The Quality Account is a report about the quality of the services we deliver to our patients.
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International Nurses Day and International Day of the Midwife Celebration 2018
Thank you for taking the time to read our Quality Account for the year 2018 to 2019. The Quality Account is one of the ways we report, and provide information, to the public about the quality of services being delivered by Coventry and Warwickshire Partnership NHS Trust (the Trust). The Quality Account enables us to demonstrate our commitment to continuous and evidence-based quality improvement, and to explain our progress to the public.

This past year has been a particularly busy and notable one. Following inspections carried out between June and October 2018 we have been rated as “Good” by the Care Quality Commission, something which we are very proud of. I am delighted that the contribution made by all of our staff, to the lives of those we serve, was recognised by the CQC in its report. We know that we do not always get things right, and we listen when things need attention and work continuously to ensure that improvements are made. The CQC’s findings should give great reassurance to the people who use our services, and to their friends and carers, our partners and stakeholders. Our staff deserve huge recognition and thanks for delivering this level of improvement during what has been a particularly challenging time for the NHS. Our goal is to sustain this progress and to put clear plans in place to move us towards an overall rating of ‘Outstanding’.

We continue to engage with staff and stakeholders in a dialogue about what we need to achieve together. I would like to highlight the Trust’s continued active role in the Better Health, Better Care, Better Value Health and Care Partnership (formerly known as the Sustainability and Transformation Partnership). The Trust has a central role in working with other providers of health and social care, and our commissioners, to understand how all services, including mental health services, can be improved across the local health economy, seeking to ensure everyone across Coventry and Warwickshire has equal access to high quality, sustainable care.

Our Trust’s story is about pride, determination and meeting the challenges head on. We have a strong foundation and a commitment to our vision and values that supports us to achieve this. Our story is also about listening to feedback from patients, carers, staff and partners and working together to find solutions. Above all it is about people sharing a commitment to making lives better through providing the highest quality services that promote recovery and hope.

On behalf of the Board, I would like to extend my thanks to all of our staff for their efforts during the year. Demand for our services is steadily increasing and many aspects of what we do are becoming increasingly challenging. Despite this, our frontline teams and their colleagues, in a wide range of support functions, continue to show huge commitment and dedication.

The Trust Board is confident that this Quality Account presents an accurate reflection of quality across the Trust, and I can confirm that to the best of my knowledge the information contained within it is accurate.

Simon Gilby
Chief Executive
Part 2 is the section in our Quality Account that reflects on the progress we have made against priorities that were set in 2018/19 and looks forward and identifies our objectives for 2019/20. It also includes our statements of assurance from the Trust Board.

Trust Quality Objectives:

We put patients at the centre of all we do – a commitment that will always be our priority when looking at how services are provided. We will provide the best quality of care to our patients, to support them to achieve the outcomes that are important in their lives. We will continue to transform our services and move away from a care and repair model towards one where people have more control over their own health and wellbeing.

What ties all of our complex services together is a common ethos – that great care goes beyond the traditional boundaries of Trust buildings and facilities. We are about caring for people closer to home, and supporting self-care.

Our services are clinically led, with supportive, enabling management. We’re committed to developing a culture that embraces Quality Improvement. We are in the process of training a core team of staff in Quality Service Improvement and Redesign (QSIR) methodology, with a plan to roll this out across the organisation throughout 2019/20. This will enhance our capability to create a sustainable, productive organisation that gives the highest quality service to its users.

Every member of every team is committed to making this happen, in hundreds of small ways. It gives us the opportunity to question our services and see where we could better. We are proud of our organisation, the people who work for it and the services that we provide. We are a vital part of the local community, supporting those who are often stigmatised by society, and giving them the tools they need to live healthier, happier lives.

We have developed a three year strategic plan “Our Great Place Delivery Plan 2018-2021” that sets out our ambitious vision to transform the Trust into a great place for care, to care and to work and we have a clear programme of work in train designed to achieve our ambitions.

Over the three years of the plan the Trust’s focus is on enhancing the quality of care experienced by its service users through a programme of quality improvements at organisational, place and system level whilst recognising the limitations of the challenging financial environment it operates in. At its core the Great Place Delivery Plan sets out the Trust’s ambition to be a great place for care, to care and to work.

There are a number of drivers that underpin the need to develop and implement clear and focussed quality improvement objectives, the implementation of which can be measured and reported transparently. The development of the Trust’s improvement objectives also represents an opportunity to engage with patients, their carers, our commissioners and other stakeholders as well as the wider general public. All of these groups have a vested interested in the Trust’s continued success.
Quality Objectives for 2018/19

The Annual Objectives developed for 2018/19 underpin the Trust’s Vision and Value and Strategic Objectives. The objectives for 2018/19 are described below along with our progress:

### A Great Place for Care: Made great by Improving patient outcomes and experience

**What did we aim to do?**
- Provide the best quality care to our patients and with our patients support them to achieve the outcomes that are important to them
- Focus on delivering safe care and reduce the risk of harm
- Improve accessibility to care and eliminate unnecessary waiting
- Be recognised as an outstanding provider of services

**What did we expect to achieve?**
- Increase Patient Experience measure to above the median
- Reduction in safety thermometer indicators (community) and reduction in restraints (inpatients)
- Reduce all waiting times to be in line with what the Trust has been commissioned to deliver and where no wait is commissioned, expect to meet the national waiting time.
- Overall assessed as Outstanding by the CQC by 2021

### How did we do?
- The Trust improved its Patient Experience score on the previous year from 70.7 (in 2017/18) to 70.9 in (2018/19).
- The safety thermometer numbers have not significantly changed during the year, although the number of low level restraints are higher than 2017/18.
- The Trust is meeting waiting times in 90% of its services which is an improvement on 2017/18 (data accurate to Quarter 4 of 2018/19).
- The Trust improved its rating from the Care Quality Commission from ‘Requires Improvement’ in 2017/18 to a rating of ‘Good’ in 2018/19.

### A Great Place to Care: Made great by Improving patient outcomes and experience

**What did we aim to do?**
- Foster a culture where quality improvement and innovation flourishes
- Secure the right resources and manage them effectively
- Connect and integrate our services with our partners, to deliver better care

**What did we expect to achieve?**
- No less than 12 of our people trained and accredited in the Trust’s QI methodology by Sep 2019
- Delivering our three year Cost Improvement Programme
- Bringing all our services into financial balance
- Achieving all key milestones in our transformation programmes

### How did we do?
- Six staff completed and passed the practitioner exam for the NHSI ACT Academy Quality Service Redesign Improvement (QSIR) programme. Four have now been accredited as Associates and are qualified to train others in QSIR as from June 2019.
- The Trust will not achieve all of its Cost Improvement Programme in 2018/19 but continues to monitor this closely.
- The Trust will achieve a financial surplus that meets the target set by NHS Improvement.
- The Trust’s Transformation Programmes are broadly on track and we continue to make significant progress.
A Great Place to Work: Made great by: Improving staff experience through ‘Our People’ Strategy

What did we intend to do?
• Recruit and retain people who demonstrate our Trust values, collective leadership behaviours and are representative of the community we serve
• Listen to, develop and invest in our people
• Focus on the health and well-being of our people

What did we expect to achieve?
• Achievement of 1% reduction in staff turnover
• Year on year improved staff engagement score (NHS Staff Attitude Survey)
• Increased responding that their manager and organisation takes a positive interest in their health and well-being (NHS Staff Attitude Survey)

How did we do?
• Staff turnover has increased from 13.1% at February 2018 to 15.3% at the end of February 2019.
• The Trust staff engagement score increased from 6.72 in 2017/18 to 6.77 in 2018/19.
• The Trust sustained its performance score of 5.9 from 2017/18 to 2018/19 in respect of the number of staff responding that their manager and organisation takes a positive interest in their health and well-being.

Commissioning for Quality and Innovation (CQUIN) Framework

Our last Quality Account, reflecting the year 2017/18, detailed priorities for 2018/19 based on the Commissioning for Quality and Innovation (CQUIN) framework. This framework is designed to promote quality improvement by linking a proportion of the Trust’s income to the delivery of agreed focussed work. The content of local schemes is agreed between the Trust and its Clinical Commissioning Group (CCG) commissioners prior to the start of the financial year, and includes nationally and locally defined CQUIN indicators. We highlighted in our last Quality Account that we would formally report against the following CQUIN goals for 2018/19:

Recovery Colleges for Medium and Low Secure Patients

What did we aim to do?
Recovery Colleges deliver peer-led education and training programmes within mental health services. Courses are co-devised and co-delivered by people with lived experience of mental illness and by mental health professionals and are based on recovery principles.

What did we expect to achieve?
The Trust will build on its programme of work for Recovery College engaging with staff and patients. Our focus in 2018/19 focussed on evidencing implementation of the Recovery College and evaluation and assessment tools to improve the percentage of patients participating in courses.

How well did we do?
The Trust has confirmed that it has met the requirements of the CQUIN with its Commissioners.
Courses advertised have continued to support increase in number of attendees. Courses cover a range of topics from health issues, using a computer, budgeting, physical fitness and gardening. To ensure continued value and effectiveness of each course an evaluation tool was developed and users supported to share their experiences. The Trust maintained a high attendance level and achieved an outcome of 82% attendance against a target of 62.5%. We continue to develop the Recovery Academy across the Trust and outcomes suggest we are positively impacting the quality of service we offer and deliver.
What did we aim to do?
The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, in order to improve service user experience whilst maintaining safe services.

What did we expect to achieve?
The Trust will build on its programme of work by developing robust governance arrangements and an evaluation to support long term sustainability. We will:
- Roll out training across the whole service.
- Review monitoring information, data collection and insights gained;
- Modify data collection as appropriate and evaluate the framework, sharing our progress via national forums.

How well did we do?
The Trust has confirmed that it has met the requirements of the CQUIN with its Commissioners. The Trust has focused on three initiatives that have been developed over the last year which have been of central importance in supporting the maintenance of a culture of least restrictive practice, during a period of increased complexity of service user presentation.

These initiatives included:

a. The introduction of “Therapeutic Environments” on units at the Brooklands Site.
   From May 2018 the Multi-Disciplinary Team introduced a “Therapeutic Environment” on a unit at the Brooklands site. The approach has included the introduction of daily community meetings every morning and evening, a more detailed schedule of activities, new low level groups focusing on motivation to engage in managing and addressing risk behaviour, helping people to understand reasons for their detention, and developing basic emotional management skills. Overall this initiative has improved daily structure and re-introduced a therapeutic climate on the unit with levels of aggression and corresponding restrictions such as restraint considerably reduced.

b. Development of service user accessible tools to support understanding of the role of Positive Behavioural Support, risk assessment and restrictive practices in managing their risk.
   The Trust has co-developed, piloted and implemented the use of a service user accessible tool which supports the individual service user’s understanding of their particular risks. The tool helps the person understand how his/her individualised treatment pathway and restrictions currently placed on them relates to the risks identified.

c. Fortnightly formal review of restrictive practices used within the services.
   There are regular restrictive practice review meetings held with all ward managers and senior clinical leads and other staff from the Brooklands Secure Services. All episodes of restraint, rapid tranquillisation, seclusion and PRN use are reviewed. Clinical discussion is held regarding each incident to ensure that there is scrutiny over all restrictive practices and action is taken where necessary to increase positive strategies to manage risk. The regular review allows for the oversight of trends in increases of specific types of restriction and swift action to be taken. The meeting supports staff to share good practice and supportively challenge practice. The learning from this CQUIN initiative has also influenced service developments in Coventry and Warwickshire’s other Learning Disability and Mental Health inpatient services. For example, Positive Behavioural Support (PBS) is being rolled out across all mental health inpatient services and the Trusts corporate risk training will include PBS and Safewards for all inpatient staff in the future.
Looking forward to 2019/20

Our vision is to be first and foremost “A Great Place for Care”. We believe that we can achieve this by also being a “Great Place to Care” and “A Great Place to Work”.

As a Trust we have been collectively developing our strategy over the past few years and have identified the key actions we need to complete to achieve the ambitions of the strategy and the outcomes that we would want to occur as a result of these actions.

Our Vision Statement is made up of our Vision, our four Values, and the Behaviours that represent those Values. The Statement was developed following feedback from staff, stakeholders, and from service users, patients and their carers.

Our vision

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

Whilst our vision and strategic ambitions have evolved over the past few years they are aligned to the Trust values of:

Our values

- **Compassion in action**
  - Our compassion should be seen and felt throughout the organisation; compassionate care will be experienced by our patients.

- **Working Together**
  - embracing our ‘equal partners’ approach to work together as patients, service users, carers and staff to ensure the engagement and involvement of all.

- **Respect for Everyone**
  - celebrating and respecting difference, and the contributions of all. It means putting patients, service users and carers at the heart of the services we provide. It also means recognising and valuing all of our staff in the contributions they make to the delivery of high quality.

- **Seeking Excellence**
  - aiming to achieve the best possible outcomes for our patients, service users and carers using innovation and evidenced based care. It embraces continuous service improvement and innovation and the most effective use of resources. Something about how we apply the values to everything we do e.g. values based recruitment.

These values underpin our strategy and are used as the benchmark for all of our plans and actions.
Trust Strategic Ambitions for 2019/20

The Trust’s Strategic Ambitions developed for 2019/20 underpin the Trust’s Vision and Values and Strategic Objectives. The Strategic Ambitions for 2019/20 are as described below.

Great Place for care by Improving patient care and experience

“Working together to treat and support people at the right time at home, in hospital and in their communities. We strive to prevent ill-health, connecting people to the right services to aid recovery and well-being”

Great Place to care by Improving how and where we care

“Investing in our people, research, technology and innovation to support a culture of quality improvement and to continue to create a great environment from where we can provide great care”

Strategic Ambitions

• Provide the best quality care to our patients and with our patients support them to achieve the outcomes that are important to them
• Focus on delivering safe care and reduce the risk of harm
• Improve accessibility to care and eliminate unnecessary waiting
• Be recognised as an outstanding provider of services

Strategic Ambitions

• Foster a culture where quality improvement and innovation flourishes
• Secure the right resources and manage them effectively
• Connect and integrate our services with our partners, to deliver better care

Great Place to work by Improving staff experience through ‘Our People’ Strategy

“Bring together all that the Trust does to attract, retain, and support its people to deliver high quality care, and to ensure they feel valued and enjoy their working lives.”

Strategic Ambitions

• Recruit and retain people who demonstrate our Trust values, collective leadership behaviours and are representative of the community we serve
• Listen to, develop and invest in our people
• Focus on the health and well being of our people.

A Great Place for Care

Made great by: Improving patient outcomes and experience

We will achieve this by: (ACTION & OUTCOME)

• Provide the best quality care to our patients and with our patients support them to achieve the outcomes that are important to them
• Focus on delivering safe care and reduce the risk of harm
• Improve accessibility to care and eliminate unnecessary waiting
• Be recognised as an outstanding provider of services

Overarching Measure

• Increase Patient Experience measure to above the median
• Reduction in safety thermometer indicators (community) and reduction in restraints (inpatients)
• Reduce all waiting times to commissioned waits and where no wait is commissioned expect to meet the national expected waiting times
• Overall assessed as Outstanding by the CQC by 2021

Programme of work to achieve

• Full involvement of Patients/Carers in QI programme
• Independent Qualitative research programme (Utilise volunteers & technology)
• Internal/external benchmarking
• Out of Hospital Programme
• Statistical Process Control development
• Positive Behavioural Support Programme
• Targeted training
• Safe Wards Programme
• Capacity and Demand modelling
• Redesign of care pathways to minimise waiting time.
• Application of Quality, Service Improvement and Redesign (QSIR) Programme
• Application of QSIR Programme
• Continuous programme of self-assessment and peer review
A Great Place to Care

Made great by: Improving patient outcomes and experience

We will achieve this by: (ACTION & OUTCOME)
• Foster a culture where quality improvement and innovation flourishes
• Secure the right resources and manage them effectively
• Connect and integrate our services with our partners, to deliver better care

Overarching Measure
• No less than 12 of our people trained and accredited in Coventry and Warwickshire Partnership NHS Trust QI methodology by Sep 2019
• No less than 24 Rapid Process Improvement Workshops completed by September 2019
• Delivering our three year Cost Improvement Programme
• Bringing all our services into financial balance
• Achieving all key milestones in our transformation programmes

Programme of work to achieve
• Roll out training programme
• Identify potential candidates to train for Associate level accreditation
• Develop detailed project plans and ensure there is programme grip to safely achieve cost savings
• Complete the service review programme and implement required changes
• Increase the programme project management maturity of the organisation through targeted training and development
• Expansion of integrated care work programmes at system and place

A Great Place to Work

Made great by: Improving staff experience through ‘Our People’ Strategy

We will achieve this by: (ACTION & OUTCOME)
• Recruit and retain people who demonstrate our Trust values, collective leadership behaviours and are representative of the community we serve
• Listen to, develop and invest in our people
• Focus on the health and well being of our people

Overarching Measure
• Achievement of 1% reduction in staff turnover
• Year on year Improved staff engagement score (NHS Staff Attitude Survey)
• Increased responding that their manager and organisation takes a positive interest in their health and well-being (NHS Staff Attitude Survey)

Programme of work to achieve
• Develop Cultural Change Ambassadors
• Reflective training for team leaders on culture, values and behaviours
• Annual update of metrics within culture and outcomes dashboard
• Develop centrally coordinated EI process using Monkey Survey platform
• Well-being and self-care programme, supported by Well-being Group
Commissioning for Quality and Innovation (CQUIN) Framework

In addition to the Trust’s Strategic Ambitions, the Trust is committed to deliver a number of commissioner targets (collectively known as CQUINS). Commissioner priorities for the new contract year were agreed through a process of negotiation involving the Trust and Specialist Commissioner Groups.

The rationale for inclusion of each priority was based on links with national, regional and local quality improvement programmes. Project teams will take forward specific actions and documentary evidence will be reported at regular intervals to demonstrate achievement against milestones, both internally and externally to commissioners.

CQUIN for 2019/20

The Trust will work to the following CQUIN in 2019/20

**Staff Flu Vaccinations**
Achieving an 80% uptake of flu vaccinations by frontline clinical staff.

**Alcohol and Tobacco Screening**
Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.

**Alcohol and Tobacco Brief Advice**
Achieving 90% of identified smokers given brief advice.
Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.

**72hr follow up post discharge**
Achieving 80% of adult mental health inpatients receiving a follow up within 72hrs of discharge from a CCG commissioned service.

**Mental Health Data Quality: MHSDS Data Quality Maturity Index**
Achieving a score of 95% in the MHSDS Data Quality Maturity Index (DQMI).

**Mental Health Data Quality: Interventions**
Achieving 70% of referrals where the second attended contact takes place between Q3 and 4 with at least one intervention (SNOMED CT procedure code) recorded between the referral start date and the end of the reporting period.

**Use of Anxiety Disorder Specific Measures in IAPT**
Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).

**How will we know?**
The Trust will report its progress against the indicators in the Quality Account report for 2019/20.
Statements of assurance from the Board relating to the Quality of NHS Services provided here at Coventry and Warwickshire Partnership NHS Trust

The wording in the following statements is required in the NHS England regulations for producing Quality Accounts and is included to enable readers to make comparisons between similar organisations.

Review of Services
During 2018/19 the Trust provided and/or sub-contracted 57 relevant health services. The Trust has reviewed all the data available to it on the quality of care in 57 of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 92.41% of the total income generated from the provision of relevant health services by the Trust for 2018/19.

Clinical Audit
Participation in Clinical Audits
During 2018/2019, 11 national clinical audits and one confidential enquiry covered relevant health services that the Trust provides.

During 2018/2019 the Trust participated in 100% national clinical audits and 100% national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2018/19 and for which data collection was collected during 2018/19, are as follows:

• Learning Disability Mortality Review Programme (LeDeR)
• Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH)
• National Clinical Audit of Anxiety and Depression: Core Audit
• National Clinical Audit of Anxiety and Depression: Psychological Therapies Spotlight
• National Clinical Audit of Psychosis: Early Intervention in Psychosis Spotlight Audit
• National Audit of Intermediate Care (NAIC)
• National Audit of Seizures and Epilepsies in Children and Young People
• National Diabetes Audit: Adults: National Diabetes Foot Care Audit
• POMH-UK Topic 6d: Assessment of the Side-effects of Depot Anti-psychotics
• POMH-UK Topic 7c: Monitoring of Patients Prescribed Lithium
• Sentinel Stroke National Audit Programme (SSNAP).
The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

<table>
<thead>
<tr>
<th>Eligible audits / confidential enquiries applicable to the Trust</th>
<th>Eligible to participate</th>
<th>Participation in 2018/19?</th>
<th>cases submitted 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability Mortality Review Programme (LeDeR)</td>
<td>✓</td>
<td>✓</td>
<td>100%*</td>
</tr>
<tr>
<td>Mental Health Clinical Outcome Review Programme: National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH)</td>
<td>✓</td>
<td>✓</td>
<td>100%*</td>
</tr>
<tr>
<td>National Clinical Audit of Anxiety and Depression (NCCAD): Core Audit</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>National Clinical Audit of Anxiety and Depression (NCCAD): Psychological Therapies Spotlight Audit</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>National Clinical Audit of Psychosis: Early Intervention in Psychosis (EIP) Spotlight Audit (SQ784)</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>National Audit of Intermediate Care</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)</td>
<td>✓</td>
<td>✓</td>
<td>80 (100%) patient questionnaires distributed; number of returns not disclosed by national audit.</td>
</tr>
<tr>
<td>National Diabetes Audit: Adults: National Diabetes Foot Care Audit</td>
<td>✓</td>
<td>✓</td>
<td>100%*</td>
</tr>
<tr>
<td>Prescribing Observatory for Mental Health (POMH-UK): 6d: Assessment of the Side-effects of Depot Anti-psychotics</td>
<td>✓</td>
<td>✓</td>
<td>33 patients</td>
</tr>
<tr>
<td>Prescribing Observatory for Mental Health (POMH-UK): 7c: Monitoring of Patients Prescribed Lithium</td>
<td>✓</td>
<td>✓</td>
<td>50 patients</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
<td>✓</td>
<td>✓</td>
<td>256 patients*</td>
</tr>
</tbody>
</table>

*Ongoing data collection.
The reports of 7 national clinical audits were reviewed by the provider in 2018/19 and the Trust intends to take the following actions to improve the quality of healthcare provided as detailed below.

<table>
<thead>
<tr>
<th>National audit title</th>
<th>Description of actions following national clinical audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Clinical Outcome Review Programme: National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH)</td>
<td>A work programme to remove identified ligature points within in-patient environments is being rolled out. The Trust is reviewing its observation practice. Wards are implementing safe wards. Developing further training packages for university staff.</td>
</tr>
<tr>
<td>National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)</td>
<td>National organisational audit report published. Findings and recommendations at regional forum / health board level.</td>
</tr>
<tr>
<td>National Audit of Intermediate Care</td>
<td>Report considered and action plan in development.</td>
</tr>
<tr>
<td>National Clinical Audit of Psychosis: Core Audit (SQ689)</td>
<td>Findings considered; no action being taken.</td>
</tr>
<tr>
<td>National Diabetes Audit: Adults: National Diabetes Foot Care Audit (2017)</td>
<td>Report published March 2018. At the time of publication of the 2017/2018 Quality Account the service were in the process of developing the action plan. The following statements outline the action that has been taken in response to the findings. Changes have been made to clinics to allow patients to be seen in a timelier manner improving the time to assessment. More wound care and high risk management clinics are being delivered. Wound review meetings are being held. GP training has been delivered in relation to patient education and information to prevent complications.</td>
</tr>
<tr>
<td>Prescribing Observatory for Mental Health (POMH-UK): 15b: Prescribing Valproate for Bipolar Disorder</td>
<td>Joint action plan to be developed by Drugs and Therapeutic Group and Mental Health Safety and Quality Forum.</td>
</tr>
<tr>
<td>Prescribing Observatory for Mental Health (POMH-UK): 16b: Rapid Tranquilisation</td>
<td>Joint action plan to be developed by Drugs and Therapeutic Group and Mental Health Safety and Quality Forum.</td>
</tr>
<tr>
<td>Prescribing Observatory for Mental Health (POMH-UK): 18a: Use of Clozapine</td>
<td>Joint action plan to be developed by Drugs and Therapeutic Group and Mental Health Safety and Quality Forum.</td>
</tr>
</tbody>
</table>

The reports of 66 local clinical audits were reviewed by the Trust in 2018/19. The following have been selected as examples of how services have used clinical audit to improve the quality of care delivered.

<table>
<thead>
<tr>
<th>Clinical audit title</th>
<th>Description of actions in response to findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making Safeguarding Personal (SQ679)</td>
<td>The findings highlighted that patients / carers felt fully involved in the safeguarding process. They reported that staff were supportive and understanding and that they were kept fully informed. No action was required as the findings from the patient survey demonstrated that staff are adopting the principles of making safeguarding personal.</td>
</tr>
<tr>
<td>Nutrition and Hydration Re-audit (SQ697)</td>
<td>Patients were assessed for nutrition and hydration risks. The Trusts Malnutrition Screening Policy to be revised and obesity flowchart / tool to be incorporated.</td>
</tr>
<tr>
<td>Clinical audit title</td>
<td>Description of actions in response to findings</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Summary of Controlled Drug Audits during 2018</td>
<td>Medicines Management Team to continue to work with the individual units to increase adherence to the audit standards. Article in Medicines Matters Newsletter to highlight learning.</td>
</tr>
<tr>
<td>An Audit of Clinician Compliance with the Patient Group Direction (PGD) for the Administration of Triamcinolone Acetonide (Kenalog) to Clients for the Treatment of Musculoskeletal Disorders (SQ748)</td>
<td>Adherence to all of the audit standards was 100% except for two standards where adherence was still above 97% and 93%. The audit findings highlighted that care delivered was in line with the PGD. As compliance was in line with identified best practice no action is required.</td>
</tr>
<tr>
<td>Safe and Secure Handling of Medicines</td>
<td>Medicines Management technicians to undertake a regular rolling programme of visits to teams to look at safe and secure handling of medication. To undertake a re-audit in 2019.</td>
</tr>
<tr>
<td>NG179 Audit of the Management and Documentation of the Risk of Pressure Ulcers (SQ528)</td>
<td>In high risk children mobility was always documented. Assessment of skin condition was routinely assessed as part of the equipment check. Risk assessments need to improve. To improve compliance the pressure ulcer risk assessment tool has been made available on Care notes. The pressure ulcer patient information leaflet to be reviewed to ensure content is appropriate.</td>
</tr>
<tr>
<td>Admitting a Young Person to an Adult Ward within Coventry and Warwickshire Partnership NHS Trust Re-audit (SQ795)</td>
<td>The 2018 re-audit demonstrated improved compliance against all audit standards. The findings also demonstrated that there had been a reduction in the number of young people admitted to an adult ward. As compliance was in line with identified best practice no action is required.</td>
</tr>
<tr>
<td>Audit of the Correct Use of the Drug Administration Document for Babies, Children and Young People Requiring Symptom Management (SQ565)</td>
<td>Adherence to the audit standards was generally very good. Areas for improvement tended to relate to newer staff members being unfamiliar with the document and how to utilise the document fully. Teaching session to be developed and delivered to staff on the use of the drug administration document. Prompt cards to be developed and made available in clinical settings.</td>
</tr>
<tr>
<td>NICE: Preventing Falls in Older Adults (SQ745)</td>
<td>Falls screening assessments were quite well completed however, they are not completed within the identified timescales. The audit highlighted that there were inconsistencies between the trust policy and the NICE guidance. Trust policy has been reviewed and revised to reflect the NICE guidance. There is ongoing recruitment to the psychology position.</td>
</tr>
<tr>
<td>Dental Extractions LocSSIP (Local Safety Standards for Invasive Procedures) Compliance Re-audit (SQ845)</td>
<td>Compliance with the LocSSIP was 100% for treatment in the clinic setting under local anaesthesia only. Improvements are required for the recording of the LocSSIP compliance for patients undergoing dental extractions under intravenous sedation, and in the domiciliary setting. Staff have been provided with further guidance and instruction the LocSSIP.</td>
</tr>
<tr>
<td>Audit of Wound Assessment and Treatment in Community Out of Hospital Services (SQ852)</td>
<td>This baseline audit highlighted inconsistencies in wound assessment and treatment across the community teams. In response to the findings a wound assessment training programme will be developed and delivered to all staff within the Community Out of Hospital Services. The training programme will be included in the induction plan for new staff.</td>
</tr>
</tbody>
</table>
Participation in Clinical Research – Commitment to research as a driver for improving the quality of care and patient experience

The number of patients receiving relevant health services provided or subcontracted by the Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 1193, exceeding the target of 1035.

Participation in clinical research demonstrates the Trust’s commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

The Trust was involved in conducting 25 clinical research studies, across 6 medical specialties in the following areas during 2018/19.
- 13 in Mental Health,
- 4 in Dementia and Neurodegeneration,
- 4 in Integrated Sexual Health Services,
- 1 in Public Health,
- 1 in Palliative Care
- 1 in Children’s Services.

Goals agreed with commissioners – Use of the CQUIN payment framework

A proportion of the Trust’s income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2018/19 and for the following 12 month period are available online at www.cowwarkpt.nhs.uk/aboutus/CQUINs

“To establish the Trust as a centre of research excellence and continual quality improvement”
What others say about the provider:

Statements from the Care Quality Commission (CQC)
The Trust is required to register with the CQC and its current registration status is ‘registered without conditions’. The CQC has not taken enforcement action against the Trust during 2018/19. The Trust has not participated in any special reviews or investigations by the CQC during the reporting period. The Trust is subject to periodic reviews by the Care Quality Commission and the last review was in December 2018. The CQC’s assessment of the Trust following that review was an overall rating of ‘Good’. The CQC rated the Trust as ‘Good’, with ratings across the CQC domains of Safety, Effective, Caring, Responsive and Well-Led as follows:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are they safe?</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>2. Are they effective?</td>
<td>Good</td>
</tr>
<tr>
<td>3. Are they caring?</td>
<td>Good</td>
</tr>
<tr>
<td>4. Are they responsive to people’s needs?</td>
<td>Good</td>
</tr>
<tr>
<td>5. Are they well-led?</td>
<td>Good</td>
</tr>
</tbody>
</table>

The Trust intends to take the following action to address the points made in the CQC’s assessment:

- The development of a clear plan that supports the work required to sustain a rating of ‘Good’ and work towards a rating of ‘Outstanding’

The Trust has made the following progress by 31st March 2019 in taking such action.

The Trust has developed its plan and shared the plan with stakeholders, including the Clinical Commissioning Group, NHS Improvement and the Care quality Commission.

The actions in respect of the Safe Domain include a focus on:

- Maintaining effective arrangements for storing medicines in temperature controlled environments within our inpatient areas;
- Maintaining safe staffing levels within our inpatient areas by recruiting staff into substantive post;
- Ensuring that standard safety checks are implemented across our community services for adults.

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

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

NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- Which included the patient’s valid NHS number was:
  - 99.9% for admitted patient care
  - 100% for outpatient care
- Not applicable for Accident and Emergency

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

- 100% for admitted patient care
- 99.8% for outpatient care
- Not applicable for Accident and Emergency

Data Security and Protection Toolkit

The Trust’s Data Security and Protection Toolkit performance for 2018/19 was 99 out of 100 mandatory criteria met and the Trust achieved a “Standards not fully met (plan agreed) Assessment” rating.
Clinical coding error rate

The Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

Our actions to improve our Data Quality

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

- Continue our focused work to implement our clinical information system (Care Notes);
- Data Quality Team to continue to work with services to promote the importance of data quality;
- Continue to report issues to staff where there are data quality issues with the data for key data items such as ethnicity, postcode and general practitioner and use of the batch tracing functionality to support data quality;
- Continue using nationally reported benchmarking data from the NHS Digital (formerly Health and Social Care Information Centre (HSCIC)) to benchmark our performance on data quality and identify any issues for resolution;
- Continued compliance with the DSP toolkit which includes undertaking audits on data quality.
- Regular production of data quality newsletters and advice on use of Care Notes.

Core Quality Indicators

The Trust is required to provide performance details against a core set of quality indicators that were part of a new mandatory reporting requirement in the Quality Accounts from 2013 with the data being supplied by NHS Digital as follows:

Seven Day Follow Up 2018/19

The data made available to the Trust by the NHS Digital/HSCIC with regard to the percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period demonstrated the following:

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Full Year</th>
<th>National Average</th>
<th>National Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19*</td>
<td>95%</td>
<td>97.6%</td>
<td>96.6%</td>
<td>99.5%</td>
<td>100%</td>
<td>98.4%</td>
<td>95.7%</td>
<td>83.5% - 100%</td>
</tr>
<tr>
<td>2017/18*</td>
<td>95%</td>
<td>96.7%</td>
<td>98%</td>
<td>98.1%</td>
<td>96.5%</td>
<td>97.7%</td>
<td>96.07%</td>
<td>81.6% - 100%</td>
</tr>
<tr>
<td>2016/17*</td>
<td>95%</td>
<td>99%</td>
<td>98%</td>
<td>98.9%</td>
<td>97.5%</td>
<td>98.4%</td>
<td>96.6%</td>
<td>59.6% - 100%</td>
</tr>
</tbody>
</table>

*National Range – proxy measure reflecting Q4 2019/20 reported position.
*The data above includes a number of local exclusions that have been agreed with our local commissioners and reflect the nature of the services commissioned. The local exclusions are: patient choice, patient moved out of area, transfer to police/prison custody, no mental illness and not adult mental health.

The data reflects all patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care who must be followed up within seven days of discharge. Nationally, where a patient has been transferred to prison, contact should be made via the prison in-reach team. The seven day period should be measured in days not hours and should start on the day after the discharge. National exemptions include patients who die within seven days of discharge; patients where legal precedence has forced the removal of the patient from the country; patients transferred to a psychiatric inpatient ward and patients readmitted to CWPT within 7 days. All Child and Adolescent Mental Health Services (CAMHS) patients are also excluded. The local exemptions are: patient choice, patient moved out of area, transfer to police/prison custody, no mental illness and not adult mental health. Both National and Local exemptions are reflected in the table above.
National Exemptions Only

The Trust also reports the percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period, in accordance with the National criteria only. By reporting only national exemptions the Trust’s overall performance for 2018/19 in comparison to 2017/18 is reflected in the table below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>95%</td>
<td>92%</td>
</tr>
<tr>
<td>2018/19</td>
<td>95%</td>
<td>92%</td>
</tr>
</tbody>
</table>

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

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

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

- Reviewing current systems and processes, as the Trust moves towards implementing arrangements to follow up patients within 72 hours of discharge.

The assurance work undertaken by Deloitte LLP in respect of the Quality Account in 2018/19 has led to a qualified conclusion on the accuracy of the data reported for this indicator.

A detailed action plan alongside progress updates will be reported through the Trust’s Audit Committee.

The accountable lead for the delivery of this action plan will be the Director of Finance and Resource working in conjunction with the Chief Nurse/Chief Operating Officer. Breaches will be reviewed to ensure there were no lapses in care and adverse effects on patient safety.

Gatekeeping Admission by Crisis Intervention Teams 2018/19

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Full Year</th>
<th>National Average</th>
<th>National Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td>95%</td>
<td>98.6%</td>
<td>100.0%</td>
<td>99.1%</td>
<td>97.0%</td>
<td>98.7%</td>
<td>98.1%</td>
<td>88.2% - 100%</td>
</tr>
<tr>
<td>2017/18</td>
<td>95%</td>
<td>98%</td>
<td>98.2%</td>
<td>96.3%</td>
<td>97.7%</td>
<td>97.55%</td>
<td>98.63%</td>
<td>89% - 100%</td>
</tr>
<tr>
<td>2016/17</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
<td>98.7%</td>
<td>98.5%</td>
<td>99.3%</td>
<td>98.4</td>
<td>79% – 100%</td>
</tr>
</tbody>
</table>

^ National Range – proxy measure reflecting Q4 2018/19 reported position.

An admission has been gate-kept by a crisis resolution team if the team has assessed the service user before admission and was involved in the decision-making process which resulted in an admission. An assessment should be recorded if there is direct contact between a member of the Crisis Resolution Home Treatment team and the referred patient, irrespective of the setting, and an assessment is made. The assessment may be made via a phone conversation or by any face-to-face contact with the patient. Exemptions include patients recalled on Community Treatment Order; patients transferred from another NHS hospital for psychiatric treatment; internal transfers of service users between wards in the trust for psychiatry treatment; patients on leave under Section 17 of the Mental Health Act; and planned admissions for psychiatric care from specialist units such as eating disorder units.

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

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

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

- Ensuring that all admissions to psychiatric wards are managed through the Crisis Intervention Teams.
- Continuing to monitor its performance to ensure that its high standard is maintained.
Admissions within 28 days of discharge 2018/19

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

<table>
<thead>
<tr>
<th>Patient Age</th>
<th>2018/19</th>
<th>2017/18</th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 14</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>15 or Over</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The data is not reported by NHS Digital as this indicator is not applicable to the Trust. The Trust considers that this data is as described for the following reasons:

- The Target does not apply to the Trust.

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

- No further action.

Patient experience of community mental health services

The data made available to the Trust by NHS Digital/HSCIC with regard to the Trust’s ‘Patient experience of community mental health services’ indicator score is shown below. This indicator reflects the patient’s experience of contact with a health or social care worker, and demonstrated the following:

<table>
<thead>
<tr>
<th>Year*</th>
<th>Score</th>
<th>National Range (England)</th>
<th>National Average Score (England)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>7.0 (out of 10)</td>
<td>5.6 – 7.6</td>
<td>6.6 (average of the range)</td>
</tr>
<tr>
<td>2017</td>
<td>6.7 (out of 10)</td>
<td>5.9 – 7.5</td>
<td>6.7 (average of the range)</td>
</tr>
<tr>
<td>2016</td>
<td>6.8 (out of 10)</td>
<td>6.1 – 7.5</td>
<td>6.8 (average of the range)</td>
</tr>
</tbody>
</table>

Please note NHS Digital have not published data relating to 2016 in the required format – this data is taken from the Patient Community Mental Health survey 2016 and reflects the ‘overall score’ for the survey. Discrete changes in the national survey between 2013 and 2016 may limit a direct comparison.

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

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

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

- Developing and implementing an action plan that focusses on the key areas the Trust believes it needs to improve upon.
Percentage of patient safety incidents that resulted in severe harm or death

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

<table>
<thead>
<tr>
<th>Year / Period</th>
<th>% Resulting in Severe Harm or Death</th>
<th>National Average % Resulting in Severe Harm or Death</th>
<th>National Range Resulting in Severe Harm or Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td></td>
<td>^</td>
<td>^</td>
</tr>
<tr>
<td>Oct 18 - Mar 19</td>
<td>0.3% (13)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 18 – Sept 18</td>
<td>0.3% (10)</td>
<td>1.1%</td>
<td>0.0 – 3.7%</td>
</tr>
<tr>
<td>2017/18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct 17 - Mar 18</td>
<td>0.35% (18)</td>
<td>0.5%</td>
<td>0.04 – 2.9%</td>
</tr>
<tr>
<td>Apr 17 – Sept 17</td>
<td>0.23% (12)</td>
<td>1.0%</td>
<td>0.1 – 3.7%</td>
</tr>
<tr>
<td>2016/17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct 16 – Mar 17</td>
<td>0.04% (2)</td>
<td>1.2%</td>
<td>0.2 – 4.7%</td>
</tr>
<tr>
<td>Apr 16 – Sep 16</td>
<td>0.24% (13)</td>
<td>1.2%</td>
<td>0.3 – 6.1%</td>
</tr>
</tbody>
</table>

* Includes locally reported data.
^ Data not available

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

- Data is reviewed at all levels of the organisation through the incident reporting and review system. The National Reporting Learning System, (NRLS) highlight that recording is not necessarily consistent across Trusts which make comparisons difficult.

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

- The Trust will continue its programme of education and training to support reporters of incidents to grade in accordance with the National Reporting Learning System (NRLS) guidance and continue to invest in its programme of data quality checks prior to NRLS upload.

Guardian of Safe Working Hours

In 2016 a new contract supporting safer and working hours for doctors and dentists in training came into force. In addition to the protections offered by the working time regulations (WTR), the proposals provide safeguards on working hours and patterns. The first Annual Report created by the Guardian of Safe Working Hours was published in August 2018. The report recorded the following gaps on the Junior Doctor Out of Hours Rota between 1st July 2017 and 31st July 2018 (13 months):

<table>
<thead>
<tr>
<th>Duty</th>
<th>Number of Gaps</th>
<th>Covered by Bank / Agency / Internal Locum</th>
<th>Residual gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Night: 9pm to 9:30am</td>
<td>102</td>
<td>52 x Agency 5 x Bank 33 x Internal Locum</td>
<td>15</td>
</tr>
<tr>
<td>Twilight: 5pm to 9:30pm</td>
<td>76</td>
<td>1 x Agency 0 x Bank 56 x Internal Locum</td>
<td>19</td>
</tr>
<tr>
<td>Weekend Day: 9am to 9:30pm</td>
<td>25</td>
<td>3 x Agency 0 x Bank 19 x Internal Locum</td>
<td>3</td>
</tr>
</tbody>
</table>
It was reported that the number of gaps within the 13 month period was high, especially for the night shifts. The majority of twilight and weekend day shifts are covered by internal locums or other internal arrangements; however agency usage for night shifts is high. The Trust will always try to cover the shift however there is an agreed process in place to re-organise medical cover at all levels in instances where this cannot be achieved to ensure safe delivery of clinical care.

The following actions have been taken in an attempt to reduce the number of gaps:

• Recruitment of locums to cover any vacancies in the junior doctor establishment wherever possible.
• A review of remuneration for internal locum shifts was carried out to try to increase the take up by our own and bank staff.
• A system was introduced to ensure all Trust Junior Doctors are contacted to make them aware of any vacant out of hours shifts to increase the pool for cover.
• Internal Junior Doctors are offered the ability to swap from day shifts to vacant night shifts where there would be no impact on clinical care and their training requirements without impacting upon their Annual Leave.
• If internal cover and Bank cover is not available, cover is sought via approved agencies.

The learning disability improvement standards for NHS trusts (June 2018)

NHS improvement have developed four standards that trusts need to meet; doing so identifies them as delivering high quality services for people with learning disabilities, autism or both. The four standards concern:

1. respecting and protecting rights
2. inclusion and engagement
3. workforce
4. specialist learning disability services

Gosport Independent Panel Report

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers).

Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment.

The Trust recognises that raising a concern can save a life, a job, money and the reputation of professionals and organisations. In our Trust we want an open culture where everyone feels safe to highlight wrongdoing or poor practice when they see it without the fear of repercussion or reprisal.

Across the Trust staff have the many ways in which concerns can be raised if they have concerns about the quality of care, patient safety or bullying and harassment within the trust. The Trust has developed an intranet site for staff to access, which includes a Guide to Raising and Responding to Concerns. Similarly posters are on display across Trust confirming contact details for key people, who staff can speak to in confidence if they have concerns.
The learning from deaths framework published by the NHS Quality Board places a number of requirements on NHS Trusts, including a requirement to publish information on deaths, reviews and investigations via a quarterly agenda item and paper to its public board meetings. In accordance with Trust policy and national guidance the Trust has set out the number of deaths of patients within the Trust’s care, the number of deaths incident reported and reviewed, lessons learned from the reviews and a commentary on the number of deaths where problems in care may have been identified.

During 2018/19 1430 of the Trust’s patients died. This comprised the following number of deaths which occurred in each quarter of the reporting period:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>308</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>359</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>378</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>385</td>
</tr>
</tbody>
</table>

By 31 March 2019, 41 case record reviews and 42 completed investigations have been carried out in relation to 1430 deaths within the report period (note: some investigations are yet to conclude). In 83 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Reviews/Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>11</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>25</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>27</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>20</td>
</tr>
</tbody>
</table>

These numbers have been determined using the Serious Incident Requiring Investigation framework set out in the Trust’s ‘Policy and Procedure for Reporting, Managing and Investigating Incidents (including Serious Incidents Requiring Investigation (SIRI))’. At the point of the publication of the Quality Account it should be noted that some of the SIRI investigations have yet to conclude.

The Trust has learnt from the case record reviews and investigations it has undertaken. The key learning identified over this period include the need for:

- Opportunities to improve Physical Health Checks and Follow Up.
- Inconsistent recording on Care Notes/documentation.
- Use of alcohol by patients and access to relevant services.
- Adherence to effective staff supervision arrangements.
- Ensuring that the level of appropriate contact for a patient is reviewed.
- Adherence to non-attendance policy.
- Involvement of carers/families in the assessment process and offering and undertaking carers assessments.

Action that the Trust has taken in 2018/19 and proposes to take in 2019/20 in consequence of what the Trust has learnt can be summarised as follows:

- Continue to ensure that each death reported and managed as a Serious Incident Requiring Investigation has an appropriately focussed action plan in place.
- Continue to prioritise and focus risk training (e.g Working With Risk and STORM Training).
- Continues to engage with families and carers to underpin and support investigations.

It is anticipated that the impact of the actions and learning described above will impact on the care provided to patients in receipt of services across the Trust.

0 case record reviews and 24 investigations completed after 31 March 2018 which related to deaths which took place before the start of the reporting period.

0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Trust’s approach to incident reporting and managing mortality.

0 representing 0% of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.
We continue to improve the quality of our services and to ensure they are safe, effective, caring, responsive and well-led. To follow are some examples, recognised and identified by the Care Quality Commission as well as ourselves as to how we have developed in these areas during the last 12 months.
Patient and Public Engagement and Feedback

The Trust continues to engage with service users, carers and the public via a range of methods including:
- Video stories to capture personal experiences presented to Trust Board Monthly;
- Listening clinics in mental health services
- Trust wide Carers sessions to enhance carer involvement
- Workshops, conferences, roadshows and events;
- The Trust’s Website and social media accounts;
- Surveys including Friends and Family Tests, Experience of Service Questionnaires (ESQ) and the Mental Health Community Survey.
- Meetings with partner organisations including hard to reach groups including Milan Carers groups;

The Trust has continually used feedback to improve our services using a patient story at our Trust Board each month.

Examples of some of our patient stories include:

1. A carers’ story was made featuring three parents of children using the services at Lyndon House, Solihull. Lyndon House is a residential respite service, providing overnight care to children and young people with a learning disability and also complex physical health difficulties or behaviours that challenge. The story illustrates the service provided, and the commitment and skills of the staff team who provide a high standard of care for children with learning disabilities. All three parents spoke about the services their children were receiving, and described not only the benefits for their children, but also the benefits to themselves; one mother observing that the respite care meant that she could have worry free time, a luxury that was not possible when caring for her children, both of whom have multiple needs. Describing Lyndon House as a lifesaver, she tells the audience how the staff members are always there for her when she needs them and listen to her, which she really appreciates. One of the key points made by the parents is how Lyndon House provides an opportunity for their children to socialise in a safe environment, with skilled team members, who know and help them meet their every need.

2. The Patient Experience Team recorded a video about the experiences of a patient in Westwood Ward at the Caludon Centre, Coventry, where the staff, according to the patient, had been ‘absolutely brilliant’. Westwood is a 20 bedded female acute ward, where every patient is allocated a named nurse upon arrival who will spend time with that patient formulating and actively participating in their plan of care and their Positive Behavioural Support (PBS) plan.

During her recovery, the patient attended a meeting about the proposal to introduce bodycams on the ward, and engaged with the team to express her views and thoughts and get these points across. She was subsequently invited to share her ward experiences on video, and readily agreed.

Her stay on the ward has been positive, and she has engaged in her recovery. Describing her experience, she observes how the staff members engage with patients, and work hard to ensure their safety at all times. Recalling how much she has improved since admission, she describes her discharge plan, which has been drawn up with her in anticipation of her discharge, the activities she has been involved in, including use of the gym. She tells the audience that there is nothing that staff could have done differently, and unhesitatingly recommends the Trust for the services she has received.

Friends and Family (FFT)

FFT data are collected from all clinical services and collated to produce monthly returns which are distributed to service managers for publication, action and learning. Survey postcards, iPad and iPhone applications are used for the survey. The majority of returns utilise prepaid paper postcards.

The overwhelming majority of returns show that the patients recommend the Trust and have had a positive experience. The comments received make frequent use of the words ‘outstanding, competent, recommend, friendly, dedication, listened, supportive, and great experience’.

- 97% of all patients stated that they felt supported.
- 93% of all patients stated that they felt listened to.
- 90% of all patients stated that they felt involved in their care.

The negative comments, whilst infrequent, relate to waiting times, not feeling listened to, inattentive staff, a cold room, and not feeling safe.

Experience of Service Questionnaires (ESQ)

The Experience of Service Questionnaires is a tool used within the Child and Family Services to assess the experience of children and young people using the CAMHS services. The ESQ provides services with separate measures for each of the Trust’s CAMHS sites, enabling local feedback to staff to help them shape and enhance the services. The overall level of satisfaction shown is very good, with some criticisms that reflect known issues, such as waiting times and convenience of appointments.
**Triangle of Care**

The “Triangle of Care” is a working collaboration, or “therapeutic alliance” between the service user, professional and carer that promotes safety, supports recovery and sustains well-being.

The Triangle of Care currently is being developed mainly within the acute bedded services, but has also embraced by the Crisis and Home Treatment teams. Delivery and achievement of the standards is monitored by assessment and enabled by action planning.

All adult mental health inpatient wards have completed self-assessments and are currently assembling evidence which is to be presented to the Carers Trust. The Trust has swiftly exceeded the target of 80% of bedded services having undergone assessment, scoring 100%. The three crisis teams and all other services are now at the stage of gathering further evidence.

A dedicated central database allows monitoring of progress across all wards and services involved, with the ability to generate informative reports to assist with implementation in the clinical areas.

A training package on Carer Awareness is being developed which will be available to all staff as an eLearning course, and which will include video material from Trust carers who have contributed and consented to the use of their stories.

Carer Champions are being introduced in all areas. Carers’ notice boards are being promoted and many have already been installed, and carers’ leaflets and materials are being distributed for display and use. Staff and carers are being signposted to the extensive resources for carers that the Trust references on the Trust’s website.

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

Putting people at the heart of everything we do, and working with them as equal partners, will ensure that we develop quality services, based around people’s individual needs and aspirations, valuing the contributions they can make.

Equal partnerships will ensure that every voice is heard, individual choice and wellbeing is promoted, and people are enabled to have the best possible experience of our service.

The Trust has identified that complaints have become more complex and may involve an increasing number of different organisations (for example other NHS services and Social Care Services). It is our aim to ensure that each complaint received, is acted upon in a way that meets the needs of each individual. In 2018/19 the Trust received 94 complaints as demonstrated in the table:

<table>
<thead>
<tr>
<th>Category</th>
<th>Acute Services</th>
<th>Child And Family Services</th>
<th>Integrated Community Services</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access To Treatment Or Drugs</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Admissions and Discharges (Excluding Delayed Discharges)</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Appointments</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Treatment</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Communications</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Patient Care</td>
<td>19</td>
<td>10</td>
<td>21</td>
<td>50</td>
</tr>
<tr>
<td>Prescribing</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Trust Admin/Policies/Procedures Including Patient</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Values and Behaviours (Staff)</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
<td><strong>19</strong></td>
<td><strong>39</strong></td>
<td><strong>94</strong></td>
</tr>
</tbody>
</table>
The Trust aims to make local complaint handling a positive experience for those who seek raise concerns. The Trust takes pride in the way in which complaints are managed as it is important to us that the process, the decision making and the way in which we communicate are as straight forward and effective as possible.

The elements to be investigated are agreed with the complainant at the earliest opportunity. Through our letter of response we aim to provide remedies and an apology, where appropriate along with a description of the things we will do to redress the issues identified. We always ensure that organisational learning is clearly identified in the response again where appropriate. All of our complaint responses are signed by our Chief Executive.

The Trust Patient Advice and Liaison service (PALs) provides advice, information and support to patients and carers to help to resolve issues. This may take the form of signposting to other services, and providing information. PALs often provide a speedy resolution to an issue or concern and for many provides a better option than making a formal complaint.

During the year teams and individual members of staff, receive many compliments from patients and carers wishing to say thank you for the way in which they or their loved ones have been cared for and treated. Staff are continually reminded and encouraged to capture and record evidence of compliments so that this can be reported but we know that the data is far from complete. The table below shows the number of compliments received by the Trust in 2018/19 in comparison to previous years.

### Patient Survey

The Trust participated in the nationally mandated National Community Mental Health Service User Survey which published its results in 2018. The questionnaire was issued to people who receive community mental health services. Responses were received from 210 service users, which is a similar response rate to the previous year (221 responses). In the table below Questions are grouped under the section in which they appear in the questionnaire and as reported by the Care Quality Commission.

<table>
<thead>
<tr>
<th>Patient Survey</th>
<th>Patient Response – out of a score of 10*</th>
<th>Compared with other trusts^</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Social Care Workers</td>
<td>7.0</td>
<td>About the same</td>
</tr>
<tr>
<td>Organising Care</td>
<td>8.1</td>
<td>About the same</td>
</tr>
<tr>
<td>Planning Care</td>
<td>6.2</td>
<td>Worse</td>
</tr>
<tr>
<td>Reviewing Care</td>
<td>7.0</td>
<td>About the same</td>
</tr>
<tr>
<td>Changes in who people see</td>
<td>6.6</td>
<td>About the same</td>
</tr>
<tr>
<td>Crisis Care</td>
<td>6.9</td>
<td>About the same</td>
</tr>
<tr>
<td>Medicines</td>
<td>7.1</td>
<td>About the same</td>
</tr>
<tr>
<td>NHS Therapies</td>
<td>7.5</td>
<td>About the same</td>
</tr>
<tr>
<td>Support and Wellbeing</td>
<td>4.7</td>
<td>About the same</td>
</tr>
<tr>
<td>Overall views of care and services</td>
<td>7.1</td>
<td>About the same</td>
</tr>
<tr>
<td>Overall Experience</td>
<td>7.0</td>
<td>About the same</td>
</tr>
</tbody>
</table>

The Trust has developed and is implementing an action plan that focusses on the key areas the Trust believes it needs to improve upon.

*For each question in the survey peoples responses are converted into scores where the best possible score is 10/10.

^ Judgement as reported by the Care Quality Commission

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of PALs Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td>559</td>
</tr>
<tr>
<td>2017/18</td>
<td>709</td>
</tr>
<tr>
<td>2016/17</td>
<td>650</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of compliments reported centrally</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td>934</td>
</tr>
<tr>
<td>2017/18</td>
<td>1074</td>
</tr>
<tr>
<td>2016/17</td>
<td>933</td>
</tr>
</tbody>
</table>
NHS Staff Survey

The purpose of this NHS Staff Survey is to collect staff views about working in their NHS organisation. This data is used by the Trust to improve local working conditions for staff, and ultimately to improve patient care. The Survey has been designed to replace organisations’ own annual staff surveys as well as those run by the Department of Health, and Care Quality Commissions reviews. The Survey is administered annually so staff views can be monitored over time. It also allows us to compare the experiences of staff in similar organisations, and supports us to learn from others.

NHS England has asked NHS Trusts to focus on two particular key indicators, namely: 1) Staff experience of harassment, bullying and abuse and 2) Provision of equal opportunities for career progression or promotion.

NHS Staff Survey Results (2018): Staff experiencing harassment, bullying or abuse from staff

The data made available from the 2018 National NHS Staff Survey with regard to the percentage of Staff experiencing harassment, bullying or abuse from other colleagues demonstrates the following:

<table>
<thead>
<tr>
<th>Trust Type</th>
<th>% 2016</th>
<th>% 2017</th>
<th>% 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coventry and Warwickshire Partnership NHS Trust</td>
<td>17.5%</td>
<td>15.0%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Combined Mental Health/Learning Disability Community Trusts</td>
<td>15.4%</td>
<td>15.0%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

NHS Staff Survey Results (2018): Staff believing that the Trust provides equal opportunities for career progression or promotion

The data made available from the 2018 National NHS Staff Survey with regard to the percentage of staff believing that the Trust acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

<table>
<thead>
<tr>
<th>Trust Type</th>
<th>% 2016</th>
<th>% 2017</th>
<th>% 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coventry and Warwickshire Partnership NHS Trust</td>
<td>85.3%</td>
<td>81.1%</td>
<td>82.6%</td>
</tr>
<tr>
<td>Combined Mental Health/Learning Disability Community Trusts</td>
<td>87.9%</td>
<td>86.2%</td>
<td>85.8%</td>
</tr>
</tbody>
</table>

Results of the Trust Survey have been shared Trust Wide and action being taken to further improve staff wellbeing. The Trust continues to work with and support people through a number of staff engagement activities including:

• The ‘Buddy Service’ (peer to peer support for those who perceive to be bullied or harassed).

• We are currently developing a number to give immediate support to our staff who witness a traumatic incident.

• ‘Wellbeing Days and Listening Clinics’, which is an engagement activity where the Engagement Team attend bases across the Trust to offer support and wellbeing advise.
How are we implementing the Duty of Candour?

When things go wrong, we place great importance on Being Open with patients and where appropriate, their carers/family or nominated next of kin (known as the ‘relevant person’). We measure how we meet our Statutory Duty to do this relating to those patient safety incidents that result in moderate or greater levels of harm. We are open and transparent with the ‘relevant person’ when such incidents occur, advising what the incident was and provide them with the necessary support.

We monitor our compliance against this statutory requirement and provide assurance of this to our commissioners and in our investigation reports shared with the relevant person, staff and again with our commissioners.

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Working with Stakeholders – The Quality Account Task and Finish Group

The Trust has been an active participant in the Joint Quality Account Task Group is a Task and Finish Group of Coventry City Council Scrutiny Board 5 working jointly with Healthwatch Coventry and Healthwatch Warwickshire. Its purpose is to enable Healthwatch and Scrutiny to follow up on progress regarding quality account goals set by the Trust and to feed into the setting of future priorities. The Trust has welcomed the continued engagement with this key group and looks forward to sustaining its involvement in 2019/20 particularly in respect of working collectively to set measurable and achievable outcomes for objectives.
In 2018/19 The Trust provided care from three operational services, namely: Child and Family Services, Integrated Community Services and Acute Services.

Community services are supported by inpatient mental health services, delivered from five locations in Coventry, Warwick and Nuneaton. Services are delivered in the community in, or close to, patients’ own homes;

We provide specialist learning disability assessment and treatment services which provided at Brooklands in Marston Green;

We also have community health clinic bases across Coventry, including City of Coventry Health Centre and also offer community services to people outside of Coventry and Warwickshire for some services, for examples immunisation and vaccination services in Worcester and Hereford.

<table>
<thead>
<tr>
<th>Children and Family Services</th>
<th>Integrated Community Services</th>
<th>Acute Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Physical Health Services</td>
<td>Adult Community Physical Health Services</td>
<td>Inpatient Mental Health</td>
</tr>
<tr>
<td>Children's Mental Health Services</td>
<td>All Age Adult Community Mental Health Services</td>
<td>Inpatient Learning Disability</td>
</tr>
<tr>
<td>Children's Respite</td>
<td>Adult Learning Disability Services</td>
<td>Acute Day Services</td>
</tr>
<tr>
<td>Children's Learning Disability Services</td>
<td>Urgent Care Services</td>
<td>Psychiatric Liaison</td>
</tr>
<tr>
<td></td>
<td>Planned Care Services</td>
<td>Crisis Home Treatment</td>
</tr>
<tr>
<td></td>
<td>Dental Services</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Sexual Health Services</td>
<td>Criminal Justice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Street Triage</td>
</tr>
</tbody>
</table>

Integrated Community Services is a diverse Directorate providing care in our communities for patients with physical health and wellbeing needs, supporting people from birth, throughout their lives to death. We aspire to keep more people in good health and living independently at home for as long as possible even though many have complex conditions and frailty. We have a vision for whole system change and work in close collaboration with key stakeholders to identify opportunities for integration and to capture innovative practice and stimulate the market to think differently regarding community services provision.

We have a large multi-disciplinary workforce and are giving focus to the implementation of new roles to ensure that our patients are seen by the right clinician with the right skill in the right place at the right time and are reviewing our care pathways to make the patient journey through our services a lot more stream lined than they may have been previously.

Key Achievements for 2018/19

- Establishing Integrated Single Point of Access for referrals of patients into Trust services.
- Developing the Out of Hospital model to move services into teams based around the Coventry GP clustering.
- The services have had Trainee Nurse Associates since 2017 and the first three have completed their training and successfully qualified as Nurse Associates.
- Palliative care services undertook a pilot of conference calls across the wider system to discuss the palliative patients. This has worked so well for improving patient care, that it is now a routine daily call.
• Wound care review group has been established within the last year, looking at standards and the development of wound care across the Directorate. This group develops and agrees the wound care training, competencies, audits to facilitate wound management and future development.

• Clinical reference group is a Multi-disciplinary meeting that discusses, critiques and agrees clinically related documents and processes that are being developed and reviewed across the Directorate. The group have successfully prepared the appropriate clinical forms ready for the services in the Out of Hospital to move to paperless records for patients.

• The Practice Development Facilitator has worked in collaboration with IT to create a Clinical Reference Toolkit app. The toolkit provides clinicians with ease of access to clinical resources to support their decision making within clinical practice.

• Out of Hospital patient experience group has been successfully established within the last year, involving patients and carers accessing services within the Directorate. It also has representation from Coventry Healthwatch, CWPT patient experience and Communications, as well as clinicians working with patients. The group have agreed a patient survey which will start being distributed to patients in April.

Patient medication safety
The Community Neuro Rehab Team have undertaken work with UHCW after identifying a theme of incidents for patients discharged from UHCW in the concordance and medication errors with their prescribed medication. The clinical Lead worked with UHCW to review the risks that were being identified in the incidents, following which triggers were identified which were added to the discharge planning process from UHCW. This change in process means that for patients that hit the triggers, the use of blister packs were considered to promote safe self-administration of medication by patients or supporting family to ensure correct administration. Prior to the introduction of this, the services were reporting an average of 9 incidents per 6 months. Since the introduction of the triggers and use of blister packs, the teams are reporting an average of 2 incidents per 6 months, showing a significant improvement in patient safety through joint working.

New technology
The Community Nursing service have introduced a new innovative machine to assist with recording Doppler ankle brachial pressures for patients with a wound to their lower leg or foot. The current Doppler equipment is cumbersome and requires 2 nurses to carry out a full assessment which can take up to 1½ hours to complete the assessment. Using the new Microlife Doppler machines, the test can be performed by 1 member of clinical staff, registered or unregistered and takes approximately 15 minutes to complete an assessment.

IAPT Long Term Conditions (LTC)
IAPT were in the second wave of the Early Implementation sites for Long Term Conditions (LTC). A significant number of staff completed top up training or on-line modular studies to enhance their knowledge and delivery of LTC interventions across the service and the large cohort of High Intensity trainees successfully completed their training and we negotiated with Coventry University for additional HI trainee places to commence in the New Year. Discussions are also taking place with HEE to establish how many additional top-up training places we can secure in 2019. Staff are now co-located in primary care settings and delivery of the new service has moved to business as usual.
Learning from Pressure Ulcers and incidents Forum

There are two Forums running on a quarterly basis to explore any learning that has been generated from undertaking a thorough analysis on the identification of pressure ulcers and from incidents that occur within the Directorate.

Transcribing

Transcribing has been developed and rolled out across Out of Hospital Services. This enables Nurses to facilitate the process to administer medication following discharge from hospital or to update medication records following a change in medication. This work previously required the nurse to attend the GP surgery for the GP to complete, and is thus a leaner process, saving time for both nurses and GPs, reducing risk and enabling a more timely and smoother process for patients.

Perinatal IAPT

Introduction - 20% of women will experience mental health problems in the perinatal period, the effects of this can be devastating for a woman, children’s development and family members. For the last year Coventry and Warwickshire IAPT Service has been part of a unique National trial to improve psychological therapies to women.

The Project - IAPT Perinatal Champions roles were established in each of its locality teams to have a placement with the perinatal mental health team, to receive specialist perinatal supervision and training in providing psychological therapies. For the last year they worked with perinatal patients to enhance their skills and knowledge and adapt their practices to improve the interventions they offer.

Achievements - The specialist knowledge and skills the Perinatal champions have developed are now being shared with their local teams through internal training and development so the IAPT workforce is upskilled and confident in working with this group. They have also become reference points in their team regarding perinatal issues and offered supervision to their colleagues. They link work with the PMHT so there is improved joint working and liaising so patients are accessing the most appropriate level of care. This significantly benefits the patient’s journey through service.

Case Study - As part of the trial I worked with a patient who had experienced a birth trauma 8 years ago. The impact of this on her life was significant, she had become avoidant of birth related triggers like other pregnant women and new born babies as these reminded her of the trauma. She had initially experienced flashbacks and nightmares and now was still experiencing intrusive memories of the trauma 8 years on. Through cognitive trauma focused therapy she was able to process the event effectively. She now reports that she no longer feels stuck, that the ‘weight’ she was carrying around for 8 years has been lifted and she feels positive and optimistic about her future. She is able to face her triggers with a sense of calmness now. She reports this has significantly improved her quality of life but benefits the relationships with her family members too.

Compassionate Communities Coventry

Compassionate Communities is a local initiative which aims to facilitate support for the dying and bereaved from within the community itself. It is modelled on an Asset-Based Community Development (ABCD) approach, aimed at improving wellbeing and tackling social isolation within individuals and groups in the community who have been diagnosed with a palliative condition. Through partnership working between the Trust, University Hospitals Coventry & Warwickshire (UHCW) NHS Trust and Myton Hospice, volunteers have been recruited to provide the Compassionate Communities Service. The volunteers are able to give comfort and support to the patient, family or carer at their time of need. Individuals are valued and treated with compassion and dignity at all points in their care resulting in a reduction of social and spiritual isolation, also affecting a positive change in bereaved relatives experience at end of life resulting in positive impacts on the relatives’ mental & physical wellbeing. Quotes from individuals who have received the service include:

“It was good to have someone outside of the family to talk to.”

“I thought it was wonderful, supportive and helpful.”

“We both found it helpful.”

“I found it helpful to know I was supported at such a difficult time.”
The Child and Family Services directorate provided a broad range of universal, targeted and specialist community-based health services across Coventry, Warwickshire, Herefordshire, and Worcestershire, delivered by a range of professionals, including nurses, therapists and doctors. The teams work closely with service users, schools, GPs and local authority services (including social care), and third sector organisations to deliver these services to children and young people across our geographical span.

The new Rise contract for the delivery of Children and Young People’s Mental Health services in Warwickshire went “live” on 1st August 2017 and is being delivered through a partnership between the Trust and Coventry and Warwickshire Mind (CW Mind). The new service is predicated on the aim to for a greater emphasis on prevention, early help, and a more timely and improved service for children and young people in Warwickshire. The new service is called Rise, and a two year implementation period was established to enable the transition from the old model to the new service. The service is now 18 months into this implementation period.

CFS continues to make great progress to explore a wide range of partnership models under the new directorate structures to truly provide a service which supports children, young people and families. The work of CFS is now split across 3 all age directorates Community Health & Wellbeing, LD & ASD and Mental Health.

**Our key achievements in 2018/19**

*Complex Physical Health Team*

- The team secured a grant from the “Well Child” charity to fund a training suite for the team on the Birches site.

- Children who are ventilated are now able to access The Birches respite unit for the first time.

- Introduction of newly qualified nurses to the complex Physical Health workforce for the first time and supporting their preceptorship year.

*Launch of the Coventry and Warwickshire interactive competencies as a tool to support training of carers within the Complex Physical Health Team. This is a joint project with another acute provider that is being marketed nationally.*

*Looked After Children’s Health Team*

- Continued service user involvement by capturing the views of looked after children & young people through attendance at ‘voices of care’ council meetings, joint workshops to influence the development of our service and involving young people on interview panels for a Looked After Children’s nurse.

- There was a pilot study to combine initial health assessments and neurodevelopmental assessments in young people who are difficult to engage and who have a high CSE risk. The outcome showed that a high percentage of young girls with high CSE risk are positive for an Autism Spectrum Disorder. The diagnosis provided professionals and carers with a deeper understanding of the difficulties and needs of the young person and provided opportunities including the successful application for EHCP and further funding (PIP) due to diagnosis.

*Children’s Allied Health Professionals*

- The Cerebral Palsy Integrated Pathway (West Midlands) Clinic (CPIP) runs every 2 weeks and 8 children attend per session. The children are seen by three professionals during the clinic: paediatrician, orthopaedic surgeon and physiotherapist. The CPIP clinic is a national (and international) programme of monitoring of muscle tightness. The same measurements are recorded each visit (6 monthly or 12 monthly) and inputted into the CPIP data base by physiotherapy assistant staff. This is an evidence based early warning system of potential concerns for the child.

- Speech and Language Therapy offer 10 universal training sessions throughout the year to schools and settings. These are held centrally and are free of charge with the aim of upskilling the wider workforce to be able to deliver speech and
language therapy programmes, support children who do not meet the criteria for the specialist SLT service and support children with potential speech and language needs pre-referral. Sessions are held to support pre-school, school age children and children with complex needs.

- One of the speech and language therapists has been working with an educational psychologist to develop a selective mutism pathway which can be used across the city. There is going to be a trial of a training programme offered to school SENCOs from May 2019

Immunisation and Vaccination Teams

- Out of 25 providers of flu vaccine across England, the Trust’s Immunisation and Vaccination team achieved the 4th highest rate of immunisation in the country.
- The vaccination uptake for year 9 children in Hereford and Worcester increased significantly from the previous year with Worcester increasing from 82% to over 90%

We remain one of the top providers for Year 9 children in Coventry and Warwickshire with over 90% vaccine uptake.

- The team has worked with Information Technology Team and Communications to update their website making it more interactive and informative for service users. They have developed a Survey Monkey for use schools. It consists of 5 questions relating to the information sent to them prior to being vaccinated, their experience on the day and any suggestions. Positive responses were received.

Rise CQC Report, December 2018

Rise is Coventry and Warwickshire’s emotional well-being and mental health service for children and young people. The Trust has undergone two recent CQC inspections: one published immediately prior to the commencement of the Rise contract, and the second published in December 2018. As these dates reflect the implementation period to date, the CQC findings can act as an external reflection of service quality. The Trust’s inspection by the CQC in June 2017 resulted in the Specialist community mental health services for children and young people
obtaining an overall rating of Requires Improvement. Within these headings, the CQC identified a number of actions that the Trust must, and should, undertake. Notably, these related to issues around:

a) The triaging and processing of referrals at the Single Point of Entry;
b) Waiting times, particularly for follow up appointments;
c) Reporting incidents and safeguarding policy;

The subsequent inspection in December 2018 found improvement in all areas and overall rating of Good.

Area of outstanding practice: The CQC stated that “…The partnership working with a locally run national charity led to two RISE community hubs being opened. This supported children and young people with mental health problems and their families to access information and guidance….”. The Dimensions Tool was also highlighted as a key local innovation.

**Rise Community Offer**

The “Community Hubs” have been re-branded as Rise Community Partnerships - to avoid confusion of the “hub” terminology. Please see [https://www.cwrise.com/community-offer](https://www.cwrise.com/community-offer). There is ongoing work to further develop the community offer linked to the following 5 Community Partnership localities:

- Stratford District
- Warwick District
- Rugby borough
- North Warwickshire borough
- Nuneaton & Bedworth borough

The starting core offer has included themed coffee mornings for parents, consultation sessions with clinicians, training for professionals, and provision of 2 bespoke mental health based programmes for schools. The community offer will reflect an increasing “mixed economy” of provision, from the Trust, Mind and other parties. We have set up in Stratford district a multi-agency Community Rise Partnership, for North Warwickshire we have a version of this meeting led by North Warwickshire council, for the other areas (Rugby district, Nuneaton & Bedworth borough, Warwick District) we have regular meetings in place.

**Rise Mental Health Interventions for School-aged Children (MHISC)**

The Trust has taken over responsibility for administering the framework for Mental Health Interventions for School-aged Children (MHISC), through which discrete, targeted interventions are offered. Following a re-procurement exercise, there is now a refreshed list of providers – expanded from six to nine other providers. Services on offer include counselling, family therapy, Cognitive Behavioural Therapy, 1-to-1 recording studio work; equine therapy, 1-to-1 musical instrument work and access to an app to support self-care and self-management.

**The Dimensions Tool & other digital related for Rise**

The Trust has developed an on-line support and signposting tool that can be used by parents and professionals (e.g. Teachers, Social Workers, Youth Workers) to provide a fuller understanding of a young person’s emotional well-being needs and strengths. The tool identifies next steps for support and / or recommends making a referral.

88 organisations have registered with the Dimensions Tool. There have been over 800 reports generated by the Tool. In addition to the support that the Tool affords children and young people, data from the tool is enabling Rise to develop an intelligence-led service whereby need can be mapped and better understood across the County.

Work is ongoing to develop and use “Dimensions Champions” with the aim of increasing the information within the tool about services and support outside of the Trust in the local area. Work is also underway to support GPs to further take up use of the tool.

Rise Social media – since March 2018, the service has utilised Twitter (219 followers), Instagram (59 followers) and Facebook (178 fans) to communicate with and / or engage with service users.

**Rise Electronic referral portal** – the service has been developing and is piloting an electronic referral portal to enable receipt of electronic referrals.

**Rise E-consultation / Healios** ([https://www.healios.org.uk/about/](https://www.healios.org.uk/about/)) – the service procured Healios to deliver online support for children and young people, particularly focused on anxiety cases. This has proved to be successful with circa 100 cases seen and with consistently positive feedback from service users. The service is exploring broadening & further development of the Healios offer.

**Rise Promotional & Rise Website** – Rise’s has produced new promotional banners and business...
cards (samples below), the banners are a great promotional tool as colleagues from Rise attend various internal events and external events.

We are also working very hard to revamp our www.cwrise.com website and are excited by the opportunities this will give to service users and clinicians and other website visitors alike. The website revamp work is phased, first phase (end of Jan 2019) produced a new streamline look, second phase is around the service generated video content; third phase will look to adding in additional features – there is strong clinical into the work.

CAMHS Children Looked After: 147 Children Looked After Children and their respective networks were offered support through the Warwickshire Rise LAC service. Direct interventions delivered to children and young people have been in the form of:
• Counselling and therapeutic conversations;
• Play therapy;
• Solution-focussed and cognitive behavioural interventions;
• Attachment based support for foster carers and adopters;
• Therapeutic social work;
• Primary mental health interventions; During Q3, the LAC service received 100% satisfaction on ESQ feedback

Primary Mental Health provision
The Primary Mental Health Service have undertaken a rolling programme to upskill and build capacity in the wider workforce through training and consultation. In schools the Primary Mental Health Team offer training to teaching staff on Mood, Attachment, Self-harm, Eating Disorders and facilitator training for the Boomerang 5-week resilience course (the team train members of staff to deliver the programme in school). The team offer professional consultation in school to support school staff and upskill them to in turn support a young person they are concerned about. Locally the team also attend the vulnerable children’s group in the south where there are a number of agencies that attend including education (head teachers) and as a result offer training by school cluster. The team have responded directly to feedback from school staff about the support needed for parents and now offer parent consultation slots and coffee mornings with teaching sessions, topic themes include, anxiety, self-harm, emotional development, school refusal. Feedback from the training sessions has been consistently very positive over the last 16 months.

Successful bid for the Trailblazers project-Rise Warwickshire
In 2017, the Government published its Green Paper for Transforming children and young people’s mental health, which detailed proposals for expanding access to mental health care for children and young people, building on the national NHS transformation programme which is already underway.

Its proposals were focused on providing additional support through schools and colleges and reducing waiting times for treatment. Following a 13-week public consultation, during which the Government received more than 2,700 responses, the Department of Health and Social Care and the Department for Education published its Response to the Children and Young People’s Mental Health Green Paper Consultation.

Supported by partners, NHS England is leading the delivery of two of the programme’s main commitments:

Establishing new Mental Health Support Teams (MHSTs) – to develop models of early intervention on mild to moderate mental health issues, such as exam stress, behavioural difficulties or friendship issues, as well as providing help to staff within a school and college setting. The teams will act as a link with local children and young people’s mental health services and be supervised by NHS staff;

Trialling a four-week waiting time for access to specialist NHS children and young people’s mental health services, building on the expansion of NHS services already underway.

The first Mental Health Support Teams will be set up in 25 trailblazer areas of which 12 trailblazers will also trial a four-week waiting time- South Warwickshire is one of these areas. These are expected to begin work by the end 2019. NHS England regional teams will support the trailblazers through this process.
Acute Services cover a wide geographical area across Coventry and Warwickshire including services within the Marston Green area of Birmingham. Our services include a range of in-patient services for assessment and treatment of Mental Health and Learning Disabilities patients. We also provide inpatient, outpatient and community services for patients with eating disorder. Our Mental Health Urgent Care Services include the Crisis and Home Treatment Teams, Acute Liaison Service, Criminal Justice Liaison and Diversion, Street Triage and Day Treatment facilities. We also provide Electroconvulsive Therapy, Clozaril monitoring and mood stabilising clinics.

**Our key achievements in 2018/19**

**Recovery and Wellbeing Academy**

The Recovery and Wellbeing Academy brings together professionals (the Trust, third sector, private and commercial organisations) and people with lived experience to share information with students. This ‘Co-production’ brings together these areas of expertise which promotes the best learning experience for students.

The Recovery and Wellbeing Academy has grown from strength to strength since its launch in September 2017 and was nominated and shortlisted for a Thrive West Midlands Mental Health Star Award in early 2018 and 2019.

NHS England also commended the development of the the Trust’s Recovery & Wellbeing Academy and cited the level of attendance in the courses it runs which is higher than a lot of other providers.

The Recovery Academy has been cited as one of the MH and Emotional Wellbeing STP achievements in its Community Resilience workstream.

The info graphic highlights what the Recovery Academy has achieved in 2018.

**Accreditation of Inpatient Mental Health Services (AIMS)**

All mental health acute wards have now undergone the AIMS accreditation review. Operational Managers have received initial feedback which have been positive. Teams are progressing with the necessary actions leading to their accreditation.

Accreditation for Acute Inpatient Mental Health Services (AIMS) identifies and acknowledges wards that have high standards of organisation and patient care, and supports and enables others to achieve these.

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**Recovery & Wellbeing ACADEMY | OUR YEAR - 2018**

- **2959 people signed up.**
- **293 courses took place.**
- **754 sessions took place.**
- **1548 people attended the courses.**
- **27 locations across Coventry and Warwickshire were used.**
- **97.7% course satisfaction rate.**
- **98.3% people felt the course helped improve their mental health and wellbeing.**
Quality Network for Inpatient Learning Disability Services (QNLD)

The Learning Disability secure and children’s’ services at Brooklands Hospital are signed up for the QNLD which is a standards-based quality network that facilitates the sharing of good practice, provides a system of standards-based external peer-review and provides accreditation. It engages staff and service users in a comprehensive process of review, through which good practice and high quality care are recognised. Services are supported to identify areas for improvement and set achievable targets for change.

New Educational facility for Jade Adolescent Unit

The Trust is continually striving to provide a better and safer therapeutic environment for people with learning disabilities. The new children’s educational facility infrastructure and enabling works have been completed and the excellent educational facility opened in November 2018. It provides a modern, safe, spacious environment, including enhanced care suite facilities. Feedback received from patients, carers and staff have been very positive and they are very happy with the new educational facilities.

Safer Dementia Care in Mental Health

The Trust has been working with Oxehealth’s Digital Care Assistant to tackle the challenge of conducting effective safety observations on Pembleton and Stanley Dementia Wards at the Manor Hospital.

Following an evaluation, the introduction of the Digital Care Assistant has reduced falls, improving the quality of patient care and experience. Staff experience has improved and carers feel more confident that their family members are well cared for.

Pembleton and Stanley Wards have been shortlisted for the Innovation in Public Services category at the 2018 West Midlands Tech Awards. In addition the high tech development being pioneered by the Trust on a better way to care for dementia patients was featured in the BBC television programme ‘Click’.

The Oxehealth Digital Care Assistant for Dementia has been nominated in the ‘Product Innovation of the Year’ category in the Design in Mental Health Awards.

Warwick Clinic for Eating Disorders and Diabetes (Aspen Centre)

The Warwick Clinic (Clinic) for Eating Disorders and Diabetes, based at the Aspen Centre, has been featured in a BBC documentary on diabetes. The special edition of the Inside Out programme featured interviews with Dr Tony Winston, Consultant in Eating Disorders and Lead Clinician for the Clinic, Lynette Fellowes, Senior Specialist Nurse, and a recovered patient who had been successfully treated at the Clinic.

Psychiatric Clinical Decisions Unit (PCDU)

The PCDU officially opened for referrals in February 2019 and is now operating with 6 ‘chairs’ 24/7. Since the Unit opened, it has received referrals from the Acute Hospitals and Street Triage.

The PCDU is an ambulant assessment area which provides a calming environment for the assessment and development of treatment plans for service users who are accessing emergency services.

Our aim of the PDU is to provide an environment and atmosphere that is conducive to enabling service users to relax, and to provide high quality, thorough assessment, leading to well developed, service user-centred treatment plans. This will enable the service user to both manage their immediate crisis leading
to more robust recovery. We plan to undertake an initial evaluation of the service within 2019/20.

**Inpatient Bed Management System (BMS)**

Acute Services are making considerable efforts to improve the way they admit and discharge patients, and manage their bed stock. Work continues in building the in-patient BMS. Rollout for the inpatient assessment and treatment and rehabilitation wards are planned in 2019.

With the BMS we plan to significantly improve the information systems to allow Operational Managers to monitor and plan better the use of inpatient beds, enhance the role of bed managers in the Clinical Coordinating Centre to move away from crisis management, and make better use of their knowledge to plan admissions and think strategically about the use of beds, and to improve co-ordination between different professional groups within hospitals and between hospitals to minimise the risk of delays in discharging those ready to leave hospital.

**Brooklands Research Projects**

Staff in the Psychological Services Team at the Brooklands Hospital have written a number of papers about the effectiveness of research projects they have undertaken with service users. The most recently published paper was ‘16 years of the Brooklands Thinking Skills Offender Programme’, published in the Journal of Intellectual Disabilities and Offending behaviour. The work demonstrated the effectiveness of this programme in reducing risk and the paper has significantly contributed to the evidence base in this area.

**Acute Services – Volunteer Service**

The Volunteer Service continues to grow and now has over 180 volunteers. Volunteer staff continue to work with other teams to develop tailor-made roles for their services. This includes work with older adult units in recruiting dementia friend volunteers, activity support volunteers, volunteers ‘Expert by Experience’, Ward and Admin support and others.

The Volunteer Services have launched their magazine ‘Volunteer Voice’ published in April 2018, to give volunteers a voice within the Trust. The aim was to highlight their enormous contribution to our services, to update both volunteers and staff on what is happening in the Trust and to share volunteering experiences. We want our volunteers to know how much they are valued and this magazine showcases that.

The Volunteer Service also secured external funding to enable 10 trust staff to be trained as mental health first aid (MHFA) instructors.

**Mental Health Legislation Bulletin**

The Mental Health Team has started publishing the Mental Health Legislation bulletin for all groups of staff working within the Trust. The bulletin aims to update staff on matters related to mental health legislation, such as the Mental Health Act and Mental Capacity Act and to highlight issues, inform and improve practice.

To enable the wide circulation of the Mental Health Legislation Bulletin, copies are available electronically, on the intranet and also in paper format.

**Staff recognition in the Queen's Birthday Honours List**

We are immensely proud that 3 of our colleagues in Acute Services were recognised in the Queen's Birthday Honours List:

- Marie Tait – awarded a British Empire Medal (BEM) for services to older and mentally ill patients;
- Alex Cotton – awarded an MBE for services to mental health, including the ‘It Takes Balls to Talk’ campaign;
- Dr Ashok Roy – awarded an OBE for services to people with learning disabilities;

Acute Services would like to thank our colleagues for their service and congratulate them on their excellent achievements!

**It Takes Balls to Talk – National Positive Practice Award**

‘It Takes Balls to Talk’ is a public information mental health campaign that aims to reduce the number of
male suicide by encouraging people, particularly men, to talk about how they feel and direct them to help and support.

The campaign team has raised awareness by attending professional and amateur football, rugby, ice hockey and other sporting events at venues including the Ricoh and Sky Dome in Coventry and held events at Coventry, Warwick and Worcester Universities. Volunteers also meet people in places of work and leisure and have also delivered valuable suicide awareness training to key groups across the area.

It Takes Balls to Talk were national finalists in the NHS 70 parliamentary awards and presented with the National Positive Practice Award for addressing inequalities in Mental Health in October 2018. This firmly puts It Takes Balls to Talk on the national map for innovation in practice!

**MERIT Vanguard and MERIT’s Electronic Health Record Viewer**

The Trust is one of four mental health trusts that have come together to develop new ways of working to improve the way mental health services are provided for the future. MERIT is the only group of mental health trusts working in this way, leading the way in looking at how we can develop mental health services.

The MERIT Vanguard believes that by getting people involved, it can make sure that the Trusts’ services meet the unique requirements of the mental health needs in the West Midlands.

The MERIT programme’s Electronic Health Record Viewer has won the Mental Health Innovation Award at the prestigious Meridian Celebration of Innovation Awards organised by the West Midlands Academic Health Science Network.

The Electronic Health Record Viewer is an online viewer which allows authorised clinicians to see details of the clinical history of patients whose care is normally provided by another trust in the partnership.

**Brooklands Recovery Academy CQUIN — Achieved**

Brooklands staff achieved the Recovery Academy CQUIN during Quarter 4 with 32 students attended at least 1 course (82%). Brooklands also successfully achieved their local target rate to attend at least one course. In total 72 students attended, across all 6 of the courses which was the highest attendance rate to date.
NHS Coventry and Rugby Clinical Commissioning Group (CCG) welcome the opportunity to comment on Coventry and Warwickshire Partnership NHS Trust Quality Account. The CCG believe that the Quality Account for 2018-2019 meets the required content as set out in national guidance and contains an accurate reflection of the quality of services provided by the Trust. Whilst not all the data fields were complete in the draft account, the CCG has reviewed the information presented against data sources available to the CCG as part of quality, contracting and performance to confirm them as accurate.

The Trust has worked in the spirit of openness and partnership with the CCG over the last year to further develop and strengthen working relationships. This is demonstrated through invitations by the Trust for CCG representation on a range of quality and patient safety related mental health work streams including transformation of services in community, primary, specialist, acute and crisis care in order to promote transparency and an internal culture accepting of challenge. The CCG is pleased to report that the timeliness of responses to quality concerns raised to the Trust has been of a consistent high standard.

The CCGs are pleased with the hard work of the Trust to enable the achievement of the “good” rating in December 2018 from a previous rating of “requires Improvement” from the Care Quality Commission. The CCGs will continue to monitor the revised action plan following the inspection on a bi-monthly basis.

The Trust has developed new ways of working in partnership with the CCGs to reduce the numbers of patients being placed inappropriately out of area. Improvements to discharge processes have led to reductions in length of stay for patients in hospital. The ongoing work of the Recovery and Wellbeing Academy delivered in partnership with MIND also assists in supporting patients on discharge from acute services.

New services for patients to be psychologically supported with long term conditions, such as diabetes have been developed. The newly-opened psychiatric decision unit, developed with support from CCGs and NHS England allows patients in crisis immediate access to mental health professionals for support.

The Trust has also participated in focussed health economy work around pressure ulcer identification and care and has worked innovatively to tackle to national challenges of recruitment and retention of staff.

The CCG has conducted a number of assurance visits to various sites of the Coventry and Warwickshire Partnership Trust including the Children and Young People’s Mental Health service, the two Mental Health day treatment facilities and the tissue viability services. The tissue viability visit assured the CCG that the Trust responded to serious incidents promptly by developing and completing action plans to address gaps in service and treatment.

Whilst the CCG was assured that the Trust has robust processes in place to ensure patients are managed safely, it is recognised that the experience of patients and their families and/or carers is an area that requires consistent focus. The CCG acknowledges the Trust’s drive and commitment to improving the overall users experience by focusing on involvement in care planning and inclusion of carers. The Trust is working to embed the Triangle of Care for mental health Scheme which focusses on involving carers and families in care planning and treatment. This is an area that will be monitored with interest by the CCG in 2019-2020. The Trust is also committed to reducing waiting times for children and young people to be seen following assessment and has developed new ways of working following the development of the Local Transformation Plan.
The Trust continues to provide input to the Learning Disabilities Mortality Review (LeDeR) programme and has supported the CCGs to achieve a high number of completed reviews. It is expected that this element will continue to be incorporated into the Trusts current mortality review process in 2019-2020 and we look forward to continuing to work with the Trust to progress this in the coming year.

While the Trust identifies and monitors their staff groups by ethnicity the CCG is surprised that the Quality Account 2018-2019 does not contain more detail showcasing the work the Trust is involved in, in relation to addressing health inequalities and in particular their engagement with minority communities.

Last year the CCG set out the expectation that it would look forward to seeing positive improvements in the Trust response to feedback from General Practice. As a result of the Trusts willingness to improve communication and outcomes for patients a new reporting system and process has been formally agreed with General Practice. Whilst in its early stages of implementation the CCG recognises the steps taken by the Trust to engage with the process.

In conclusion, we recognise that the Trust has made positive progress in a number of areas last year and can confirm that we fully support the priorities identified by the Trust in their Quality Account for 2018-2019.

Andrea Green
Chief Officer

Commentary from Joint Quality Account Task Group

The Trust updated on progress and challenges. Within the Quality Account document CWPT reports a mixed picture about whether priorities were achieved and it would have been helpful to have had a little more information and explanation about what had and had not been achieved. There was some positive progress regarding patient outcomes and experience but regarding staffing the Trust did not achieve its priority of reducing staff turnover.

2019-20 priorities

This year the Quality Account Task Group did not have the opportunity to discuss potential quality account goals with the Trust in the way we have in previous years. The Trust has chosen to use its strategic priorities as quality account priorities. However, this means that there is not much change from the previous year and the priorities are very broad. It is also hard to understand what the programme of work for each would be and what success would be like.

The quality account process provides all NHS Trusts with the opportunity to identify specific, measurable, goals to work on over the period of 9-12 months. It is disappointing CWPT has moved away from this.

The Joint Quality Account Task Group is a task and finish group of Coventry City Council Health and Social Care Scrutiny Board 5 working jointly with Healthwatch Coventry and Healthwatch Warwickshire. Its purpose is to enable Healthwatch and Scrutiny to follow up on progress regarding quality account goals set by the Trust and to feed into the setting of future priorities.

This work helps the Task Group to have information to assess how the Trust works for good quality services for patients/service users and to input what we know from information we hear from patients/service users/public.

The draft version of the Quality Account we received in order to produce this commentary was not complete as it was missing data and narrative from some sections:

- CQUIN targets for 2019-20
- Patient Safety incident data
- Learning disability improvement standards

Last year’s priorities

The Task Group met with the Coventry and Warwickshire Partnership Trust (CWPT) in February 2019 to discuss progress on the priorities set for 2018-19 and what had been achieved. We found this to be a positive process. At this meeting the
One of the things Healthwatch looks to see is the extent to which Trusts show that they have set quality goals that are based on what patients/service user/the public have told them. This is not something which is evident from CWPT’s quality account document this year.

It is very important that the Trust makes progress regarding staff recruitment and retention in the coming year.

**Quality information/data**

The Trust achieved a positive CQC rating of good this year, moving from requires improvement. However the CQC identified some areas for improvement and a short section on how the trust addressed these would have been helpful.

Within the document the Trust demonstrates learning from audit findings; serious incident process and the CQC’s findings in its inspection of children’s and adolescent mental health services.

It is unclear from the document what has been achieved regarding the targets the Trust has been set by its commissioners (CQUINs).

The Trust achieved its targets for 7 day follow up of patient within the Care Programme Approach and its target for mental Crisis Interventions Team involvement in admission prevention.

Within the national community health mental health service user survey CWPT is about the same as other Trusts for most areas, but for ‘planning care’ is worse, therefore it would be helpful for the Trust to show what actions it is taking.

**Missing elements**

Patients/service users do not feature very much within the document. There is little that demonstrates response to feedback from patients/service users by describing what the trust did to address a problem or concern raised.

More content about how the Trust seeks to talk to/engage with patients/service users would also be beneficial.

**Other comments**

Importantly, this year the Chief Executive has highlighted how the CWPT sits within Better Health, Better Care, Better Value partnership work across the NHS in Coventry and Warwickshire, which is considering how NHS services should be organised in the future.

We look forward to continuing to work with the Trust and in particular offer input around linking engagement activity to the quality account.
The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2012).

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

- The Quality Account presents a balanced picture of the Trust’s performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

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

Jagtar Singh, Chairman

Simon Gilby, Chief Executive
We have been engaged by the Board of Directors of Coventry and Warwickshire Partnership NHS Trust to perform an independent assurance engagement in respect of the Trust’s Quality Account for the year ended 31 March 2019 ("the Quality Account") and certain performance indicators contained therein. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011, the National Health Service (Quality Account) Amendment Regulations 2012, the National Health Service (Quality Account) Amendment Regulations 2017 and the National Health Service (Quality Account) Amendment Regulations 2018 ("the Regulations").

This report, including the conclusion, has been prepared solely for the Board of Directors of Coventry and Warwickshire Partnership NHS Trust. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Coventry and Warwickshire Partnership NHS Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following indicators:

- The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period*; and
- The percentage of reported patient safety incidents resulting in severe harm or death during the reporting period.

We refer to these two indicators collectively as “the indicators”.

* The Trust has reported two separate performance indicators within its 2018/19 Quality Account for the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period. These are:

1. Performance that includes both national and local exclusions. This information is reported to Trust Board and to commissioners.

2. Performance that includes only national exclusions and is in line with national guidance. This information is reported to Trust Board.

Please note that our work only focuses on performance metric ‘2’ i.e. performance in line with national guidance. We have not performed any work on the local performance indicator ‘1’.

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and Social Care has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).
In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

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

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

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

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

- the Quality Account has been prepared in accordance with Department of Health and Social Care guidance.

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

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;

- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014/15 published on the NHS Choices website (“the Guidance”); and

- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the other information contained in the Quality Account and conclude whether it is consistent with the requirements of the Regulations and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2018 to March 2019;

- Papers relating to Quality reported to the Board over the period April 2018 to May 2019;

- The Trust’s complaints report dated June 2019, published under regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009;

- Feedback from the Commissioners dated 31 May 2019;

- Joint feedback from local Healthwatch organisations and local Health & Social Care Scrutiny dated 4 June 2019;

- The 2018 National Patient Survey;

- The 2018 National Staff Survey;

- The Head of Internal Audit’s annual opinion over the Trust’s control environment dated April 2019; and


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

**Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’).

Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;

- making enquiries of management;

- testing key management controls;

- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
• comparing the content of the Quality Account to the requirements of the Regulations; and
• reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health and Social Care. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Basis for qualified conclusion

The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period

The “percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period” requires that for patients who are discharged from a mental health in-patient episode on a Care Programme Approach, NHS Trusts should accurately record a follow-up contact within seven days of the discharge, in accordance with details set out in the national guidance.

Our procedures included testing a sample of 72 items. We identified the following errors:

• In 9.5% of the items tested, the 7 day follow up contact date was not accurately recorded;
• In 5.6% of the items tested, there was incorrect reporting of a follow up within the 7 day target.

As a result of the issues identified, we have concluded that there are errors in the calculation of the “percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period” for the year ended 31 March 2019. We are unable to quantify the effect of these errors on the reported indicator.

The “Core Quality Indicators” section on page 19 of the Trust’s Quality Account summarises the actions that the Trust is taking post year end to resolve the issues identified in its processes.

Qualified Conclusion

Based on the results of our procedures, except for the matters set out in the basis for a qualified conclusion section of our report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

• the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
• the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
• the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Deloitte LLP
Birmingham, United Kingdom
24 June 2019
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Contact us
Coventry and Warwickshire Partnership NHS Trust
Headquarters, Wayette House,
Wilson Lane, Coventry CV6 6NY
Tel: 024 7636 2100
Email: enquires@covwarkpt.nhs.uk
Web: www.covwarkpt.nhs.uk
Twitter: @cwpt_nhs

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

Our vision
“To improve the wellbeing of the people we serve and to be recognised for always doing the best we can”

Our values
Compassion in action  Working together  Respect for everyone  Seeking excellence