Coventry and Warwickshire Partnership NHS Trust

Quality Account 2011/12

CONTENT

Statement on Quality from the Chief Executive

Narrative to be included once all data/information in place.

The Trust Board is confident that this account presents an accurate reflection of quality across Coventry and Warwickshire Partnership Trust and confirm to the best of my knowledge that the information contained within this Quality Account is accurate.

Introduction to Coventry and Warwickshire Partnership Trust's (CWPT) Quality Account

This Quality Account covers the period 1st April 2011 to 31st March 2012 and looks at how we have performed against the targets we set in last years Quality Account. In addition, the account looks at other measures of quality and safety as well as setting our quality priorities for the coming year.

1. Progress against 2011/12 Priorities for Quality Improvement

Our 2010/11 Account detailed a number of priorities under three quality improvement headings; patient safety, clinical effectiveness and patient and staff experience which were based on the CQUIN framework which is designed to promote quality improvement by linking a proportion of the Trust's income to the delivery of agreed quality goals. The content of local schemes is agreed between the Trust and its PCT Commissioners prior to the start of the financial year, and may include nationally-defined CQUIN indicators. The following table lists our CQUIN goals for 2011/12 and provides a summary of achievement.

1.1. Progress against priority 1 – Patient Safety

Priority - To support the national initiative to reduce the number of suicides

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Demonstrate full compliance with the NPSA 'Preventing Suicide Toolkit' in inpatient mental health settings that provide services to working age adults.	Two audits were carried out, one in April 2011 and another in March 2012, using the NPSA Preventing Suicide Toolkit. The second (follow-up) audit demonstrated the required improvements in all standards contained within the Toolkit, with over 70% compliance in all areas.	 Target Met

Priority – To promote safe, rational and cost effective prescribing within mental health – a co-ordinated approach between primary and secondary care

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Devise a Coventry and Warwickshire wide Preferred Prescribing List (PPL) covering the main mental health drugs used within primary and secondary care.	The Trust has developed a Preferred Prescribing List which was agreed with GP leads and the PCT. The list has been promoted internally to prescribers and refined in-year in consultation with primary and secondary care. Target levels of prescribing have been set for the most expensive drugs.	 Target Met
Devise joint primary and secondary care prescribing guidance on prescribing of antipsychotics and antidepressants.	Prescribing guidance for anti-depressants and anti-psychotics was drawn up. Following consultation with primary and secondary care prescribers, formal approval to the guidance was given by the Area Prescribing Committee in January, three months ahead of schedule.	 Target Met
Produce standard cost charts of medicines costs (e.g. per treatment course or month) for the top 10 class of drugs used within the Trust, to inform prescribing practices.	Prescribing cost charts have been produced and distributed to a wide range of stakeholders using multiple methods and media.	 Target Met
Issue benchmarked prescribing information to teams and clinical areas. The Trust will support distribution and discussion of relevant primary care mental health prescribing indicators.	Information on a range of key prescribing indicators has been collected and distributed across the main therapy areas in mental health services. Reports have been reviewed and refined during the year in response to feedback from stakeholders.	 Target Met

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
The Trust should devise and implement guidance, to be used by CWPT prescribers, requiring justification of use of escitalopram and pregabalin.	The rationale for prescribing escitalopram and pregabalin was drawn up and clarified in consultation with prescribers. The Medicines Management Team will continue to review inpatient prescriptions and make recommendations at the point of prescribing to ensure the most appropriate treatment options are considered.	Status to be confirmed

1.2 Progress against priority 2 – Clinical Effectiveness

Priority – To improve the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) for service users.

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Improved Transitions - All Coventry and Warwickshire 16 and 17 year olds who require mental health services have access to services appropriate to their age and level of maturity. 75% transfers involve CAMHS/AMS handover with Robust Care Plan / monitoring of the numbers of children who are 16 and 17 accessing CAMHS services	The Trust developed and implemented a Transitions Policy, which included details of the processes to be used for handover between children's and adult mental health services. The policy was rolled out with training for all relevant staff. Data collected throughout the year demonstrated that robust handovers had taken place in over 75% of transition cases. Work continues to embed and monitor care planning for young people moving to adult services.	 Target Met

Priority - To develop a health economy wide Eating Disorder pathway

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
To create a health economy Eating Disorder pathway which starts with an appropriate triage and moves through to offer a range of community based, therapeutic interventions, both individual and group based, which are predicated on ensuring individuals will not need an in-patient bed.	A review of the current Eating Disorder services within Coventry and Warwickshire has been undertaken, to support a move towards full implementation of a revised pathway.	 Target Met

Priority - Implementation of Case Management for out of area placements

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
To develop clear assessment, reviewing criteria and case management for all out of area clients with clearly established review periods.	A dedicated Clinical Review Team for Out of Area placements was established. The team are responsible for assessing individuals and managing their repatriation. The reviewing criteria have been formalised as a Review Assessment Framework. A full governance structure is in place to provide assurances on changes to patterns of care.	 Target Met

Priority - Development and delivery of a clinical supervision programme for the Health Visiting Service

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
To develop a clinical supervision programme for the health visiting service to ensure safe, competent practitioners and supporting the workforce to deliver the Healthy Child Programme.	A clinical supervision programme was devised and delivered to Health Visiting staff . Supervision sessions were carried out throughout the year by a Clinical Psychologist with a team of Consultant Supervisors, all with a background in Health Visiting.	 Target Met

Priority - The delivery of Healthy Child Programme using an agreed Family Assessment Tool

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
To develop and pilot the use of a Family Assessment Tool within the Health Visiting Service.	The finalised Family Assessment Tool was produced and agreed with Commissioners and was well received within the service. The tool was piloted and introduced across the service in-year.	Status to be confirmed

Priority - The delivery of the Healthy Child Programme within 3 Children's Centre's

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Health Visitors will lead on the development and delivery of the 0-5 years Healthy Child Programme through action plans targeted at 3 of the most needy Children's Centres in Coventry.	The health needs in each of the three areas were identified using evidence from health informatics. Joint discussion with partners resulted in the creation of jointly agreed action plans. All service improvements were delivered to agreed timescales.	 Target Met

Priority - Review of case managed patients who attend or are admitted to hospital due to an exacerbation of their long term condition

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Roll out a mini Root Cause Analysis (RCA) process for all case managed patients of the community nurses, community matrons and specialist nurses who attend hospital or are admitted to hospital due to an exacerbation of their long term condition.	An RCA process was agreed and rolled out across the relevant services. Reviews of completed RCAs were conducted during the year and evidence of actions taken and lessons learned has been shared with Commissioners.	 Target Met

Priority - Co-ordination/integration of all clinical care interventions to support avoidance of admissions

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
All long term condition patients known to the Trust will have an integrated care plan for all nursing and therapy services. Patient plans are to be contained in one file and updates contemporaneously written in continuation notes.	Preliminary work identified a cohort of patients who were required to have an integrated care plan. A trajectory was agreed for the numbers of patients from the cohort who would be transferred to the new care plan each quarter. All of the quarterly targets were achieved.	 Target Met

Priority - Improve integrated work within primary care

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Establish multi-disciplinary meetings between key worker (community matron / care co-ordinator) and GP / primary care clinician for patients with long term conditions.	Each GP practice was offered a visit to agree the preferred methods of communication and these arrangements were implemented by the teams. Heads of Terms documents detailing the names of the nurses linked to each practice and the agreed form of communication were issued. By these means, reviews of care of patients with long term conditions have been facilitated.	 Target Met

1.3 Progress against priority 3 – Patient and Staff Experience

Priority - Improvement in patient feedback to support the development of the delivery of care and treatment

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Two questionnaire-based audits (one baseline and one follow up) to be carried out twice across the two main settings for the delivery of MH services (community and hospital based). Provide the baseline and follow-up audit findings, descriptive data and any common themes identified. Evidence to be supplied that the findings have been used in planning service quality improvements (e.g. via local care forums) and reported to the Trust Board and PCT.	Comparisons between the baseline and follow-up surveys showed that the Trust achieved improvements in all of the issues surveyed. Focus groups have been used to further explore the detail of patient responses. Action plans have been implemented to bring about service changes for the benefit of both inpatient and community clients. Findings have been shared both internally and externally.	 Target Met

Priority - Delivery of an enhanced 6-8 week development review service

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
To pilot an enhanced Healthy Child Programme 6-8 week developmental assessment through a home visiting programme.	An enhanced programme was introduced which provided a combination of home and clinic visits Evidence provided by regular audit demonstrated that the introduction of the new pathway resulted in significant reduction in the rates of clients who did not attend appointments.	 Target Met

Priority - Development and delivery of the maternal mental health pathway

Description of indicator (what we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Pilot within a nominated area the maternal mental health pathway and achieve 95% compliance by year end.	The maternal mental health pathway was piloted and an evaluation carried out. The pilot was rolled –out to other Health Visiting teams in-year.	Status to be confirmed

2. Review of quality performance and assurance in 2011/12

2.1 Patient Safety

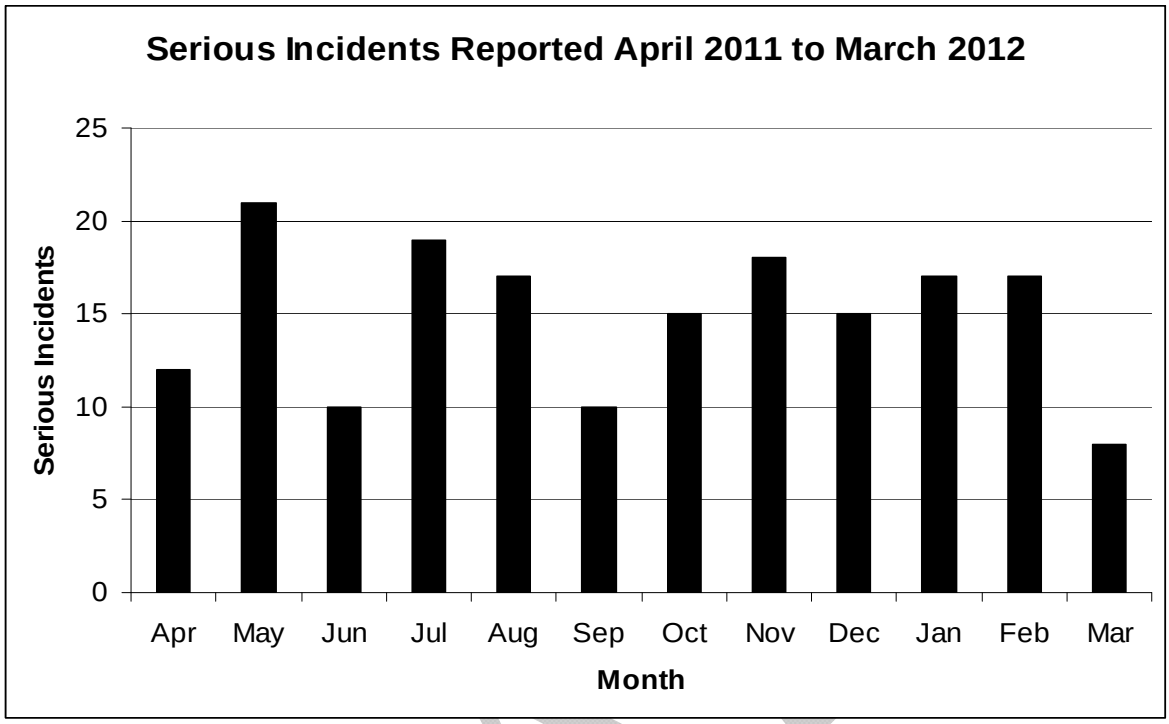
CWPT seeks to be a learning organisation and we have processes in place to report and manage incidents in line with national requirements and these have been reviewed and approved by our commissioners.

Our annual staff survey for 2011 showed that 98% of staff who responded had reported an error, near miss or incident within the last month. The survey also showed the view of staff regarding the fairness and effectiveness of incident reporting procedures had also improved.

Incidents which meet the definition of a Serious Incident Requiring Investigation (SIRI) as set out in the National Patient Safety Agency (NPSA) National Framework

for the Reporting and Learning from Serious Incidents Requiring Investigation (2010) are regularly reviewed to identify improvements.

Table 1 Serious Incidents reported by month April 2011 to March 2012



All SIRIs are reviewed by an Investigating Officer who is independent to the area where the incident occurred. In line with national good practice, the Investigating Officer uses Root Cause Analysis techniques to identify where systems and processes could be improved and any actions required to remedy these. Reports from each investigation are approved at the regular Serious Incident Group (SIG), made up of senior members of the Governance team and operational representatives. Once approved, the outcomes of investigations are fed back to families and to staff and copies provided to the Trust's commissioners, who assess the adequacy of each report. During 2011/2 the Trust maintained 100% compliance with the national requirement to complete SIRI investigations in 45 working days.

If a review identifies action is required this action is made the responsibility of specific individuals. Implementation of the action is monitored within each directorate and is overseen by SIG. During 2011-12 systems have been further improved to provide an update report to each meeting of the Safety and Quality Committee to detail actions identified as a result of investigations and the status of each action. This ensures a high level of transparency of work to follow up incidents.

We have also introduced a monthly learning alert which is cascaded to all staff via our Core Brief meeting process. This raises awareness around the number and type of incidents reported each month and includes details of learning from incidents which are relevant to staff who were not involved in the original incident. This will be expanded during 2012-13 to include learning from complaints. During 2012-13 it is also planned to develop the Trust's patient safety web portal so staff have more access to information about learning from incidents.

Examples of lessons learned and agreed action are set out in the table below.

Issue	Action
A patient recently transferred from a PICU failed to return from their first period of unescorted leave. On review staff confirmed that escorted leave had been trialled prior to unescorted leave, however this was not confirmed by the records.	Systems changed to ensure staff document the outcome of all leave in the notes in line with section 4.7 of s17 Leave policy
Patients at risk of pressure ulcers refused to comply with district nurse instructions to help prevent a pressure ulcer developing but this advice was not documented in the notes	Work with staff to ensure they documented that that they had explained the risks/consequences of non-compliance and to ask the patient to sign the care plan to show this has been discussed and agreed
A number of incidents occurred where the patient was receiving care from both IAPT primary care services and secondary mental health services	Work to ensure good communication pathways between these services undertaken
A patient was referred by their GP to mental health services but failed to attend appointments and was discharged in line with the Non-attendance (DNA) Policy	Policy to be amended to clarify how staff should try to ensure the attendance of a new patient, taking into account the level of risk.
Grade 1 pressure ulcers were identified by staff and then covered with dressings, contrary to good practice.	Issue fed into community-wide pressure ulcer study day and learning alert.

2.2 West Midlands Quality Themed Review

West Midlands Quality Review Service (WMQRS) was set up as a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

CWPT, in conjunction with the local heath economy was evaluated by WMQRS over a seven day period. The review of Coventry and Warwickshire health economy covered Coventry and Warwickshire and, for health services for people with learning disabilities, Solihull. The visit identified several areas of excellent practice and some areas where further work was needed. Across the health economy there were good working relationships and good insight into the issues which needed to be addressed.

The conclusions from the report showed that reviewers were particularly impressed by the Coventry and Warwickshire Partnership NHS Trust approach to care planning, with a good policy, training and a pilot of hand-held electronic recording. A robust approach to medicines management was in place, especially on in-patient wards. Good use was made of quality dashboards which covered all CQUINS, infection control, NICE implementation, safety metrics, medication errors, violence to patients and staff, and slips trips and falls. There was also a monthly matron's quality report which was well-publicised in clinical areas. Very active use was being made of the 'productive series'.

Reviewers were impressed by many aspects of Early Intervention services across Coventry and Warwickshire and by the way in which these services were working together. It was also noted that In-patient services at the Caludon Centre, Coventry and St Michael's, Warwick were both welcoming and provided a good environment for in-patient care. Reviewers saw several examples of good practice, including the work of the discharge liaison nurses and the training programme for Health Care Assistants.

The report also found that the Crisis Resolution / Home Treatment teams for working age adults were aware of the challenges they faced and were working together to

tackle these. A good range of alternatives to admission was available. The service was still working on agreeing staff training, clinical guidelines, including for medical review of patients.

In addition, it was reported that Assertive outreach services were working well and working hard to ensure that service users were not admitted to hospital unnecessarily. Services users were very positive about the care they received although the amount of Psychology input was considered low in the Coventry team.

We provide a wide range of services for older people with mental health problems and the reviewers were impressed by several aspects of the services offered but were concerned about the lack of data collection. Further work was suggested on reducing fragmentation of the patient pathway, arrangements for CT scanning and reducing reliance on institution-based care.

The reviewers found that Community teams for people with learning disabilities and the Gosford in-patient unit provided a generally high standard of care with several examples of good practice and health facilitation and work with general practices were particularly strong. It was noted that the Community teams were in a process of transition and whilst the four teams worked very differently they were moving towards a single point of entry in each locality. It was also noted that work on care clusters and service re-design was also taking place.

In addition a number of learning points and suggestions for improvement were identified by the reviewing team from which we developed and have progressed the following action plans

Learning Point/Suggestion for Improvement	Action Taken
Mental health liaison services in acute Trusts were identified as a health economy concern. In South Warwickshire there was no acute liaison service and, in practice, across the health economy there was no out of hours service for people aged over 65	The Arden Cluster (commissioner) has developed, in conjunction with hospital provider services a health economy wide action plan for ongoing management of the Hospital Liaison arrangements.

as crisis teams were only commissioned to provide care for adults of working age	
Inconsistencies in the way community mental health teams worked across Coventry and Warwickshire were identified.	Community Mental Health teams have been undergoing a staged change of model which has include, combining a number of teams, locating the teams on one site and a review of the current management model to improve consistency.
Review arrangements for management of Deprivation of Liberty Safeguards.	Joint review with Social Services completed and strengthening of current arrangements undertaken.
IAPT services were available across Coventry and Warwickshire and reviewers were impressed by the range of initiatives targeted at different groups within the community and the group feedback at the end of each session. Concerns were raised about the low proportion of appropriate referrals, long waiting times and relatively low recovery rates.	summary to be confirmed

2.3 PALs, Complaints, and Compliments

Patient feedback

Putting people at the heart of everything we do, and working with them as Equal Partners, will ensure that we develop quality services, based around people's individual needs and aspirations, valuing the contributions they can make. Equal Partnerships will ensure that every voice is heard, individual choice and wellbeing is promoted, and people are enabled to have the best possible experience of our service.

When patients or carers contact us with concerns about our services we aim to resolve these as soon and as close to source as possible. Where it is not possible for staff to resolve the issues immediately further advice and assistance is available from the Customer Services Department which incorporated the Patient Advice and Liaison Service (PALS) and Complaints.

PALS provide advice, information and support to patients and carers to help to resolve issues. This may take the form of signposting to other services, providing information for example how to access services, or supporting someone in a ward round, outpatient appointment or case conference to assist them in getting their views heard. PALS often provide a speedy resolution to an issue or concern and for many provides a better option than making a formal complaint.

During 2011-12 PALS had 336 contacts. These are broken down by reason for contact, by service and by outcome in the tables below.

Reason for Contact	No of Contacts (n336)
Rights	84
Information	55
Nursing Care And Treatment	48
Staff Attitude	29
Admission/Discharge	28
Communication	26
Waiting Lists	18
Domestic (Cleanliness/Food)	14
Medical Care (Doctor)	14
Change Of Consultant/2nd Opinion	10
Other Agency	7
Unknown	3

Contacts by Service	No of Contacts (n336)
Mental Health	207

Other (including Community Health)	110
Unknown	19

Outcome of Contacts	No of Contacts (n336)
Resolved	250
Abandoned by Contact	32
Unknown	20
Referred To Complaints	15
Ongoing	6
Referred To Other Agencies	5
Resolved Not Happy	4
Closed	3
Formal Complaint to be Raised	1

Complaints

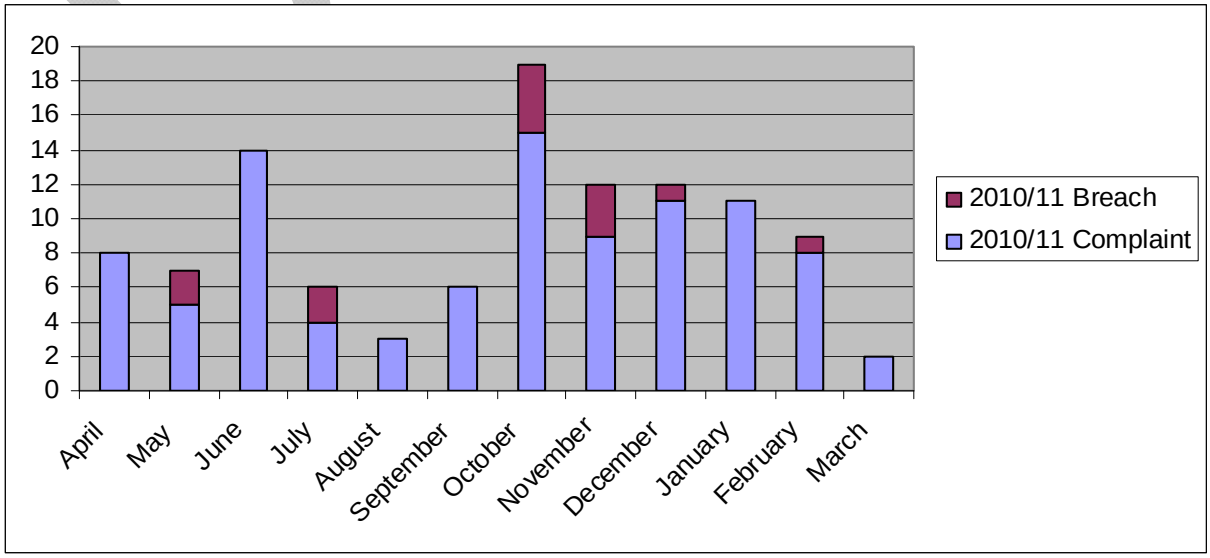
The Trust tries to address complaints in a fair, open and transparent way; admitting we were wrong, when fault is found and taking action to put it right across the whole organisation so that lessons are both learned and shared.

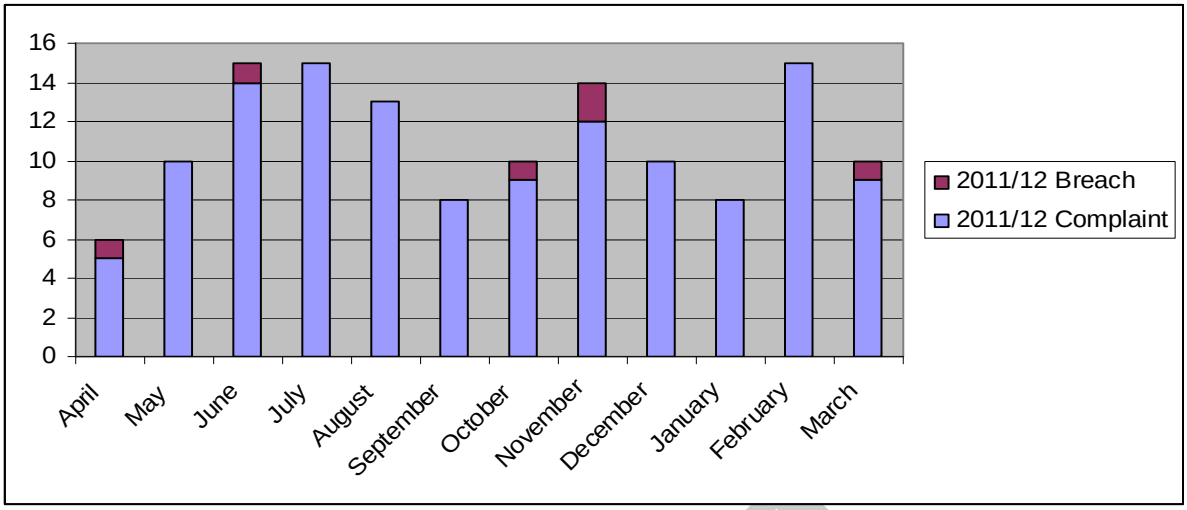
The merger of Coventry Community Health Services (CCHS) with the Trust In April 2011 affects the direct comparison of complaints data across the two years. The table below provides a comparison of Trust complaint data for 2010/11 and 2011/12 but also identifies CCHS data and mental health / learning disability (MH/LD) data separately so that a direct comparison can be made for 2011/12 MH/LD services with 2010/11.

Reason for Complaint	2010/11	2011/12
Admissions/Transfers	8	3 (2 MH/LD and 1 CCHS)
Attitude of Staff	5	18 (11 MH/LD and 7 CCHS)
Cancellation of appointments	1	0
Clients Rights	28	43

		(35 MH/LD and 8 CCHS)
Communications	14	10 (10 MH/LD)
Confidentiality	4	0
Change of Consultant	2	0
Information		1 (1 MH/LD)
Medical Care from Doctor	17	18 (13 MH/LD and 5 CCHS)
Nursing Care	9	20 (9 MH/LD and (11 CCHS)
Other direct Care ie CPN	7	7 (7 MH/LD)
Waiting times	1	7 (7 MH/LD)
CWPT Totals	**96**	**127**

It is important that complaints are investigated and responded to in a timely manner. The first graph below shows the number of complaints received and number not responded to within the time scale for 2010/11 and the second graph compares the number of complaints received and number not responded to within the time scale for 2011/12.





The Trust's complaint arrangements incorporate the key principles outlined by the Parliamentary Health Ombudsman from ensuring that complainants are informed about how their complaint will be dealt with to the identification of where improvements to services need to be made as a result of the issues raised by complainants. Each complaint is reviewed and responded to by the Chief Executive and reported to the Trust Chair. In addition Trust Board members lead in-depth reviews of a sample of complaints to independently assure the Board that the appropriate response and actions have been taken.

At the end of each complaint complainants are invited to feedback on how their complaint was handled. Any recommendations made as a result of the complaint investigation are actioned by the service involved and this is reported to General Managers to ensure that lessons are learnt and disseminated across services. We are currently working to strengthen the reporting of progress and completion of actions undertaken by services as a result of complaints through the governance structure to Trust Board in order to provide additional assurance.

Compliments

During the course of the year individual members of staff, teams and services receive many compliments form patients wishing to say thank you fro the way in which they or their loved one's have been cared for and treated.

Where complainants have a formal process to follow, those who compliment tend to do it informally by sending a letter or card, or verbally and collecting this data across

the Trust is much harder to do. Staff are encouraged to send evidence of compliments to the customer Services department so that this can be reported but we know that the data is far from complete.

The table below shows the number of compliments received by CWPT compared to the last 2 years.

Compliments		
2009/10	2010/11	2011/12
73	151	177

2.4 Patient Experience

In addition to local service patient experience surveys, CWPT are required to undertake the annual Care Quality Commissions (CQC) Community Mental Health survey. The results from the 2011 survey have been reported to and discussed at the Safety and Quality Committee, the Safety and Quality Operational Committee and at the Equal Partners Committee.

There were a number of positive areas reported in the survey. Service users told us that:

- They could easily contact their care co-ordinators
- Care co-ordinators organise their care well
- Services are good at helping people achieve their goals

There were also a number of areas for improvement highlighted by service users who said they needed to:

- Know more about their medication – purposes, side effects, easy to understand information and progress
- Know who their service users care co-ordinator or lead professional is
- Understanding their care plan
- Have at least one review in the last 12 months, and to be aware that they can bring a friend or advocate with them
- Know of an out of hours contact number

- Have support with physical health and care responsibilities

Action plans have been developed and implemented to address each of the areas for improvements and include for example the introduction of contact cards to ensure that all service users are provided with arrangements for contacting the service out of hours and this is further supported by the addition of Helpline Posters in all waiting rooms.

The 2012 CQC Community Mental Health survey is currently being undertaken and in addition we have also chosen to undertake the CQC Inpatient Survey in 2012.

During 2011/12, we also undertook patient experience surveys for the Patient Experience CQUIN, in inpatient and community mental health and in Community health services. An initial baseline survey was undertaken followed by improvement activity. The survey was then repeated to verify that patient experience had improved.

INPATIENT MENTAL HEALTH SERVICES	Baseline Survey	Follow Up Survey	Improvement Demonstrated
On arrival on the ward or soon afterwards, a member of staff should tell you about the daily routine of the ward such as times of meals and visitors?	52%	70%	18%
You should be given enough time to discuss your condition with healthcare professionals.	79%	80%	1%
The purpose and side effects of medications should be explained to you.	56%	68%	12%
Hospital staff should take your family or home situation into account when planning your discharge from hospital.	78%	95%	17%
Sufficient activities should be available for you to do during your stay.	54%	45%	-9%

% rounded up/down to whole numbers

Improvement actions undertaken by the inpatient mental health service between the baseline and follow up surveys included making information folders relating to antipsychotic medications available on all wards, the development and implementation of a hotel pack to give patients relevant information about the ward

on admission. In addition a carers pack has been developed and implemented and there has been a further review and development of provision of activities, with the introduction of an Activities Co-ordinator in St Michaels

COMMUNITY MENTAL HEALTH SERVICES	Baseline Survey	Follow Up Survey	Improvement Demonstrated
You should be told about possible side effects when a new medication is prescribed for you.	67%	79%	12%
You should be given a written or printed copy of your care plan.	59%	84%	27%
Your views should be taken into account when deciding what is in your care plan	84%	95%	11%
Whether you need to continue using mental health services should be discussed with you.	73%	74%	1%
You should be given the number of someone from your local NHS Mental health Service that you can phone out of office hours.	83%	100%	17%

% rounded up/down to whole numbers

Improvement actions taken by Community Mental Health Services between the baseline and follow up surveys include the development of a Care Plan folder which is issued to clients by the Care Co-ordinator. The folder contains a printed copy of the care plan together with other useful information such as PALS, Medicine's Management flyers etc. In addition contact cards have been introduced which detail the name of the clients Care Co-ordinator and out-of-hours contact details.

COMMUNITY HEALTH SERVICES (Tissue Viability, Continence, Diabetes, Children's Services and Rehabilitation Team)	Baseline Survey	Follow Up Survey	Improvement Demonstrated
Have you been involved as much as you wanted to be in decisions about your care and treatment?	91%	97%	6%
Were you given enough time to discuss your condition with healthcare professionals?.	90%	97%	7%
Did staff clearly explain the purpose of any medication and side effects in a way that you could understand	87%	98%	11%
Did you know what number/ who to contact if you needed support out of hours (after 5pm)	61%	96%	35%
Overall are you satisfied with the personal care and treatment you have received fro community services?	92%	98%	6%

% rounded up/down to whole numbers

The improvement actions taken by Community Health services between the baseline and follow up surveys have included strengthening communication methods with users and carers where they have told us areas for improvement i.e. the development of patient leaflets including information on medication and what to do if there are problems out of hours which are included in every patient information folder. There has also been increased involvement of users in care planning.

Services have also been proactive in providing feedback to all users and carers changes that have happened as a result of their comments made and this has been implemented using "You said …..We did…" posters and patient news letters.

2.5 NHLSA

The NHS Litigation Authority (NHSLA) is a Special Health Authority that handles negligence claims made against NHS organisations and works to improve risk management practices in the NHS.

The NHSLA has produced risk management standards for NHS organisations providing acute, community or mental health & learning disability services and non-NHS providers of NHS care. These standards have been designed to address organisational, clinical, and non-clinical or health and safety risks.

NHS organisations must demonstrate compliance with the standards and are assessed every two years. The Trust successfully achieved Level 1 accreditation in

its last assessment in March 2011. The 2012/13 Standards have been updated to incorporate the acquisition of Community Services, therefore work remains ongoing to ensure we maintain our Level 1 accreditation in our forthcoming assessment in March 2013.

2.6 Equal Partners Strategy

We have developed an Equal Partners Strategy which was agreed at Trust Board in June 2011 and is now leading to many accomplishments in ensuring people are able to get involved with the Trust, share their experiences and have more control over what happens in their lives.

The strategy provides a framework and action plan to build on existing good practice, and develop strong foundations and opportunities to improve all aspects of our engagement activity. It underpins our Vision, Values, Aims, and Strategic Objectives which include: working for the wellbeing of people; providing excellent care, supporting person centred outcomes, and partnership working.

5 key areas for development were identified in the strategy; Policies, People, Partners, Projects and Patient Experience and our achievements in 2011/12 include:

POLICIES
Development of a Volunteer Policy to ensure there is a consistent approach to the use of volunteers
Development of a database to capture both existing and planned user involvement and experience across the Trust and to support the recreation of successful activities..

PEOPLE
Raising awareness of involvement and engagement by presentation of the Equal Partners strategy at a number of events within Coventry and Warwickshire to raise which has resulted in an increase in the number of local survey, focus groups and involvement activity across services
A Patient Experience and Involvement Committee has been established to drive forward and monitor the 5 key areas for development identified within the Equal Partners Strategy. The committee has representation from a wide range of services and departments across the Trust.

We have developed a library of patient stories that are used both in staff training and to deliver key messages. Stories are provided in a variety of formats from written word through to delivery in person by users

PARTNERS
Following an issue raised by a number of service users, we have worked closely with Coventry LINks to look at and improve access to activities available to the adult patients on our wards.
We worked with Coventry and Warwickshire LINks to deliver a Quality event to inform and engage the local community in the development of this Quality Account as well as developing and shaping the Equal Partners Strategy.

PROJECTS
We are continuing to work with and increase the number of services who are engaging with collecting patient's stories and developing knowledge of how to use the stories to improve services
We are working with other services within the Trust to gain maximum promotion of the Equal Partners Strategy to community groups within Coventry and Warwickshire.
Service users and carers formed part of the assessment team for the Trusts annual Patient Environment Action Team (PEAT) assessments and both users and the organisation reporting benefits.
We are continuing to work to embed service user involvement in clinical research and wider research activities within the Trust and have made progress in the development of research advisory groups within specific services eg Early Intervention Services and plan to roll this model out to other services within the Trust

PATIENT EXPERIENCE
We review what patients tell us about their experiences of our services in both national and local surveys to highlight areas for improvement and to develop and implement improvement plans where required
From April 2012 that each Director of Operations will present to Board, results from surveys or patient stores relevant to their service areas to provide evidence of and assurance of change as a result of service user feedback.

2.7 Staff Survey

In 2007 the Department of Health in conjunction with Ipsos MORI, conducted a piece of research, referred to as 'What Matters to Staff in the NHS' , which looked to identify the major factors contributing to staff engagement and motivation to provide high quality patient care. This research led to the development of four pledges that sets out what the NHS expects from its staff and what staff can expect from the NHS as an employer.

The Annual NHS Staff Survey is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and contribute to local and national assessments of quality, safety, and to the delivery of the NHS Constitution. The Survey has 38 questions, the responses of which are used by the Department of Health to measure our performance against other mental health and learning disability trusts. The Information collected from the annual Staff Survey is also used to improve working conditions and practice, and to monitor against the pledges made to staff. Our results are also used by the Care Quality Commission as part of its ongoing monitoring of our registration compliance.

All staff within CWPT were invited to participate in the survey, of which 58.32% responded. This is a marked improvement on our 48% response rate for the 2010 staff survey.

Key Findings

The percentage of staff reporting errors, near misses or incidents witnessed in the last month was 98% which placed us in the best 20% of Trusts nationwide.

Whilst we were amongst the lowest 20% of Trusts for 11 issues an improvement has been seen in 9 of these since the previous 2010 survey. Of the remaining 2 issues, there was no change reported for the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. There was also a 4% decrease in the number of staff appraised with a personal development plan within the last 12 months.

Since 2010 we have improved on a further 11 key findings. These include the percentage of staff feeling satisfied with the quality of work and patient care they are

able to deliver and the quality of job design (i.e. clearer job content, feedback and staff involvement. There was also a positive reduction the number of staff reporting discrimination at work and an increase in the number of staff who would recommend the trust as a place to work or receive treatment

The Next steps

The findings from the survey will be presented to the Trusts Leadership Team and cascaded to all staff through our internal communication methods. Work is underway with General Managers and their teams to review the data relevant to their services and to assist with the development of action plans to address the key findings relevant to their area.

It is also proposed to contact other similar Trusts who have scored well in their key findings to share good practice to improve our results further. The Social Partnership Forum will take responsibility for monitoring and reviewing all the action plans as well as being asked to select two key findings from the bottom 20% of topics on which to focus attention and to develop action plans.

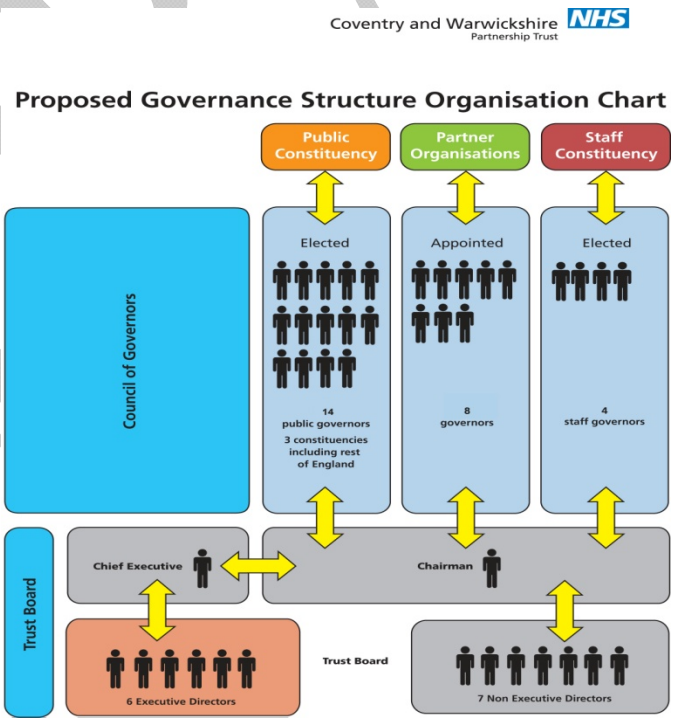
2.8 Foundation Trust Status

We have made significant progress with our FT application during the past year. We have now signed a Tripartite Formal Agreement with the Trust Board, Department of Health and Strategic Health Authority. This sets out the agreed timeline for our application and means that we are on track to become authorised/licensed by Monitor, the independent Regulator for Foundation Trusts, within 2012

The key milestones for our application are as follows and we are on track to deliver all requirements by these dates.

- Submit final Business Plan to SHA - June 2012
- Governor Election – Commences June 2012
- Monitor Assessment (up to four months) - August 2012
- Trust Board and Monitor Board - Board to Board Assessment – September 2012
- Authorisation as a Foundation Trust - Quarter 3 or 4 2012/13
- First Council of Governors meeting - Once approved as a Foundation Trust

One of the requirements to become a Foundation Trusts is that we have an active Council of Governors who will work alongside the Trust Board and who are drawn from and elected by members. The Council of Governors will become operational once the Trust is authorised/licensed as a foundation trust. We have undertaken and concluded a formal Foundation Trust Public Consultation and in response to the comments we received, we have amended our draft Constitution to increase the number of elected Governors to improve representation of patients and carers. Our agreed Governor Constitution is as follows:



We have successfully recruited approximately 13,179 members made up of 4,238 staff and 8,941 public members and have a comprehensive programme of events to ensure members voices are heard and they have opportunity to contribute to further developing the Trust. The election of our Governors will commence in June 2012.

Another key part of applying to become a Foundation trust was the requirement for a comprehensive business plan supported by an approved business model which describe how our business plans align with our Quality Goals and Quality priorities. We have produced and submitted our five year Integrated Business Plan and associated financial model to the Strategic Health Authority for their consideration prior to our formal submission to the Secretary of State, who will process our application during the summer.

As part of our formal application we have also been subject to significant independent review to provide assurance on our readiness to become a foundation Trust. To date we have received favourable reports from both the Strategic Health Authority on quality, safety and governance arrangements and from SHA appointed independent assessors who have completed two Due Diligence exercises to review our financial record, financial plans and financial governance arrangements for the future. In addition a further independent assessment of our Trust Board's capacity and capability to manage the Trust as a foundation Trust has taken place and they were assured that the Board can take full advantage of the freedoms that being a foundation trust provides for the benefit of our service users, carers and staff.

2.9 Patient Environment Action Team

All patients and service users have the right to expect to be cared for in clean, well maintained environments, with good quality food and where their privacy and dignity is respected.

The aim of the Patient Environment Action Team (PEAT) Assessments is to provide a view on the quality of non-clinical services we provide to both in-patients and other services users across our in-patient units where there are 10 beds or more. The assessment looks at:-

- Cleanliness including general cleanliness, toilet and bathroom cleanliness

- Condition and appearance of the general environment and toilet and bathroom areas including décor, tidiness, furnishing, floors and floor coverings and heating and ventilation facilities
- Additional services including lighting, waste management, linen, provision of suitable arrangements for personal possessions and odour control
- Access, way finding and information
- Food, , nutrition and hydration services
- Privacy and dignity

Scoring is on a scale of one to five where 1 = unacceptable and 5 = excellent and is based on the conditions at the time of the assessment. The assessment team is made up of a number of people including the Facilities Manager, infection control nursing, non executive directors and a patient/carer representative, and where possible the assessments take into account the views of patients and ward staff.

The table below compares 2011 scores to 2010 for all our areas which are required to have an assessment undertaken.

Site Name	Environment Score **2010**	Environment Score **2011**	Food Score **2010**	Food Score **2011**	Privacy & Dignity Score **2010**	Privacy & Dignity Score **2011**
The Manor Hospital	Good	Good	Good	Excellent	Excellent	Good
Hawkesbury Lodge, Longford	Good	Good	N/A*	N/A*	Excellent	Excellent
The Caludon Centre, Coventry	Good	Good	Excellent	Excellent	Excellent	Excellent
Harry Salt House, Coventry	Good	Good	N/A*	N/A*	Excellent	Excellent
St Michael's Hospital	Good	Good	Good	Good	Good	Good
Woodloes House, Warwick	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent
Stratford Building 2, Loxley Building	Good	Good	Good	Excellent	Excellent	Excellent
Woodleigh Beeches Centre, Warwick	Good	Good	Excellent	Excellent	Excellent	Excellent
Brooklands Hospital (Janet Shaw Clinic)	Good	Good	Excellent	Excellent	Excellent	Excellent

N/A* - self catering units.

2.10 Elimination of Mixed Sex Accommodation

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We are committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable. We are proud to confirm that mixed sex accommodation has been eliminated in our trust.

Patients who are admitted to any of our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Women only lounges are available, where appropriate, within our wards. Sharing with members of the opposite sex should only happen by exception based on clinical need, for example where patients need specialist observation and care, or when patients choose to share. If our care should fall short of the required standard, we will report it.

2.11 Quality in Nursing – Year 2

2011/12 was year 2 of the CWPT Nursing Strategy. Over the last 12 months our nurses have undertaken a wide variety of projects and initiatives focused on improving patient safety, service quality and user/carer experience. In relation to the national high impact actions we have set consistent standards across the Trust for unexpected weight loss, rolled out a new falls protocol that reflects best practice and instigated several initiatives to meet the challenge of eliminating avoidable pressure ulcers. Alongside this, the Modified Early Warning System used to structure the monitoring of physical health of patients, has been embedded in inpatient Mental Health services. Other achievements include significant investment in the emerging profession of Assistant Practitioners and the implementation of the Royal Collage of Psychiatrists Learning Disability Accreditation scheme at Brooklands, a scheme in which the Trust acted as a national pilot during its development.

Looking forward to next year some of our key goals relate to the Safety Thermometer. Whilst we are developing systems to ensure successful implementation of the national Safety Thermometer the Trust is also leading the national piloting of a version developed specifically for Mental Health and Learning Disabilities. A second work stream is the development of some quality bench marks

linked to the MH & LD safety thermometer that bring together guidance and policy to provide structure for a detailed review of practice where necessary.

2.12 Quality Priorities Framework and 5 year plan

CWPT has a Quality Priorities Framework (approved August 2011) which works alongside our Risk Management Strategy (approved December 2010) to provide a cohesive infrastructure and programme of work which enables us to deliver against our safety and quality commitments.

Our Corporate Quality Goals are:

	Trust Quality Goal	Outcome
1	Delivering our Equal Partners Strategy	Years one and two of the Equal Partners Strategy will be successfully implemented.
2	Ensuring Protected Learning Time for our staff	All our staff will receive Protected Learning Time appropriate to their role.
3	Implementing Outcomes Frameworks for all service users	An Outcome Framework will be in place for all our operational services speciality areas.
4	Using Safety and Quality and Performance Dashboards from Board to Ward/Team	Safety and Quality and Performance Dashboards will be in place and used effectively in every ward/team.
5	Developing and implementing our Estates Strategy	A fit for purpose Estates Strategy will be in place and year one plans implemented.
6	Positive Staff Engagement	Positive staff engagement will be evidenced through a wide range of approaches.
7	The delivery of 'Value' based, user focussed services.	Successful use of value based approaches in our service integration and transformation programmes.
8	Effective Workforce Planning and Development	A workforce planning and development strategy will be in place and year one plans implemented.
9	Developing and implementing our IT Strategy	An IT Strategy will be in place and year one plans implemented.

Progress to be reported against.

2.13 Review of Performance

Management information on performance and contracting activity is reported on a number of organisational levels. Strategic reports are issued monthly to the Trust Board, providing a summary of performance against business-critical indicators and targets and highlighting key areas of success or concern. Trust-wide data is further subdivided at General Manager, operational, ward and team level, which facilitates the provision of relevant information to operational staff. In this way, managers are able focus on performance trends in their area of responsibility, in the context of the performance of the organisation as a whole.

The Trust is committed to the early identification of problems and instigation of corrective action to address performance failings. Equally, celebration of success is integral to rewarding staff for their efforts in delivering local and national priorities, as exemplified in the annual 'Q Award' Ceremonies and 'Thank You' cards for recognition of individual contributions.

Performance against key indicators of Safety and Quality, 2011/12

Indicator	2010/11	2011/12
Percentage of Level 1 SIRI's complying with 45 days closure	95%	100%
% of Level 2 SIRI's complying with 60 days closure	100%	100%
Number of formal complaints completed outside of the agreed timescale	18%	0
Information Governance Toolkit compliance	Met	Met
Average scores reported from monthly Cleanliness Audits	94%	97%
Average scores reported from monthly Hand Hygiene audits	96%	98%
Number of complaints about cleanliness of service areas	0	0
Compliance with Hygiene Codes	100%	100%

Narrative to be added

3. Statements of Assurance from the Trust Board

During 2011/12, CWPT provided NHS services. CWPT has reviewed all the data available to them on the quality of care in all the NHS services it provides.

The income generated by the NHS Services reviewed in 2011/12 represents 100 per cent of the total income generated from the provision of NHS services by CWPT for 2011/12.

3.1 Participation in Clinical Audit

During 2011/12, 7 national clinical audits and 1 national confidential enquiry covered NHS services that CWPT provides. During that period, CWPT participated in 75% national clinical audits and 100% 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 CWPT was eligible to participate in and for which data collection was collected during 2011/12, are listed in the table below. The number of cases submitted to each audit or enquiry as a percentage of the number of cases required by the terms of that audit or enquiry is also given.

Eligible audits / confidential enquiries applicable to CWPT	Eligible to participate	Participation in 2011/12?	% of cases submitted 2011/12	Reason for non-participation
Schizophrenia (National Schizophrenia Audit)	✓	✓	100%	
Childhood Epilepsy (Epilepsy 12)	✓	✓	100%	
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	✓	✓	79%	
11a Prescribing antipsychotics for people with dementia	✓	✓	100%	
6c Assessment of side effects of depot antipsychotic medication	✓	✓	100%	
7c Monitoring of patients prescribed lithium	✓	✘	NA	Local clinical audit undertaken.
10b Use of antipsychotic	✓	✘	NA	POMH membership had

medicine in CAMHS				expired during data collection period

Eligible Audits applicable to CWPT	Eligible to participate	Participation in 2011/12?	% of cases submitted 2011/12	Additional information
1f and 3f Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards and forensic wards	✓	✓	Unknown	The Royal College of Psychiatrists intend to include participation in 2012/13 data. However, CWPT have acknowledged participation in the Quality Account as data collection was submitted in March 2012. The report is expected in May 2012, therefore falling into 2011/12 and 2012/13 reporting.

The reports of 2 national clinical audits were reviewed by CWPT in 2011/12 and CWPT intends to take the following actions to improve the quality of healthcare provided.

National audit title	Description of actions following National audit
National audit of psychological therapies	Plans are in place to provide a more inclusive service which is representative of the local community. A review of waiting times will be undertaken. Performance indicators are consistently monitored and improving to ensure service users receive the minimum number of recommended sessions recommended by NICE. Development of a patient questionnaire to assess service users' experience of the service to aid further service development.

National audit title	Description of actions following National audit
National audit of falls and bone health	It was only appropriate to submit data to the organisational audit. The findings highlighted that the Trust had the appropriate structures, staffing, policies and procedures in place. To strengthen this, a system of monitoring adherence to the local Trust Policy has set up. A Falls Clinic has also been established.

The reports of 78 local clinical audits were reviewed by CWPT in 2011/12. The following have been selected as examples of how services have used clinical audit to improve the quality of care delivered.

Re-audit of Suicide Prevention

The Trust under the CQUIN scheme was required to demonstrate compliance with the National Patient Safety Agency 'Preventing Suicide Toolkit' in inpatient mental health settings that provide services to working age adults.

Following the clinical audit dual diagnosis training sessions have been put in place, providing staff with the skills and knowledge to identify and support patients with both mental health and substance misuse needs.

A discharge information pack has been developed which is given to patients on discharge to help their transition back into the community and to offer contact numbers and advice of where they can seek support.

To ensure carers are provided with the appropriate information and support a carer's information booklet and involvement plan have been developed and are in use.

Physical Health Monitoring of Patients Receiving Clozapine

This clinical audit was undertaken to evaluate current practice against NICE guidance.

To ensure regular and systematic monitoring of physical health throughout treatment

the Clozapine data monitoring sheet has been revised and is in use in clinic.

ECG machines and BMI calculators are now available in Clozapine Clinics and staff have been trained in their use.

Audit of Risk Assessments for Home Visits by Members of the Community Rehabilitation Team

This clinical audit was undertaken to evaluate the use of the newly introduced evidence based risk assessment form.

The findings highlighted that the form was not being completed in full and pathways were not being written into the care plans. The risk assessment form has been re-designed to simplify it and to make it more user friendly.

A re-audit of the new documentation following introduction is planned.

Sexual Health Advice Given to Looked-After Children (LAC)

The joint Trust and Council policy recommends that young people are given sexual health advice. Looked-after children are particularly vulnerable, especially those aged between 15 and 16.

Just under half of the looked-after children reviewed as part of this clinical audit were given advice by the Looked-after Children's Nurse or by a Paediatrician in the Looked-After Children's Clinic.

Working in conjunction with the Council, a sexual health advice pack has been created. This will be discussed with all children in this age range at their clinic appointment. The pack also includes a referral form to the Outreach Nurse should the need arise. The pack has been included in training given to medical staff and prospective foster parents.

3.2 Participation in Clinical Research

Narrative to be provided by CRMC regarding how many research projects have been agreed during the past 12 months; whether there has been an increase in the number of grant applications submitted and hosted by the Trust, and how many publications have resulted from our involvement in HISH research In addition, need to include where we have seen a positive improvement/change in any of the areas where research has occurred (ie what speciality, what was the research and what was the related improvement?)

By actively participating in clinical research, CWPT demonstrates its continuing commitment to testing and offering the latest medical treatments and techniques to improve the quality of care we provide and to make our contribution to wider health improvement. Participating in research ensures our clinical staff stays abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. There were XX clinical staff participating in research approved by the XX research ethics committee during 2010/11. These staff participated in research covering xx specialties.

MANDATORY STATEMENT - The number of patients receiving NHS services provided or sub-contracted by CWPT in 2011/12 that were recruited during this period to participate in research approved by the research ethics committee was XX. (CRMC to provide figure).

3.3 Commissioning for Quality and Innovation Schemes (CQUIN)

A proportion of CWPT income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between CWPT and any person or body they entered into a contract, agreement of arrangement with for the provision of NHS services, through the Commission for Quality and Innovation (CQUIN) payment framework.

Progress against CQUIN indicators is reported to Trust Board, the papers from which are publicly available on the Trust's website which can be found at http://www.covwarkpt.nhs.uk/TrustBoard.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available at :

http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

3.4 Care Quality Commission (CQC)

CWPT is required to register with the Care Quality Commission and its current registration is registered. CWPT are registered with no conditions. The Care Quality Commission has not taken enforcement action against CWPT during 2011/12.

CWPT has participated in the Special Review undertaken by the Care Quality Commission relating to In-patient Learning Disabilities during 2011/12. The CQC also completed 2 inspections as part of their routine schedule of planned reviews during 2011/12 and 1 inspection in response to concerns that had been raised.

CWPT intends to take the following action to address the conclusions or requirements reported by the CQC:-

- Strengthen monitoring mechanisms in relation to reviewing the documentation of care
- Introduction of therapeutic activity programmes for in-patients
- Introduction of additional user friendly / easy to read information and care plans for patients with Learning Disabilities
- Improving patient environments
- Introduction of standardised care records
- Introduction of additional clinical management tools to enhance the care provided.

CWPT has made the following progress by 31st March 2012 in taking such action

Action Required	Progress as of 31st March 2012
Strengthen monitoring mechanisms in relation to reviewing the documentation of care	A programme of regular audit has been implemented to review documentation and the results are reported and reviewed at Team meetings.
Introduction of therapeutic activity programmes for in-patients	A therapeutic timetable of activity has now been developed by Wards where the need was identified.
Introduction of additional user friendly / easy to read information and care	Speech and Language Therapy services have worked with units and ward areas

plans for patients with Learning Disabilities	to adapt care plans to be user friendly to promote patient involvement and understanding of their content.
Improving patient environments	A programme of environmental improvements has been developed in those areas where a need was identified which includes both internal and external areas.
Introduction of standardised care records	Care records have now been standardised and have been rolled out across the Trust.
Introduction of additional clinical management tools to enhance the care provided.	A Privacy and Dignity Care Plan, Exercise Risk Assessment tool and a 72 Hour Evaluation sheet have been developed and introduced.

Completed action plans have been submitted to the CQC and where any actions remain outstanding, services continue to work to deliver them and progress is regularly monitored by the Safety and Quality team.

3.5 Data Quality (HES Data upto February – March data not available until May)

Over the last year CWPT has reviewed some of the processes for data capture and quality and to take into account the introduction of new datasets. We are currently working on improving our current data quality on the system and have recently introduced new action plans to show the work needed for the new version of the dataset, as well as maintaining our work on current action plans. Last year we developed an action plan to improve our HES data quality which has also led to improvements in our Information Governance toolkit.

CWPT will be taking the following actions to improve quality. Over the next year our priority is to work on data quality within the datasets and returns that we submit externally, by looking at this level of data quality we will be working on improving performance within the datasets, improving accuracy, completeness and timeliness

of data on the systems which will then also improve clinical data to support client care.

Business units will continue to get a suite of data quality reports, called a data quality metrix to address data quality issues and we have reviewed where data quality is discussed and actions agreed and this is now part of the Business Rules Work Stream. We will have the opportunity at this meeting to discuss internal data quality reports, review benchmarking information on external data for us to understand how we perform against other Trusts and what we can do to improve this.

NHS Number and General Medical Practice Code Validity

CWPT submitted records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. There percentage of records in the published data which included the patients valid NHS number was:

99.6% for admitted patient care;
100% for out patient care

The percentage of records in the published data which included the patients valid General Medical Practice code was:-

94.5% for admitted patient care;
99.9% for out patient care

3.6 Information Governance Toolkit

Information Governance is a priority for the Trust to ensure that information is kept confidential and secure. Furthermore Information Governance is underpinned by legal requirements and the Trust endeavours to ensure people's rights under both the Data Protection Act 1998 and the Freedom of Information Act 2000 are recognised, that the obligations as set out in these Acts are complied with and that the Trust ensures that information (about both staff and patients) is handled appropriately.

In terms of breaches of confidentiality or other information security breaches in 2011/12 the Trust had 3 breaches risk rated at level 1 or 2 in line with the Department of Health guidance. These were escalated to the Strategic Health Authority. Learning from such events has been fully implemented and the organisation is continually looking for ways of improving practice to reduce the likelihood of any such breaches in the future.

In the next 12 months the Trust will continue to further embed the six initiatives of Information Governance (as set out in the Information Governance toolkit) throughout the Trust and also aim to improve our Information Governance compliance score as assessed by the Information Governance toolkit

CWPT Information Governance Assessment Report score overall score for 2011/12 was 71% and was graded 'satisfactory' with all standards being at level 2 or above which means that we passed the assessment criteria.

3.7 Clinical Coding Error Rate

Payment by Results (PbR) is the payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs. The two fundamental features of PbR are nationally determined currencies and tariffs. Currencies are the unit of healthcare for which a payment is made, and can take a number of forms covering different time periods from an outpatient attendance or a stay in hospital, to a year of care for a long term condition. Tariffs are the set prices paid for each currency.

Equity and Excellence: Liberating the NHS commits organisations to introducing the mental health care clusters as the contract currency for 2012-13 with local prices. The Partnership has undertaken a significant amount of work so far on care clusters and continues to develop a system for operating in a PbR environment.

CWPT was not subject to the Payment by Results clinical audit coding during 2011/12 by the Audit Commission. Need to include reflection of cluster activity/work.

4. Priorities For Quality Improvement In 2012/13

CQUIN priorities for the new contract year were agreed through a process of negotiation involving the Trust, PCT and Specialist Commissioners and Clinical Commissioning Groups. Suggestions for quality improvement were taken from all stakeholders, and through open discussion, areas of commonality and shared priority were agreed. The priorities (covering Mental Health, Learning Disability and Coventry Community Health services) were sub-divided into three themes of Patient Safety, Clinical Effectiveness and Patient and Staff Experience. The rationale for inclusion of the priorities was based on links with national, regional and local quality improvement programmes, as well as local influences which included input from the new GP commissioning leads and a particular focus on integrated teams and services for frail elderly clients. The Trust has an established governance process for delivery of CQUIN work programmes which will be continued for 2012/13. Project teams will take forward specific actions and documentary evidence will be reported at regular intervals to demonstrate achievement against milestones, both internally and externally to Commissioners through Clinical Quality Review meetings.

4.1 Priority 1 – Patient Safety

Indicator	Description	Rationale	Intended outcome
Safety Thermometer	Improve the collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and Venous Thromboembolism (VTE).	National CQUIN designed to reduce harm by collection of data which will inform local improvement and health care planning.	Three consecutive quarterly submissions of monthly survey data for all relevant patients and settings using the NHS Safety Thermometer, uploaded to the NHS Information Centre.
Call to Action – the Empowered Workforce	Scope and implement a programme of individual and team development for Health Visitors to support the Call to Action recruitment plan.	To identify Coventry as an Employee of Choice and increase the numbers of Health Visitors joining the service, to provide the necessary additional healthcare support commensurate with the needs of the local population.	The majority of Health Visitors to participate in the development programme, alongside the development and implementation of an external marketing plan.
Integrated teams and Root Cause Analyses (RCAs)	A range of innovative integrated team working practices will be agreed for each cluster team. Mini-RCAs will be undertaken jointly by integrated teams for patients whose long term condition has contributed to an emergency admission. Communication across teams is to be optimised.	To reduce avoidable emergency admissions and Accident and Emergency attendances in this group of patients. To promote communication, validation of caseloads, sharing of responsibility and proactive approach to quality care across integrated teams.	Integrated teams are able to demonstrate that a quarterly RCA process has been implemented, actions and learning are being taken forward, and proactive liaison with general practice is in place.

4.2 Priority 2 – Clinical Effectiveness

Indicator	Description	Rationale	Intended outcome
Out of Area	To continue the development of clear assessment, review criteria and case management for all out of area clients with clearly established review periods	To ensure and enhance assurance to the commissioners of the quality and governance arrangements of the services commissioned for their clients whether this be provided by CWPT or other providers.	All service users on the Out of Area Client List will be allocated to a care co-ordinator and will be reviewed to bring service users into local services or where this is not possible, review the provision of care currently being provided.
Psychiatric Liaison (MH)	Support the implementation of a comprehensive psychiatric liaison service. This is aimed at reducing the incidence of self-harm, reducing the waiting time for a mental health assessment, and reducing the length of hospital stay for dementia patients, in Acute provider settings.	This indicator forms part of a complementary set of CQUINs across the local health economy in response to regional and local priorities to deliver a co-ordinated approach to care for patients moving between acute Trusts and mental health services.	To establish an integrated Rapid Assessment Interface and Discharge team to co-ordinate care of appropriate patients; to carry out training for acute staff and evaluate outcomes against agreed targets, financial model and liaison service pathway.
Primary and Secondary Care communication (MH)	Improve communication and integrated working with primary care, developing protocols for shared care and shared prescribing and a support / training package for primary care.	The Trust is to support primary care to promote the need to recognise and provide timely and appropriate response to patients who suffer from a mental illness.	To pilot and develop the role of a Senior Relationship Manager across Integrated teams and Clinical Commissioning Groups; to develop a training programme to support general practice in the management of people with long term conditions, with an underpinning caseload

			data set for practices.
Case Management of Patients Identified through Risk Stratification	Develop and implement a case management approach which uses a predictive risk stratification tool, for patients on the community nursing caseload with a long term condition.	To reduce avoidable emergency admissions and Accident and Emergency attendances in this group of patients, and support the achievement of QIPP (Quality, Innovation, Productivity and Prevention) targets.	To develop and pilot the use of the risk stratification tool in three integrated teams, to evaluate the results and to work towards the city-wide roll-out of the approach.
Telehealth – Use of Simple Telehealth for COPD, diabetes and heart failure patients	Development and implementation of the Simple Telehealth approach for the remote monitoring of appropriate COPD, diabetes and heart failure patients.	There is evidence to suggest that this approach will improve productivity in community nursing teams, thus enabling high risk patients to be managed to avoid potential emergency admissions.	To identify and pilot the Simple Telehealth model across three integrated teams, culminating in a full evaluation report and with a view to city-wide roll out.

4.3 Priority 3 – Patient Experience

Indicator	Description	Rationale	Intended outcome
Patient Experience – Patient Revolution: collecting real time feedback and acting on what you hear (CS)	Development of real time and non-real time systems to monitor patient experience in specific areas of community services. This will include development of the net promoter methodology and collecting and acting upon patient stories.	'The Patient Revolution' is one of the 5 ambitions of NHS Midlands and East and responds to the need to drive improvements in patient and customer experience.	To demonstrate that real time systems are in place to capture patient experience, to establish methodologies to elicit patient stories, and provide evidence that patient feedback has influenced improvements to the services.

Patient Experience – dementia care	Use patient experience to inform the redesign of the dementia care pathway, including the integration with physical health services	The analysis of patient stories will identify areas for service development and improvement within dementia services, leading to redesign of the pathway that is in line with the needs and wishes of carers and patients.	To develop the methodology for collecting and acting upon patient and carer stories; to collect stories and report on how they have been used in service redesign.

5. Statements from 3rd Parties

5.1 Coventry Local Involvement Network (LINk)

A copy of this Quality Account will be sent to Coventry Local Involvement Network (LINk) for comment prior to its publication.

5.2 Warwickshire Local Involvement Network (LINk)

A copy of this Quality Account will be sent to Warwickshire Local Involvement Network (LINk) for comment prior to its publication.

5.3 Coventry City Council Health Overview and Scrutiny Committee

A copy of this Quality Account will be sent to Coventry City Council Health Overview and Scrutiny Committee for comment prior to its publication.

5.4 Warwickshire Adult Social Care and Health Overview and Scrutiny Committee

A copy of this Quality Account will be sent to Warwickshire Adult Social Care and Health Overview and Scrutiny Committee for comment prior to its publication.

5.5 NHS Coventry and NHS Warwickshire Combined Statement

A copy of this Quality Account will be sent to NHS Coventry and NHS Warwickshire Combined Statement for comment prior to its publication.

6. How To Provide Feedback

Thank you for taking the time to read this Quality Account. We hope that you have found it useful and informative and would welcome any feedback or suggestions on how we could improve this further for next year, be it either layout, style or content.

If you would like to make a comment or suggestion then please contact us using any of the methods listed below:-

e:mail: enquiries@covwarkpt.nhs.uk

letter: Chief Executive
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