



Cheshire and Wirral
Partnership
NHS Foundation Trust

Quality Account

2021/22



Helping people to be
the best they can be



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Introduction

Our **Quality Account** is an **annual report to the people we serve about the quality of services we provide**. It gives an opportunity for you to see what we are doing to improve the quality of care and treatment we deliver.

Quality Accounts require those who provide NHS services to describe quality in the following ways:

Patient safety

This means delivering care in a way which minimises harm by using effective approaches that reduce unnecessary risks.

Clinical effectiveness

This means delivering care that is based on evidence, people's needs, and results in improved health outcomes.

Patient experience

This means delivering care which people can easily access and that takes into account their preferences and their needs.

At CWP, we also use a well-known international way of defining quality. Not only do we ensure care is safe and effective with good experience, we also look at whether the care we deliver is affordable, sustainable, acceptable and accessible. To help us deliver care which is more equitable and person-centred, we place an emphasis on co-production. Co-production means people who deliver and support the delivery of our services, people who access our services, their families and carers, and the people we serve across the population, playing more of an active role in planning, improving and delivering services.

The aim in reviewing and publishing information about quality is such that CWP can demonstrate *public accountability* by *listening* to and *involving* the public, partner agencies and, most importantly, *acting* on feedback we receive. To help us meet this aim, we don't just produce this report, we also produce *Quality Improvement Reports* three times a year. This *Quality Account* and our *Quality Improvement Reports* are published on our website.

Should anyone reading this *Quality Account* require any further information, please do not hesitate to contact us cwp.info@nhs.net.



Part 1: Introduction from our Board

Welcome from our Chief Executive



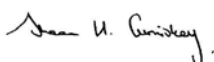
I am delighted to introduce this year's Quality Account on behalf of the Board. This year, throughout what has been another challenging year for everyone, the commitment and resilience of #TeamCWP has enabled us to maintain an extraordinary level of service continuity and quality of care. In recognition of this, we launched 'CWP Cares' in the summer of 2021 as part of the NHS 'Big Thank You'. The Board of Directors visited many of our sites throughout the year to say thank you in person and give our people the opportunity to talk to us about how it has been, how they were feeling and to put forward any ideas to support them and their colleagues moving forward. It was pleasing that many of these ideas had a focus on supporting wellbeing and promoting a healthy work-life balance. In response, the Board approved a 'Wellbeing Day' for #TeamCWP colleagues to take during 2022/23, which is an additional day's paid leave, to say thank you and acknowledge the importance of looking after our wellbeing. In August 2021, we also accessed funds from 'NHS Charities Together', the national independent charity caring for the NHS, to distribute wellness boxes across the Trust, giving staff the chance to pause and reflect on their own well-being and self-care.

There are many features in our Quality Account which #TeamCWP should be very proud of. Of note, we have co-ordinated, in partnership with Cheshire CCG, Local Authorities and Healthwatch Cheshire, and managerially and clinically delivered the Cheshire COVID-19 vaccination service as an innovative and agile offer to the local communities and people across Cheshire. Despite the impact that the pandemic has continued to have on the delivery of NHS services throughout the year, I am humbled by the number and breadth of quality initiatives that our services have been involved with. This commitment to our Quality Improvement ambition of working in partnership to deliver the best outcomes we can for the population we serve is demonstrated throughout the year at our Quality Committee and in our regular Quality Improvement reports, which are always a delight to receive at the Board of Directors.

Between August and December, I was seconded to the role of Interim Chief Officer at the Cheshire and Merseyside Health and Care Partnership. I am very passionate about integrated health and care, so it was a privilege to work with colleagues in our partner organisations on this. During this time, Tim Welch, our Director of Business & Value and Deputy Chief Executive, very ably took on the role of interim Chief Executive and I would like to thank him for his hard work during this period and his commitment to quality in all he did. In April 2022, Tim was appointed as CWP's new Chief Executive, as I retire in May. I know his belief in our work on improving the lives of everyone in our community will stand CWP in good stead as it continues to put quality at the heart of all we do. This will therefore be my last Quality Account. It has been a great privilege to have introduced the very first and every CWP Quality Account since they were introduced across the NHS. I feel very lucky to have worked with some wonderful people by my side at CWP and I know they will continue to strive for the very best for the population we serve.

On behalf of the Board, to the best of my knowledge, the information presented in this report is accurate. I hope you enjoy reading our Quality Account

Sheena Cumiskey



Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust

Welcome from our Medical Director – Executive lead for quality



This year has demonstrated, once again, how our people have gone above and beyond to continue to adapt and continuously improve to ensure we are delivering the best outcomes to the population we serve. The past year has seen the launch of phase two of our Quality Improvement strategy, which covers the period 2021/23, and focusses on supporting our people by building their capability in Quality Improvement. We start from a strong foundation, with 91% of our people having completed our Level 1 Quality Improvement training at the end of March 2022. This is undoubtedly one of the reasons our people have been able to demonstrate so many examples of quality improvement in their practice, which are highlighted throughout this report and in our Quality Improvement reports throughout the year.

We have made significant progress in delivering two organisation-wide Quality Improvement projects this year. Firstly, working in partnership with 'Thalamos', who provide bespoke software solutions to digitise the use of Mental Health Act, we are moving towards a paperless approach to administration of the Act so that it is 'easier, better and faster'. This project will help us with our ambition to deliver a core level of digitisation, as set out in the

NHS Long Term Plan. Overall, the process reduces errors, improving the experience for both patients and staff. Our Mental Health Law team and our clinicians have been involved in a pilot and are now supporting full roll out, and their commitment to making this a success is admirable. Secondly, in-year we went live with a new electronic patient record (ePR), deploying the SystemOne Mental Health module in our mental health and learning disability services, being the first Trust in the North West to do so. This will give us the tools to provide efficient, safe and person-centred mental health care. I am delighted at the response from teams across the Trust. It shouldn't be underestimated what a significant change it is to move patient record systems, but on behalf of the Board, I would like to thank our teams for the training and preparedness plans they put in place, the planning and work behind the scenes by our ePR project team, and the CWP 'floorwalkers' that helped teams, both in the community and inpatient areas.

Finally, this year sees the return of our Big Book of Best Practice, which will showcase and share best practice across our services and will celebrate the most exciting and innovative work our teams have achieved during the past two years. We are aiming to have this published by the end of June 2022 to coincide with publication of our Quality Account, so do please try and take time to read that too!

I hope you enjoy reading our Quality Account.

Dr Anushta Sivananthan

A handwritten signature in black ink, appearing to read 'A Sivananthan'.

**Medical Director & Consultant Psychiatrist
Cheshire and Wirral Partnership NHS Foundation Trust**

Part 2: Quality Improvement

Place-based information on how we have improved the quality of our services

Quality improvement is undertaken by all our teams and wards across Cheshire, Wirral and beyond. Below is a selection of the some of our many quality achievements during the past year.

Our Quality Improvement Reports, published three times a year and available on our website, provide more detailed information on the quality of the services we deliver.

Quality improvements across **Cheshire East**

★ **The Involvement, Recovery and Wellness Centre working together to improve health outcomes and help people to be the best they can be**



Following a successful transition from face-to-face to virtual working during the pandemic, the centre became aware that the Community Mental Health Teams (CMHTs) were struggling to recruit to professional posts. To support colleagues and to create a better service flow, the people who access these services proposed a different way of working. It was proposed that the Involvement, Recovery and Wellness Centre (IRWC) would case manage a number of people and work with them on a one-to-one basis, to be able to teach and support them to self-manage the symptoms of their long-term health condition, whilst continuing the facilitation of group workshops via Microsoft Teams.

As a result, the team developed criteria to ensure the safety of the people who access these services and staff. The criteria included the rationale for change, the operational model and the outcome measures that would measure its success. Data collected from the completion of the Warwick-Edinburgh Mental Wellbeing Scale shows that people accessing the service participating in the trial had a meaningful positive change to their mental health.

★ **The Liaison Psychiatry service achieving better access to 24/7 Urgent and Emergency Mental Health Care**

Our Cheshire East Liaison teams were successful in being awarded monies for CORE 24, allowing the team to provide a 24/7 service and evidence-based interventions at Mid Cheshire Hospitals NHS Foundation Trust and East Cheshire Trust. One of the most significant service developments is that the team was able to recruit a Clinical Psychologist whose role is to introduce a Psychology service at Leighton Hospital. The team has also been able to recruit two full time Clinical Psychologists. This has led to [new referral and treatment pathways](#), to ensure patients on inpatient wards are given more support with their mental health needs. This is particularly important for patients in Intensive Care Units and the Cardiovascular ward and for those recovering from COVID and experiencing Post Traumatic Stress.

★ **'Come Dine With Me' initiative**

Our Learning Disability team in Macclesfield developed this initiative to enhance daytime activities of the people they supported to use cooking skills as well as learn new ones. Patients can decide who they would like to invite to share a meal with them. Invites were then created and sent to the chosen guest. The patient decides on a three-course menu, then goes shopping for items needed. The patient is assisted in getting the visitors' room ready and setting the table. The patient then serves the meal and enjoys eating with their chosen guest.

During the COVID-19 restrictions, this activity was not able to go ahead with family and friends, but we adapted this so a staff member can be invited to come dine with them, resulting in increased therapeutic time with staff members. This initiative has received [extremely positive feedback both from patients and families/ carers.](#)

★ **Dynamic Support Database – Clinical Support Tool online training**

CWP were asked by NHS England to develop an online training resource that could be accessed nationally. The tool is used by clinicians to support those with a Learning Disability and/or Autism. The tool provides information to clinicians to ensure people are supported effectively in the community, as well as providing guidance on how to provide the right support. Our staff developed an hour-long online training course for clinicians nationwide. The training has videos, clinical scenarios and practice examples. It also provides information on the national Transforming Care Programme, which is about improving health and care services for those with a Learning Disability and/ or Autism so that more people can live in the community, with the right support. The response has been [extremely positive, with a satisfaction rating of 4.71 out of 5 overall](#), praising 'use of case studies' and how user-friendly the tool is to use.

Quality improvements across **Cheshire West and Chester**

★ **Starting Well services improved access to early help for families residing in Cheshire West and Chester**



Our Starting Well service uses the Team Around the Family (TAF) framework for supporting families, as a preventative approach, ensuring early help for families and reducing the likelihood of needs escalating further. In-year, they made some improvements in the use of the electronic TAF (ETAF) tool. During the emergency response to the COVID-19 pandemic, the service managed the highest level of early help for families via the TAF compared to all other agencies. The service aimed to build internal confidence and competence in the use of the ETAF system and the use of the TAF tool within the Starting Well workforce. Moreover, the Starting Well service created and [implemented their own support plan, training, and supervision model](#) to increase staff confidence in the use of TAF within targeted contacts.

★ **Cardiac Rehabilitation service delivered flexible approach to clinical working to reduce readmissions**

The cardiac rehabilitation team aims to optimise clinical recovery and to support patients with meeting “secondary prevention” targets of coronary heart disease. The team looked at the impact of the reduction of ‘face-to-face contacts’ and the clinical assessments for people referred to cardiac rehabilitation. Moreover, the team looked to see if this reduction in the clinical-patient interface would impact on readmission rates and bed days for cardiac admission at the Countess of Chester Hospital. The outcome showed achievements in the [reduction of readmission for cardiac rehab patients by 12%](#), 70 bed delays per month on average were saved when face-to-face contacts resumed.



★ **Dementia Clinic has improved diagnosis rate for people with learning disabilities**

A multi-disciplinary working group was set up to look at how the NICE guidance for dementia should be applied to adults with a learning disability. This led to the development of comprehensive pathway, to which clinicians can refer, when helping to chart the steps from pre-diagnosis to end of life care. The project aimed to provide a safe, timely and person-centred delivery of memory services for people with learning disabilities in Cheshire West and Chester. The [outcome showed 50% reduction in waiting times](#)

[for assessment of dementia](#), from 24 weeks to 9-12 weeks. This is in line with the NICE guidelines of providing timely, efficient, and effective diagnosis.

★ Use of Patient Group Directions has improved triage and treatment of people with simple UTIs

The GP Out of Hours (OOH) service wanted to look at how the role of the triage nurse could be expanded to improve patient experience. A working party was established and after discussion, it was decided to work on a Patient Group Direction (PGD) for treating uncomplicated urinary tract infections (UTIs). Since restrictions were introduced due to the pandemic, a telephone consultation took precedence over face-to-face contacts. Most people who contacted the GP OOH service had a triage consultation with a nurse. However, when further management was needed, they would wait for a doctor to call them back. The team wanted to avoid the long process described above for people who had simple or uncomplicated UTIs that could have been treated after the nurse triage assessment, by using a PGD. As a result, this would reduce the number of times a person had to be triaged and reduce the number of advice calls from a GP. The PGD was approved by the Medicines Management Group and training was delivered to staff. The PGD means that patients are treated after the first triage call and do not need to wait for further follow up-calls. [The PGD has, so far, been used over 30 times to treat simple UTIs.](#)

★ Breast Feeding Support Group improves confidence and support for new parents

Before the pandemic, the Starting Well Service provided three infant feeding drop-in groups which were facilitated within three districts – Northwich/ Winsford, Chester/ Chester Rural, and Ellesmere Port & Neston. Due to the pandemic restrictions and government guidance, the groups were suspended, and support was provided virtually.

However, it was acknowledged that there were [significant benefits from face-to face support](#) which the virtual offer could not replicate. The aim of the programme was to research and develop a tailored set of lesson plans to underpin the support provided within the breast-feeding support group. Three groups were run each week, one in each district providing access across Cheshire West and Chester. A cohort of six mothers and infants were invited to attend each group for five sessions. Mothers and infants were invited to attend the group during the New Birth Visit by the named Health Visitor. Most attendees were first time mothers who had babies aged between 4-10 weeks old. The programme was provided on a rolling basis within each district. The groups were facilitated by the Infant Feeding Leads, Health Visitors, My Wellbeing advisors, and our amazing Bosom Buddies who are CWP volunteers.

★ High Intensity User Service

CWP employs a High Intensity User (HIU) Lead who works with around 50 people a year in the Cheshire West area. They work with people who regularly use unplanned health care services such as the Accident & Emergency Department, 111/ 999 service and non-elective admissions. The HIU Lead uses regularly updated data from the Clinical Commissioning Group (CCG) to identify the people who currently access services most frequently. This information relates to the people and the services around them to [fully understand their story](#) of how they come to be in A&E. The HIU Lead then assists people to understand their own presentation better, giving specialist knowledge and how to use supportive techniques to improve their health and wellbeing. Furthermore, they assist people to identify areas of their lives they wish to change or could improve their health. The HIU is able to provide advice and guidance on available support/ opportunities and they provide the help they needed to access these, for example, attending together or providing advocacy.

★ Improvement to the quality and effectiveness of documentation on Maple Ward through co-delivery and co-production

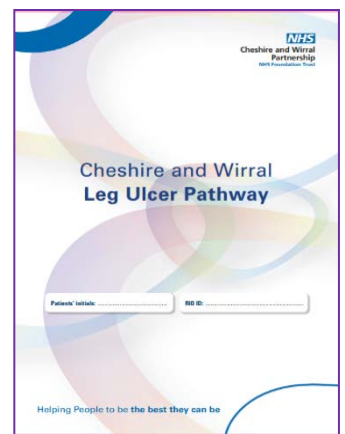


Maple Ward participated in a pilot study to improve the quality of clinical documentation and one-to-one time spent with people who access our services. The aim of the project was to make the [clinical entries more meaningful to the patients on the ward](#) and for people to be more involved in and supported to document their perception of their mental health and how their day had been. It became routine for several people, who participated in the pilot, to write their own records for the shift. They were supported by staff to do this and fed

back what they found therapeutic, helpful and how to get their thoughts and feelings communicated to the multi-disciplinary team (MDT). People were informed of the pilot project and offered the opportunity to write their records. Staff support and supervise people to either write using Microsoft Word or, where appropriate to do so, straight onto the patient's own electronic patient record. The project is still at its early stage, however substantial progress has been made in several areas, including: improved quality of the records; better reflecting people's needs; and better collaboration between staff and people accessing care and treatment on the ward, thus promoting improved health outcomes.

★ Improvement to the pathway of care for leg ulcer treatment and management

The Tissue Viability Service is nurse-led and provides specialist advice on the treatment of wounds. The team also advocates the practice of good skin care and pressure ulcer prevention to part of the population of Cheshire West. The team developed a leg ulcer pathway for patients and staff to follow to ensure that all teams were providing consistent clinical practice in the assessment and management of venous leg ulcers and aftercare. The new pathway has supported the delivery of a 'seamless' service-promoting continuity of care, and processes to address [quality of life issues](#). A study session for community physical health staff was set up for practice nurses and care home staff. Furthermore, these sessions were about informing everyone of why the project was being carried out and giving out booklets and posters.



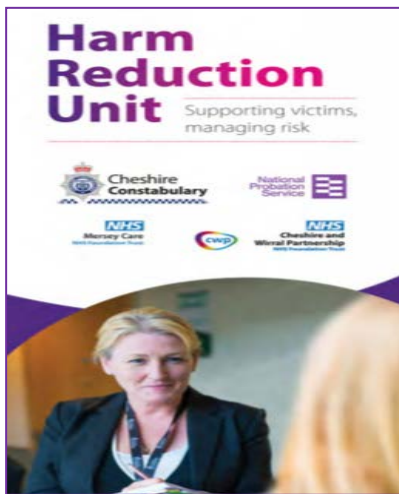
The project formalised the process of the assessment and management of people with venous leg ulcers. The new pathway ensures that a full leg ulcer assessment is carried out within a responsive timescale, ensuring that people are receiving the right care at the right time. This has led to an [improvement in healing rates across the Trust and ensures a gold standard of care is delivered](#). Moreover, this has [reduced costs of dressings and nursing time](#) and delivered better outcomes for patients and staff.

★ Early Intervention through Parent-Child interaction

The team provides early intervention for young children who present with delayed/ disordered speech, language and communication needs. Early identification of speech, language and communication needs enable us to support parents to implement the appropriate strategies, which will then result in better outcomes for our children with delays/ disorders. The team works with parents/ carers through a therapy intervention called 'Playing Together with Words'. Prior to COVID-19, this was held as a face-to-face group with up to five families and their child, but it was altered to an adult only video call during lockdown. Once Playing Together with Words is complete, there is an 8-12-week period for the strategies to be implemented consistently at home before a face-to-face appointment is arranged to review the child's progress. The project resulted in a [reduction in the time children wait for therapy](#) and review appointments. Additionally, there has been a greater success in engaging with harder to reach families, such as families with English as an additional language and parents with additional needs. The team has received very positive feedback.

Quality improvements across Wirral

★ Work in partnership with multi-agencies to manage the risk of stalking and serial domestic abuse



Cheshire Constabulary, the Probation Service, CWP and Mersey Care NHS Foundation Trust, cover the whole county of Cheshire in delivering the Harm Reduction Unit (HRU), as a collaborative risk management service. CWP currently have two practitioners seconded to the unit until the end of June 2022, whilst permanent staff are being recruited. Once the legal proceedings have been completed and an individual receives a conviction of either stalking or serial domestic abuse, the health component of the team considers a therapeutic assessment and interventions. If the person convicted is willing to engage in addressing their behaviours, police, health, and criminal justice professionals work together to ensure that day-to-day management of these people is coordinated, seamless and responsive. The HRU has received over 70 referrals through the legal process since it became operational. Over 50% of referrals to the health side of the team has resulted in increased consultations regarding assessment of risk and management of people

who engage in stalking or domestic abuse behaviours. The team offers [bespoke therapeutic interventions](#) to people to help address their behaviours.

★ Wirral Complex Needs Service supported the delivery of safe and effective online psychological interventions during the pandemic

A working group was formed early in the pandemic to think about how to safely and effectively deliver therapy online. They took into consideration potential practical and psychological barriers, including issues of digital poverty and access for people with disabilities and neurodiversity. A document, titled 'Providing Psychological Therapies in a post-coronavirus context in primary, secondary and specialist community adult mental health settings' provided guidance on assessing clients' appropriateness for remote working, including issues of risk; adaptations to consider regarding specific therapy models and client groups; and delivering therapy in-person but with social distancing or other infection control processes in place. User-friendly handouts for clinicians and clients to support remote working were made available. This has enabled our teams to commence video delivery of a range of [evidence-based therapeutic interventions safely and more confidently](#), thereby enabling clients to have access to therapies that had stopped abruptly when the pandemic started. The service has since delivered the therapies online consistently each week to ensure the clients received evidence-based treatment.

★ Children and Young People's Learning Disability Service in Wirral has developed a bereavement guide for parents of children and young people with severe learning disabilities

Our Wirral Child and Adolescent Mental Health Service (CAMHS) developed a resource specifically for parents/ carers of children with severe learning disabilities who have been bereaved. The guide provides information on how to help parents/ carers understand their child's grief, build their confidence in responding to this and offer a [range of practical strategies](#) to support them through the process. Professionals, parent-carer forums, and key stakeholders from across the North of England have provided feedback, praise and thanks for the guide; many comments on the value and high need for such a resource have been received.

★ Project has increased the uptake of annual health checks for people with learning disability aged 14-17 in Wirral

CWP and Wirral Clinical Commissioning Group (CCG) partnered together to become one of nine new NHS England champion/ exemplar sites in learning disability care with a [focus on increasing the uptake of annual health checks](#) available to people with learning disabilities across the area. We have developed resources and undertaken promotional activity and publicity work with primary care and health colleagues, special schools, parent/ carer and children and young people representatives. There

is evidence already that the interventions are being effective and the number of 14-17 year olds accessing an annual health check in Wirral is increasing; in previous years the number accessing their annual health check was around 27% in Wirral. Following the initiatives to raise awareness, this [increased to 53%](#).

★ **New pathway implementation within Complex Needs Service Wirral**

The team developed a new treatment pathway called Intensive Case Management (ICM), also known as enhance structural management, and is a newly designed therapeutic intervention that aims to provide improved support for people with complex personality disorders. This piece of work involved allocation of cases and intensive psychotherapy supervision as part of the model, but more importantly we trained up staff, with very little experience, to facilitate treatment in a new therapeutic intervention. This innovative model of care has improved the quality of care. The reduction of overall hospital stays (number of days) reduced from 482 to 248 which is a [49% reduction of local inpatient days usage](#).

Quality improvements Trustwide

★ **Launch of a Clinical Quality Assurance & Improvement Group in our CYP & Families and Neighbourhoods Care Group**

The CYP & Families and Neighborhoods Care Group set up this group as a clinical forum for clinicians to share best practice, identify challenges, discuss clinical pathways, enhance patient safety, and to collaborate with quality improvement. The group devised quality measures to enable teams to look at baselines of clinical practice. This [supports clinicians in understanding what they do well](#), instead of just focusing on what goes wrong. There have been many positive outcomes from the group. One example was at the first meeting, the Palliative Care Consultant talked about administration of medication to people who were deteriorating during their end of life.

★ **Visual control methods used to improve dementia care policy**

Our previous dementia care policy included the dementia care pathway for community services and had guidance from 2011. It required review to include information on the inpatient pathway and changes in guidance to dementia care from 2016. A quality improvement project was used to expand the main content of the dementia care policy whilst maintaining the length of the main document to 9 pages or less. We used a visual control method (an approach which make it easy to find the thing you're looking for) to enable quicker and easier location of information for clinicians. After exploring different visual control method, and trialing to find the most suitable and best way of meeting the aims of the project, flow charts were included at the start of the policy to show the pathways and to allow quick access to different sections of the policy. Tables were changed into colour coded diagrams with relevant information coded in the same colour to increase accessibility. All text was scrutinised and simplified where possible. Duplication throughout the policy was removed and the policy was update and amended to include the up-to date guidelines.

★ **Development and implementation of Patient Safety Oversight Group has improved effectiveness of reviews of serious patient safety incidents**

During 2021, our Neighbourhoods Care Group established a new meeting within their governance structure known as the Patient Safety Oversight Group (PSOG). This group oversees progress and quality of patient safety incident investigations and assists in the timely identification of learning and improvement, including from incident themes. In establishing PSOG, the aim was to provide a forum for discussion and peer review of patient safety incidents to [identify good practice](#) and care delivery issues and so [maximising learning opportunities](#). In addition, the group provides a forum for maintaining oversight of progress with investigations and ensuring that the required timescales are met. The group meet virtually and includes representatives from the Care Group senior leadership team, both clinical and managerial, business and governance team, safeguarding team, tissue viability team, investigation manager and clinical teams.

★ Improvement to waiting time data in Physical Health services

This project was triggered by the charts in the clinical prioritisation 'situation reports', showing large numbers of people waiting to be seen by our physical health services. The aim of the project was to understand how high-level data can be distinguished between the people who needed to be seen urgently for appointment from those who were waiting for routine appointments. A new way of reporting on people waiting for physical health services was needed. While some services such as therapies already set due dates based on clinical need, most other physical health services have a system where the due dates defaulted to the date the referral was accepted. A pilot scheme was set up at two specialised nursing services and a care community team, to see if they could change their practice to mirror what was used by therapies. New desk practices were set up within the teams, new reports were set up by the information team and ongoing weekly analysis was shared by the Quality Surveillance Team, making this a [truly collaborative approach](#).

★ Delivery of a coronavirus vaccination programme ensured timely access to the vaccine

CWP was approved to be a "COVID-19 vaccination Hospital hub" provider. We delivered a vaccination programme to the health and social care workforce across Cheshire and Wirral, with the first dose of the coronavirus vaccine given in January 2021.

Our success was down to using a continuous quality improvement approach (known as PDSA cycles – see glossary) to develop the clinical model, including to ensure good/ optimal flow through the system with minimal waiting times and efficient administration of the vaccine, including issuing second appointments before leaving the centre. Since mobilisation in January 2021 CWP's fixed 'mass vaccination' centre has provided over [150,000 vaccinations](#) to the population of Cheshire West, and over [20,000 vaccines \(219 clinics\) provided by the roving service](#) – making it one of the largest providers of vaccinations in Cheshire and Merseyside. Additionally, since the introduction of the Cheshire East roving vaccination service in June 2021, CWP's vaccination service has provided [101 pop up clinics](#), with a total of 4085 vaccines being given so far.



★ World Patient Safety Day – Theme: Safe maternal and newborn care

CWP participated in a virtual event on 17 September 2021 and raised awareness of patient safety in general, with a specific spotlight on [transforming perinatal safety](#) and the relevant work programmes within our Starting Well Service.

★ Clinical Coaches have joined CWP

Education CWP recruited coaches with significant clinical, managerial and staff development experience to provide support to all our Care Groups. Coaches use a variety of personal development skills, but their main tool is a coaching approach, which enables the individual to come up with solutions rather than being 'given' the answer. This leads to increased problem-solving skills and greater autonomy for practitioners.

Working with senior leaders, we identified priority areas for the coaches to focus on. Coaches worked alongside clinical teams for approximately 12 weeks using a combination of coaching, role modelling, reflection and training to support the staff in achieving sustainable improvements. Each project had an agreed 'Outcome Measures' document which sets the aim of the intervention and the underpinning objectives. These objectives have quantitative and qualitative measurements, starting with a baseline measure, then mid and end point interval targets, and finally a measurement at three months post intervention to determine if the improvement has been sustained.

Coaches have been able to evidence an improvement in all clinical areas including embedded practitioner learning from [harmful pressure ulcer incidents](#), [reduction of restraint](#) in an inpatient ward,

increase in reflective practice after incidents, use of 'team around the family' tools, and an increased understanding of effective leadership processes.

★ Estates Statutory Compliance Dashboard

The estates statutory compliance dashboard was developed to provide assurance to the Trust that its legal duties relating to the estate, such as asbestos, fire, electrical issues and legionella, were being met. A system was required that would close the loop from inspection through to remedial actions being closed and that would generate concise reports for a non-technical audience. At the click of a button, we can report when a Trust asset was last inspected, whether it required any remedial works and provide either the purchase order or internal job reference for when the works were completed. Through the dashboard we can view the live compliance status for each compliance subject. This system is now the cornerstone of operational estates operations. This performance data is reviewed monthly by the operational estates teams and a quarterly report is produced for the Infrastructure Sub-committee.

★ Establishment of a 'Hot Hub' coronavirus assessment centre provided access to care for those with coronavirus



CWP set up a "Hot Hub" coronavirus assessment Centre at Chester Primary Care Assessment Centre (PCAC). The aim of the Hot Hub site was to treat people confirmed to have or suspected to have coronavirus. The Hot Hub supported 21 GP surgeries across Chester West and Cheshire. Moreover, it offered face-to-face appointments in the PCAC as well as home visits. The service was open Monday to Friday from 12:00-18:00 and offered at least 16 face-to-face appointments in the assessment centre and 4 home visits by a GP or Advanced Nurse Practitioner each day.

★ Improved access to pulse oximeters at home to spot COVID-19 deterioration

A COVID-19 pulse oximetry @ home programme was introduced by the Trust to support people who had the COVID-19 virus, but who did not need immediate hospitalisation or were at high risk of developing serious symptoms. Patients and their relatives complimented the service, its support and the reassurance which was offered by the team for the people who were accessing the service.



Quality highlights 2021/22

Spring 2021



CWP staff members, or key workers, can access our free counselling service – “Don’t suffer in silence”.

Appointments are offered during evenings or during their shifts. This service is fully funded by CWP.



We launched a Health and Wellbeing Passport, co-produced with parents for young people with Special Educational Needs or Disabilities in Wirral.

This service provides staff with important information about children each time they use NHS services.



Cheshire’s COVID-19 vaccinators received a huge boost for their continued hard work and dedication.

Robert Mee, Her Majesty’s the Queen’s High Sheriff of Cheshire, praised their hard work and dedication during a visit to Cheshire’s vaccination centre at Chester Racecourse.

Summer 2021



In July, our Patient Safety Improvement team was shortlisted for a prestigious HSJ Patient Safety Award.

CWP was recognised for an innovative new Safety Management System, which measures and monitors patient safety, as well as proactively taking steps to improve the Trust’s approach to ensuring a safe care environment.



CWP took part in a virtual Chester Pride to celebrate diversity and equality in all members of our community.

Staff joined Chester’s LGBT choir, which performed a ‘Pet Shop Boys’ classic for the virtual Chester Pride.



A new mental health crisis café opened in September. The space called Compañeros was jointly developed between CWP, NHS Wirral Clinical Commissioning Group (CCG), and local organisation the Spider Project.

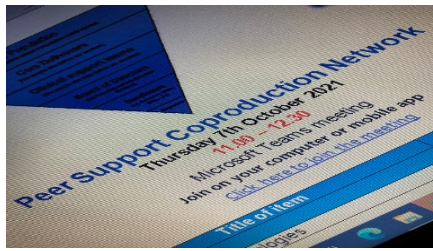
The café offers a safe place for adults suffering a mental health crisis, with experienced staff members on hand to support. It is a calming environment, with access to one-to-one crisis intervention, wellbeing recovery projects, creative arts, and other essential social and emotional support.

Autumn 2021



CWP raised awareness of local support available for World Mental Health Day.

The global awareness event took place on 10 October and was everyone's opportunity to acknowledge the issues around mental health and take time to reflect on how we look after each other's emotional wellbeing, as well as our own.



We launched a Peer Support co-production network.

The group is for people with mental health lived experience, bringing their perspective to the Peer Support network.



In December, the pop up vaccine clinic was launched at Chester Cathedral.

The walk in vaccination clinic was open for those aged 16 and over. Our team supported the vaccination programme by setting up multiple pop-up vaccination clinics throughout the season.

Winter 2021/22



CWP teamed up with The Pledge Partnership to give students from Helsby High School a flavour of the different NHS careers supporting people with dementia.

Students have been inspired by a career in the NHS through an innovative work experience programme.



CWP were pleased to be involved in a BBC documentary, *Stalkers*, featuring Stacey Dooley.

It shone a light on the importance of the Integrated Cheshire Harm Reduction Unit with Cheshire Police.



The CANDDID Conference 2022 took place on 18 March.

This year's conference shone a spotlight on advances in neurosciences and therapeutic interventions within Learning Disabilities. The conference received an overwhelmingly positive response to the day.

Our quality improvement priorities from 2021/22

Below is a summary of the improvements we have made as a result of working on the quality improvement priorities we identified for 2021/22 and how we are going to sustain improvement.



Our *Quality Improvement Reports*, which are available on our website, have reported on our progress throughout the year.

We have included a glossary of some of the terms used in the report on page 31.

Patient safety priority for 2021/22

We wanted to:

Achieve an improvement in team level patient safety systems and culture, as rated by the people who deliver our services.

How we have delivered improvements:

- ✓ Our approach in working with teams to review their patient safety systems and culture has continued throughout the year. This work built on our improved Trustwide rating of 'Good' for delivering 'Safe' care which we achieved in 2020 following our Care Quality Commission inspection.
- ✓ We have developed a short survey to evaluate the preparedness of senior managers and Board members for the forthcoming involvement of 'Patient Safety Partners' that will be appointed to CWP later in 2022/23. The survey will be repeated every six months, over a two-year period, to identify and measure any changes that promote a positive patient safety culture.
- ✓ Our Lead 'Patient Safety Specialist' (pictured) has delivered reflective learning sessions to staff following serious incidents. We are monitoring and measuring subsequent serious incident data to establish the impact of this approach for embedding learning and improvements.
- ✓ As a result of our 'team around the team' approach, ward champions have been identified to focus on issues and areas requiring improvement against the CQC quality of care domains.



Clinical effectiveness priority for 2021/22

We wanted to:

Improve the recording and use of paired outcome measures across inpatient teams that use the HoNOS outcome scale

How we have delivered improvements:

- ✓ A dashboard has been developed to monitor the percentage of people being discharged from an inpatient stay who have had a HoNOS assessment at both admission and discharge. Full year reporting is not available as we moved to a new electronic patient record, however this measure is a continuing priority and progress is overseen at our Quality Committee which reports to our Board of Directors.

- ✓ An e-learning package to improve the recording and utilisation of outcome measures to inform practice, with an initial focus on HoNOS, has been launched to improve access to information, training and support around HoNOS.

Patient experience priority for 2021/22

We wanted to:

Improve asking people who access our services about their experience of care, and learning from what they tell us to make changes to our services and improve their experience.

How we have delivered improvements:

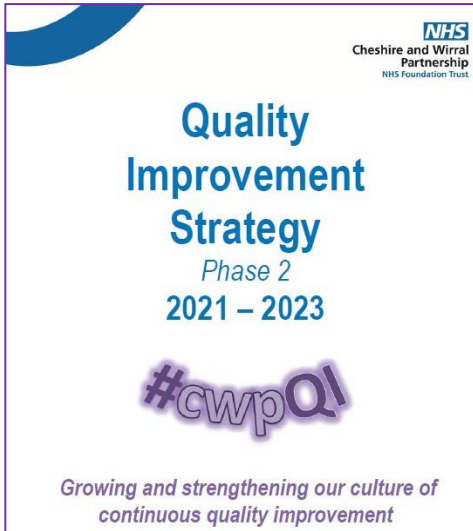
- ✓ We have completely refreshed the FFT at the Trust, to include updated training for staff teams, improved engagement with people accessing our services, and better support for teams taking action and making improvements based on the FFT data. This enables teams to make changes to services and improve the experience for people. We will be supporting teams through more detailed reporting on FFT trends and streamlining our reporting to Care Group meetings by including PALS data with the FFT data and presenting the information in a more useable format.
- ✓ We are regularly offering people who access our services the opportunity to record a digital story, sharing about their experience of receiving care. Several people at CWP have now been trained in digital storytelling, and these are shared in Care Group meetings, at the start of Board meetings, and available on the CWP website.
- ✓ People with lived experience are involved in ongoing research activities at the Trust and continuing to support project work via focus groups. Moreover, volunteers and people with lived experience are regularly involved in staff recruitment, sitting on interview panels and actively contributing to CWP's values-based recruitment.



Our quality improvement priorities for 2022/23

Our Quality Committee oversees our Trustwide quality improvement priorities. These priorities have been set out in our annual plan, including how they link to our Trust strategy and objectives.

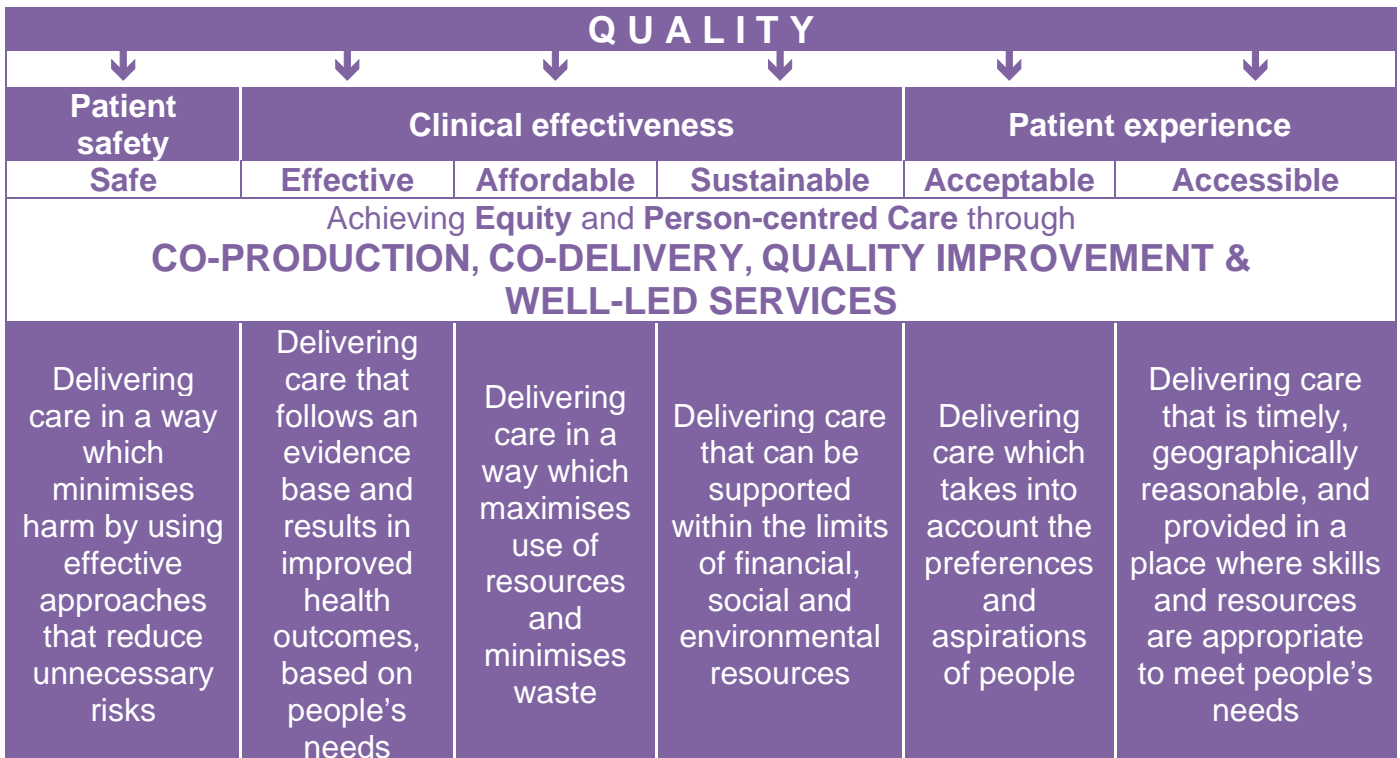
Our *Quality Improvement Reports*, which are available on our website, will report progress of our quality improvement priorities for 2021/22 throughout the year. This report is also presented at and monitored by our Quality Committee and our Board.



Our approach to Quality Improvement

Our Quality Improvement strategy was launched in April 2018. It sets out an initial three-year plan to build skills and knowledge in improvement science to help us deliver person-centred care that responds to the needs and preference of people who access our services. We are determined to work in partnership to deliver the best outcomes nationally for the population we serve. In developing our Quality Improvement strategy and our ambition, we sought feedback from our Board, Quality Committee, Clinical Engagement and Leadership Forum, Governors, and via focus groups with partners and stakeholders.

Using *World Health Organization* definitions and our Person-centred Framework, we have defined what we mean by quality in the diagram below.



We use our *Quality Account* and *Quality Improvement Reports* to show our quality performance across all the domains of our quality framework.

Quality improvement priorities for 2022/23

As we have set out above, significant progress with our Quality Improvement priorities for 2021/22 has been achieved despite the impact of the pandemic. We have set out how we will sustain this progress and we will continuously update on our progress through our *Quality Improvement reports*.

Due to a number of strategic changes nationally, and to align our Quality Improvement priorities with our 'Imagining the Future' strategic objectives, for 2022/23 we have identified the following.

	QI priority	Improvement target	How will progress be measured?
Patient safety	Enhanced patient training to CWP staff, which emphasises a proactive approach to identifying risks to safe care and includes systems thinking and human factors	By the end of June 2023, achievement of 85% completion of Level 1 & Level 2 patient safety training (Source: Patient Safety Syllabus, Health Education England)	Progress will be measured via our Electronic Staff Record, monitored at Care Group level, with Trust level performance reported at our Clinical Practice & Standards Sub-committee
Clinical effectiveness	Improvement in the use of outcome measures as a mechanism for quality improvement through the development of a clinician-level digital dashboard (known as an 'Effective Care tool')	Quantitative: Implementation of the electronic 'Effective Care tool' in two teams in each Care Group by the end of June 2023 Qualitative: Feedback on useability from participating teams (Source: Clinical Effectiveness Framework, CWP)	In-year monitoring and progress reports at our Clinical Practice & Standards Sub-committee
Patient experience	To ensure that people are asked for their feedback on the quality of their care in the last 12 months	At least 50% improvement in the percentage of the overall score achieved in the annual CQC survey of adult community mental health services (Source: Community Mental Health Survey report, Care Quality Commission)	Community Mental Health Survey report received at our Patient & Carer Experience Sub-committee

For progress on these quality improvement priorities during the year, please access our *Quality Improvement Reports*, which are available on our website.

Measurement for improvement

We are required to report our Trustwide performance against a number of national measures related to quality outcomes.

We also report our local performance in relation to a number of quality improvement areas within the Trust.

Our teams benchmark their individual quality performance against each other and other services in the Trust to identify how they can continuously improve. They use quality and performance dashboards to measure change and to support improvements in care and ensure delivery of the outcomes of the NHS Long Term Plan and the expectations around the delivery of world class care.

The table below highlights these measures and our ongoing quality performance. Rates and % performance, rather than just numbers, are provided where appropriate in order to show actual improvements or where there is further scope for improvement.

Quality improvement area	CWP performance	
	2020/21	2021/22
Patient safety		
Admissions to adult facilities of patients under 16	0	0
CPA follow up – proportion of discharges from hospital followed up within 72 hours	76.7%	74.9%*
% of patients readmitted to hospital within 28 days:		
▪ Aged 0-14	5.9%	23.8%
▪ Aged 15 and over	9.9%	14.0%
The number (and rate per 1,000 beds) of patient safety incidents	5204	5884
% of patient safety incidents that resulted in:		
▪ Severe harm	0.6%	3.3%**
▪ Death	1.6%	1.1%
Clinical effectiveness		
% of patients in employment (all patients aged 16-69)	16.5%	***
Minimising mental health delayed transfers of care	2.3%	0.3%*
Admissions to inpatient services that had access to crisis resolution home treatment teams as gatekeeper	95.1%	89.8%*
Patient experience		
Patient experience of community mental health services indicator score – contact with a health or social care worker	7.8/10	7.2/10
CPA patients having formal review within 12 months	92.5%	91.4%*

*Transition to our new electronic patient record, SystemOne, in November 2021 may have impacted on the accuracy of this year's performance figure

**In 2020/21, not all sexual safety incidents were graded as severe harm, CWP policy changed in 2021/22

**Data not available at time of reporting, 2022/23 comparative performance will be reported in the Quality Account 2022/23

NHS Oversight Framework quality indicator targets 2021/22

Our performance against key national quality indicator targets are included in our annual report 2021/22, which can be requested via cwp.info@nhs.net.

Part 3: Quality Assurance

Assurance from the board

The purpose of this section of the report is to provide evidence on the quality of our services.

How we have reviewed and developed our services to improve quality

Contract review and monitoring

During 2021/22, we provided and/ or subcontracted 109 NHS services across the following:

- NHS Bolton CCG – Eating Disorder Services (EDS).
- NHS England – CAMHS Tier 4*, Specialised Eating Disorder*, Low Secure, school age immunisations programmes, and Specialist Community Peri-natal Mental Health services & COVID vaccinations programme
- Cheshire CCG Mental Health (including IAPT services, the 24/7 Crisis Line and Community Crisis Provision), Learning Disability, CYP Eating Disorder services and ASD services. A separate Contract is also held for Physical Health services.
- Cheshire West and Chester Council – Starting Well (0-19 services); Rapid Access to Psychological Therapies; Infection, Prevention and Control services.
- Cheshire East Council – Emotionally Healthy Children and Young People and Infection Prevention and Control services.
- Wirral University Teaching Hospital NHSFT (Anaesthetic ECT, Pathology)
- NHS Wirral CCG (and co-commissioners) – Mental Health (including the 24/7 Crisis Line), Learning Disability, Eating Disorder services (including Warrington EDS), CYP and ASD services, Memory assessment service, outreach for SMH,
- NHS Trafford CCG – Eating Disorder services and Learning Disability services.
- Betsi Cadwaladr University Health Board – Emergency Mental Health services & Health Visitor Services.
- Wirral Metropolitan Borough Council – All Age Disability services.
- Cheshire East Council – Emotionally Healthy Children and Young People and Infection Prevention and Control services.

*These services were commissioned by NHS England until 30 September 2021, from 1 October 2021 Lead Provider Collaboratives (LPCs) took over commissioning.

We also deliver specialist services to support people of all ages with Autism commissioned by a variety of CCGs.

During 2021/22, CWP directly commissioned a number of new services with voluntary, community and social enterprise sector partners to support the work in relation to Crisis Support.

As a result of the pandemic, formal contracting and reporting was suspended with NHS commissioners. Quality updates and assurance to our commissioners continued to be provided via monthly exception reports and meetings with commissioners.

Reviewing the results of surveys

We have listened to people who access our services, families, carers, people who deliver our services, and other partners in a wide variety of surveys, to inform and influence the development of our services.

The annual NHS Staff Survey is used to review and improve the experience of the people who deliver our services. It provides an opportunity to survey staff in a consistent and systematic way, making it possible to build up a picture of staff experience. The results also inform local and national assessments of the quality and safety of the care we provide, and how well we are delivering against the standards set out in the NHS Constitution.

The annual NHS Staff Survey, alongside the National Quarterly Pulse Survey, continues to be a key way to engage people who deliver our services. As in previous years, we opted to survey all of our people in the annual survey, including bank staff. The response rate for the 2021 survey (inclusive of bank staff) was 44%. This is below the average response rate for similar organisations (who also utilised Picker to administer the survey), which is 55%. If we compare our response rate against the national average (where bank staff are excluded), our response rate is 50% compared to the national average of 52%.

In addition to the usual core questions, for 2021, new questions were included nationally, aimed at seeking experiences during the pandemic. Locally, CWP introduced additional questions regarding: responding to discrimination of others, being person-centred as a Trust, having a positive culture, whether staff feel the Trust helps them support their own wellbeing and which support services had been accessed; treatment of colleagues involved in errors/ near misses/ incidents; and questions around senior management in terms of communication, visibility, acting on feedback from colleagues and involvement of colleagues in important decisions.

The detailed survey results can be found at <http://www.nhsstaffsurveyresults.com> and further highlights are presented in our annual report, which can be accessed by contacting cwp.info@nhs.net.

Workforce capacity and safe staffing

Our Board receives reports about our processes, including the use of evidence-based tools that we have in place to assure that we have the right staff, with the right skills, and in the right time and place, in accordance with requirements around staffing capacity as set out in the NHS Long Term Plan and in other national guidance.

Workforce Race Equality Standards (WRES)

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS healthcare providers, through the NHS standard contract. NHS providers are expected to show progress against a number of indicators of workforce equality.

The following current results from 2020/21 will be compared against the WRES for 2021/22 when published in October 2022 and progress demonstrated in the Quality Account 2022/23.

- KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, or relatives the public in the last 12 months: White 22.5%, Minority Ethnic 30%.
- KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months: White 17.2%, Minority Ethnic 22.5%.
- KF21. Percentage of staff believing that Trust provides equal opportunities for career progression or promotion: White 92.1%, Minority Ethnic 85.7%.
- Q217. Percentage difference between organisation's Board voting members and its overall Workforce: White 21.4%, Minority Ethnic 14.3%.

Further information can be found at: <https://webstore.cwp.nhs.uk/diversity/2021/WRESReport2020-21.pdf>

Learning from experience

Complaints

In January 2022, a review of people's experience of the current complaints process was considered at a rapid improvement event to review complaints management systems and processes. The number of concerns received and/ or progress to a formal complaint and timescales are monitored through our complaints handling database. The PALS and complaints teams continue to work and co-locate together to make processes person-centred. Following the rapid improvement event, workstreams have commenced to co-produce a new complaints model. An improvement group will monitor and oversee a long-term improvement plan.

The Parliamentary Health Service Ombudsman is introducing [NHS Complaints Standards](#) to be rolled out across all NHS trusts in 2023. The NHS Complaint Standards sets out a single vision for staff and people accessing NHS services to make sure that everyone experiences a culture that seeks out learning from complaints. CWP has been asked to become an NHS Complaints Standards Earlier Adopter to test out the NHS Complaints Standards [model of complaint handling procedure](#) and ['my expectations'](#). So far, we have undertaken an initial benchmarking audit of the NHS Complaints

Standards and established a Task and Finish group to prepare us for implementation of the NHS Complaint Standards on behalf of the Incidents and Complaints Experience Improvement Group and the Patient and Carer Experience Sub-committee. Next year's Quality Account will report on our progress as an Early Adopter.

Incidents

When things go wrong, we review them to try and understand the issues that affected the people who accessed our services and those who delivered them. Where we need to make changes to clinical practice, we use approaches like issuing share learning bulletins. These bulletins provide advice and help to ensure clinical practice is clarified or changed and we can promote safer and more effective care. Themes that we identify from incidents and the safety improvement work we are undertaking in response is reported in our Learning from Experience report, which is reviewed by our Board of Directors and Quality Committee. For 2022/23, we look forward to working with our commissioners to establish a single serious incident panel, which will strengthen oversight and assurance, in addition to supporting improvement of the co-ordination of investigations, particularly across multiple settings. We are also developing a 'Patient Safety Incident Response Plan' to ensure the different approaches that are set out in *The NHS Patient Safety Strategy* are delivered, including responsibilities for governance and oversight of serious incidents, by developing the role of our Board of Directors and our leaders in overseeing individual investigations, and to set out how we will use a range of proportionate and effective learning responses to incidents.

Compliments

The Trust has received a total of 1,793 compliments during 2021/22, with some examples shown below.

	2021/22
Cheshire East	471
Corporate/ Clinical Support Services	28
Cheshire West and Chester	949
Wirral	280
Other	65

All Age Disability

"We would like to take this opportunity to say a heartfelt thank you, for your professionalism, all of your hard work and support for our son and us as parents, it has been incredible. We are forever grateful to you for protecting our precious boy."

Children, Young People & Families

"There are not enough words to say to you to express how grateful we are for all the support and understanding you have shown our family over the years. Without that support I don't know how we would have got through some very difficult times."

Joint Therapies

"The care team have been exceptional, they have been compassionate, gentle, expert and good humoured in their care for my mother, they all have a high level of expertise. We are very grateful."

Neighbourhoods

"I found the whole process of the virtual COVID ward very impressive. My wife and I were reassured initially by the nurse who was both efficient and empathetic. She explained everything clearly and we were very pleased that I was then monitored in the virtual COVID ward. It meant we were much less anxious, and less likely to panic over my high heart rate. I would like to thank the ANP and all the staff in the virtual ward."

Specialist Mental Health – Bed Based

"My named nursed and CSW have been amazing and my named nurse has given me the confidence and drive to want to more on with my recovery. Prior to this admission, I have been reliant on inpatient admission and could not see myself in the community. Staff are always there when you need them and go out of their way to offer support."

Monitoring learning from deaths

The *National Quality Board* requires NHS trusts to learn lessons from reviewing all deaths where they had some involvement in a person's care. We are continuously increasing the review of these deaths and we report our progress in our Learning from Experience report which is monitored by our Quality Committee and the Board.

Our performance:

	2020/21	2021/22
Percentage of deaths reported to the Trust subject to a case record review	98%	100%

Being open and 'duty of candour'

At CWP, we make sure all our colleagues understand that they have a professional responsibility to be honest with people who access our services, and their supporters, when things go wrong. We aim to continually improve our communication and connection with people who access our services, their families and carers, by ensuring that they are central to any reviews of care and that their feedback is acted upon and incorporated into care delivery. We recognise that patient safety incidents can have a significant impact on them, so getting their early involvement and feedback is crucial so that we can support them when harm has occurred. We are developing procedures and guidance to support staff in how to discuss incidents those affected by them. A Duty of Candour patient information leaflet, which was co-produced with the Lived Experience team, is shared with anyone involved in an incident. We take a continuous improvement approach to being open, including reviewing the effectiveness of the role of family liaison officers who support people affected by serious incidents.

In 2021, we introduced mandatory incident reporting training, which also included Duty of Candour, so that we could be further assured that our people are aware of the need to communicate with families when harm has occurred. The need to be open and transparent with people who access our services, their families and carers, is also discussed and monitored at our Immediate Safety Assurance Forum and the Serious Incident Review Meeting.

Going forwards, we are also further developing our Duty of Candour training by making it standalone training. The training module is currently under development; we have incorporated the newly developed *NHS Resolution* Duty of Candour video. We are also working with *NHS Resolution* on a staff podcast so that we can capture the experience of people who deliver our services and support them more around the duty. The learning and feedback will allow us to take actions which will further support staff learn, share best practice.

Speaking Up

We are committed to creating an open and honest learning culture that is responsive to feedback and continuous improvement. We take the responsibility for Speaking Up very seriously and have a Freedom to Speak Up (FTSU) team available to support any colleague to raise a concern they may have and ensure that support and help is provided. Our commitment aligns to the national FTSU programme to make the NHS a 'better place to work and a safer place for patients'.

During 2021/22, the FTSU team have been working across the Trust to promote the Speak Up pathway and enabling people to access support with Speaking Up through a number of different ways. In response to the ongoing challenges of the pandemic, a range of advice lines have continued to be available to support staff to raise any concerns they have in relation to COVID-19 pathways, Infection Prevention and Control, workforce issues, and vaccinations, in order to ensure that people can access expert advice and information in a timely manner. The advice lines have been well utilised and provided effective support, guidance and advice to resolve concerns. Locality based FTSU Associate Guardians are available to increase capacity to respond to concerns raised through the Speak Up route. The FTSU Guardians work with a Freedom to Speak Up Champion Non-Executive Director, who provides support to the Freedom to Speak Up Guardians and provides scrutiny and constructive challenge of Speak Up governance arrangements.

The Board receives regular reports in relation to Freedom to Speak Up. The reports contain details on the number of concerns raised, lessons learned and recommendations for any further improvements to

enable people to Speak Up. Key themes arising from speaking up this year relate to leadership, management, culture, staff safety and patient safety issues. Supporting a culture that encourages open and honest communication within and between teams and developing the confidence and competence of line managers in their leadership role are continued priorities.

Quality improvements from our participation in clinical audits and national confidential enquiries

National clinical audits

We take part in national audits in order to compare findings with other NHS trusts, which helps us to identify improvements to the care we provide. Over the last year, we took part in three national clinical audits.

National clinical audits

National Audit of Care at the End of Life

Report is expected to be published later this year. Action planning will then follow.

POMH – Topic 19b: Prescribing for depression in adult mental health

Report is expected to be published later this year. Action planning will then follow.

National Clinical Audit of Psychosis – Early Intervention in Psychosis Spotlight Audit

Report is expected to be published in August 2022. Action planning will then follow.

National confidential enquiries

National confidential enquiries are national programmes that ensure there is learning from the investigation of deaths that have occurred in specific circumstances (taken from a sample of deaths that have happened nationally) in order to improve clinical practice. This year we took part in the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) as follows.

Circumstance of death	Participation
Sudden unexplained death in psychosis inpatients	No cases
Suicide	100%
Homicide	No cases
Victims of homicide	No cases

Trust clinical audits

This year, we have completed ten Trust clinical audits. These identified a number of areas of good practice and areas that we have further improved on.

Trust clinical audit	Good practice we found	Improvements we have made
1. NICE guidance of feverish illness in children under 5 (re-audit)	<ul style="list-style-type: none"> ▪ Good compliance with all clinical guidelines. 	<ul style="list-style-type: none"> ▪ Further enhancement to the clinical system to include mandatory fields to record observations as suggested by NICE.
2. Record keeping	<ul style="list-style-type: none"> ▪ Increase in discharge arrangements recorded in care plan and evidence of a discharge letter. ▪ Increase in every piece of paper including two patient identifiers. ▪ Decrease in paper records containing copies of records which have been printed off from electronic records resulting in duplication. ▪ Increase in alterations and 	<ul style="list-style-type: none"> ▪ Progress towards digital maturity and less paper records.

Trust clinical audit	Good practice we found	Improvements we have made
	<p>additions being signed and dated (paper records).</p> <ul style="list-style-type: none"> ▪ Increase in reports and results being signed before being filed (paper records). 	
3. Bacterial meningitis and meningococcal septicaemia in under 16-year olds (re-audit)	<ul style="list-style-type: none"> ▪ High compliance with standards measured, including full compliance with one standard. 	<ul style="list-style-type: none"> ▪ Further enhancements to the child assessment template have been implemented.
4. Ethnicity access	<ul style="list-style-type: none"> ▪ Overall 80% compliance for the diversity rates needed to be representative of the population within West Cheshire IAPT service. 	<ul style="list-style-type: none"> ▪ Ethnicity question has been added to the screening tool for Psychological Wellbeing Practitioners.
5. Completion of relevant blood tests at admission for children and young people admitted	<ul style="list-style-type: none"> ▪ The majority of the records audited met the required standards. 	<ul style="list-style-type: none"> ▪ Relevant signage has been put up around clinical areas. ▪ Educational activities in relation to the required blood tests for clinicians.
6. Communication with carers and transitioning to discharge review	<ul style="list-style-type: none"> ▪ In 100% of cases, recommended actions were documented in the electronic clinical record. 	<ul style="list-style-type: none"> ▪ Checklists have been amended to help ensure that all information is captured in the electronic clinical record.
7. Diarrhoea & Vomiting in under 5-year olds (re-audit)	<ul style="list-style-type: none"> ▪ Full compliance in three out of the four standards measured. 	<ul style="list-style-type: none"> ▪ Promotional activities in relation to: <ul style="list-style-type: none"> - issuing patient information leaflets; - sharing of NICE guidance with all clinicians.
8. Compliance with clozapine level monitoring requirements	<ul style="list-style-type: none"> ▪ The percentage of people attending clozapine clinic who had an ECG done in the last 12 months increased from 30% in November 2020 to 85% in November 2021. ▪ The percentage of people having at least one side effects checklist completed in a 3-month period increased from 66% in November 2020 to 98% in November 2021. 	<ul style="list-style-type: none"> ▪ Design of a new improved clozapine side effects checklist on new electronic patient records system, SystemOne, using user-centred design and QI methodology.
9. Assessing Mental Health Act documentation in electronic patient records on an acute adult ward	<ul style="list-style-type: none"> ▪ All patients detained under the Mental Health Act had a copy of their section papers included within their record. 	<ul style="list-style-type: none"> ▪ Awareness raising with clinicians to ensure that patient information leaflets are provided and evidence recorded that they have been given to the patient noted within their record.
10. Missed appointments	<ul style="list-style-type: none"> ▪ 91% of rebooked appointments were attended. 	<ul style="list-style-type: none"> ▪ Improvements to processes in relation to: <ul style="list-style-type: none"> - arrangement of appointments involving carers or family; - making contact prior to appointment; - provision of information on how to cancel or change an appointment;

Trust clinical audit	Good practice we found	Improvements we have made
		- accurate documentation of missed appointments, including reasons, action taken and outcome.

National and Trust clinical audits are reviewed as part of our annual healthcare quality improvement programme, which incorporates clinical audit and other audits such as infection prevention and control and reviews of patient safety standards around pressure ulcer care and falls.

Patient-Led Assessments of the Care Environment (PLACE)

The PLACE assessment programme was suspended again during 2021/22 under direction from *NHS England* due to the COVID-19 infection rates and restrictions. The aim is for PLACE to restart in September 2022.

Learning Disability Improvement Standards

This is a national data collection, commissioned by NHS England and NHS Improvement and run by the *NHS Benchmarking Network (NHSBN)*. They help measure the quality of care that NHS trusts provide to people with learning disabilities, autism or both. There are four standards covering:

- respecting and protecting rights
- inclusion and engagement
- workforce
- specific other standards related to providers of specialist mental health care

Performance is overseen by, and any issues escalated, to our Operational Committee and Quality Committee. Excellent improvement work has been noted during the year around respecting and protecting rights, and inclusion and engagement.

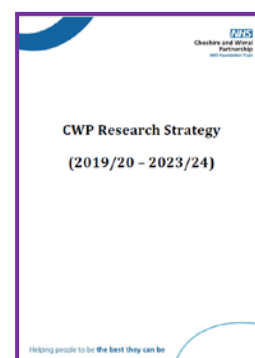
All of our Care Groups submitted a self-assessment in March 2022, a benchmarking report is expected to be published later this year. Action planning will then follow.

Our participation to developing evidence-based practice

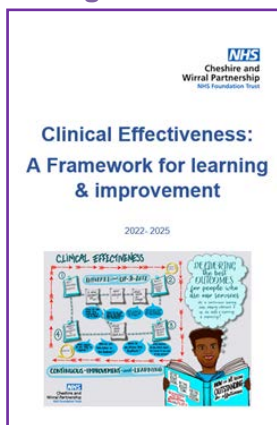
Clinical research

Research is a core part of the NHS's role, enabling the NHS to improve the current and future health of the population. CWP research has become much more active in line with our Research Strategy, which aims to deliver high quality research promoting the health and wellbeing of the population we serve, ensuring all key stakeholders are involved in the design and delivery of the research and aligning with our strategic objectives whilst strengthening our collaborative links with our academic partners.

CWP research staff continue to work on a wide range of studies that are internationally recognised, studies in mental and physical health. We continue to work on vaccine studies with Liverpool School of Tropical Medicine looking at long term effects of vaccines. We are preparing to start commercial drug studies in schizophrenia and dementia after these stopping due to the pandemic. We are working on a study in primary care to look at the effects of the respiratory syncytial virus that affects babies and young children with a view to a further trial of a vaccine for babies. We are continuing with several mental health studies related to the treatment of Bipolar Disease, the aetiology of Psychosis, and interventions for mothers accessing perinatal mental health services.



NICE guidance



The *National Institute for Health and Care Excellence (NICE)* provides national guidance and advice that helps health, public health and social care professionals to deliver the best possible care based on the best available evidence. Many of our specialists are involved in the production of national guidelines for *NICE*. We check the *NICE* website and all guidance is reviewed for relevance to *CWP*, shared with leads within our clinical services to help ensure we are delivering the most effective care we can, with assurance provided to our Clinical Practice & Standards Sub-Committee chaired by our Medical Director. As an ambitious organisation, we want to support people to achieve the best outcomes they can by doing the right thing, at the right time, and for the right person. Our Clinical Effectiveness Framework was approved in-year by our Board of Directors and sets out how we will use evidence-based guidelines, including *NICE* guidelines, to inform care that is given to all people who access

our services. We have been consistently rated as ‘Good’ by the Care Quality Commission for the effectiveness of our services.

Our achievements from participation in the CQUIN framework

The Commissioning for Quality and Innovation (CQUIN) payment framework allows commissioners to reward improvements in care by linking a commensurable of the Trust’s income to the achievement of local, regional, and national quality improvement goals. The *CQUIN* goals are reviewed through contract monitoring processes. Due to the COVID-19 pandemic, the *CQUIN* schemes were temporarily stopped from April 2020 and did not resume during 2021/22. Therefore, no achievements are available to report for that period. However, the recent *CQUIN* schemes for 2022/23, which were published by NHS England, will start from April 2022. Progress with these schemes will be reported in our *Quality Improvement Reports*.

Assessments about the quality of our services by the Care Quality Commission



Independent assessments of *CWP* and what people have said about the Trust can be found by accessing the Care Quality Commission’s

website. Here is the web address of *CWP*’s page:

<http://www.cqc.org.uk/directory/rxa>

We are required to register with the Care Quality Commission (CQC) and our current registration status is that we are **registered and licensed to provide services**. We have **no conditions** on our registration. The CQC has **not** taken enforcement action against the Trust during 2021/22.

Mental Health Act 1983 (MHA) monitoring visits

A rolling programme of MHA monitoring and review visits undertaken by the CQC provides assurance on the use of the MHA and the protection of a detained person’s rights. During 2021/22, six of these visits were undertaken, with two of these requiring no further action and the other four resulting in recommendations to achieve minimum compliance with the MHA Code of Practice, for which improvement action plans were

Ratings	
Overall trust quality rating	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Good ●

developed and subsequent compliance confirmed by the relevant ward leadership team, monitored by an online MHA audit tool and reported to the Quality Committee which reports to the Board of Directors.

Regulatory inspections

We last received a comprehensive Trustwide inspection by the CQC between 27 January 2020 and 11 March 2020, as part of their national inspection programme. Arising from this inspection, we continue to implement improvement actions concerning the provision of attention deficit hyperactivity disorder (ADHD) services, as part of the community-based mental health services for adults of working age core service. In August 2021, the CQC undertook a risk-based inspection of Rosewood ward as part the long stay or rehabilitation mental health wards for working age adults core service. The ward was "inspected not rated", resulting in no impact or change to CWP's Trustwide or the core service rating, however the Safe rating for Rosewood ward decreased from 'Good' to 'Requires Improvement' in response to improvement and regulatory actions that were identified. The ward is progressing with an improvement plan for completion in 2022/23. We remain the only Trust across Cheshire and Wirral with Outstanding for Caring overall, and the only mental and community health services trust in the North West to be Outstanding for Caring overall.

The quality of our data

NHS number and general medical practice code validity

The *NHS number* is the key identifier for patient records. Improving the quality of NHS number data has a direct impact on improving clinical safety by preventing misidentification.

Accurate recording of a patient's *general medical practice code* is essential to enable transfer of clinical information about the patient from a Trust to the patient's GP.

	2019/20	2020/21	2021/22
The % of records which included the patient's valid NHS number:			
▪ Inpatient care	99.8%	99.9%	99.9%
▪ Outpatient care	99.9%	99.8%	100%
The % of records which included the patient's valid GMC medical code:			
▪ Inpatient care	99.4%	99.9%	95.1%*
▪ Outpatient care	99.7%	99.9%	99.7%

*Transition to our new electronic patient record, SystmOne, in November 2021 may have impacted on the accuracy of this year's performance figure

We have developed a data quality improvement framework to improve on these measures and other data quality measures, as set out below.

Data quality and improvements

Good quality information underpins the delivery of effective care to the people who access our services and is essential to understand whether we are improving care.

We are committed to data quality improvement and have developed an action plan to standardise data input and recording, improve ownership, and introduce data quality tracking using interactive reporting mechanisms. Over the course of this year, we will be taking the following actions to improve data quality:

- Undertaking routine data quality reviews of waiting lists, including cleansing, to ensure clinical appropriateness.
- Developing and implementing data dictionaries to ensure consistent processes for recording new referrals, including auditing their implementation.
- Producing a suite of reports that enable managers to have oversight of a team's capacity and demand.
- Sharing data quality issues with the clinical systems development team to influence system upgrades/ design.
- Data quality monitoring for the Mental Health Service Data Set (MHSDS) and NHS Improvement targets, governed by the Operational Committee.
- Implementation of an information management framework, bringing together all the main suppliers of Trust data.

- Implementation of Trust's data quality improvement framework and notification of data quality issues to clinical teams.
- Monthly service-led waiting list data validation exercises across all services.
- Monthly Care Group led data quality validation and improvement exercise.

Data Security & Protection Toolkit attainment levels

The Information Quality and Records Management annual attainment levels assessed within the Data Security & Protection Toolkit (DSPT) provide an overall measure of the quality of data systems, standards and processes within an organisation. The DSPT is subject to annual internal audit. Due to the COVID-19 pandemic, the annual DSPT submission is delayed until the end of June 2022 and Mersey Internal Audit Agency will be undertaking an audit of the current toolkit. Any residual gaps from the audit will be treated as a strategic risk for the Trust. During 2021/22, there has been one serious incident which was reportable to the Information Commissioner's Office (ICO). The incident was as a result of two letters which were accidentally placed in the same envelope, resulting in one patient receiving both letters. Due to remedial action taken by the Trust to mitigate the potential for further such incidents from occurring, the ICO confirmed that no further action was necessary.

Annex A: Glossary and abbreviations

All Age Disability

Working alongside people with disabilities of all ages.

ASD

Autism Spectrum Disorder – a neurodevelopmental disorder that impairs a person's ability to communicate and interact with others.

Board

A Board (of Directors) is the executive body responsible for the operational management and conduct of an NHS Foundation Trust. It includes a non-executive Chair, non-executive directors, the Chief Executive and other Executive Directors. The Chair and non-executive directors are in the majority on the Board.

CAMHS

Child and Adolescent Mental Health Services.

Care group

Our clinician-led operational structure, responsible for developing new models of care.

Care plan

Written agreements setting out how care will be provided within the resources available for people with complex needs.

Care Programme Approach – CPA

The process mental health service providers use to co-ordinate care for mental health patients.

Care Quality Commission – CQC

The Care Quality Commission is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

Carer

Person who provides a substantial amount of care on a regular basis and is not employed to do so by an agency or organisation. Carers are usually friends or relatives looking after someone at home who is elderly, ill or disabled.

Clinical audit

Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Clinical commissioning group – CCG

Clinical Commissioning Groups are clinically led statutory bodies that are responsible for designing and commissioning/ buying local health and care services in England.

Clinician

A health professional. Clinicians come from a number of different healthcare professions, such as psychiatrists, psychologists, nurses, occupational therapists etc.

CMHT

Community mental health team.

Commissioners

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical commissioning groups are the key organisations responsible for commissioning healthcare services for their area. They commission services (including

acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population's health.

Commissioning for Quality and Innovation – CQUIN

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation payment framework.

Community physical health services

Health services provided in the community, for example health visiting, school nursing, podiatry (foot care), and musculoskeletal services.

COVID-19

The infectious disease caused by the most recently discovered (2019) coronavirus.

Crisis

A mental health crisis is a sudden and intense period of severe mental distress.

CYP

Children and Young People.

Duty of Candour

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. The intention of this regulation is to ensure that providers are open and transparent with people who access services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

Foundation Trust

A type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS Foundation Trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS Foundation Trusts have members drawn from patients, the public and staff, and are governed by a Council of Governors comprising people elected from and by the membership base.

Friends and Family Test (FFT)

The Friends and Family Test is a survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

Healthcare

Healthcare includes all forms of care provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery.

Health of the Nation Outcome Scale/ Score (HoNOS)

A method of measuring the health and social functioning of people with severe mental illness.

Mental Health Act 1983

The Mental Health Act 1983 is a law that allows the compulsory detention of people in hospital for assessment and/ or treatment for mental disorder. People who are detained under the Mental Health Act must show signs of mental disorder and need assessment and/ or treatment because they are a risk to themselves or a risk to others. People who are detained have rights to appeal against their detention.

MHSDS

Mental Health Services Data Set (MHSDS) collects data from health records of people who are in contact with mental health services.

Musculoskeletal (MSK)

Musculoskeletal conditions affect the joints, bones and muscles.

National Institute for Health and Care Excellence – NICE

The National Institute for Health and Care Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

National Quality Board (NQB)

The National Quality Board was established to deliver high quality care for patients throughout the NHS and at the interface of health and social care. Its work includes overseeing quality indicators, contributing to NICE quality standards and Quality Accounts.

NHS Constitution

The principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

NHS England and NHS Improvement

NHS England and NHS Improvement lead the National Health Service in England.

NHS Long Term Plan

The NHS Long Term Plan, also known as the NHS 10 Year Plan, is a document published by NHS England in January 2019. It sets out the priorities for healthcare over the next 10 years and shows how NHS funding will be used.

Palliative care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illnesses.

Patient Advice and Liaison Services – PALS

Patient Advice and Liaison Services are services that provide information, advice and support to help patients, families and their carers.

Perinatal

The perinatal period extends from when pregnancy begins to the first year after the baby is born.

Person-centred care

Connecting with people as unique individuals with their own strengths, abilities, needs and goals.

Prescribing Observatory for Mental Health (POMH–UK)

A project that helps specialist mental health services across the UK improve their prescribing practice by developing audit-based quality improvement projects.

Providers

Providers are the organisations that provide NHS services, for example NHS trusts and their private or voluntary sector equivalents.

Public health

Public health is concerned with improving the health of the population rather than treating the diseases of individual patients.

Registration

From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission.

Regulations

Regulations are a type of secondary legislation made by an executive authority under powers given to them by primary legislation in order to implement and administer the requirements of that primary legislation.

Research

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

Serious incident

A serious incident includes unexpected or avoidable death or very serious or permanent harm to one or more patients, staff, visitors or members of the public.

Service users/ patients/ people who access services

Anyone who accesses, uses, requests, applies for or benefits from health or local authority services.

Stakeholders

In relation to CWP, all people who have an interest in the services provided by CWP.

Strategy

A plan explaining what an organisation will do and how it will do it.

Tissue viability

The Tissue Viability service provides specialist care on all aspects of caring for skin and the management of wounds including pressure ulcers and leg ulceration.

Annex B: Comments on our Quality Account

Comments on our Quality Account will be published as an addendum alongside our report on the CWP website, available end of July 2022.