Coventry and Warwickshire Partnership **NHS**
NHS Trust

Quality Account

2013/14

The Trust's vision is
"to improve the wellbeing of the people we serve and to be recognised for always doing the best we can."

Contents

Part One

Statement on Quality from the Chief Executive, Rachel Newson

Welcome to Coventry and Warwickshire Partnership NHS Trust's (hereafter 'the Trust') Quality Account for the period April 2013 to March 2014. The Quality Account is an annual report to the public from providers of NHS healthcare about the quality of services they deliver.

The primary purpose of the Quality Account is to encourage Boards and leaders of healthcare organisations to assess quality across all of the healthcare services offered. It allows us, as leaders, clinicians and staff to demonstrate our commitment to continuous, evidence-based quality improvement and to explain our progress to the public.

I am therefore delighted and proud to share with you the fourth annual Quality Account for the Trust. Our vision is that the Trust is committed to providing the very best care for all of our patients. This requires the Trust to be recognised as a provider that delivers safe, clinically effective services, focused entirely on the needs of the patient, their relatives and carers.

The Trust provides mental health and learning disability services across Coventry and Warwickshire, some of these services in Solihull, and community health services in Coventry. The Quality Account for 2013/14 describes how we have sustained our excellent performance this year and demonstrates how we have used our resources to drive other quality improvements and initiatives. As well as direct feedback from our staff and people using our services, how we perform against the targets agreed with our commissioners every year is an important measure of our performance. In 2013/14, I am pleased to report that we met almost all of Commissioning for Quality and Innovation (CQUIN) targets and have made significant progress in others.

I would like to take this opportunity to say thank you to all of our staff for their efforts over the last year. During what has been a pro-longed period of change for the NHS, they have remained dedicated and focused on the job-in-hand – the provision of high quality care for people with a wide range of mental health, learning disability and physical needs.

It is important that I reflect on the Care Quality Commission (CQC) led work that the Trust volunteered to be involved within. The Trust participated in the development of the CQC's new inspection arrangements in January 2014. We had a team of around 50 inspectors who came to the Trust and spent time talking to patients and staff and observing how the Trust operates. Although not formally rated, as future inspections will be, the CQC have provided us with set of reports that tell us what is working well and what we might improve upon. Where improvements have been identified as being required we have developed appropriate plans, in conjunction with our other stakeholders. We plan to report our progress against our plan to our stakeholders and the CQC during 2014.

In addition I would like to specifically draw your attention to the work we have undertaken in respect of our Vision and Values, our response to the Robert Francis Inquiry, our learning from complaints and our work towards transforming how we deliver care and treatment.

Our Vision, Values and Behaviours

our *vision*

" *To improve the **wellbeing** of the **people** we serve and to be recognised for **always** doing the **best** we can* "

compassion in action

working together

respect for everyone

seeking excellence

Our work to consider the learning from the inquiry using the Equal Active Partners framework and through continued engagement with patients and stakeholders has culminated in a refresh to the Trust Vision, Values and Behaviour Statements (January 2014)

To learn more about how we intend to fulfil our vision and values please access the following link:

http://www.covwarkpt.nhs.uk/aboutus/visionandvalues/Pages/default.aspx

Our response to the Robert Francis Inquiry Report

The Trust has regularly reviewed its progress with the recommendations made within the Robert Francis Inquiry Report into concerns with care at Mid-Staffordshire NHS Foundation Trust and in particular following the government response, which was published November 2013. The Trust has revised its action plan to monitor and track activity being implemented in respect of the Francis Report and continues to share information on progress through its public Trust Board meeting.

Our Learning from Complaints

On a regular basis one of our Non-Executive Directors will review the Trusts response to a complaint that has been made about our services. The review determines that the complaint has been investigated appropriately, that engagement with the complainant has occurred, that the delivery of the response has been within an acceptable timeframe and the resolution to the complaint has been fair and balanced with the Trust formally saying sorry where mistakes have been made. This senior oversight has supported ongoing work the Trust continues to take to strengthen its complaints processes. The Clywd Report (Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture, October 2013) published as part of the suite of reviews triggered by the Robert Francis Enquiry report, made recommendations about how individual Trusts should improve the complaints process. All NHS organisations have been asked to clearly set out how patients and their families can raise concerns or complaints and how to engage with independent support available from NHS complaints advocacy services, Healthwatch or alternative organisations. The Trust has reviewed its position against the Clywd Report and has an action plan to support addressing the recommendations.

Patient Stories at the heart of the Trust

We have brought patient stories right into the heart of the Trust Board. Each Board meeting starts with a patient story, either a video diary and compilation or a powerful narrative of what it is like to be a patient served by the Trust.

How we are transforming the Delivery of Care – Integrated Practice Units

Changes to NHS care in Coventry and Warwickshire are putting the needs of patients first. That's the clear message I want you to take from us as the provider of mental health, learning disability and community services in this area. We have embarked on an ambitious five year programme of work across the whole Trust to transform our services and redesign how we deliver care. This Transformational Change Programme will see us bring clinical teams together to help deliver improved outcomes for patients, supported by new ways of working and innovative information technology. We are setting up something new: Integrated Practice Units (IPUs). This is organising teams of people so they can work more closely with patients based on their needs, rather than keeping staff in separate teams. Key programmes of work include:

- Community Resource Centres: To establish 'hub' and 'spoke' Community Resource Centres across Coventry and Warwickshire accessible to all staff who deliver services in the community. Staff are very mobile and administrative and management functions are centralised. This will enable more 'joined up' working, increase time spent focusing on patient outcomes and reduce time spent on tasks that don't add value for patients.

- Improving Access for Patients: To provide a single route into all services which is clear, responsive, accessible and timely via a new Central Booking Service. Once patients and referrers contact us we will strive to ensure we direct them to the right service to meet their needs, first time, every time.

- Centres of Excellence – Secondary Care Mental Health: To improve patient outcomes by focusing on high quality age independent mental health services through the creation of four integrated practice units (IPUs) across Coventry and Warwickshire, based in two Centres of Excellence for Secondary Care Mental Health services.

- Centres of Excellence – Specialist Services: To develop specialist services to improve our two Centres of Excellence at Brooklands, Marston Green, and at the Aspen Centre, Warwick. Also, redesign our teams into integrated practice units (IPUs) focussed on local, community-based care.

- Integrated Children's Services: Children's services will be redesigned to provide more 'joined up' care to children and young people through Pre-School, School and Youth Health Services and Specialist Services IPUs. This will help join up physical health, mental health and learning disabilities services for children.

- Community and Primary Care Prevention Services: To develop three IPUs: Living Well, Rehabilitation and Re-ablement and Palliative Care/End of Life, working closely with primary care to support patients to maintain independent living, manage their own conditions in the community and be cared for in their own home.

The Trust Board is confident that this account presents an accurate reflection of quality across the Trust and I can confirm that to the best of my knowledge the information contained within is accurate. I hope you enjoy reading the account of the Trust's quality achievements during the year and those that we look forward to accomplishing over the next 12 months.

SIGNATURE:

Rachel Newson

Chief Executive

Coventry and Warwickshire Partnership NHS Trust

June 2014

Part Two

Priorities for Improvement and Statements of Assurance from the Board

Part 2 is the section in our Quality Account that reflects on the progress of our priorities from 2013/14 and looks forward and identifies our quality priorities for 2014/15. It also includes our statements of assurance from the Trust Board.

Quality Priorities Framework

C

Customer Care

A

Achieving shared and agreed outcomes

R

Respectful environments

E

Efficiency through effectiveness

The Trust has developed and agreed, in consultation with its staff, Four Quality Priorities, which are:

• Customer Care

• Achieving Shared and Agreed Outcomes

• Respectful Environments

• Efficiency Through Effectiveness

The Trust Board is committed to promoting a positive culture enabling continuous improvement of our services for patients/service users and carers, the public, our staff and our stakeholders through the setting of specific Trust Quality Goals.

Progress against our Quality Goals in 2013/14

The goals set for the year 2013/14, and our progress against them is described below.

Goal 1:
Compassionate Care

- We have held events across the Trust to reflect on the principles of the NHS England derived Compassion in Practice framework and have adopted this within the Trust.

- We formed a cross health economy project group to develop and support implementation of Compassionate Care through Practice Education.

Goal 2:
Implement a 'cultural barometer' including Friends and Family Test

- We undertook the Friends and Family Test questionnaire with staff, have learned from the results and are planning to repeat in 2014/15.

Goal 3:
Real Time Patient Experience Outcomes

- We identified patient feedback advocates for each service.

- We developed our dashboards and pathways to include real time metrics.

Goal 4:
Outcome Frameworks for all service areas

- We refined the way in which we report performance and success to ensure that the outcomes important to the health and wellbeing of patients was clearly evident.

Goal 5:
Using Safety Thermometers to deliver safer care

- A trajectory for improvement for keeping pressure ulcer prevalence as low as possible was agreed with our commissioners and reported against each quarter.

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Goal 6:
Deliver our enabling strategies for Estates and Information Technology

- We developed and implemented a Statutory Compliance Programme for 2013/14.
- We developed and approved a Sustainability Management Plan for 2013/14.
- We reviewed the process and governance around food, including quality of food provided to patients.
- We rolled-out the use of Video and Webex Conferencing facilities.

Goal 7:
Further mature Early Warning System (EWS) including Compassion in Practice indicators

- We continued to inspect our services and revised our Early Warning approach to include capturing Compassion in Practice indicators.

Goal 8:
Effective Workforce Planning and Development

- We mapped the full reporting capabilities of Electronic Staff Record and defined the organisation's needs.
- Following a recommendation from the Francis Report, we commenced planning for a value based recruitment approach in the Trust and evaluated the Middle Managers Leadership Programme.

Goal 9:
Competent workforce through Protected Learning Time

- We consulted with Lead Nurses and Allied Health Professional (AHP) Leads on our proposed Protected Learning Time arrangements and began implementation.

Goal 10:
'VALUE' based, user focused services

- We used the NHS Change model to evaluate readiness for change and developed plans to prepare us for the changes.
- We refined the clinical models to be used to implement the Integrated Practice Units (IPU) structure.
- We worked with clinical groups to promote changes in professional working and behaviours required to achieve clinical service change.

Commissioning for Quality and Innovation (CQUIN) Framework

Our last Quality Account, reflecting the year 2012/13, detailed a number of priorities for 2013/14, which were based on the Commissioning for Quality and Innovation (CQUIN) framework, and 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 Clinical Commissioning Group (CCG) commissioners prior to the start of the financial year, and includes nationally and locally defined CQUIN indicators.

The following table lists our CQUIN goals for 2013/14 and provides a summary of achievement.

Improving service user experience through innovative access to and for secure services

What did we aim to do?	We will review our existing technology support for patients and develop and deliver a plan to ensure a range of improvements are made.
What did we expect to achieve?	Increased utilisation of communications technology.
How well did we do? **Target Met**	We reviewed the technology that we were using at the start of the year and decided where this could be improved. We have worked with the Trust's Information Technology department and put systems in place to promote the use of technology on the Marston Green site, and have installed video conferencing and wi-fi equipment. We have issued laptops to staff to facilitate agile working.

Optimising pathways

What did we aim to do?	To achieve, by year end, 95% of all patients having receipt of an intervention within the timescales set out in the admission and discharge pathway.
What did we expect to achieve?	We aimed to ensure that the time spent by service users at each stage of the admission and discharge pathway was clinically appropriate and met the expected timeframes.
How well did we do? **Target Met**	Each quarter we have submitted a reporting template which measured the length of time spent by service users at each stage of admission and discharge pathway. We assessed the data to identify any deviations from the pathway timescales and considered how improvements could be made to optimise length of stay. Timescales were met in the vast majority of cases except for variations due to individual circumstances or patient need.

Improving Patient Experience through ensuring effective Care Programme Approach (CPA)

What did we aim to do?	Complete a baseline audit and develop an action plan to ensure that the Care Plan Approach (CPA) process is effective in meeting the service users' needs.
What did we expect to achieve?	To increase attendance at CPA review meetings by all appropriate partners, so that discussions to assess and plan the care pathway took place in a timely fashion and ensured that care plan needs were being addressed.
How well did we do? **Target Met**	We collected data to show the numbers of CPA reviews taking place and the number that should have occurred. We reviewed who attended the meetings, and the organisation that they represented, to establish the levels of attendance. We devised actions to address the issues identified, and have monitored our progress. We have worked with our partners to improve attendance at meetings and have briefed our staff on how to maintain this going forwards.

Improving physical healthcare and well-being of patients

What did we aim to do?	To improve the physical health and wellbeing of all patients, as an integral part of their overall treatment and rehabilitation plan.
What did we expect to achieve?	To ensure that standard physical health checks are undertaken at appropriate timeframes throughout the patient's journey.
How well did we do? **Target Met**	We implemented Health Promotion programmes to improve patients' ability to manage their own health and wellbeing. We carried out audits to identify whether the necessary processes and procedures were being followed. We provided evidence to our Commissioners which showed that all clients had received full, age-appropriate physical examinations and health screening in line with national guidance and that all targets were being met.

Reducing social exclusion by improving literacy, numeracy, IT and vocational skills

What did we aim to do?	We aimed to develop and deliver a plan for improving opportunities for education skills development by service users, including service user engagement and involvement.
What did we expect to achieve?	We expected to improve the provision of resources for training on literacy, numeracy, IT and vocational skills within secure care environments, and so provide better opportunities for clients to participate in various aspects of life.
How well did we do? **Target Met**	We reviewed existing literacy, IT and numeracy opportunities, including the courses that were being offered and how many of these were taken up. We developed a plan to improve this level of provision. Much work was undertaken to redesign the activity and vocation service, including recruiting new activity workers. This will improve the available opportunities, accessibility and experience for service users. As a result, the uptake of literacy, numeracy and vocational courses is expected to rise further in 2014/15.

Out of Area Year 3

What did we aim to do?	To expand the Out of Area programme and continue with the clinical review process for those patients in out of area placements, including the development of business cases for the design of new services to improve local provision.
What did we expect to achieve?	To ensure that timely care package review and governance arrangements are in place and to reduce the financial burden on the local health economy arising from expensive Out of Area placements.
How well did we do? **Target Met**	We have continued to review packages of care for mental health clients placed out of area, and to determine whether the client's needs are being met, whether they could be met closer to home or whether a change to their care package is required. We have maintained an up to date list of clients along with any changes to care packages or repatriations, including details of the financial impact of these changes. We have shared this information monthly with our Commissioners and have achieved savings in excess of £1.2 million as a result.

Out of Area 117

What did we aim to do?	To ensure that treatment plans for patients subject to Section 117 (Mental Health Act) are cost effective and appropriate and thereby deliver agreed financial savings.
What did we expect to achieve?	To develop a process for review, assessment and discharge where appropriate of patients subject to section 117 (Mental Health Act).
How well did we do? **Target Met**	We have succeeded in developing a joint policy with our Commissioners which includes a standardised process for the review of S117 patients. We have developed associated appointment letters and discharge documentation. We have established and regularly updated a live list of patients who required review and this register is now being maintained on our patient administration system (ePEX). We have commenced assessments of clients who are no longer in receipt of Trust services but are eligible for Section 117 aftercare, to determine current needs. We have made recommendations for discharge of clients from Section 117 eligibility where appropriate.

Safety Thermometer (National CQUIN)

What did we aim to do?	Using the Safety Thermometer tool, we aimed to monitor on one day each month the number of older adult patients recorded as having a pressure ulcer. We would collect prevalence data (based on the number of old and new pressure ulcers) and the incidence data (based on the number of new pressure ulcers only) in inpatient and community settings, and assess whether this had improved. Improvement would be measured by calculating median values over six consecutive months of the year.
What did we expect to achieve?	Over the course of the year, we would seek to reduce both the incidence and prevalence of pressure ulcers. We expected to reduce the incidence of all new pressure ulcers from a median of 2.2% to a median of 1.1%. We expected to reduce the prevalence of all pressure ulcers from a median of 10.8% to 7.5% or below.
How well did we do? **Target Partially Met**	We used the Safety Thermometer tool and successfully collected data each month throughout the year. We achieved improvements in the both the incidence and prevalence of pressure ulcers compared to the baseline values, but the degree of improvement was not as anticipated. We reduced the incidence of new pressure ulcers from a median of 2.2% to a median of 1.37%. We reduced the prevalence of pressure ulcers from a median of 10.8% to a median of 8.9%. (Improvements based on lowest median values obtained during 2013/14, as agreed with Commissioners).

Patient Experience – Mental Health Care Clustering

What did we aim to do?	Improve service users' and carers' knowledge, understanding of, and active participation in their care and care options within the new mental health treatment cluster system.
What did we expect to achieve?	We expected to complete a number of tasks throughout the year, including: a) hold a series of stakeholder engagement meetings with service user groups across Coventry and Warwickshire b) produce and disseminate communication materials c) train our staff in how to present care cluster information to users and carers in a coherent and user-friendly manner d) to commence roll out of care clusters and treatment options to service users at review meetings
How well did we do? **Target Met**	We have consulted with service users, carers and partners and used this to develop easy-read care cluster communication materials. We have presented details of the changes to care and care options at stakeholder engagement meetings across Coventry and Warwickshire. We have established a Working Group to support development of communications plans, agree key messages and also agree a local 'language' for clusters. A staff training plan has been developed and implemented, alongside a 'top tips' guide for staff to use when discussing clusters with users and carers. We have introduced a process for discussing care and care options with users and carers. All patients who have had discussions about their care cluster have been given a questionnaire at the end to ask for their feedback on how this was delivered.

Improving Communication

What did we aim to do?	Continue to develop relationships with GP practices and clinical commissioning groups, with a focus on development of GP caseload reports, care plans, discharge plans and shared care.
What did we expect to achieve?	We hoped to improve contact between primary and secondary care professionals by working closely with a group of pilot practices to develop a range of communication processes. We would regularly share health information safely with GPs. We would work with GPs to develop open channels of communication when mental health clients were being discharged, and improve the procedures for clients to return to secondary care services in a timely way if this was required. We would supplement this work by producing some Cognitive Behavioural Therapy (CBT) self-help guides as electronic applications, which would be made available for GPs to share with their patients as appropriate.
How well did we do? **Target Met**	We agreed on a sample of GP practices to work with on the joint care plan review and discharge process. We have provided assurance of arrangements for the rapid re-entry process between primary and secondary care. We agreed and finalised the caseload and cluster reports, including care cluster information which was shared with GP Practices every quarter. We created client & cluster profiles for each of the GP Practices, which included clients who could be discharged back to primary care, expected cluster review dates for all clients, and information related to each client's mental health, physical health, current risks and medication. We have developed and published CBT based resources for use in primary care.

Acute Mental Health Assessment Team (AMHAT)

What did we aim to do?	To ensure the continued effective and timely implementation of the health economy-wide AMHAT service and act as main contact point for all providers.
What did we expect to achieve?	Undertake a full evaluation of the service, review and revise the service specification in-year and provide details of measurable activity and outcomes each quarter.
How well did we do? **Target Met**	We have measured activity and outcomes during the year and produced a full detailed evaluation of the service against clear criteria. A full review of the service was completed, with specific work being undertaken in conjunction with our Commissioners and South Warwickshire Foundation Trust, George Elliott Hospital and University Hospital Coventry and Warwickshire. A programme of work to review and scope the AMHAT dataset has developed a revised dataset which will provide more appropriate and relevant information from all key partners within the health economy.

CAMHS – Clinical Pathways

What did we aim to do?	Undertake detailed analysis of capacity and demand, identifying options to address any gaps and provide an overview of existing and best practice care pathways to inform future modelling of the service
What did we expect to achieve?	To develop robust clinical pathways for key conditions: self-harm, eating disorders, ADHD and depression pathways.
How well did we do? **Target Met**	We have provided details of work to date on our demand and capacity and agreed with commissioners the methodology behind this. We discussed our current care pathways and the interventions that are made available within each of these pathways. We agreed how we would develop each of the pathways and provided reports that detailed the transitions pathway for patients' movement from CAMHS to adult mental health services. This work has not progressed as quickly as we would have liked but will continue into 2014/15 to ensure best practice pathways can be commissioned and implemented.

Learning Disability Annual Healthcheck

What did we aim to do?	Develop and implement a process for supporting and monitoring annual health checks, with the aim of increasing the number of adult patients with learning disabilities who receive an annual health check through their GP.
What did we expect to achieve?	To promote and facilitate the access of clients open to a Community LD team to a GP-led annual health check.
How well did we do? **Target Met**	We established a baseline of LD clients that were open to our community teams. We have identified ways of helping to support these clients to receive an annual health check with their GP, and where this was not possible, have delivered NHS health and lifestyle checks through our community nursing teams. We have provided materials and training events for GPs on best practice methods for carrying out health checks for clients with a learning disability. We set up a monitoring system to determine take-up of health checks by GP practice. We have reviewed the current 'good health' groups available across Coventry and Warwickshire which support people with LD to increase their knowledge & understanding of health issues and personal responsibility, and have gathered any patient feedback that is available for these groups. We have developed easy read material for LD clients to support access to annual health checks and to give them more information about what is involved. We have provided a report that shows our progress against our implementation plan.

Dementia

What did we aim to do?	To encourage earlier diagnosis of dementia by screening for dementia within the community, through the use of a verified screening tool, for all clients over 75 years old on the District Nursing Caseload.
What did we expect to achieve?	To train staff to use the screening tool, to commence screening and to collect data on the findings. To enhance clinical staff knowledge and skills to care, support and signpost patients and carers for further support as required.
How well did we do? **Target Met**	We identified the screening tool that we would use and training has taken place over the year to train all relevant staff to use this tool. We have looked at our active caseload, identified all of the clients that could be screened, and then offered and completed the screening where this was clinically appropriate. We have undertaken patient and staff feedback as part of this process. Where memory problems were identified from the screening, clients were referred to their GP for further investigation.

End Of Life – Advanced Care Planning

What did we aim to do?	To offer advanced care planning to appropriate patients on the GP palliative care registers by appropriately trained and competent staff.
What did we expect to achieve?	To improve end of life care by increasing the number of patients receiving high quality personalised care towards the end of life, through: i) adoption and implementation of Coventry and Warwickshire unified policies ii) ensuring all patients on the GP palliative care register have named key workers, advanced care plans and carer assessments iii) delivering associated training to community nurses
Assessment of achievement in progress with commissioners.	There have been on-going discussions with our Commissioners throughout 2013/14 to work out how the unified policies and associated IT infrastructure could be implemented. Delays in reaching agreement on this have prevented achievement of all of the initially-agreed CQUIN milestones. However, we have continued to report to Commissioners our plans for improving the numbers of patients who have an Advanced Care Plan and this remains an on-going objective for the Trust which will be continued into 2014/15.

End Of Life – Family Support Service

What did we aim to do?	Increase the number of people who have access to evidence-based practical end of life care in the last weeks of life, through demonstrable improvements in a range of selected performance measures and delivery of associated action plans.
What did we expect to achieve?	Implement the new service specification for the Family Support Service.
How well did we do? **Target Met**	Following review of the Family Support Service at the start of 2013/14, it became clear that the new service specification could not be delivered using the existing service model. A management of change programme was commenced, and this has involved extensive consultation and a service redesign process which has taken the majority of the year to conclude. However, the Trust has consulted with a range of stakeholders and reported progress of the redesign process to Commissioners at regular intervals. The new service will provide a small team of specifically trained support workers aligned to the palliative care team who will provide care and support to patients at the end stage of their life and will fulfil the requirements of the new service specification, commencing from 2014/15.

End Of Life – Link Nurse Network

What did we aim to do?	Developing a Link Nurse Network in palliative and end of life care.
What did we expect to achieve?	To develop a network of link nurses with a special interest in palliative and end of life care, including a framework for this role and associated competencies.
How well did we do? **Target Met**	We scoped an outline for the Link Nurse Competency framework and identified a link nurse for each cluster. We have completed a training needs analysis for each link nurse and developed a training programme for them. We have ensured that each cluster team has a resource file for End of Life. We have reported progress against the roll out to our Commissioners, which has now successfully concluded. We have put together a report showing lessons learnt and our recommendations for 2014/15.

Patient Experience – Community Services

What did we aim to do?	To further enhance knowledge of patient experiences within Community Services.
What did we expect to achieve?	Roll out of the Friends and Family Test to all clinic-based services and continued roll out of real-time feedback methodologies within District Nursing Services.
How well did we do? ☺ **Target Met**	We put together a roll out plan which included plans for implementation within identified services, methodologies to be used, proposed sample size of patients and target response rate and any staff training/awareness planned to support the roll out. We carried out surveys in a range of community services, for example district nursing, sexual health services, physiotherapy, utilising a range of paper-based and electronic methods. We have acted on feedback received from patients by developing and implementing action plans. We have identified and responded to emerging trends and themes. We have gathered additional evidence including the number of events held and the number of patients/carers attending these.

Pressure Ulcer Reduction and Integrated Working

What did we aim to do?	Identify opportunities to improve prevention and management of pressure ulcers in order to reduce prevalence and develop action plans as appropriate.
What did we expect to achieve?	To work with acute and community providers to ensure a common approach to root case analysis for pressure ulcers in line with best practice and to share learning.
How well did we do? ☺ **Target Met**	A joint working group was established with representatives from the Trust, other local acute Trusts and Commissioners. The group pursued a programme of work which included piloting a new root cause analysis tool, raising awareness among GPs, reviewing care standards in residential homes and investigating the potential for information leaflets in languages other than English. This work will be carried forward and enhanced during 2014/15.

Looking forward to 2014/15

In conjunction with the government response to the Francis Enquiry Report, consultation with staff in the Trust and key stakeholders the Trust has refreshed its Quality Goals for the period 2014/15. Of note during this development stage is the Trust participation in a Task and Finish Group (TFG) with representatives of the Health Overview and Scrutiny bodies from Coventry and Warwickshire Local Authorities and representatives from local Healthwatch groups covering Coventry and Warwickshire. Healthwatch ensure that the views of patients are captured and fed into the work in developing the Quality Account and the indicators and goals described within.

Support from the TFG has been invaluable in ensuring that the Trust set goals that were felt important and reflective of patient, Trust, local health economy and national drivers and requirements.

Our Quality Goals for 2014/15 are as follows:

With the support of the TFG the Trust has blended a combination of national requirements, which require local interpretation and implementation, in amongst locally important issues. The Trusts consultation in respect of its Goals and Objectives identified that in many instances the national agenda was in tandem with what was felt quite important to the local agenda (for example, in respect of the safer staffing requirements). We have also carried over the theme of a number of Quality Goals from 2013/14 to 2014/15 to support continuation of our plans and work.

We will report our progress with this goal to our public Trust Board meeting on a quarterly basis. The quarterly report will inform if we are on track with our intended progress.

Customer Care

Compassion In Action	
What do we aim to do?	Working with the Arden, Hereford and Worcester Local Education and Training Boards (ahw LETC) the Trust will develop and test a multi-source feedback tool for healthcare students.
What do we expect to achieve?	To have developed and tested a multi-source feedback tool for healthcare students and have roll out plans in place to implement with healthcare students.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.
Implement a 'cultural barometer' including Friends and Family Test for both patients and staff	
What do we aim to do?	Implement the Patient and Staff FFT as per national guidance and according to the national timetable.
What do we expect to achieve?	To improve the experience of patients and staff. The FFT will provide timely, granular feedback from patients and staff about their experience of the Trust.
How will we know?	The Trust has to demonstrate to its commissioner that the patient and staff FFT has been delivered across patient and staff groups as outlined in guidance and findings have been used to improve practice where appropriate.

Achieving Shared and Agreed Outcomes

Real Time Patient Experience Outcomes	
What do we aim to do?	We aim to capture the experience of patients using our services in real time so that prompt action can be taken where appropriate. We aim to ensure that the most appropriate methods are used within each service setting.
What do we expect to achieve?	Have systems in place, for each service that support real time feedback from patients, the capture of information and evidence of action and change occurring as a result of feedback.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.
Further embed the outcome frameworks at a more granular service level and Integrated Practice Unit level	
What do we aim to do?	We aim to ensure that the data and information we capture, about the delivery of our services and impact on patients is focussed on the outcomes of the care that is provided to each patient.
What do we expect to achieve?	We expect to review our current suite of reporting indicators and develop and report against new and revised metrics that are focussed on the outcomes important to patients. Further, we aim to consider additional outcomes focussed metrics that we will plan to develop appropriate ways to capture date for in the future.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Respectful Environments

Develop our approach to values based recruitment and appraisal	
What do we aim to do?	We aim to review the way in which we provide staff with a valid and appropriate appraisal of their performance, through staff consultation and the development of revised appraisal methods and approaches.
What do we expect to achieve?	We expect to have consulted with staff and revised our appraisal processes and supporting documentation. We expect to have started to implement this process by year end.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Implementation of the Safer Staffing requirements across the Trust	
What do we aim to do?	We aim to have in place appropriate arrangements to ensure that the national requirement for safe staffing, in inpatient settings is met. This will ensure that there is an appropriate number of skilled staff in place to support patients during an in-patient stay. We aim to ensure that information, in respect of the current staffing provision, is available to patients and their visitors on each ward.
What do we expect to achieve?	We expect to operate in compliance with the national Safer Staffing guidance as it is published.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Continue to develop our estates elements of our Transformational Programme	
What do we aim to do?	We aim to improve the design and safety of patient areas across the Trusts, through a structure refurbishment plan.
What do we expect to achieve?	We expect to refurbish a number of areas across the Trust to benefit patients who use those services.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Efficiency Through Effectiveness

Develop our approach to and begin implementation of our new clinical information system.	
What do we aim to do?	We aim to strengthen our electronic capture of data and information that underpins and supports robust patient care.
What do we expect to achieve?	We expect to have consulted upon and developed a business case for an appropriate clinical information system that will strengthen existing arrangements.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Further develop and implement the leadership and people development strategy, with a particular focus on first-line leadership	
What do we aim to do?	We aim to develop a People and Leadership Strategy through consultation with key stakeholders.
What do we expect to achieve?	We aim to roll out the People and Leadership Strategy and regularly evaluate and learn from those staff who have participated within it.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

VALUE' based, user focused services	
What do we aim to do?	We aim to ensure that 'Value' underpins any changes to the way in which services are provided and delivered across the Trust.
What do we expect to achieve?	We aim to reflect on the work we have already started in 2013/14. The Trust will clarify its expectation for 2014/15 within the reporting year.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Commissioning for Quality and Innovation (CQUIN) Framework

In addition to Quality Goals the Trust is committed to deliver a number of Commissioner targets (collectively known as CQUINS). Commissioner priorities for the new contract year were agreed through a process of negotiation involving the Trust, Clinical Commissioning Groups and Specialist Commissioners Groups.

Suggestions for quality improvement were taken from all stakeholders, and through open discussion, areas of commonality and shared priority were agreed. The rationale for inclusion of each priority was based on links with national, regional and local quality improvement programmes. 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. The TFG asked the Trust to only report against a small number of CQUIN targets for 2014/15 and we have prioritised the following to be reported within the Quality Account (the remaining CQUIN have been listed within the 'Focus On Services' section).

1. Friends and Family Test (FFT)

Develop our approach to values based recruitment and appraisal	
What do we aim to do?	Implement the Patient and Staff FFT as per national guidance and according to the national timetable.
What do we expect to achieve?	To improve the experience of patients and staff. The FFT will provide timely, granular feedback from patients and staff about their experience of the Trust.
How will we know?	The Trust has to demonstrate to its commissioner that the patient and staff FFT has been delivered across patient and staff groups as outlined in guidance and findings have been used to improve practice where appropriate.

2. Improving Physical Healthcare to reduce Premature Mortality (Cardio metabolic assessment for patients with schizophrenia)

Develop our approach to values based recruitment and appraisal	
What do we aim to do?	For 2014/15 this CQUIN focuses on all patients with psychoses, including schizophrenia and bipolar affective disorder, in all types of inpatient beds, intensive community teams in all sectors including early intervention teams, assertive outreach and community forensic teams.
	This CQUIN will support the Trust to ensure that service users have recorded comprehensive physical and mental health diagnoses, communicated between primary care and specialist mental health clinicians and with the service user. The primary aim is to reduce premature mortality, improve patient safety, patient experience and quality of life, through shared communications and reconciliation of treatments. This CQUIN also supports and facilitates closer working relationships between specialist mental health providers and primary care. It has the capacity to lead to reductions in length of stay through addressing the impact of untreated physical morbidity on recovery.
What do we expect to achieve?	The Trust will work with its commissioners and other care services within the local health economy to agree how best to support services to put in place systematic arrangements to ensure that their services are routinely undertaking cardio metabolic assessments and that, following assessments, treatment arrangements are in place and communicated with the patient and their family and between clinicians in all sectors who have responsibility for the patient.
How will we know?	The Trust will regularly liaise through its governance arrangements with its commissioners to ensure that appropriate progress is made.

3. Leadership and Compassionate Practice – Peer Review of community services

Develop our approach to values based recruitment and appraisal	
What do we aim to do?	Compassion in Practice (2012) introduced the six fundamental values for nursing care: Care, Compassion, Competence, Communication, Courage, and Commitment. Known also as the 6Cs, these values and behaviours form the basis of the government's three-year strategy for delivering Compassionate Care across the NHS, Public Health and Social Care. Building on the Trust's existing Early Warning System (EWS) process, this CQUIN is aimed at developing a Peer Review approach for Community Services Pathway and Primary Care and Prevention Services which is based on the 6Cs. The approach will involve undertaking a series of observational visits (both planned and unplanned) to support the embedding of 6Cs in services delivered in particular to the frail elderly population of Coventry. This would be based on the 6C competency framework.
What do we expect to achieve?	Design a peer review model based on 6Cs competency framework. Undertake peer reviews across services and develop improvement plans where necessary. Report the impact from learning and resulting changes to practice.
How will we know?	Regular internal reporting of the outcomes of peer reviews and an evaluation report submitted to commissioners at the end of the year (to include learning, action and improvements in practice).

Statements of Assurance from the Board relating to the Quality of NHS services provided here at Coventry and Warwickshire Partnership NHS Trust

The wording in the following statements is required in the Department of Health regulations for producing quality accounts and is included to enable readers to make comparisons between similar organisations.

Review of Services

During 2013/14 the Trust provided and/or sub-contracted 39 relevant health services. The Trust has reviewed all the data available to them on the quality of care in 39 of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 94.33% of the total income generated from the provision of relevant health services by the Trust for 2013/14.

Participation in Clinical Audits

During 2013/14, 6 national clinical audits and 1 national confidential enquiry covered relevant health services that the Trust provides.

During 2013/14 the Trust participated in 100% 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 the Trust was eligible to participate in during 2013/14 are as follows:

1. National Audit of Schizophrenia
2. National Audit of Intermediate Care
3. Epilepsy 12 (Childhood Epilepsy), Round 2, 2012-2014
4. POMH 4b: Prescribing Anti Dementia Drugs
5. POMH 7d: Monitoring of Patients Prescribed Lithium
6. POMH 13a: Prescribing for ADHD
7. National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH).

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4. POMH 4b: Prescribing Anti Dementia Drugs
5. POMH 7d: Monitoring of Patients Prescribed Lithium
6. POMH 13a: Prescribing for ADHD
7. National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH).

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2013/14, 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.

Eligible audits / confidential enquiries applicable to the Trust	Eligible to participate	Participation in 2013/14?	% of cases submitted 2013/14
National Audit of Schizophrenia	✓	✓	60% Case notes 10% Service user questionnaires 16% Carers questionnaires
National Audit of Intermediate Care	✓	✓	Not published by national audit.
Epilepsy 12 (Childhood Epilepsy) (Round 2, 2012/2014)	✓	✓	100%
POMH 4b: Prescribing Anti Dementia Drugs	✓	✓	118 cases
POMH 7d: Monitoring of Patients Prescribed Lithium	✓	✓	8 cases
POMH 13a: Prescribing for ADHD	✓	✓	52 cases
National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH)	✓	✓	100%

The reports of 5 national clinical audits were reviewed by the provider in 2013/14 and the Trust intends to take the following actions to improve the quality of healthcare provided as detailed below.

National audit title	Description of actions following national clinical audit
National Audit of Psychological Therapy	The Trusts results compared favourably to the national findings. The Trusts recovery rates are high when compared to the national average. Measures have been put in place to improve the recording of demographic data to ensure equity of access to services. Staff will be provided with appropriate training to maintain their skills and delivery of nationally recommended care. Referral protocols have been developed and implemented between IAPT and Secondary Care Mental Health Services.
National Audit of Intermediate Care	No action to be taken as the recommendations made were aimed at Commissioners in relation to how services are commissioned to meet people's needs.
POMH-UK Topic 4b: Prescribing Anti-Dementia Drugs	No further action being taken.
POMH-UK 7d: Monitoring of Patients Prescribed Lithium	No further action being taken.
POMH-UK Topic 13a: Prescribing for ADHD in children, adolescents and adults	No further action being taken.

The reports of 38 local clinical audits were reviewed by the provider in 2013/14 and The Trust intends to take the following actions to improve the quality of healthcare provided (from a selected number of audits):

Audit title	Description of actions following clinical audit
Tissue Viability, Community Services Pathway: Skin Bundle Audit: Standards of Care for the Prevention of Pressure Ulcers	Overall compliance against the standards across the teams ranged from 72% to 92%. Fast training for skin bundles has been delivered to staff and teams continue to complete reliability audits to monitor practice. A new carer's booklet has been commissioned.
Dental Services, Primary Care and Prevention: Quality Outcome of Completed Orthodontic Treatments 2012/2013 According to PAR Scores	Comparison with 2011/12 results has shown that a high standard of orthodontic care has been maintained by the service. 0% of cases fell into the worse or no different category; the national recommendation is less than 5%. As high standards have been maintained no action was required.
Learning Disability In-patient Services, Specialist Services: Re-audit of the Accuracy of Consent to Treatment Forms T2/T3	Overall compliance against the audit standards was good. Greater than 90% compliance was achieved against 11 of the 12 standards audited with 100% achieved against 7.
Secondary Care Mental Health Acute Services: Audit of Admission Clerking of General Adult Patients to In-patient Mental Health Services	The clinical audit findings demonstrated that admission clerking was inconsistent. In response to the findings the clerking admission sheets have been revised to include pertinent information for the patient's admission.
Learning Disability Community Services, Specialist Services: Re-audit of the Quality and Content of Community Learning Disability Psychiatrists Clinic Letters to GPs	The re-audit demonstrated improvements against the audit standards suggesting that the content of letters to GPs is more consistent and contains the minimum essential information. A standardised GP discharge letter has been developed to ensure consistency and that these standards are maintained.

Participation in Clinical Research – Commitment to research as a driver for improving the quality of care and patient experience

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 910.

Research is a key priority for the NHS. The NHS Constitution (Section 3a) has pledged: "….. to give people better access to the potential benefits of participating in research studies including clinical trials". Participation in research offers potential benefits not only to the patient, but also to the staff involved, to the Trust, and to the NHS as a whole".

The Trust's participation in clinical research demonstrates its commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques. Over the past year we have recruited to six drug intervention trials, and have formally responded to five requests for 'expressions of interest' from commercial companies.

There were 30 Portfolio and Commercial studies open to recruitment during 2013/14. The majority of these were

adopted by Mental Health and Integrated Sexual Health Services and have recruited to time and target. The Trust has seen an increase in the number of Principle Investigators, and in the number of clinicians supporting research delivery. Over the past few years there has also been an increase in the number of clinicians attending specialist training delivered by study teams. For example, 12 psychological therapists from IAPT services received training by experts in the field of Obsessive Compulsive Disorder (OCTET trial; previously reported) and of treating people with depression with a diagnosis of terminal cancer (CanTalk trial; reported below).

The Trust has a long standing and effective partnerships with both the University of Warwick and Coventry University. Each year a number of collaborative grant applications and research studies are undertaken, demonstrating the value that the Trust places on research. This year we have supported three Research for Patient Benefit grant applications and two Programme grant applications.

The following is an example of a Research project that demonstrates how the Trust is using research to inform the delivery of care and to make links with other Trusts and services:

The clinical and cost effectiveness of CBT plus treatment as usual for the treatment of depression in advanced cancer: a randomised controlled trial (CanTalk).

CanTalk is funded by the HTA and recruitment and treatment delivery is undertaken within CWPT, University Hospitals Coventry and Warwickshire (UHCW) and George Eliot Hospital (GEH). All 3 Trusts have local R&D approval with a Principal Investigator at each site. Screening and recruitment is undertaken within UHCW and GEH by Cancer Research Nurses, and treatment is delivered within CWPT IAPT Services by trained High Intensity Therapists trained by experts in the field.

The study was developed by researchers from University College London because depression is common in people with advanced cancer who might need hospital treatment, and their carers may suffer from this psychological burden. The research aims to see if the addition of a psychological therapy to a patient's usual care will improve depression, reduce NHS costs and help carers. Cognitive behaviour therapy (CBT), a well recognised psychological treatment, is an effective treatment for depression that remains to be fully evaluated in this patient group. The study team want to find out if the addition of Cognitive Behavioural Therapy to Treatment As Usual (TAU) is more effective than TAU alone. People with advanced cancer are screened within Oncology services at UHCW and GEH for depression by cancer research nurses using 2 screening questions. For those interested in taking part in the trial their suitability will be confirmed by CWPT Clinical Studies Officers (CSOs) who obtain written consent and conduct an interview to confirm a diagnosis of depression using the Mini International Neuropsychiatric Interview (MINI). If screened positive participants will have a 50/50 chance of being allocated to one of the two groups. The treatment group will receive treatment by HI therapists within IAPT services, a 12 week course in CBT for depression using a manual developed by the study team.

Over the year we have recruited 6 participants and have been one of the best performing sites nationally (the majority of sites are within London, but also Tyneside and Knowsley). Three people have been randomised to a treatment arm and 3 to the control arm. The 3 in the treatment arm have completed treatment and have reported improvement in their depression because of their treatment. All 6 participants continue to undertake follow-up assessments at 6, 12, 18 and 24 weeks post baseline assessments undertaken by CWPT CSOs.

This interventional trial has been a huge success within our Trust. It has been a challenge for IAPT HI therapists, but this has contributed to their CPD, and helped their Clinical Supervisors to understand those challenges. It has helped people with cancer and their family to cope with a terminal disease.

The importance of our Trust taking part in this trial has demonstrated that people within the Coventry and Warwickshire area can gain better access to psychological treatment for depression through research. Research will also bring benefit to the staff involved, the supervisors and the managers of those staff. Through the CanTalk study links have been made with Oncology services within other Trusts in the region.

The Trust will review with interest the outcome of this national study and the implications for the way in which we deliver services.

Goals agreed with commissioners – Use of the CQUIN payment framework

A proportion of the Trusts income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between the 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. Further details of the agreed goals for 2013/14 and for the following 12 month period are available online at http://www.covwarkpt.nhs.uk/aboutus/CQUINs

What others say about the provider – Statements from the Care Quality Commission (CQC)

The Trust is required to register with the CQC and its current registration status is registered without conditions.

The CQC has taken enforcement action against the Trust during 2013/14.

The Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2013/14, namely the CQC Wave 1 Inspection (Pilot). This was undertaken in January 2014, the draft report was received in March 2014 and final report was received in April 2014. The CQC identified one Enforcement Action and five Compliance Actions.

The Trust put itself forward for inspection after the CQC announced a radical new approach to inspecting services. Services were visited for a week in January by a team of around 50 inspectors, who conducted a 'see for themselves' inspection of services offered by the Trust. The CQC has published 14 reports in all, consisting of a total of more than 330 pages. It has praised the Trust for its 'outstanding services' in places, and has also identified a number of areas for improvement.

The inspection team found areas of good practice within the Trust, including:

- The Trust's Specialist Inpatient Eating Disorder Service (Aspen Centre), Children's Respite Services, Electro Convulsive Therapy Unit (ECT) and Community Services were all seen to be either good or outstanding;
- A number of the Trust's Clinics: Lakeview ECT Clinic; Gosford Ward at the Caludon Centre, and; Amber Ward at Brooklands, had previously been rated as excellent by the Royal College of Psychiatrists;

- Good examples of multi-disciplinary partnership working that were person-centred and which planned for effective discharge from hospital;
- School Nurses demonstrated good partnership working with midwives, police and social services;
- Children's Respite Services benefitted from established teams, which had a long–term relationship, good rapport and understanding with the children they looked after;
- Staff committed to supporting the people they serve with good quality care.

The inspectors also identified areas for improvement (enforcement and compliance actions), which require the Trust to review its arrangements in some areas of the Trust to ensure:

- The planning and delivery of care meets people's individual needs;
- Effective arrangements are in place to identify, assess and manage risks consistently across services;
- People are protected against unsafe or unsuitable premises;
- Suitable storage, recording and monitoring systems are in place to ensure medicines are handled safely and appropriately;
- There should be sufficient numbers of suitably qualified, skilled and experienced staff available at all times
- Accurate records, containing the appropriate information about people's care and treatment need to be maintained and records must be securely kept.

The Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

1. The Trust has developed an action plan to respond to the points raised by the CQC.

The Trust has made the following progress by 31st March 2014 in taking such action:

1. The Trust has worked with the CQC and other stakeholder agencies to support the development of an action plan and has engaged with the CQC to confirm and challenge the content and findings of each report.

In addition to the Wave 1 inspection described above the CQC completed 6 inspections as part of their on-going programme of reviews during 2013/14. Following all inspections the CQC declared that the Trust was meeting all of the Essential Standards of Quality and Safety it had checked at each location, with the exception of Amber Unit. The CQC reported against an Essential Standards inspection at the Amber Unit

in August 2013. The report indicated that the service was not in compliance with two of the CQC Essential Standards and that this was deemed to have a moderate impact on patients. The CQC standards were Respecting and Involving People who use Services and Care and Welfare of People who use Services respectively. An action plan was developed by the Trust which has now been completed and reported to the CQC. The CQC have confirmed that the service is now operating in compliance with the required standards, as at January 2014.

Data Quality – Statement on relevance of Data Quality and our actions to improve our Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money.

NHS Number and General Medical Practice Code Validity*

The Trust submitted records during 2013/14 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:

- 99.7% for admitted patient care;
- 99.97% for outpatient care;
- Not applicable for Accident and Emergency.

Which included the patient's valid General Practitioner Registration Code was:

- 99.5% for admitted patient care;
- 99.92% for outpatient care;
- Not applicable for Accident and Emergency.

Information Governance Toolkit attainment levels

The Trust Information Governance Assessment Report overall score for 2013/14 was 71% and was graded Green.

Clinical coding error rate

The Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Our actions to improve our Data Quality

The Trust will be taking the following actions to improve data quality:

- Continued development of data capture processes and procedures that are aligned to the patient journey;
- Identifying roles and responsibilities for data capture along the patient journey;
- Data quality improvement plans for nationally flowed datasets;
- Regular data quality subscription reports issued to staff where there are data quality issues with the data for key data items such as ethnicity, postcode and General Practitioner
- Using nationally reported benchmarking data from the Health and Social Care Information Centre to benchmark our performance on data quality and identify any issues for resolution(from datasets like MHMDs and IAPT)
- Data quality newsletter has been launched this year
- Continued compliance with the Information Governance Toolkit

Core Quality Indicators

The Trust is required to provide performance details against a core set of quality indicators that were part of a new mandatory reporting requirement in the Quality Accounts from 2012/13 with the data being supplied through the Health and Social Care Information Centre (HSCIC) as follows:

7 Day Follow Up 2013/14

The data made available to the Trust by the HSCIC with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period demonstrated the following:

Year	Target	Q1	Q2	Q3	Q4	Full Year	National Average	National Range
2013/2014	95%	99.6%	99.6%	99.1%	97.6%	98.98%	97.3%	77.2% - 100%
2012/2013	95%	98.9%	97.5%	97.3%	98.7%	98.2%	97.6%	0%-100%
2011/2012	95%	97.5%	96.8%	98.3%	98.3%	97.7%	97.6%	92.4% - 100%

Please note: The following local exemptions apply to locally reported data: Patient Choice; Patient moved out of area; Patient transferred to prison; No mental illness; Not an adult Mental Health patient.

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

Exemptions include patients who die within seven days of discharge; patients where legal precedence has forced the removal of the patient from the country; and patients transferred to an NHS psychiatric inpatient ward. All CAMHS (child and adolescent mental health services) patients are also excluded.

The Trust considers that this data is as described for the following reasons:

- This data is reported through local performance management systems and reviewed at relevant committees. The indicator is reported monthly to Trust Board having been reviewed and signed off by senior managers.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Continuing its current success in following up patients after they have been discharged from psychiatric care.

Gatekeeping Admission by Crisis Intervention Teams 2013/14

The data made available to the Trust by the HSCIC with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period demonstrated the following:

Year	Target	Q1	Q2	Q3	Q4	Full Year	National Average	National Range
2013/14	95%	100%	100%	100%	100%	100%	98.3%	0% - 100%
2012/13	95%	100%	100%	100%	100%	100%	98.4%	90.7%-100%
2011/12	95%	97.7%	99.6%	100%	99.6%	99.2%	97.7%	89.6% - 100%

An admission has been gatekept by a crisis resolution team if it has assessed the service user before admission and was involved in the decision making-process which resulted in an admission. An assessment should be recorded if there is direct contact between a member of the CRHT team and the referred patient, irrespective of the setting, and an assessment is made. The assessment may be made via a phone conversation or by any face-to-face contact with the patient.

Exemptions include patients recalled on Community Treatment Order; patients transferred from another NHS hospital for psychiatric treatment; internal transfers of service users between wards in the trust for psychiatry treatment; patients on leave under Section 17 of the Mental Health Act; and planned admissions for psychiatric care from specialist units such as eating disorder units.

Partial exemption for admissions from out of the trust area where the patient was seen by the local crisis team (out of area) and only admitted to this trust because they had no available beds in the local area. Crisis resolution team should assure themselves that gatekeeping was carried out. This can be recorded as gatekept by crisis resolution teams.

The Trust considers that this data is as described for the following reasons:

- This data is reported through local performance management systems and reviewed at relevant committees. The indicator is reported monthly to Trust Board having been reviewed and signed off by senior managers.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Ensuring that all admissions to psychiatric wards are managed through the Crisis Intervention Teams.

- Continuing to monitor its performance to ensure that its high standard is maintained.

Admissions with 28 days of discharge 2013/14

The data made available to the Trust by the HSCIC with regard to the percentage of patients re-admitted to the Trust within 28 days of being discharged demonstrated the following:

Patient Age	2013/14	2012/13	2011/12	2010/11
0 to 14	-	-	-	0.00
15 or Over	-	-	-	0.00

The data is not reported by the HSCIC as this indicator is not applicable to the Trust.

The Trust considers that this data is as described for the following reasons:

- The Target does not apply to the Trust.

The Trust intends to take the following actions to improve this score, and so the quality of its services, by:

- No further action.

Staff recommending the Trust as a provider of care

The data made available to the Trust by the HSCIC with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends demonstrated the following:

Year	Trust %	National Average for similar trusts	Range of Scores for similar trusts
2013	57% (351 respondents)	59%	38% - 85%
2012	60% (407 respondents)	58%	39% - 80%

The 2013 results reflect responses to the question "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

The Trust considers that this data is as described for the following reasons:

- This survey is undertaken independently to the Trust and in line with national survey requirements.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- The Trust Board continues its large scale staff engagement programme of activity within our Equal Active Partners (EAP) framework, including our Big Conversation events. This will support our development and continual improvement of staff engagement at all levels.

Patient experience of community mental health services

The data made available to the Trust by the HSCIC with regard to the trust's "Patient experience of community mental health services" indicator score with respect to a patient's experience of contact with a health or social care worker demonstrated the following:

Year	Score	National Range (England)	National Average Score (England)
2013*	86.3	80.9 – 91.8	85.8
2012	85.9	82.6 – 91.8	86.6

233 people out of 850 people completed the survey in 2013 however not all respondents completed every question.

The Trust considers that this data is as described for the following reasons:

• This survey is undertaken independently to the Trust and in line with national survey requirements.

The Trust intends to take the following actions to improve this score, and so the quality of its services, by:

• Implementing its Transformational Change Programme within Mental Health Services, creating more focussed care for service users. The programme will see us bring clinical teams together to help deliver improved outcomes for patients, supported by new ways of working and innovative information technology.

Percentage of patient safety incidents that resulted in severe harm or death

The data made available to the Trust by the HSCIC with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Year/Period	Number of incidents occurring	Percentage resulting in severe harm or death	National average percentage resulting in severe harm or death	National range resulting in severe harm or death
Apr 13 to Sept 13	3183	60 (1.9%)	Incidents 1548 Average 1.3%	0% - 5.33%
Oct 13 to Mar 14*	3256	65 (2.00%)	-	-
2013/14*	6439	124 (1.92%)	-	-
Apr 12 to Sept 12	2198	35 (1.6%)	1747 (1.6%)	0% - 9.4%
Oct 12 to Mar 13	3247	69 (2%)	1485 (1.3%)	0% - 33%
2012/13	5445	104 (1.9%)	3232 (1.45%)	

Includes locally reported data – national data not available at the point of publication – Data not available

The Trust considers that this data is as described for the following reasons:

• Incident reporting data is reported to the Trust Integrated Performance Committee. Data is reviewed at all levels of the organisation through the incident reporting and review system. The National Reporting Learning System, (NRLS) highlight that recording is not necessarily consistent across Trusts which make comparisons difficult.

The Trust intends to take the following actions to improve this rate, and so the quality of its services, by:

• The Trust will continue to take action to address issues arising out of the reporting of incidents and will continue to report and review trends and themes throughout its governance structure.

The Trust would also like to take the opportunity to confirm that it has not reported any 'Never Events' in 2013/14, against the Department of Health reportable list.

Part Three

Information on the Quality of Our Services. Patient and Public Engagement and Feedback

There has been significant work and achievements which have taken place over the period 2013/14 in progressing the Equal Partners work against the Action Plan.

A summary of these are as follows:

We have re-launched the Equal Partners Strategy at events attended by ley stakeholders including International Older People's Week event, Living Well with Dementia Engagement day and World Mental Health day.

There has been significant development in recruiting, establishing and supporting a new Equal Partners Service User Carer Assembly Steering Group. Their skills, knowledge and experiences are of immense value to the Trust in driving forward our involvement and experience work. To date they have contributed to a range of activities including; working directly alongside staff as Equal Partners in the Values and Behaviours Workshops led by the Chief Executive and Director of Nursing and Quality. Mental Health Planning Workshops led by the Medical Director, and the recruitment of the Director of Finance, Performance and Information. This is a significant move forward in creating a culture of co-production and collaboration at strategic level with our service users and carers.

Assembly Members are also now active on the steering group for Care Clusters, established to ensure successful delivery of related CQUIN. We have a number of people to date who have signed up to the Assembly. We are also delighted to be developing the roles of our two patient/carer partners who are working alongside us as part of an NHS national ambition to create revolution in Patient and Service User and Carer involvement and experience.

There has been considerable work building on the learning from the Community CQUIN on Realtime Feedback 12/13. This is currently being embedded across the organisation as part of Quality Goal 3. Based on information obtained from the Trust's participation in the National Feedback Challenge, this methodology (based on the 15-Step Challenge for Community Services introduced by the NHS Institute for Innovation and Improvement) has been successfully rolled out to all the eight in-patient wards. Service User and Carer Feedback Advocates have been identified, trained and are supporting a range of work including PLACE and the Feedback Challenge. A 'Vision and Values' Questionnaire has also been developed.

Plans are in place to roll out the Equal Partners Strategy to staff in each directorate. This will include training and roll out of Experience Based Design in conjunction with developing specific Involvement strategies. This will be developed via workshops with staff, service users and carers which will engage participants more fully in understanding and embedding these areas of work.

We will continue to develop the role of the Equal Partners Assembly Steering Group and our patient/carer partners. Also we will be working to develop how Governors can be involved in supporting and challenging our Equal Partners work.

We will continue to test the NET Promoter methodology for Community and MH services and by working with NHS England; and to input into the Community and Mental Health Friends and Family Test (FFT) National Work stream and we are currently working on the Implementation Guide to support the roll out in these two areas.

We will deliver two Carer Involvement Events, planned to take place on 21 November 2013 and February 2014. These will focus on developing our partnerships and developing ways to better inform, develop our involvement with carers. We will also build on our approach to implementing the Triangle of Care evaluating the base line assessment being completed in mental health inpatient settings. Our Carer Involvement Framework which has been drafted for some time will be launched at the events.

We will continue to develop engagement with local veterans and strengthen our links with the local Veterans Contact Centre and our partner agencies. We will complete the Veterans DVD which is already in progress in partnership with the Regional Veterans Hub which is supporting the National Veterans Strategy.

We will strengthen the process of reporting complaints via the development of a Complaints Review Group and further strengthen the activities of the team via the appointment of the new PALS Officer.

We will further develop and complete the draft paper/strategies/policies outlined in the Action Plan. These include: our approach to developing service user and carer involvement in staff training and education, the draft Policy for involving service users and carers in staff recruitment which has been agreed by Human Resources and the Payment and Reimbursement Policy.

Complaints, Patient Advice and Liaison Services (PALs) and Compliments

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.

The Trust has identified that complaints have become more complex and may involve an increasing number of different organisations (for example other NHS services and Social Care Services). It is our aim to ensure that each complaint received, is acted upon in a way that meets the needs of each individual.

In 2013/14 the Trust received 109 complaints (109 in 2012/13) as demonstrated in the table below.

Number of complaints		Financial Year	
Service area	Category	2012/13	2013/14
Corporate Services	Communication Issues	2	3
	Information		2
	Rights (Of The Patient)	1	
	Staff Attitude	2	
Corporate Total		5	5
Community Services Pathway	Communication Issues		1
	Medical Care From Doctor/Cons	1	4
	Nursing Care & Treatment	6	5
	Rights (Of The Patient)		2
	Staff Attitude	2	
Community Services Pathway Total		9	12
Integrated Childrens Services	Admission/Discharge		1
	Communication Issues		1
	Information	3	
	Medical Care From Doctor/Cons	2	2
	Nursing Care & Treatment	3	5
	Other Direct Care - Ie CPN		2
	Rights (Of The Patient)	3	5
	Staff Attitude		1
	Waiting Lists	1	
Integrated Childrens Services Total		12	17
Primary Care and Prevention	Communication Issues	1	5
	Information	1	
	Medical Care From Doctor/Cons	1	1
	Nursing Care & Treatment	2	
	Other Direct Care – Ie CPN	1	
	Staff Attitude	1	

Number of complaints		Financial Year	
Service area	Category	2012/13	2013/14
Primary Care and Prevention Total		7	6
Secondary Care Mental Health	Admission/Discharge	2	1
	Communication Issues	5	11
	Information	1	1
	Medical Care From Doctor/Cons	13	9
	Nursing Care & Treatment	19	9
	Other Direct Care - Ie CPN	11	14
	Rights (Of The Patient)	8	13
	Staff Attitude	4	2
	Waiting Lists	5	
Secondary Care Mental Health Total		68	60
Specialist Services	Communication Issues	1	1
	Domestic - Cleanliness/Food	1	
	Medical Care From Doctor/Cons	2	1
	Nursing Care & Treatment	1	3
	Rights (Of The Patient)	3	3
	Staff Attitude		1
Specialist Services Total		8	9
Grand Total		109	109

The Trust aims to make local complaint handling a positive experience for those who seek to access the service. The Trust takes pride in the way in which complaints are managed as it is important to us that the process, the decision making and the way in which we communicate are as straight forward and effective as possible.

The points to be investigated are agreed with the complainant at the earliest opportunity, and meetings are offered on either an informal or formal basis. Through our letter of response, which may involve a number of different clinical areas and/or other organisations, we aim to provide various remedies through the issuing of an appropriate apology and a variety of actions which aim to redress the issues identified, where appropriate.

All of our complaint responses are signed by our Chief Executive and reviewed by the Chairman, in order to underpin the organisations approach to complaints handling, and our wish to reassure the public that we take complaints very seriously. We always ensure that organisational learning is clearly identified in the response and that this is supported internally through evidence being available to assure stakeholders that we have done what we said that we would do.

The Trust PALs service provides 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, of 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 the period 2013/14 there has been a sustained number in the number of PALs contacts recorded in the previous 12 months.

No of PALS contacts	No PALS contacts
2013-2014	2012-2013
425	424

During the course of the year individual members of staff, teams and services receive many compliments from patients wishing to say thank you for the way in which they or their loved ones 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 continually reminded and encouraged to capture and record evidence of compliments 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 The Trust in 2013/14 in comparison to 2012/13.

	2013-2014	2012-13
Number of Compliments received	475	424

Patient Survey

The Trust participated in the nationally mandated National Community Mental Health Service User Survey which published its results in 2013. The questionnaire was issued to 850 people who receive community mental health services. Responses were received from 233 service users, which is a slightly small response rate than the previous year (259 responses).

Where we do well

There were a number of areas in the survey where the Trust achieved a rating in the top 20% of the country including:

- Definitely or to some extent given enough time to discuss condition and treatment
- Views definitely or to some extent taken into account in deciding what is in care plan
- Care plan definitely or to some extent sets out goals
- NHS MH services have definitely or to some extent helped to start achieving goals

Where we could do better

There were though a number of areas where the Trust where we needed to improve including:

- Service users were made aware of the side effects of their medication
- Service user knows who Care Co ordinator is
- Service users will have regular reviews of their care

The Trust has developed an action plan to address these issues and updates on progress have been regularly reported. The mandated survey is repeated each year and the results will demonstrate whether the action plans have been successful.

As part of the National Patient Feedback Challenge, a system for the collection of real time patient feedback on inpatient wards and community teams has been developed and was piloted in February 2013. Qualitative and quantitative feedback will be collected through a guided conversation with patients and this will enable an understanding of the on-going impact of changes made as a result of the survey.

Staff Survey

The Trust took part in the 11th annual NHS Staff Survey. A random sample of 850 staff was asked to participate in the survey, of which 43% responded. This is a reduction on the 48% in 2012.

Where we were ranked in the top 5 scores nationally

- Percentage of staff receiving health and safety training in last 12 months
- Percentage of staff agreeing that their role makes a difference to patients
- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
- Staff motivation at work
- Percentage of staff suffering work-related stress in last 12 months

Where we were ranked in the bottom 5 scores nationally

- Percentage of staff able to contribute towards improvements at work

- Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell

- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

- Staff recommendation of the trust as a place to work or receive treatment

Overall we have made improvements in many areas and as a Trust we recognise that there are still a number of areas we wish to focus on and improve upon. The Valuing our Staff Forum has been asked to focus on two areas for improvement, and continue to develop actions for improvement on two key findings identified in the previous staff survey.

The Trust Board has embarked on a large scale staff engagement programme of activity within our Equal Active Partners (EAP) framework. This, we are hopeful, will support our development and continual improvement of staff engagement at all levels, showing some additional improvements in our 2014 staff survey. Our third wave of EAP teams have attracted over 20 teams which are developing their own mission statements and straplines to make improvements in their areas, owning and taking forward action plans locally. Other staff engagement activity continues which includes health and wellness days for staff. Valuing our staff road shows, social activities such as sports day and quiz night and more visibility of our senior team through back to the floor and online content. Our Chief Executive continues to update her blog regularly and has now developed an "Ask Rachel a Question" section on the Intranet. This is proving to be popular and has already generated a number of questions from staff. All questions and answers are available for all to see in "Rachel's Room" on the staff Intranet.

Robert Francis Inquiry

The Government response to the Francis Report, which looked into a host of issues related to the quality of care at Mid Staffordshire NHS Foundation Trust, has provided us all with focussed reminder of the need to sustain a relentless focus on quality. In particular, it has reaffirmed the absolute necessity of doing the basics well – listening to people, understanding their needs and treating them with respect and dignity. It has also underlined the fact that, while meeting performance targets is undoubtedly important, 'ticking the boxes' will never tell the whole story about how well an organisation is looking after its patients. The Trust is particularly keen to maintain its work in respect of being an open, listening and transparent Trust.

With the Government response to the Francis Report in mind the Trust has:

- Consulted with its staff, through its Active Equal Partners programme of work to revise its Vision, Values and Behaviours which are available publically at http://www.covwarkpt.nhs.uk/aboutus/visionandvalues/Pages/default.aspx

This has been extensively shared with staff through core brief, and via an automatic screen saver display on each staff member's computer screen equipment or on display screen equipment across the Trust.

- To support the duty of Candour the Trust has revisited its policy arrangements for both for the management of incidents/serious incidents and for Being Open. The Trust has also worked closely with its commissioners to explore transparently, appropriate application of the Duty of Candour requirement, maintaining the best interests of patients at all times.

- The Trust has also reflected upon its arrangements for encouraging staff to report issues of concern and has developed an internal web link, straight to the Trust Chief Executive for staff to use (anonymous option available). In addition, the Trust Board has appointed a Non-Executive Director to hold a specific role in supporting staff who wish to raise concerns.

- The Trust continues to report and share lessons learned as a result of complaints and/or incidents and has, for some time now, published a monthly Learning Alert.

Focus on:
Community Services and
Primary Care and Prevention

Community Services and Primary Care and Prevention provides services both in clinic and home settings to a variety of patient groups from the living well through to patients approaching the end of their life and this will be reflected in our on-going Integrated Practice Unit (IPU) development. The directorate is diverse in its workforce from nursing staff through to allied health professionals and mental health workers. We are currently going through a programme of service re-design which will further support and underpin the work of the IPUs in ensuring a seamless patient journey.

Key achievements in 2013/14

- We have finalised IPU structures to support seamless services for patients.

- We have developed and successfully implemented a Palliative Care Link Worker Programme.

- We have successfully re-launched of Band 5 Competency Framework within Community Nursing.

- We have developed a robust Safety and Quality Forum within Community Services to oversee the governance agenda and support local Safety and Quality Groups.

- We have seen a vast improvement in attendance at Statutory and Mandatory training for all staff compared to same period last year.

- We have seen a significant increase in patient experience feedback which has been used to help develop and improve the services we offer largely due to the use of the Family and Friends test which has now been embedded into the day to day practices of our services and this has led to further ways of seeking and capturing additional patient experience/feedback.

- We have supported the development of the Early Warning System (EWS) which is used to review the quality and safety of the services we provide.

- We have seen a considerable reduction in avoidable pressure ulcers (i.e. the patient developed a pressure ulcer whilst in our care that could have been avoided). Between June and December 2013 there were 57 Grade 3 and/or Grade 4 pressure ulcers reviewed of which only one was found to be avoidable. There were also 291 Grade 2 pressure ulcers reviewed of which less than 5% were found to be avoidable. The lessons learnt from the reviews have been used to form the basis of on-going training and staff education.

- We have worked hard to increase the number of staff who receive and benefit from an annual appraisal.

- We were invited by the Minister for Care and Support to attend a national event for the top performing Improving Access to Psychological Therapies (IAPT) Services within the country. This was to identify and explore the factors that contribute to the high level of performance and success within our IAPT service.

Case study of the quality of our services this year – Development of the Band 5 Competency Framework

The competency framework has been developed for the Band 5 Nurse practicing in the Community Nursing Service to standardise staff competence ensuring high standards of research based care. Prior to this a skills assessment tool was used which was not comprehensive enough to ensure competence was met and standardised in all areas of community nursing practice. The competencies selected are those which are required by band 5 staff in the clinical teams and have been identified as required by this role referring to their job description, to deliver patient care in relation to disease management. Skills for Health National Occupational Standards (NOS) have been identified as the primary source of competence. The Skills for Health competencies are developed and updated as the needs of the community nursing service change, as work patterns shift, and as new operational practices, legislation and technologies are introduced. This ensures competences/NOS remain useful and effective.

The new band 5 competency frameworks will allow individuals to demonstrate their competence by applying knowledge, understanding and skills to perform to the standards required in employment. National Occupational Standards can be used as a bench mark to assess a person's competence to undertake a role against a set of national standards. If a competency is considered to be missing, an action plan should be agreed to secure the skill. This will be part of the personal development plan. This should identify who will train the nurse, where this will take place and when this will occur. If there is an issue where performance continues to be deemed unsatisfactory for the standards required for the role, the organisational capability policy and procedure will be followed.

The new competency document has now been rolled out city wide through road shows and drop in sessions which allows for any questions or signposting to be carried out, All staff will be given protected time to complete the competencies and progression monitored closely to ensure all band 5 staff are working towards completion.

CQUIN(s) for 2014/15

The CQUINS for 2014/15 for our services are around Joint Falls, Pressure Ulcers, Advanced Care Planning for End of Life, Admission Avoidance in Care Homes, Early Warning Systems approach, Peer Review and 6 C's and Improvement in Evidence and Data Reporting around Sexual Health Services. We are also continuing our work with national CQUINS around Safety Thermometer and Friends and Family testing.

Goal Name	Description of Goal
Leadership and 6Cs – Peer Review	• Development of peer review approach within Community Services (CSP & PCP) based on the 6Cs • Peer review visits to be carried out by a team of clinical and non-clinical managers and a GP representative Guidance from main S&Q function
Falls – Integrated Approach to reduction of Falls across the local health economy	• To work with a range of health and social community providers to ensure a common approach to RCA for falls in line with best practice and to share learning in order to identify opportunities to further reduce prevalence and involve
Advanced Care Planning for End of Life	• Develop and scope an effective, multi-agency pathway of care for patients with life limiting conditions, led by Community Health Services • Develop a clear process which includes a more structured approach to joint care planning with GPs, and builds on existing MDT processes e.g. GSF / risk stratification meetings • Changes in patient condition and PPC to be monitored and updated. All relevant clinicians to have access to care planning information. • Community Matrons confident in being able to deliver Advanced Care plans.
Admission Avoidance in Collaboration with Care Homes	• Deliver a targeted in-reach development programme for care homes in Coventry: o Establish a Community Matron role located in the Central Booking Service to provide preliminary healthcare advice to care homes to reduce inappropriate attendances and admissions at A&E o Community Matron to act as liaison with community nursing triage team (District Nurses) who will be based in the Central Booking team and whose role is to allocate and triage community nursing referrals. Links also to be established with specialist mental health dementia professionals involved in delivery of MH dementia in-reach CQUIN o Develop a targeted liaison service, particularly focussing on out of hours provision, for care homes with the highest level of need (predominantly telephone contact) o Establish links with identified care home staff to raise knowledge of the range of alternative services available outside of A&E, and when each should be used eg. NHS 111, Directory of Services, OOH

Focus on:
Integrated Children's Services

Integrated Children's Services is configured into three Integrated Practice Units (IPU). The focus of these IPU's is to provide multi-professional services that support children and families in an holistic way, within evidenced-based clinical pathways; provided by staff who work with families to maximise the health and wellbeing of children and young people, by being the best we can be, responsive to children's needs and to be sustainable.

The Preschool and School and Youth Health Services IPU's provide universal and targeted services to every child from birth to 16 years via a range of nursing and allied health professional staff's support.

Specialist IPU provides treatment and therapy provision required for children with more complex needs and includes support from medical team members, Psychologists and specialist Nurses and therapists.

Preschool IPU:

- The health visitor implementation plan has meant we have already doubled our health visiting workforce with newly qualified staff.

- Two demonstrator sites have been established Tile Hill and Hillfields where the health visitors are working as an integrated team with Midwives and Children's Centre staff.

- Establishing a pilot of using Twitter in one of the health visiting teams.

- The health visiting teams have been split from 5 to 17 new smaller teams linked to each Children's centre.

School age IPU:

- Successful immunisation and vaccination programmes resulting in 90.5% coverage for the HPV vaccine which is above the national average.

- An increase in additional school commissions for speech and language therapy.

- Two school nurses successfully completed their school nursing degree resulting in an increased knowledge base for the team and supporting recruitment and retention.

- The development of a pain diary app within Occupational Therapy and Physiotherapy to support their very successful Pain Clinics.

Specialist IPU:

- Extremely positive responses from parents, children and young people with respect to their experiences of care in CAMHS.

- Establishing a successful Single Point of Entry for all CAMHS referrals, making referral routes clearer and easier and now keeping referrals within an 18 week referral to assessment target.

- Children's Learning Disability Respite teams have started to implement Peer Review programmes to support to each other.

Over arching:

- Establishment of Professional Lead roles for Allied Health Professionals, Medical, Nursing and Psychological professionals.

- The development and implementation of ?32 integrated care pathways.

- Extended the roll out of agile working through the use of laptops for staff to access children's health records electronically, access emails and information and provide opportunities to speak to children, young people, families and colleagues whilst 'on the move'.

Case Studies:

Preschool IPU:

The Preschool IPU undertook a real time user feedback at all the open baby clinics in the city and this was really positive. Here is some feedback from a client who is receiving the Family Nurse Partnership (FNP) programme:

"Having my son has changed my life around. Before I was a boisterous, bullying, tomboy, getting in trouble. I was arrested and ended up on a Youth Offending programme. My parents and FNP programme has helped support the change along the way, to become a really good mum to my son. If it wasn't for my son the support of my family and FNP I know I would have been in prison today. I am so proud of myself."

School Nursing Team

The School Nursing team under significant pressure due to a substantial increase in child protection cases and safeguarding work recently implemented a duty desk system to manage the increased requests for agency checks from Local Authority professionals. Now, a qualified school nurse takes a scheduled turn in a morning or afternoon to focus on incoming checks. Work is apportioned equally and this means Nurses are not trying to balance this 'unknown' demand on top of their already extremely full caseloads. The benefits have included increased staff morale and opportunities to focus on the specific task, thus minimising risks. Due to the success of this pilot, the duty desk system is due to be rolled out to support the huge increase in domestic violence notification work after Easter.

Looked After Children

The Looked After Children's Nursing team received this validation from an extremely hard to reach teenager, who had not wanted to engage with any Local Authority or Health services staff and therefore had extremely limited opportunities to improve their health outcomes or potentially their life chances as they become more independent and move towards leaving care:

"hi its (name) I was just letting you know that (staff member) had booked me an appointment for the doctor this Wednesday to see about having the pill done and thank you for helping me and listening to me and giving me good advice – thank you so much"

CQUIN(s) for 2014/15

Goal Name	Description of Goal
Developing a programme to enhance Health Visiting's response to Domestic Violence & Abuse	• To update and implement the Health Visiting pathway for Domestic Violence and Abuse by reviewing national, regional and local good practice and evidence; • To develop and pilot Domestic Violence 'advisor' roles within defined proportion of new Health Visiting Hubs who will become expert in Domestic Violence and Abuse and share good practice across all Health Visiting teams in the City • To develop the skills and confidence of Health Visitors in Coventry in a defined cohort or geographical area in identifying and signposting victims of domestic violence to appropriate help and support services and explore the potential of enhanced surveillance as part of universal plus provision for those at risk in line with PH40 guidance • To design and pilot a health promotion programme in conjunction with appropriate partners as the basis for raising awareness of the impact of Domestic Violence and Abuse on children under 5 years old, their parents and siblings. • To design and pilot enhanced surveillance (via additional visits in line with PH40) for a small cohort of families.

Focus on:
Secondary Care Mental Health

Secondary Care Mental Health services are currently separated into services for Adults and Older Adults and have quite different landscapes. There is a difference in the range of services spread across localities, which is mainly due to the amalgamation of predecessor organisations and therefore there is an inequity of access and service delivery for service users or carers. The Trust Vision for Secondary Care Mental Health Services as set out in the Five Year Integrated Business Plan is to create four Integrated Practice Units (IPUs) providing services aligned to care clusters and interventions linked to patient outcomes. This will see the development of an Acute IPU and will consist of all services which will support front door services and service users and their carer whilst in an acute phase of a person's illness and/or receiving high intensive treatment. This IPU will include Acute Liaison, Age Independent Crisis Resolution/Home Treatment, Place of Safety, Day Treatment Services and Inpatient Servicers (Centres of Excellence). This sees the integration the pathways of Inpatient Services, Acute Day Treatment, Crisis Resolution/Home Treatment, Place of Safety and Acute

Liaison. It will also include the development of three further community IPUs that will create integrated age independent secondary care mental health services across Coventry and Warwickshire.

During 13/14 we have been working towards the implementation of the IPU's this has seen:

- The introduction of one age independent Single Point of Entry for Coventry with further plans for Warwickshire which will triage all referrals and book an appropriate assessment in the right IPU. Currently the SPE function across Warwickshire is undertaken by 4 CR/HT Teams

- Day Treatment Services became age independent for Functional patients and will in the future offer an alternative to admission for age independent functional patients, focusing on decreasing inpatient admissions and facilitating early discharge.

- Inpatient Services: Currently we have 6 Adult inpatient wards with a total of 110 beds, 5 Older Adult Functional and Organic wards with a total of 75 beds, 2 PICU wards with a total of 16 beds. This means currently we have an overall total of 201beds in the acute services. In addition we also have 4 Rehabilitation units with a total of 55 beds.

- Home Treatment: Although currently we have 5 CR/HTs providing 24/7 home treatment to adults with functional illnesses we have introduced a Scheduling and caseload management system. Also gatekeeping all admissions to inpatient services through a number of SPE's, 1 CAITT Team Older Adults (Rugby) and HATT team older adults North Warwickshire (Pilot).

- Community Mental Health Teams: Currently we have 15 Adult teams spread across Coventry and Warwickshire, including Assertive out Reach/Early Intervention and community Rehab. Also 5 Older Adult teams for Functional and Organic patients.

Key achievements in 2013/14

1. To ensure that patients understand the new care clusters and treatment pathway that this will require a series of stakeholder events have taken place with service users and cares who have developed information for service users and carers, this jointly supported development has ensured that information is truly patient friendly and has removed jargon. The engagement process has helped to strengthen the equal partnership approach of embedding users and carers at the heart of service development.

2. To further support and embed services at the heart of SCMH an exciting appointment has been made within SCMH operational services of a service user Coordinator. This role will continue to support the active engagement and embedding of services users and carers in a full range of service provisions and developments over the coming years.

3. The ambitious Transformational change programme has ensured that services are made fit for purpose and wrap around the patient ensuring that services are truly needs led. Within the Acute inpatient configuration a substantial investment has been made in recruitment of nursing staff ensuring that the acuity and complexity of service users' needs are addressed. Services have been configured to support an age independent approach that will open all services to all patients removing restricting barriers to age.

4. The safety and quality forums within SCMH have continued to maintain and improve the safety and quality of services, the robust approach continues to drive up quality monitor trends and make changes to support services when necessary. The bottom up approach continues to allow staff to identify changing trends in both inpatient and community settings and ensures that a targeted approach services the users of our services

5. Coventry has been nominated as one of the pilot sites for the national programme for the Mental Health Liaison Services across the Criminal Justice System. There is £25 million funding nationally. The new pilot services in Coventry will work with criminal justice agencies to identify needs and offer assessment to those with health and social care vulnerabilities, to engage individuals with appropriate services, to share information across agencies and to enable the outcomes of criminal justice decision to be guided by a complete understanding of the individual. The service will be based in Coventry and will be available 8am-8pm 7 days a week. Recruitment process is now being completed so that staff are in post to begin the implementation plan.

6. Clinical staff from Community SCMH completed their 1 year course in CBT in December 2013 with the second cohort of trainees going in January 2014. Staff are now utilising their new skills within their team with clinical supervision and support from Psychology staff. These new skills will help with the transformation of the new IPU 3-8 which is more psychological focused.

7. The provision of input to triage, assessment, formulation, diagnosis and therapy in Secondary Care Mental Health Services through training and supervision of staff as well as through direct work. This has included specialist neuropsychological assessment and therapy, for example to help with dementia and cognitive loss, or to identify strengths and weaknesses such as Asperger's syndrome which has a positive impact on the therapeutic programme delivered by colleagues.

8. The therapeutic range has been diverse, supplementing and complementing the medical, social, nursing, occupational and 2nd wave CBT interventions provided by colleagues. This work has centred on expert CBT for problems such as OCD, and has included 3rd wave interventions such as Compassion Focussed Therapy, Mindfulness, and Cognitive Processing Therapy. For those for whom these interventions are ineffective or inadvisable, Cognitive Analytic Therapy, Psychodynamic Therapy, Personal Construct Therapy and Eye Movement Desensitisation and Reprocessing has been provided. All therapies are provided by carefully supervised and accredited staff.

Case studies: Specialist Compassionate Mind influenced CBT

A service user film was made to showcase the good work done with one particular patient. This was a very articulate person who had had years of input in the private sector as well as inpatient admission for a psychotic crisis, and who had failed to benefit from psychiatric and home treatment interventions provided by colleagues. Time was taken to build a trusting therapeutic alliance and to formulate a holistic understanding of the situation. With expert therapy, a Compassionate Mind framework was combined with recent research on shame to produce a specialist CBT programme. The CORE (Clinical Outcomes in Routine Evaluation) measures showed a comprehensive reduction in symptoms, and the person reported feeling "transformed" as a result of the work, collaborating in the production of the service user video.

Case studies: EMDR therapy for complex trauma

All patients with complex trauma are taught to manage their symptoms and given education about how trauma affects them, followed by EMDR sessions to target specific traumatic events.

One man had experienced early childhood neglect and abuse compounded by placement at 5 in a Care Home which was later the subject of criminal prosecution and victim compensation. Before therapy he struggled with anger, depression, anxiety, hyper-vigilance, low self-esteem and

guilt, and he did not have the courage to participate in the prosecution of the perpetrators of his abuse. This meant he was able to eliminate their post traumatic symptoms following expert EMDR therapy: and went on to develop better self-esteem, and become more assertive. Their use of medication and their visits to psychiatrists and GPs were substantially reduced, and at the time of discharge from therapy most intend to stop medication completely.

CQUIN(s) for 2014/15

Goal Name	Description of Goal
Cardio metabolic assessment for patients with schizophrenia	To demonstrate, through the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia. To undertake an assessment of each of the following six key cardio metabolic parameters (as per the 'Lester tool'), with the results recorded in the patient's notes/care plan/discharge documentation as appropriate, together with a record of associated interventions (e.g. smoking cessation programme, lifestyle advice, medication review, treatment according to NICE guidelines or onward referral to another clinician for assessment, diagnosis, and treatment). The six parameters are: • Smoking status • Lifestyle (including exercise and diet) • Body Mass Index • Blood pressure • Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate) • Blood lipids.
Veterans Mental Health	This is a two year ambition which at the end will: 1) Ensure access to priority treatment for Veterans by improved data capture of veteran status at all entry points into CWPT (CBS/ triage). 2) Establish an enhanced standard care pathway tailored for veterans and their carers referred to IAPT and other secondary care services. 3) Identify and co-ordinate a Veterans champions network within CWPT and this to be incorporated in job plans. 4) Consolidate CWPT's role as a spoke for South Staffs FT Veterans Mental Health Network hub (representation at meetings, contribution to regional developments). 5) Develop partnerships with veterans charities (Combat Stress, Royal British Legion) to pilot a multi-agency 'one-stop shop' approach for veterans and their families. 6) Delivery of a training package for CWPT clinicians on adjustments necessary for successfully engaging and treating veterans plus education about enhanced pathway. 7) Ensure on going veteran service-user involvement through establishment of a 'Veterans Forum'. Develop further resources for Veteran service users and their families (e.g. may include: website, DVD, phone applications).
Communication with General Practitioners	Completion of a programme of local audit of communication with patents' GPs, focussing on patients on CPA, demonstrating by quarter 4 that, for 90% of patients audited, an up-to-date care plan has been shared with the GP, including ICD codes for all primary and secondary mental and physical health diagnoses, medications prescribed and monitoring requirements, physical health condition and on-going monitoring and treatment needs including relapse/crisis plans.
Dementia In-Reach	To support residential and nursing home staff in the recognition of and management of complex challenging behaviours within residential and nursing care settings, thereby preventing attendance and admission at A&E, psychiatric inpatient facilities and reduce need for 1:1 observation. Reference national guidance including NICE clinical guidelines 42: Interventions for non-cognitive symptoms and behaviour that challenges in people with dementia.

Focus on:
Specialist Services

Specialist services provide high quality inpatient and community services to people with learning disabilities or eating disorders across CWPT. Specialist assessment and treatment services provide care at both Brooklands and Gosford Ward (Caludon Centre) in Coventry, with secure service also being provided at the Brooklands site. The eating disorder service has 15 inpatient beds at the Aspen centre and community provision offers domiciliary support. All of the inpatients services are able to detain people so they can be cared for under the Mental Health act.

Specialist services also has five community learning disability teams across the trust which provide MDT services for people with learning disabilities and there is also Day care, respite care, domiciliary care staff provide support to people who live in their own homes in Coventry.

Key achievements in 2013/14

Development Update – Marston Green site: The second of the Trust's refurbished LD Assessment and Treatment Services (Jade unit) was opened in December 2013, and will complete the Trust's £2M service development of the 2 units on the site.

Trust's Malvern Unit admits patients: On 22nd October 2013 male low secure learning disabled patients moved into the 'state of the art' Malvern Unit which was completed in May this year on the Brooklands site at Marston Green. These patients were previously in less suitable older accommodation on the same site and their move is part of the Trust's on-going refurbishment programme for the Brooklands site.

Aspen Unit goes from strength to strength: The Trust's 15 bed inpatient Eating Disorders unit at the Aspen Centre is attracting an increasing number of referrals. The Clinic provides specialist, multidisciplinary treatment for people with diabetes and an eating disorder and is based on the South Warwickshire Hospital site in Warwick.

Community Learning Disability Teams Move Toward an Integrated Approach: The Trust's Learning Disability Speech and Language Therapy team (SLT) based at Dover Street, Coventry moved to Enterprise House during January together with Consultants and Psychologists from the Caludon Centre to join the rest of the Coventry Community Learning Disability Team (CLDT) and their LD Social Care colleagues from Coventry City Council. This move has been long awaited and creates a joined up approach to delivering community LD services across the city.

Ladies Inpatient Service Users Knit and Natter Group score 'Hat Trick': The 'knit and natter' group at Brooklands has been hugely successful. The group is open to the ladies within low secure learning disability services, which historically has been a difficult group to engage. The group has been running some time and the demand is so high that they are oversubscribed with the potential to start a second group.

General Practitioner Training Events: Specialist Services Learning Disability (LD) Community Team organised two events for General Practitioners from Coventry and Warwickshire on 12th and 19th September 2013. Service users from the advocacy services New Ideas and Grapevine facilitated the events and were involved in role play with GP involvement. The events were aimed at improving access to health care checks for people with LD and were attended by 54 GPs from Warwickshire and 82 GPs from Coventry and covered.

Change for the Better – Conference about the menopause for women with learning disabilities, family and carers: This multiagency conference, including speakers and organisers from the Trust and sponsored by numerous organisations, was held in Nuneaton at the end of September.

Patients Provide Real Time Feedback: Specialist Services Directorate supported by Service User Involvement Team has commenced the collection of real time feedback from patients across six of the inpatient services at Brooklands, Marston Green.

Working with 'acute' hospital to support People with a Learning Disability: Work has been on-going jointly between The Trust's Learning Disability Service and University Hospitals Coventry and Warwickshire (UHCW) to develop a new consent from for adults who are unable to consent.

Peer Review Praises Medium Secure Unit: In March 2013, the Royal College of Psychiatrist's Quality Network for Forensic Mental Health Services carried out a peer review of the Trust's medium secure service, the Janet Shaw Clinic, for Patients With a Learning Disability, at Marston Green; the clinic has been a member of the network for four years. Reviews utilise members of the multi-disciplinary teams from other providers of secure services and a service user representative.

Remembering Me: In December 2012 South Warwickshire Community LD nurses started a new memory group called 'Remembering me'. The group is for individuals who have an LD and are at high risk of developing Dementia. The group gives the opportunity for early identification and intervention of dementia through both baseline assessment and raising the awareness of the disease to individuals and carers.

Case Study: Ashby House Health Assessments

We aimed to ensure that all clients accessing Ashby House received a Health Assessment by our team of nurses. There were a number of reasons that we decided to undertake this:

- We know that many of our service users do not access their GP.

- We aimed to assist service users to become familiar with various types of health assessment in an environment they felt safe and comfortable. It is hoped that this will help them to access primary care services when required in the future.

- We wanted to obtain a baseline for our clients.

- We were already completing basic observations on admission and had highlighted a number of health concerns from this.

- We were concerned that some service users had not received a health check.

Findings

The Health Checks highlighted many concerns and has helped to improve the health of service users. The benefits of completing this work included:

- All service users now have a Hospital Passport. This document can provide essential information to staff in Primary Care Services to assist them when working with the clients. It also contains information about how the individual responds to basic health assessments.

- All service users are now more familiar with the processes involved with basic health assessments and are becoming more tolerant of these procedures. We have also supported a number of clients to access their GP following the work completed at Ashby.

- All service users have their basic observations taken during each respite stay and any concerns highlighted on the check are also monitored each stay. For example if a client has had a UTI we will test their urine each stay. We also monitor things such as weight, skin integrity, continence during each stay.

2014/15 CQUIN – Specialised Commissioners (NHS England)

Goal Name	Description of Goal
Quality Dashboard (All Specialised Commissioned Services)	This indicator is aimed at ensuring that Providers embed and routinely use the required clinical dashboards developed during 2013/14 for specialised services. The Area Team is responsible for agreeing the relevant dashboards with the providers.
Friends and Family Test – Phased Expansion	Implementation of Friends and Family Test into specialised mental health provision.
Improving physical healthcare & wellbeing (Mandatory all specialised services)	To improve the physical health and wellbeing of all patients, as an integral part of their overall treatment and rehabilitation plan.
Collaborative risk assessment (Medium/Low Secure)	The provision of an education training package for patients and qualified staff around collaborative risk assessment and management
Supporting carer involvement (Medium/Low Secure)	To support carer involvement with their relatives in secure care, (particularly in the first three months of care) and then on to the point of discharge.
Pre-admission formulation (Medium/Low Secure)	To provide the service user information detailing a formulation of both current and potential future needs and how the proposed service might best meet them.
Outcome measures in specification on admission/ discharge (Eating Disorder Services)	To systematically collect outcome measures for individuals receiving inpatient care at admission and discharge

2014/15 CQUIN – CCGs Arden Cluster (Local Commissioners)

Goal Name	Description of Goal
Attention Deficit Hyperactivity Disorder (ADHD) Transition from children's	Pilot against proposed transition pathway and test this Implementation of proposed pathway CQUIN has been developed in conjunction with Secondary Care Mental Health and Integrated Children's Services).
Repatriation of Out of Area LD Patients	Utilise model developed by the Clinical Review Team to review opportunities to repatriate patients as appropriate with link to Winterbourne View Hospital Report / Concordat requirements.

ANNEXES

Statements Provided by Commissioning Organisations, Healthwatch and Health Overview and Scrutiny Committees

• Coventry and Rugby Clinical Commissioning Group

• Healthwatch Coventry

• Warwickshire Health Overview and Scrutiny Committee

Coventry and Warwickshire Partnership NHS Trust Quality Account 2013-14

NHS Coventry and Rugby Clinical Commissioning Group Commentary

We welcome the opportunity to review and comment on Coventry and Warwickshire Partnership NHS Trust (CWPT) Quality Account 2013-14. It has been reviewed by members of the Governing Body and the Clinical Quality and Governance Committee. The version seen by NHS Coventry and Rugby CCG (CCG) was a draft and as such we are unable to verify all of the contents, however, we believe that it broadly reflects the information received through the contract monitoring process over the last year. We are unable to verify the achievement of CQUIN schemes, as this had not been finalised in time for the commentary.

The year 2013-14 has been a challenging year for CWPT with the launch of a significant Transformational Change Programme which aims to deliver improvements in the quality of services in a cost effective way whilst enhancing access to services for patients. Against this backdrop CWPT participated as a pilot site for the first wave of the new style Care Quality Commission (CQC) inspections. As this was a pilot there were no ratings following the inspection, however, the CQC identified a number of areas where improvements are required. We are assured by the robust and comprehensive action plan which is in place to address the compliance and enforcement notice issued by the CQC and builds on the existing improvement work that was being undertaken by the Trust. The CCG will continue to monitor this closely and provide support to ensure services remain safe and of a high quality.

It is important to note that the CQC identified many examples of excellent practice within the Trust and we recognise that a key challenge for CWPT is to ensure that where they have areas of excellence that this practice is shared across the organisation, which is particularly difficult for a large organisation spread across a number of different locations in Coventry, Warwickshire and Solihull and offering a range of services including mental health, learning disabilities and community nursing.

As commissioners we are working closely with the Trust to improve capacity within some of their services including Child and Adolescent Mental Health Services (CAMHS) and Memory Assessment, both of which are priorities for the CCG in 2014-15.

We recognise and support the work that CWPT have undertaken and continue to build upon to embed core values across the workforce as part of the Equal and Active Partners Programme and the steps that they have taken in response to the staff survey to improve the culture and support to the workforce.

Improving health outcomes for our local population relies on effective partnership working across health and social care and the CCG is impressed by the enthusiasm of CWPT to participate in a number of joint initiatives with our local acute provider and the local authority. This has resulted in the recent launch of a joint programme to reduce pressure ulcers, one of the most common preventable harms, by an ambitious 40% within care homes and we will be closely following the progress of this over the next year.

Provision of high quality care relies in part on the capacity and capability of the staff. As commissioners we are interested in the levels of vacancies, sickness, the use of agency/bank staff and also the training of staff to ensure that they are competent and able to deliver high quality care. The use of agency/bank staff has been a particular challenge for some of CWPT services during this year and this has been identified as one of their quality goals for 2014-15. We are interested in the innovative approach they have developed to address this by the introduction of 'floating teams' to address the fluctuating demand which arises from the case mix on some in-patient wards and will be watching this closely over the coming year.

We fully support the quality goals they have identified which resonate with the recommendations from the Government's response to the National Enquiry into Mid Staffordshire NHS Foundation Trust. NHS Coventry and Rugby CCG have a positive relationship with the Trust which is based on high support and robust challenge and we look forward to supporting them to achieving these goals and making continuous improvements during 2014-15.

Healthwatch Coventry commentary on the Coventry and Warwickshire Partnership Trust Quality Account

Healthwatch Coventry is the consumer champion for local health and social care services, working to give local people and users of services a voice in their NHS and care services. Local Healthwatch welcomes its role in producing commentaries on NHS Trusts' Quality Accounts.

The version of the draft quality account Healthwatch Coventry received to enable us to compose this commentary was not complete.

We have been a member of a task group convened by Warwickshire County Council Scrutiny Board to meet with the Trust and discuss progress on last year's priorities, and what should be included as priorities this year.

Last year's priorities

The trust's priorities would benefit from being written as smart outcomes and this would make it easier to report on progress against the quality priorities

This section also suffers from jargon and would benefit from more explanation.

Other performance information

The Trust has recently been inspected by the Care Quality Commission (the regulator of NHS services) under its new inspection approach. This identified good practice along with compliance and enforcement actions. There is also a wealth of other information and key themes within the CQC's reports. Some of these relate to issues we have looked at such as in patient activities and care planning in the Caludon Centre. The Trust has shared its plans for addressing issues identified with us, including a detailed plan for in patient activities.

The Trust is also implementing a significant change programme leading to staff teams being reconfigured and changes to the use of buildings. The programme of care clusters is difficult to explain to service users even with the considerable effort the Trust has been putting into this.

CQUIN targets:

The information about optimising pathways would benefit from some examples to help illustrate what this means.

We consider, from the evidence given, that the reducing social exclusion CQUIN; Safety Thermometer; end of life advanced care planning; and pressure ulcer reduction targets are in progress rather than fully met. The end of life family support service and CAMHS pathways CQUINs we think are partially met.

Therefore these should be reflected in the work for the coming year.

Priorities for the coming year

We have asked the Trust to change the way the priorities are written in order to make them clearer and more specific and measurable. We passed on an example of how this could be done from another quality account.

The broad underlying aims of improving customer care, working towards outcomes for service users, developing respectful environments and being efficient and effective cannot be argued with.

We are however interested in the detail of what the developments over the coming year will mean, especially for patients/service users and in how patients and service users can be involved in this work.

Patient public engagement and feedback

The Trust is placing more emphasis on developing its engagement activities and is in the process of adopting the Healthwatch Coventry Good Engagement Charter. These are positive developments.

Some examples of actions taken in result of the patient surveys would be welcome.

It is positive to see actions in response to the Francis Inquiry report detailed in the document.

Focus on different services

Previously we have asked that the quality account document better reflects the breadth of work carried out by Coventry and Warwickshire Partnership Trust. They provide mental health services, learning disability services and community health services for Coventry. Therefore it is good to see progress on this with the inclusion of different service related sections.

We look forward to continuing to work with the Trust in the coming year.

Approved By Healthwatch Steering Group 3/6/14

Statement from Warwickshire Health Overview and Scrutiny Committee (Warwickshire County Council)

Coventry and Warwickshire Partnership Trust (CWPT) – Quality Account 2013/14 (QA)

Response on behalf of the QA Task and Finish Group ("the Group") made up of representatives from Warwickshire County Council ("WCC"), Coventry City Council ("CCC"), Healthwatch Coventry and Healthwatch Warwickshire.

The new approach developed in 2012 towards a more meaningful outcome-focussed, improvement process for QA has been strengthened this year. The TFG welcomed the opportunity to continue working with CWPT this year, looking both backwards and forwards and to make this commentary. In 2013 the TFG felt there should be earlier, fuller engagement in this process, which the Trust took on board and the TFG were pleased to be invited to propose priority suggestions, which were considered by the Trust Board in developing the 2014/15 Quality Goals and Annual Objectives programme of work. This is a positive indication of the improving relationship and constructive dialogue that is developing.

The TFG feels that there still needs more focus on improving communication with patients, carers, staff, and stakeholder organisations, and a demonstration of how lessons learnt are embedded into the Trust's work, and benchmarked against similar providers of mental health services. Where this is not possible, it would be useful to reference work done with groups such as the Mental Health Compact. The TFG welcomes the Trust's commitment to do this, particularly the development of a Compassion in Action and Friends and Family Test Quality Goal/Objective to support a greater understanding of wider views. The TFG will monitor its impact over the next year.

The Group welcomes the responses the Trust has given to their suggestions for 2014/15 Priorities, as follows:

Dual-Diagnosis Patients

There needs to be further work done with dual-diagnosis patients, i.e. patients receiving treatment for different conditions from different parts of the organisation or for medical conditions and mental health/learning disabilities, to ensure treatments are jointly managed in a coordinated and effective way.

The Trust has undertaken to capture this under the Quality Goal – "VALUE based, user focussed services". This is an area of risk for patients and performance against this Goal will remain a focus for the TFG.

Transitions between services

The TFG wants to see an ongoing programme to improve transitions between services, including handovers - those between different units and settings, and between different organisations (e.g. dual-diagnosis patients, mental health and primary care, Hospital Trusts or social care and between inpatient and community services). This is an area of concern for all NHS Trusts, and one that we will continue to monitor closely, particularly in light of the fact that the progress against the CQUIN for CAMHS Clinical Pathways (2012/13) is defined as: "has not progressed as quickly as we would have liked and not all milestones were met within the financial year".

We are pleased that this work will continue into 14/15, and think it should be broadened out to all transitions.

An open, listening and transparent Trust

The Group has highlighted the need for all Trusts to become 'open, listening and transparent' in line with the Francis/Keogh recommendations. This should include engaging the support of staff at all levels and effective partnership working with all partner stakeholders commissioned to deliver complementary services, including carers. Similarly, having an organisational culture of openness, transparency and candour, as set out by Francis. This would involve the training and empowerment of staff to identify issues and concerns and report them on; empowering staff to help patients to raise concerns and to embed a culture within the Trust where staff and managers could clearly demonstrate how lessons had been learned and changes made as a result of feedback and complaints.

The Group feels strongly that effective partnership working and an ethos of dialogue and support needs to be developed with carers and would encourage the Trust to embed the principles of the Triangle of Care standards.

The Group are reassured that the Trust has acknowledged the importance of this approach and have already started to reflect on what this will mean for the Trust and how to involve staff in this process.

In terms of the QA document, the TFG would like to make the following suggestions/comments:

- We strongly encourage having an executive summary/easy to read version directed at the public, and welcome the Trust's undertaking to develop this.

- Unlike hospital trusts where people access different services at different times, users will often access one CWPT service over a lifetime. It would be useful if there could be an outline with links that are condition-specific, of what is being done within each service. This could be used for the "You Said We Did" section – with separate sections for autism, eating disorders, community services, etc.

- The TFG welcomes the easy to read language and the layout which clearly shows what the aim was, what was expected to be achieved and how well the Trust did for 2013/14 priorities.

- The Quality Goals identified for 2014/15 however, are worded for clinicians, for example the goal to "Further embed the outcome frameworks at a more granular service level and Integrated Practice Unit level".

- The TFG welcomes the overall message of putting patient needs first, and will continue to work with the Trust to ensure that this does happen and to clearly demonstrate the improved outcomes as a result of the priorities - it is not enough to say "we have learned from the results". QAs need to set out how staff, patients and carers have been involved in determining what a good service should look like, what that is achieved and what difference it has made to user outcomes.

- The TFG welcomes the ongoing focus on 2013/14 priorities.

- The outlining of CQUINs in the draft is well done and sets out clearly what the CQUINs for the Trust are.

The TFG understands the restrictions NHS Trusts have to work within producing QAs – and the need to respond to competing demands of different audiences. The TFG would like to thank the Trust for their willingness to try to accommodate our requests.

Statement of Directors Responsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2012).

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

- The Quality Account presents a balanced picture of the Trust's performance over the period covered;

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

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

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

- The Quality Account has been prepared in accordance with Department of Health guidance

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

Martin Gower

Chair
Coventry and Warwickshire Partnership NHS Trust

June 2014

Rachel Newson

Chief Executive
Coventry and Warwickshire Partnership NHS Trust

June 2014

Independent Auditors' Limited assurance report to the Directors of Coventry and Warwickshire Partnership NHS Trust on the Annual Quality Account

We are engaged by the Audit Commission to perform an independent assurance engagement in respect of Coventry and Warwickshire Partnership NHS Trust's Quality Account for the year ended 31 March 2014 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the following indicators as published on the NHS Health and Social Care Information Centre (HSCIC) Portal:

• Percentage of patients on Care Programme Approach (CPA) followed up within seven days of discharge, page 30.

• Percentage of admissions gatekept by the Care Resolution Home Treatment team (CHRT), page 30.

We refer to these two indicators collectively as "the specified indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

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

• the Quality Account presents a balanced picture of the Trust's performance over the period covered;

• the performance information reported in the Quality Account is reliable and accurate;

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

• the data underpinning the measures of performance reported in the Quality Account is robust andreliable, conforms to specified data quality standards and prescribed definitions, and is subject toappropriate scrutiny and review; and

• the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors'responsibilities within the Quality Account.

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 Account is not prepared in all material respects in line with the information requirements prescribed in the Schedule referred to in Section four of the Regulations ("the Schedule");

• the Quality Account is not consistent in all material respects with the sources specified below; and

• the specified indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account have not been prepared in all material respects in accordance with Section 10c of the NHS

(Quality Accounts) Amendment Regulations 2012 and the six dimensions of data quality set out in the NHS Quality Accounts - Auditor Guidance 2013/14 issued by the Audit Commission in February 2014 ("the Guidance").

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions inconsistent with:

• Board minutes for the period April 2013 to May 2014;

• papers relating to the Quality Account reported to the Board over the period April 2013 to May 2014;

• feedback from the Commissioners 'Coventry and Rugby Clinical Commissioning Group' dated 06/06/2014;

• feedback from Local Healthwatch 'Healthwatch Coventry' dated 03/06/2014;

• the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, 'Annual Complaints Compliments & PALs Report, 1 October 2012 – 30 September 2013', dated 12/11/2013;

• feedback from other named stakeholder, 'Warwickshire Health Overview and Scrutiny Committee' involved in the sign off of the Quality Account;

• the latest national patient survey dated 'CQC Patient Survey Report 2013';

• the latest national staff survey '2013 National NHS Survey';

• the Draft Head of Internal Audit's annual opinion on the Effectiveness of the System of Internal Control at Coventry and Warwickshire Partnership Trust for the Year Ended 31 March 2014;

• the Annual Governance Statement dated 27/05/2014;

• Care Quality Commission quality and risk profiles dated April, June, July, November, December 2013 and February to April 2014; and

• Care Quality Commission Inspection Reports, April 2014.

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

This report, including the conclusion, is made solely to the Board of Directors of Coventry and Warwickshire Partnership NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Coventry and Warwickshire Partnership NHS 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 the Guidance. Our limited assurance procedures included:

• reviewing the content of the Quality Account against the requirements of the Regulations;

• reviewing the Quality Account 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 management 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 documents.

A limited assurance engagement is narrower 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 Account in the context of the Schedule set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations. In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Coventry and Warwickshire Partnership NHS 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 2014:

- the Quality Account is not prepared in all material respects in line with the requirements of the Regulations and the prescribed information in the Schedule;

- the Quality Account is not consistent in all material respects with the sources specified above; and

- the specified indicators in the Quality Account subject to limited assurance have not been prepared in all material respects in accordance with Section 10c of the NHS (Quality Accounts) Amendment Regulations 2012 and the six dimensions of data quality set out in the Guidance.

PricewaterhouseCoopers LLP
Chartered Accountants
Cornwall Court, Birmingham
24 June 2014

The maintenance and integrity of the Coventry and Warwickshire Partnership NHS 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.

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:

By Email:

enquiries@covwarkpt.nhs.uk

By Letter:

Chief Executive
Coventry and Warwickshire Partnership NHS Trust, Wayside House, Wilsons Lane, Coventry CV6 6NY

Glossary

Care Quality Commission (CQC)	The CQC is the independent regulator of health and adult social care services in England. It also protects the interest of people whose rights are restricted under the Mental Health Act.
Clinical Audit	Clinical audit is a systematic process for setting and monitoring standards of clinical care. Guidelines set out what best clinical practice should be and audit investigates whether best practice is being carried out and makes recommendations for improvement.
Clinical Coding	Clinical coding is used to translate medical terminology describing a diagnosis and treatment into standard, recognised codes.
Commissioners	Commissioners have responsibility for assessing the needs of their local population and purchasing services to meet these needs. They commission services, including acute care, primary care and mental healthcare) for the whole of their local population with a view to improving their health.
Commissioning for Quality and Innovation (CQUIN)	CQUINs are a payment framework that is a compulsory part of the NHS contract. It allows local health communities to develop local schemes to encourage quality improvement and recognise innovation by making a proportion of the organisations income conditional on achieving the locally agreed goals.
Foundation Trust (FT)	A Foundation Trust remains part of the NHS however has greater local accountability and freedom to manage themselves. Staff and members of the public can join their Boards or become members.
Hospital Episode Statistics (HES)	HES is a national data source that contains anonymous details of all admissions to a NHS hospital in England. It also contains anonymous details of all NHS outpatient appointments in England and is used too plan healthcare, support commissioning, clinical audit and governance and national policy development.
Information Governance (IG)Toolkit	The IG toolkit is an online tool that allows organisations to measure their performance against information governance standards. The information governance standards encompass legal requirements, central guidance and best practice in information handling.
Integrated Practice Unit	Describes the way in which the Trust organises its services.
Healthwatch	Each local authority area has a Healthwatch group which is a network of local people, groups and organisations from the local community who want to make care services better. The aim of Healthwatch is to ensure local people have a say in the planning, design, commissioning and provision of health and social care services.
National Institute of Health and Clinical Excellence (NICE)	NICE provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. It makes recommendations to the NHS on new and existing medicines, treatments and procedures; treating and caring for people with specific diseases and conditions and how to improve people's health and prevent illness and disease.
National Patient Safety Agency (NPSA)	The NPSA leads and contributes to improved safe patient care by information, supporting an influencing the health sector. It manages a national safety reported system and received confidential reports from healthcare staff across England and Wales. These reports are analysed to identify common risks to patients and look at opportunities to improve patient safety.

Equality statement

If you require this publication in a different format or language, please contact our Equality and Diversity Department on 024 7653 6802, or write to the address below.