



## Quality at CWP

At CWP, we aim to ensure that the quality of our services meets public expectations. Our Quality Account is a report about the quality of services delivered by our Trust and the quality improvements we have made. Each year, all providers of NHS healthcare services are required to produce an annual Quality Account for publication. Our Quality Account provides a highlight of what CWP is doing to continuously improve the quality of care and treatment we deliver and provide to the populations we serve.

Our ambition is to deliver the best possible outcomes and to make sure the health and wellbeing of the people we serve is amongst the best nationally. We strive to achieve this ambition by promoting the spread of continuous improvement throughout our own Trust and across the NHS. This way, we have the best opportunity to secure demonstrable improvements in health outcomes and inequalities, quality of care, use of resources and the retention and wellbeing of staff. In line with national Quality Account requirements, the quality of our services is measured by looking at the following: **Patient safety**, **Clinical effectiveness** and **Patient experience**.

### Patient safety

► This means maximising the things that go right and minimising the things that go wrong for people experiencing healthcare.

### Clinical effectiveness

► This means delivering affordable and sustainable 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 is acceptable to them by considering their preferences and their needs.

The aim of reviewing and publishing information about the quality of the care we deliver is so that CWP can demonstrate public accountability by listening and involving the public, partner agencies and, most importantly, acting on feedback we receive.

To support us in delivering high quality care, which is equitable and person-centred, we place an emphasis on **co-production**, which 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 we serve being central to the planning, improvement and delivery of our services.

We also produce **Quality Improvement reports** at least three times a year and we publish our **Big Book of Best Practice**, which showcases the improvement work that staff have done over the past year. The Quality Account and the Quality Improvement Reports are published on our website, along with the Big Book of Best Practice.

Should anyone reading this Quality Account require any further information, please do not hesitate to contact us at: [cwp.info@nhs.net](mailto:cwp.info@nhs.net).

# Part 1: Introduction from our Board

## Welcome from our Chief Executive

It gives me great pleasure to present the second Quality Account that we have produced since I became CWP's Chief Executive. Since then, and over the past year, I have visited many of our services and clinical support services. My colleagues are always so giving of their time and they allow me to experience, first-hand, what quality 'looks like', as well as sharing their many ideas for improvement. Unfortunately, there isn't space to share all that we do that demonstrates our commitment to providing high quality care, but throughout the year, our Quality Committee and the Board of Directors have great pleasure in reading our Quality Improvement reports and other reports on quality, which provide more detail. You can find these reports on our public facing website [www.cwp.nhs.uk](http://www.cwp.nhs.uk).



During the year, we brought together a number of our clinical support teams to form a new, integrated Quality team, to strengthen how we support quality and provide assurance of the quality of care we deliver. I thought I would start by taking a look back on some of the high impact areas that the Quality team have worked on, in collaboration with our clinical services and our many stakeholders, that demonstrate our commitment to working in partnership to deliver high quality care:

- Our Patient and Carer Experience team worked with our services to successfully achieve a 2-star accreditation with the Carers Trust *Triangle of Care* key standards, which assesses the work we have in place to promote safety and recovery and to sustain mental wellbeing by including and supporting carers. We doubled our *Friends & Family Test* response rate for 2023/24 and improved our positive ratings from 89.5% to 90.3%. Our Safe Services team also recruited a number of *Patient Safety Partners*, which are new roles who will be a voice for our patients and the community who access our services, ensuring that patient safety is at the forefront of all that we do.
- In November, I attended one of our 'Clinical Engagement & Leadership Forum' meetings, where the discussion was focussed on co-creating what will be CWP's new *Suicide Prevention strategy*. We recognise that working with all our partners as closely as possible is vitally important to delivering our Suicide Prevention strategy. The importance of understanding all the factors that play into the reasons why suicides occur was discussed in detail. The team who facilitated this session took great care to ensure the topic was sensitively handled. It was powerful to hear a digital story, which highlighted how critical it is to engage with a person's wider support network, such as their family. There was also a strong emphasis on how we can get the support for our colleagues right.
- Additionally, in November, I attended the first *Improving care through learning from outcomes* conference. Attendees had the privilege to hear from people who access our services about how outcome measures can support them to tell their story. We also heard from clinicians who have embraced using outcome measures with the people they are working with and heard about the benefits at patient and practitioner level.
- In January, I had the privilege of attending our first *Safeguarding in Partnership* conference. It was great to see over one hundred CWP colleagues, representing all of our Care Groups and Clinical Support Services, and it was a superb opportunity to connect with each other, share best practice, and generate ideas to support with mutual learning. It demonstrated how safeguarding is everyone's business and is of vital importance, requiring a commitment to work together to help protect our most vulnerable in society.

- We have also delivered on a number of transformational areas. Firstly, I attended one of the *Patient Safety Incident Response Framework* (PSIRF) engagement events, which took place in East Cheshire. The PSIRF sets out the NHS-wide approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of improving patient safety. The engagement event was heavily focussed on listening and learning from those with lived experience. It had a strong emphasis on how we can translate learning from patient safety incidents into real improvement and sustained changes in practice, ensuring that we deliver the best possible care to our local population. The second transformational area has been our Trustwide *digitisation of the administration of the Mental Health Act* (eMHA), which went live on 4 March. This means that clinicians can now complete all MHA forms electronically, as well as efficiently given much of the information is pre-populated, meaning that there are now less administrative errors and the time to complete forms has substantially reduced. This work was nominated for a HSJ Award in November, in the ‘driving efficiency through technology’ category, and was shortlisted as a finalist.

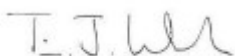
Building on the delivery of a digital Mental Health Act solution, I would like to now go on to talk about the way our people, in the past year, have shown dedication and commitment to embracing digital technology to support them in the delivery of high-quality care more efficiently:

- We successfully implemented *Electronic Prescribing and Medicines Administration* (EPMA). The NHS Long Term Plan requires all providers deliver value from the £16 billion spent on medicines across the NHS in England. The EPMA system enables staff to prescribe medication electronically, which makes the process much quicker and reduces the risk of errors. Our digital journey is dedicated to improving patient care and introducing these systems on our inpatient wards marks the achievement of a significant milestone.
- Another example of how we are successfully delivering our digital aims is through extending the use of the *securely shared electronic Patient Record* (ePR). It is essential for our clinical teams to have access to an integrated record to ensure safe, high-quality care. We believe that this is a substantial step forward for collaborative care, across the region and across several Integrated Care Boards (ICBs), to improve patient outcomes. We are delighted with the clinical engagement and professionalism of staff in embracing ePR across all teams.

Last but not least, I had the privilege recently of being able to open and welcome colleagues to the *Heart of Care* conference in March. Heart of Care is our innovative Clinical Support Worker and Allied Health Professional Support Worker development programme, and the conference was designed to share good practice and find out about development opportunities. It was great to see so many people from across CWP being able to share in a wide variety of taught and taster sessions. Thank you to them all for playing such an active role in the conference. The organising team made sure the conference was phenomenally well organised and set out, and this was reflected in the feedback received about the conference from attendees, such as “amazingly planned and very informative – really well put together”.

On behalf of the Board of Directors, I would like to thank all our people for their continued hard work and support, and for all they do to deliver, through co-production and in partnership, the highest quality care. I hope you enjoy reading this year’s Quality Account.

**Tim Welch**



**Chief Executive  
Cheshire and Wirral Partnership NHS Foundation Trust**

# Part 2: Quality Improvement

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

### Quality improvements Trustwide

#### Neuro-affirmative language

This project aimed to improve Autism assessment reports by moving to a more neuro-affirmative reporting style (supporting individuals through their challenges and accommodating for their needs) which helps to empower people with Autism. The team conducted a clinical audit to assess language used in reports and developed a table of recommended neuro-affirmative language. By replacing “deficit-focused terms” (a focus on what is lacking or negative) with more positive words, the team saw improved feedback from people with Autism and interest from managers in using this approach. People with Autism and professionals alike have provided really positive feedback and, moving forward, the project will be shared at the University of Chester to inspire language changes across healthcare services, and so improve positive attitudes towards people with Autism.



Rachel Cottrell, Specialist  
Mental Health Nurse

#### Digitisation of the Mental Health Act – eMHA

During and after the COVID-19 pandemic, there has been a national push to digitise (moving from paper forms to electronic ones) of the Mental Health Act process. This project aimed to improve the way in which CWP process legal paperwork in relation to MHA legislation to improve legal protections for the people we deliver care to. To achieve this, lots of feedback from clinical teams was gathered, leading to the development of Thalamos eMHA (an electronic software system). We worked together with CWP staff and Local Authorities, and a project group helped ensure a smooth rollout. Various training materials, including e-learning packages, were developed for staff using the software, and access to the system was made as easy as possible through different IT options for staff. The introduction of eMHA has fully digitised the MHA pathway and is making the whole process for staff easier. The impact of eMHA has been positive, demonstrating tangible progress in relation to improved efficiency, reduction in errors and greater staff understanding, generally, in relation to the digitisation of processes. The next steps involve evaluating the benefits of eMHA since it was introduced, working with national steering groups, and spreading the use of eMHA to acute Trusts. This transformation signifies a great step towards improving mental healthcare services and ensuring we work within the legal framework of the Mental Health Act.

#### Stay Elfy!



'Eric and Edwin' elves, used to help  
staff learn about IPC issues and how  
infections can be prevented

This project aimed to creatively raise awareness of Infection Prevention & Control issues by using the idea of 'Elf on a Shelf' as a fun and interactive platform. Throughout December 2023, daily posts were shared on X (formally known as Twitter) and the CWP staff Facebook page, covering various topics such as sepsis, hand hygiene, and vaccination. The 'Elves' engaged in over 25 activities, with this approach to training receiving positive feedback and high engagement, with over 15,000 views in total on both social media platforms. Future plans include running the project again, expanding to cover different topics, and exploring more channels to reach a wider audience within the staff community.

## Migrant immunisation programme

This project aimed to increase immunisation uptake in the migrant population to give them protection from disease and illness. Staff identified hotels, where migrants were living, in different areas, to provide vaccines at the place where they were staying. By offering and sharing information about the positive effects of vaccinations and providing advice to migrants, 380 vaccines were provided and people have been connected with healthcare providers to increase their access to healthcare. Building on the success of this project, future plans include expanding the service to more locations and communities throughout 2024 and beyond.

## Quality improvements across Cheshire East

### Sleep clinic in East Cheshire Community Learning Disability Team

This project aimed to address sleep disorders in people with intellectual disabilities, Autism and Attention Deficit and Hyperactivity Disorder (ADHD), by providing specialised support. A multi-disciplinary sleep clinic was created within the East Cheshire community learning disability team, focusing on evidence-based interventions like psychological and behavioural strategies to help with sleep. Sixteen people were supported in the clinic, with the majority reporting significant improvements in the quality of their sleep. The approach not only helped with people's well-being, but also reduced their need to take medication. While some faced challenges in putting the recommendations into action about how to improve their sleep, the clinic still increased understanding of sleep issues and helped to support referrals to other services. Future plans include introducing sleep assessment and support training for staff and carers in order to increase awareness and, hopefully, reduce the difficulties and challenges that people can face around sleeping.



*Left to right, Marianne Durand, Mary Hanna and Rachel Mills*

### Implementing a graded approach back into the community

The specific goal in this case was to support a person, who had been isolated for 8 years, to develop new skills, build awareness of well-being, and support their move back into the community. The person faced lots of challenges due to neglect, lacking a support network and having experienced abuse. Through building a therapeutic relationship, encouraging social interactions, and helping with personal care needs, progress was made. The achievements included sleeping in a bed for the first time in years, and taking part in activities with other people, including trips out to places. As a result, the person has now returned successfully to living in the community. Continuing to prioritise patient-centred care, helping them to have a voice, and building relationships have all been identified as key elements which have enabled improved the confidence, self-esteem, and overall well-being of the person who was supported.

### Falls technology

The introduction of new falls technology on Silk ward has successfully reduced falls and reduced the severity of injuries in relation to falls since its launch in November 2023. By replacing the outdated system with bed sensors, floor pressure mats, and chair sensors connected to the Specialist Alarm Services (SAS) system, staff can now quickly respond to patients who need support to move. The new technology has not only decreased the number of falls on the ward, but also minimised the level of harm, with falls now resulting in low-level harm or no harm as a result of quicker staff responses. Positive feedback from staff has showed increased confidence in using the new equipment, and promoting a more efficient care environment that responds to people's needs. Future plans include expanding the technology to include more sensors, with the hope of sharing the success of the project across the Trust to benefit all the people we deliver care to in inpatient services.

## Quality improvements across Cheshire West and Chester

### Helping all children develop their early language skills

A Starting Well project in Cheshire West and Chester has focused on early identification and support for children's oral language development to improve their cognitive achievements (how someone learns, understands and knows things). By introducing the Early Language Identification Measure and Intervention (ELIM) pathway, the service trained staff to carry out assessments and provide appropriate support for children aged 2 to 2.5 years. Through partnership working and electronic reporting processes, over 2,800 children received ELIM assessments, with a significant number identified for support. The project successfully supported children by making sure they received the right level of care at the right time, with the majority being supported by just the Starting Well service rather than needing a referral to a specialist service. Future plans involve submitting ELIM data nationally, increasing positive support within the service, and establishing a joint referral process with Speech and Language Therapy services for more effective and timely access to services.

### Community diabetes booklet for medication administration

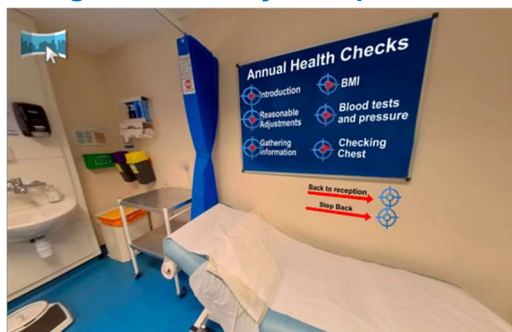
This project aimed to enhance diabetic care through a more person-centered approach for patients in the community and their families. By changing the documentation system and creating a comprehensive diabetic booklet, staff are now better supported in providing insulin and caring for patients. This new approach has not only improved staff confidence, but also empowered patients and families to manage diabetic care independently. Ongoing reviews of the booklet and continued training for healthcare support workers are planned to maintain up-to-date information and further develop the skills of staff to deliver the best patient care.

### Limbic Artificial Intelligence (AI) triage launch

An initiative in the Talking Therapies services in West and Central Cheshire aimed to improve access and streamline the referral process for mental health support. By partnering with Limbic AI, they started an innovative self-referral tool to increase self-referrals, improve efficiency, and ensure appropriate referrals to the correct service. Introducing Limbic AI involved working in partnership with various departments within CWP to create the tool, that could support a variety of different services. Results showed a significant increase in appropriate referrals and successful signposting, through Limbic AI, with over 1,100 referrals processed since the launch. To communicate the use of this new tool, a new website was created and an impressive campaign was launched using social media. Future plans include expanding the use of Limbic AI across GP practice websites, developing more tools, and meeting regularly to oversee the continuous improvement of this tool and the delivery of person-centred care.

## Quality improvements across Wirral

### Using virtual reality to improve access to healthcare



*An example of an available area in the virtual environment for patients*

This project, in partnership with the Centre for Autism, Neuro-Developmental Disorders, and Intellectual Disability (CANDDID), aims to improve healthcare access and increase the use of health procedures for individuals with intellectual disabilities using virtual reality technology (this is where computers create an environment with scenes and objects that appear to be real). Research shows that people with learning disabilities generally face more health challenges compared to the general population, often experiencing anxiety around medical appointments and treatments. The approach involves creating 360-degree virtual environments that patients can explore before appointments, introducing them to healthcare providers, and showing procedures like blood pressure checks.

This project has shown promising results during this first stage, having received positive feedback from individuals. The feedback from people will create further improvement and the plans are to expand the use of virtual reality to include other services and explore cost-effective tools like 'Google Cardboard'.

## ‘Skills for me’

This project aimed to develop a new therapeutic support for neurodiverse children and young people and their families to remove barriers to accessing psychological care in Children & Young People services. The support focused on helping children and young people develop coping skills, manage emotions, understand their neurodiversity, and involved a holistic (rounded) approach that also supported parents and carers. The project included 12 weeks of group work, involving up to 10 young people, to support the development of skills. The sessions covered four modules including coping skills, emotional skills, self-understanding, and social and communication skills. We asked for feedback from the young people at the end of the 12 weeks and it showed high levels of satisfaction and value of the group work. The feedback also revealed that psychological distress of young people had reduced, and parents felt less stress as well as increasing young people’s and parents’ and carers’ understanding. The next steps will revolve around increasing support to children and young people moving to community services, the continuing support to develop children and young people, alongside sharing the outcomes with Cheshire East and Cheshire West children and young people’s services will allow this to be rolled out across the Trust.

## Specialist Early Years mental health pathway

The Wirral Children and Young People’s Mental Health Service introduced a dedicated mental health pathway for families with children aged 0-5 to provide support at various levels around challenges they face. By offering consultation, training, assessments, and therapeutic support, the programme aimed to improve infant development and reduce the impact of stress and trauma. Working in partnership with local agencies, the team created ‘Joint Thinking Space’ sessions; this increased referrals significantly and positive feedback was received around access to the service and the care provided. Future plans involve strengthening partnerships, increasing training, and exploring other therapeutic care to further support families and children in need.

# Quality Highlights 2023/24

## Spring 2023



**RAPID RESPONSE SERVICE**

A new service to support all mental health patient transport needs across Cheshire and Wirral.

- Supporting people from all communities across Cheshire and Wirral to access mental health services.
- Supporting people with learning disabilities to access mental health services.
- Supporting people with autism to access mental health services.
- Supporting people with physical health conditions to access mental health services.
- Supporting people with complex needs to access mental health services.

**How to access...**

Transport	A&E in-reach support
01244 397202 (24/7, 7 days per week)	01244 397202 (24/7, 7 days per week)
For urgent transport needs, please call the Rapid Response Service on 01244 397202. This is a 24/7 service and we will respond to your call as quickly as possible.	For urgent mental health needs, please call the Rapid Response Service on 01244 397202. This is a 24/7 service and we will respond to your call as quickly as possible.

All referrals are prioritised based on clinical risk and capacity, with all A&E responses taking precedence.



For the first ever Community CWP, in partnership with Day for the Cheshire and Wirral Community Wellbeing Alliance, 200 people from various organisations across Cheshire and Wirral attended. Held at Chester Racecourse, it involved a number of fascinating, insightful talks and an engaging marketplace to network.

The new service will support all those in crisis with their transport needs across Cheshire and Wirral, from their mental health referral through to their admission to hospital should they need some time as an inpatient. The partnership aims to support an improved patient experience for people in crisis, relieve A&E pressures and support

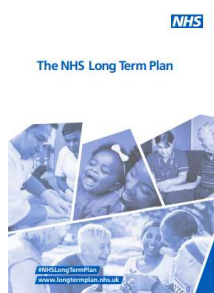
The Starting Well 0-19 service celebrated the achievement of their early years workers in obtaining the Level 3 award in “Supporting Language and Learning for 0-3s” after completing a rigorous 4-day training session in July. This qualification is highly esteemed, equivalent to a National Vocational Qualification (NVQ), and demonstrates a commitment to improving support for families with children under 5. The staff engaged in



all teams to provide the right care at the right time.

10 weeks of practical learning and reflection, aiming to empower parents with effective strategies that may reduce the need for more support in communication and language development.

## Summer 2023



In July, CWP opened referrals for a brand-new 18-25 service. The service has been developed in response to a requirement in the NHS Long Term Plan to develop a comprehensive support offer for young people aged 0-25 by 2023/24, which reaches across mental health services for children, young people and adults.



The Rainbow Tree Network was nominated for the GAYDIO Pride Network of the Year award. Joe Gavin, Chair of the Rainbow Tree Network, and Philip Makin, Equality, Diversity & Inclusion Coordinator said: *"this is an amazing opportunity for the organisation, and we are really grateful for our network members who come to the meetings and support us to be the best that we are"*.



A brand-new specialist mental health unit to support new and expectant parents across Cheshire, Merseyside and North Wales is being built by CWP, in partnership with Betsi Cadwaladr University Health Board, NHS England and NHS Wales. They are working together to transform Churton House on the Countess of Chester Health Park into a specialist eight-bedded unit to support perinatal mothers, babies and their families.

## Autumn 2023

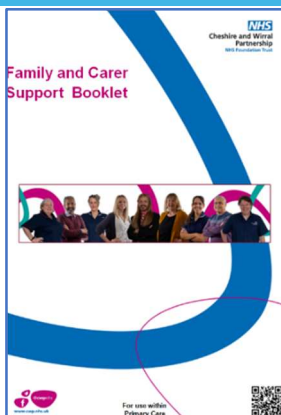


Our Liaison and Diversion services aim to improve health and justice outcomes for individuals involved in the youth and criminal justice systems. In November, they met to discuss ways to improve referral processes and address the need for further investment in staffing to manage demand and deliver a safe, effective service.

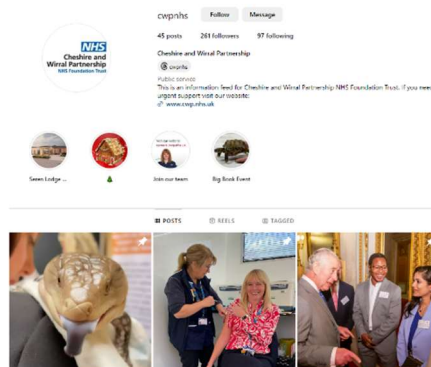
The Wirral Crisis Resolution & Home Treatment (CRHT) team was awarded an accreditation by the Quality Network for Crisis Resolution and Home Treatment Teams (QN-CRHTT) in association with the Royal College of Psychiatrists.

#TeamCWP was shortlisted in the HSJ Digital Awards 2023 for their outstanding project 'Improving staff skills and confidence working with complex mental health difficulties' project. The areas recognised include enhancing staff skills to address complex mental health difficulties, using innovative data analytics to understand the needs of patients with congenital heart disease, and introducing virtual wards/ hospital at home initiatives.

## Winter 2023/24



Our Family and Carer Support Booklet aims to improve communication during end-of-life care. It provides information and practical guidance for family and carers.



CWP launched its new Instagram account and will be using it to share photographic and video content about all things CWP. This will include achievements from across our services, campaigns, personal stories and showing what our staff have been getting up to out and about in the community.



We have recruited our first Patient Safety Partners (PSPs) who will be actively engaging on patient safety matters by working in partnership with people who access and deliver our services. Their role will primarily be to promote the perspective and involvement of patients in the co-design, co-delivery and evaluation of the safety of services that CWP delivers to the population we serve.

## Our quality improvement priorities from 2023/24 and looking forward to 2024/45

Below, we set out how we have achieved our three quality improvement priorities for 2023/24 for each of quality area of patient safety, clinical effectiveness and patient experience. We have also identified new quality improvement priorities for 2024/25 through our Clinical Practice & Standards Sub-committee and our Patient and Carer Experience Sub-committee, which have been approved by our Quality Committee.

We will continue to sustain delivery of our 2023/24 priorities and we will progress delivery of our new 2024/25 priorities, reporting on them through our *Quality Improvement Reports* and at our Quality Committee.

### Patient Safety

#### 2023/24 priority

To implement the Patient Safety Incident Response Framework (PSIRF), demonstrating tangible benefits of the framework in the way we respond to incidents in terms of integration of learning and patient safety improvement.

#### How?

Demonstrable delivery of our Patient Safety Incident Response Plan actions for 2023/24, as required by The NHS Patient Safety Strategy (NHS England and NHS Improvement, 2019).

#### Update

We have successfully transitioned to the PSIRF and have used different learning response methods to inform improvement, as detailed in the national 'patient safety incident response toolkit' to explore the contributory factors to patient safety incidents and clusters of incidents. This includes our use of thematic reviews for responding to broad patient safety issues.

**PSIRF implementation will be a continuing priority nationally as set out in the national publication *Patient Safety Incident Response Framework* (NHS England, 2022). Please see the *Incidents* section of the Quality Account for further details.**

#### 2024/25 priorities

Overarching patient safety priority	Improvement target	How will progress be demonstrated?
To systematically build Safety II capability (the ability to succeed under varying conditions) and creating foresight of new and emerging risks to patient safety, in line with The National Patient Safety Strategy (NHS England and NHS Improvement, 2019), through the rollout of a digital patient safety dashboard	Availability and use of a team-level patient safety dashboard in 100% of inpatient wards and at least two community teams per Care Group by the end of March 2025	Data-driven reporting about patient safety improvement presented to our respective Care Group forums and meetings.  Tri-annual reporting to our Quality Committee, through quality and safety reports.
<b>Patient safety critical priority</b>		
Implementation of the National Patient Safety Alert for the new regulatory measures for oversight of prescribing of valproate containing medicines.		

## Clinical Effectiveness

### 2023/24 priority

To develop Clinical Networks across all Care Groups, as a support to services and practitioners to use evidence and research as mechanisms for improvement and assurance.

#### How?

50% of clinical networks will be operating in accordance with a core framework of principles and processes for clinical effectiveness, which will be developed in-year and aligned to the Clinical Effectiveness enabling framework (CWP, 2022).

#### Update

We have developed a core framework of principles and processes for clinical effectiveness in collaboration with the majority of our established Clinical Networks.

### 2024/25 priorities

Overarching clinical effectiveness priority	Improvement target	How will progress be demonstrated?
<p><b>Overarching clinical effectiveness priority</b> To improve the use of outcome measures as a mechanism for quality improvement through embedding Goal Based Outcomes (GBO) as a common Patient Reported Outcome Measure (PROM).</p>	<p>Implementation of GBO in at least one service in each Care Group by the end of March 2025</p>	<p>A 'maturity framework' on Outcome Measures reported to our Care Group quality, safeguarding and learning meetings.</p> <p>Reporting progress against the framework at our Clinical Practice &amp; Standards Sub-committee.</p> <p>Chair's reporting to our Quality Committee.</p>
<p><b>Clinical effectiveness critical priority</b></p>		
<p>Using our inpatient beds well through reduction of out of area placements, timely access to beds and effective length of stay</p>		

## Patient Experience

### 2023/24 priority

Implementation of the revised Patient Experience Improvement framework.

#### How?

Demonstrating we are listening, capturing and responding to feedback on experiences, views and opinions on a range of health and care services provided by the Trust. Using the standards in the revised Patient Experience Improvement framework (NHS England, 2021) to demonstrate learning.

#### Update

The revised Patient Experience Improvement framework that was anticipated was not published. To demonstrate we are learning from feedback, we have continued to develop, revise and refresh the automated Friends & Family Test to ensure people can provide their feedback and services; additionally staff have been encouraged to log into the system and use the feedback for improvement.

### 2024/25 priorities

Overarching patient experience priority	Improvement target	How will progress be demonstrated?
Implementation of the Patient and Carer Race Equality Framework – PCREF (NHS England, 2023)	Demonstrate we are listening, capturing and responding to feedback on experiences for learning and improvement, by reporting on the measures within the national PCREF	Reports will be provided to our Patient and Carer Experience Sub-committee, Equality, Diversity & Inclusion Group, People Committee (for staff aspects) and Quality Committee

#### Patient experience critical priority

Putting the spotlight on Patient and Carer Experience in all areas of patient care.

In conjunction with the NHS Cheshire & Merseyside Integrated Care Board, and reported through our Quality Committee, we have also identified the following quality improvement priority.

### Safety, Effectiveness and Experience (SEE) Quality through Ward Accreditation

### 2024/25 priority

Quality improvement priority	Improvement target	How will progress be demonstrated?
Development of a CWP multi-disciplinary ward accreditation framework	Implementation of a Trustwide accreditation framework to support continuous quality improvement, providing assurance of the quality of care and standards being delivered	Progress reports will be provided to the 'SEE Quality through Ward Accreditation' steering group and our Quality Committee

# Part 3: Quality Assurance

## Assurance from the Board

### How we have reviewed and developed our services to improve quality

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

#### *Contract review and monitoring*

During 2023/24, we provided and/ or subcontracted **128** NHS services across the following:

- Provider Collaborative – CAMHS Tier 4\*, Specialised Eating Disorders\*
- NHS England school age immunisations programmes & COVID-19 vaccinations programme
- Mersey Care NHS Foundation Trust Specialist Community Perinatal Mental Health services
- Cheshire and Merseyside ICB (includes Cheshire & Wirral place) Mental Health (including IAPT services, the 24/7 Crisis Line and Community Crisis Provision), Learning Disability, memory assessment services, outreach for SMH, CAMHS, CYP Eating Disorder services and ASD services, this also includes 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 NHS Foundation Trust – Anaesthetic ECT, Pathology, MHA administration support
- NHS Greater Manchester ICB (including Bolton place EDS) – Eating Disorder services and Learning Disability services & Greater Manchester beds
- Betsi Cadwaladr University Health Board – Emergency Mental Health services & Health Visitor Services
- Wirral Metropolitan Borough Council – All Age Disability services
- Countess of Chester NHS Foundation Trust – MHA administration support, Psychological Services for Diabetes, Rheumatology, Neonatal Unit, Specialist Weight Management services, Business Intelligence Support
- East Cheshire Housing Consortium\*\* – Forensic Nurse Consultant
- Christie NHS Foundation Trust – Psychosexual Service
- Mid Cheshire Hospitals NHS Foundation Trust – Domiciliary Care, Palliative Care, Stroke Services (until September 2023), MHA administration support
- Prospect LPC, Autism Services, Adult Low Secure Services including Access Assessment Service and Forensic Outreach and Liaison Services (FOLS), Cheshire Liaison & Diversion Services
- University of North Midlands NHS Trust – ABI Psychological Services
- Shropshire Autism Diagnosis service for adults
- Northgate Medical Centre – supervision of Mental Health Nurse for Homeless
- Alder Hey – Beyond Programme

\* These services were commissioned by NHS England until 30 September 2022, from 1 October 2022, the Lead Provider Collaborative (LPC) took over commissioning, led by CWP

\*\* These provide NHS services to a non-NHS commissioner

During 2023/24, 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. In total there were 52 providers, of which 13 of these were extended during 2023/24.

## Infection prevention & control (IPC)

### IPC governance

The Infection Prevention & Control (IPC) and Health Protection Sub-committee reports to our Quality Committee and is chaired by the Director of IPC. The sub-committee is supported by two groups: the Water Safety Group, and an IPC Board Assurance Framework (BAF) Group. An updated IPC BAF was published in September 2022 by NHS England and updated further in September 2023. The recently published IPC BAF aligns to the national IPC manual. The IPC BAF group ensures the IPC BAF is continually monitored and updated and, where appropriate, ensures an improvement plan is implemented for compliance.

### 2023/24 summary

- There are no longer any COVID-19 restrictions in the UK. Accordingly, we have reviewed our IPC policies and testing guidance for patients and staff to comply with UK Health Security Agency (UKHSA) guidance.
- The role of IPC link practitioners within teams across CWP has been refreshed and has moved towards the development of IPC champions. Our IPC champions will constantly strive to protect patients, staff, and visitors from infection. They will be a role model for influencing their knowledge and best practice within their workplace, influencing colleagues' practice and through personal responsibility, integrity, innovation, and trust. This role is seen as positive learning from the COVID-19 pandemic to support the broader IPC and Healthcare Associated Infections (HCAI) agenda.
- The NHS Standard Contract 2023/24 includes quality requirements to minimise rates of *Clostridioides difficile* (CDI) to thresholds set by NHS England. During 2023/24, there were zero cases of Methicillin Staphylococcus aureus (MRSA) bloodstream infections or *Clostridioides difficile* (CDI) within CWP inpatient services.
- The IPC team have prioritised the completion of the annual IPC audit programme. Audit results are reviewed and discussed at the sub-committee and are reported to the relevant services so that any areas for improvement can be addressed. For 2023/24, a key focus for IPC audit during this period has been the children's centres, which CWP provides Starting Well services from. Furthermore, in 2024, we introduced new auditor software for our Facilities team to monitor cleanliness standards. IPC audits provide assurance to the Board about how well the Trust protects patients from avoidable harm, where the environment is compliant with required standards, whilst identifying those areas that require intervention to meet those same standards. This includes a programme of re-audits where compliance needs to be improved.

## Reviewing the results of surveys

The annual NHS Staff Survey provides an opportunity to gain feedback from colleagues in a consistent and systematic way, making it possible to build up a picture of their experience of working at CWP. Obtaining feedback from colleagues and taking account of their views is vital for driving real service improvements within the Trust. Obtaining views via surveys (including NQPS – the National Quarterly Pulse Survey) enables a deeper understanding of different experiences of colleagues, the impact of their 'working world', and how we can use this information to support continuous improvement moving forwards.

The NQPS is a five-minute survey that we use as a "check in" to gain regular feedback on how it feels to be a CWP colleague. The survey asks questions around how involved people at work feel in making changes, how motivated they are and how strong their views are on advocating CWP as a place to work or receive treatment. Responses are anonymous.

At CWP, we value feedback from colleagues as it creates opportunities for us to focus on areas for improvement in respect of job staff satisfaction and also in relation to patient experience. On a wider level, the results of the annual NHS Staff Survey 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.

Below are the results from the annual NHS Staff Survey for nine engagement questions. The 2022 survey response rate was 42%; the 2023 survey response rate was 43%.

	From October 2022	To October 2023
1. I look forward to going to work	58%	62%
2. I am enthusiastic about my job	72%	75%
3. Time passes quickly when I am working	77%	78%
4. There are frequent opportunities for me to show initiative in my role	76%	79%
5. I am able to make suggestions to improve the work of my team/department	76%	78%
6. I am able to make improvements happen in my area of work	60%	59%
7. Care of patients/service users is my organisation's top priority	80%	81%
8. I would recommend my organisation as a place to work	66%	71%
9. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	71%	74%

We have seen three years of consecutive progress, with the below being examples of the NHS 'Our People Promise' themes within the annual NHS Staff Survey:

- **We are compassionate and inclusive** – we have staff inclusion networks
- **We are recognised and reward** – we have reward and recognition initiatives such as Going the Extra Mile/ long service recognition awards
- **We work flexibly** – we review policies such as 'Flexible Working' and 'Managing Attendance' and implementation of the 'Hybrid Working Policy' and 'Menopause Policy' (and a menopause support group)
- **We are safe and healthy** – we are creating a wellbeing culture: Wellbeing Guardian/ Champions, wellbeing magazine, Thoughtful Thursday, updated Wellbeing A-Z resource
- **We are always learning** – we review appraisal and supervision processes to enhance colleague experience and a holistic approach to meaningful conversations

CWP was the **highest ranked North West Trust** in our benchmark group (Mental Health & Learning Disabilities/ Mental Health, Learning Disabilities and Community Trusts) for the following key themes/ questions:

- *We are compassionate & inclusive – 77.6% ('Our People Promise' theme)*
- *Morale – 6.30 (NHS Staff Survey theme score)*
- *Colleagues recommending CWP as a place to work – 71.2% (NHS Staff Survey question score)*
- *Colleagues stating that CWP takes positive action on our health and wellbeing – 67.5% (NHS Staff Survey question score)*

CWP was the **highest ranked Trust in the country** for our benchmark group for:

- *Colleagues stating that they enjoy working with peers in their immediate team – 88.4% (NHS Staff Survey question score)*

We are proud to be part of the 2024 People Promise Exemplar Programme (PPEP). Running for approximately 12 months, the PPEP gives CWP the opportunity to focus on key initiatives with the aim of improving colleague experience.



## Workforce Race Equality Standards (WRES)

Implementing the NHS Workforce Race Equality Standard (WRES) helps us to make progress in ensuring equal access to career opportunities and fairness in how people are treated in the workplace. The table below shows a comparison of WRES results for 2021/22 with WRES results for 2022/23. The WRES results for 2023/24 will be published in September 2024, when we will upload them to the WRES external website, and we will report our quality performance in next year's Quality Account.

Standards	WRES results Year 2021/22		WRES results Year 2022/23	
	White	Minority Ethnic	White	Minority Ethnic
<b>K25.</b> Percentage of staff experiencing harassment, bullying or abuse from patients or relatives the public in the last 12 months	23.5%	30.3%	25.1%	32.9%
<b>KF26.</b> Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	16.2%	21.8%	16.0%	28.2%
<b>KF21.</b> Percentage of staff believing that Trust provides equal opportunities for career progression or promotion	63.3%	50.5%	64.3%	50.0%
<b>Q217.</b> Percentage of discrimination at work from any of the following Manager/ team leader or other colleagues	4.3%	13.5%	4.7%	16.7%

The areas of improvement highlighted in the table are being developed as improvement plans through the work of our Equality, Diversity & Inclusion group, which reports to our Quality Committee.

CWP places a strong emphasis on zero tolerance to harassment, bullying and abuse. We use several different mechanisms and forms of communication to staff to ensure that all employees are familiar with the Freedom to Speak Up policy and it is easily accessible on the intranet. Please see the Freedom to Speak Up section of this Quality Account for further information.

CWP is also committed to being a diverse and inclusive employer and is signed up to a number of national schemes and programmes to solidify this commitment and to support the Trust in recruiting and retaining the best people, reflective of our society. We ensure that our people are familiar with our Equality, Diversity & Inclusion (EDI) policy, which is located on our intranet for them to access.

Examples of our commitment to diversity and inclusivity are that we ensure:

- At least one member on each recruitment panel, when we conduct job interviews, is trained in Values Based Recruitment and Selection, including unconscious bias.
- Our staff handbook includes EDI information and signposts to various networks.
- Within our new employee contract documentation, we signpost to different network groups.
- EDI networks are represented within our Patient Participation Group (PPG) and our Task and Finish Groups in relation to attracting and retaining staff.
- We have an effective CWP attraction campaign using social media, radio, bus stops, network organisations, schools, colleges, universities, agencies overseas and the armed forces.
- We contribute to Pride events, working with our local partners.
- There is CWP representation at careers events and open days, using these opportunities to interview applicants on the day of the event where possible.

## Complaints, PALS & engagement

CWP is committed to providing high quality services, we do everything possible to make sure that people's experiences of accessing our services is positive and helpful. We are constantly developing the services we deliver and welcome any feedback people may have. Our Patient Advice and Liaison Service (PALS) is an accessible, confidential, free service that supports people by listening to their views and concerns. PALS aims to resolve problems and concerns quickly to negotiate solutions to concerns before they become complaints. We listen, liaise with other teams as necessary, and aim to provide an agreeable resolution in a short time frame. Our team are a friendly, impartial service that can be contacted when people have concerns, compliments or worries about their own care or care of another. The team offers a face-to-face appointment at one of CWP's sites, telephone discussions or communication via email.

As reported to our Quality Committee, in 2023/24 CWP received 1148 complaints and 1341 PALS contacts; the most common subjects of complaints and PALS were around communication, staff attitude, access to services and appointments. Improvement plans are in place and progress reported to our Quality Committee as part of its in-depth reviews of patient and carer experience. We intend to implement a PALS Plus model, which will incorporate the updated complaints standards for NHS services in England. The standards have been piloted since October 2022, and we are now moving forward to merge PALS and Complaints into a new Patient Advice and Complaints Service. Key elements of the new model will be co-produced with clinical colleagues in our Care Groups.

Our Lived Experience Volunteering & Engagement Network (LEVEN) is a Trustwide group that meets quarterly to discuss volunteering activity, person-centred work and engagement. The significant outputs of their work reports to our Quality Committee.

### Incidents

When considering patient safety incidents, when things don't go as we had hoped, we review them to try and understand the issues that affected the people, families and carers who accessed our services and those who delivered them. We collaboratively identify any learning and where we might need to make changes to how we deliver our services. We use approaches like issuing learning bulletins, holding incident Rapid Safety Reviews, having discussions at our Care Group and Trustwide Patient Safety Oversight Group, and at our established expert groups who oversee specific clinical issues around learning. We know these multiple approaches provide support and advice, which enables clinical and best practice to be clarified, modified, and enabled so that we can continue to promote safe and effective care for people who access our services. Themes that we identify from incidents and the safety improvement work we are undertaking in response is captured in our Learning from Experience report, which is reviewed by our Board of Directors and Quality Committee. Some of the learning identified has included:

- A review of the process for involving families in care, resulting in the introduction of a framework for involving families.
- The identification of a need for reallocation of a care co-ordinator when there is prolonged staff absence; a new system has been implemented to manage this.
- Strengthening the thresholds which prompt the need for a professionals' meeting by the introduction of a formal standard operating procedure.
- The introduction of a dedicated Tissue Viability service in inpatient areas. This has included developing resources and training for inpatient staff to improve their knowledge and skills in relation to wound care.
- There has been learning from occasions when people have been waiting for inpatient beds; as a result, Home Treatment teams now ensure that people are continually reviewed during their wait for a bed, through operationalisation of an operational policy.

Throughout 2023/24, we worked closely with our commissioners and stakeholders so we could successfully deliver on the national Patient Safety Incident Response Framework (PSIRF) which came to replace the Serious Incident Framework that has been in place since 2015. To do this, the Trust undertook a large transformational piece of work to strengthen learning, oversight, and assurance, in addition to supporting improvement of the co-ordination of patient safety events, particularly across multiple health and care settings. The Trust developed its Patient Safety Incident Response Plan (PSIRP) and PSIRF policy, which was commended by commissioners due to its quality and widespread engagement. PSIRF implementation remains a 2024/25 priority for CWP, progress with which will be reported in next year's *Quality Account*.

2024/25 priorities	Improvement targets	How will progress be demonstrated?
<ul style="list-style-type: none"> <li>▪ To enable continuous improvement in the quality of care, based on learning from patient safety incidents and ensure this becomes embedded into practice.</li> <li>▪ Enable the Trust's PSIRF patient safety improvement priorities to be met.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Describe and integrate PSIRF systems and processes into Trust policy to guide practice.</li> <li>▪ Support and governance arrangements in place to support PSIRF Best Practice Forums.</li> </ul>	<p>Progress reports will be provided to our PSIRF Transformation Board and our Quality Committee.</p>

## Compliments

Our services and our staff regularly receive compliments from the people we deliver care to. Here are a selection received this year from each of our Care Groups:

“When I arrived, I was greeted by a clinical lead who was so welcoming and patient with me. She made sure my food issues were taken into consideration, so I always had access to food I liked and sat with me during a stressful appointment. She made my hospital experience so much better than it could have been and made me feel strong enough to talk openly in my appointment. During my time on the ward I was given excellent care by all members of staff, they treated me with kindness and dignity. I felt like they really cared and they made me feel like I wasn’t in hospital. Honestly there wasn’t a member of staff that I felt let the side down even a tiny bit. They are all incredible and they will never know how much they have changed my life and how grateful I am.”  
Beech ward, Bowmere Hospital (Cheshire West)

“Appointments were easily accessible, at times suitable for us. We were always supported, made to feel comfortable and never judged. The practitioner was caring, professional and always patient with our child. Again, thank you so much!”  
0-18 Child and Adolescent Mental Health Service (Trustwide)

“From the lovely lady on the phone, the great welcome, wonderful nurse and genuinely happy environment. I just felt that I just wanted to say thank you to all for a professional, welcoming and excellent service. You’re the very best, thank you for being ace!” Tissue Viability Service (Cheshire West)

“Thank you so much to you and your team for your kindness, support and guidance during my recovery. I can’t thank you and your team enough for all of your help and support during my recovery. You were so kind, caring and professional and your support was invaluable in helping me to make the decisions and changes that I needed to help during my recovery and get me back on track. You and your team are a credit to the NHS and an amazing source of support for people with brain injuries, thank you so much.” Acquired Brain Injury Service (Cheshire West)

### **Monitoring learning from deaths**

Throughout 2023/24, we continued to learn from the deaths of people who had accessed the care we delivered, so we could seek to improve the future quality of care and to share best practice identified. Our governance structures ensure that unexpected patient deaths are discussed and investigated thoroughly through various meetings including our Care Group Patient Safety Oversight Groups and the Trustwide Patient Safety Oversight Group.

Throughout 2023/24, we reviewed the learning from expected and unexpected deaths at the Learning from Deaths group, which reports to our Quality Committee, and we began to review our mortality review processes. As part of the Patient Safety Incident Response Framework transformational work, the Trust also formed the Patient Safety Serious Incident Learning and Improving Senate, which reviews the learning and any associated improvement work from unexpected patient deaths. An example of learning has included:

- Understanding clinical markers of dehydration that require further assessment or intervention.
- Handing over physical health investigations needing follow-up to the on-call doctor.
- Communication with relatives during the patient's care and following their death. CWP now have a bereavement support leaflet with contact details for organisations that can provide advice and support to families and carers.

### **Being open and 'duty of candour'**

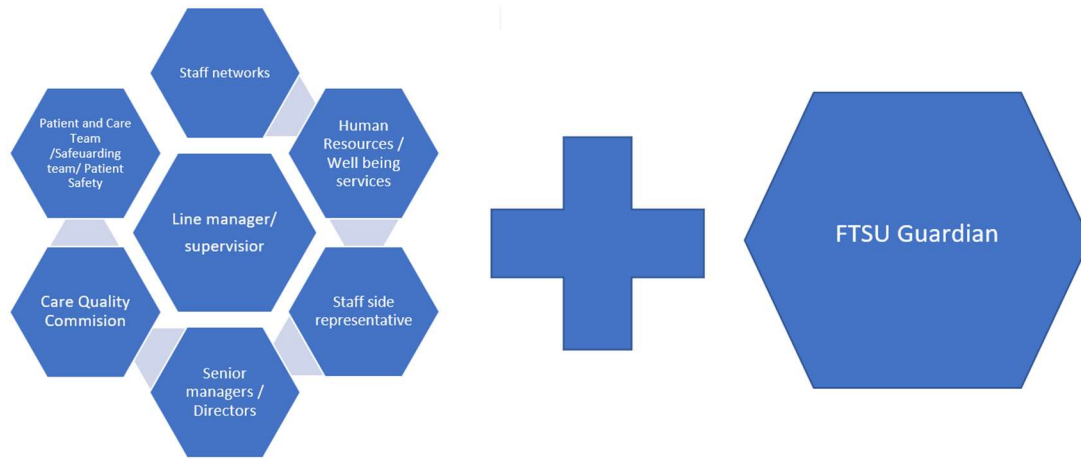
The statutory Duty of Candour was introduced in 2014 and ensures that honesty and transparency are guiding principles for patient safety. It is also a professional requirement, which is about being open and transparent with patients, families and carers as part of an effective patient safety system that is open to learning. To support both the statutory and professional requirement, we provide annual Duty of Candour training in collaboration with the Trust's solicitors. Compliance with the Duty of Candour requirements is monitored through the Trustwide Patient Safety Oversight Group (PSOG) and the Care Group PSOGs. Monthly compliance data is recorded and Trustwide quality performance is reported to our Quality Committee; the most recently available data (February 2024) reported full compliance. During 2023/24, all organisations transitioned to both the 'Learn from Patient Safety Events' (LFPSE) service and the 'Patient Safety Incident Response Framework' (PSIRF). March 2024 Duty of Candour data was impacted by a national change to the LFPSE reporting requirements and year-end compliance will be reported to our July 2024 Quality Committee. As part of our PSIRF transformational work, we have reviewed the role of our Engagement Leads (formally known as Family Liaison Officers) in line with NHS England guidance 'Engaging and involving patients, families and staff following a patient safety incident'.

### **Freedom to Speak Up (FTSU)**

We are committed to creating an open and honest learning culture that is responsive to feedback and continuous improvement. We take the responsibility for promoting Speaking Up seriously and have two Freedom to Speak Up (FTSU) Guardians, supported by a network of FTSU Ambassadors, 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'.

We require all staff to complete the FTSU e-learning. The first module, 'Speak Up', is for everybody and is an essential requirement for all staff working across the Trust to complete. The second module, 'Listen Up', is for managers/ supervisors and focuses on listening and understanding the barriers to speaking up. The third module, 'Follow Up', has been launched this year and has become part of the core training for senior managers.

There are multiple ways that people can raise concerns (see diagram below) and representatives of all these routes meet every two months to consider how the various services capture concerns raised, and how to maximise learning through triangulation.



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. Analysis of the categories of concerns raised by people during the year identifies that there has been an increase in the proportion of people speaking up who consider their concern to be associated with patient/ staff safety and bullying and harassment concerns. Learning includes the importance of:

- Developing effective communication between individuals, managers and teams and supporting people to raise concerns as and when they arise.
- Cascading key information when processes are changed. This has been fed back to the services concerned.
- When processes are changed, that there are standard operating procedures that are communicated to all parties involved in the pathway.

During 2023/24, the Chief Executive, Chair, Executive Director lead for Speaking Up, the Non-Executive Director FTSU Champion, and the FTSU Guardians, have continued to raise the profile of Speaking Up and ensure senior leaders are aware of the Speaking Up strategy. We have reviewed our “Raising and escalating concerns at work” policy and, as a result, adopted the national Freedom to Speak policy that was developed by the National Guardian Office. We have used the “Freedom to Speak Up: A reflection and planning tool” (published by the National Guardian Office and NHS England) to review our FTSU arrangements and develop an improvement plan, with a key focus to review the FTSU model that is used in the Trust.

Following the verdict of the Lucy Letby trial in August 2023, a letter was sent from NHS England on 18 August 2023 to all NHS organisations requesting that NHS leaders and Boards ensure proper implementation and oversight, specifically on the following:

1. All staff have easy access to information on how to speak up.
2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.
4. Boards seek assurance that staff can speak up with confidence and whistle-blowers are treated well.
5. Boards are regularly reporting, reviewing and acting upon available data.

In September 2023, the FTSU Guardians and the Board of Directors jointly self-assessed our response. Improvement actions agreed were included in our reflection and planning tool. We also took immediate action to promote the national Speaking up Support Scheme.

In February 2024, the Board of Directors reflected and discussed the findings and the 11 recommendations made by Professor Oliver Shanley OBE concerning the Independent Review into the care and treatment provided by Greater Manchester Mental Health NHS Foundation Trust. We are taking forward a Just Culture workstream as part of the implementation of the NHS England ‘Patient Safety Incident Response Framework’ (PSIRF) and will extend the work to organisational culture as well as patient safety culture.

## 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 deliver. Over the last year, we took part in five national clinical audits.

National clinical audits
<p>Prescribing Observatory for Mental Health (POMH) – Topic <b>22a</b>: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services.</p> <p>The report was published in January 2024 and was taken to the Medicines Optimisation and Safety Group and improvement; however, plans have been identified regarding 75% of cases, of older people experiencing constipation, who did not have this documented in their records.</p>
<p>POMH – Topic <b>23a</b>: Sharing best practice initiatives.</p> <p>The report is expected to be published later this year. Action planning will then follow.</p>
<p>POMH – Topic <b>7g</b>: Monitoring of patients prescribed lithium.</p> <p>The audit identified areas of improvement around the documentation of lithium levels; further action planning will follow upon full review of the results of the audit.</p>
<p>POMH- <b>16c</b>: Rapid tranquillisation in the context of the pharmacological management of acutely disturbed behaviour.</p> <p>Audit is still ongoing. Report is expected to be published in September 2024; action planning will then follow.</p>
<p>National Clinical Audit of Psychosis (Early Interventions in Psychosis Spotlight Audit).</p> <p>Report is due in August 2024. Action planning will then follow.</p>

### 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) in the following table. This shows that we have returned 100% of questionnaires related to this national programme. Between January 2019 and February 2024, we also returned 100% of questionnaires (national rate 92%).

Circumstances of death	Participation
Sudden unexplained death in psychosis inpatients	No cases
Suicide	100% (42)
Homicide	100% (2)
Victims of homicide	No cases

The questionnaires that are returned nationally inform the NCISH annual report. The most recent of these has highlighted:

- 54% of people who died by suicide had more than one mental health diagnosis.
- In inpatients, the highest risk of death by suicide is 1-2 weeks post discharge, so there should be a focus on careful transition to the community.
- It was common for people who died by suicide who had a one-off assessment to have had a recent adverse life event.

The results and themes from the NCISH report are taken through our Suicide Prevention Group and learning is included in our Suicide Prevention training. CWP also benchmarks against each standard in the NCISH questionnaire and gives a red, amber or green rating as to how we are meeting the standards. This piece of work is done with Mersey Care NHS Foundation Trust to share learning between the two mental health Trusts to improve care for people across Cheshire and Merseyside. Some of the programmes of work in the last twelve months have looked at:

- The link between domestic violence and suicide – resulting in the development of a Suicide and Domestic Abuse Prevention Toolkit with local partner agencies.
- Cross-referencing CWP data with national data, which has improved the accuracy of our data on suspected suicides.
- Supporting local authorities when there has been an increase in suicides in local communities and targeting specific groups who were affected, e.g. men.
- Implementing a North West Suicide Prevention Network, chaired by our Lead for Suicide Prevention. This aims to look at a shared learning approach to data and the NCISH Toolkit ratings across the region.

A piece of work has also been completed to compare how things were in 2018, when the NCISH programme began, to now in 2024, and CWP has improved across the majority of the standards. The biggest improvements have been made in the following:

- Ensuring follow-up of patients within 72 hours of discharge from hospital.
- Monitoring of ward entry and exit points.
- Recognising that observation is a skilled intervention and ensuring that therapeutic observations are supported by experienced staff of appropriate seniority.

### Trust clinical audits

Clinical audits are used to assess whether the standards of care we deliver are of a high quality. Where improvement is required, actions are identified, implemented, and monitored. This year we have completed 22 Trust-level clinical audits, in addition to many audits undertaken locally by teams. The table below presents 10 of our Trust-level audits, the best practice they identified, and improvements made as a result of the audit findings.

	Name of audit	Good practice identified	Improvement we have made
1	Maintaining standards for physical health monitoring in the acute psychiatric environment	All patients received a set of baseline blood tests on admission and had evidence of bloods taken in the previous week	When patients refuse a blood test after adequate explanation, the reasons for this are now documented. This helps us to understand how we can adapt and improve when there are future occasions where a blood test is needed.
2	DVLA Driving Advice within Central Memory Services	<ul style="list-style-type: none"> <li>• 100% of patients were informed of their legal duty to inform the DVLA – which is an improvement from 59% compliance in 2019</li> <li>• The General Medical Council (GMC) regulatory standards 6a and 6c were met in 100% of cases</li> <li>• Medical notes about fitness to drive were completed in 100% of cases</li> </ul>	<ul style="list-style-type: none"> <li>• We have been engaging with patients about resources that would be helpful, including information leaflets</li> <li>• Patients are now made aware of the possible effect of their cognitive impairment on their ability to drive, their obligation to inform the DVLA and how to do this</li> <li>• The clinic is training staff to be aware of the relevant GMC guidance, and the required clinical documentation</li> </ul>
3	The Standard Operating Procedure for ligature reviews within inpatient services	<ul style="list-style-type: none"> <li>• 93% of reviews were carried out within 12 hours of the responsible clinician being made aware, which is an improvement from</li> </ul>	Specific ligature teaching has been introduced that includes the particular risks of different types of ligatures; this is resulting in better documentation when a ligature review is needed

Name of audit	Good practice identified	Improvement we have made
	<p>86% compliance achieved in the last audit</p> <ul style="list-style-type: none"> <li>Nursing observations were documented 100% of the time at each review</li> </ul>	
<p>4 Physical health and psychological treatment monitoring of patients on Oaktrees ward, our inpatient Adult Eating Disorders' Service</p>	<ul style="list-style-type: none"> <li>Achieved compliance of 94.1% for offering or providing psychological interventions</li> <li>The audit showed full compliance with blood monitoring (100%)</li> </ul>	<ul style="list-style-type: none"> <li>We have developed promotional activities with all clinicians in relation to sharing NICE guidance and Royal College of Psychiatrists' guidance</li> <li>We have developed educational activities for clinicians in relation to blood tests</li> </ul>
<p>5 Review of medication and discontinuation for adults with Attention Deficit Hyperactivity Disorder (ADHD) and Learning Disability within the East and South Cheshire Community Learning Disability Service</p>	<ul style="list-style-type: none"> <li>Out of 20 patients identified, 19 had an established diagnosis of ADHD recorded accurately in their clinical notes</li> <li>Reasons for discontinuation of medication was clearly stated within the medication review</li> </ul>	<ul style="list-style-type: none"> <li>Training healthcare professionals in managing ADHD and reviewing ADHD medication is now provided at least once a year</li> <li>Educational activities for staff are being provided to support the discussion with a person with ADHD (and/ or their families and carers as appropriate), whether medication should be continued, ensuring that potential side effects and benefits from medication are part of the discussion</li> <li>Staff have been trained to document the date of discontinuation of treatment and reasons for discontinuation of medication</li> </ul>
<p>6 Seclusion reviews: Re-audit of medical documentation in Psychiatric Intensive Care Units</p>	<ul style="list-style-type: none"> <li>Both physical and mental health status were documented in all the reviews undertaken on Brooklands ward</li> <li>100% compliance with face-to-face medical review within 1 hour of commencement of seclusion</li> <li>100% compliance with twice daily medical reviews until the end of the seclusion</li> </ul>	<p>A 'Seclusion Quick Reference Guide' was created as a short-hand tool to support medical staff. The guide is to help staff to undertake all the required monitoring of a patient whilst they are in seclusion. This includes documenting their physical and mental health regularly during seclusion, as stated within the Mental Health Act Code of Practice guidance.</p>
<p>7 Medications/ allergies documentation on Silk ward</p>	<p>A high percentage (93%) of records evidenced correct documentation of allergies from SystemOne, the Trust's electronic patient record (ePR) system, to the written prescription</p>	<p>Further promotion around ensuring correct documentation of allergies from SystemOne to written prescription has been provided, including sharing NICE guidance with all clinicians about documenting people's drug allergy status in their records</p>
<p>8 Understanding staff Avoidant Restrictive Food Intake Disorder (ARFID)</p>	<ul style="list-style-type: none"> <li>83% of staff felt confident in finding out more information about ARFID</li> </ul>	<p>An educational poster about ARFID is now accessible to all staff. After sending out the survey link with the poster, and after reviewing a poster,</p>



Name of audit	Good practice identified	Improvement we have made
training needs on Ancora House, our child and adolescent inpatient unit	and knew where to identify this <ul style="list-style-type: none"> <li>• 92% of staff felt that the ARFID information poster was helpful</li> <li>• 83% would like to attend further training</li> </ul>	this improved their knowledge and confidence of managing and diagnosing ARFID.
9 Tier 4 Cheshire and Merseyside Adolescent Eating Disorder Service annual prescribing practice audit	<ul style="list-style-type: none"> <li>• The introduction of a template when documenting medication discussions has significantly improved the compliance with prescribing standards to 100%</li> </ul>	<ul style="list-style-type: none"> <li>• The idea of using a template has been spread to the Cheshire and Merseyside Adolescent Eating Disorder Service team to sustain the improvement</li> <li>• The template has also been shared with children and young people's inpatient and community teams</li> </ul>
10 Adherence to Trust policy and treatment guidelines for management of extrapyramidal side effects of antipsychotics in acute psychiatric inpatient units	The audit showed 88% compliance with the Trust policy regarding management of extra pyramidal symptoms of antipsychotics	Training is being provided to nursing staff and doctors in implementing the use of Standard Rating Scales for extrapyramidal symptoms

### **Patient-Led Assessments of the Care Environment (PLACE)**

PLACE assessments are an annual review of the non-clinical aspects of NHS and independent/ private healthcare settings in England. PLACE is reported directly to the Department of Health and Social Care and results are calculated nationally and broken down to organisational level.

The assessments are undertaken by teams made up of staff and members of the public (known as patient assessors). PLACE encourages the involvement of patients, the public and other healthcare bodies, both national and local (e.g. Local Healthwatch) in assessing healthcare providers. This year, the assessment teams consisted of 14 people from Healthwatch, CWP volunteers and patient representatives.

The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care. The non-clinical activities inspected are:

- Cleanliness;
- Food and Hydration;
- Privacy, Dignity and Wellbeing;
- Condition, Appearance and Maintenance of healthcare premises;
- Dementia (whether the premises are equipped to meet the needs of dementia patients against a specified range of criteria);
- Disability (whether the premises are equipped to meet the needs of people with disabilities).

Prior to the start of the PLACE inspection programme, representatives from the Estates and Facilities teams undertook an informal assessment of the cleanliness and condition of the ward environments. Where possible, any issues that were identified were resolved prior to the formal inspection.

Due to a shortage of volunteers in the Macclesfield area, no formal PLACE inspections were undertaken at Silk and Mulberry wards for the 2023 programme. Information from the informal inspections are used for any areas identified as requiring action or improvement.

The table below shows the 2023 scores compared to 2022 and demonstrates improvements in the majority of areas and good performance compared to national averages.

	Cleanliness		Food		Privacy, dignity, wellbeing		Condition, appearance and maintenance		Dementia		Disability	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
	Ancora House	94%	99% ↑	No inspection	96%	90%	97% ↑	95%	99% ↑			86%
Silk	96%	No inspection	98%	No inspection	92%	No inspection	99%	No inspection	96%	No inspection	90%	No inspection
Mulberry *	No inspection	No inspection	No inspection	No inspection	No inspection	No inspection	No inspection	No inspection	No inspection	No inspection	No inspection	No inspection
Soss Moss **	83%	89% ↑	97%	No inspection	84%	91% ↑	82%	93% ↑			81%	92% ↑
Springview	98%	91% ↓	100%	98% ↓	90%	97% ↑	82%	79% ↓	86%	85% ↓	89%	90% ↑
Bowmere	91%	97% ↑	90%	98% ↑	90%	95% ↑	81%	87% ↑	82%	83% ↑	85%	89% ↑
Rosemount	94%	95% ↑	No inspection	97%	77%	95%	73%	94%			77%	93% ↑
Eastway	No inspection	99%	No inspection	98%	No inspection	90%	No inspection	89%			No inspection	88%
CWP average	94%	95% ↑	95%	97% ↑	90%	96% ↑	84%	86% ↑	84%	84% →	86%	90% ↑
National average	98%	98%	90%	91%	86%	88%	96%	96%	80%	83%	82%	84%

\* No inspection in 2022 due to Covid outbreak during inspection window. No inspection in 2023 due to unavailability of PLACE assessors  
\*\* 2023 Inspection not included in overall CWP averages as food service not undertaken on site

Cleanliness scores have increased in all areas, except for Springview which has dropped below last year’s score. The key areas identified during the inspection were Lakefield and Oaktrees wards. The specific issues identified have been picked up with the local domestic team and actioned. Scoring across condition and appearance, privacy and dignity, dementia and food were also reduced at Springview. Issues highlighted included furniture in need of replacement/ repair, cleaning in specific areas to be undertaken and external areas requiring refurbishment.

There is an action list in place for all areas following the PLACE inspections which highlights specifically what improvements are required. The Facilities and Estates teams have assessed this, to include costs and prioritise each action, and all works will be addressed in operational work plans for 2024/25. The majority of these works should support in improving CWP’s scores compared to the national average.

**Our participation to developing evidence-based practice**



Research at CWP is carried out by staff colleagues, university staff and students, and pharmaceutical companies. It is conducted to ensure that our core purpose, values and objectives are being achieved. The Research Department takes the overall lead on facilitating research activities in the Trust and on research governance, with a focus on improving quality in the following ways:

- Developing the culture of service development and evaluation using robust research methodologies.
- Generating evidence base where this is lacking.
- Developing innovative research-based solutions to improve quality of care.
- Using data to develop insights and solutions towards achieving our service objectives.
- Involving those with lived experience in research and development.
- Developing collaborative partnerships.

Our current research strategy is due for review in 2024/25. To achieve our goals, we will continue to invest in developing our research capability, especially among nurses and allied health professionals.

In addition, we have two academic centres that support research across our care groups. The Research, Effectiveness, Academia, and Learning (REAL), sits within the Specialist Mental Health (SMH) Care Group. They support the delivery of improved mental healthcare through high quality research, education and training. The Centre for Autism, Neuro-Developmental Disorders & Intellectual Disability (CANDDID) is a leading centre of academic excellence in the fields of Autism, neurodevelopmental disorders, and intellectual disability through collaborative partnerships in research, education and training. On 15 March 2024, over 300 delegates came together for the conference of the CANDDID to listen to national and international experts talk, the theme was: 'Meeting the needs of children and young people with neurodevelopmental conditions and their families'.

In the past year, CWP's SORT IT programme has expanded greatly. SORT IT is a global partnership designed to develop research skills amongst organisations, who want to work together, across the world. Its aim is to help participants, who have little or no research experience, to conduct a piece of research and write it up for publication. Our staff have now completed 18 projects that were submitted for peer review and publication in journal papers. We currently have a further 12 projects that are going through the stage of data collection and analysis. Our projects focus on identifying, through data, what underlying problems and barriers there might be in our services and, as a result, look at how we can solve these to help make the quality of our services even better.

We are always looking for contributions to the design of future studies, or with reviewing planned research studies. We would be particularly interested in finding out more about how research is viewed from the perspective of the public, carers and patients. The Research Department can be contacted at [cwp.research@nhs.net](mailto:cwp.research@nhs.net).

## NICE guidance

At CWP, we place a priority on delivering effective care, which includes being assured that we use evidence-based clinical standards, that we can be demonstrable through clinical audit and adherence to National Institute for Health and Care Excellence (NICE) guidance. NICE guidelines are evidence-based recommendations for health and care across England and Wales. Recommendations are put together by experts, people accessing services, carers and the public. They support health and social care professionals by providing guidelines to prevent ill health, promote good health and improve the quality of care and services, all based on the best available evidence.

At CWP, all new and updated guidance released by NICE is reviewed for relevance to the services we provide and, where applicable, is shared with service leads to ensure compliance. In December 2023, we recruited a Clinical Audit Specialist; the role will assist services to demonstrate their compliance with NICE and other best practice guidelines through the provision of clinical audit guidance, training, and support.

Assurance is provided via the Trust's Clinical Practice & Standards Sub-committee, chaired by our Joint Medical Directors. As part of the implementation of the Trust's Clinical Effectiveness framework, current processes around the review and embedding of NICE guidance are under evaluation to ensure they are as robust as possible. Progress with this will be reported in next year's Quality Account.

## Our achievements from participation in the CQUIN framework

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.

CQUIN goals are reviewed through contract monitoring processes. The following table represents our CQUIN performance in 2023/24 for schemes applicable to the services we deliver.

<b>Mental Health &amp; Community</b>		
Flu vaccinations for frontline healthcare workers	<b>Under achieved</b>	A reduction in numbers has been seen across the health system, however through the efforts of the vaccination campaign delivered by the CWP vaccination service, CWP performance was amongst the highest system-wide. We achieved 46% performance against a 'lower' target of 75%.
<b>Mental Health</b>		
Implementing routine outcome monitoring in community mental health services	<b>Partially achieved</b>	Our dashboard reports indicate that we have partially achieved this CQUIN at 3.5% paired PROMs reporting (against a 'lower' target = 2%). The dashboard also indicates that we have partially achieved the other half of this CQUIN at 23.5% referrals with a paired score (against a 'lower' target = 20%). The work present above will enable us to increase the use of outcome measures in 2024/25.
Implementing routine outcome monitoring in CYP and perinatal mental health services	<b>Partially achieved</b>	Our dashboard reports indicate that we have partially achieved this CQUIN at 29.8% combined CYP and Perinatal paired outcomes (against a 'lower' target = 20%). This is a significant improvement on our 2022/23 performance. The work present will enable us to increase the use of outcome measures in 2024/25.
Reducing the need for the use of restrictive practices in adult inpatient/ older adult MH settings	<b>Achieved</b>	99% compliance from 1 April 2023 to 29 February 2024
<b>Community</b>		
Assessment, diagnosis and treatment of lower leg wounds	<b>Partially achieved</b>	We have partially achieved this CQUIN at 40% (against a lower target = 25% and maximum target = 50%). For 2024/25, we will: (i) continue joint working with Primary Care and the Countess of Chester Hospital's vascular services, overseen by Cheshire and Merseyside ICB, to develop an effective vascular pathway; (ii) continue to explore a direct referral route to vascular services from community services rather than via the GP; (iii) offer additional training, supported by Tissue Viability, to further build clinicians' capabilities.
<b>Specialised Commissioning</b>		
Reducing the need for restrictive practice in CYP MH inpatient settings (blanket restriction recording)	<b>Achieved</b>	100% compliance

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

CWP is required to register with the Care Quality Commission (CQC) and our current registration status is 'registered and licensed to provide services'. At Trust level, we are currently rated 'Good' overall, with 'Outstanding' for caring and 'Good' for all other key questions (safe, effective, responsive, well-led).

In July 2023, the 'acute wards for adults of working age and psychiatric intensive care units' core service received a focussed re-inspection by the CQC, with Brooklands, Brackendale, Lakefield, Riverwood, Beech Juniper, Willow and Mulberry wards visited. Following this, the report was published in December 2023 and the overall rating for this service improved from 'Inadequate' to 'Requires Improvement'. The report identified several areas of improvement made from the previous inspection in November 2022, including

that staff were committed to ensuring that patients received high quality care and understood how to protect patients from abuse. Patients and carers also said that staff treated them well and they were complimentary about the care provided. Further areas for improvement relating to the safety and leadership of services were also identified, with the required report of actions submitted to the CQC in January 2024. Progress against these improvement actions are overseen by our Quality Committee and will be reported in the next Quality Account.

## The Mental Health Act

### Digitising the Mental Health Act – ‘Thalamos’ electronic Mental Health Act (eMHA)

CWP has been using Thalamos, a digitised system, for the completion of Mental Health Act (MHA) forms since 2020 following a change in legislation to enable practitioners to complete these forms electronically rather than using paper forms. Since this time, the Mental Health Law (MHL) Team have listened to users, shared our experiences, networked with other organisations and liaised closely with Thalamos to drive forward the development of an improved, more intuitive system, which is eMHA. There are many improvements we have seen through using the new system. Some of these are:

#### ✓ Team caseloads

There is a now central place for forms to be sent in ward, community, and Approved Mental Health Practitioner (AMHP) teams. This ensures that they do not get lost or misplaced in email boxes. The MHL Team have access to all caseloads to track the progress of form completion and retrieve forms to ensure safe application of the MHA.

#### ✓ Ability to amend forms

Any ‘section 15 amendments’ (where details provided need to be rectified due to an error) can now be done without completing a new form.

#### ✓ All statutory forms are now available electronically.

#### ✓ Pre-population of data

The electronic system fills in several fields automatically, which makes the process much more streamlined and reduces the risk of any administrative errors. We are really pleased to be able to report that the MHL Team have been invited to be part of the consultation process to develop national Information Standards to support the national transition to digitisation of the MHA. CWP have been a key stakeholder nationally in collaboration with Thalamos to roll out this electronic system.

The Trust’s quality improvement approach, with the aim of a completely digitised MHA pathway, is continuing, supported by an electronic dashboard which enables the Trust to analyse the way in which Thalamos is being used. This will help to inform future service development and enable greater scrutiny of the benefits of MHA digitisation.

## The quality of our data

### How we use our data for quality

Using data is a really important way to see how we are delivering our services, where we are doing well and where we need to improve to provide the best care possible to the people who access our services.

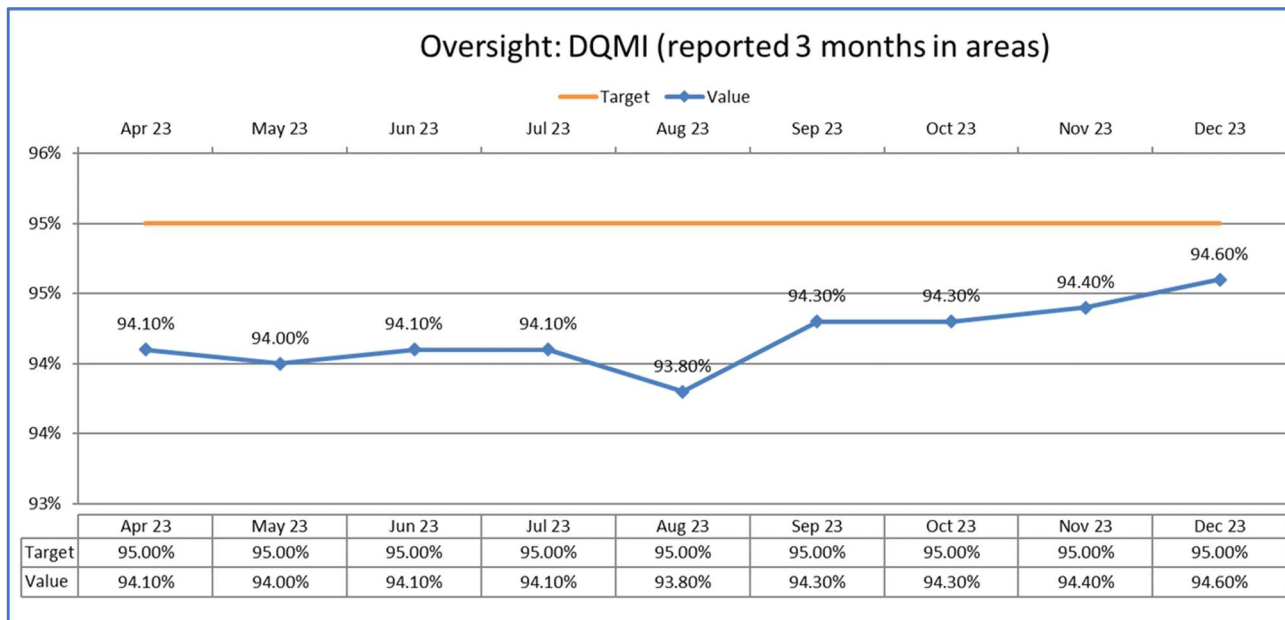
At CWP, like all other NHS Trusts, we collect a lot of different data that we use internally, but we also submit a significant amount of data to NHS England who benchmark our services against other Trusts and measure our performance against various targets that we strive to meet.

#### National data

Part of the data we submit to NHS England is called the Mental Health Services Data Set (MHSDS). This covers a significant amount of quality indicators (36 areas) which include the recording of people’s ethnicity, why people are being referred to our services for treatment and delayed discharges.

The Data Quality Maturity Index (DQMI), which is published monthly, brings together all our data and tracks CWP's quality priorities across all 36 areas.

The following chart shows the improvements made in all areas of the DQMI for CWP across the year, providing the most up to date data available, against the aim to achieve the national target of 95%, which is one of the NHS's long term plan priorities. Our trajectory shows that we are on track to meet the 95% target.

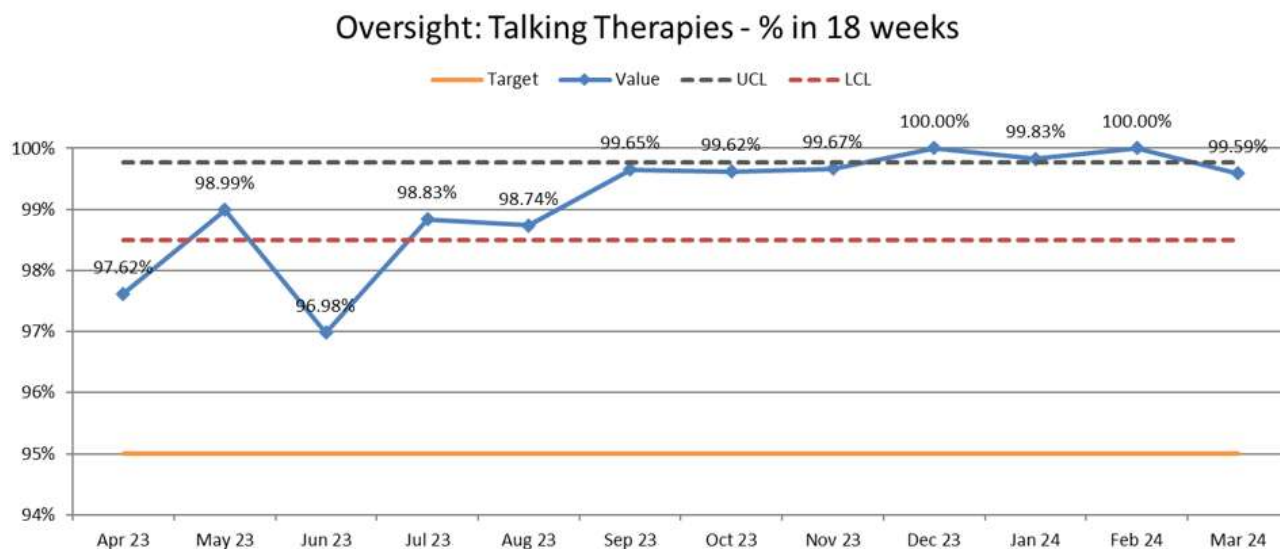


### The NHS Oversight Framework

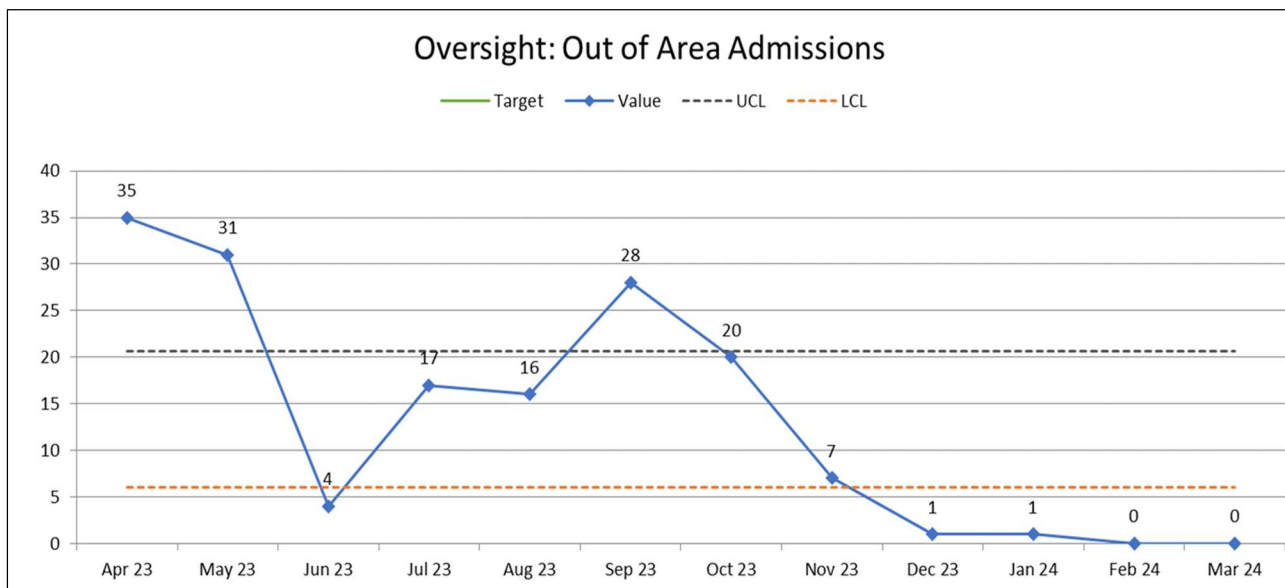
The NHS Oversight Framework provides us with some key measures to track which are reported to our Operational Committee and Finance, Performance & Digital Committee. The measures we report are used to highlight any potential issues, demonstrate improvements, and align with the five national themes of the Framework:

- quality of care, access and outcomes,
- preventing ill health and reducing inequalities,
- people,
- finance and use of resources,
- leadership and capability.

One of our services that we track as part of the framework is our Talking Therapies. There is a national target of 95% for people moving into treatment within 18 weeks of their referral to our service. As the chart below illustrates, CWP is consistently above the national target.



One of many of the NHS Improvement targets is to reduce the number of 'inappropriate out of area admissions' to zero. The following chart tracks the number of Adult Mental Health admissions to out of area beds over the last year, categorised as *inappropriate* in line with agreed definitions and the pressure that has been placed on demand for beds. Due to careful monitoring and increase in service support, there has been improvement from a high of 35 new out of area admissions in April 2023 down to near zero for the last quarter of the year.



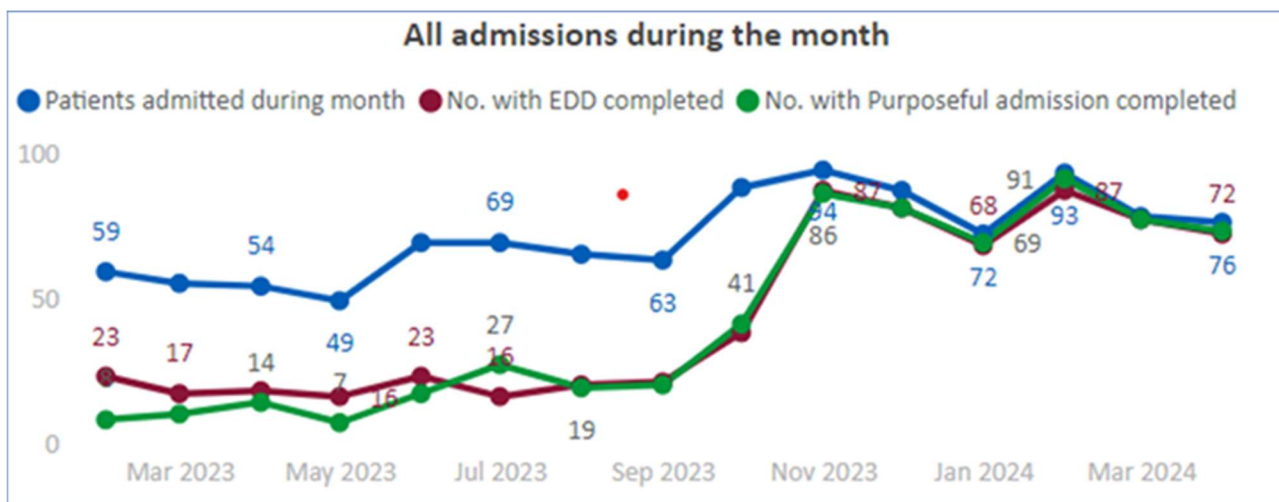
\*Since the production of this graph, the number of placements in March 2024 has changed to one. This differed due to the fact that the reporting is generated from a live system which is always subject to change.

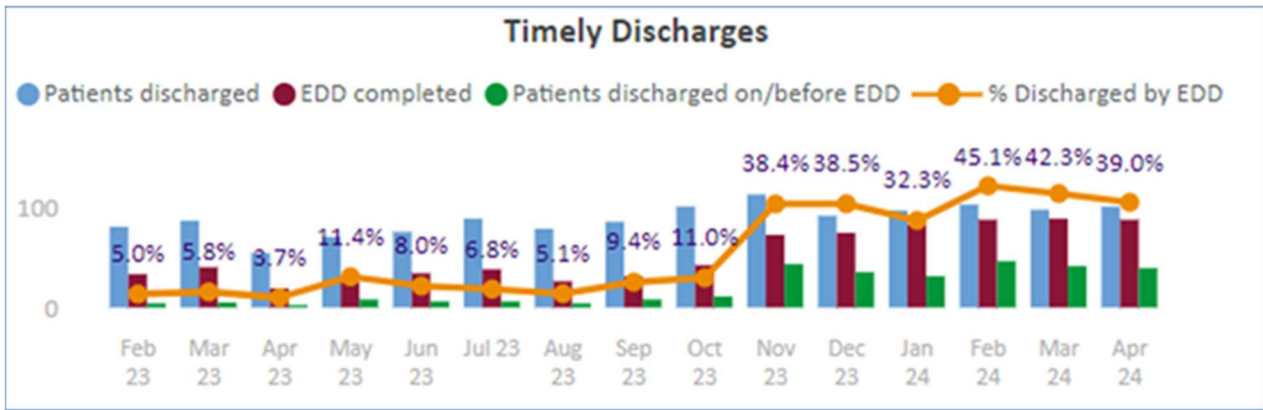
#### Trustwide data

At CWP, we use a variety of dashboards to monitor data quality and track improvement within our services. Our dashboards focus on various different things, helping us to identify where we need to improve around our delivery of care or where we have successfully changed things to provide people a better service.

One example of this is a significant piece of work which has taken place to make sure patients, who are admitted to our wards, are given a considered estimated date of discharge (EDD). Evidence shows that ensuring that we plan for people's discharge on their admission helps with their recovery and that the best care is delivered in the right place, at the right time, for every person.

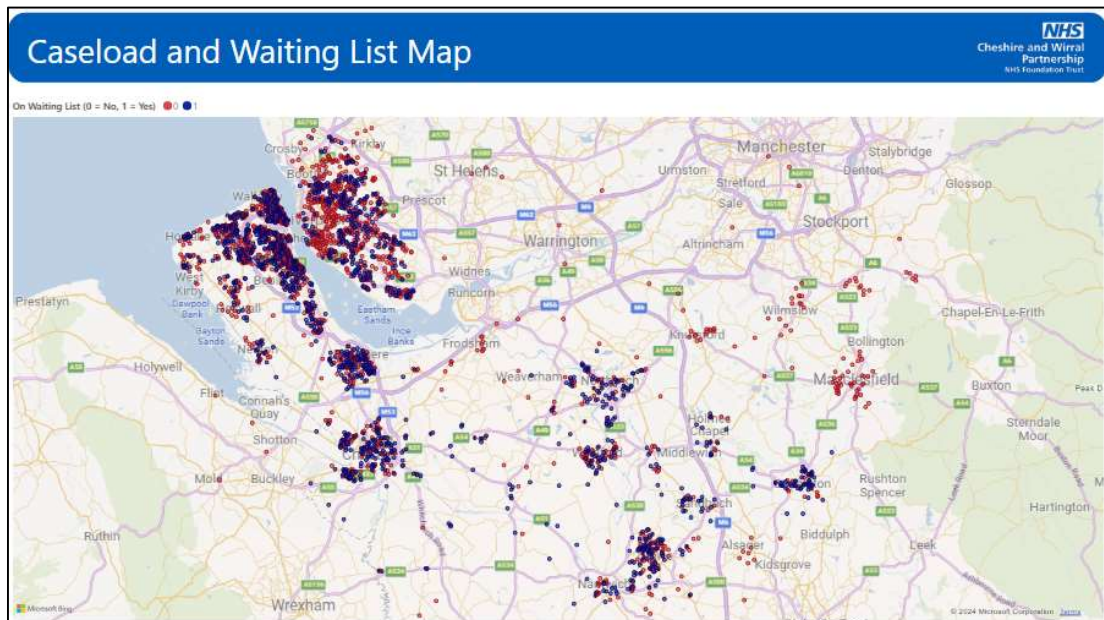
The two graphs below demonstrates the significant improvement we have made to ensuring that all people admitted have a documented EDD with a purposeful admission statement and that they are discharged by their EDD.





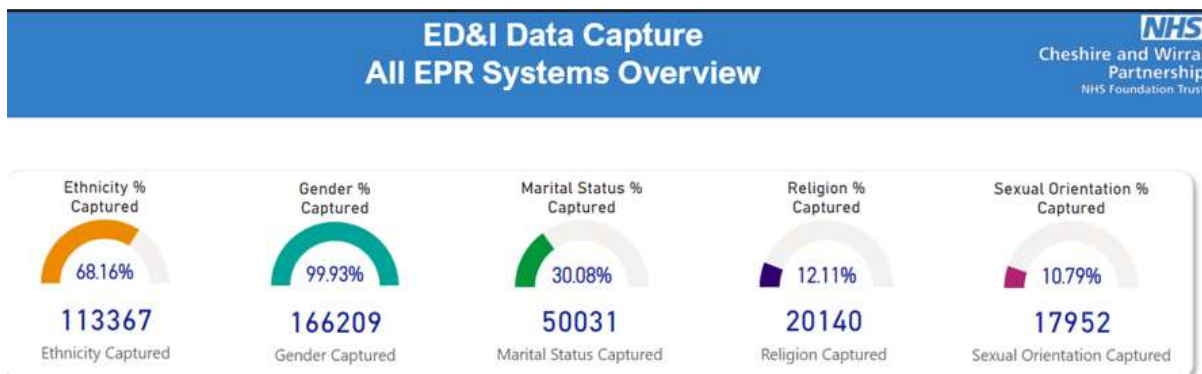
### Geography

We use geographical maps to show where the need for our services is greatest across the local area, and where we need to focus our teams and staff. This way of displaying data can also help services to review patient demographic data. An example of where this works well is the map below that shows the current ADHD (Attention Deficit Hyperactivity Disorder) caseload across Cheshire, Merseyside and Greater Manchester regions, showing where the need for assessment is highest. The blue dots show people already on the waiting list and the red dots show people not yet added to the list. We use this approach to target improvements.



### Equality, Diversity and Inclusion

From an Equality, Diversity and Inclusion (ED&I) perspective, CWP tracks the percentage of data captured for protected characteristics across our three main electronic Patient Record (ePR) systems. The following dashboard shows how the characteristics are tracked over all our systems. This data is monitored through our quarterly ED&I group; it shows we are doing well with gender and ethnicity, but still have improvements to make with other protected characteristics.





### Information Management Strategy

The title of our Information Management Strategy that we have been developing throughout 2023/24 is “Enabling Data-Driven Decision Making that aligns with our goals, objectives and initiatives”, so for this to be an effective strategy we need to ensure that we track and improve data quality. Over the coming year we will be implementing key priorities to kick start this work which includes:

- ✓ Providing the data we require to make data-driven decisions that aligns with our goals, objectives and initiatives.
- ✓ Ensuring that data can be accessed by all to enable data-driven decisions and actions to support the delivery of high-quality care to the population we serve.
- ✓ Supporting a culture that encourages critical thinking and curiosity about what data are showing.
- ✓ Supporting insights to guide clinical, strategic and business decisions.
- ✓ Supporting high quality data capture care to support the delivery of high-quality care.

### Data Security & Protection Toolkit

CWP is required to comply with information governance standards and is subject to assessment through the annual completion of the Data Security & Protection Toolkit (DSPT), hosted by NHS England. The DSPT submission is scrutinised by the Trust’s regulators, the Care Quality Commission (CQC), who review the DSPT as part of their regulatory framework.

NHS England uses the content of the DSPT in assessing the Trust’s governance risk rating. A baseline submission for 2023/24 was completed in February 2024 and the final submission is due by the end of June 2024. There have been no serious incidents relating to information governance in 2023/24 that were reportable to the Information Commissioner’s Office/ Department of Health & Social Care in the Data Security Incident Reporting Tool.

## Annex A: Glossary and abbreviations

### **A&E**

Accident and Emergency is the department in a hospital for serious injuries and life-threatening emergencies. It is also known as the emergency department (ED) or casualty.

### **ADHD**

Attention Deficit Hyperactivity Disorder – a neurological disorder that impacts the parts of the brain that help us plan, focus on, and complete tasks.

### **AI**

Artificial Intelligence or AI is technology that enables computers and machines to simulate human intelligence and problem-solving capabilities.

### **All Age Disability**

Working alongside people with disabilities of all ages.

### **ARFID**

Avoidant Restrictive Food Intake Disorder is a condition whereby a person avoids certain foods.

### **ASD**

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

### **BAF**

Board Assurance Framework – brings together in one place, all the relevant information on the risks to the Board's strategic objectives.

### **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 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.

### **CDI**

Clostridioides difficile infection also called C. diff, is a type of bacteria that can cause a bowel infection.

### **Clinician**

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

**Clinical audit**

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

**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.

**CQUIN**

Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.

**Community physical health services**

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

**COVID-19**

Coronavirus disease 19.

**Crisis**

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

**CRHT**

Crisis Resolution and Home Treatment teams work in the community to support people who are suffering from an acute mental health problem or who are experiencing a mental health crisis.

**CYP**

Children & Young People.

**DQMI**

Data Quality Maturity Index is a monthly publication intended to highlight the importance of data quality in the NHS.

**Duty of Candour**

This is 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.

**ECT**

Electroconvulsive therapy is a safe and effective treatment for severe medication-resistant depression.

**EDD**

Estimated date of discharge of a patient in hospital.

**EDI**

Equality, Diversity and Inclusion is about creating working environments and cultures where every individual can feel safe and have a sense of belonging and is empowered to achieve their full potential.

**EIP**

Early Intervention in Psychosis teams provide specialist treatment and care for people aged between 14 and 64 who have signs of psychosis.

**EPR**

Electronic Patient Record – a digital platform that brings all patients information, from medical history to results of investigations and medications prescribed, together in one place.

**Foundation Trust**

A type of NHS trust in England 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.

**FTSU**

Freedom To Speak Up means being able to speak up about anything – whether that is something which doesn't feel right or an idea for improvement.

**GBO**

Goal Based Outcomes are a way to evaluate progress towards a goal in clinical work with a patient.

**GMC**

The General Medical Council is a public body that maintains the official register of medical practitioners within the United Kingdom.

**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.

**HSJ**

Health Service Journal.

**ICB**

Integrated Care Boards – statutory NHS organisations that have taken the place of Clinical Commissioning Groups (CCGs) in being responsible for developing a plan of meeting the health needs of the population through managing the NHS budget and arranging for the provision of services in a specific geographical area.

**IPC**

Infection Prevention & Control is a practical, evidence-based approach preventing patients and health workers from being harmed by avoidable infections. IPC audits provide assurance to the Board about how well the Trust protects patients from avoidable harm, where the environment is compliant with required standards.

**ISL**

Independence Support Limited work in partnership with CWP to support all those in crisis with their transport needs across Cheshire and Wirral from their mental health referral through to their admission to hospital should they need some time as an inpatient.

**LD**

Learning disabilities are disorders that affect the ability to understand, or use spoken or written language.

**LFPSE**

Learn from Patient Safety Events service is a new national NHS service for the recording and analysis of patient safety events that occur in healthcare.

**Lithium**

Lithium is a type of medicine known as a mood stabiliser which is used to treat mood disorders.

**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.

### **National Confidential Inquiry into Suicide and Safety in Mental Health – NCISH**

An international project which collects in-depth information on all suicides in the UK; it aims to improve mental health services and to help reduce the risk of similar incidents happening again in the future.

### **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 Staff Survey**

An annual national survey of NHS staff in England, co-ordinated by the Care Quality Commission. Its purpose is to collect staff satisfaction and staff views about their experiences of working in the NHS.

### **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 – NHSE**

NHSE helps to improve care for patients and provide leadership and support to the wider NHS.

### **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.

### **NHS Patient Safety Strategy**

Published in 2019, The NHS Patient Safety Strategy sets out to develop a patient safety culture and a patient safety system across all settings of care.

### **NQPS**

The National Quarterly Pulse Survey is a five-minute survey that we use as a “check in” to gain regular feedback on how it feels to be a CWP colleague.

### **NVQ**

National Vocational Qualification is a work-based way of learning which is carried out at a college, school, or workplace.

### **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.

### **PALS**

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

### **PCREF**

Patient and Carer Race Equality Framework empowers Trusts to enhance services for diverse ethnic, racial, and cultural backgrounds.

### **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.

### **PICU**

Psychiatric Intensive Care Unit which takes care of patients who cannot be cared for on an open (unlocked) ward due to their needs.

**PLACE**

Patient-Led Assessments of the Care Environment which involve local people (known as patient assessors going into hospitals as part of teams to assess how the environment supports the provision of care.

**POMH-UK**

Prescribing Observatory for Mental Health which is a clinical audit programme that helps specialist mental health services across the UK improve their prescribing practice by developing audit-based quality improvement projects.

**PPEP**

People Promise Exemplar Programme which sets out what our NHS people can expect from their leaders and from each other. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care.

**PPG**

Patient Participation Group which is a group of people who are patients of a General Practice surgery and want to help it work as well as it can for patients, doctors and staff. The NHS requires every practice to have a PPG.

**PSPs**

Patient Safety Partners (PSPs) relates to the role that patients, carers and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety.

**PROM**

Patient Reported Outcome Measure which measures a patient's health status or health-related quality of life at a single point in time and is collected through short, self-completed questionnaires.

**Providers**

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

**PSIRF**

Patient Safety Incident Response Framework which sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

**PSOG**

Patient Safety Oversight Group is responsible for testing the effectiveness of improvement workstreams derived from new learning.

**Public health**

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

**QN-CRHTT**

Quality Network for Crisis Resolution and Home Treatment Teams .

**Rapid tranquillisation**

Rapid tranquillisation is the use of medicine to help calm a person who is extremely distressed and is at risk of harm to themselves, or possibly those around them.

**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.

**Safety-II**

The Safety II perspective advocates a move from ensuring that as few things as possible go wrong, to ensuring that as many things as possible go right. It is a concept whereby it is understood that additional, important learning can be derived by better understanding optimal practice that helps to keep patients safe.

**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.

**Suicide Prevention Strategy**

This strategy sets out the government's ambitions to prevent self-harm and suicide, including the actions the government and other organisations will take to save lives.

**SystemOne**

A clinical record system used to record patient care electronically (health records).

**Thalamos**

Thalamos is an MHA software solution which joins up the admission, treatment, and discharge care pathways.

**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.

**UKHSA**

The UK Health Security Agency which prevents, prepares and responds to infectious diseases, and environmental hazards, to keep communities safe, save lives and protect livelihoods.

**Vascular Service**

This service diagnoses and manages conditions affecting the circulation, including disease of the arteries and veins.

**WRES**

Workforce Race Equality Standard seeks to prompt inquiry to better understand why BAME+ staff often receive much poorer treatment than white staff in the workplace and to facilitate the closing of those gaps.

## **Annex B: Comments on our Quality Account**

### **Healthwatch Cheshire East and Healthwatch Cheshire West and Chester**

Healthwatch Cheshire East and Healthwatch Cheshire West and Chester welcome the opportunity to comment on the Cheshire and Wirral Partnership (CWP) Quality Account 2023/24.

We acknowledge the positive work the trust has done to implement the Patient Safety Incident Response Framework and the Suicide Prevention Strategy.

We welcome the improvements in all but one of the nine areas of the staff survey since the previous year.

We feel the trust is to be commended for its Migrant Immunisation Programme.

Healthwatch Cheshire East and Healthwatch Cheshire West and Chester are aware of the very long waiting lists for people to receive diagnosis of mental health conditions. Whilst we accept this is a national issue, we had hoped to see some more emphasis in this report on local initiatives to try to reduce these waiting times.

We recognise that there have been significant challenges for the Trust during 2023/24 and value the relationship that Healthwatch Cheshire East and Healthwatch Cheshire West and Chester and the Trust have. We look forward to continue working with the Trust during 2024/25 to enable our community to have a powerful voice helping to shape and improve these services for the future.

### **NHS Cheshire & Merseyside Integrated Care Board**

NHS Cheshire & Merseyside Integrated Care Board (ICB) have worked closely with Cheshire and Wirral Partnership NHS Foundation Trust during 2023/24 and commend the achievements gained.

Development of your integrated Quality team structure will strengthen your approach to quality and assurance and we look forward to seeing the outcomes of this through the quality of care you deliver.

Commendable achievements include your accreditation with the Carers Trust and the recruitment of Patient Safety Partners. Your Quality Account describes notable practice in how you have engaged with patients, staff, carers and the public.

Technological advances within CWP demonstrate a drive to enhance and improve additional aspects of patient care, with national recognition through your HSJ nomination. Quality improvements have been well received and show a progressive approach to service development.

The ICB notes that work continues to address actions resulting from CQC inspections and understand the extent of the improvement work being undertaken by the Trust.

National clinical audits undertaken show an appetite for learning. The ICB would encourage further participation in Clinical Audits during the coming year.

The ICB recognises the importance of the Trust's work on the Freedom to Speak Up agenda and commends the approach to developing a Freedom to Speak Up Champions network of people from across the organisation. The ICB values your ongoing focus on ensuring that your workforce engage with this opportunity to promote a supportive culture and provide an appropriate response process to embed learning from any concerns raised.

The ICB acknowledges the Trust's commitment and effort to implement the national Patient Safety Incident Response Framework and welcomes the impact this has on the growth of a learning culture. Development of review networks to ensure learning is captured from patient safety events remains an important part of the patient safety process and the ICB will continue to support and engage with CWP colleagues to enhance and refine this process.

We support the quality priorities that the Trust has identified for 2024/25.