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Part 1: Introduction

I am pleased to introduce our first Quality Account, to summarise our Trust’s achievements during 2009-10, and to set out in broad terms our priorities for quality improvement.

In Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) we are committed to continuous quality improvement so that patients and their families receive the best possible care and treatment. Over the past three years we have worked with patients, carers and staff to develop and implement 27 ‘best practice’ care pathways so that all of our patients are provided with accessible and effective care. We are committed to the continuing review and development of these care pathways, learning from patient and carer experience, and feedback from GPs or other referrers.

Over the last year, the Trust has reviewed its strategy and developed a three-year business plan for 2010-2013. Improving patient experience and delivering safe and personalised care is our first and most important objective. Our Business Plan sets out our approach to service development and quality improvement within a very challenging financial context.

To the best of our knowledge, all the information contained within the Quality Account reflects a true and accurate picture of the performance of the Trust.

Key performance and developments during 2009-10

Performance
The Trust achieved a Care Quality Commission rating of ‘good’ for quality of services in 2009-10. We aspire to ‘excellent’ for 2010-11 and have taken action to improve in relation to the mental health minimum data set, and in relation to our CAMH and LD performance indicator sets. We achieved all other national targets (see page 14).

Clinical divisions
We have established new Clinical Divisions covering all of our services, with each division headed up by a Clinical Director and overseen by a new role of Director of Operations.

The Clinical Divisions will support clinical leadership and engagement, and better integration of service, teaching and research.

Recovery-based services
Our recovery project continues to take shape and we held a major stakeholder conference on recovery in 2009. This has informed our work on recovery based care pathways, employing service users as peer support workers and tackling stigma and discrimination. Our innovative ‘peer support worker’ project became operational in 2010. It is based on the Arizona model, which the Trust has adapted. It will be the first use of this approach in the UK. There is good evidence that the employment of service users as peers has the potential to improve service quality.

Patient experience
During the year we have undertaken significant work in response to our patient survey to ensure that the Care Programme Approach (CPA) basics are in place so that every patient has a care plan, a care co-ordinator, and a regular review of their care. We have established a patient experience feedback system to support ‘real-time’ feedback of our services.

Patient safety
In line with best practice, we asked Mental Health Strategies to undertake an independent review of our acute care SUIs and our SUI systems. This review was completed in December, and we have already instigated a number of changes to our governance systems and to our clinical care services. We also have an action plan to ensure the implementation of the remainder of the reports recommendations.

The Cavell Centre
In May 2009 we fully opened the purpose-built state-of-the-art Cavell Centre in Peterborough which provides 102 beds (all in single en-suite rooms) for our in-patient services. This high-quality environment has enabled us to open a Psychiatric Intensive Care Unit (PICU) and a specialist unit for drug detoxification. We have undertaken a range of other environmental improvements across the Trust, including the opening of Section 136 place of safety assessment facilities in Cambridge and Peterborough.

Future quality improvement priorities
This quality account sets out our future priorities in detail, but I would like to take this opportunity to highlight our commitment to continuous organisational learning and to engaging all of our staff in quality improvement. In particular, we are committed to:

Patient safety
Reducing the risks of serious untoward incidents through our involvement in the national Leading for Improvement in Patient Safety Programme.

Patient experience
Improving the experience of care through systematic and rigorous implementation of the Care Programme Approach.

Clinical effectiveness
Ensuring that for all of our patients, a clinical outcome measure is in routine clinical practice (including Health of the Nation Outcome Scale (HoNOS) for all CPA patients).

Karen Bell
Chief Executive
Statement of directors’ responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Account) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation Trust boards on the form and content of annual Quality Accounts (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Account.

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

- The Quality Account presents a balanced picture of the foundation 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 the prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the Quality Account regulations) published at www.monitor-nhsft.gov.uk/annualreportingmanual as well as the standards to support data quality for the preparation of the Quality Account (available at www.monitor-nhsft.gov.uk/annualreportingmanual)

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

By order of the Board

Anne Campbell
Chair

Karen Bell
Chief Executive

26 May 2010
8.1.1 Patient safety priority 2009-10

Our quality priority for patient safety for the year was to reduce the likelihood of serious untoward incidents and adverse events through the implementation of our patient safety plan.

The following describes the range of activities undertaken which supported the implementation of our patient safety plan throughout the year.

Review of Serious Untoward Incidents (SUIs) and the SUI process

In line with best practice we have continued to strengthen arrangements around Serious Untoward Incidents (SUIs), particularly in relation to reporting and monitoring the implementation of action plans with a retrospective review of all SUIs that have taken place since 2006. We commissioned an external agency, Mental Health Strategies, to undertake a three-year thematic review of acute care SUIs with the aim of improving our systems and practice around investigations and learning from adverse incidents. We revised and re-established our Learning the Lessons seminar programme and plan to further develop this to strengthen the learning culture within the Trust. The Trust also strengthened its risk management resource and now has in place a dedicated Patient Safety and Risk Assurance Manager who will oversee this important work programme across the Trust.

External assurance and accreditation

The Trust was successful in achieving accreditation with the NHSLA Risk Management standards at level 1 and we are now working towards a Level 2 assessment in early 2011.

We have rolled out the NHS Institute ‘productive ward’ programme (also known as ‘releasing time to care’) in our older people’s wards. This project has produced many examples of good practice as well as led to the development of more effective ways of working. The programme has been externally monitored and commended by the NHS Institute and the East of England Strategic Health Authority.

Our five acute care in-patient wards have achieved AIMS (Accreditation for Acute Inpatient Mental Health Services) accreditation, and our specialist learning disability services are working towards the AIMS-LD accreditation programme. Our ECT services have achieved ECTAS (ECT accreditation service – Royal College of Psychiatry) accreditation. We are continuing with our programme of QINMAC (Quality Improvement for Multi Agency CAMH services – RCP) and QNIC (Quality Network for In-patient CAMHS) quality assessments within the CAMH services. Our older people service in Peterborough have signed up to take part in the MSNAP (Memory Services National Accreditation Programme) accreditation scheme and are currently undertaking the self-assessment process. We have continued to implement the new Mental Health Act (MHA) and have rolled out the process of monthly monitoring of MHA processes to improve significantly the standards of practice across the Trust.

Prison services governance review

We have undertaken a strategic assessment of our prison in-reach services to review and strengthen governance and patient safety systems. This review highlighted many areas of good practice particularly regarding audit activities and partnership working with the prisons. As a result of the review, improvements have been made in the recording, reporting and investigation of incidents to ensure actions arising are effectively implemented.
Safeguarding children
We have participated actively in both Local Safeguarding Children's Boards (Cambridgeshire and Peterborough) and increased our resources to improve arrangements for safeguarding children across the Trust through the appointment of an additional named nurse. We strengthened our approach and strategy towards Safeguarding Children training, ensuring completion of Level 1 Safeguarding Children training for all appropriate staff. We closely monitored the implementation of our Safeguarding Children action plan. We took part in the safer employment and supervision audits for the LSCBs and have established routine audit of safeguarding children within the Care Programme Approach (CPA) audit process. During the year, we worked with Cambridgeshire County Council to launch the pilot MST-CAN service (Multi-Systemic Therapy for children at risk of abuse and neglect), the first such service in the UK.

Safeguarding adults
We participated in both Safeguarding Adults Boards (Cambridgeshire and Peterborough), and have implemented a multi-agency audit tool to examine safeguarding adults investigation practices across both Cambridgeshire and Peterborough services. We increased the number of safeguarding lead practitioners across the Trust and further strengthened the accountability arrangements within clinical teams.

Medicines management
We implemented the Trust In-patient Medicines Management and Reconciliation Policy, which was in response to national patient safety guidance. We developed an action plan in response to the CQC Safer Management of Controlled Drugs Report 2008. We took part in the national programme of Prescribing Observatory for Mental Health (POMH) audits so that we could benchmark against other organisations and learn from national, as well as local, results. The Chief Pharmacist reviews all incidents related to medicines management to ensure that appropriate actions are developed and learning disseminated across the Trust.

Infection control
We developed a comprehensive Trust-wide infection control programme to take forward our work to prevent and control healthcare-acquired infection. We revised and reissued the Trust’s infection control manual, trained infection control link workers in all clinical teams and strengthened our infection control audit arrangements. The Trust remains fully compliant with waste management regulations.

Patient safety performance indicators
The Trust has performed well against the range of patient safety indicators. Further details can be found on the table on page 10.

8.1.2 Clinical effectiveness priorities 2009-10
Our quality priorities in relation to enhancing clinical effectiveness were:

- to develop one or more clinical effectiveness measure (outcome measures and/or proxy outcome measures) for each care pathway and through implementation of routine clinical effectiveness reporting
- to undertake a minimum of two NICE guidance audits as part of the clinical audit programme 2009-10
- to continue to meet service performance targets and achievement of our planned targets in regard to clinical effectiveness indicators.

We have undertaken the following activities which have supported the delivery of these priorities.

Outcome measures
We created a project group to take forward the implementation of the Health of the Nation Outcome Scales (HoNOS) across the care pathways. HoNOS is an outcome assessment scale developed by the Royal College of Psychiatrists to measure the health and social functioning of people with severe mental illness. The implementation of this project will ensure that all patients on CPA (care programme approach) will receive an assessment by the end of June 2010 and on a continuing basis. HoNOS is the most widely used routine clinical outcome measure within mental health services.
NICE implementation
We established a new internal committee with responsibility for ensuring that the Trust implements published NICE guidance in accordance with national standards to promote the provision of effective and evidence-based practice and services. In 2009, our integrated pathway for the treatment of personality disorder in health services was developed and successfully went through the NICE quality assurance process and is now available on the NICE website as an example of good implementation. The Trust made good progress in taking forward the CLARHC work programme (Collaboration for Leadership in Applied Health Research and Care).

Care Programme Approach (CPA)
The Trust continued to improve the implementation of CPA across its services. Routine monitoring takes place to ensure all service users are provided with a copy of their care plan, have a risk assessment and out of hours contact information. A dedicated CPA taskforce is in place to oversee continued improvements during the coming year.

Clinical audit
We completed the following NICE related audit projects during the year:
- NICE CG72 – CAMH audit of ADHD cases on stimulant treatment
- NICE CG45 – Antenatal and postnatal mental health
- NICE CG40 – Falls audits
- NICE CG23 – Compliance with depression pathway (which was superseded by the national audit – see below)
- National Audit on Psychological Therapies pilot (NICE CG22 & 23)
- National Continence Audit (NICE CG40)
- POMH-UK audit on medication reconciliation (NICE PSG01)

Clinical effectiveness performance indicators
The Trust has performed well against the range of clinical effectiveness indicators. Further details can be found on the table on page 10.

8.1.3 Patient experience priorities 2009-10
Our key quality priorities for patient experience were:
- To develop qualitative and quantitative patient experience measures for each care pathway that will form part of the Trust’s quality ‘dashboard’, supporting service improvement
- To continue to improve the patient’s experience and overall satisfaction with our services through achievement of quality indicators
- To develop and implement a new action plan in response to the 2009 patient survey, which will include an inpatient survey as well as a community patient survey

The Trust has undertaken a range of initiatives that have helped us to meet our priorities. These include:

Privacy and dignity
In September 2009, we were inspected by NHS Cambridgeshire and the East of England Strategic Health Authority in relation to privacy and dignity, and the national standards for same-sex accommodation. We were very pleased to receive a favourable outcome of this inspection that confirms our commitment to protecting and promoting the privacy and dignity of our patients. The Trust completed changes to Acer Ward and Hawthorn Ward in Huntingdon to ensure full compliance against the national standards for same-sex accommodation by the end of December 2009. Patient experience measures for privacy and dignity have been defined and are routinely collected as part of our inpatient discharge survey.

The Trust continued with its programme of environmental improvements during the year. The Cavell Centre in Peterborough, a modern, state-of-the-art facility providing in-patient services, became fully operational providing services for older people, adult and learning disability services.

The Trust also established an adult Psychiatric Intensive Care unit in Peterborough and Section 136 assessment facilities in both Cambridge and Peterborough. Children’s services transferred into the City Care Centre, Peterborough, and refurbishment took place to improve children’s services at the Brookside clinic in Cambridge. The Trust plans to refurbish and develop a female-only unit on George Mackenzie House during 2010-11.
2009 patient survey actions
The Trust participated in the first national mandatory inpatient survey for adult acute inpatients and was rated as ‘achieved’ on this indicator by the Care Quality Commission. The Trust has identified areas of good practice; scoring well in relation to access to activities and physical healthcare. However, we also identified areas for improvement, particularly concerning information provided to patients on discharge about who to contact in a crisis. A CPA task force has been developed to direct improvements in ensuring all patients have a copy of their care plan which will also include crisis contact information.

Recovery
We made good progress with the objectives of the Trust’s recovery and social inclusion strategy, particularly in terms of promoting employment and social inclusion opportunities for our patients and in challenging stigma and discrimination. Preparations are well advanced for the peer support worker project which will support the recruitment of service users and ex-service users to clinical teams.

The Trust is also committed to promoting spirituality and recovery for patients and we have established a Trust Faith Lead and further developed chaplaincy services. A Spirituality and Recovery Core Group and a Spirituality and Recovery Strategy and action plan were put in place to take this agenda forward.

The Trust undertook a review of George Mackenzie House, Cambridge, a low-secure unit, following feedback from the Mental Health Act Commissioner that indicated there was a perceived lack of choice by patients, although the service had an excellent range of activities and therapeutic programme. Ex-service users – Experts by Experience (EbE) - were recruited to help shape the review work. As a result, service users have been supported to exercise choice of participation in any of the therapeutic programme of activities or to develop their own activities. The review helped service users to understand how the programme assisted staff to assess their wellbeing and support progress towards recovery. This review won the Trust’s Good Practice Award for Service User Involvement and was commended in an external review as part of our privacy and dignity inspection.

Patient experience feedback
We continue to work towards improving access to our services and responding to the views of our service users and their carers. The Patient Experience Tracker (PET) remains in use in sites across the Trust which has improved our understanding of patient feedback. During 2009 we commissioned new patient survey software that will improve the collection and use of patient experience measures for all care pathways. We have an active Board of Governors’ working group on patient experience supporting our work to address the needs of our patient population. We have also established a new patient experience committee that regularly reviews complaints, PALS, surveys and patient experience information across the Trust. This, along with our improved processes, has supported further improvements in complaints management and patient feedback. We continue to build on the success of our Experts by Experience project to train and support service user ‘experts’ working with the Trust to further improve our services.

Patient Environment Action Team (PEAT) Audit
The Patient Environment Action Team (PEAT) process is a self-assessment annual audit of wards undertaken from a patients perspective which focuses upon three key elements environment, food and privacy and dignity. The process has been in place since 2000 and is seen as an important tool by which to measure the patient experience. The results in bold denote improvements since last years assessment. An action plan has been developed in order to support further improvements during the coming year.

### Site Environment 2010 rating 2009 rating Food Environment 2010 rating 2009 rating Privacy and dignity Environment 2010 rating 2009 rating

<table>
<thead>
<tr>
<th>Site</th>
<th>Environment</th>
<th>Food</th>
<th>Privacy and dignity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rowan Lodge</td>
<td>G</td>
<td>A</td>
<td>G</td>
</tr>
<tr>
<td>Cavell Centre</td>
<td>E</td>
<td>G</td>
<td>E</td>
</tr>
<tr>
<td>S3 and James</td>
<td>G</td>
<td>G</td>
<td>G</td>
</tr>
<tr>
<td>Acer and Hawthorn</td>
<td>G</td>
<td>A</td>
<td>G</td>
</tr>
<tr>
<td>Lucille Van Geest</td>
<td>G</td>
<td>G</td>
<td>E</td>
</tr>
<tr>
<td>Fulbourn</td>
<td>G</td>
<td>G</td>
<td>E</td>
</tr>
<tr>
<td>Ida Darwin</td>
<td>A</td>
<td>A</td>
<td>E</td>
</tr>
<tr>
<td>Otters Retreat CCC</td>
<td>E</td>
<td>E</td>
<td>E</td>
</tr>
</tbody>
</table>

**Key**

A = Acceptable  G = Good  E = Excellent

**Patient experience performance indicators**
The Trust has performed well against across the range of patient experience indicators. Further details can be found on the table on page 10.
8.2 Quality improvement priorities 2010-11

The Trust has chosen a range of priorities for 2010-11 having considered a range of information sources and feedback including patient surveys, staff surveys, PEAT assessments, CQC quality risk profile, incidents, complaints and PALS enquiries, all of which have helped us to assess our current levels of performance.

We have widely consulted on this plan within the Trust involving the Trust Board of Directors, Quality and Healthcare Governance Committee, Wider Leadership Team and a range of senior managers and clinicians in the review and consideration of the priorities for the coming year. Comprehensive and active engagement by our Board has given significant input in determining the targets for our quality measures to reflect a stretching position that would align us with the top 20% of best-performing mental health trusts. We have also engaged with a number of key external stakeholders in the review of the Quality report and priorities for the coming year including the CPFT Board of Governors, Primary Care Trust Commissioners, Overview and Scrutiny Committees and local LiNKs (Local Involvement Networks).

The main committee that will be responsible for the monitoring of our compliance against these priorities throughout the year will be the Quality and Healthcare Governance Committee (QHGC), which will receive position summaries on a quarterly basis. The QHGC is supported through three key operational subgroups which focus upon the themes of patient experience, patient safety and clinical effectiveness all of these groups will be responsible for ensuring the quality priorities are managed, monitored, measured and reported upon to provide assurance that the Trust is able to demonstrate improvement and to ensure actions are taken to address risks of under achievement if appropriate.

The Board of Directors will be kept informed of progress against the delivery of our priorities and metrics on a quarterly basis in order for them to be assured of continued improvements in our delivery of quality care.

The table below sets out the key quality improvement priorities for the Trust for 2010-11 and the rationale for each priority. The table on page 10 sets out the quality measures for each of these priorities and for additional quality performance targets. It also summarises key actions to progress the quality improvement priorities.

<table>
<thead>
<tr>
<th>Strengthening patient safety</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 3 Reduce all suicides by patients in contact with secondary mental health services by 20% by 2013</td>
<td>Trust stretch target and business plan strategic objective&lt;br&gt;Leading for Improvement in Patient Safety (LIPS) programme aim&lt;br&gt;Mental Health Strategies action plan&lt;br&gt;CQC outcomes 4 and 16</td>
</tr>
<tr>
<td>Priority 4 Reduce the number of physical assaults within Trust services by 20% by 2013 1</td>
<td>Trust stretch target and business plan strategic objective&lt;br&gt;Leading for Improvement in Patient Safety (LIPS) programme aim&lt;br&gt;CQC outcomes 4 and 16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enhancing clinical effectiveness</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 5 Compliance with 18-week referral to treatment waiting time target</td>
<td>Trust business plan strategic objective&lt;br&gt;National performance target for improving access</td>
</tr>
<tr>
<td>Priority 6 Ensure that 95% of CPA patients have a HoNOS outcome assessment in a 12-month period</td>
<td>National performance target for CPA and MHMDS&lt;br&gt;CQC outcome 16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improving patient experience</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1 Improvement on annual patient survey 2 responses for overall satisfaction rating</td>
<td>Trust stretch target and business plan strategic objective&lt;br&gt;CQC national performance assessment&lt;br&gt;Target set to take the Trust scores to the top 20% of Trusts.</td>
</tr>
<tr>
<td>Priority 2 Ensure that 95% of eligible patients have a care plan</td>
<td>Trust stretch target and business plan strategic objective&lt;br&gt;Monitor target (95%)&lt;br&gt;CQC outcomes 1, 4, 6, 16</td>
</tr>
</tbody>
</table>

CPA – Care Programme Approach<br>LIPS – Leading for Improvement in Patient Safety<br>CQC – Care Quality Commission<br>MHMDS – Mental Health Minimum Data Set<br>HoNOS – Health of the Nation Outcome Scale (Royal College of Psychiatrists)

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1 The report ‘Avoidable Deaths’ (December 2006) a five-year report by the National Confidential Inquiry into Suicides and Homicides concluded that about 20% of the suicides it had reviewed were avoidable.

2 The national community service users survey was undertaken in 2008 by the Healthcare Commission, but not repeated in 2009. The CQC undertook an inpatient survey in 2009, and is currently undertaking a community service users survey for 2010. In addition to the national mandatory survey, the trust is also undertaking a voluntary in-patient survey for 2010.
## Quality improvement priorities and measures

<table>
<thead>
<tr>
<th>Clinical quality priorities</th>
<th>Key actions and delivery risk</th>
<th>Performance in 2009-10</th>
<th>Three-year targets/measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient safety</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls Rate (per 1000 bed days)</td>
<td></td>
<td>3.58</td>
<td>2010-11: 4</td>
</tr>
<tr>
<td>Reduce all suicides by patients in contact with secondary mental health services by 20% by 2013</td>
<td>*25</td>
<td>2010-11: 5% reduction</td>
<td>2011-12: 10% reduction</td>
</tr>
<tr>
<td>Reduce the number of physical assaults within the Trust services by 20% by 2013</td>
<td>*442</td>
<td>2010-11: 5% reduction</td>
<td>2011-12: 10% reduction</td>
</tr>
<tr>
<td>Incidence of inpatient suicide from ligature points (never event)</td>
<td>0</td>
<td>2010-11: 0</td>
<td>2011-12: 0</td>
</tr>
<tr>
<td>MRSA infection rate (10,000 bed days)</td>
<td>0</td>
<td>2010-11: 0.80</td>
<td>2011-12: 0.60</td>
</tr>
<tr>
<td>C. Difficile infection rate (per 1,000 bed days)</td>
<td>0</td>
<td>2010-11: 0.90</td>
<td>2011-12: 0.70</td>
</tr>
<tr>
<td>Percentage of patients followed up within seven days of discharge (acute care)</td>
<td>99%</td>
<td>2010-11: &gt;95%</td>
<td>2011-12: &gt;95%</td>
</tr>
</tbody>
</table>

### Clinical effectiveness

<table>
<thead>
<tr>
<th>Key actions and delivery risk</th>
<th>Performance in 2009-10</th>
<th>Three-year targets/measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with 18-week referral to treatment waiting time target</td>
<td>96%</td>
<td>2010-11: 100%</td>
</tr>
<tr>
<td>Crisis Resolution and Home Treatment new patients seen</td>
<td>100%</td>
<td>2010-11: 100%</td>
</tr>
<tr>
<td>Percentage of active service users on early intervention caseload</td>
<td>100%</td>
<td>2010-11: 100%</td>
</tr>
<tr>
<td>Percentage of active service users on assertive outreach caseload</td>
<td>100%</td>
<td>2010-11: 100%</td>
</tr>
</tbody>
</table>

### Patient experience

<table>
<thead>
<tr>
<th>Key actions and delivery risk</th>
<th>Performance in 2009-10</th>
<th>Three-year targets/measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of CPA patients to have a HoNOS assessment in 12-month period</td>
<td>Not available</td>
<td>2010-11: 95%</td>
</tr>
<tr>
<td>Achieve improvement on CPT’s annual patient survey scores for overall satisfaction with services</td>
<td>Comm survey: 69% IP survey: 58%</td>
<td>2010-11: 71%</td>
</tr>
<tr>
<td>Percentage of patients stating that they were treated with dignity and respect by the psychiatrist</td>
<td>91%</td>
<td>2010-11: 92%</td>
</tr>
<tr>
<td>Percentage of patients on CPA have an individual care plan</td>
<td>83%</td>
<td>2010-11: &gt;95%</td>
</tr>
</tbody>
</table>

* denotes the baseline figure from 2009-10 from which future performance will be measured.
8.3 Statements relating to quality of NHS services provided

8.3.1 Review of services
During 2009-10 Cambridgeshire and Peterborough NHS Foundation Trust provided NHS services in the following five divisional areas:
- Primary care
- Older people
- Children
- Adult
- Specialist services

Full details of our services are available on the Trust website www.cpft.nhs.uk

The Board has reviewed all the data available to them on the quality of care in all of these divisional areas. This represents 100% of the Trust's activity (measured by income generated). The Board has used the results of the review to develop a plan for improving the quality of the Trust's services.

8.3.2 Participation in clinical audits
During 2009-10, four national clinical audits and one national confidential enquiry covered NHS services that Cambridgeshire and Peterborough NHS Foundation Trust provides.

During that period the Trust participated in 100% national clinical audits and 100% national confidential inquiries of the national clinical audits and national confidential inquiries which it was eligible to participate in.

The national clinical audits and national confidential inquiries that the Trust participated in during 2009/10 are as follows:
- National Audit of Continence
- National Audit of Psychological Therapies (anxiety and depression)
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental illness (NCI/NCISH)
- National Health Promotion in Hospitals Audit
- National Programme of Prescribing Observatory for Mental Health (POMH) audits

The national clinical audits and national confidential inquiries that Cambridgeshire and Peterborough NHS Foundation Trust participated in, and for which data collection was completed during 2009-10, are listed below alongside the number of cases submitted to each audit or inquiry as a percentage of the number of registered cases required by the terms of that audit or inquiry.

<table>
<thead>
<tr>
<th>Audit/Enquiry</th>
<th>Number of Cases submitted</th>
<th>Percentage of Registered Cases Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Audit of Continence (Sample requested 40 cases over 65 years)</td>
<td>40 (100%)</td>
<td>100%</td>
</tr>
<tr>
<td>National Audit of Psychological Therapies (anxiety and depression) – pilot</td>
<td>See right</td>
<td>(as this is a pilot audit, there was no requirement to submit data)</td>
</tr>
<tr>
<td>The Trust submitted data for the following questionnaires:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1: Service context – submitted 1 (100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2: Therapists – none submitted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3a: Waiting times of new referrals – none submitted</td>
<td></td>
<td></td>
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<tr>
<td>Q3b: Patients starting therapy – none submitted</td>
<td></td>
<td></td>
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<tr>
<td>Q3c: Patients who completed therapy – 646 cases submitted for the relevant period</td>
<td></td>
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<tr>
<td>Q4: Service user survey – 115 questionnaires sent out, 11 returned (10%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Confidential Inquiry (NCI) into suicide and Homicide by People with Mental Illness (NCI/NCISH)</td>
<td>76% (19 out of 25)</td>
<td></td>
</tr>
<tr>
<td>National Health Promotion in Hospitals Audit</td>
<td>100% (100 out of 100)</td>
<td></td>
</tr>
<tr>
<td>National Programme of Prescribing Observatory for Mental Health (POMH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POMH-UK Topic 6b report: re-audit - assessment of the side-effects of depot anti-psychotics (no minimum sample set - 90 sent)</td>
<td>100% (90)</td>
<td></td>
</tr>
<tr>
<td>POMH-UK Topic 8: Medicines reconciliation (45 sent – minimum sample was 5)</td>
<td>100% (45)</td>
<td></td>
</tr>
<tr>
<td>POMH-UK Topic 9: Use of anti-psychotic medicine in people with learning disabilities (52 sent – minimum sample was 12)</td>
<td>100% (52)</td>
<td></td>
</tr>
</tbody>
</table>
The reports of four national clinical audits were reviewed by the Trust in 2009-10 and the Trust intends to take the following actions to improve the quality of healthcare provided.

- National Falls and Bone Health Audit 2008-09 (report published in March 2009)
- National Health Promotion in Hospitals Audit
- POMH 6a side-effects of depot anti-psychotics audit
- POMH 7a Lithium monitoring audit

National audits – key actions for 2010-11
- Continue to deliver the falls prevention training to embed the policy into practice
- Take part in the second round of the National Falls and Bone Health Audit, due to start in April 2010
- Continue to embed required practice in relation to the Physical Health Assessment of Inpatients Policy which requires the completion of the Rethink Physical Health Check (PHC) form, in addition to the medical assessment undertaken on admission to the unit
- Strengthen the medicines management audit programme, and continue with six-monthly checks undertaken by the pharmacy team.

The reports of 34 local clinical audits were reviewed by the provider in 2009-10 and Cambridgeshire and Peterborough NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Local clinical audits - key actions for 2010-11
- Care Programme Approach (CPA)
- Establish a CPA task force to further embed policy into practice
- Strengthen monitoring arrangements to ensure all service users have a care plan
- Redesign the programme of CPA audits to focus on quality in practice
- Set stretching organisational targets for numbers of service users with a care plan and annual review.

Suicide prevention
- Review and update the Incident, Near Miss and Serious Untoward Incident Reporting Policy to reflect new guidance
- Continue to closely monitor and produce regular exception reports around delayed SUI investigations
- Ensure that all high-risk areas across the Trust have up-to-date annual Ligature Points Reviews.

Falls Strategy
- Set up a falls study day to take place every six months to deliver training in relation to falls prevention and best practice
- Develop a falls training pack for locality falls leads to deliver training within their teams
- Develop a falls resource pack for staff, service users and carers
- Develop a Trust-wide educational poster on falls prevention and management

8.3.3 Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Cambridgeshire and Peterborough NHS Foundation Trust in 2009-10 that were recruited during that period to participate in research approved by a research ethics committee was estimated to be 800.

Cambridgeshire and Peterborough NHS Foundation Trust was involved in conducting 58 clinical research studies in 2009-10. The Trust completed 50% of these studies as designed within the agreed time and to the agreed recruitment target. The Trust used national systems to manage the studies in proportion to risk. Of the 29 studies given permission to start in 2009-10, 100% were given permission by an authorised person less than 30 days from receipt of a valid complete application. 45% of the studies were established and managed under national model agreements and 86% of the 80 eligible research involved used a Research Passport. In 2009-10 the National Institute for Health Research (NIHR) supported 26 of these studies through its research networks.

In the past three years, 25 publications have resulted from our involvement in NIHR research, helping to improve patient outcomes and experience across the NHS.
8.3.4 Use of the CQUIN Framework

A proportion of Cambridgeshire and Peterborough NHS Foundation Trust’s contracted income in 2009-10 was conditional upon achieving quality improvement and innovation goals agreed between the provider and its commissioners through the CQUIN payment framework. Further details of the 2009-10 agreed goals and new goals agreed for 2010-11 is available on request from the Trust Headquarters, Elizabeth House, Fulbourn Hospital, Fulbourn, Cambridge.

The monetary total for the amount of income in 2009-10 conditional upon achieving quality improvement and innovation goals was £400,000 and a monetary total for the associated payment in 2009-10 was £400,000.

8.3.5 Care Quality Commission registration

As of April 2010, a new legal system of regulation came into force that replaces the Standards for Better Health (SfBH) framework. The Trust is required to register with the Care Quality Commission and its current registration status is full unconditional registration across all its regulated activities and locations. In view of the evidence available, there is one key outcome that the Trust felt was less strong in terms of our level of compliance this is in relation to Outcome 16: Assessing and monitoring the quality of service. The Trust has declared non compliance with this outcome and an action plan has been developed to strengthen our existing practice and ensure we have systems in place in order to meet these new requirements by end June 2010.

The Care Quality Commission has not taken enforcement action against Cambridgeshire and Peterborough NHS Foundation Trust during 2009-10.

Cambridgeshire and Peterborough NHS Foundation Trust was not subject to a periodic review by the Care Quality Commission.

Cambridgeshire and Peterborough NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

8.3.6 Data quality

Cambridgeshire and Peterborough NHS Foundation Trust submitted records during 2009-10 to the secondary uses service for inclusion in hospital episode statistics which are included in the latest published data.

Percentage of records in published data that included patient’s valid NHS number for admitted patient care was 96.3% (2009-2010 to period 9)

Percentage of records in published data that included patients’ valid General Medical Practice Code for admitted patient care was 100% (2009-2010 to period 9)

Cambridgeshire and Peterborough NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2009-10 by the Audit Commission.

8.3.7 Information governance

The Trust score for 2009-10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 70%.
Part 3: Review of quality performance 2009-10

8.4 Overview of performance in 2009-10

The Trust is required to achieve a number of key national priorities as outlined within the Department of Health Operating Framework. The Trust performed well in 2009-10 against these targets.

<table>
<thead>
<tr>
<th>Target</th>
<th>Performance 2008-09</th>
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<tbody>
<tr>
<td>Service users seen within 28 days (CPFT target)</td>
<td>76% of service users seen within 28-day target</td>
</tr>
<tr>
<td>Service users seen within 18 weeks (CPFT target 100%)</td>
<td>98% of service users seen within 18-week target</td>
</tr>
<tr>
<td>Ethnicity recording data quality (national target 95%)</td>
<td>97% of data accurate and complete</td>
</tr>
<tr>
<td>Care Programme Approach seven-day follow up (national target 95%)</td>
<td>99% of service users contacted within seven days of discharge</td>
</tr>
<tr>
<td>Service users seen within crisis resolution home treatment team (national caseload target)</td>
<td>1816 people receiving treatment against target of 1118</td>
</tr>
<tr>
<td>Service users receiving treatment from early intervention service (national caseload target)</td>
<td>286 people receiving treatment against target of 225</td>
</tr>
<tr>
<td>Service users on assertive outreach caseload (national caseload target)</td>
<td>268 people on assertive outreach caseload against target of 224</td>
</tr>
<tr>
<td>Less than 7.5% delayed transfers of care (national target)</td>
<td>Actual performance at year end 2.6%</td>
</tr>
</tbody>
</table>

8.4 National core Standards for Better Health 2009-10

During 2009-10, each trust was required to provide a half-year declaration covering the period 1 April 2009-31 October 2009 against the core Standards for Better Health. The Trust declared full compliance against all 44 core standards. During 2009, we have reviewed our quality assurance process to further strengthen our systems that enable us to demonstrate compliance with required standards. We have also continued our programme of service development with the aim of improving the services that we deliver to our service users, carers, other stakeholders and the wider communities that we serve.

8.5 Health Care Associated Infections (HCAI)

The Trust completed a self-assessment exercise against the Health Act 2006 regulations during 2009-10 and achieved unconditional registration by the Care Quality Commission.

8.6 Mental Health Act compliance

The Care Quality Commission (CQC) visits all places where patients are detained under the Mental Health Act (MHA) 1983. MHA inspectors meet and talk with detained patients in private and also talk with staff and managers about how services are provided.

Since April 2009, the CQC had visited 13 of the Trust’s in-patient facilities and the outcome of most visits was very positive, encouraging and reflected on the Trust’s continuous commitment to ensuring quality patient care and legal compliance with the Mental Health Act. Where actions for improvement were identified by the inspector, these were acted on promptly. During his visits, the inspector witnessed very positive interaction between staff and patients across all localities and reported good practice around community meetings, Care Plan Approach documentation, the administration of patients after care and the good awareness staff had of the Deprivation of Liberty Safeguards (DoLs).

In all locations visited, the inspector found there to be evidence of regular ligature and risk assessments and was satisfied that the units had a safe and clean environment. The Trust was praised for the high-quality en-suite patient accommodation and facilities available in The Cavell Centre, which opened in May 2009 in Peterborough. The centre has a Psychiatric Intensive Care Unit (PICU) and a $136 place-of-safety suite.
The Trust Mental Health Act administration processes and legal compliance with the act were found to be of high standard. The inspector noted that patients were sectioned legally, were aware of their rights and that all the section documentations were available in their records. Compliance with the legal requirements of Section 58 (consent to treatment) and Section 17 (leave of absence) was also reported. This improvement is directly linked to the Trust ward-based Mental Health Act audit programme and comprehensive yearly training plan.

The Trust is committed to improving in-patient facilities in all its localities and, as part of its modernisation programme, some of the older facilities are currently being refurbished and redesigned.

The Trust has also developed a ‘controlled access’ policy and procedures in order to ensure compliance with the ‘Least Restriction Principle’ outlined in the Code of Practice without compromising patient and staff’s safety.

In order to protect the confidentiality of patient identifiable information, the Trust is in the process of replacing all the traditional nurse-station notice boards with an electronic ‘patient status’ boards.

8.7 Framework for quality improvement

The Trust has developed an internal quality assurance framework that underpins improvements in quality, safety and effectiveness at the point of care delivery.

The framework focuses around a self-assessment approach undertaken by clinical teams. This assessment measures local compliance against a wide range of standards derived from the Care Quality Commission and complements the achievement of a number of other quality programmes (Royal College of Psychiatrists) including AIs, QNIC and QINMAC which are being undertaken across the Trust. Each clinical team is required to maintain a portfolio of evidence in support of assurance and an internal peer review process will take place on at least an annual basis, which will rigorously test and review local evidence of how each compliance measure has been assessed.
Annex: Statements from Primary Care Trusts, Local Involvement Networks and Overview and Scrutiny Committees

Primary Care Trusts

NHS Cambridgeshire – Lead Commissioner

NHS Cambridgeshire (NHSC) has reviewed Cambridgeshire and Peterborough Foundation Trust’s (CPFT) Quality Account 2009-10. The account looks back to review the quality of services provided in 2009-10 and forward to priorities for improvement 2010-11. The report includes all sections required by the Department of Health Quality Account regulations. A summary of the services is given although details are not shown. The reader is directed to the Trust website for more details.

The Quality Account summarises safety, effectiveness and patient experience initiatives carried out in 2009-10 and details work undertaken and further action planned. In addition, priorities for improvement for 2010-11 are set out. These priorities include reduction in the likelihood of serious incidents and adverse events through the implementation of the safety action plan, NICE guidance audits and reaching clinical effectiveness targets and improving patient experience and satisfaction. There is limited evidence to demonstrate a review of the capacity and capability that is needed to deliver the improvement projects, but the Trust has a track record for innovation and service improvements. CPFT was involved in conducting fifty eight clinical research studies in 2009-10. Similarly workforce planning is not addressed in the report.

The report is clear and concise and will be accessible to patients and the public. The measures for the CQUINs for 2010-11 as agreed with NHSC provide additional stretching service requirements to address the needs of the population served by the Trust including dementia services, smoking cessation, prison in-reach services and working with the voluntary sector. Achievements in these areas can be addressed more fully in next years report.

There was discussion with the PCT in production of the report and the quality of CPFT services is reviewed continuously throughout the year.

Local Involvement Networks

Cambridgeshire LINks

We would like to congratulate the Trust on a well-written and easy-to-read document and would add that any measures put in place to further enhance the patients’ experience when using your services can only be applauded.

We do appreciate that outcomes are difficult to measure, especially in mental health services, but feel that this is an important area that should be monitored closely.

Finally, we would like to state that engagement between the LINk and CPFT has taken some time to become established during the year but, from discussions that have now been held, look forward to open and constructive working relationship.

Overview and Scrutiny Committee

Peterborough City Council

Due to the recent City Council elections, the Scrutiny Commission for Health Issues has not been able to consider the Trust’s draft Quality Account for 2009-10. The document has been considered by the Chairman of the Scrutiny Commission and he welcomes the comprehensive information on the quality of care and services included in the report. The six priorities for improvement in 2010-11 identified by the Trust are also endorsed.

Cambridgeshire County Council

Cambridgeshire County Council Health and Adult Social Care Scrutiny Committee welcomes the opportunity to comment on the Trusts Quality Account, as follows:

We particularly welcome the priority given to reducing the level of suicides, but consider that the target of reducing these by half by 2013 is not ambitious enough. We recommend that particular attention is given to ensuring there is sufficient staffing, and with the right level of skills, in order to have an effective impact on the level of physical assaults.

We consider that the 95% target for ensuring that all patients on CPA have an individual care plan should be higher.
Glossary

AIMS
An accreditation programme for Acute Inpatient Mental Health Services led by the Royal College of Psychiatrists which supports good practice in standards of care.

Board of Directors
The Trust Board is made up of executive and non-executive directors, led by a non-executive Chair. The Board is responsible for ensuring that the Trust is accountable to the public for the services it manages.

Board of Governors
Governors help to guide and inform the work that we do and reflect the views of the Trust’s members.

Care Quality Commission
A regulatory body responsible for ensuring NHS Trusts meet essential standards of quality and safety.

CLAHRC
Collaboration for Leadership in Applied Health Research and Care is nationally funded collaborative research improvement programme.

Connecting for Health
A national programme for improving information technology within the NHS.

East of England Strategic Health Authority
Provides strategic leadership to NHS organisations in Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.

ECTAS
Electro Convulsive Therapy (ECT) accreditation service – Royal College of Psychiatry accreditation scheme to support best practice in the delivery of ECT.

Experts by Experience
A number of service users who work with the Trust and inform developments in its care delivery.

Health of the Nation Outcome Scales (HoNOS)
HoNOS is an outcome assessment scale developed by the Royal College of Psychiatrists to measure the health and social functioning of people with severe mental illness.

Mental Health Act
The act is largely concerned with the circumstances in which a person with a mental disorder can be detained for treatment for that disorder without his or her consent.

NHS Institute
The NHS Institute for Innovation and Improvement supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world-class leadership.

Patient Advice and Liaison Service (PALS)
A service provided by the Trust to assist service users or members of the public in answering questions in respect of its services

Patient Experience Tracker
A device that contains a number of questions that helps the Trust to seek service user feedback

Patient Safety First Campaign
An initiative that seeks to reduce harm to patients by changing practice in specific areas, based on existing evidence.

PCT
Primary Care Trusts are the purchasers of care on behalf of the population from the Trust.

QINMAC
An accreditation programme led by the Royal College of Psychiatrists to support Quality Improvement for Multi Agency CAMH services.

Quality and Healthcare Governance Committee
A sub-committee of the Board of Directors that holds responsibility for overseeing adherence to standards of best practice in respect of quality, patient experience, patient safety and clinical effectiveness.

NICE
National Institute for Health and Clinical Excellence provide best-practice guidance on a range of health-related technologies and medicines.

NHS LA
NHS Litigation Authority handles negligence claims and works to improve risk management practices in the NHS.