

Quality Account 2012/13 (DRAFT)





Our vision is to work for the wellbeing of the people we serve and to be recognised as the best at what we do

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Part One



Statement on Quality from the Interim Chief Executive

Welcome to Coventry and Warwickshire Partnership NHS Trust's Quality Account for the period April 2012 to March 2013.

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of the Quality Account is to encourage Boards and leaders of healthcare organisations to assess quality across all of the healthcare services offered. It allows us, as leaders, clinicians, shadow governors and staff to demonstrate our commitment to continuous, evidence-based quality improvement and to explain our progress to the public.

I am therefore delighted and proud to share with you the third annual Quality Account for Coventry and Warwickshire Partnership NHS Trust. Our vision is that the Trust is committed to providing the very best care for all of our patients. This requires the Trust to be recognised as a provider that delivers safe, clinically effective acute services focused entirely on the needs of the patient, their relatives and carers. To support this, our recently reviewed Quality Strategy covers all aspects of the quality agenda and focuses on Patient Safety, Effectiveness of Care and Patient Experience, enabling us to involve and engage with our patients, clinicians and staff to ensure that quality is at the heart of all that we do.

The Quality Account for 2012/13 describes how the Trust has continued to develop over the last year, includes reviews of our quality performance towards the delivery of our quality priorities and demonstrates how we have used our resources to drive quality improvements that have been made during the year.

We have spent some time in the earlier part of this year, developing our quality priorities for 2013/14, involving patients, staff, members of the public and stakeholders to ensure that we focus on those areas that are most important to the population we serve. These priorities are presented in Part 2 of this document.

We have faced many challenges over the last year and our staff work extremely hard to provide the level of care that should be expected of any healthcare provider whilst continuously progressing the quality agenda. We will continue to seize opportunities to develop highly reliable, high quality, timely and appropriate care across all of our services to ensure that our strategic intent for quality is realised.

The Trust Board is confident that this account presents an accurate reflection of quality across Coventry and Warwickshire Partnership NHS Trust and I can confirm that to the best of my knowledge the information contained within is accurate. I hope you enjoy reading the account of the Trust's quality achievements during the year and those that we look forward to accomplishing over the next 12 months.

David Allcock
Interim Chief Executive
Coventry and Warwickshire Partnership NHS Trust
June 2013

SIGNATURE

Statement of Directors Responsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

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

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

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

By order of the Board



SIGNATURE

Martin Gower
Chair, Coventry and Warwickshire Partnership NHS Trust
June 2013



SIGNATURE

David Allcock
Interim Chief Executive, Coventry and Warwickshire Partnership
NHS Trust
June 2013



Part Two

Looking Forward: Our priorities for Quality Improvement during 2013/14

Part 2 is the section in our Quality Account that looks forward and identifies our quality priorities for 2013/14. It also includes our statements of assurance from the Trust Board

Following publication of the new vision for nursing, midwifery and care givers 'Compassion in Practice', in December 2012, and the Robert Francis Public Inquiry in February 2013, the Trust has refreshed its Quality Priorities Framework. In response the Trust has set Quality Goals for the year 2013/14 to provide some focused, quality outcome measures, which will drive quality improvement within the organisation. These have been developed through further engagement and feedback from our staff, patients/service users, and our stakeholders.

We received a lot of feedback during the consultation which is summarised below:

Feedback from Patient/Service Users, Carers and Stakeholders

Overall there was much support and enthusiasm for the priorities and goals, and an appreciation of opportunity to give feedback. The feedback centred around 3 key themes;

- Communicating the priorities and goals accessibly and in the right language
- Wanting to understand how the goals would be effectively delivered and the detail underneath each goal
- Wanting to know how we were going to provide feedback on implementation and be assured this was going to happen

Feedback from Staff

Of staff who responded to the consultation 93% of respondents:

- Supported the priorities and goals
- Thought the priorities made sense to them

In response to feedback from all groups, we have agreed to develop easy read versions of the Quality Goals that outline the work to be completed in each quarter of the year, how we will know this is being achieved and how we will publish this. We have committed to reporting progress as part of our Public Trust Board meetings throughout the year.

Using the feedback we have received we have refreshed the Quality Priorities to reflect the '6 C's' described in 'Compassion in Practice': Care; Compassion; Competence; Communication; Courage and Commitment and have aligned them to our own refreshed Quality Priorities

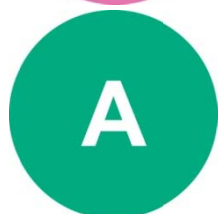


Our Trust Quality Goals April 2013 to March 2014

The Trust Board is committed to promoting a positive culture enabling continuous improvement of our services for patients/service users and carers, the public, our staff and our stakeholders through the setting of specific Trust Quality Goals. The goals set for the year 2013/14 are illustrated below.



- Compassionate Care
- Implement a 'cultural barometer' including Friends and Family Test



- Real Time Patient Experience Outcomes
- Outcome Frameworks for all service areas
- Using Safety Thermometers to deliver safer care



- Deliver our enabling strategies for Estates and Information Technology
- Further mature Early Warning System including Compassion in Practice indicators



- Effective Workforce Planning and Development
- Competent workforce through Protected Learning Time
- 'VALUE' based, user focused services



C

Quality Goal One: Compassionate Care

The Trust provides practice placements for students, for example; nursing students. We will be working with Coventry University to improve compassion in practice through better education and practice assessments on wards and in services. This means that we will:

- Promote compassionate care in all training and education of students
- Make sure that everyone who is a student mentor and assessor understands and develops their skills, knowledge and practice with a focus on compassion
- Use this work to ensure that compassion is at the heart of everything we do.

Quality Goal Two: Implement a ‘cultural barometer’ including Friends & Family Test

It has been recognised that voices of staff are a powerful tool to understand the standard of care and the experience of patients through their eyes.

This means that we will:

- improve the way we communicate with our staff and listen to their views on good care and also when things are not right
- be asking staff for their views on a more regular basis to continually improve

We have introduced our Equal Active Partners programme so that staff can talk directly with Senior Managers and Directors and this work will contribute to this. At the heart of this work is good care and good patient experience. This will be co-ordinated with patient and carer feedback.



A

Quality Goal Three: Real Time Patient Experience Outcomes

This builds on the work we have already completed on our Equal Partners Strategy.

This means that we will:

- involve service users, carers, and staff to make sure they have the best experience of care
- use a number of ways to capture experiences of patients/service users across all our services every month. This will lead to engaging patients/service users, carers and staff in all improvements in our services and in re-designing our services
- Publish the results as part of our outcomes framework

Quality Goal Four: Outcome Frameworks for all service areas

This will build on our work this year and means that each service in our Trust will:

- continue to develop outcomes frameworks and measures
- have a plan about how they will measure how they will meet the clinical standards they have set
- use the measures collected to say how they will improve and maintain good standards of care
- publish our measures and standards in service areas

Quality Goal Five: Using Safety Thermometers to deliver safer care

A safety thermometer is a way of measuring that care is safe and not harming patients and service users. It measures common harms that patients can experience if care is not safe.

This year we will:

- use the current National Safety Thermometer standards to improve safety and reduce harm
- be involved in the development of a Safety Thermometer that promotes safe care in all our mental health and learning disability services.
- publish the results as part of our outcomes framework



R

Quality Goal Six: Deliver our enabling strategies for Estates and Information Technology

We will build on the work done last year. This means we will continue with our plans to:

- make sure that we have the right buildings and equipment to provide the best services
- make sure we have the right staff with the right skills, in the right place to provide the best service

Quality Goal Seven: Further mature Early Warning System including Compassion in Practice indicators

Our Early Warning System allows us to test service areas to make sure they are providing high quality care. To do this a team in the Trust goes into a service unannounced, tells the service what they are doing well and what things they need to improve on, and this is monitored.

This year we will:

- continue to build on our Early Warning System work across the Trust.
- use our Early Warning System to monitor compassion in care through the 6 C's which are: care, compassion, competence, communication, courage, and commitment.



E

Quality Goal Eight: Effective Workforce Planning and Development

This builds on the work started last year and means that:

- we have plans in place to have the right work force with the right skills and the opportunities to develop
- These plans will be implemented and evaluated.

Quality Goal Nine: Competent Workforce Through Protected Learning Time

We need to make sure that all our staff receive the training, development and supervision they need to deliver high quality care. This builds on the work completed last year and means that:

- each service area has plans in place to deliver the right Protected Learning Time for their staff and how this will be measured and reported

Quality Goal Ten: 'VALUE' Based, User Focused Services

Our vision for high quality services is to deliver the best clinical care and patient experience that we can; we started this work last year. We are doing this through an approach called 'VALUE based care'. This means we will:

- continue to put the patient at the heart of service delivery
- concentrate on clinical and patient experience outcomes and the most effective use of resources to do this

In addition to Quality Goals the Trust is committed to deliver a number of Commissioner targets (collectively known as CQUINS). Commissioner priorities for the new contract year were agreed through a process of negotiation involving the Trust, Clinical Commissioning Groups and Specialist Commissioners Groups. Suggestions for quality improvement were taken from all stakeholders, and through open discussion, areas of commonality and shared priority were agreed. The priorities (covering Mental Health, Learning Disability and Community Health services) were sub-divided into three themes of Patient Safety, Clinical Effectiveness and Patient and Staff Experience. The rationale for inclusion of each priority was based on links with national, regional and local quality improvement programmes.

Project teams will take forward specific actions and documentary evidence will be reported at regular intervals to demonstrate achievement against milestones, both internally and externally to Commissioners. The targets for 2013/14 are summarised below:

National CQUINS		
Service Area	CQUIN Title	Description
Community & Mental Health	Safety Thermometer	Continue with collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE.
Mental Health	Patient Experience - Mental Health Care Clustering	Service User Engagement Plans
Community	Patient Experience - Community Services	To further enhance knowledge of patient experiences within Community Services
Secure Services	Improving service user experience through innovative access to and for secure services	Increased utilisation of communications technology
Secure Services, Eating Disorders, CAMHS Adolescent Beds	Optimising pathways	To help providers understand the whole care pathway and plan to optimise an individual's length of stay within specialised mental health services
Secure Services, Eating Disorders, CAMHS Adolescent Beds	Improving Patient Experience Through ensuring effective Care Programme Approach (CPA)	A baseline audit and development of an action plan to ensure the care plan approach (CPA) process is effective and appropriately identifies unmet need

Secure Services, Eating Disorders, CAMHS Adolescent Beds	Improving physical healthcare and well-being of patients	To improve the physical health and wellbeing of all patients, as an integral part of their overall treatment and rehabilitation plan.
Secure Services	Reducing social exclusion by improving literacy, numeracy, IT and vocational skills	The provision of resources to improve literacy, numeracy, IT and vocational skills within secure care environments provides better opportunities for future participation in various aspects of life.

Local CQUINs – Details to be confirmed		
Service Area	CQUIN Title	Description
Mental Health Services	Out of Area 117	To develop a process for review, assessment and discharge where appropriate of mental health 117 clients
Mental Health Services	Out of Area Year 3	Realisation of benefits from case management for out of area placements
Mental Health Services	Repatriation Benefits	Realisation of benefits from case management for out of area placements part 2
Mental Health Services	Improving Communication	Improving Primary and Secondary Care communication and integrated working across Primary and Secondary Care
Mental Health Services	Acute Mental Health Assessment Team	To ensure the continued effective and timely implementation of the health economy wide AMHAT service and act as main contact point for all providers
Mental Health Services	CAMHS - Outcomes	CAMHS - patient dashboard and dataset quality assurance
Community - proposal	Community CQUINS themes centre on enhancing End of Life services, up-skilling of staff for new Family Support Services specification and closer links with Integrated teams. In addition, reviewing early assessment of clients with possible dementia has been proposed.	

Statements of Assurance from the Board relating to the Quality of NHS services provided here at Coventry and Warwickshire Partnership NHS Trust

The wording in the following statements is required in the Department of Health regulations for producing quality accounts and is included to enable readers to make comparisons between similar organisations.

Review of Services

During 2012/13 the Coventry and Warwickshire Partnership NHS Trust provided and/or sub-contracted 93 NHS Services. The Trust has reviewed all the data available to them on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2012/13 represents 100% of the total income generated from the provision of NHS services by Coventry and Warwickshire Partnership NHS Trust for 2012/13.

Participation in Clinical Audits

During 2012/13, 6 national clinical audits and 1 national confidential enquiry covered NHS services that CWPT provides. During that period, CWPT participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that CWPT was eligible to participate in and for which data collection was collected during 2012/13, are listed in the table below. The number of cases submitted to each audit or enquiry as a percentage of the number of cases required by the terms of that audit or enquiry is also given.

Eligible audits / confidential enquiries applicable to CWPT	Eligible to participate	Participation in 2012/13?	% of cases submitted 2012/13	Reason for non-participation
Psychological therapies	✓	✓	48% Therapist questionnaires 100% Case notes 30% Service user questionnaires	
POMH 2f Screening of metabolic side effects of anti-psychotic drugs	✓	✓	53 cases	
POMH 4b Prescribing anti-dementia drugs	✓	N/A	N/A	Topic withdrawn by POMH.
POMH 11b Prescribing antipsychotics for people with dementia	✓	✓	83 cases	
POMH 12a Prescribing for people with personality disorder	✓	✓	5 cases	

Eligible audits / confidential enquiries applicable to CWPT	Eligible to participate	Participation in 2012/13?	% of cases submitted 2012/13	Reason for non-participation
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	✓	✓	100%	

The reports of 4 national clinical audits were reviewed by CWPT in 2012/13 and CWPT intends to take the following actions to improve the quality of healthcare provided.

National audit title	Description of actions following national clinical audit
National audit of schizophrenia	The Trusts results compared favourably to the national findings. The need to improve physical health monitoring for schizophrenic patients was identified and in response the Trust plans to ensure that the Physical Health Monitoring Policy is fully embedded. Promotion of the Trusts prescribing guidance and availability and use of patient information will continue.
POMH 2f Screening of metabolic side effects of anti-psychotic drugs	Data submitted relates solely to patients seen by Assertive Outreach Teams (AOTs). The Trust's results compared favourably to the national average for AOT teams. 70% of the Trust's patients had documented evidence of all four aspects of the metabolic syndrome compared to 34% nationally. The Trust was the best performing Trust for AOT teams. An action plan is being developed.
POMH 12a Prescribing for people with personality disorder	No action to be taken as the sample submitted was too small for benchmarking data to be meaningful.
Epilepsy 12 (Childhood Epilepsy)	Review of local guidelines for carbamazepine prescribing and use of EEG to ensure they reflect current best practice. An annual clinical professional development session focusing on epilepsy will be held. The service has also agreed to develop a shared resource which staff can use to store and access all appropriate resources in relation to lifestyle advice specifically for epilepsy patients.

The reports of 37 local clinical audits were reviewed by CWPT in 2012/13. The following have been selected as examples of how services have used clinical audit to improve the quality of care delivered.

Audit title	Description of actions following clinical audit
Nutritional audit	The findings highlighted that although patients were being screened for their risk of developing malnutrition and dehydration whilst in our care, a consistent approach to this was not in use. The Trust is currently developing a

Audit title	Description of actions following clinical audit
	standardised Trust wide screening tool.
POMH 1f & 3c Prescribing high dose and combined antipsychotics: acute/PICU, rehabilitation /complex needs, and for forensic psychiatric services	The Trusts performance has improved with regard to high dose anti-psychotic prescribing. To continue this improvement the Medicines Management Team has provided dedicated support to clinical services.
Quality outcome of completed orthodontic treatments 2011/2012 according to PAR score	Only 1% of cases fell into the worse / no different category; national recommendation less than 5%. National recommendations advise the average reduction in PAR score should be greater than 70%; UHCW average reduction was 82%. The outcomes were in line with national recommendations and therefore no action was required.
Re-audit of physical health monitoring for patients on Clozapine	Following an initial audit demonstrating that physical health monitoring in this patient group needed to improve a physical health monitoring form was introduced. This has led to significant improvements in physical health monitoring demonstrated by the findings of the re-audit. A further re-audit will be undertaken to ensure this good practice and high standards of care are maintained.
Prevention of falls for our older adult in-patient population	The audit findings highlighted that all patients had a risk assessment on admission. Where the risk of a fall was identified all patients had a screening assessment for preventing falls. 94% of patients had a care plan developed. Audit findings were discussed with clinical teams to ensure that care plans are developed where the need is identified.
Audit of adherence to NICE guidance for epileptic patients seen by learning disability services in Coventry	The guidance was not consistently followed. In response the service have taken action to strengthen the system in place to ensure that management plans are regularly reviewed and all key criteria assessed and discussed with patients.
Injection Therapy Documentation Audit (Therapy Services)	The results showed that the injection recording sheet was not used by all clinicians. As a result not all of the required information was documented. Work to embed the use of the injection recording sheet is planned.
Section 17 leave forms and risk assessments in secure services	Leave was granted by the appropriate body and was signed for by the appropriate responsible clinician. Patients were involved in discussions about leave. Not all fields on the form were consistently completed. A checking mechanism has been put in place to review forms to ensure all fields are completed.
Audit of medicines reconciliation for patients admitted to Willow View Day Service	The findings highlighted that the Medicines Reconciliation Form has not been fully embedded into practice. To aid this, the topic will be included as part of the junior doctor induction programme. Results have been published in Medicines Matters Newsletter to increase general awareness.
Re-audit of foot examination assessment for patients with diabetes	Overall practice was in line with NICE guidance. However, further work is required to improve the documentation of foot deformity.

Audit title	Description of actions following clinical audit
Safe and secure storage of medicines / safe disposal of all drugs	Units are working closely to the expected standards for the Safe and Secure Handling of Medicines as identified by the Royal Pharmaceutical Society. Where identified Medicines Management Team Technicians will be supporting units to review stock lists.

Participation in Clinical Research - Commitment to research as a driver for improving the quality of care and patient experience

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2012/13 that were recruited during that period to participate in NIHR portfolio research was 554.

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

There were circa 70 clinical staff participating in research approved by a Research Ethics Committee at the Trust during 2012/13.

As well, in the last three years, nine publications have resulted from our involvement in research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

The Trust has a long standing and effective partnerships with both the University of Warwick and Coventry University. Each year a number of collaborative grant applications and research studies are undertaken, demonstrating the value that the Trust places on research.

The following is an example of a Research project that demonstrates how the Trust is using research to inform the delivery of care:

Obsessive Compulsive Treatment Efficacy Trial (OCTET)
<p>OCTET is funded by the HTA and delivered within IAPT (Improving Access to Psychological Therapy) services. The study was developed by researchers from Manchester University because, even though new treatment guidelines recommend that people with OCD receive Cognitive Behavioural Therapy (CBT) using a short-term self-help approach, NHS services deliver a more intense longer-term CBT treatment. The team developed two methods of self-help treatment, a computerised CBT (cCBT) program and a guided self-help (GSH) booklet. The study was designed to find out which of the two methods might be most effective, and how useful they might be compared to treatment as usual. Both are delivered over a 12week period by IAPT Personal Wellbeing Practitioners (PWP) over the phone (10min pw cCBT; 30min pw GSH).</p> <p>Over the year we have recruited 20 participants and have been one of the best performing</p>

sites nationally. The gender mix of our participants is similar, 9 males and 11 females. Twelve have been randomised to a treatment arm (cCBT n=7; GSH n=5) and 8 to the control arm. Of the 12 in a treatment arm, 4 have been discharged with a positive outcome and 8 have been stepped up to L3 to continue their work. All 20 participants continue to undertake follow-up assessments at 3 months, 6 months and 12 months post baseline assessment.

This interventional trial has been a huge success within our Trust and has benefitted both IAPT clients and IAPT services. The majority in the trial have been offered treatment immediately. If stepped up at the end of the trial they have entered level 3 treatment with OCD knowledge and treatment experience. Clients randomised to the control arm have had the opportunity to talk about their OCD during a baseline assessment with an experienced clinical researcher and have reported therapeutic benefits. IAPT services have been able to report reduced waiting times and benefitted from having members of their team trained in a unique therapeutic intervention. PWPs have been given the opportunity to undertake training that they will be able to utilise in their everyday practice, promoting confidence and adding to their CPD.

The Trust will review with interest the outcome of this national study and the implications for the way in which we deliver services.

Goals agreed with commissioners - Use of the CQUIN payment framework

A proportion of the Trusts income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available electronically at [\[address/link to be inserted\]](#).

What others say about the provider - Statements from the CQC

The Trust is required to register with the Care Quality Commission and its current registration status on the 31st March 2013 is registered without conditions.

The Care Quality Commission has not taken enforcement action against the Trust during 2012/13.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC completed 7 inspections as part of their ongoing programme of planned reviews during 2012/13. Following all inspections the CQC declared that the Trust was meeting all of the Essential Standards of Quality and Safety it had checked at each location. Although compliant CWPT services have taken the following action in response to the compliance inspections to reinforce processes currently in place:

- Developed and introduced patient questionnaires to help the organisation to capture patient experiences of the services used and actively using this feedback to improve.
- Supporting staff through the provision of effective supervision processes.
- Strengthening of the capacity assessment and best interest decision making processes.
- Improving partnership working with other Trusts / organisations.

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

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

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

- Development of data capture processes and procedures that are aligned to the patient journey
- Identifying roles and responsibilities for data capture along the patient journey
- Data quality improvement plans for nationally flowed datasets
- Regular data quality subscription reports issued to staff where there are data quality issues with the data for key data items such as ethnicity, postcode and General Practitioner
- Using nationally reported benchmarking data from the Health and Social Care Information Centre to benchmark our performance on data quality and identify any issues for resolution
- Reporting of data quality issues and performance to trust groups and committees
- Continued compliance with the Information Governance Toolkit

NHS Number and General Medical Practice Code Validity*

The Trust submitted records during 2012/13 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:

99.1% for admitted patient care;
99.9% for outpatient care;

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;
100% for outpatient care

*Data is accurate to Month 11 2012/13.

Information Governance Toolkit attainment levels

The Trust Information Governance Assessment Report score for 2012/13 was 70% and was graded Green.

Clinical coding error rate

The Trust was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

Core Quality Indicators

The Trust is required to provide performance details against a core set of quality indicators that are part of a new mandatory reporting requirement in the Quality Accounts from 2012/13 with the data being supplied through the Health and Social Care Information Centre (HSCIC) as follows:

7 Day Follow Up 2012/13

The data made available to the Trust by the HSCIC with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period demonstrated the following:

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Average*	National Range^
2012	98.9%	97.5%	97.3%	Not available	97.6%	0%-100%
2011	97.5%	96.8%	98.3%	98.3%	97.6%	92.4% - 100%

*Q3 Return 2012/13

^Q4 Return 2011/12

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

- The Trust recognises the importance of following up patients post discharge as evidence suggests that people with mental health problems, especially those with severe and enduring mental illness are at particular risk of harm and are particularly vulnerable in the period immediately after they have been discharged from a psychiatric ward.

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

- Continuing its current success in following up patients after they have been discharged from psychiatric care.

Gatekeeping Admission by Crisis Intervention Teams 2012/13

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

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Average*	National Range^
2012	100%	100%	100%	Not available	98.4%	90.7%-100%
2011	97.7%	99.6%	100%	99.6%	97.7%	89.6% - 100%

*Q3 Return 2012/13

^Q4 Return 2011/12

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

- All admissions to psychiatric acute wards are managed through the Crisis Intervention Teams.

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

- Continuing to monitor its performance to ensure that its high standard is maintained.

Admissions with 28 days of discharge 2012/13

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

Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Average (Q3 return)	Range (Q3 return)
Not available	Not available	Not available	Not available	Not available	Not available

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

-

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

-

Staff recommending the Trust as a provider of care

The data made available to the Trust by the HSCIC with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends demonstrated the following:

Year	Score	National Average	Range of Scores
2012	3.54	3.54	3.06 – 4.06
2011	3.44		3.06 – 3.93

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

- The indicator reflects how important staff feel about the underlying questions that make up this indicator:
 - Care of patients/service users is my organisation’s top priority;
 - I would recommend my organisation as a place to work;
 - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

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

- The Trust Board have embarked on a large scale staff engagement programme of activity within our Equal Active Partners (EAP) framework. This will support our development and continual improvement of staff engagement at all levels.

Patient experience of community mental health services

The data made available to the Trust by the HSCIC with regard to the trust’s “Patient experience of community mental health services” indicator score with respect to a patient’s experience of contact with a health or social care worker demonstrated the following:

Year	Score	National Average	Range of Scores
2012	8.5	-	8.0 – 8.9
2011	9.5	-	-

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

- Data to be confirmed

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

- Data to be confirmed

Percentage of patient safety incidents that resulted in severe harm or death

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

Year	Number of incidents occurring	Rate per 1000 bed days	National Range – rate per 1000 bed days*	Number(%) resulting in severe harm or death	National Number (%) resulting in severe harm or death
2012*	2198	32.26	0 – 70.29	35 (1.6%)	1729 (1.6%)

*April 2012 to September 2012 data available only

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

- The Trust takes seriously the need to report and take action when incidents occur.

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

- The Trust will continue to take action to address issues arising out of the reporting of incidents.



Part Three



Progress against 2012/13 Priorities for Quality Improvement



Our 2011/12 Account detailed a number of priorities under three quality improvement headings; patient safety, clinical effectiveness and patient and staff experience which were based on the Commissioning for Quality and Innovation (CQUIN) framework which is designed to promote quality improvement by linking a proportion of the Trust's income to the delivery of agreed quality goals. The content of local schemes is agreed between the Trust and its Primary Care Trust (PCT) commissioners prior to the start of the financial year, and includes nationally and locally defined CQUIN indicators. The following table lists our CQUIN goals for 2012/13 and provides a summary of achievement.

Mental Health CQUIN Priorities for Improvement

(Note: level of achievement for 2012/13 CQUIN have not yet finalised with commissioners)



CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
<p>Safety Thermometer</p>  <p>Target Met</p>	<p>This is a national CQUIN indicator that requires a survey to be undertaken on one day each month.</p> <p>Defined groups of patients (on wards and those visited in community settings) are surveyed to collect data on four outcomes:</p> <ul style="list-style-type: none"> • pressure ulcers • falls • urinary tract infection in patients with catheters • Venous Thromboembolism <p>A completed Safety Thermometer survey for all relevant patients must be sent each month to the NHS Information Centre.</p>	<p>This year represented the set-up phase of the national programme. Work has centred on establishing the systems and processes for completion of surveys and submission of data to the NHS Information Centre.</p>	<p>The target for the CQUIN is to successfully submit the Safety Thermometer survey data over three successive quarters.</p> <p>Each month, since April, the Trust has successfully submitted the required audit information, within the identified timeline, and so has met the requirements of the CQUIN.</p>
<p>Patient Experience – Dementia services</p>  <p>Target Met</p>	<p>The Trust was asked to develop systems to monitor patient and carer experience in specific areas of community, in-patient and out-patient dementia services.</p> <p>The aim was to identify the best methods of gathering patient and carer experiences to bring about service improvements.</p>	<p>The CQUIN project group has been developing different methods for collecting feedback from patients, carers and staff.</p> <p>This has included attending patient meetings and forums, gathering patient stories, using the online <i>Patient Opinion</i> service and using research techniques such as Evidence Based Design to identify key themes for improvement. The Trust's participation in the National Feedback Challenge has also provided useful learning from other organisations.</p>	<p>The methods of collecting patient experience have been reviewed and refined for use in the future. The Trust has developed a list of key themes and actions to take forward, that will improve patient experience of dementia services. Some of these actions are already being implemented.</p>



CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
<p>Psychiatric Liaison</p>  <p>Target Met</p>	<p>This is part of a set of complementary CQUINs across all health economy providers in Coventry and Warwickshire. A new team was to be established to provide speedy assessments of patients in general hospitals who required specialised mental health support. Key aims were to reduce length of stay in acute Trusts for patients with a mental illness, and to ensure that patients were discharged to an appropriate setting with the necessary mental health support.</p>	<p>Achieving the target required the Trust to work in partnership with other local acute Trusts to develop a service that provides a single point of contact for assessment of patients with Mental Health needs who have been identified by the Acute Trusts as requiring assessment. The work has included training of acute staff and establishing systems and protocols for day-to-day running of the service.</p>	<p>The new service commenced on 1st October 2012. Data is being recorded for reporting purposes and this has demonstrated that patients are being seen and assessed in a timely manner, therefore enhancing the quality and outcome of their care</p>
<p>Case Reviews of Out of Area Placements</p>  <p>Target Met</p>	<p>The Repatriation Programme was established as a CQUIN to focus on the clinical review and pathway development for individual clients currently cared for out of area, with the aim to support their return to local services.</p>	<p>Clinical review of patients has made it possible to bring individuals into core services, move them into new placements based on individual need, or to renegotiate existing packages where need has changed or is not being met. Services within the Rehabilitation Pathway have been extended to provide additional provision which enables more clients to be repatriated to the local community and services</p>	<p>The repatriation programme has successfully continued this year resulting in excess of 50 clients returning to local services or now receiving services within other providers that now more appropriately meet their clinical need therefore supporting their progress to full repatriation</p>


CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
<p>Repatriation where appropriate and / or reduction in costs for out of area placements</p>  <p>Target Met</p>	<p>This indicator requires the delivery of £3 million savings to commissioners by the 31st March 2013 through the clinical review of Out of Area Placements.</p>	<p>Clinical assessments and repatriations via the Out of Area Team processes have continued throughout the year. The in-year savings delivered for Commissioners continues to be exceeded.</p>	<p>The Trust expects to achieve full realisation of the financial benefits and is currently working with the CCGs to develop a Year 3 Out of Area CQUIN indicator to ensure sustainability of the repatriation programme.</p>
<p>Improving Primary and Secondary Care communication and integrated working</p>  <p>Target Met</p>	<p>The Trust was asked to improve communication and integrated working with primary care (GPs) supported by a training package and data for GP practices. The work also involved developing the processes by which clients being cared for in primary care could rapidly re-enter specialist mental health services if their needs changed.</p>	<p>Through the introduction of a new role (Senior Relationship Manager), the Trust has forged closer working relationships with primary care. Named link workers have been allocated to all GP practices, and a data report has been developed with GPs and is now being issued to practices on a regular basis. Rapid re-entry processes are now established and being used within Community Mental Health Teams.</p>	<p>The positive work carried out this year is set to continue into 2013/14 with a further CQUIN target being introduced to build on progress already made.</p>


Community Services CQUIN Priorities for Improvement

(Note: level of achievement for 2012/13 CQUIN have not yet finalised with commissioners)

CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
<p>Safety Thermometer</p>  <p>Target Met</p>	<p>This is a national CQUIN indicator that requires a survey to be undertaken on one day each month.</p> <p>Defined groups of patients (on wards and those visited in community settings) are surveyed to collect data on four outcomes:</p> <ul style="list-style-type: none"> • pressure ulcers • falls • urinary tract infection in patients with catheters • Venous Thromboembolism <p>A completed Safety Thermometer survey for all relevant patients must be sent each month to the NHS Information Centre.</p>	<p>Within the Trust, the Safety Thermometer is currently being collected across community nursing services and older adult inpatient wards, in line with the requirements for all Mental Health, Learning Disability and Community Services organisations.</p>	<p>The target for the CQUIN is to successfully submit the Safety Thermometer survey data over three successive quarters.</p> <p>Each month, since April, the Trust has successfully submitted the required audit information, within the identified timeline, and so has met the requirements of the CQUIN.</p>
<p>Patient Experience</p>  <p>Target Met</p>	<p>The Trust was asked to develop systems to monitor patient and carer experience in specific areas of Coventry Community Health Services:</p> <ul style="list-style-type: none"> • Clinical Assessment Services (CAS)- within 38 hours following discharge • Long Term Condition (LTC)patients with COPD 'stepping down' from Community Matron to District Nursing services • Diabetic patients under the care of District Nurses for on-going care. <p>The aim was to introduce the use of the 'Friends and Family Test' in line with NHS</p>	<p>The CQUIN project group has been developing different methods for collecting feedback from patients, carers and staff. This has included gathering patient stories, using the online <i>Patient Opinion</i> service and reporting the findings to the Trust Board. Also, the Friends and Family Test was introduced, where patients attending clinics or visited at home were asked the question "How likely is it that you would recommend this service to friends and family? Please rate on a scale of 0 (not at all) to 10 (extremely likely). "The results were analysed and the Trust results compared favourably, particularly in CAS services, to those of other</p>	<p>Systems for monitoring patient and carer experience have been tested and refined in CAS and Community Nursing services throughout the year. The Friends and Family Test has been used to obtain feedback and has been most successful when used in clinic-based settings. Feedback has been acted upon where possible and patients notified of actions taken.</p>

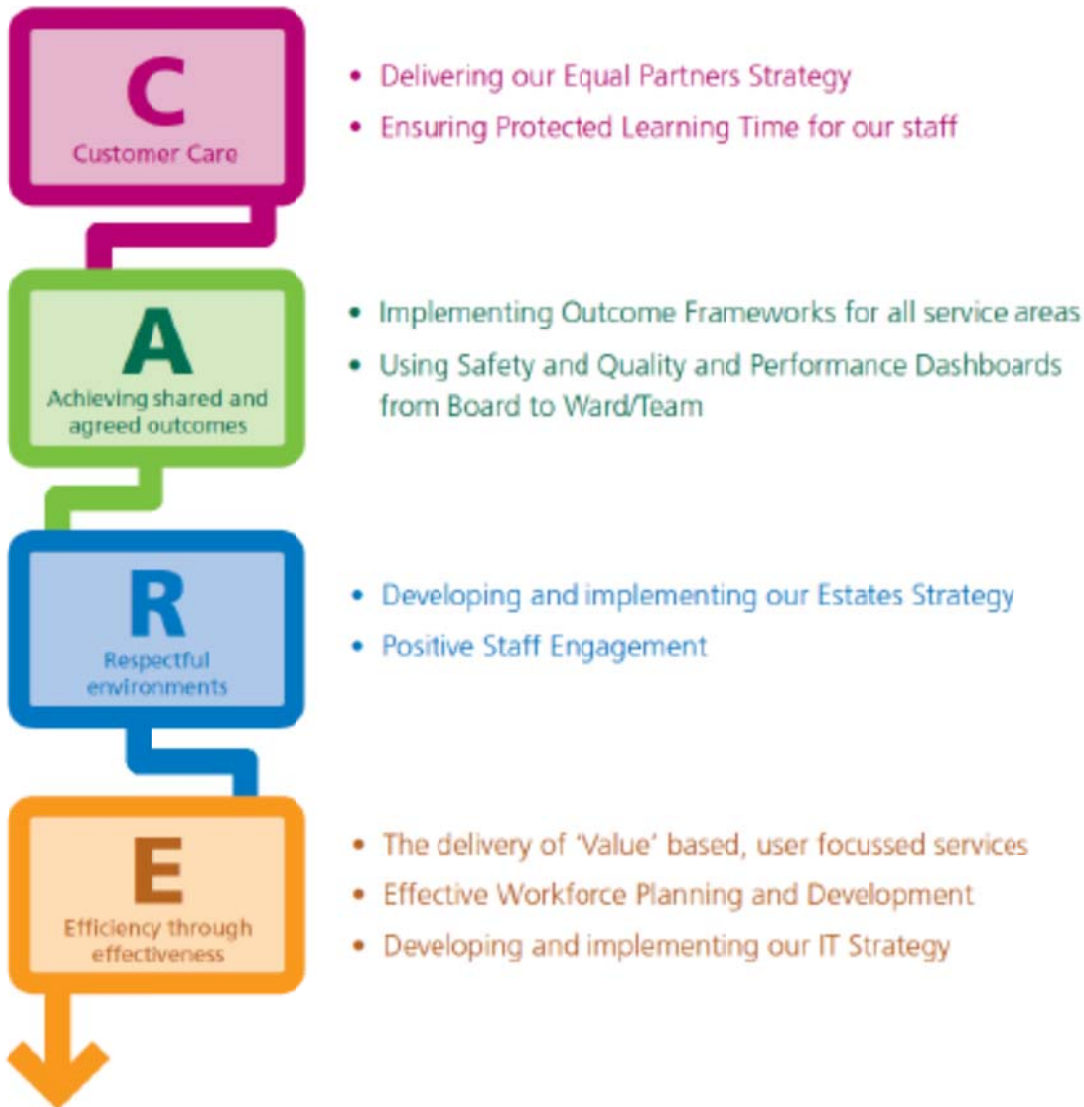
CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
	Midlands and East recommendations and to gather patient and carer experiences to bring about service improvements.	well-known private companies who also used the Friends and Family Test. Action plans for future improvements were developed and implemented.	The Trust has therefore met the CQUIN target.
<p>Call to Action</p>  <p>Target Met</p>	<p>The Trust was required to scope and implement a programme for development of health visitors and health visiting TEAMS, along with an external marketing programme to enhance the image and perception of health visiting services (including health visitors, staff nurses, nursery nurses and clinic assistants). These actions were in support of the national 'Call to Action' plan for health visiting services.</p>	<p>Delivery of the indicator has involved raising the image and perception of the Health Visiting Service through improvements to:</p> <ul style="list-style-type: none"> • stakeholder and staff engagement • clinical supervision of Health Visitors • health and wellbeing of staff • comprehensive marketing of the service <p>Actions were taken to strengthen Health Visitor links and methods of communication with individual GP surgeries and other stakeholders, raising visibility and awareness of Health Visitors across primary care and continuing efforts to recruit more Health Visitors.</p>	<p>The Trust has implemented action plans for each of the main areas of work, actively responding to feedback from Commissioners in-year, and which has resulted in improvements in all areas.</p>
<p>Integration</p>  <p>Target Met</p>	<p>A range of innovative working practices were to be discussed and agreed within the new Integrated Teams in Coventry (involving Community nurses and GPs), to ensure optimised care for Long Term Condition patients. Long Term Conditions included diabetes, COPD, asthma, heart failure and neurological conditions.</p> <p>This focus for this work was to build on the existing community nursing-led Root Cause Analysis (RCA) process.</p>	<p>The setting up of Integrated Teams and establishing the meetings has been an evolving process throughout the year. Root Cause Analyses have been undertaken jointly by Integrated Teams in many practices across the city. Community Matrons and District Nurses have supported the process and are active participants in the discussions with GPs. Where appropriate, RCA patients are also considered for Telehealth to support with monitoring their condition.</p>	<p>Community Nurses carry out and participate in the completion of RCAs as they arise and learning from the RCA process is being shared within the wider Community Nursing teams through regular meetings. The terms of the indicator have therefore been met.</p>

CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
	<p>Root Cause Analyses would be carried out jointly by community nurses and GPs to understand the reasons why some Long Term Condition patients had undergone an emergency admission to hospital. Learning from this process would be shared across localities.</p>		
<p>Telehealth - use of Simple Telehealth for COPD, diabetes and heart failure patients</p>  <p>Target Met</p>	<p>This indicator was aimed at developing and implementing the 'Simple Telehealth' approach to monitoring COPD, diabetes and heart failure patients on the community nursing caseloads. Using mobile phone technology prompts and advice could be issued to patients so that they were able to receive assurance and monitor their long term condition without the attendance of a community nurse.</p>	<p>The Trust has successfully implemented Telehealth in the defined patient groups. Nursing caseloads were reviewed to identify patients who would benefit from Telehealth and who were assessed as suitable for this approach. These patients were offered the opportunity to participate, and around 50 patients were successfully recruited to the programme. The Trust has developed protocols for specific conditions, to enable remote monitoring of patients' day to day management of their illness, supported by regular messages and alerts via a dedicated telephone system. Data has been collected to assess the benefits of Telehealth and to monitor patient and staff experience of using the system.</p>	<p>The Trust has introduced Telehealth for appropriate Long Term Condition patients and continues to embed the principles and processes across its Community Nursing Service. Comprehensive monitoring information is being collected and has been supplied as evidence of achievement of this CQUIN.</p>
<p>Case management of patients identified through risk stratification</p>	<p>In order to reduce avoidable emergency admissions and A&E attendances by Long Term Condition patients, the Trust agreed to work with Commissioners and GPs to implement a Risk Stratification Tool. This tool would be used to identify patients who were at increased risk of an admission to hospital, and integrated teams would use</p>	<p>Delays in the identification and distribution of an appropriate Risk Stratification Tool by Commissioners have caused a delay in the project and required alternative plans to be developed until such time an agreement could be reached. Despite this delay, Community nurses have attended meetings to carry out caseload reviews with GPs using</p>	<p>The Trust has provided evidence to Commissioners of the attendance of Community Nurses at joint meetings with GPs, where the review of high risk, Long Term Condition patients</p>

CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
 <p>Target Met</p>	<p>this information to plan interventions to prevent future admissions.</p>	<p>retrospective data on patient admissions. The structure and frequency of the meetings continues to grow and many practices have or are in the process of organising integrated meetings to review caseloads. The meetings are proving positive and helpful to Community Nurses in the management of complex patients.</p>	<p>with frequent admissions has taken place. The Trust will continue to support and promote joint meetings of the Integrated Teams for this purpose pending full roll-out of a Risk Stratification Tool by Commissioners.</p>

Progress against our Quality Goals 2012/13

The Trust is committed to promoting a positive culture enabling continuous improvement of our services for patients/service users and carers, the public, our staff and our stakeholders through working to implement specific quality goals. The goals set for the period 2012/13 covered the following elements:



Quality Goal One: Delivering our Equal Partners Strategy

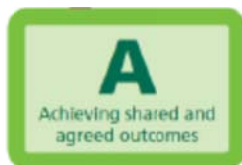
Years one and two of the Equal Partners Strategy will be successfully implemented.

- We have developed a method to collect and record patient and carer stories focussing first on our patients suffering with dementia.
- We have successfully started redesigning our Dementia Care Pathway through patient and experience stories.
- We will be using this work to spread good practice across other services in the future.

Quality Goal Two: Ensuring Protected Learning Time for our staff

All our staff will receive Protected Learning Time appropriate to their role.

- We have reviewed our staff appraisal and personal development plans to ensure that staff are able to build protected learning time into their job roles.



Quality Goal Three: Implementing Outcomes Frameworks for all service users

An Outcome Framework will be in place for all our operational services speciality areas.

- We have developed initial outcomes frameworks across our services.
- We have changed the way we write reports to show how we are performing against nationally and locally important indicators. This has ensured that that we are focused on improving the care we deliver to patients.

Quality Goal Four: Using Safety and Quality and Performance Dashboards from Board to Ward/Team

Safety and Quality and Performance Dashboards will be in place and used effectively in every ward/team.

- We have developed reports for wards and teams to display that show how well they perform across a number of quality standards. These include incident reporting, waiting times and training compliance.
- Our Services are focused on ensuring that information is up to date and is available to all staff and users of the service as appropriate.



Quality Goal Five: Developing and implementing our Estates Strategy

A fit for purpose Estates Strategy will be in place and year one plans implemented.

- We have reviewed how we best use our buildings and facilities to improve services for patients and stop using properties that do not offer value for money or positive patient experience.

Quality Goal Six: Positive Staff Engagement

Positive staff engagement will be evidenced through a wide range of approaches.

- We have held Quality Awards and this was our opportunity to share and thank staff who have performed exceptionally well during the year.
- We have changed our staff induction arrangements to make sure that all new staff are equipped with the right information, knowledge and training when they join the Trust.
- We have started our Equal Active Partners programme including our 'Big Conversation' events which have focused on the issues that staff have felt are really important to them and the people they serve.



Quality Goal Seven: The delivery of 'VALUE' based, user focussed services.

Successful use of VALUE based approaches in our service integration and transformation programmes.

- We have introduced our clinical strategy across Trust services and started to develop Integrated Practice Units (IPU's). IPU's focus on care pathways that deliver improved outcomes for patients as effectively as possible.

Quality Goal Eight: Effective Workforce Planning and Development

A workforce planning and development strategy will be in place and year one plans implemented.

- We have developed and revised our workforce plans to ensure that we have an appropriately skilled workforce in place.
- We have changed the way in which we deliver Statutory and Mandatory Training to ensure that all staff are able to attend training that is appropriate to their role and grade.

Quality Goal Nine: Developing and implementing our IT strategy

An IT Strategy will be in place and year one plans implemented.

- We have developed and implemented our Information Technology Strategy and provided our staff with new computers and telephones to work more flexibly in the right care environments, for example schools or people's homes.

Patient and Public Engagement and Feedback

Equal Partners Strategy

Effective involvement involves developing equal relationships where service users, carers, staff and the public are properly informed, supported and empowered to talk and work together as equals.

For this to work it is important that there is recognition of skills and expertise on all sides. Patients/Service Users and Carers recognise the expertise of NHS professionals and professionals genuinely listening to and understanding and valuing the experiences and expertise that people bring.

Involvement is about giving a voice to people to enable them to influence and shape their own care and support and the quality and direction of our service.

The Trust continues to develop and embed its listening and involvement culture through implanting its Equal Partners Strategy. This enables us to respond to feedback from people, and continue to develop our approaches to meaningful involvement in planning, developing and delivering our services.

There is continued evidence that the strategy is becoming embedded in organisational culture and this continues to be supported by our quality priorities.

Achievements in 2012/13 include:

- The development of a Volunteer Policy so that we can progress volunteering opportunities for service users, carers and the wider public in our Trust.
- We have successfully recruited two patient partners who will sit alongside senior staff on our Equal Partners Committee to champion and develop involvement in the Trust.
- We continue to build our contacts of people who want to get involved in our Trust. We have now established a Service User and Carer Assembly of 30 people who will work with us as active participants in shaping and improving the quality of our services. Work is in progress to align their skills and expertise to opportunities in the Trust.
- We have elected service user Governors for when we achieve Foundation Trust Status.
- Carers were involved in the development of Personal Health Budgets and helped to promote and market the pilot of this project.
- We have implemented an experience based design research project. This enabled young people and their carers to co-produce ideas and action plans together to shape and change services. This approach will be promoted as a model for genuine involvement across all services
- We have organised and facilitated a drop in event for patients and the public at the City of Coventry Health Centre to test out this method of engagement and consult on the best way to develop similar events in other locations.
- We have utilised Patient Opinion which is a web based feedback platform on our Website. It is a quick and easy way for service users, carers and the public to tell us what they think about our services and what can be improved.
- Implemented our Equal Active Partners which enables our staff to talk directly with Directors and senior managers to align ideas, effort and expertise to deliver better services and outcomes for our service users and carers.
- We continue to develop our approach to collecting and using patient stories using a variety of methods, written, audio and film to capture and improve patient experience.
- Service users and carers continue to be actively involved in the recruitment and selection of staff
- We continue to strengthen our relationship with and develop opportunities for joint working. Discussions continue to take place with the Local Authorities and other partners so that wherever possible we can join up engagement initiatives.
- We have successfully recruited two service user research champions who are working alongside the Research Team to recruit other service users to participate in a range of research.
- We have recruited service users and carers who are being trained as Patient Assessors working as equals on a team alongside staff. Patient Assessors go into a building unannounced and assess aspects of the environment.

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

Putting people at the heart of everything we do, and working with them as Equal Partners, will ensure that we develop quality services, based around people's individual needs and aspirations, valuing the contributions they can make. Equal Partnerships will ensure that every voice is heard, individual choice and wellbeing is promoted, and people are enabled to have the best possible experience of our service.

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

In 2012/13 the Trust received 107 complaints (127 in 2011/12) as demonstrated in the table below.

Theme	Number of Complaints	
	2012/13	2011/12
Admissions/Transfers	2	3
Attitude of Staff	9	18
Cancellation of appointments	0	0
Clients Rights	15	43
Communications	9	10
Confidentiality	0	0
Change of Consultant	0	0
Domestic (e.g. cleanliness / food)	1	0
Information	5	1
Medical Care from Doctor	19	18
Nursing Care	30	20
Other direct Care i.e. CPN	11	7
Waiting times	6	7
Totals	107	127

Areas of significant improvement since 2011/12 are:

- Clients Rights
- Staff Attitude

The Trust aims to make local complaint handling a positive experience for those who seek to access the service. The Trust takes pride in the way in which complaints are managed as it is important to us that the process, the decision making and the way in which we communicate are as straight forward and effective as possible. The points to be investigated are agreed with the complainant at the earliest opportunity, and meetings are offered on either an informal or formal basis. Through our letter of response, which may involve a number of different clinical areas and/or other organisations, we aim to provide various remedies through the issuing of an appropriate apology and a variety of actions which aim to redress the issues identified, where appropriate.

All of our complaint responses are signed by our Chief Executive and reviewed by the Chairman, in order to underpin the organisations approach to complaints handling, and our wish to reassure the public that we take complaints very seriously. We always ensure that organisational learning is clearly identified in the response and that this is supported internally through evidence being available to assure stakeholders that we have done what we said that we would do.

The Trust PALS service provides advice, information and support to patients and carers to help to resolve issues. This may take the form of signposting to other services, providing information for example how to access services, or supporting someone in a ward round, outpatient appointment or case conference to assist them in getting their views heard. PALS often provide a speedy resolution to an issue or concern and for many provides a better option than making a formal complaint.

During the period 2012/13 there has been a significant increase in the number of PALs contacts since the previous 12 months.

No. of PALs Contacts 2012/13	No of PALs Contacts 2011/12
424	338

During the course of the year individual members of staff, teams and services receive many compliments from patients wishing to say thank you for the way in which they or their loved ones have been cared for and treated. Where complainants have a formal process to follow, those who compliment tend to do it informally by sending a letter or card, or verbally and collecting this data across the Trust is much harder to do. Staff are encouraged to send evidence of compliments to the Customer Services department so that this can be reported but we know that the data is far from complete.

The table below shows the number of compliments received by CWPT in 2012/13 in comparison to 2011/12.

Number of compliments received	2012/13	2011/12
Total	407	226

Patient Surveys

The Trust participated in the nationally mandated National Community Mental Health Service User Survey which published its results in 2012. The questionnaire was issued to 850 people who receive community mental health services. Responses were received from 259 service users.

Where we do well

- Last person seen definitely or to some extent took views into account
- Care plan definitely or to some extent sets out goals
- Ever asked about alcohol intake by NHS MH services
- Family definitely or to some extent involved as much as service user would like

Where we could do better

- Service user knows who their Care Co-ordinator is
- Rating of how well Care Co-ordinator organises care and services needed
- Definitely or to some extent understands what is in care plan
- Service user has had care review meeting
- Definitely or to some extent given a chance to express views at the meeting
- Definitely or to some extent found care review helpful
- Definitely or to some extent given support in getting help with financial help or benefits in last 12 months

The Trust has developed an action plan to address these issues and updates on progress have been regularly reported. The mandated survey is repeated each year and the results will demonstrate whether the action plans have been successful.

As part of the National Patient Feedback Challenge a system for the collection of real time patient feedback on inpatient wards and community team has been developed and was piloted in February 2013. Qualitative and quantitative feedback will be collected through a guided conversation with patients and this will enable an understanding of the on-going impact of changes made as a result of the survey. This pilot is part of an organisation wide roll out for this approach.

Working with Local Intelligent Networks (LINK)

In 2011 Coventry LINK undertook a piece of work to investigate activities for in-patients on wards at the Caludon Centre mental health unit. LINK published the report entitled Activities provided for in-patients at the Caludon Centre in August 2011.

Action plans were shared with Coventry LINK and update meetings held to keep LINK informed of progress. In September 2012 Coventry LINK undertook a follow up of the recommendations to see what progress had been made on the wards. Their report "Follow up report on progress regarding activities for in-patients at the Caludon Centre" was published in November 2012.

The follow up showed that positive changes had been made since the publication of the first report. However, LINK felt that the findings also seemed to indicate a difference between the perceptions and information provided about activity work from staff and the experiences that patients reported. Patients seem to be more critical and indicated there was still room for improvement with regards to activities and information about activities. LINK identified issues regarding: getting the outside gym up and running; activities at the weekend; delays in ordering equipment.

LINK further recommended that:

Progress needed to be made to ensure that patients can use the outside gym equipment. The activities programme and its spread across different days should be reviewed. The mobile library facility had not been implemented.

The Trust recognised that LINK had spoken to a small sample group of patients and so requested that a future Actively Influencing Mental Health Services (AIMHS) forum be run independently of the Caludon Centre to gather further feedback of patient satisfaction with activities provided.

LINK concluded that they wanted to continue their follow up work and this is currently being undertaken. The Trust has taken the opportunity to detail to LINK action that it will take following the recommendations received which focus upon strengthening existing arrangements for development, implementation and use of the Care Planning process.

Staff Survey

Coventry and Warwickshire Partnership Trust took part in the 10th annual NHS Staff Survey. All staff were asked to participate in the survey, which is voluntary, of which 48% responded. This is a reduction on the 58% who participated in 2011.

The Department of Health present the data under the four Staff Pledges and two additional themes of Staff Satisfaction and Equality and Diversity. There are 28 key findings from the DH, and a measure of staff engagement, a lower number than in 2011 (38) due to the reduction in size of the 2012 questionnaire and number of questions.

The tables below summarises the key scores from 2012 in comparison to 2011

Table: Comparison of 2012 score to 2011

Description of indicator	2012	2011
Issues in the best 20%	3	1
Issues better than average	5	4
Issued at the average	8	13
Issues worse than average	7	9
Issues in the worst 20%	5	11
Issues improved since 2011	6	-
issues deteriorated since 2011	3	-

Issues in the best 20%	2011	2012
Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	76%	84%
Percentage agreeing that their role makes a difference to patients	92%	92%
Percentage working extra hours	61%	63%

Issues in the worst 20%	2011	2012
Support from immediate managers	3.75	3.70
Percentage saying hand washing materials are always available	53%	46%
Percentage feeling pressure in the last 12 months to attend work when feeling unwell	21%	26%
Percentage able to contribute towards improvements at work	59%	67%
Staff motivation at work	3.82	3.75

Although, overall, the Trust has made improvements in most areas, there are still a number of areas we wish to focus on and improve upon. The Trust has a staff group called the Social Partnership Forum which has been asked to focus on new areas for improvement, and continue to develop actions for improvement on key findings identified in the staff survey.

The Trust has embarked on a large scale staff engagement programme of activity within our Equal Active Partners (EAP) framework. This, we are hopeful, will support our development and continual improvement of staff engagement at all levels, showing some additional improvements in our 2013 staff survey.

Information from the staff survey and from other engagement activity is currently being scoped for inclusion in performance reports and dashboards to support on-going monitoring within clinical services of progress against actions for improvement.

National Health Service Litigation Authority

The NHS Litigation Authority (NHSLA) has produced risk management standards for NHS organisations providing Acute, Community or Mental Health & Learning Disability services and non-NHS providers of NHS care. These standards have been designed to address organisational, clinical, and non-clinical or health and safety risks.

NHS organisations must demonstrate compliance with the standards and are assessed every two years. On 25th March 2013 the Trusts NHSLA Level 1 assessment took place. The Trust passed with a score of 49/50. The one instance of non-compliance was identified in the self-assessment by the Trust and is in relation to the management of patients with dual diagnosis, for which the Trust is looking at ways in which to successfully engage with the local Recovery Partnership to ensure quality arrangements are in place. Overall feedback

from the assessor was positive stating that the policies were comprehensive, easy to follow and succinct.

Eliminating Mixed Sex Accommodation

The Trust is committed to a person centred approach to care and support which respects privacy and dignity and the application of legislation, practice and policy to facilitate this. In recent years the issue of patient privacy and dignity has been at the forefront of Government policy and national guidance. The Trust has put in place arrangements, that it regularly monitors, to ensure that patients are given their privacy when required or requested, are treated with dignity and respect and that patients requiring admission to inpatient facilities are provided with appropriate same sex accommodation. The Trusts arrangements ensure:

- Ensure that all patients cared for by CWPT are treated with dignity and respect.
- Ensure appropriate environments for the elimination of mixed sex accommodation within inpatient facilities.
- Confirm the commitment of CWPT to the delivery of care to patients with privacy and dignity.

Foundation Trust Application – an update

The Trust is continuing on its journey towards authorisation as a Foundation Trust during 2013. Key progress areas during the year have been:

- Further development of the Trust's five year Integrated Business Plan and associated Long Term Financial Model.
- In line with the Trust's Constitution, the formal Election to the Council of Governors has concluded, where all Public, Staff and Partner organisation seats have now been filled and the Council is ready for working alongside the Trust Board once authorised as a Foundation Trust.
- A successful Board to Board exercise with the regulator, Monitor has taken place. This exercise assesses the Board's competency and capacity to manage a future Foundation Trust.
- An Assessment Team from the regulator, Monitor, has worked with the Trust from December 2012 to May 2013, the outcome of which will determine the outcome of our Foundation Trust application.
- The Trust has received confirmation from the Department of Health that our planned change of name can go ahead and as a result, from the date we become authorised as a Foundation Trust, the Trust will be known as Arden NHS Foundation Trust.

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Robert Francis QC, published the report on the Mid Staffordshire NHS Foundation Trust Public Inquiry on 6 February 2013. This final report, building on the initial independent report published in February 2010, is extensive and provides a systematic analysis into how the Trust and the wider healthcare and regulatory systems contributed to the failures in care. The report makes 290 recommendations focusing on creating a learning and patient-centric culture, openness and transparency and a more cohesive system.

In February 2013, the Trust Board discussed and agreed proposals for our initial approach to responding to the inquiry and its recommendations. The Trust recognises the importance of engaging staff, through our Equal Active Partners programme, with the key findings, lessons learnt and recommendations in the inquiry report, and listening to staff responses and ideas for improvement.

FOCUS ON: Specialist Services

The Trust is a local and national provider of specialist inpatient and community services including:

- Learning Disability Inpatient Services- Medium and Low Secure, Assessment and Treatment Adults & Adolescents based at Brooklands, Marston Green and Coventry.
- Eating Disorder Inpatient and Community Services- Assessment and Treatment based at the Aspen Centre, Warwick and Coventry
- Neuropsychology and Physical Health Psychological services for acute and rehabilitation hospitals in Coventry, Warwickshire & Solihull
- Community Learning Disability Multi-Disciplinary Teams, Domiciliary Care, Respite, Day Services and Residential Care

Key Achievements 2012/2013

Inpatients-

- LD AIMS Accreditation 'Excellent' for Gosford Ward and Amber Unit
- Refurbishment completed to Amber Unit and continuing redevelopment to units on Brooklands site.
- Staff qualified to provide Dialectical Behavioural training within the LD Forensic service, modular development and delivery of Offender Treatment Programmes, Assistant Practitioners completed degrees, Open College Diplomas in Cognitive Behavioural Therapy and Drug and Alcohol Addiction awarded to Offender Tutors
- Therapy Services have developed partnerships with Solihull Metropolitan Borough Council and Regional Community Gardens Society enabling service users to have their own plot in a community garden.
- Therapy Services have Introduced 'Premier League Reading Scheme' which combines work from the National Literacy Trust and the Premier League Football teams to improve boys and mens engagement with literacy
- Art work by patients on Janet Shaw Clinic displayed at Birmingham Museum, Koestler awards
- CQUIN targets achieved for secure and eating disorder services

Community teams-

- Published journal articles on healthy lifestyles work, supporting children with LD to transition through developing the Choice, Health and Transition group, music therapy which explored the concepts of love within a therapeutic relationship.
- An LD nurse chat on Twitter has been set up, the "LDnursechat" is a forum to share best practice and innovations in LD nursing.
- LD Groups developed including for individuals who are at high risk of developing dementia. An opportunity for early identification and intervention of dementia through both baseline assessment and raising the awareness of the disease to individuals and carers.
- The physiotherapy team granted £3,000 to set up a Mobility and Falls Prevention group for adults with LD in Solihull. Group is designed to reduce risk of falls through physical exercise and education of clients/carers.

QUOTE: Janet Shaw patients created puppets in art workshops that won a national award Clinic Manager Elaine Aston said "We're thrilled these sessions have resulted in high quality work which has been recognised in this way. It repays the time and trouble each of the patients put into the puppets they created."

Case Study

Top to Toe Group

This is a healthy lifestyles group for men and women who have learning disabilities. The aim being to produce accessible health information, help people make informed choices about their health, and to draw up health action plans to improve their health and wellbeing.

This is the first time a person with LD has co-facilitated a group. The person has been able to support other LD students with personal experience and has made it more relevant to users. The group highlighted the social isolation of some members which has led to a follow-up 'Buddy Group'. This group aims to put people in touch with each other in an informal setting.

The introduction of health diaries are patient held and have been useful in developing ownership of health interventions.

The group meets every week at a local venue and looks at different ways of keeping healthy and looking after themselves. This includes:

- Healthy eating
- Exercise
- Keeping clean
- Looking after teeth
- Relaxation
- Going to the doctors
- Health checks

This work has been shortlisted by the Department of Health for the 'good practice project awards'.

Specialist Assessment and Treatment Service- What Good Looks like

The development of a personalised care pathway led to an improvement in the selection of clients for the inpatient service, the delivery of care and their early discharge back into their communities. The service is regularly audited against quality criteria pertaining to each phase of the journey. This means that people with learning disability who have emotional problems or behaviour problems can be treated quickly and safely and discharged back home.

Doctors, nurses, psychologists and therapists work together with people with learning disabilities their families and advocates to improve the quality of a care plan. This makes it easier to know what the problems are and how to treat them. Working with people who provide houses, day services, jobs and leisure so that people with learning disabilities have better lives than before they went into hospital. The implementation of the personalised pathway of care has led to

- Early response to referrals.
- Timely completion of assessment and treatment.
- Reduction in delayed discharge with reduced.
- Reduced lengths of stay.
- Marked reduction of readmissions.
- Improved monitoring of safety standards and risk.



FOCUS ON: Primary Care and Prevention Services

CWPT PC&P services are patient focused services providing high quality and evidence based care by a team of qualified professionals and clinicians; their aim is to maintain health and wellbeing by supporting people to achieve their potential for maximum health and wellness and to manage their long term conditions.

The following details the range of services provided by PC&P;

Planned Care:

- Coventry Musculoskeletal Services
- Community Specialist Dental Services
- Podiatry
- Clinical Assessment Services
 - Dermatology
 - Ophthalmology
 - Gynaecology
 - Diabetes
 - Minor Surgery
 - ENT

Specialist Services:

- Clinical Genetic Service
- Specialist Sexual Health Services
- Specialist HIV Services

Lifestyle Services:

- Smoking Cessation Services
- NHS Health Checks
- Health Trainer Services

Central Booking Services

Improved Access to Psychological Therapies (iAPT) Services

Key Achievements 2012/2013

- Establishment of the first stage of PC&P IPU for HIV Patients
- New CMS pathway improving the patient pathway and decreasing waiting times
- Enhanced Ophthalmology Services
- Implementation of a PC&P Newsletter, website and staff comments/feedback process to ensure we listen to staff views
- Implementation of enhanced Safety and Quality systems and processes
- Enhancement of the centralised contact centre for IAPT clients providing dedicated slots for telephone assessments and reduced waiting times
- Awarded AQP for Podiatry nail surgery and contracts to deliver NHS Health Checks

“I was a heavy smoker and had tried several times to quit, without success. I contacted Coventry’s Stop Smoking Service and stopped smoking five months ago... it really has made a huge difference to my health and finances”.

Quoted by a user of the service.

Case Study

Received via email from a patient in February 2013.

“I wanted to take this opportunity to thank yourself and your Team of receptionists for being caring friendly and courteous. Namely W and J, and on my last visit yourself, I take my health seriously, so it’s nice to know your team are there to take care of us, in a professional and friendly manner, please pass on my sincere thanks.

I would also like to mention Dr HT, who I have seen twice now, she is such a nice lady who is both extremely professional, caring, reassuring, and very calming. It really does make all the difference. If you could pass on my comments to whoever you see fit I would appreciate it.

Everyone at the clinic deserves a mention but I’m afraid i don’t know their names, I just want to thank everyone there for looking after us (the general public)”

Both the Integrated Sexual Health and Lifestyle Services have also had some excellent feedback from patients regarding their access to care through the on-going Integrated Practice Unit work. Below are comments received from one of the patients, and a breakdown of patients who accessed the additional services via the IPU, subsequent to their ISHS appointment, and the type of service received.

“I would like to thank you for your help and support in providing me with on-going HIV care. Also, since November 2012, I am undergoing a 20 week depression counselling course and I have found the underlying cause of my mental health issues”



FOCUS ON: Secondary Care Mental Health Service

Age Independent Secondary Care mental health services provide a wide and diverse range of both community and Inpatient care to patients within the Coventry and Warwickshire communities. Services range from Community Mental Health Teams; Memory Assessment Services; Young Onset Dementia; Assertive Outreach Teams; Early Intervention in Psychosis; Rehabilitation; Day Treatment and Inpatient Wards. A vast range of clinical expertise from a multi professional workforce delivers evidence based interventions to the patients under their care.

Key Achievements 2012/2013

- Continuing development and environmental improvement of the Place of Safety adding an additional room to accommodate two clients at any one time, for assessments under Section 135 and Section 136 across Coventry and Warwickshire
- Development of a new low secure unit bringing and keeping patients who require this service closer to home
- A repatriation service returning people back to local communities when specialist treatment is no longer required. This includes the development of a DVD called 'Coming Home' that demonstrates the positive impact for a service users prospective of returning to their home area.
- Service redesign from age defined service to age independent services overall aim of ensuring that clients can access all services that can meet their needs. This included the development of Locality Managers who offer both management and clinical leadership to all community services within the locality.
- Completion of North Warwickshire resource centre bringing all mental health services in the area on to a single campus.
- Planning developing and agreeing funding for the Arden Mental Health Assessment Team providing robust in-reach to all Acute health providers in Coventry and Warwickshire.
- Rationalisation and reforming of Coventry Community Mental Health Teams including functionalisation and embedding of medical staff into Community Mental Health Teams first step towards Mental Health resource centres as part of the transformation process for all Mental Health Services in Coventry and Warwickshire.
- Successful funding bid for development of a Criminal Justice Service in Coventry. This service is only in Warwickshire at present and this will enable the Trust to look at how we can provide this service in Coventry.
- Involvement of the National Scheme for the Development of the Recovery Model in Rehabilitation Services. There is a plan to ensure that the good practice around recovery is rolled out across community services.
- The reforming and redirection of the Safety and Quality team within secondary mental health care. Processes have been reviewed and revised to ensure compliance and standards are met within this service area.

Case Study

Investment

Secondary Care Mental Health Services are committed to the quality of patient care and are striving to eliminate the use of agency staff. Significant investment in the workforce has created a new team of dedicated staff to address this important issue. This staffing group can be directed to provide support in any inpatient area when staffing above the normal complement is required or at times of reduced staffing thus eliminating the need to use agency. Agency staff are often unfamiliar with the patient group or the internal workings of the wards and quality can be compromised. This new team will have a robust induction and required training to maintain the quality of dedicated compassionate care that meets the organisations objectives of seeking excellence.

Physical Activity

Physical activity is good for your mental health, improves your mood and helps you release tension. Access to physical activity is therefore a vital component for recovery of patients who are in a restricted environment and experiencing a period of acute mental distress. Within the Caludon Centre's Intensive Care Unit (PICU) work has been dedicated to providing green space and activity equipment to facilitate the recovery pathway and turn a barren facility into an extension of the therapeutic milieu

Falls

Falls have a devastating effect on a patient's mental and physical health and increase the length of stay in hospital. Championing the High Impact Actions work, preventing falls continues to be an area of focus within the older adult wards. Working on the improvement of therapeutic functioning and activity to reduce falls via a visual cue system, this has been seen as best practice and commended by the National Institute of Clinical Innovation and the Strategic Health Authority and has been showcased on a national WebEx as part of the Energising for Excellence (E4E) challenge and call to action.



FOCUS ON: Integrated Children's Services

Integrated Children's Services provide a broad range of universal, targeted and specialist community-based health services, delivered by nurses, therapists and doctors. The team works closely with schools and local authority services, including social care, to deliver these services across Coventry.

Key Achievements 2012/13

Children's Speech & Language Therapy

Service: There has been significant service improvement work undertaken in 2012/13, based on the nationally recognised 'Balanced Model'. This is leading to improvements to equitable access and service user prioritisation, with most interventions now delivered in setting (schools and nurseries). A new website has also been introduced, www.coventrychildrensslt.co.uk

CAMHS (Child and Adolescent Mental Health Services) Historically there have been both internal and external concerns about the waiting times to access Specialist CAMHS. At the February 2012 meeting of the Warwickshire Adult Social Care & Health Overview and Scrutiny Committee (HOSC), the service was tasked with improving waiting times in line with the Commissioners' increasingly stretching target waiting times. This has been done. Specialist CAMHS has achieved the Q2, Q3 and Q4 targets in 2012/13 and eradicated all long waiters. Improved service access has been achieved through a combination of service improvement work and significant financial investment in additional clinical and support capacity. The service improvement work is on-going – including care pathway development work, data quality work, centralised booking and clinical triage arrangements. Further work is underway to ensure that 'smarter'

methods of working are employed to make best use of clinical capacity.

Health Visiting: The service is continuing to evolve, with increases in the workforce as part of the national expansion plans. As part of the service development work, a cohort of newly qualified HVs are involved in a 'building community capacity' project addressing safety in the home, in partnership with West Midlands Fire Services and Coventry City Council Children Centres. Health Visitors continue to engage in a restorative supervision programme which has supported their ability to manage the stresses of their jobs. There was a very successful conference celebrating 150 years of Health Visiting, with a number of keynote speakers, including Professor Viv Bennett. The service continues to strengthen its leadership capacity, with a number of HVs participating the Leadership training commissioned by the former Strategic Health Authority.

Children's Occupational Therapy & Physiotherapy: The service has created a joint Occupational Therapy / Physiotherapy pain clinic which is already seeing results in terms of decreased pain experienced and an increase in school attendance due to less pain. Staff in the service have published works - in 'Sensor Net' on developing research skills and in the 'Children, Young People & Families' journal on passports to occupation for children with learning disabilities, health promotion in OT and the role of the cerebellum in dyspraxia.

Case Study 1

Practice Example: Parent Education Sessions

Coventry's OT service provides education sessions for parents/caregivers on Sensory Integration and Sensory Processing Disorders. These sessions are held once a month and parents/caregivers book on to the session via the services website or by their named OT.

The training has been written and is delivered by an Advanced Practitioner in Sensory Integration with 10 years experience in applying this clinical approach to their practice. These sessions last for two hours providing a brief overview of the senses, SI theory, what may be going wrong, specifically focusing on sensory modulation disorders and the behaviours that may be seen. Practical advice including the demonstration of equipment such as weighted blankets, bear hug vests, fidget toys, scooter boards and chewy tubes is also provided.

These sessions have, on average, 15 parents and are very interactive. On occasions young people have attended have attended the sessions to gain an understanding of what may be happening for them and also share their experiences with the other families in attendance. This was deemed an appropriate intervention for these young people in relation to their insight and level of maturity and was at the parents/carers and OT's discretion.

The parents are asked to create their own resource pack at the end of the session based on what they believe are their children's sensory needs with the support from the OT delivering the training. The packs contain explanations of the sensory

systems, difficulties that may occur and the behaviours observed along with advice and activity ideas.

How it helps.

The feedback for these sessions has been 100% positive. Comments have included:

"Thank you for your time; you have helped me to hopefully have a better relationship with my son"

"The session was fantastic, informative and not too overwhelming"

Parents/caregivers can access this support and advice on a monthly basis and also have on going access to programmes and advice sheets as well as the ability to loan sensory equipment prior to purchasing them via the services website. These sessions provide support and an increased awareness of their child's behaviours and the possible underlying difficulties leading to these. Parents are able to share their experiences with other parents and can create a support network if they choose. Parents often have a 'light bulb' moment when it all makes sense to them and often are able to identify their own sensory preferences helping with their understanding of their child's sensory processing.

Due to the sessions being run on a regular basis, the OT service have been able to invite other professionals to attend. These have so far included Social Workers, Teachers for the Visually Impaired, Psychiatric Nurses, Adoption Team Support Workers, Speech and Language Therapists, Teaching Assistants and Specialist Registrars in Paediatrics and GP's.

Case Study 2

CAMHS Experience of Service Questionnaires - feedback

An intensive exercise was undertaken in February 2013 to elicit service user feedback on CAMHS across all 5 bases in Coventry and Warwickshire. 286 questionnaires were filled in and returned. The feedback was as follows:

Questions Asked	Certainly true	Partly true	Total
I feel that people who have seen my child listened to me	80%	18%	98%
It was easy to talk to the people who have seen my child	79%	18%	97%
I was treated well by the people who have seen my child	93%	6%	99%
My views and worries were taken seriously	80%	17%	97%
I feel the people here know how to help with the problem I came for	65%	28%	93%
I have been given enough explanation about the help available here	56%	36%	92%
I feel that the people who have seen my child are working together to help with the problems	74%	20%	94%
The facilities here are comfortable (e.g. waiting area)	86%	12%	98%
The appointments are usually at a convenient time (e.g. don't interfere with work, school)	53%	34%	87%
It is quite easy to get to the place where appointments are	78%	18%	96%
If a friend needed similar help, I would recommend that he or she come here	81%	14%	95%
Overall the help I have received here is good	82%	14%	96%

The feedback from the questionnaire is extremely positive in relation to the service experienced by families. These results compare favourably with feedback from previous surveys and with available information on other services.



FOCUS ON: Community Services Pathway

CWPT Community Services Pathway (CSP) provide services which place the emphasis on care in the patient's home. Providing high quality care, sensitive to individual needs, regardless of age, gender, religion, cultural or ethnic origin, the Community Service enables patients the opportunity to maximize their own potential and improve their quality of life by promoting good health through a programme of prevention and care management as appropriate to meet the needs of the individual. The service minimises the need for hospital admission and where patients are in hospital, the service facilitates a timely, well planned discharge, reducing the length of stay. The following details the range of services provided:

On-going Condition Management:

- District Nursing Services

Long Term Conditions Case Management:

- Community Matrons

Community Rehabilitation

- Community Physiotherapy
- Wheelchair Services
- Adult Speech and Language Community Rehabilitation Team

Specialist Nursing Services

- Tissue Viability
- Continence Service
- Parkinsons Disease

Palliative Care Services:

- Palliative Care Team
- Family Support

Fast Response

Psychological Services

Key Achievements 2012/2013

- Positive review by West Midlands Quality Review Service which highlighted the quality of service provision, care and management of patients with a Long Term Condition.
- The development of integrated community and primary care teams which enables the community teams to work in an integrated manner with GPs and their practice teams to support, coordinate and deliver care to patients and to jointly identify high intensity users of hospital and out of hours services to target additional and appropriate support.
The development of community teams attached to a GP Cluster group, with a named Community Matron and District Nursing Sister for each practice.
- Development of integrated team meetings with primary care regarding caseloads between GPs and community teams to review and plan care of patients
- Development and implementation of Simple Telehealth to encourage and support patients in their self-care and management of their ongoing long term health condition.
- The introduction of a Falls Clinic that provide a specialist physiotherapy service to people who have fallen over or are at risk of falling. The Clinic provides physiotherapy treatment aimed at reducing the risk of falling and increasing physical abilities.
- Implementation of enhanced Safety and Quality systems and processes
- Development of Competency Frameworks for qualified and unqualified staff
- Development and introduction of Advanced Practitioner Roles across nursing and therapy services
- Development of an enhanced core service operating from 8am to 8pm
- Development of a community Discharge Team of Community Matrons and Fast Response Nurses to support the early identification of patients suitable for discharge to community services, and to support the Emergency Admissions Unit to prevent un-necessary hospital admissions.
- Development of availability of enhanced psychological support services to community pathway staff and patients.

Case Study

I first came to that Wound Clinic in March 2009. I had been having dressings done by my practice nurse before in Chester. My legs had healed many times but would break down within 2 weeks. When I moved to Coventry, the doctor suggested I attend Wound Clinic. I was worried as I did not know what to expect but agreed and the GP referred me via the Choose and Book system.

When I first attended the clinic in 2009, I went to the Longford Health Centre. The staff were very nice and what I really appreciated was that I wasn't made to have certain treatments or bandages. It was all discussed and agreed with me. The staff at Wound Clinic were very caring and listened to me. They accepted my reasons for not wanting a certain bandage (4 layers) but also explained the benefits of having tight bandages and also that the second Actico being applied would help me to heal quicker. They explained what venous ulcers are, why they develop and why the wound was not healing which made me realise why I should accept what the nurses were saying. I did not like the four layer bandages and preferred Actico and the nurses reassured me this was ok.

The nurses also told me that to stop my legs breaking down again that it was best to stay in actico bandages until I had been healed for 4 weeks.

My legs healed in January 2013 and I am now wearing hosiery. These are very comfortable and the nurses explained the importance of wearing these each day for life. They gave me lots of information about the hosiery and how to care for them and get hold of them in the future and how to continue cleaning my legs and creaming them daily. I feel very positive about life now. I had a few setbacks in the beginning but now feel I can go on my holidays without worrying about my bandages.

The staff at the clinic also kept an eye on my legs for 3 months after I had healed. I was really glad I agreed to come to wound clinic and was very happy with the care I received



Statements Provided by Commissioning Organisations, Local Intelligence Networks and Health Overview and Scrutiny Committees

Coventry & Rugby Clinical Commissioning Group

Warwickshire LINK/Health Watch

Coventry LINK/ Health Watch

Warwickshire Health Overview and Scrutiny Committee

Coventry Health Overview and Scrutiny Committee

Statement from Independent auditors limited assurance report to the directors of Coventry and Warwickshire Partnership NHS Trust on the Annual Quality Account

How to provide feedback

Thank you for taking the time to read this Quality Account. We hope that you have found it useful and informative and would welcome any feedback or suggestions on how we could improve this further for next year, be it either layout, style or content.

If you would like to make a comment or suggestion then please contact us using any of the methods listed below:-

By Email: enquiries@covwarkpt.nhs.uk

By Letter: Chief Executive
Coventry and Warwickshire Partnership NHS Trust
Wayside House
Wilsons Lane
Coventry
CV6 6NY

Glossary	
Care Quality Commission (CQC)	The CQC is the independent regulator of health and adult social care services in England. It also protects the interest of people whose rights are restricted under the Mental Health Act.
Clinical Audit	Clinical audit is a systematic process for setting and monitoring standards of clinical care. Guidelines set out what best clinical practice should be and audit investigates whether best practice is being carried out and makes recommendations for improvement.
Clinical Coding	Clinical coding is used to translate medical terminology describing a diagnosis and treatment into standard, recognised codes.
Commissioners	Commissioners have responsibility for assessing the needs of their local population and purchasing services to meet these need. They commission services, including acute care, primary care and mental healthcare) for the whole of their local population with a view to improving their health.
Commissioning for Quality and Innovation (CQUIN)	CQUINs are a payment framework that is a compulsory part of the NHS contract. It allows local health communities to develop local schemes to encourage quality improvement and recognise innovation by making a proportion of the organisations income conditional on achieving the locally agreed goals.
Foundation Trust (FT)	A Foundation Trust remains part of the NHS however has greater local accountability and freedom to manage themselves. Staff and members of the public can join their Boards or become members.
Hospital Episode Statistics (HES)	HES is a national data source that contains anonymous details of all admissions to a NHS hospital in England. It also contains anonymous details of all NHS outpatient appointments in England and is used too plan healthcare, support commissioning, clinical audit and governance and national policy development.
Information Governance (IG) Toolkit	The IG toolkit is an online tool that allows organisations to measure their performance against information governance standards. The information governance standards encompass legal requirements, central guidance and best practice in information handling.
Local Involvement Network (LINK)	Each local authority areas has a LINK group which is a network of local people, groups and organisations from the local community who want to make care services better. The aim of the LINK group is to ensure local people have a say in the planning, design, commission and provision of health and social care services.
National Institute of Health and Clinical Excellence (NICE)	NICE provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. It makes recommendations to the NHS on new and existing medicines, treatments and procedures; treating and caring for people with specific diseases and conditions and how to improve people's health and prevent illness and disease.
National Patient Safety Agency (NPSA)	The NPSA leads and contributes to improved safe patient care by information, supporting an influencing the health sector. It manages a national safety reported system and received confidential reports from healthcare staff across England and Wales. These reports are analysed to identify common risks to patients and look at opportunities to improve patient safety.

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