings and lessons learned were reported back to the ward.

Weekly surveillance continues to be undertaken by the Infection Prevention and Control Team, and this identifies all other organisms and infections occurring on the wards within the Trust.

The Infection Prevention and Control Team remain vigilant in their surveillance and monitoring of emerging multi-drug resistant organisms (MDRO) such as Carbapenemase resistant enterobacteraciae (CPE). There have been no known cases of CPE identified in the Trust during 2015-16. National guidance for CPE for mental health and community Trusts is now available and the Infection Prevention and Control Team have also developed their own policy to reflect this. The team are working closely with local partners and medicines management to deal with the raising concerns over Anti-Microbial Prescribing and emerging MDRO.

Throughout 2015-16 measures were put in place to ensure emergency preparedness (EP) for Ebola Viral Disease (EVD) working closely with the Trust EP Lead and PHE. This has now been stepped down as the outbreak was declared over by the World health Organisation in January 2016.

3.3.7 Atherleigh Park

Atherleigh Park is our new £40 million mental health hospital being built on Atherleigh Way, Leigh.

Formerly Leigh East Amateur Rugby League ground, the 3.9 hectare site will be split in to two separate buildings providing high quality inpatient services for adults suffering from mental ill health as well as patients with dementia and memory conditions.

The adults' building – phase one – will provide safe and comfortable individual en-suite rooms for up to 48 adults, split over male and female wards and a psychiatric intensive care unit. Phase two will see the creation of 42 en-suite rooms for those being cared for by our later life and memory service.

This is an increase in both the quality and number of beds available at Leigh Infirmary, where the Trust currently cares for patients.

The site will include facilities to promote physical health and wellbeing, communal areas, a café, landscaped gardens and a nature trail.

Located in the heart of the Leigh East community, it will also act as a community hub, providing space for use by other mental health and related community service providers including charities, voluntary groups and housing organisations.

The adults' building will be completed summer 2016 and operational in autumn. The later life and memory service building will be complete later this year and be operational early in 2017.

We have had a number of high-profile visits to our project and both the local Member of Parliament, Andy Burnham and Lord Peter Smith, the Leader of

Wigan Council were fulsome in their praise of the fantastic facility we are building.

Andy Burnham referred to his visit as one of the highlights of his year and focussed on the improvements it would bring to Mental Health care in his constituency and beyond.

Following his recent visit, Lord Smith said: "I was delighted to be able to take a look around the new facility which will help offer Wigan borough residents with superior treatment. The way people with mental health issues are treated has been transformed thanks to an acceptance of how prevalent conditions are. Everyone will know someone who has been affected or has themselves needed support due to mental health problems and the topic is one which rightly dominates central and local government plans.

"Greater Manchester is currently developing its own mental health strategy and this new facility will be the best there is in the whole of Greater Manchester and will offer support to those who need it most."

3.3.8 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;
- Internal Quality Inspection Teams, and
- Patient-led Assessments of the Care Environment (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.

3.3.9 L.E.A.R.N

In 2015 the Trust worked with an independent advisor, to review the complaints handling process, and held a complaints mapping event that was attended by our clinical teams which identified areas which could be improved and to ensure a high quality service.

From November 2015, PALS (Patient Advice and Liaison Service) became the initial point of contact for any new concern, complaint or query, ensuring that any issues raised are dealt with as quickly as possible through local liaison with service users, carers, and operational teams and services. This joined up approach of the teams has reduced repetition or duplication of work between Complaints and PALS (Patient Advice and Liaison Service), and established

close relationships between the teams. These improvements have been supported by new guidance for our staff helping them to understand what action to take. This guidance is called LEARN – and incorporates a simple flow for staff to use:

THE AIM OF LOCAL RESOLUTION IS TO LEARN

Listen

Listening is the first stage of rebuilding our relationship.
It might not be something you can respond to, but you can take note of their concerns and discuss their options

Empathise

Empathise with them; no matter what their concerns are you can understand what it feels like to be upset, angry or feel let down. Try to understand what it is they want you to do in order for you to resolve the problem

Apologise

Apologising does not mean it is our fault. You are apologising for the upset that they are feeling and that has been caused. *"I'm very sorry to hear that"*

Respond

Ensure that either you or the appropriate person responds to their concerns, either face to face, by phone or letter. If you are not able to assist, explain the options available to them, for example; speaking to a manager, speaking to PALS or Advocacy

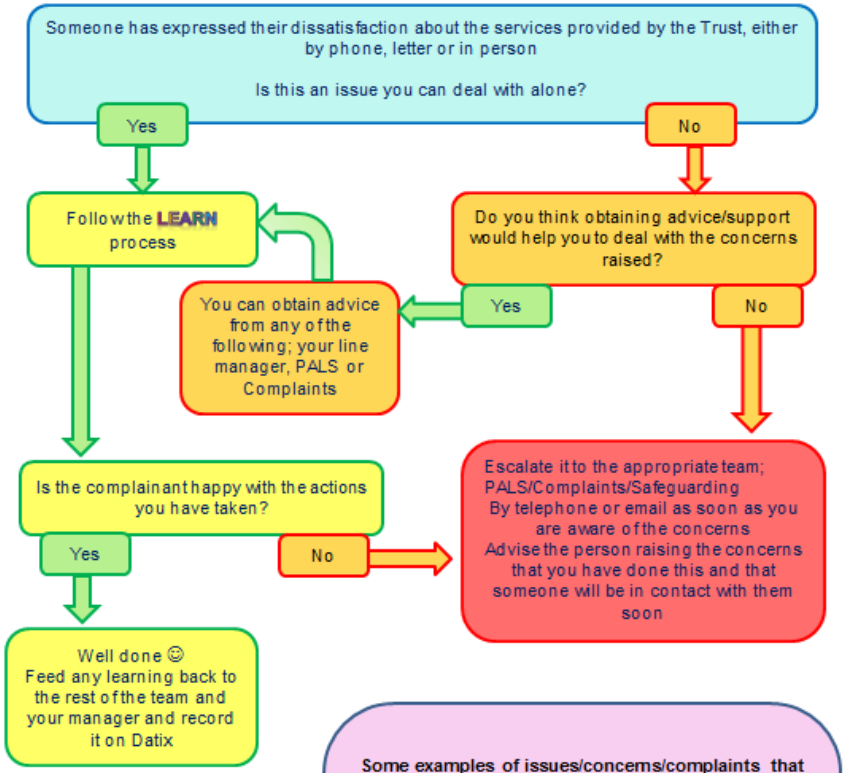
Note it

Note the concerns, actions taken, lessons learnt and recommendations; record it on Datix and identify and put forward ideas relating to service improvements/changes.
The information you provide will be used to improve services.

Top Tips

- Always return calls when you say you will, even if you don't have an update. Explaining you are still waiting for someone to get back to you is better than saying nothing and prevents more update/frustration
- Provide them with a single point of contact for any future issues; yours or the manager's number
- Explain what you can do - e.g. Rearrange appointments, raise it with the manager, record it on Datix – many people that complain don't know what their options are
- Don't be afraid to try and resolve their concerns and don't be afraid to ask for help - the PALS and Complaints Team will support you
- Verbal consent must be sought before taking action/referring the matter to a third

DEALING WITH CONCERNS.....



Contacts

Advocacy support for complainants:
Healthwatch in; Warrington, Halton, St Helens, Knowsley – 0808 8010389

Healthwatch in Wigan - 01942 489731

PALS: 01925 664450 OR 01925 01925 664014 or 5BP.PALS@5bp.nhs.uk

Some examples of issues/concerns/complaints that can be resolved locally:

- My appointment has been cancelled; I really need to see a doctor
- A member of staff was rude
- I'm waiting for an appointment but it's been 8 weeks
- Staff member has not returned my call
- I waited for a visit, staff didn't attend
- I'm concerned about my treatment

3.3.10 Cavendish Ward Self Injury Pathway

Cavendish Ward is a 25 bed female acute ward and until the introduction of the Self Injury Pathway it had one of the highest incidents of self-injury within the Trust. The Self Injury Pathway was introduced in September 2014 supported by the Advancing Quality Alliance and it was found that when the pathway was consistently implemented over the initial seven months, from September 2014 to March 2015, that it was linked to a reduction in incidents of self-injury, by an average of 77%.

The initial audit which was undertaken in March 2015, found that service user experience improved due to increased access to support in developing coping skills and the use of evidence based approaches by the multi-disciplinary team. Service users on the ward have reported feeling more supported and listened to in relation to self-injury as a result of this.

Staff have reported improved confidence and increased skills in working within our new self-injury pathway. Clinical staff were asked to complete questionnaires before and after receiving training and implementing the self-harm pathway and the comparative results show that they are more confident in supporting service users who self-injure and their personal levels of work related stress have reduced.

A second audit in March 2016 investigated whether the Self Injury Pathway continued to be adhered to, and if this impacted on the levels of observations. The audit compared two separate weeks, one week before and one week following introduction of the pathway. The results showed that although incidents of self-injury on the audited weeks remained the same, levels of nursing observations significantly reduced; allowing them more time to engage in therapeutic activities, named nurse sessions and supervision.

We have positively replicated the Self Injury Pathway on Grasmere Unit and it is being introduced across other high reporting inpatient units and further female acute adult wards in the Trust have commenced using the pathway.

The team on Cavendish Ward is providing support to the wards and sharing lessons learned and best practice.

3.3.11 Monitor Reporting Requirements 2015-2016

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 Report:

- The Director's Statement of Responsibility at Annex 2, and
- The external assurance on the content of the Quality Report. This is the report of an audit undertaken by an independent organisation on both the content of the Quality Report and assurance for indicators 1 and 2 below:
    1. Care Programme Approach 7 day follow-up
    2. Minimising delayed transfers of care
    3. Waiting times for Later Life and memory Services

Details of the criteria for indicators 1 and 2 above are included within Annex 10.

PricewaterhouseCoopers LLP undertook the audit on the above elements. Their external assurance statement is included at Annex 9.

3.3.12 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 incidents there have been a number of initiatives commissioned which are included in the 2015-16 Quality Account. 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.

All Serious Incidents are investigated locally and then reviewed at the Trust's Patient Safety Panel. Each Serious Incident review receives the highest level of scrutiny at the Panel by the Medical Director, Chief Nurse/Director of Operational Clinical Services and Director of Strategy and Organisational Effectiveness and their Deputies.

The Learning Lessons Forum chaired by the Medical Director has also been developed to provide leadership and oversight of Serious Incidents themes and actions from investigations. In support of this, Lessons Learned Forum Events have been held within each borough aimed at supporting staff to learn more

about the themes and actions from incidents that have occurred Trust-wide and within each borough; with further events scheduled for 2016-17.

Trust-wide communications have been developed to share learning from incidents and these will be strengthened and embedded at a local level in 2016-17.

The Trust is working with Consequence UK (a company which investigates high-level serious incidents nationally) to improve our systems and processes even further this year to build-on the improvements already made in 2015-16. This will help to hone in on the areas within serious incidents which identifies areas for learning and improvement. This will further focus and enhance the Lessons Learned work underway.

3.4 Engagement and Responsiveness

3.4.1 Foundation Trust Council of Governors

As a Foundation Trust, local people can become members of our Trust and can elect Governors. One of the roles of the Governors is to represent the interests of the members and the public. The Council of Governors and the Trust Board work together to determine the future strategy and forward plan of the Trust.

The Council of Governors and the Governors Assurance Committee has contributed to the Quality Account and this is demonstrated by;

- Influencing and agreeing the Quality Priorities for the year ahead
- Receiving regular reports detailing progress against the Quality Account
- Providing a supporting statement for the Quality Account (Annex 1)
- Choosing a Quality Indicator to be externally audited
- Receiving the external assurance statement in the form of a 'Governors Report' from the Trust external auditors

Governors Local Indicator for Audit

At the Council of Governors meeting on 22 February 2016, a number of areas were identified for potential areas for auditing as part of the quality account requirements. Following discussions with both the Information Team and Pricewaterhouse Coopers LLP, the Trust's external auditor, the following indicator was agreed by the Governor's Assurance Committee:

- **Later Life and Memory Services – Waiting Times**

The indicator covers three Later Life and Memory Services; Community Services, Assessment Teams, Memory Services and Community Mental Health Teams.

The waiting time is calculated from the date the referral was received by the service to the date the first appointment was offered. It may be that the appointment was DNA (did not attend) or refused, but the measure states the first offered appointment.

The Trust has a local target of 95% compliance for this indicator, which is reported monthly within the Performance Report under 'Are we delivering to our patients'. Past performance for this indicator is shown in the table below:

Indicator	2015-16
Assessment - Referral to Assessment Times % seen - Urgent within 72 Hours	**99%**
Assessment - Referral to Assessment Times % seen - Routine within 10 working days	**92%**
Community Mental Health Teams – Referral to Assessment Times Referrals - Routine within 10 days	**77%**
Memory Services - Referral to Assessment Times Referrals - Routine within 28 days	**58%***

* This covers eleven months April 2015 to February 2016, which is the period that was audited.

Following the audit the Trust Governors will receive an independent report (Governors Report) with the findings of the audit.

3.4.2 Trust Service Users and Carers' Forums

Forums are a crucial part of our work in involving communities in the business of the Trust.

The Forums were reviewed in 2015 and from January 2016 a borough based model was implemented, in line with our Future Fit model of provision.

Forums enable members of the community, irrespective of whether or not they have had any engagement with the Trust previously or currently, to raise queries and have conversations with the most senior members of the organisation including the Chief Executive.

Our key partners all have robust connections within their communities and they support the Forums by attending and publicising across their membership. The

list below is not exhaustive but is representative of our third sector partners who regularly participate in their borough Forum:

- Healthwatch
- Carers Centres
- Local Speak Out/Up learning disability groups
- MIND
- Clinical Commission Group Engagement Leads (as central liaison with PPG's)
- Alzheimers Society
- Age Concern

Trust representation from:

- Chief Executive and/or Chairman
- Clinical Director Operations and Integration and/or Director of Operations and Integration
- Borough Leadership Team representative(s)
- Executive Relationship Director for Borough
- and Governor(s) representative for Borough

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. Recent work undertaken by volunteers includes;

- Care Records Audits
- Participating in recruitment panels
- Internal Quality Inspection Teams
- 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 and members magazine
- 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 Annual Involvement Events

The eighth Annual Invovlement Event took place March 2015 in order to celebrate and recognise the contribution made by Dave Thompson, Assistant Director of Inclusion and Partnerships. The event 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 to 54 volunteers. The Harry Blackman Memorial Trophy for 2015 was presented to Dorothy Pritchard. Dorothy is a carer who has been involved in services for over 18 years. In that time she has carried out a great many activities. In the last 12 months these have included:

- Being part of the Trust recruitment process, interviewing applicants for posts within the Trust.
- Carrying out Essence of Care Audits in frontline services.
- Being part of the Trust's Triangle of Care initiative.
- Dorothy is a leading member of the Trust's Learning Disability Forum and has provided training on Learning Disability issues to staff.
- Dorothy is also an AIMS, Accreditation for Mental Health Services reviewer and uses this to share good practice with the Trust.

In July 2015 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, flower arranging and complimentary therapies, dance and groups promoting healthy lifestyles.

In October 2015 as part of World Mental Health Day celebrations, Bernard Pilkington, Trust Chairman officiated the annual Arts Festival in Peasley Cross. Officially opened by Lord and Lady Mayoress for St Helens, key speaker, Connor McGinn, MP for St Helens North, commended the event and the important role it played in breaking down stigma and challenging stereotypes. Visitors including patients, service users, carers, staff and their families, and residents of the local community were entertained by live performances of music, dance and poetry, as well as a display of arts, crafts and photography, plus a fantastic scavenger hunt.

3.4.5 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 Patient-Led Assessment of the Care Environment (PLACE) Inspection Teams. They also attend quarterly meetings of the Trust's Patient and Public Involvement Working Group.

3.4.6 Carer Satisfaction Questionnaires

Carers provide crucial support and are an integral part to ensuring our service users stay well and connected within their communities. In order to understand what Carers may need, a Carers questionnaire was developed and circulated October 2015 and February 2016. The findings from the feedback will shape the work plan for development of care initiatives in 2016.

3.4.7 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:

- NHS Friends and Family Test
- Sharing Lived Experiences
- Patient Opinion postings
- Service Users and Carers' 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.)

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

3.4.8 Friends and Family Test

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.)

Between April 2015 and March 2016 the Trust received 11,131 responses. See Annex 4 for tables highlighting recent results from Friends and Family Test, April 2015 to March 2016.

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 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 2

The Equality Delivery System 2 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 Equality Delivery System 2 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 HealthWatch brought together from across the entire Trust area.

The result of our assessment in 2015 was that the Trust was assessed as "Developing" for one of the Equality Delivery System 2 Goals and "Achieving" for the three remaining Goals. This demonstrates that overall the Trust is able to evidence that for the majority of Equality Delivery System2 outcomes they are being met for people from at least 5 of the Protected Characteristics included within the Equality Act 2010.

Equality Delivery System 2 Grading Key

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

Equality Delivery System 2 Goal Grades 2015 Assessment

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

Goal 1 Outcomes	Trust-wide Grade
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	Developing
1.2 Individual patients' health needs are assessed, and resulting services provided, 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	Achieving
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	Achieving

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	Developing
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	Developing
3.3 Training and development opportunities are taken up and positively evaluated by all staff	Undeveloped
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Undeveloped
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 Quality committee is to provide leadership and assurance to the Trust Board on the effectiveness of Trust arrangements for quality, ensuring there is a consistent approach throughout the Trust, specifically in the areas of:

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

Each month the committee reviews and discusses a serious incident report. In addition there are a number of regular reports made to the Quality Committee which are agreed as part of the work plan.

A primary function of the Committee is the monitoring of the Trust's Quality Strategy. The new strategy covering 2015-18 together with the Quality Improvement Plan for 2015-16 was approved by the Quality committee in November 2015.
The quality strategy has the following elements;

- Quality Objectives – all quality initiatives are categorised into these objectives
- Quality Big Dots – longer term aspirational goals with yearly quality initiatives
- Quality Priorities – yearly quality initiatives developed in partnership with our service users, carers and stakeholders
- Quality Improvement Cycle – measurement of quality to inform future quality improvement
- Sign Up to Safety - national safety campaign
- Lessons Learned – continual learning and improvement from experience

The Quality Committee reviews progress against one of the elements of the Quality Strategy each month, and receives the Quality Reports.

This Quality Report 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 Report

During 2015-2016 membership of the Quality Committee continued to include the Chair of the Governors Assurance Committee, 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 Report. For 2015-2016 this has been demonstrated by:

- The Council of Governors and the Governors Assurance Committee received regular updates on progress to achieve the Trust's quality priorities during 2015-2016
- Attendance and involvement at the Quality Account Stakeholder Event in January 2016, both reviewed progress of 2015-16 quality priorities and development of 2016-17 quality priorities. The event was also attended by representatives from Healthwatch, Local Overview and Scrutiny Committees and Clinical Commissioning Groups
- At the Council of Governors meeting February 2016; the Governors reviewed feedback and responses from the Stakeholder Event, and agree themes for the 2016-17 quality priorities
- Governors Assurance Committee meeting in March 2016 agreed the detailed quality priorities for 2016-17, and will continue to monitor progress against the quality priorities for the coming year
- This year the Council of Governors chose waiting times in Later Life and Memory Services as the Quality Indicator to be audited as part of the assurance processes for the Quality Report 2015-16
- The Council of Governors received the External Assurance on the Trust's Quality Report (Governors Report) from the external auditors for 2014-15

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 Report 2015-2016 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 2016-2017 Quality and Safety Agenda as set out in the Trust's Quality Reports.

Alan Griffiths
Chair of Governors Assurance Committee / Governor

Healthwatch Warrington

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healthwatch Warrington

18th May 2016

Dear Patricia,

Re: 5 Boroughs Partnership NHS Foundation Trust Draft Quality Accounts

Thank you for the opportunity to comment on the Trust's Draft Quality Accounts.

Healthwatch Warrington held an open consultation session on 17th May 2016 to encourage local people and partners to come together and discuss a series of Quality Account drafts.

Those discussed were; 5 Boroughs Partnership NHS Foundation Trust, Warrington and Halton Hospitals NHS Foundation Trust, Clatterbridge Cancer Centre NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust.

We asked those attending to look at the overall documents, and answer 4 key questions;

- What are the important successes for the Trust?
- What are the important areas for development for the Trust?
- What do you think of the organisation's forward plans for the Trust?
- What can Healthwatch Warrington do / contribute to the Trust?

Throughout the consultation session we collected comments, ideas and questions which are outlined as below;

What are the important successes for the Trust?

- The use of Street Triage e.g. Operation Emblem in communities is good to hear. The group were pleased to hear that the Warrington and Halton Street Triage Team won the '5127 Award' in The Academy of NHS Fabulous Stuff Awards 2015, and would like to see this widely publicised and promoted. Street services were also highlighted as an opportunity to empower people to access support locally and more readily.
- Mental health triage and liaison teams (e.g. those at A&E, Warrington Hospital) were seen as positive and welcomed.

Company Number 08322542

- Feedback from carers was generally positive. Many carers and families had experienced positive care within 5 Boroughs, but stated that initial access can be difficult.

What are the important areas for development?

- There is a need for more central and integrated services. General feedback suggested that people in need are still falling through the cracks.
- It would be helpful to see information and evidence in the QA of integration and how services are working together.
- Commissioning was discussed, and the group felt that it needs to be more focussed and responsive to the needs of young people. Some in attendance fed back difficulties accessing CAMHS.
- There is a greater need for terms and references like "support networks" and "family" within the document, to encourage a holistic view.
- Feedback from the group suggested there is a time-gap between access to services and diagnosis. One person stated that "once there is a diagnosis, services kick in, but often not before".
- Issues with other frontline mental health services (IAPTS) were fed back by the group, highlighting concerns about processes e.g. telephone assessments. Some fed back use of signposting/cards for GPs to refer to IAPTS - many felt this was an inappropriate way to refer people into a mental health service.
- The consultation group would like more concrete examples of where lessons have been learnt throughout the Trust, and how they have been implemented within the work of 5 Boroughs.
- Many in the group felt that demand being higher than capacity continued to be an issue across the Trust.
- Healthwatch Warrington fed back about key meetings and engagement with the Trust e.g. Patient and Public Involvement Advisory Group meetings, which are often sited at Hollins Park, Winwick. Is there the possibility of moving PPI meetings throughout the 5 Boroughs to encourage access for Healthwatch and partners?
- The group stated that there is an ongoing need to value and care for both the physical and mental health needs of those patients presenting to/within mental health services. Parity of esteem should continue to be a key objective throughout the Trust and the QA document.

What do you think of the organisation's forward plans?

- The definitions/indicators seem quite narrow; it would be good to see more detail and substance to them.
- Quality indicators can offer measurable results, but the group queried "what do they actually mean for patients?" It would be beneficial to have a summary of what the indictors and monitoring will mean to patients using 5 Boroughs services.

What can Healthwatch Warrington do/contribute?

- We realise there is a need for more meaningful relationships between Healthwatch Warrington and the CQC, which we will seek to develop.
- Healthwatch Warrington could help to shape services more by the experiencers that we glean, and would like to look at more ways to feedback our comments to 5 Boroughs e.g. networking the Healthwatch Feedback centre with the 5 Boroughs website.
- There was discussion around the need for patient involvement in care and care plans. How will shared decision making be taken forward within 5 Boroughs both currently and in the future?

Overall the consultation group were very supportive of the QA document and the aims of 5 Boroughs.

We look forward to hearing from you and being involved in future developments.

Regards,

D. Dalby *E. Hayes*

Deborah Dalby
CEO
Healthwatch Warrington

Esstta Hayes
Community Engagement Officer
Healthwatch Warrington

Healthwatch Knowsley

healthwatch Knowsley

5 Boroughs Partnership NHS Foundation Trust
Healthwatch Knowsley

Healthwatch Knowsley welcomes the opportunity to provide this commentary supporting the 2015-16 Quality Account for 5 Boroughs Partnership NHS Foundation Trust.

The Quality Account report was provided to Healthwatch Knowsley in a timely manner and a presentation was provided to community members giving them the opportunity to ask questions and seek clarity around the content of the account.

It is felt that during the past twelve months the Trust has sought to work in partnership with Healthwatch Knowsley both to respond to community concerns raised over specific service areas and to involve Knowsley community members in service redesign work. An example of this is the community involvement within the work streams to review the community based Podiatry Services. We also appreciate the openness shown in working with Healthwatch Knowsley through the service provided at Knowsley Resource and Recovery Centre at which we have attended on a regular basis to understand patient experiences of the services received.

Healthwatch Knowsley has been represented at the Patient and Public Involvement Forum throughout the year, which has again proved to be an effective point of contact with the Trust.

It is pleasing to note the progress made against the priorities set for 2015-16. The work undertaken around the Care Planning Audit Programme and the participation of the members of the Involvement Scheme in speaking to service users about the process is particularly positive.

We feel 5 Boroughs have been open and keen to engage with Healthwatch over the recent CQC inspection and the areas to be addressed in response to this. Community members in Knowsley have been engaged in activities to help improve service areas in response to the CQC report.

Looking forward, Healthwatch Knowsley feel the 2016-17 priority focusing on the Lessons Learned Strategy is really positive and holds the potential for any trends highlighted through Healthwatch to be reviewed alongside themes identified by the Trust. It is felt that this is a priority area Healthwatch can contribute to and look forward to working with the Trust in the coming year.

Healthwatch St Helens

Healthwatch St. Helens commentary for 5 Boroughs Partnership: Quality Report 2015 - 16

As with previous years, Healthwatch St Helens has been invited to participate in the process of determining the Quality priorities for the coming year and has been given adequate time to review the document.

Healthwatch St Helens fully endorses the Trust's self-declaration of achieving priority 2 - "Effectiveness in care planning" and priority 3 - "Using patient and staff experience feedback to shape improvement". We have seen and discussed the involvement of volunteers in interviewing patients about their satisfaction with their care plans and treatment and received coordinated patient experience and complaints reports. We have also worked collaboratively with the PALS team to resolve patients concerns frequently this year.

We recognize there has been progress on priority 1 - "Sign Up To Safety" and have been made aware of RESTRAIN and Safety Ambassadors recruitment and additional assurance has been provided that this priority has progressed, it is good to see falls continuing to decrease. The Trust may wish to consider more public awareness of these efforts e.g. Safety Ambassadors.

We acknowledge the CQC inspection findings this year and look forward to ensuring the action plan to address these is completed and evidenced to our representatives.
We are also pleased that a suggestion to become more borough-facing has been acted upon and made real in this current financial year.

A number of visits were made in January and February this year, coordinated by Healthwatch Warrington, across the 5BP footprint and the wards visited in St Helens would appear to be rated satisfactorily at that time by patients who our authorities representatives spoke with. We are aware the Trust has already taken action on some recommendations, which is further appreciation of our volunteers' efforts and joint working.
We continue to liaise with local contacts around resolving individual concerns and we are beginning to work on themed areas with answers provided by the Trust.

We were involved and participated in assisting the Trust to choose its priorities for next year and can offer to help with at least one area, End of Life strategy, as this coincides with our recent work stream in this area. We have also been assured by reports and presentation to the St Helens CCG Quality committee regarding the 'lessons learned' work ongoing within the Trust.

healthwatch St Helens

We are pleased to note that the percentage of readmissions (p.39 and 47) within 28 days has been consistently lower than the national average and similarly the level of sever harm/death from patient safety incidents is low (p.41).
We appreciate the Trust's transparency in declaring one indicator not met (p.49) and feel this area needs constant effort from other partners e.g. the acute trust and primary care parts of the pathway.

The Equality Analysis and EDS2 functions would benefit from ensuring dedicated personnel and the officer who has recently left the post did make significant advances to embed a genuine culture to foster equality of opportunity for patients and staff.

Knowsley Clinical Commissioning Group

NHS
Knowsley
Clinical Commissioning Group

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L36 6GA

0151 244 4126

Our Ref: **HM/AMD/009**

24 May 2016

Simon Barber
Chief Executive
5 Boroughs Partnership NHS Foundation Trust
Mail to: Simon.Barber@5bp.nhs.uk

Dear Simon,

5 Boroughs Partnership NHS Foundation Trust Quality Account 2015/16

NHS Knowsley Clinical Commissioning Group and local, collaborating, commissioners welcome the opportunity to comment on the 5 Boroughs Partnership NHS Foundation Trust Quality Account for 2015/16.

CCGs acknowledge the 2015 Care Quality Commission (CQC) inspection report for the Trust, which highlighted many areas of good practice. The commitment of the Trust to deliver high quality care is evident from the CQC report and notes the achievement of 52 of the 65 CQC domains. NHS Knowsley Clinical Commissioning Group along with collaborative commissioners will continue to work with the Trust to improve overall care in the areas highlighted by the CQC, including end of life care within community health services.

It is encouraging to note that the Trust places improvement in the Quality and Safety of services it delivers as a key objective. The development of the 2015-18 Quality Strategy and Quality Improvement Plan highlights the prioritisation of quality improvement, with a consistent and sustained approach to enhance safety, effectiveness and patient experience.

The Trust is commended for the introduction of Safety Walkabouts undertaken by Executive and Non-Executive Directors, the introduction of patient stories at Trust meetings and the engagement of senior management team's with clinical staff. The development of quality priorities for 2016/17, based upon feedback and information gained by the engagement with key stakeholders supports the Trust's commitment to keeping people who use its services at the heart of organisation.

The Quality Account displays the achievement of the Trust in meeting its Quality and Safety Priorities set for 2015/16. Knowsley CCG places patient

safety, effectiveness and experience at the forefront of all CCGs priorities when commissioning services and will support the Trust with the assessment of quality priorities agreed for 2016/17. Objectives regarding the lessons learnt strategy, living well strategy and end of life strategy are key areas identified for further improvement for 2016/17; chosen for the whole Trust and are markers for the improvement for mental health, learning disabilities and community healthcare services.

The Quality Account does include information on community healthcare services and its performance, however the Quality Account is primarily mental health focused and NHS Knowsley Clinical Commissioning Group would welcome further inclusion of quality markers for services within community healthcare services. The CCG is keen to continue to monitor this information in 2016/17, work with the Trust to identify greater quality markers within the community services, and looks forward to seeing the quality of care continue to improve.

NHS Knowsley Clinical Commissioning Group along with collaborative commissioners will continue to 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 and embedded throughout the organisation.

Yours sincerely,

DIANNE JOHNSON
ACCOUNTABLE OFFICER

St Helens Clinical Commissioning Group

NHS
St Helens Clinical Commissioning Group

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St Helens
WA10 1FY

Our Ref: SOB/mh

9th May 2016

Gail Briers
Director of Nursing and Quality
5 Boroughs Partnership NHS Foundation Trust
Hollins Park House
Hollins Lane
Winwick
Warrington, WA2 8WA

Dear Gail

Quality Accounts 20152016

On behalf of St Helens CCG I am writing to thank you for sharing 5 Boroughs Partnership draft Quality Account for comment. This letter of support for the Trust Quality account also summarises the key points discussed at the presentation meeting.

We would like to thank Steve Hull, Pat Drohan and Alan Griffiths for attending the event on the 6th May 2016 and presenting an overview of the work undertaken in the Trust during 2015-2016. The presentation was interactive and informative and we welcomed the openness and transparency from the team. There were many examples of excellent practice and evidence of a strong commitment across the Trust to effective, safe and compassionate care, and this was also evident throughout the Quality Account. The CCG recognises the hard work undertaken in the last couple of years to improve quality across the Trust and the commitment from the Trust Board to maintain high standards and this is welcomed.

In particular during 2015-2016, we recognise the hard work you have undertaken by using patient and staff feedback to shape improvements in services, which has enabled you to achieve a 31% reduction in formal complaints.

Working in partnership with St Helens Council *and* St Helens Chamber

However, it would have been interesting to see some elaboration in relation to suicide targets and prevention to standardise the approach across the footprint to manage the safer communities' model to engage with people as there is no mention of this in the report.

The End of Life Care Strategy focussing on ensuring the Trust is able to meet the needs of families and carers, is positive and we look forward to seeing further development to build on the progress made in 2015 by developing this strategy and accompanying policies and procedures.

You have presented a detailed and encouraging quality account. The services you provide are unique and challenging. However, there are areas in the quality accounts which could be elaborated on further for example a breakdown of the services would have given an understanding of the challenges you also face in children and young people, community as well as mental health.

Lastly, I look forward to continuing to work with yourself and the Trust to ensure we provide effective high quality care for local people.

Yours sincerely

S O'Brien

Prof Sarah O Brien
Chief Nurse

Wigan Borough Clinical Commissioning Group

NHS
Wigan Borough
Clinical Commissioning Group

Wigan Borough Clinical Commissioning Group Response the 5 Boroughs Partnership NHS Foundation Trust Quality Report 2015/2016

Wigan Borough Clinical Commissioning Group (the CCG) appreciates the opportunity to comment on the 2015/2016 Quality Account for 5 Boroughs Partnership NHS Foundation Trust.

The CCG welcomes the progress the Trust has made in respect of the 2015/2016 quality priorities. Notable successes include:

- Participation in the national Sign up to Safety campaign
- The development of a cohort of Safety Ambassadors
- A reduction in self-harm on Cavendish Ward
- Service User engagement
- Values based Recruitment

Whilst it is disappointing the Trust received an overall rating of 'Requires Improvement' following the Care Quality Commission (CQC) inspection in July 2015 the CCG acknowledges that nine out of ten core mental health services were rated as good and notes the action plan to address the areas for improvement has been submitted and accepted by the CQC. It is pleasing to note the CQC has committed to re-inspect the Trust before the end of July 2016 and that the Trust anticipates the overall rating will be changed to 'Good'.

In respect of the 2016/2017 quality priorities the CCG welcomes the proposed development of a Lessons Learned Strategy to promote a culture where lessons are learned and embedded to prevent recurrence.

During 2016/2017 the CCG would like the Trust to continue to focus on the areas identified for improvement following the CQC inspection and to redouble its efforts to reduce the number of inpatient ligatures.

The CCG also looks forward to seeing further quality improvements in 2016/2017 through the relocation of services to Atherleigh Park and implementation of the RiO electronic patient record system.

The CCG will continue 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 2016

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

Healthy People, Healthy Place.

Warrington Clinical Commissioning Group

NHS
Warrington
Clinical Commissioning Group

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☎ 01925 843636
Please Ask For: John Wharton
E-mail: john.wharton@warringtonccg.nhs.uk

Date: 23rd May 2016

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 2015-2016**

Many thanks for the submission of the Quality Account for 2015-2016, and for the presentation to local stakeholders. 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. The CCG is pleased to see that all the 2016/17 Quality & Safety Priorities have been met and acknowledge all the work that has been undertaken to achieve these priorities. In particular the CCG wishes to congratulate you for the work which you have carried out with Advancing Quality Alliance and the introduction of "Safety Ambassadors" across the Trust. The CCG is pleased to see the implementation of valued based recruitment and the input of service users in this process.

Warrington CCG acknowledges the quality developments that have taken place throughout 2016/17, particularly the commitment of the Executive and Non-Executive Directors to the safety walkabouts and the continued commitment to the internal quality review programme.

Warrington CCG recognises the continued work you have undertaken to improve your SUI process, the work you have undertaken in establishing a forum for learning lessons and welcome the commitment to strengthen and embedded this work at a local level in 2016/17.

Warrington CCG is once again 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 positive feedback which you received from your Care Quality Commission (CQC) and acknowledge that nine out of 10 core mental health services were rated as "good", although the overall rating for the Trust is "needs to improve".

I conclude by informing you that we are looking forward to working with the Trust throughout 2016/17, helping to improve the quality and delivery of services for the local population and ensuring that the provider is working towards delivering the key domains of the CCG'S quality strategy; safety, effectiveness experience and timeliness of interventions remain at the heart of health care provision. Warrington CCG acknowledges the Trust quality priorities for 2016/17 Lessons Learned Strategy, Living Well Strategy and End of Life Strategy.

On behalf of Warrington CCG may I take this opportunity in thanking all your staff for their commitment and hard work in delivering health care to the local population.

Yours sincerely,

John Wharton
Chief Nurse & Quality Lead
Warrington Clinical Commissioning Group

Clinical Chief Officer : Dr Andrew Davies MB ChB

Annexe 2 - Statement of Directors' Responsibility in Respect of the Quality Report

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 reports (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 report.

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015-16 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2015 to 25 May 2016.
    - papers relating to Quality reported to the board over the period April 2015 to 25 May 2016
    - feedback from commissioners, Knowsley Clinical Commissioning Group dated 24 May 2016, Wigan Clinical Commissioning Group dated 10 May 2016, St Helens Clinical Commissioning Group dated 9 May 2016 and Warrington Clinical Commissioning Group dated 23 May 2016.
    - feedback from governors dated 15/04/16
    - feedback from local Healthwatch organisations, Warrington Healthwatch dated 18 May 2016 and Knowsley Healthwatch dated 13 May 2016
    - feedback from Overview and Scrutiny Committee (no commentary received).
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 14 April 2016
    - the national patient survey October 2015
    - the national staff survey 22 March 2016

- the Head of Internal Audit's annual opinion over the trust's control environment dated 18 May 2016

- CQC Intelligent Monitoring Report dated June 2015 and February 2016

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

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

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

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

- the Quality Report has been prepared in accordance with Monitor's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

NB: sign and date in any colour ink except black

.....25 May 2016.....Date.....  .....Chairman

.....25 May 2016.....Date.....  .....Chief Executive

Annexe 3 - National Patient Survey Results 2015

Background

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

Response rate

At the start of 2015, 850 randomly selected service users who had been in contact with Trust were contacted. A total of 212 service users from the Trust responded, representing 26% 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 Care Quality Commission 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	7.7 / 10	Average
Organising care	8.5 / 10	Average
Planning care	7.0 / 10	Average
Reviewing care	7.5 / 10	Average
Changes in who people see	6.4 / 10	Average
Crisis care	7.1 / 10	Average
Treatments	7.4 / 10	Average
Other areas of life	5.4 / 10	Average
Overall views and experiences	7.3 / 10	Average

Matrons for Quality 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	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Total responses	995	879	938	1019	776	1036	961	859	1036	629	1062	941
% Recommended (Extremely Likely and Likely)	92%	93%	92%	93%	95%	94%	92%	96%	94%	97%	94%	95%
% Non-Recommended (Unlikely and Extremely Unlikely)	3%	3%	3%	3%	2%	2%	3%	3%	2%	2%	2%	2%

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 want a wallet to store the television remote in in the activities room as it keeps going missing (Lakeside Ward)	We have place a plastic wallet on the side of the cabinet to allow you to keep it there
Very happy with service but I was seen by a few different Physiotherapists for appointments (musculoskeletal assessment service)	During the course of treatment some patients may need to be assessed by different therapists depending on their clinical need. However, if a patient and/or staff member request that the patient is seen by the same therapist, this will be accommodated as much as possible
Good treatment but long appointment times (Orthotics)	All patients referred to the Orthotics Service are prioritised according to clinical need. However, if a patient has concerns whilst waiting for an appointment they can ring the Administration Office and the staff will do their best to expedite their appointment
Have more information available on admission on times of breakfast, activities, medication etc. (Sheridan Ward)	We now have posters displayed around the ward in relation to protected meal times and also activities. We have a welcome pack which also details this information; we have now displayed copies off this around the

	ward. In addition we have laminated sheets in every bedroom which also details the ward routines.
Can smoothie group become a regular group? (Chesterton Unit)	Occupational Therapist will start a smoothie group every Friday afternoon
You asked if the 6 week 'Next Steps Carers Group' could be run during the evening to allow those carers who worked to attend the group sessions (Later life and memory services, Halton)	We arranged for the 6 week sessions to run on a Tuesday evening between 18:00 and 20:00 at the Brooker Centre

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 2015 - 2016 Community Health Services undertook a number of bespoke service-specific surveys.

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

A total of 7 services within Community Health Services participated in patient experience survey audits during 2015-16, with a total of 1256 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 2015-2016 were:

- Any qualified provider, patient experience Knowsley and St Helens
- Musculoskeletal assessment service, patient experience St Helens
- Chronic pain management service
- Musculoskeletal assessment service, Knowsley
- Musculoskeletal assessment service, Acute
- GP satisfaction of the any qualified musculoskeletal service for back and neck pain
- 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 - Patient Safety Improvement Plan

THE AIM OF THE TRUST'S SAFETY IMPROVEMENT PLAN

The Trust has adopted the Sign Up to Safety campaign and aims to reduce avoidable harm by 50% by 2018.

The Trust submitted its Sign up to Safety pledges in December 2014. It will build on and bring together all of the quality and safety work in the organisation.

The following pledges were made by the Trust:

1. **Put safety first -** Will strive to achieve the Trust quality priority for safety 2014/15 and 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.

2. **Continually Learn –** Introduce the Friends and Family Test across all of our trust services. Following the launch of the Mental Health Safety Thermometer, the trust will subscribe and measure commonly occurring harm in people who engage with mental health services.

3. **Honesty –** Implement the Duty of Candour. Participate in Open and Honest Care: Driving improvement in Mental Health.

4. **Collaborate –** Work closely with service users and carers in carrying out serious incident investigations and root cause analysis. Every review team will include a representative from the Trust Involvement Scheme.

5. **Support –** The promotion of a Coaching Culture within the organisation, including the provision of a coaching skills programme for all staff at band 7 and above.

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Reduction of harm in relation to falls, violence and aggression and self-harm are the Trust's quality priorities for safety. The Quality Accounts Group, chaired by the Chief Nurse and Executive Director of Operational Clinical Services, established that the Trust should concentrate on the reduction of moderate and severe harm, as it is these incidents that have the most impact on our patients. This reflects the Duty of Candour which came into effect in November 2014.

There will be local ownership and accountability for the Safety Improvement Plan. The Trust already has well established strategic leads/groups and these will become 'Safety Leads' with responsibility for specific work plans.

The strategic groups already established are as follows:
Falls Group
Suicide and Self-harm Group
Prevention and Management of Violence and Aggression Group
Physical Health Committee

The lead for Sign Up to Safety for the Trust will be the Deputy Director of Nursing and Quality supported by the Safety Leads from the strategic groups and the Safety champions identified to support specific initiatives/training.

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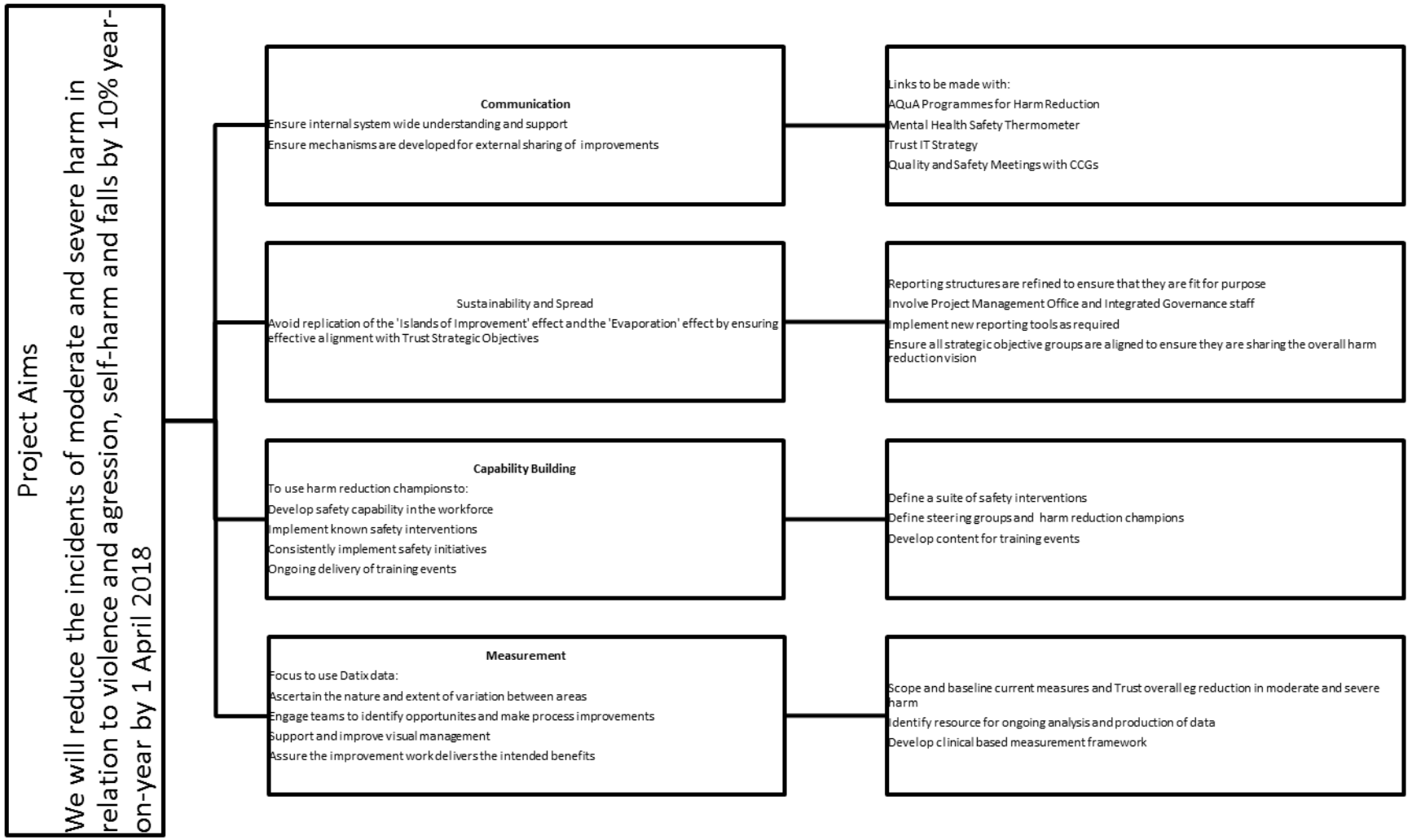

GOVERNANCE

Quarterly updates on the Safety Improvement Plan will be reported to the Quality and Safety meeting in addition to the updates on each specific work plan. The Quality and Safety meeting reports to the Quality Committee, which is a sub-committee of the Trust Board.

OBJECTIVES

The work generated by the Trust Safety Improvement Plan will help to increase the understanding of patient safety across the organisation and will be shared with all stakeholders.

FALLS

A systematic review of falls data has indicated that the Trust should focus on reducing patient falls by 20% year on year for five years (2017/18). The work is led by the Falls Strategy Group.
A refresh of the falls strategy commenced in October 2014 involving an external Falls Nurse Specialist, commissioned by the Trust to work with the falls strategy group. At the same time the falls policy and associated procedures were reviewed and amended.

PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION

The quality priority target is to reduce harm from violence and aggression by 10% year on year for five years. This applies to all reported violence and aggression incidents and the information is taken from DATIX. The work is led by the Prevention and Management of Violence and Aggression Strategy Group and is based on the recommendations from the Department of Health document Positive and Proactive Care.

Recent developments have included the ratification and roll out of the seclusion procedure and a ward manager's forum commenced in October 2014 with a focus on reporting and addressing incidents. The Trust is an early adopter of the research-based ReSTRAIN project which aims to reduce incidents of violence and aggression.

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SUICIDE

The quality priority target outlines the Trust suicide reduction strategy and aspires to reduce service user suicide to zero by 2017/18. In 2014/15 year one of the strategy included implementation of a specific Suicide Assessment Tool.
The Columbia Suicide Severity Rating Scale (CSSRS) has been piloted and is now in use across all Assessment Teams.

Monitoring is done through the Suicide and Self-harm Strategy Group and any issues fed back to the Clinical Leadership Group by exception.

SELF-HARM

The aim is to reduce the incidence of harm in inpatient Mental Health Services by 10% by March 2016. Targeted training has been delivered to two of the three inpatient wards with the highest incidence of self-harm. As part of the training the use and consideration of Advanced Directives in care planning was included.

A self injury pathway is in development led by the clinical team on Cavendish Ward, which is a female acute admission ward. It is anticipated that if positively evaluated it will be introduced across all other female acute wards in the Trust.

PHYSICAL HEALTH COMMITTEE

This group has recently been convened and has brought together a number of smaller groups. Its aim is to improve the physical health of everyone who accesses the Trust's services; it brings together Mental Health, Learning Disability and Community (Physical) Health Services to provide a whole-person approach to health care.

The Trust has introduced the use of Modified Early Warning Signs (MEWS) in all inpatient areas to improve detection of the physically deteriorating patient.

The Trust has developed physical health competencies for nursing and medical staff and this is linked to the Personal Development Review process.

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HARM REDUCTION CHAMPIONS

The Trust is working with Advancing Quality Alliance who will deliver safety improvement training to Matrons and Quality Leads, who will be identified as 'Harm Reduction Champions'. The Harm Reduction Champions will support the Safety Leads and the Sign Up to Safety campaign.
Every ward has a Falls Champion and the Trust has a well-established falls prevention steering group and regular Falls Champions forum.

MEASUREMENT AND MONITORING OF THE SAFETY IMPROVEMENT PLAN

Each work stream has clear goals and actions.

Baseline data is available and will be collected on a monthly basis and shared throughout the organisation up to and including the Trust Board.

Reports will be produced retrospectively in such a way that trends are easily identified and both local and trust learning can be identified and shared.

On-going support and resources are provided using the Advancing Quality Alliance six step model for improvement and the Trust guide to service improvement, along with face to face training on safety and quality improvement. All are easily accessible for teams and individuals.

Annexe 7 - Care Quality Commission Ratings Table

Care Quality Commission

Last rated
1 February 2016

5 Boroughs Partnership NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding
		▼		

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Not rated	Good	Requires improvement	Good
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement

	Safe	Effective	Caring	Responsive	Well led	Overall
Community health services for adults	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement

Annexe 8 - Complaints Report 2015-2016

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

During the period 1 April 2015 to 31 March 2016:

We received **183** complaints.

We closed **192** complaints; some were carried forward from the previous year.

Of the **192** closed complaints:

- **132 (69%)** were closed within a timescale agreed with the complainant.
- **60 (31%)** were closed outside of this agreed timescale.
- **71 (37%)** had none of the issues complained about upheld.
- **98 (51%)** were well-founded (some or all of the issues complained about upheld).
- **23 (12%)** were withdrawn or not progressed by the complainant.

During the reporting period we were informed of nine complaints that were referred to the Parliamentary and Health Service Ombudsman. The Ombudsman investigated nine complaints during that period (some were carried forward from the previous year) and partly upheld two complaints against the Trust. The remaining seven complaints were either not upheld or no further action was considered necessary by the Ombudsman.

Breakdown of themes of complaints (Top 5):

2015-16		Previous year (2014-15)	
Communication	**19.9%**	Staff Attitude	**18.2%**
Staff attitude	**11.8%**	Care issues	**15.7%**
Appointment issues	**10.7%**	Communication	**15.4 %**
Care issues	**10.7%**	Appointments	**11.3%**
Clinical treatment	**10.7%**	Clinical treatment	**10.6%**

We received **1857** compliments.
We received **30** Members' of Parliament enquiries.
We received **473** concerns.

During 2015-16 the quality priority for experience featured improvements for Complaints and PALS (Patient Advice and Liaison Service). The improvements included supporting our operational teams to resolve concerns locally at the earliest opportunity, allowing for a quicker resolution, reducing concerns escalating to formal complaints, and providing an overall better quality service to people when they raise a concern. The improved service has seen a 31% reduction in complaints compared to the 268 reported in the previous year.

Annex 9 - 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 2016 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance (the "specified indicators") are listed in the Quality Report at page 69:

Specified indicators	*Specified indicators' criteria*
Minimising delayed transfers of care (page 51 of the 2015/16 Quality Report)	Annex Ten to the Quality Accounts (page 113)
100% enhanced care programme approach; patients receiving follow-up contact within 7 days of discharge from hospital (page 51 of the 2015/16 Quality Report)	Annex Ten to the Quality Accounts (page 113)

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 page 107 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 2015/16" 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 2015/16";
- 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 set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "2015/16 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 2015/16"; 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:

- papers relating to Quality reported to the Board - Trust Quality & Performance Reports dated April 2015, May 2015, June 2015, July 2015, September 2015, October 2015, November 2015, January 2016, February 2016, March 2016 and April 2016;
- feedback from the Commissioners – Warrington Clinical Commissioning Group dated 23 May 2016, Wigan Clinical Commissioning Group dated 10 May 2016, Knowsley Clinical Commissioning Group dated 24 May 2016 and St Helens Clinical Commissioning Group dated 9 May 2016;
- statement on behalf of the Council of Governors on the Trust's Quality Account, signed by Alan Griffiths, Chair of the Governors included within the Quality Report;
- feedback from local Healthwatch organisations – Knowsley Healthwatch dated 13 May 2016, St Helens Healthwatch dated 11 May 2016 and Warrington Healthwatch dated 18 May 2016;

- the Trust's complaints report - Overview of Complaints Activity dated 17 May 2016;
- the latest national patient survey dated 21 October 2015;
- the 2015 national staff survey;
- Care Quality Commission Intelligent Monitoring Reports dated February 2016;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 18 May 2016; and
- Board minutes for the financial year dated 27 April 2015, 26 May 2015, 29 June 2015, 27 July 2015, 28 September 2015, 26 October 2015, 30 November 2015, 25 January 2016, 29 February 2016, 29 March 2016 and 25 April 2016.

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.

Our Independence and Quality Control

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

We apply International Standard on Quality Control (UK & Ireland) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

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 2016, 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 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000 (Revised)'). 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 2015/16";
- 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 2015/16" 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 2016:

- 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 2015/16";
- 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 set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed guidance for external assurance on quality reports 2015/16".

PricewaterhouseCoopers LLP
Manchester
25 May 2016

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 10 – Criteria for mandated indicators tested

The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.

Numerator = The number of people under adult mental illness specialties on CPA who were followed up (either by face to face contact or by phone discussion) within seven days of discharge from psychiatric in-patient care during the reporting period.

Denominator = The total number of people under adult mental illness specialties on CPA who were discharged from psychiatric in-patient care.
ALL patients discharged from psychiatric inpatient wards are regarded as being on CPA during the reporting period.

Details of the indicator:

- all patients discharged to their place of residence, care home, residential accommodation or to non-psychiatric care must be followed up within 7 days of discharge;
- where a patient has been transferred to prison, contact should be made via the prison in-reach team; and
- the 7 day period should be measured in days not hours and should start on the day after discharge.

Exemptions include:

- patients who are readmitted within 7 days of discharge;
- patients who die within 7 days of discharge;
- patients where legal precedence has forced removal of the patient from the country;
- patients transferred to an NHS psychiatric inpatient ward; and
- all CAMHS (child and adolescent mental health services) patients.

The Trust assumes that patients discharged to a facility where a registered mental health nurse is present, such as an elderly mental institution, are followed up within the 7 day threshold as part of the admission process at the facility.

Delayed Transfer of Care:

The indicator is expressed as the number of Delayed Transfers of Care per average occupied bed day, where:

- the indicator (both numerator and denominator) only include adults aged 18 and over;
- the numerator is the number of patients (non-acute and acute, aged 18 and over) whose transfer of care was delayed averaged across the quarter. The average of the three-monthly situation report (“sitrep”) figures is used as the numerator;
- the denominator is the average number of occupied beds (in the quarter, open overnight);

- a delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed; and
- a patient is ready for transfer when:
    - clinical decision has been made that the patient is ready for transfer; AND
    - a multi-disciplinary team decision has been made that the patient is ready for transfer; AND
    - a decision has been made that the patient is safe to transfer.