

14 January 2010



Gateway No: 13393

To: Foundation Trust CEs, NHS Acute Trust CEs, NHS Mental Health Trust CEs, NHS Learning Disability Trust CEs, NHS Ambulance Trust CEs, LINK Chairs and members, OSC Chairs and members

CC: SHA CEs, PCT CEs, SHA Medical Directors

Dear Colleague,

QUALITY ACCOUNTS: Roles of Commissioning PCTs, Local Involvement Networks (LINKs) and local authority Overview and Scrutiny Committees (OSCs)

In *High Quality Care for All*, published in June 2008, Ministers set out the Government's vision for putting quality at the heart of everything the NHS does. The report set out that a key component of the new Quality Framework would be a requirement for all providers of NHS services to publish Quality Accounts: annual reports to the public on the quality of health care services they deliver. The aim of Quality Accounts is to improve public accountability and to engage boards in understanding and improving quality in their organisations.

Over the last year, the Department of Health has engaged widely with healthcare providers, commissioners, patient groups and third sector organisations in the development of Quality Accounts and we have recently completed a consultation on our detailed proposals.

One important area that we have considered during this development phase is how to ensure that the information contained in Quality Accounts is accurate (the data used is of a high standard), fair (the interpretation of the information provided is reasonable) and gives a representative and balanced overview.

A key message from our engagement activity was that confidence in the assurance process is key to maximising confidence in the Quality Accounts themselves. Year-round stakeholder engagement during the process of producing a Quality Account was also seen as an important feature to ensure that Quality Accounts are locally meaningful and reflect local priorities.

As a first step, it is intended that providers will have to share their Quality Accounts prior to publication each June with:

- their commissioning PCT (or SHA)^{*}
- the appropriate LINK[†]
- the appropriate local authority OSC[‡]

It is intended that the commissioning PCT or SHA will have a legal obligation to review and comment on a provider's Quality Account, while LINKs and OSCs will be offered the opportunity to comment on a voluntary basis.

This means that commissioning PCTs, LINKs and OSCs will have important roles in the development of Quality Accounts and in maximising their success. We are writing to you now, following the successful completion of the Health Act in November which details the primary legislation for Quality Accounts, to give you advance warning of these important roles.

Timescale for introduction

It is intended that the legal duty to publish a Quality Account will be brought into force from April 2010. Providers will then be required to publish their Quality Account in June each year (starting in June 2010), reporting on the quality of their healthcare services for the previous financial year.

It is intended that Regulations will be made to come into force on the same date as the duty to set out the prescribed information, form and content of Quality Accounts as well as any exceptions to the requirement and the checking and publication process. This letter sets out some of the intentions behind the Regulations and should be used only as preliminary guidance allowing providers, commissioners, LINKs and OSCs to prepare for their roles. In order to comply with their legal duties all NHS bodies will need to refer to the final Quality Accounts Regulations and any associated guidance.

It is intended that for the first year the requirement to publish information relating to the quality of services will not apply to primary care services and community healthcare services. Providers that provide other services alongside primary care and/ or community healthcare will only need to produce a quality account for those other services. So for example, Mental Health Trusts that provide both acute and community healthcare will only report on the quality of acute healthcare services provided.

Requirements of Commissioning PCT

It is intended that the commissioning PCT (or SHA) for a provider will be required to

* The detail of which PCT (or SHA, for providers solely commissioned by an SHA) a provider should send their Quality Account to will be set out in the Regulations. For instance where all the NHS services that an organisation provides are provided under arrangements with one Primary Care Trust, they will send their Quality Account to that PCT. Or for example if an organisation provides NHS services to a number of PCTs which are all co-ordinated by one co-ordinating PCT, then they will send their Quality Account to that co-ordinating PCT.

This includes collaborative commissioning organisations where the PCT has delegated commissioning responsibility to them.

[†] This will be the LINK or LINKs in the local authority area in which the provider's principal office is located.

[‡] This will be the OSC in the local authority area in which the provider's principal office is located.

corroborate a provider's Quality Account by confirming in a statement, to be included in a provider's Quality Account whether or not they consider the document contains accurate information in relation to the services provided to it by the provider. In addition they would have to include in the statement any other information they consider relevant to the quality of NHS services provided by the provider for the year reported on.

Coordinating commissioning PCTs will be advised to check the accuracy of data provided in the Quality Account against any data they have been supplied with during the year and reviewed as part of a provider's contractual obligations. PCTs will not be expected to check data that a provider has included in their Quality Account that are not part of existing contract/performance monitoring discussions. The corroborative opinion that the PCT offers will be published in the Quality Account, and will cover issues that the PCT is in a position to comment on. It is not therefore a signing-off of the Quality Account - that remains the responsibility of the provider.

PCTs may wish to seek guidance from their SHA Quality Observatory on the interpretation of data published in providers' Quality Accounts.

Voluntary Role of Local Involvement Networks (LINKs) and local authority Overview and Scrutiny Committees (OSCs)

It is intended that providers will have to give both the appropriate LINK and OSC the opportunity, on a voluntary basis, to review and supply a statement, for inclusion in a provider's Quality Account. We would expect this statement to indicate whether they believe, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided and will be issuing guidance accordingly. Depending on local arrangements, an OSC may wish to leave this role entirely to the LINK (or vice versa) and this should be agreed between the two organisations.

Further advice on these roles is provided in Annex 1. We appreciate that for the first year of Quality Accounts those providing assurance over Quality Account will not have had the full financial year to work with providers in the Quality Accounts development process and that developing these new roles will be a challenge.

The Department is keen to learn from the first year of Quality Accounts and will seek feedback on the experiences of all involved to continuously improve the process year on year.

The intended requirements to be placed on PCTs and the roles envisaged for LINKs and OSCs, will form important elements of an assurance package for Quality Accounts that can be built on over time. Another element of the proposed assurance package is the self-certification from a senior employee of each provider that they are accountable for the content of the Quality Account. The National Quality Board (NQB) is currently reviewing possible additional levels of assurance and we will write to you about these at a future date.

Yours sincerely,

A handwritten signature in black ink that reads "Bruce Keogh". The signature is written in a cursive style and is underlined with a single horizontal line.

Professor Sir Bruce Keogh, NHS Medical Director, Department of Health

Queries and additional information

Any queries about the Department's work on Quality Accounts should be addressed to:-

Neil Townley
NHS Medical Directorate
5th Floor Skipton House
80 London Road
London SE1 6LH
Tel: 0207 972 5209
Email: QualityAccounts@dh.gsi.gov.uk

Annex 1 – Further information on the intended assurance roles and requirements of providers, commissioning PCTs, LINKs and OSCs.

Providers producing Quality Accounts

It is proposed that providers will be required to send a copy of their Quality Account to:

- their commissioning PCT
- the appropriate LINK(s)
- the appropriate local authority OSC

and to include statements supplied by the above stakeholders in their published Quality Account provided certain conditions are met, for example in relation to the length and content of such statements.

DH guidance will advise that in order for this process to run smoothly, providers should share their proposed content and the data that they plan to use at an early, separate, stage with commissioners, LINKs and OSCs and ideally this should be part of year-round ongoing discussions.

Early discussions and the sharing of drafts will allow stakeholders to raise any initial concerns with a provider's Quality Accounts. It will allow PCTs to prepare for their role in the assurance process of checking data accuracy (where data is available to them) and that the Quality Account fairly represents and interprets this data. The provision of contextual and background information will assist stakeholders in their consideration of the information provided in a Quality Account will also help LINKs and OSCs prepare for their roles.

It is intended that if providers do not receive a statement from their commissioner prior to publication, then they should publish their Quality Account without it in order to meet the deadline for publication.

Commissioning PCTs

It is proposed that PCTs will be directed (under the National Health Service Act 2006) to:

- confirm in a statement, to be included in a provider's Quality Account, whether or not they consider the document contains accurate information in relation to services provided to it and set out any other information they consider relevant to the quality of NHS services provided;
- take reasonable steps to check the accuracy of data provided in the Quality Account against any data they have been supplied with during the year (eg. as part of a provider's contractual obligations).

Any narrative provided should be published verbatim as part of a provider's Quality Account.

Providers should give PCTs at least 30 working days to prepare their comments on the Quality Account and send back to the provider, prior to publication. The statement should also be written (and published by the provider) if the PCT is of the view that the Quality Account is not representative and highlight any areas of concern.

DH guidance will advise that providers and commissioners discuss at an early stage, the providers proposed content of their Quality Account to ensure that it includes areas that have been identified as being local priorities.

Providers will determine the content of their Quality Accounts, including the use of indicators to describe the quality of their healthcare services. This means that a provider's Quality Account may contain content in addition to that used for performance monitoring. PCTs will not be expected to check the accuracy of any data that a provider has included in their Quality Account that are not part of existing contract/performance monitoring discussions.

PCTs may wish to seek guidance from their SHA Quality Observatory in the interpretation of data published in providers' Quality Accounts.

Before providing a statement on a provider's Quality Account, PCTs may wish to consult with other PCTs, regional specialised commissioning groups or acute commissioning hubs where substantial activity (for instance specialised services) is provided to patients outside their area.

Local Involvement Networks (LINKs)

It is proposed that providers will be required to send a draft of their Quality Account, to the appropriate LINK(s) and to include any statement supplied in their published Quality Account.

LINKs will be invited on a voluntary basis to:

- comment on a provider's Quality Account

LINKs might like to comment on the following areas:

- whether the Quality Account is representative
- whether it gives a comprehensive coverage of the provider's services
- whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts.

Any narrative provided should be published verbatim as part of a provider's Quality Account.

We recommend that LINKs should let the provider know if they do not intend to provide a statement.

Providers should give LINKs at least 30 working days to prepare their comments on the Quality Account and send back to the provider, prior to publication. The statement should also be written (and published by the provider) if the LINK is of the view that the Quality Account is not representative and highlight any areas of concern.

DH guidance will advise that providers and LINKs discuss at an early stage, the provider's proposed content of their Quality Account to ensure that the report covers areas of importance to the local community. To ensure that the local relevance of the Quality Account is maintained, a year-round dialogue between LINKs and providers is envisaged.

Before providing a statement on a provider's Quality Account, LINKs may wish to consult with other LINKs where substantial activity, for instance specialised services, is provided to patients outside their area.

Overview and Scrutiny Committees (OSCs)

Providers will be required through Regulations to send a draft of their Quality Account, to the appropriate OSC and to include any statement supplied in their published Quality Account.

OSCs will be invited on a voluntary basis to:

- comment on a provider's Quality Account

OSCs might like to comment on the following areas:

- whether the Quality Account is representative
- whether it gives a comprehensive coverage of the provider's services
- whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts.

Any narrative provided (maximum 500 words) should be published verbatim as part of a provider's Quality Account.

We recommend that OSCs should let the provider know if they do not intend to provide a statement.

Providers should give OSCs at least 30 working days to prepare their comments on the Quality Account and send back to the provider, prior to publication. The statement should also be written if the OSC is of the view that the Quality Account is not representative and highlight any areas of concern.

DH guidance will advise that providers and OSCs discuss at an early stage, the providers proposed content of their Quality Account to ensure that the report covers areas of importance to the local community. To ensure that the local relevance of the

Quality Account is maintained, a year-round dialogue between OSCs and providers is envisaged.

LINKs and OSCs are invited to comment on a provider's Quality Account on a voluntary basis. Depending on local arrangements, an OSC may wish to leave this role entirely to the LINK (or vice versa) and this should be agreed between the two organisations.

Before providing a statement on a provider's Quality Account, OSCs may wish to consult with other OSCs where substantial activity, for instance specialised services, is provided to patients outside their area.

Role of LINKs and OSCs in providing information to CQC

It is recognised that LINKs and OSCs already have an important role in providing information about a provider to CQC. This information was previously provided to the Health Care Commission in the form of an annual health check. LINKs and OSCs can now share information with CQC about NHS providers at any time during the year. This information will be used to inform the new system of registration, ongoing monitoring of providers and future quality assessments of their services. CQC will take into account statements made by a LINK/OSC as part of their review of the provider.

DRAFT

Better Together
Quality Account
2009/10

DRAFT

Version 3

1.0 Contents

TBC

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2.0 Summary

What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS healthcare services which outline the quality of services they provide. You (the public) can use this Quality Account by Dudley and Walsall Mental Health Partnership NHS Trust to understand:

- what we are doing well;
- where we need to make improvements;
- what our priorities for improvement are for the coming year; and
- how we have involved service users, carers, staff and others to determine those priorities

Quality Accounts aim to improve our accountability to you (the public) by providing open, honest and meaningful information on the quality of NHS healthcare services that we provide for the communities of Dudley and Walsall.

These accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of services, explaining both what we are doing are well and where improvement is needed. But, crucially, particularly as the Trust is less than two-years-old, this publication also looks forward and identifies areas we will strive to improve during the coming year, how we will achieve these priorities and how we will then measure them.

3.0 Part 1 – Chief Executive Statement

Welcome to the first Quality Account for Dudley and Walsall Mental Health Partnership NHS Trust. This report covers the financial year from April 2009 to March 2010.

The Trust is wholly and completely committed to improving the quality of mental health services for the population it serves. The Trust was established from the joining of the two respective mental health provider arms of Dudley and Walsall PCTs. One of the key reasons for setting up the Trust was to establish an organisation with a sole and complete focus on mental health services.

During our first year, we have agreed and disseminated vision and values which underpin quality improvement as fundamental in all that we do. The vision of the Trust is to:

'Dudley and Walsall Mental Health Partnership NHS Trust aims to deliver flexible high quality, evidence based services to enable people to achieve recovery.'

The values which have adopted and then discussed and shared with our staff and stakeholders are

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

During this initial year of producing a Quality Account, the Trust is required to report on quality measures relating to our acute service provision. In the following years, we will develop a set of quality indicators which are pertinent to all of our service areas. These will be designed to measure the real impact and success of the services that we deliver – can we truly demonstrate that we are improving our services in respect of patients' experience, safety and effectiveness?

For the reporting period 2009/10, the Trust has been assessed for the first time as a stand alone mental health organisation. We have received a Periodic Review rating for the six months (ending March 2009) of 'fair/fair' – the highest that we could have achieved as a brand new organisation. We have worked hard to improve our performance against national targets, Standards for Better Health and the NHSLA risk management assessment. By the end of the reporting period, we have achieved full compliance against the core Standards for Better Health, compliance with the 'level 1' standards of the NHSLA risk management assessment and have achieved better than average scores against the patient survey responses.

However, we still have a very significant way to go in ensuring that the quality of our services is as high as we would wish. We are committed to demonstrating real improvement against all areas which measure the quality of the evolving services that we provide, and we are at the beginning of this journey. Moreover, we will embed quality improvement as a culture within our organisation – a ‘way of doing things’ – and ensure that it is embedded throughout the Trust from ward to Board. We aspire to become one of the top five mental health Trusts in the country.

This first edition of our quality account sets out a true and accurate narrative of our achievements during the reporting period and identifies our priorities for 2010/11. The contents of this quality account and the approach for future years has been consulted upon and shared with our key partners – service users and carers, staff, Local Authorities and Scrutiny functions.

<<Insert signature>>

Gary Graham
Chief Executive

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4.0 Part 2 – Quality Summary Overview

4.1 Priorities for Improvement

In our Clinical and Social Care Strategy we outlined our vision for the future provision of clinical services and the need for a different way of thinking and providing services during a changing financial climate. We have identified the need to consider new ways to deliver quality care productively and efficiently, embracing new ways of working and new models of service delivery.

As we start to deliver our strategy this year and redesign services, we will be agreeing a set of quality indicators for all services within the trust in consultation with service users, carers, clinical staff and our wider stakeholders. It is important that these are meaningful indicators that will drive up quality and ensure high standards and that they can be used to measure progress over a period of time. We see the quality indicators that we set for 2010/11 as a very early beginning in terms of developing a whole range of quality indicators over the coming years.

The focus for the Quality Accounts this year is around acute services which includes our 3 hospitals and our Crisis Resolution/Home Treatment Teams.

A number of mental health service users and carers from both boroughs attended a Quality Workshop recently, hosted by NHS Dudley. The workshop introduced the concept of Quality Accounts and sought views about what service users and carers thought was important in terms of quality in healthcare. An emerging priority from that event was '**hospital care/patient aftercare/get help when I need it**'. This theme was also reflected in the 2009 Listening to Patients - Acute Inpatient Service User Survey, which provided the following anecdotal comments:

“Give more time to people being discharged and give more consideration to their home.”

“Staff should make sure that patients are definitely ready to go back home so as not to put patients depression in danger of getting worse.”

In determining our key priorities we utilised the experience of the Trust's Service User and Carer Reference Group as well as the views of other stakeholders to reflect a range of views. In selecting the priorities we have also taken into account the evolving landscape of both the national and local pictures.

To ensure the embedding of the Quality Accounts and the engagement of senior management in the quality improvement agenda, they were discussed and agreed at the Trust Board meeting on 28th April 2010

4.2 Our Priorities

Detailed below are the Trust's three priorities for quality improvement during the coming year – 2010/11.

Priority 1

All patients who are on Care Programme Approach (CPA) receive contact within seven days of discharge from hospital.

Description of issue and rationale for prioritising

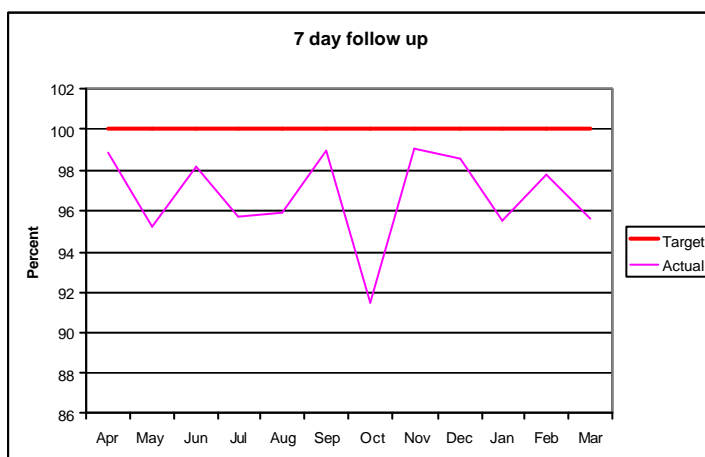
If a person has been so acutely unwell that they have needed a hospital admission then the first few days after discharge are essential to ensure their safety and the effectiveness of their ongoing care package.

Aim/Goal

To improve our seven-day follow-up rate to achieve 100% in 2010/11.

Current status

Performance against this target has been variable during 2009/10 with a dip as low as 91.49% in October and 100% not being achieved in any month of the year.



Identified areas for improvement.

- Consistent provision of seven-day follow-up following discharge
- Management of discharge care pathway.
- Improved patient experience

Current initiatives

- Quarterly performance monitoring systems in place
- Discharge Pathway - provides a direction for staff and patients to follow

New initiatives for 2010/11

- Create early warning flagging system in clinical teams
- Audit of breaches in 09/10 and real time breaches to understand reasons for not achieving this standard and subsequent action plan to follow
- Implementing lessons learnt from audits

- Patient experience survey
- Further consideration of Discharge Pathway through Service Redesign
- Review process for exception reporting

Priority 2

Delayed transfers/discharges of care from hospital will be minimised

Description of issue and rationale for prioritising

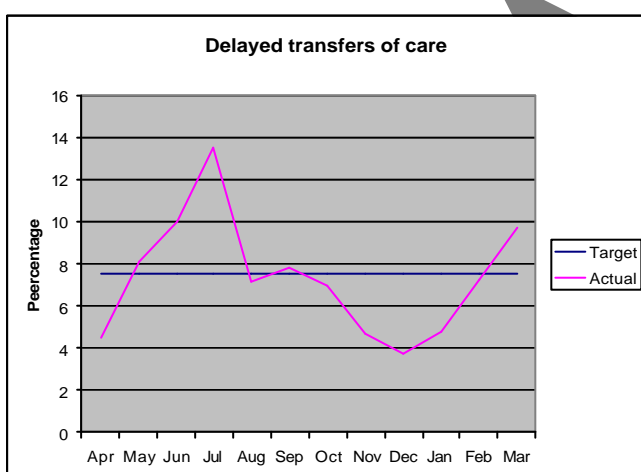
This is a national indicator that is of sufficient concern to the Trust that it is now on our corporate risk register. A reduction in the availability of appropriate care/treatment options in the community has the potential to impact upon our service users in hospital by delaying their discharge. This may, in turn, result in service users not receiving the most appropriate packages of care and lead to re-admission into hospital.

Aim/Goal

To minimise delayed transfers of care

Current status

Whilst overall we have achieved the annual target as it is calculated cumulatively, the graph below highlights the fluctuating position during 2009/10.



Identified areas of improvement

- Management of pathways with other placement providers
- Availability of information to clinical teams and trust board
- Robust and consistent method of reporting delays
- Improved communication with Local Authorities

Current initiatives in 2009/10

- Ensuring robust systems are in place across the Trust for service users entering and returning from external placements.
- Monthly monitoring of all placements
- Delayed transfer of care reports available on monthly basis to clinical teams and trust board

- Monitoring of re-admissions within 28 days

New initiatives to be implemented in 2010/11

- Audit of systems monitoring service users entering and returning from external placements.
- Audit of all external placements to ascertain complete picture and assess trust ability to provide placements locally
- Every service user in placement to have regular reviews to enable step down at earliest opportunity in line with CPA
- Review all high-cost placements across Trust
- Review of rehabilitation service

Priority 3

All admissions to acute inpatient services will have had access to crisis resolution/home treatment teams

Description of issue and rationalisation for prioritising

The Trust has Crisis Resolution/Home Treatment teams in both boroughs whose role is to offer an urgent response to somebody in crisis and, if appropriate, to offer home treatment as an alternative to hospital admission. As well as facilitating early discharge from hospital the teams also gate keep inpatient beds which ensures everybody who potentially needs admission has the opportunity of home treatment. Although the Trust has improved performance this year to ensure 100% of acute admissions are via the team, there is still progress to be made to develop and up skill the teams to ensure a range of appropriate care and treatment options are available to all service users.

Aim/Goal

To ensure all acute service users who might require hospital admission have access to the crisis resolution/home treatment teams, are offered an appropriate range of care/treatment options and, if admitted, have the opportunity of an early discharge

Current status

Crisis home treatment teams are now gate keeping all admissions to inpatient beds,

Current initiatives in 2009/10

- Up-skilling of team
- Service redesign for the Walsall areas

New initiatives to be implemented in 2010/11

- Reviewing out of hours pathways
- Reviewing interface with A&E and Psychiatric liaison
- Reviewing referral criteria
- Reviewing Section 136 (Place of Safety) requirements

4.3 How will we review and monitor these priorities?

Quality Accounts will be monitored through the Trust's Governance and Performance processes. This includes regular reports to the Integrated Governance Committee (IGC) the Finance and Performance Committee (FPC). These priorities will also be an integral part of the Trust's Quality Improvement Plan for the coming year.

To ensure ownership of the Quality Accounts up and down the organisation local service teams will receive regular monitoring reports on their performance.

In order to provide additional assurance and top-level ownership of Quality Accounts, the Trust Board will receive quarterly reports on performance. The Trust's Service User and Carer Reference Group will also be provided with a breakdown of performance at the same frequency to enhance our open and honest approach to Quality Accounts.

4.4 How are we developing quality improvement capacity and capability to deliver these priorities?

4.4.1 Leadership Development Centres (LDCs)

As a part of assessing and strengthening its approach to quality, the Trust will be developing a Quality Strategy which includes a Quality Framework for 2010/11. This will ensure quality remains at the heart of everything that we do. If we are to truly improve quality then it cannot be seen as something 'separate' or an 'add on', it must be at the core of service delivery with commitment at all levels within the organisation.

The Board is confident that there is a plan in place to deliver the priorities and that quality is embedded within the its assurance processes.

Significant investment has been made in the Trust's Leadership Development Centres (LDCs) for all senior and middle managers to ensure that the NHS leaders are skilled to deliver quality in the future. Focussing on Adair's 'Action Centred Leadership' model, the LDCs commenced in spring 2010. The programme has been designed to develop awareness of individuals' strengths and future development requirements which will inform the Trust's approach to training and development.

In addition, the NHS Constitution sets out four pledges to staff which would underpin the suggested areas for inclusion in the Quality Accounts. The NHS Constitution has been communicated from top to bottom within the Trust and we are committed to embedding these pledges within our leadership values. They are:

- The NHS commits to provide all staff with clear roles and responsibilities
- Personal development
- Support & opportunities
- Engage staff in decisions

4.4.2 Staff Survey Feedback and Action

The Trust received its top line results from the National Staff Survey earlier this year. Thanks to the 60 per cent response rate, the Trust management team has a real

depth of data which will allow them to take action to address any concerns and target areas of development.

The management team is committed to using the data from this survey to improve the skills of staff and enhance team relationships to ensure that the workforce is equipped to deliver and drive forward the quality agenda.

4.5 Statement of Assurance from the Trust Board

Dudley and Walsall Mental Health Partnership NHS Trust's Board is wholly and completely committed to improving the quality of mental health services for the population it serves.

The following statements from the Board relate strongly to the drive for quality improvement and information that is relevant to the quality of services provided during 2009/10.

The statements aim to provide assurance that the Trust is

- Performing to essential standards (e.g. CQC registration) as well as above and beyond to provide high quality care
- Measuring our clinical processes and performance (e.g. national clinical audits)
- Involved in national cross-cutting projects & initiatives aimed at improving quality e.g. recruitment to clinical trials or establishing quality improvement & innovation goals with commissioner using CQUIN payment framework

4.6 Review of Services

During 2009/10 the Dudley and Walsall Mental Health Partnership NHS Trust provided 22 NHS Services. Of these services, five relate to acute care, namely:

- Older Adult wards
- Adult wards
- Crisis resolution/ home treatment
- ECT

The Trust has reviewed all the data available to them on the quality of care in all four of these Acute NHS services in line with the requirements of this Quality Account.

The income generated by these services represents 38% percent of the total income generated from the provision of NHS services by the Trust for 2009/10.

4.7 Clinical Audit

4.7.1 Participation in National Clinical Audits and National Confidential Enquires – 2009/10

During 2009/10, two National Clinical Audits, one National Clinical Audit Pilot and one National Confidential Enquiry covered NHS services that Dudley and Walsall Mental Health partnership NHS Trust provides.

As a new Trust in its infancy, it was decided that the clinical audit focus for 2009/10 would be to complete the baseline audits set by NICE guidelines (see below) in addition to full participation in the only National Confidential Enquiry it was eligible for – the National Confidential Enquiry into Suicide and Homicide by People with Mental Health Illness. This meant we did not take part in the three National Clinical Audits however; we will be including these within our 2010/11 work plan. Local clinical audits set by NICE guidelines and carried out by the Trust were:

Title	Description of audit activity	Where the results of this audit would have been reported
Infection control (internal) Link worker observational audits	Monthly observational audit of Infection prevention and control practice concerning hand hygiene, PPE and sharps	Infection Control Committee Integrated Governance Committee
Infection control (internal) Mattress audit	Audit examining the standards of mattresses within in-patient settings	Infection Control Committee
Infection control (external)	Analysis of Annual Infection Control audits undertaken by the Infection Prevention and Control teams within NHS Dudley and NHS Walsall	Infection Control Committee
Record keeping	Clinical record keeping audit undertaken across all clinical teams to identify standards of documentation and records management.	
Communication	Audit undertaken by Communication Department examining methods and processes of communication within the Trust	
Mental Capacity Act	Audit undertaken by MHA Committee members examining local conformance under the act	Mental Health Act Monitoring Group
Observation audit (Dorothy Pattison Hospital)	Audit completed within in-patient service examining local practice against agreed policy for Observation and Engagement	Embedding Lessons Integrated Governance Committee
Prescribing practice in patients increased risk of deliberate self harm	Audit undertaken to determine whether local prescribing was in-line with identified best practice for reducing risks to clients with a known increased risk of deliberate self harm	Suicide Prevention and Audit Group
Metabolic syndrome audit	Audit examining local practice of screening for Metabolic syndrome in clients prescribed antipsychotics	Reported through Medical Peer Group
Attempted and suicidal	Audit examining response to	Suicide Prevention and Audit

ideation and attempts within A&E settings	suicide attempts within A&E settings (Manor Hospital)	Group
Service user information audit	Audit undertaken reviewing the range of service user information currently available within the Trust	

4.7.2 Participation in National Clinical Audits and National Confidential Enquires – 2010/2011

The national clinical audits and national confidential enquiries that Dudley and Walsall Mental Health Partnership NHS Trust is eligible and aims to participate in during 2010/2011 are as follows:

National Clinical Audits - 2010/2011

Title	Activity	Data collection	Project funded and managed by	Main Contractors
National audit of Falls and Bone health in Older People (2008-2011)	Organisational audit	Sept-Oct 2010	Healthcare Quality Improvement Partnership (HQIP)	Royal College of Physicians (RCP), London
	Clinical audit	Oct-Dec 2010		
National Audit of Psychological Therapies for Anxiety and Depression	Organisational audit	May-Dec 2010	Healthcare Quality Improvement Partnership (HQIP)	Royal College of Psychiatrists
	Therapists questionnaire			
	Clinical audit			
	Service user survey			
National Audit of treatment resistant schizophrenia	To be Confirmed	May – June 2011	Healthcare Quality Improvement Partnership (HQIP)	Royal College of Psychiatrists

National Confidential Enquiries - 2010/2011

Title	Activity	Data collection	Project funded and managed by	Main Contractors
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	National enquiry programme	On-going	Healthcare Quality Improvement Partnership (HQIP)	Royal College of Physicians (RCP), London

4.8 Research

The number of patients receiving NHS services provided by the Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 21.

The Trust has a commitment to working in partnership with the Birmingham and Black Country Clinical Research Network to promote research activity and research governance among our workforce.

The number of patients receiving NHS services provided or sub-contracted by the Trust for the period 1st April 2009 to 31st March 2010 that were recruited during that period to participate in research approved by a research ethics committee was 21.

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

In addition, the Trust was involved in conducting 6 clinical research studies. Four of these studies were completed as designed within the agreed time and to the agreed recruitment target. Two studies are ongoing and still recruiting.

The Trust also used national systems to manage the studies, in proportion to risk. Of the six studies given permission to start – five (83.3%) were given permission by an authorised person less than 30 days from receipt of a valid complete application, six (100%) of the studies were established and managed under national model agreements and two of the six eligible research involved used a Research Passport. In the period 1st April 2009 to March 31st 2010 the National Institute for Health Research (NIHR) supported all of these studies through its research networks.

Since the formation of Dudley and Walsall Mental Health Partnership Trust in October 2008, the Trust has not published any research related publications, however there have been several papers published by researchers that have included data from Dudley and Walsall Mental Health Partnership Trust which is helping to improve patient outcomes and experience across the NHS.

4.9 Goals agreed with commissioners

4.9.1 Use of the CQUIN payment framework

A proportion of DWMHPT income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the Trust and commissioning PCTs

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from [contact to be added](#).

4.9.2 Commitment to improving quality across the whole NHS in Dudley and Walsall

Use of the CQUIN framework indicates that the Trust is actively engaged in quality improvements with our commissioners, so of which impact beyond the boundaries of

the services provided by the Trust (eg Patient Experience) and helps to improve pathways across the entire health economies of Dudley and Walsall.

4.10 What others say about us

Statements from the CQC

The Trust is required to register with the Care Quality Commission and its current registration status is 'registered without conditions'.

The Care Quality Commission has not taken enforcement action against DWMHPT during 2009/10.

We are subject to periodic reviews by the Care Quality Commission and the last review which the Trust has received results for was for 6 months ending March 2009. The CQC assessment of the DWMHPT following that review was

- Quality of Services Fair
- Use of resources Fair

This is the highest that we could have achieved as a brand new organisation.

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

4.11 Data quality

The Trust submitted records during 2009/10 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was

- 94% for admitted patient care
- 99.6% for out patient care

Which included the patient's valid General Medical Practice Code was:

- 99.7% for admitted patient care
- 100% for out patient care

The Trust's score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 55%. The Trust has a remedial action plan in place to further improve Information Quality and Records Management for 2010/11, which is monitored by the IGC.

The Trust was not subject to the Payment by Results clinical coding audit during 2009/10 by the Audit Commission.

5.0 Part 3 – Review of quality performance

Review of quality performance

This section provides information related to the quality of our services. The data relates to organisational data and also specific data about the Trust's acute service.

We have chosen data that is both relevant to acute mental health services and also reflects 3 domains of quality:

- **Effectiveness**
- **Safety**
- **Patient Experience**

Below are examples of projects/schemes that the Trust has undertaken to assist in achieving these key domains. These schemes have enabled the Trust to build foundations from which it can develop quality over future years.

5.1 Effectiveness

5.1.1 AIMS Accreditation

AIMs Accreditation is a voluntary national improvement and development programme published by the Royal College of Psychiatrists to raise the standards of acute inpatient mental health wards.

Accreditation is awarded in recognition of high standards based around the wards' ability to demonstrate compliance against the published standards.

The standards cover five domains:

- General standards
- Timely and purposeful admission
- Safety
- Environment and facilities
- Therapies and activities

The standards are aspirational and support the process of continuous quality improvement. Currently, the Trust is a member of three AIMS programmes and has achieved accreditation for:

Hospital	Name of ward	Type of Accreditation	Level of Accreditation
Bushey Fields	Wrekin Ward	Assessment/ triage	Accredited

Bushey Fields	Kinver ward	Acute working age adults	Accredited
Bushey Fields	Clent Ward	Aims working age adults	Accredited
Dorothy Pattison Hospital	Ambleside Ward	Acute working age adults	Accredited
Dorothy Pattison Hospital	Langdale Ward	Acute working age adults	Accredited
Bushey Fields	Malvern Ward	Older persons	Accredited
Bloxwich Hospital	Cedars ward	Older persons	Accredited with excellence
Bloxwich Hospital	Linden Ward	Older Adults	Accredited with excellence
Dorothy Pattison Hospital	ECT department	ECT	Accredited with excellence
Bushey Fields Hospital	ECT department	ECT	Accredited with excellence

In total, eight out of nine, eligible wards have received AIMS accreditation. The final ward has a quality improvement plan in place and is aspiring towards accreditation in the near future.

5.1.2 NICE audits 2009/2010

During 2009/2010 the Trust conducted baseline audits in respect to all published NICE Clinical Guideline and Technology Appraisals relevant to Mental Health services. This huge undertaking was acknowledged by the NICE field team as “good practice”. The audits included:

Document type	NICE Ref. No	Guidance Title
Clinical Guideline	CG 45	Antenatal and postnatal mental health
Clinical Guideline	CG 77	Antisocial Personality Disorder
Clinical Guideline	CG 22	Anxiety
Clinical Guideline	CG 72	ADHD
Clinical Guideline	CG 38	Bipolar Disorder
Clinical Guideline	CG 78	Borderline Personality Disorder
Clinical Guideline	CG 42	Dementia
Clinical Guideline	CG 23	Depression
Clinical Guideline	CG 28	Depression in children and young people
Clinical Guideline	CG 52	Drug Misuse: Opioid Detoxification
Clinical Guideline	CG 51	Drug Misuse Psychosocial interventions
Clinical Guideline	CG 9	Eating Disorders
Clinical Guideline	CG76	Medicines Adherence
Clinical Guideline	CG 31	Obsessive Compulsive Disorder
Clinical Guideline	CG 26	Post Traumatic Stress Disorder
Clinical Guideline	CG 82	Schizophrenia (& Atypical)

Clinical Guideline	CG 16	Self-Harm
Clinical Guideline	CG 25	Violence
Technology Appraisal	TA 111	Alzheimer's Disease
Technology Appraisal	TA 114	Drug Misuse – Methadone and Buprenorphine
Technology Appraisal	TA 115	Drug Misuse Naltrexone
Technology Appraisal	TA 59	ECT
Technology Appraisal	TA 77	Insomnia
Technology Appraisal	TA 97	Computerised CBT
Technology Appraisal	TA 136	Structural Neuro-imaging in First Episode Psychosis

The NICE Implementation Group is chaired by the Medical Director and meets on a monthly basis to discuss the assessment, implementation and monitoring of NICE guidance within the Trust.

The NICE Implementation Group meetings are attended with members drawn from: Nursing, Medical, Finance, Governance, Audit, General Managers, service user and carer representatives

The role of the NICE Implementation Group is to ensure:

- Compliance with national standards in respect to the delivery and monitoring of NICE guidance
- Effective audit and monitoring arrangements are in place for NICE guidance.
- Effective forward planning and appropriate financial arrangements are in place

In order to achieve these aims, the NICE Implementation Group has allocated a Named Lead for each piece of NICE guidance relevant to the Trust. During 2009/2010 the nominated NICE Named Leads have worked, in consultation with the Governance Department, to undertake a robust baseline audits in respect to all published Clinical Guidelines and Technology Appraisals.

This work has enabled the Trust to have a clear vision of the future workplan in respect to NICE guidance whilst also serving to promote staff awareness of published Clinical Guidelines and Technology Appraisals.

In addition, a number of other pieces of work have taken place in respect of this area. They include:

- Development of a NICE database within the Governance Department for tracking organisational response to NICE guidance documents
- Launch of a NICE Guidance website on the Trust Intranet

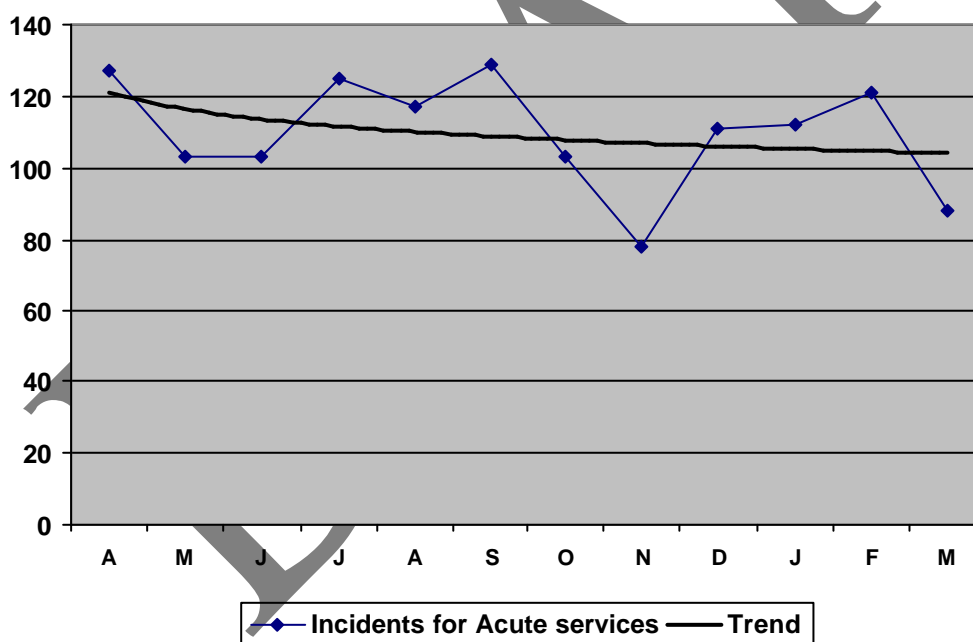
- Ratification of a Trust policy concerning the assessment, implementation and monitoring of NICE guidance

5.2 Safety

5.2.1 Incident Reporting

Based on the Seven Steps to Patient Safety put forward by the guidance from the National Patient Safety Agency (NPSA), the Trust has been building a safety culture that promotes the reporting of incidents.

Staff are actively encouraged to report incidents and this message has been communicated repeatedly by the Chief Executive and Executive Team. This reporting culture was emphasised at the Trust's recent Better Together, Our Future events presented by the Chief Executive. The Trust is striving to increase incident reporting and also undertake benchmarking work against other organisations. Data on incident reporting in acute settings can be seen below:



5.2.2 Promoting a responsive learning culture

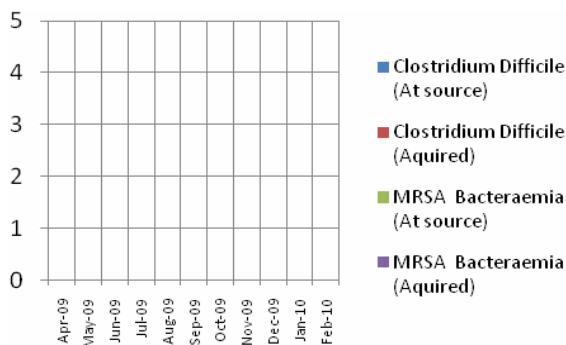
The Trust recognises the value and importance of ensuring all lessons from incidents are embedded within the organisation. To this end, the Trust created an Embedding Lessons Group in 2008, which aims to implement lessons learnt from patient safety incidents. The group is led by the Director of Nursing and Operations and provides assurance that quality improvements are being made as a result of incident learning.

Improvements have been prioritised into a 'Top 5' quality improvement programme, which is monitored by the Trust's Integrated Governance Committee. Currently the top 5 areas for improvements are:

- Policies and procedures
- Record keeping
- Risk management
- Care coordination
- Communication

In March 2010, the Trust launched a new bulletin entitled Mind the GAP. This bulletin has been specifically designed as a simple method of communicating across the service in respect to key learning from such areas as: incidents, complaints, claims, best practice projects, audit and research. The format of Mind the GAP has been specifically designed to provides the reader with bite-sized information which can be easily understood and communicated to others so as promote the embedding of improved practice, wider organisational learning and cultural change when required.

5.2.3 Infection Control



In 2008/09, the Trust had no reportable infection control incidents.

As part of the infection control work programme, the Trust has demonstrated a best practice approach to the development and implementation of Infection Control Link Working within all areas that provide care to communities of Dudley and Walsall. Link Workers, a role given to existing colleagues within the Trust, are ensuring that best practice approaches to infection control are being followed by all areas to ensure consistency and effective working.

The work programme demonstrates effective leadership, partnership working and a clear ownership of best practice in prevention and control of infection.

A toolkit including a local audit tool, a self-assessment of competencies framework and a structured education and development programme has been developed and Infection Control Link Workers are now championing best practice at local level.

All the audit outcomes and the associated learning is now being taken forward with a continuing steer from the Infection Control Link Worker Best Practice Steering Group, which reports to the Infection Control Committee. Prevention and control of infection

is everyone's responsibility and our Link Workers are leading the way for mental health services.

5.3 Patient Experience

5.3.1 National In-patient and Community Service User Surveys

During 2009/10 the Trust received results for the first National In-patient Survey, which took place in 2008/09 - this formed part of Trust's CQUIN scheme. Whilst the Trust performed well against the national picture, there were still areas where the Trust needed to improve performance. Although the National Community Service User Survey had been optional, the Trust also chose to participate in this survey to ensure information about service users' experience of using our services was collated and acted upon.

Comments about our acute inpatient services included:

'Being with other people that understood how you were feeling was a great help.'

'All the staff on the ward were really friendly and helpful.'

'More activities to do at an evening or at weekends.'

During the year we have been repeating both the community and the in-patient survey on a quarterly basis to measure if our action plans have been improving service user experience. Quarter Two results showed no change for in-patients and a slight improvement in community results. We are currently waiting for Quarter Three results and have started the process for the last survey of the year.

While we have participated in the national Community Service User survey for 2009/10 for which we are currently awaiting results, we are also keen to develop local real time feedback. We have therefore invested in Patient Experience Trackers (PETs), which will enable us to develop a programme of surveys across all services the Trust delivers to ensure that we regularly gain service user feedback in a more timely and meaningful way. This will enable us to act upon service user feedback and experience in a timely and appropriate fashion.

The Trust is committed to improving the satisfaction levels of patients and ensuring lessons learnt from patient comments are embedded across the Trust.

The Trust is committed to ensuring that all aspects of service experience is captured within a central area of the Trust and work is ongoing to bring together the various elements to ensure robust and effective monitoring and action of this area.

5.3.2 Compliments and Complaints

The Integrated Governance Committee receives monthly reports on complaints and quarterly updates from Patient Advisory Liaison (PALs)

The Trust recognises the need to accurately capture complaints and PALs data to ensure that lessons learnt from service user experiences can be embedded and positive comments can be promoted within service teams.

The number of complaints and compliments can be seen in the graph below.

Input Complaints and Compliments Graph

5.4 Statements from Local Involvement Networks, Overview and Scrutiny Committees and primary care trusts

To follow.

5.5 Conclusion will be developed following consultation

To follow.

5.6 How to provide feedback on the account

The Trust is really keen to hear your feedback on the Quality Accounts.

Please email listen@dwmh.nhs.uk with your thoughts or call XXXXX XXXXXX.

DRAFT