Quality Accounts 2009/10

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Chief Executive’s Statement on Quality

Welcome to Coventry and Warwickshire Partnership NHS Trust’s first Quality Account which emphasises the quality and standard of care that we provide to the people we serve.

As Chief Executive of Coventry and Warwickshire Partnership NHS Trust, I can confirm that, to the best of my knowledge, the information contained within the document is accurate.

Throughout the development of the Quality Account we have worked and engaged with local organisations including Overview and Scrutiny Committees of Coventry City Council and Warwickshire County Council; Local Information Networks (LINks); and the Primary Care Trusts (PCTs) that commission services from us, to ensure the document provides relevant and meaningful information.

Quality improvement is fundamental to our core business and providing a Quality Account each year is one way in which we will remain accountable to our local communities.

This is a time of change for the NHS. We will be continuing to work with our staff, our patients and their carers, our partners and stakeholders as we move into a challenging period where the quality agenda will be essential to our continuing success as a leading provider of health and care services.

Coventry and Warwickshire Partnership NHS Trust provides mental health, learning disability and substance misuse services for the people of Coventry and Warwickshire.

Our Vision is to be recognised as a high quality organisation that makes a positive difference to the health and wellbeing of the people we serve.

Our core values describe the underlying beliefs the Trust has about how it should behave. They embrace the principles and standards which the Trust strives to maintain in all its work and day-to-day operations:

**Respect:** We respect the views and dignity of others – those who use our services, our partners, staff and all our other stakeholders. We listen seriously to what they have to say, respond to their legitimate needs and concerns, act in their best interests, and work to improve mutual respect and understanding.

**Honesty:** We are open and honest in all our dealings, and seek clearly to explain why we do what we do. We welcome and act upon constructive feedback, and only promise what we can deliver.

**Accountability:** We explain and take full responsibility for our actions. We communicate them clearly and professionally. We accept and meet all our statutory, moral and ethical obligations as a highly professional public service organisation.
Quality: Our focus on consistently high quality performance and evidence-based practice permeates all our operations, with an emphasis on excellence in service delivery. We are pro-active in assurance of quality, promote continuous improvement, and strive to achieve the highest standards in everything we do.

Safety: Safe and effective practice permeates the organisation, and is fundamental and integral to our ways of working. We assess and manage risk with the utmost care and attention, actively monitor our performance in relation to safety and care, and rigorously address any shortcomings promptly and effectively.

To underpin the delivery of our vision and values, the Trust has developed a number of Strategic Objectives, detailed below.

1. To design and deliver community, mental health, learning disability and substance misuse services, within the scope of the Trust, in accordance with need and demand.
2. To be responsive to the needs of patients and carers by ensuring their experiences are of high quality, and their expectations are exceeded.
3. To ensure the Trust is financially and organisationally sustainable, and to make effective use of resources, whilst innovating and investing in the future.
4. To demonstrate high standards of integrated governance as a future Foundation Trust, and engage with our local communities, whilst embracing stronger business processes.
5. To fulfil the statutory and legal responsibilities of a future Foundation Trust within the NHS, and exceed all required performance targets.
6. To encourage and assist all staff to realise their potential and maximise their contributions towards the Trust achieving its objectives.
7. To develop effective partnerships with relevant organisations which share common purpose and values, as part of the overall local health economy.
8. To provide leadership in promoting positive views within our community about the services we provide and the users of these services.

In line with the Trust’s Vision and Strategic Objectives, the Trust aspires to provide services that are:

- locally accessible and equitable;
- clinically sustainable and financially robust;
- individualised and person centred;
- based on recovery and models which support care at home and in the community;
- provided in environments that are fit for purpose;
- safety orientated, with a focus on best practice with quality outcomes.
We provide services over a wide geographical area. The local catchment area covers around 900 square miles with a population of circa 872,000. Services are provided from around 100 different sites located in Coventry, Warwickshire, Birmingham, Solihull, Shropshire and Worcestershire, as well as in GP surgeries, health centres and service users’ homes.

The map below sets out the landscape of the local health economy and highlights major sites from which the Trust provides services, and the geographic spread of the organisation.

**Local Health Economy – Map of Area Served and Site Locations**

Our Board is accountable for ensuring the Trust delivers services that are safe, are of high quality and deliver outcomes that our patients would expect. We achieve this by ensuring that structures, processes and systems are in place and are subject to routine and thorough performance monitoring.
The aim of our Quality Account is to illustrate how important quality is to our work and how it underpins all that we do. It also outlines our progress in responding to challenges, and our aspirations for the future.

Our annual report 2009/10, which is published separately, contains further information about our performance over the past year, as well as a summary of our financial accounts. For further details please contact the Communications Department on 0800 212445 or email enquiries@covwarkpt.nhs.uk.

We would welcome any comments on this document.

Signed: [Signature]

Date: 15th June 2010.
**Statements Relating to the Quality of our Services**

In this section we will reflect on a number of requirements and key indicators which all Trusts have been asked to complete in their Quality Account and therefore give users of services an opportunity to benchmark different organisations against each other.

**Review of Quality Performance**

During 2009/10 the Trust provided NHS services in the following areas:

- Adults of Working Age Mental Health
- Older Adult Mental Health
- Substance Misuse
- Learning Disability
- Child and Adolescent Mental Health (CAMHS)

Further information on the types of services that the Trust provides is available by contacting the Trust Communications Department (Telephone: 024 7636 2100) or by accessing the Trust website http://www.covwarkpt.nhs.uk

The Trust has reviewed all the data available to it on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2009/10 represents 100% per cent of the total income generated from the provision of NHS services by the Coventry and Warwickshire Partnership NHS Trust for 2009/10.

We recognise that it is important continuously to review the quality of the services that we provide. The Department of Health has asked that we include a description of our delivery of care covering the following indicators: how the Care Quality Commission (CQC) views the services we provide; our goals agreed with commissioners for 2009/10; our research activity; our clinical audit and national confidential enquiries; and finally our data quality performance.

We address each of these in turn, below.

**How the Care Quality Commission views the services we provide**

Coventry and Warwickshire Partnership NHS Trust is required to register with the CQC and its current registration status is “Registered without any compliance conditions”.

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The CQC has not taken enforcement action against the Trust during 2009/10.

The Trust is subject to periodic reviews by the CQC, and the last review was reported in October 2009. The CQC’s assessment of the Trust following that review was ‘Good’ for Quality of Financial Management and ‘Weak’ for Quality of Services.

As part of our commitment to quality improvement, the Trust has made the following progress by 31st March 2010 in addressing the points made in the CQC’s assessment:

- reduced the number of electronic patient administration systems from thirteen to one;
- implemented a performance monitoring report for all CQC national targets, which is reviewed by the Trust Board on a monthly basis;
- implemented full gate-keeping by Crisis Teams for all admissions;
- revised arrangements to minimise delayed transfers of care;
- implemented an action plan to improve staff engagement;
- ensured that patients in Learning Disabilities have a comprehensive Care Plan in place, reflective of best practice guidelines.

The Trust welcomes the next CQC periodic review assessment which will be reported in October 2010.

During 2009/10, the Trust participated in special reviews or investigations by the Care Quality Commission relating to the area ‘Meeting the physical health needs of people with a learning disability and people with a mental illness’. This is a pilot project aimed at ensuring that the CQC’s methodology is acceptable for wider use across all appropriate NHS sites. The results of the pilot were reported in February 2010. We intend to take the following actions to address the conclusions or requirements reported as part of the pilot:

- include syndrome-specific checks as part of the physical examination of patients with learning disabilities;
- develop policy and guidance for management of pain, with particular emphasis on meeting the needs of people who are cognitively impaired or who may be predisposed to express pain in unconventional ways;
- review our observation policy to ensure that physical care needs are considered;
- review arrangements for management of pressure area care;
- audit the timeliness and availability of the provision of non-English language information.
Coventry and Warwickshire Partnership NHS Trust has made the following progress by 31st March 2010 in taking such action:

- the pilot report for ‘Meeting the physical health needs of people with a learning disability and people with a mental illness’ has been considered internally by the Trust;
- recommendations have been discussed by the Board’s Safety and Quality Committee, and the development of an action plan commissioned through the appropriate service areas.

**Our goals agreed with our commissioners for 2009/10**

A proportion of Coventry and Warwickshire Partnership NHS Trust income in 2009/10 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body with which it entered into a contract, agreement or arrangement for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The CQUIN scheme was developed and negotiated jointly with West Midlands Strategic Health Authority, NHS Warwickshire and NHS Coventry, and represents 0.5% of contract value as defined in the NHS Operating Framework.

Outlined below are details of the 2009/10 CQUIN schemes for the Trust.

<table>
<thead>
<tr>
<th>CQUIN Indicator 2009/10</th>
<th>Our assessment of progress</th>
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</thead>
<tbody>
<tr>
<td>Development and implementation of the Productivity Improvement Programme and the Yorkshire Care Pathways Project</td>
<td>To date we have successfully achieved our targets for the first three quarters of the year. By achieving this we have improved patients’ pathways by better use of electronic information systems and benchmarking staff interaction with patients.</td>
</tr>
<tr>
<td>Development and implementation of a dementia pathway, in partnership with all key stakeholders, including:</td>
<td>We have achieved the three key service targets relating to the development of Dementia services which are: participation in all aspects of the pathway development, co-operation and joint working with stakeholders and the development of a documented, agreed pathway and action plan for implementation.</td>
</tr>
<tr>
<td>• NHS Coventry</td>
<td></td>
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<td>• NHS Warwickshire</td>
<td></td>
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<tr>
<td>• University Hospitals Coventry and Warwickshire</td>
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<tr>
<td>• South Warwickshire NHS Foundation Trust</td>
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<tr>
<td>• George Eliot Hospital NHS Trust</td>
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</tbody>
</table>

By achieving this we have improved dementia patients’ experience by
ensuring that safe and effective care is given, communication channels are clear, and cross boundary working results in a better quality of life for both inpatients and outpatients under our care.

<table>
<thead>
<tr>
<th>Improved patient experience through patient survey questions:</th>
<th>A final evaluation of achievement of this target is being prepared by our commissioning PCTs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ‘Did the psychiatrist(s) treat you with respect and dignity?’</td>
<td>Our results lead us to believe that we continue to enhance patient experience when under our care, resulting in more effective, safe care and high quality patient experience.</td>
</tr>
<tr>
<td>• ‘Did the nurses treat you with respect and dignity?’</td>
<td></td>
</tr>
<tr>
<td>• Were you given enough privacy when discussing your condition or treatment with the hospital staff?</td>
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</tbody>
</table>

Further details of the agreed goals for 2009/10 and for the following 12-month period are available on request from contractingandperformance@nhs.net

**Our research activity**

Research is important to ensure continuous improvement and modern approaches to the services we provide. Recruitment of patients to approved research programmes is a measure of the engagement of the Trust in such work, and avails our patients to new approaches to treatment. The number of patients receiving NHS services provided or sub-contracted by Coventry and Warwickshire Partnership NHS Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 471 (229 to non-portfolio studies and 242 to portfolio studies).¹

This increasing level of participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

The Trust was involved in conducting 35 clinical research studies (15 non-portfolio studies and 20 portfolio studies).¹ The Trust completed 95% of these studies as designed within the agreed time and to the agreed recruitment target using national systems to manage the studies in proportion to risk.

Of the 16 studies given permission to start, all were given permission by an authorised person less than 30 days from receipt of a valid complete

¹ Portfolio Studies are funded, after competitive tender, by the National Institute for Health Research.
application. All of the studies were established and managed under national model agreements and 53% of the 13 eligible research studies involved use of a Research Passport.\(^2\)

In 2009/10 the National Institute for Health Research (NIHR) supported 15 of these studies through its research networks.

In the last three years, 140 publications have resulted from our involvement in NIHR research, helping to improve patient outcomes and experience across the NHS.

**Our Clinical Audit and National Confidential Enquiries**

During 2009/10, two national clinical audits and one national confidential enquiry covered NHS services that Coventry and Warwickshire Partnership NHS Trust provides.

During that period the Trust participated in all the national clinical audits and all the national confidential enquiries of those in which it was eligible to participate.

The national clinical audits and national confidential enquiries in which the Trust was eligible to participate during 2009/10 are as follows:

- National Falls and Bone Health Audit
- Continence Care Audit
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH).

The national clinical audits and national confidential enquiries in which the Trust participated, and for which data collection was completed during 2009/10, 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.

- National Falls and Bone Health Audit – 100%
- Continence Care Audit – 100%

The reports of one national clinical audit were reviewed by the provider in 2009/10 and the Trust intends to take the following actions to improve the quality of healthcare provided:

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\(^2\) Passports ensure that researchers have the appropriate contractual access rights to research information.
National Falls and Bone Health Audit
- Work with other Trusts to develop a local falls management pathway;
- implement standardised assessment tools for falls across older adult services (community and in-patient);
- appoint a falls champion for each ward area;
- improve access to physiotherapy support;
- improve availability and access to walking aids.

Continence Care Audit
- Because data have only recently been submitted, the findings are just now being carefully reviewed prior to the production of an action plan.

Our Local Clinical Audits
The reports of 10 local clinical audits were reviewed by the provider in 2009/10 and Coventry and Warwickshire Partnership NHS Trust intends to take action to address the findings for all projects to improve the quality of healthcare provided. Some examples are described below:

Methadone and Buprenorphine for Drug Misuse: Coventry and Warwickshire Services
The National Drug Treatment Monitoring System (NDTMS) estimates that in 2004–05 there were 160,450 people in contact with drug treatment services in England. Most of the people in treatment were dependent on opioids.

The government’s ‘Drug Strategy’ (2004) aims to reduce the harm caused by illicit drugs by:
- increasing the number of people entering drug treatment programmes through the criminal justice system;
- reducing the use of Class A and illicit drugs by people under the age of 25;
- increasing enrolment in drug treatment programmes.

This project was a key requirement of the NHS Coventry and NHS Warwickshire Quality Contract and aimed to respond to the needs of this patient group to ensure that best practice was being followed.

A number of actions are currently being implemented:
- the prescribing team to deliver training to all keyworking staff on current best practice guidance;
- reflective practice or learning logs to be completed by all staff;
- key worker/prescribing team focus group to meet to redesign care plan/risk assessment;
- all General Practitioners with Specialist Interest to receive clinical supervision with Lead Psychiatrist.
Use of Antipsychotic Medication in In-patient Children and Adolescents with a Learning Disability

The risk of psychiatric disorders is increased in children and adolescents with a learning disability. Learning disability remains a risk factor for severe emotional and behavioural disturbances; therefore children with a learning disability are more prone to be prescribed antipsychotic medication.

The aim of the project was to evaluate the prescribing practice of atypical antipsychotics within the CAMHS/Learning Disability services against recognised good practice.

A number of actions are currently being implemented:
- clinicians have been reminded of the most appropriate drug to be dispensed;
- a checklist is being developed to assist compliance with the NICE guidelines.

Our Data Quality performance

Coventry and Warwickshire Partnership NHS Trust submitted records during 2009/10 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:
- 99.64% for admitted patient care;
- 99.50% for outpatient care.

The percentage of records in the published data which included the patient’s valid General Medical Practice Code was:
- 99.40% for admitted patient care;
- 99.94% for outpatient care.

The Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 62%.

This score represents a significant improvement in these standards relating to Data Quality over the past year. Further improvements are included as part of the Records Management action plan.

The Trust was not subject to the Payment by Results clinical coding audit during 2009/10 by the Audit Commission.
**Additional Indicators important to those we serve**

We have chosen a number of additional indicators to include in our Quality Account. These cover patient safety, clinical effectiveness and patient experiences that are important to our stakeholders, including the users of our services.

**Health Access Team**

Since January 2010, the Health Access Team (HAT) has been undertaking a pilot project within Warwickshire to increase the uptake and availability of annual health checks for people with a learning disability, whilst at the same time updating General Practitioner (GP) registers to identify those individuals under their care with a diagnosed learning disability. The project has been funded by additional monies from NHS Warwickshire, and has initially focused on five GP practices in Warwickshire, with these being geographically spread across the county.

The initial feedback from the pilot is that the five GP surgeries involved have been very pleased with the input from the HAT team, and that we now have a more robust and accurate database for those practices. Several individuals have also had other significant health issues identified as part of this process, and have been appropriately referred and supported to access the relevant specialist health support to address these issues. The pilot has also helped the Trust, NHS Warwickshire and Warwickshire County Council to start further to identify the number of individuals in Warwickshire with a learning disability, and will help with future service planning.

**Early Intervention Services**

2009/10 has seen an improvement in the Early Intervention Service for Psychosis within Coventry since its inception in 2007. The service has achieved a significant amount to date:

- we have created and managed an open referral route. (We accept referral from anyone concerned about a young person);

- we have made strong links with Youth Services, Criminal Justice, and Education, resulting in many referrals being sent to us from these areas;

- we have assessed many more cases than are on actual case load and provided an in-depth assessment offering advice, support and ongoing referral to the correct service if required;

- we have worked with other Early Intervention Services to support young people on the Early Intervention case load who have moved on to other areas of the county thereby ensuring a seamless service;
• we have continued to grow the case load whilst recruiting a significant number of new staff;

• we have recruited a multi disciplinary skill mix of Psychiatric Nurses, Social Workers, Occupational Therapists, Psychiatrists and support staff and now have high level, competent workforce;

• we have worked with colleagues in Child and Adolescent Mental Health Services (CAMHS) to ensure we have clear transitional protocol for young people under the age of 16 who require the Early Intervention service.

Our current target for the Early Intervention Service in Coventry is 165 cases on caseload, with a yearly intake of 55 cases per year. In 2009/10 we exceeded this target.
Older People’s Hospital Liaison Service with University Hospitals Coventry and Warwickshire

The Hospital Liaison Team (HLT) offers mental health assessments for patients over 65 years of age whilst in-patients within University Hospitals Coventry and Warwickshire (UHCW). Most patients can be seen on the day of request but usually within 3 working days, providing diagnosis and treatment, identifying appropriate services, aftercare arrangements and supporting the UHCW to facilitate a timely discharge within the 18-week pathway.

HLT is a core service in supporting older people requiring mental health assessments whilst in hospital. The objectives of the service are to:

- reduce/minimise delays in HLT medical assessment;
- appropriately reduce the length of stay for patients;
- improve quality for the patient group;
- improve seamless and timely interventions;
- foster better communication, partnership working and education as part of a multi-agency team supporting discharge;
- improve care pathway for patients.

During the period 2009/10 there were 776 referrals made to the Hospital Liaison Team. A timely HLT assessment is crucial to a seamless effective discharge pathway for patients with mental health problems. The current priority for discharge planning is to create true multi-professional working by basing core acute and community teams together and actively managing patients from admission, to reduce inappropriate waiting in hospital.

Implementation of the Coventry & Warwickshire Improving Access to Psychological Therapies (IAPT) Project

The Improving Access to Psychological Therapies (IAPT) project is a joint initiative between Coventry and Warwickshire Partnership Trust, NHS Coventry and NHS Warwickshire. Psychological therapies have been shown to be an effective, enduring intervention for people with common mental health problems – including depression, anxiety and associated disorders (panic disorder, obsessional compulsive disorder, phobias and post-traumatic stress disorder) covered within the scope of IAPT.

This project forms part of the second wave of the national Improving Access to Psychological Therapies (IAPT) programme implementation schedule. The national programme is led by the Department of Health and has one principal aim: to support Primary Care Trusts in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders. NHS Coventry and NHS Warwickshire, in
partnership with Coventry MIND, made a successful bid to secure funding from the West Midlands Strategic Health Authority. Initial funding of approximately £1.9 million was allocated to set up the new service across Coventry and Warwickshire in 2009/10, with additional funding confirmed until 2012.

The Department of Health has identified the following benefits for people receiving IAPT services, based upon evaluation of initial pilot initiatives:

- better health and wellbeing;
- high levels of satisfaction with the service received;
- more choice and better accessibility to clinically effective evidence-based services;
- helping people stay employed and able to participate in the activities of daily living.

This project has focussed on realising these benefits specifically for the people of Coventry & Warwickshire. It continues to seek to do so through the implementation of an IAPT service across the city and county, which provides:

- a seamless service, that appears to be a single ‘primary care mental health service’, accessed via a ‘single point of access’. This entails smooth integration with core mental health services in both Coventry & Warwickshire PCTs;
- a responsive ‘can do’ service, designed to help patients rapidly after referral;
- a ‘stepped care’ model, as recommended in the NICE guidelines, where patients can be catered for without recourse to movement between primary and secondary care providers.

**Care Programme Approach (CPA) 7-day follow up**

Reductions in the overall rate of death by suicide are supported by arrangements to reduce risk and social exclusion, and improve care pathways. It includes action to follow up quickly all those on the care programme approach who are discharged from a spell of inpatient care.

The Trust has been proactive in its approach to following up patients discharged from inpatient care. The following graph shows the number of patients who were contacted either face-to-face or by telephone within seven days of discharge.
The Care Quality Commission has set a new threshold of 98-100% for achievement of this target. In 2009/10, the Trust has averaged a follow up rate of approximately 99%.

**Medicines Management**

Safe and effective management of medicines is crucial to ensure patient safety. Some of the success stories by the Trust in this area are:

- development of robust systems to capture details of all medicines related incidents and near misses;
- implementation of procedures to monitor and reduce the use of high dose, off-label or unlicensed prescribing;
- implementation of medicine related National Institute for Health and Clinical Excellence (NICE) Health Technology Appraisals;
- joint approaches with other partner agencies in relation to medicines management;
- ensuring patient access to discussions on medication;
- implementation of systems to ensure that Crisis teams have easy access to urgent medicines;
- ensuring easy access to appropriate medicines information leaflets for patients, carers and practitioners.

We recognise that further work is needed, including:

- working in partnership with GPs to ensure robust monitoring of patients in receipt of medicines for physical health management;
- reviewing opportunities for patients to self-administer medicines in rehabilitation and in-patients units;
- developing arrangements for non-medical prescribing.
Inpatient Mental Health Survey 2009

The Care Quality Commission commissioned a survey of people who had recently had an inpatient stay for acute mental health problems in 2009. The survey asked people about their experiences of their stay under our care from admission to leaving hospital. This included the care and treatment they received. And relationships with staff. Some of the key outcomes from this survey are presented below along with action we are taking to improve our performance.

When you arrived on the ward, or soon afterwards, did a member of staff tell you about the daily routine of the ward, such as times of meals and visitors times?

![Bar chart showing the percentage of respondents who were told about the daily routine of the ward.]

**Action we are taking:**
- Information booklets will be provided on admission.
- All dining room meal times are now displayed in dining rooms.

Were you given enough time to discuss your condition and treatment with the Psychiatrist(s)?

![Bar chart showing the percentage of respondents who felt they were given enough time to discuss their condition and treatment with the Psychiatrist(s).]

**Action we are taking:**
- The arrangements for inpatient care are being revised using national guidance.

Were you given enough time to discuss your condition and treatment with the nurses?

![Bar chart showing the percentage of respondents who felt they were given enough time to discuss their condition and treatment with the nurses.]

**Action we are taking:**
- Arrangements for ensuring patients are involved in their Care Plan have been revised.

During your most recent stay, do you feel that enough care was taken of any physical health problems you had (e.g. diabetes, asthma, heart disease)?

![Bar chart showing the percentage of respondents who felt enough care was taken of their physical health problems.]

**Action we are taking:**
- Ensuring that all patients’ physical health is assessed as part of the admission process, and taking action where it is not.

The work we are undertaking with the Picker Institute will build on the National Survey by enabling the Trust to receive feedback about the level of care being experienced by patients of our services on a regular and routine basis.
This frequent feedback system involves a number of volunteers who have been trained to use portable handsets to collect information from patients about their experiences whilst receiving care at the Trust. The data collected are then analysed to produce reports so that clinical staff and managers can check how they are doing at ward level or with the progress of specific improvement initiatives. We are expecting to have our first report available to the Trust around June 2010.

**NHS Warwickshire Themed Review of Safeguarding Children**

NHS Warwickshire undertook a Themed Review of Safeguarding Children and Young People at Coventry and Warwickshire Partnership NHS Trust in January 2010.

The conclusion from the review was;

“Overall the panel was very impressed with the response of the Partnership Trust to this review, the good quality of the evidence provided, and the awareness and engagement of relevant senior managers and the safeguarding team, the teamwork and the preparation which had gone into this review.

It was helpful for the panel to receive a completed audit tool and the excellent cross-referencing between the evidence file and the audit tool…”

An action plan has been developed and implemented following recommendations from the review to support the Trust to build upon existing Safeguarding Children and Young People arrangements, and areas of good practice.

**Child Protection Training (Level 1)**

The Department of Health requires that all Trusts had trained at least 90% of their staff in Safeguarding Children at Level 1. The Trust met this target by achieving 90.7% compliance by March 2010.

**Managing Patient Privacy and Dignity - Delivering Single Sex Accommodation**

The Trust is committed to ensuring that every patient receives high quality care that is safe, effective and respects their privacy and dignity. The Trust is committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.
The Trust is compliant as at April 2010, following implementation of action plan, with the requirements for single sex accommodation standards.

The Trust Board of Directors will continuously monitor throughout the year our performance against the single sex accommodation standards and will receive quarterly updates on privacy and dignity patient experience measures. One mechanism the Trust will use is the through published patient experience measures including the In-patient Service User Survey due to take place in 2010, and local service user feedback through the Essence of Care Privacy and Dignity benchmark.

**Management of Complaints**

We recognise that a key measure of our performance is reflected in the number of and type of complaints that we receive. These are regularly reported to the Trust Board.

The Trust has robustly committed to ensuring that its complaints management has reflected best national practice.

Complaints are continually monitored for any common trends. The Chief Executive takes a personal interest in all complaints by reviewing and signing the final response letter to the complainant.

In line with the Government’s approach, all complaints are expected to be resolved in the timeframe agreed by the Trust with the complainant. The graph below shows the performance of the Trust in resolving complaints and indicates a progressive increase in the number of complaints resolved within agreed timeframes. Breeches in 2010 were for a maximum of 2 days.
The Trust commissioned an external review of the complaints process. This led to an action plan to facilitate change, all items of which have been completed or are on track to be completed within agreed timescales.

The Actions taken included:

- the development of protocol to ensure accuracy in recording details of all complaints on Trust Safeguard Database;
- informal complaints forms revised to include briefing notes for staff on how to complete them;
- active management of all complaints to ensure that timescales for resolution are agreed with the complainant;
- Executive Management Team now receive a weekly report on all complaints;
- improvements to the Terms of Reference for the Complaints Management Committee;
- agreed protocols for sharing information, as part of wider review of patient experience.

Management of Serious Untoward Incidents 2009/10

Where incidents are of a serious nature the Trust carries out investigations to ensure learning from the incident. The Trust has a Significant Incident Group which includes senior representation from both clinical and managerial staff. We have worked with Commissioners and the Strategic Health Authority to ensure that all incidents, categorised as Serious Untoward Incidents (SUI) are reported at the earliest opportunity and where appropriate, downgraded to normal incident status. This practice, which was welcomed by both Commissioners and the Strategic Health Authority, has now been incorporated in new national guidance for managing SUI.

The graph below reflects on the number of SUI that have occurred per month. Unexpected Death of Community, Outpatient and Inpatients and Suicide by Community and by Outpatients were seen to be the most commonly occurring SUI over the period.
The Trust is continuously learning lessons from SUI and is reviewing its mechanisms to disseminate learning, one outcome of which culminated in a Practice Development Day which enabled the Trust to share lessons learned across a broad staff group.

**Staff Satisfaction**

In response to the 2008 staff survey, the Trust developed a comprehensive action plan. The impact of this will be dependent upon the Trust maintaining activity and accepting the resultant cultural change will take years rather than months.

Some of the initiatives that the Trust has put in place include:

- Staff Involvement Groups
- Bands 1 – 4 Conference
- Celebrating achievement of training awards
- Renewed emphasis on appraisals
- Manager ‘self service’ ESR project
- Commitment to management training
- Commitment to induction/statutory/mandatory training
- Support for formal ‘Team Briefing’
- Coaching and mentoring initiatives
- Links with other public sector bodies on the Academy Project
- “Proud to be making a difference” events
- Pilot for ‘Investors in People’ at Brooklands
- Re launch of the top 100 Managers’ Meetings (following on from an internal operational management restructuring)
- Introduction of the Lean Programme in collaboration with the NHS institute focusing on the ‘Productive Ward’ and the ‘Productive Community Team’
- Launch of the Innovations Scheme
- IAPT “fast track” access for staff
- Basic lifestyle checks (Blood pressure, cholesterol, weight etc)
- Redouble efforts on appraisals and statutory/mandatory training
- Training for managers on how to communicate effectively
Our goals agreed with our Commissioners for 2010/11

It is important to us that the Quality Account is not seen in isolation or as a one-off document. Therefore we are taking the opportunity to describe some of the quality improvements that the Trust is aiming to achieve during 2010/11.

In line with the NHS Operating Framework, the Trust has committed to delivering a number of quality improvements as part of the CQUIN initiative in 2010/11.

<table>
<thead>
<tr>
<th>Area</th>
<th>Targets</th>
<th>Intended Outcomes</th>
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<tbody>
<tr>
<td>Child and Adolescent Mental Health Services (CAMHS)</td>
<td>Reduction in waiting time for assessment</td>
<td>Maximum waiting time of 7 weeks from referral by March 2011 which will lead to improved outcomes for young people through earlier intervention.</td>
</tr>
<tr>
<td></td>
<td>Reduction in waiting time for treatment</td>
<td>Maximum waiting time of 7 weeks from referral by March 2011 which will lead to Improved outcomes for young people through earlier intervention.</td>
</tr>
<tr>
<td>Reducing the duration of untreated psychosis</td>
<td>Reduction in the duration of untreated psychosis</td>
<td>There is sound evidence that a shorter duration of untreated psychosis (DUP) reduces the likelihood of long term disability. Early Intervention aims to reduce delays to treatment for those in their first episode of psychosis.</td>
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<td></td>
<td></td>
<td>All Early Intervention Services (EIS) should undertake an audit and have an action plan in place to reduce DUP.</td>
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<td></td>
<td></td>
<td>EIS that achieved have this by the end of September 2010, should by the end of the year, have a system in place that records the DUP and referrer for every patient assessed by EIS.</td>
</tr>
<tr>
<td>Crisis Resolution Home Treatment (CRHT) Teams</td>
<td>Improve CRHT facilitated discharge from</td>
<td>A function of CRHT is to support “early discharge” from mental health hospital; that is, where a</td>
</tr>
</tbody>
</table>
| Supporting reduced hospital length of stay through facilitated “early” discharge | Hospital | Patient can be discharged home earlier than may have otherwise been clinically advisable, because of the provision of intensive domiciliary acute care by the CRHT.  

It is expected that, by March 2011, every client will be assessed by the Crisis Team and those users that would benefit from Crisis involvement will be followed up within 48 hours of discharge. |
|---|---|---|
| All patients have the opportunity to be treated in their own home (CRHT gate-keeping rate). | All patients have the opportunity to be treated in their own home. | When mental health hospital admissions are assessed (“gate-kept”) by their local CRHT team, patients have the opportunity to be treated in their own home. This will therefore maximise the potential of investment in home treatment to reduce hospital admission rates.  

By March 2011 it is expected that 70% of all admissions will have been assessed ‘face to face’ by Crisis Teams. |
| Productivity and Pathways Improvement Programme (PIP) | Achieve the Productivity and Pathways Improvement Programme Delivery Project Plan 2010/11 | Analysing the clinical care that we deliver across the spectrum of services we operate will allow us to more accurately define care packages that are more in tune with individual users needs.  

The Trust has a number of initiatives to meet on an incremental basis throughout the year including:  

- Checks on application of pathways;  
- Development of a quality framework and subsequent collection of data;  
- Allocation of current caseloads to appropriate pathways. |
<table>
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<tr>
<th>Patient survey</th>
<th>We are awaiting national guidance to be issued before this target can be set.</th>
<th>Not yet confirmed</th>
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<tbody>
<tr>
<td><strong>Dementia</strong></td>
<td>Improving the timeliness of dementia diagnosis by early memory assessment</td>
<td>By achieving this we will further improve dementia patients’ experience by ensuring that safe and effective care is given, communication channels are clear, and cross boundary working results in a better quality of life for both inpatients and outpatients under our care. By March 2011 it is expected that patients will be seen within 4 weeks from referral from GP.</td>
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<tr>
<td>Review of all people with dementia currently on anti-psychotic medication and reduce use by 40%</td>
<td>Behavioural and psychological symptoms of dementia [BPSD] include aggression, agitation, shouting and sleep disturbance. These symptoms can cause major problems for the person with dementia, and their carers. There have been increasing national concerns about the over-use of antipsychotics to manage BPSD, and current treatment approaches over-rely on use of antipsychotics. It is expected that a 40% reduction in use of Anti-psychotic medication, for users receiving medication for 12 or more weeks, will be achieved by March 2011.</td>
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<tr>
<td>Increase the number of people treated for dementia by a minimum of 300 for Coventry and 200 for Warwickshire.</td>
<td>Coventry and Warwickshire Partnership Trust, as a trusted expert in the provision of dementia services, will assume a pivotal leadership role in championing and building confidence in this new approach and revised pathway with GP colleagues and other healthcare professionals.</td>
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</table>
We will be working in conjunction with our key partners, the Strategic Health Authority and the commissioning PCTs, to ensure that progress against this plan is continuously monitored. A performance dashboard outlining trajectory and actual performance is being developed to facilitate effective reporting.

We will reflect on our achievement of these indicators in next year’s Quality Account.

**Whom we have involved in the development of the Quality Account**

The following groups were consulted to be involved in the development of the Quality Account:

- All Trust staff were invited to identify and discuss quality initiatives that could be included in the Quality Account as part of an Organisational Development Day event;

- NHS Coventry and NHS Warwickshire were consulted upon about content, through mutually attended Clinical Quality Review Meetings;

- Local Involvement Networks (LINks) have contributed as part of a wider programme of user and carer engagement. In particular the Trust presented its Quality Account at an informal user and carer event hosted at St Michael’s Hospital and attended formal sessions to discuss commentary that LINks wished to provide.;

- The Trust was invited to attend a formal session hosted by Warwickshire Health Overview and Scrutiny Committee (joint session with Warwickshire LINk) to present its Quality Account. The Quality Account was submitted to Coventry Health Overview and Scrutiny Committee but the Trust was not required to attend a formal session.
**Statements provided from our commissioning PCT, LINks and HOSCs**

A draft Quality Account was issued to our Commissioning PCTs, Local Involvement Network groups and bordering Health Overview and Scrutiny Committees in order that these stakeholders be given the opportunity to comment on the content of the Account. The Statements received from these groups have been included verbatim.

**Joint statement from NHS Warwickshire and NHS Coventry**

NHS Warwickshire and NHS Coventry (the commissioners) have reviewed the Quality Account provided by Coventry and Warwickshire Partnership Trust. In relation to information and data within the document that relates to items contractually discussed throughout the year at Clinical Quality Review meetings both commissioners can corroborate this Account. Attendance and engagement at these meetings have been excellent. Information provided within this Account that does not form part of those Quality Review meetings cannot be corroborated by either commissioner.

The quality of care at Coventry and Warwickshire Partnership Trust, as discussed in contractual quality meetings, is good. This is in line with patient experience as seen in the recent National Inpatient Survey. However both commissioners look forward to supporting the new management team to increase the integration with other services along care pathways.

The commissioners closely monitor their providers’ management of serious untoward incidents (those resulting in serious harm or death) and has found Coventry and Warwickshire Partnership Trust proactive in adopting best practice to learn lessons from its investigations.

Early in 2009 Coventry and Warwickshire Partnership Trust recognised that it was not investigating serious incidents as thoroughly, or as quickly, as it should and took action to remedy this. Regular review by the commissioners has been able to confirm more timely, robust investigation since this action. The Trust also identified that its level of suicide incidents had increased and undertook a themed review of these cases. The learning from this review has been implemented.

Coventry and Warwickshire Partnership Trust was subject to a number of external reviews in 2009/10 by the commissioners as well as other reviewing bodies. Any actions arising from such reviews are monitored through monthly quality review meetings with Coventry and Warwickshire Partnership Trust. Summary details of those visits can be found below:

- **NHS Warwickshire Unannounced Visit to Hawthorn Ward-July 2009**
  No immediate risks were identified although a number of recommendations were made around environmental privacy & dignity issues, staffing levels and leadership, staff familiarity with governance policies and record keeping.
• **NHS Coventry Unannounced Visit – November 2009**
  Five areas for improvement were identified related to staff training, improving access to activity coordinators, and separate male and female toilets being clearly identified. All actions have been completed.

• **SLAM (South London & Maudsley) Inpatient review-November 2009 (review commissioned by Coventry and Warwickshire Partnership Trust)**
  No urgent risks were identified although a number of recommendations were made around leadership and management, communication, multidisciplinary working, staffing levels and skills and clinical service delivery.

• **NHS Warwickshire Themed Review of Children’s Safeguarding Services-January 2010**
  Overall the panel was very impressed with the response of the Partnership Trust to this review, the good quality of the evidence provided, and the awareness and engagement of relevant senior managers and the safeguarding team, the teamwork and the preparation which had gone into this review. No urgent risks were noted although some recommendations for enhanced performance were made.

**Statement from Coventry Local Involvement Network (LINk)**

This is the first year of Quality Accounts and Coventry LINk welcomes the role all LINks have been given of providing a short comment on the quality of services within local Trusts. However, as this is the first Quality Account for the Partnership Trust this makes assessing progress somewhat difficult.

LINk is aware that last year the CWPT was rated as Good for Quality of Financial Management and Weak for Quality of Services by the Care Quality Commission. Since that time the Trust has developed improvement plans, implemented changes and restructured its management. Therefore LINk recognises that improvements are in progress and looks forward to seeing further steps to enhance patients’ experiences and the quality of treatment and care.

Beginning November 2009 the LINk has carried out a piece of work looking at out-of-hours mental health support in Coventry, and has produced recommendations, which are currently with mental health service commissioners. Some of the recommendations focussed on the Mental Health Crisis Team. LINk raised concerns about the capacity within this service, especially out-of-hours. Therefore LINk will look with interest at how the Trust works to ensure that the Crisis Team effectively carries out its role of managing inpatient admissions.

The Improving Access to Psychological Therapies (IAPT) service was set up during this year and, from comments received to LINk, is experiencing a very high level of demand. Therefore how this service beds in during the coming year will be another significant area of work.
LINk believes that its reports and recommendations and the work of other service user groups are a significant source of information to enable the Trust to fulfil its objective of designing and delivering services in accordance with need and demand.

LINk received the draft quality account on 29th April and met with representatives from the Partnership Trust on May 17th to talk through the report. At this meeting LINk members fed back on the accessibility of the language used in the document. The deadline for LINk input was 8 June. LINk would like to ensure a more ongoing involvement and regarding improvements and changes to services. This will enable a greater input into next year’s quality account. A positive step towards this has been taken through agreement that the Trust will make regular reports to LINk on progress towards the actions and goals for 2010-11 identified in this Report

**Statement from Warwickshire Local Involvement Network (LINk)**

Warwickshire LINk welcomes the invite to comment on the Quality Account. We also welcomed the joint meeting held with the Health Overview and Scrutiny Committee to discuss the accounts. We recognise that this is the first year of this process and that the timetable was short.

Warwickshire LINk would like to make the following commentary to the account:

- It would be useful to incorporate benchmarking data of the Trust’s performance and that of other providers to enable the reader to make informed comparisons.
- Greater clarity around the services provided by the Trust would be helpful.
- The important area of patient dignity should have a specific section outlining how the Trust considers and delivers on these issues.
- P23 refers to engagement with the Warwickshire LINk. The report needs to expand on the level and form of that engagement. In addition the LINk would like to encourage the Trust to take steps to develop a stronger and closer working relationship with us.
- More information regarding the CAMHS service, including other agencies involved in CAMHS would be helpful.
- Specific reference to the role of carers in could be included.
- Greater detail required in terms of trends and targets, statistics and graphs.
- Action plans need to be included, with details of what has been achieved and how further improvements will be implemented for future monitoring purposes.

When the reports are presented next year we would hope to see further progress against action plans and performance measures, where specified.
Statement from Warwickshire Health Overview and Scrutiny Committee

The Warwickshire Health Overview and Scrutiny Committee welcomes the opportunity to comment on this draft Quality Account. Having considered the document at its meeting on 24th May 2010 it wishes to make the following observations which it believes will be of assistance to the trust.

- The committee was generally impressed by the report, by the work being undertaken by the trust and by the improvements to service that have been made. The work and achievements of the Early Intervention Service were singled out for particular comment.

In terms of improving the document:

- The committee felt that greater use of statistical and graph based information would be helpful in assisting readers to rapidly understand the key points. Such data should contain information on trends and targets. (Targets are included but sometimes get lost in the text).
- Benchmarking of performance against other providers should be considered thus enabling the reader to make informed comparisons.
- The Quality Account should include a section on community-based services; looking not only at what is provided but the challenges being faced and areas for improvement.
- Largely because of the nature of the service provided by the trust, the Quality Account needs to specify what the trust’s responsibilities are. It should explain whether it is meeting the needs of the community and how it relates to other providers.
- The Quality Account makes no reference to certain communities. These include people with a learning disability, personality disorders, drug and alcohol dependency and the area of forensics. Consideration should be given to appropriate reference to them.
- Patient dignity requires a specific section.
- Where weaknesses or shortcomings in service exist they need to be made clear to the reader. This may be a matter of presentation so that areas for further work come under a clear heading in the text.
- P23 refers to engagement with the Warwickshire LINk. The report needs to expand on the level and form of that engagement.
- One concern for the committee is to ensure that local providers reach all clients in their catchment. This document needs to include a section that outlines whether this is achieved. If it is not being achieved then the cause of that shortcoming should be identified along with measures to remedy the situation.
- The committee is aware that staff morale might be better than it currently is (following the CQC assessment). A section on staff morale is required along with an explanation of the plans the trust currently has to address this.
- A point which applies to all draft Quality Accounts considered in Warwickshire is the need for an action plan to be included. The
committee considers that as well as looking back on what has been achieved the Quality Account should be clear on what actions are proposed, when they will be undertaken, the target(s) they seek to meet (outputs and outcomes) and who will be responsible for them. This will enable public and partners to hold the trust to account when, in a year’s time, this process is undertaken again.

Statement from Coventry Health Overview and Scrutiny Committee

No statement provided.

No. Description
1 First Draft by Executive Team 16th March 2010.
2 Updated Review of quality performance with suggested indicators
3 Updated in preparation for Exec Team on 30th March 2010
4 Updated in preparation for Safety & Quality Committee on 20th April 2010
5 Further Updates in preparation for Safety & Quality Committee on 20th April 2010
6 Further Updates in preparation for Safety & Quality Committee on 20th April 2010
7 Draft for Safety and Quality Committee to consider
8 DoH text Greyed out prior to Chairman edit.
9 Version with editorial changes by Chairman.
10 Version edited to reflect comments made by Chairman.
11 Version edited to reflect additional comments from Chairman.
12 Updated data quality figures. Approved for Dissemination
13 Updated based on comments received from HOSC/LINk and PCTs
14 Approved by Trust Board June 15th 2010.