Mersey Care NHS
NHS Trust

Quality Account

2012/13

Contents

This Quality Account can be made available in a range of languages and formats on request.

This Quality Account is available to download from the NHS Choices website:

http://www.nhs.uk/Pages/HomePage.aspx

or the Mersey Care NHS Trust website:

http://www.merseycare.nhs.uk/

An Executive Summary is also available via the Mersey Care NHS Trust website.

PART ONE

Statement of director's responsibilities

1.1 Introduction and statement on quality by chief executive and chairman

We are delighted to present on behalf of the trust board, the Mersey Care NHS Trust quality account for 2012/13. This provides details of how we have improved the quality of care we provide, particularly in the priority areas we set out in our previous quality account (2011/12). The purpose of our quality account is to:

- enhance our accountability to our service users, carers, the public and other stakeholders of our quality improvement agenda
- enable us to demonstrate what improvement we have made and what we plan to make
- provide information about the quality of our services
- show how we involve and respond to feedback from our service users, carers and others
- ensure we review our services, decide and demonstrate where we are doing well but also where improvement is required.

We continue to make quality the defining principle of the trust and demonstrate quality improvements in the care and services we provide. To assist us in determining our priorities for quality improvement for 2013/14 a range of engagement events were held with staff, service users, carers and key stakeholders. These events have strengthened our approach to providing a high quality experience of care which is both safe and effective. We will remain open and transparent about what we can, and will do, to improve quality and by involving other stakeholders we will find ways to work differently and more productively.

We acknowledge the concern of our stakeholders of the prevailing economic circumstances and will continue to deliver improvements in quality whilst increasing value. This remains the principle objective of the trust. We acknowledge the work of the Mersey Care AQuA group over the past year which involved service users and carers and which stimulated effective consultation and engagement.

None of the improvements described could have been delivered without the commitment of our staff and the involvement of service users and carers in the work that we do. Through collaboration, learning and sharing knowledge and experience we have achieved real improvements in the way we deliver care. A number of these improvements are demonstrated in the results from the national patient and staff surveys. Our improvement is also recognised by the various regulators responsible for assessing the trust's performance against a range of quality measures.

As we move towards becoming a foundation trust we are especially proud of our members' council and the contribution to be made by all who have a stake in helping us improve our quality. We invite you to come and join us as a member of the trust and be part of our campaign to deliver better mental health.

(Please go to https://secure.membra.co.uk/MerseyCareApplicationForm For an application form)

We hope that you find our quality account helpful and informative. The information supporting the content of the quality account is to our knowledge accurate and will be published by the board on 30th June 2013.

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
- 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

.....Date.....Chairman

.....Date.....Chief Executive

1.2 Statement by medical director – executive lead for quality

The trust board has a statutory duty of quality and is responsible for the quality of care delivered across all services that Mersey Care NHS Trust provides. The trust recognises that people come into Mersey Care at times of great distress, anxiety and confusion and for some this involves a restriction of their liberty. Mersey Care aspires to help each person live the fullest life possible, embracing a recovery-focussed approach. The trust works with individuals to understand their experiences, explore the meaning of their difficulties, and help find ways to change or cope better. Positive, collaborative and respectful working relationships are fundamental to these activities.

Mersey Care's quality strategy was approved by the trust board a year ago. This confirmed that quality was the organising principle of the trust's overriding strategy, and it supported the vision for quality which is expressed as:

- valuing the individual
- using a holistic and recovery model
- based upon the human rights principles of fairness, respect, equality, dignity and autonomy
- delivering an excellent experience of care which is both safe and effective.

As the board member leading the development and delivery of the trust's quality strategy and quality account, I have ensured that careful consideration has been taken of the feedback sought during the past year. I have also led a steering group known as Mersey Care AQuA to oversee quality improvements in the priority areas, and details are included in this quality account. This has enabled the trust to develop better understanding of the needs of those who use our services and to provide a high quality service.

I look forward to working with service users, carers, staff and other stakeholders in delivering improvements in quality over the next year.

Dr David Fearnley

Medical Director

Dignity & Autonomy

1.3 Our vision, values, strategy and services

Mersey Care NHS Trust is a specialist provider of adult mental health, substance misuse and learning disability services. We provide services to individuals with acute, severe and enduring mental health, learning disability and substance misuse needs. We are only one of three organisations nationally providing high secure services.

We provide services to three overlapping health and social care economies:

- Liverpool, Sefton and Knowsley (predominantly Kirkby) for local services
- Cheshire and Merseyside for low and medium secure services
- North West of England, Wales and West Midlands for high secure services.

The population and communities we serve are diverse. There are variations in age, ethnicity, social deprivation and health needs.

Our vision is to be recognised as the leading organisation in the provision of mental health, addiction and learning disability care. Quality, recovery and wellbeing will be at the heart of everything that we do. This vision is underpinned by our core values of rights, respect and responsibility.

We aim to realise this vision through the trust's strategic framework, the four key aims being:

- to continuously improve the quality and productivity of our services
- to ensure our services meet people's needs effectively, help people recover, and are financially viable in the future
- to develop partnerships that deliver improvements in quality, enhance recovery and wellbeing for people with mental health needs
- to become a highly effective organisation with empowered service users, fully engaged staff, and good governance.

In July 2009, we introduced a new management and leadership structure, clinical business units (CBUs). CBUs were introduced to strengthen leadership, devolve decision making and strengthen clinical engagement in the management, planning and delivery of services. There are six CBUs and a further grouping of support services under the heading specialist management services (SMS). The six CBUs include:

- High Secure Services CBU
- SaFE Partnerships CBU
- Addiction Services CBU
- Positive Care Partnerships CBU
- Liverpool CBU
- Rebuild CBU.

Each clinical business unit has a clinical director and a service director responsible for clinical and service leadership and management of a delegated budget. A summary of the care services provided by each CBU is contained in appendix 1.

PART TWO

Priorities for improvement 2013/14

2.1 Priorities for improvement 2013/14

In preparation for our quality account for 2012/13 the trust has undertaken a process of involvement and engagement with key stakeholders to establish their views on what our key priorities should be. Representatives from the following groups have been involved and invited to provide views on our priorities and the draft quality account:

- local Involvement Networks (LINKs) for Liverpool, Sefton and Knowsley
- local overview and scrutiny committees
- NHS England (Merseyside) local action team
- Liverpool clinical commissioning group
- Mersey Care NHS Trust members council
- local service user groups
- executive team
- Mersey Care AQuA group
- trust board.

In addition to receiving views from the above, the Mersey Care AQuA group has considered suggestions for quality improvement priorities and has decided that it would be beneficial to have new priorities linked to the three main elements of quality:

- patient safety
- clinical effectiveness
- patient experience.

Lots of ideas and thoughts were shared, not just by staff and the Mersey Care AQuA group, but by service users, the LINKs and other stakeholders and these have all been given due consideration.

After consultation and discussion with the trust board the areas of quality improvement for 2013/14 will be:

- to ensure the people in our care live for longer
- to ensure carers receive the best level of support available
- to provide care that reduces the need for admission to hospital
- to ensure peoples experience of our services is recognised nationally as best in class
- to be the safest mental health provider in the country
- to ensure every individual is treated fairly in our organisation
- to ensure people are able to access care when they need it.

The above priorities are all linked to the trust's strategic framework and ensure the areas of safety, clinical effectiveness and patient experience remain at the top of our agenda.

Linked to the trust's areas of quality improvement for 2013/14 are the local and national CQUINs (the Commissioning for Quality and Innovation payment framework) for local services, which for 2013/14, are listed below.

Local services scheme

National

NHS safety thermometer

Data collection

To collect data on the following three elements of the NHS safety thermometer: pressure ulcers, falls and urinary tract infection in patients with a catheter.

This CQUIN will require monthly surveying of all patients (as defined in the NHS safety thermometer guidance) to collect data on four outcomes (pressure ulcers, falls, urinary tract infection in patients with catheters and venous thromboembolism).

A completed safety thermometer survey for all relevant patients must be included for each month in the relevant quarter's submission to trigger payment.

Improvement goal

A 0.36% reduction in the prevalence of all falls collected through the safety thermometer.

The improvement must be achieved within the first six months and then maintained for the following six months to trigger full payment.

AQUA

Advancing quality

Improvement in the performance of the key measures for dementia.

Advancing quality

Improvement in the performance of the key measures for psychosis.

Local

Collaborative working

The trust will implement a new way of working between primary and secondary mental health care which supports the achievement of better outcomes.

Communication

Transition from paper to electronic communication to improve inpatient communication

- Submission of implementation plan to support the transition from paper to electronic transmissions of discharge letters, discharge notifications, out patient letters, and transfer of care notifications and timely communication of changes to the level of care provided including medication changes.

Inpatient communications

- 95% of discharge summaries to contain the recommended clinical reference group (CRG) minimum data set
- 95% of discharge summaries to be typed and faxed to the patient's GP within 24 hours.

Outpatient communication – clinic letters

- 95% of outpatient letters to contain agreed level of information/data set
- 95% of outpatient letters to be typed and faxed/posted to patient's GP within 10 working days.

Outpatient communications – change in medication / treatment plans

- 95% of changes to be notified to GP via a typed fax within 24 hours.

Transition from CAMHS to adult mental health and learning disability services

- for Alder Hey and Mersey Care to jointly develop and conduct an audit of the transitional mental health pathway and jointly undertake a survey of the needs of a sample of current young people aged 15 – 19 who are on Alder Hey CAMHS and Mersey Care caseload
- to work jointly to further develop the shared transition protocol which includes guidelines and checklist for transition planning arrangements, thresholds for transition, parallel and shared care, review and continuity of care, involvement of young people and carers, discharge planning with primary care, effective communication with all stakeholders
- to jointly disseminate and implement the transition protocol
- jointly review and evaluate, to include recommendations for action 2014/15.

Low and medium secure services scheme

National

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.

Physical health

To improve the physical health and wellbeing of all patients, as an integral part of their overall treatment and rehabilitation plan.

Care programme approach

A baseline audit and development of an action plan to ensure the care plan approach (CPA) process is effective and appropriately identifies unmet need.

Literacy numeracy 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.

Innovative access to and for secure services

Increased utilisation of communications technology.

Clinical dashboard

To embed and demonstrate routine use of specialised services clinical dashboards.

High secure services scheme

National

Optimising pathways

To optimise length of stay in order that service users are not within specialised mental health services for longer or shorter periods than is clinically appropriate.

Optimising pathways (high secure)

To promote a consistent approach to care pathways within high secure care, and to support the collaboration between the three hospitals.

Physical health

To improve the physical health care and wellbeing of patients. To ensure integrated pathway delivery of physical healthcare in high secure hospitals.

Physical health (Ashworth Hospital only)

To improve physical health care through improvements in Body Mass Index (BMI) levels by changing the delivery of meals to a bespoke service to meet individuals' needs and review retail services for patients within the hospital.

Health communities antibullying

Ensure a consistent approach to achieving a healthy community across the three high secure hospitals. Provide a safer environment for both staff and patients. Increase awareness of bullying behaviours and promote clear consistent reporting and effective management of bullying across the hospital.

Pre-qualification CQUIN

National

3 million lives

Set a trajectory for 2013/14 for increasing planned use of telehealth/telecare technologies.

International and commercial activity

Demonstrate that clear plans are in place to exploit the value of commercial intellectual property – either standalone or in collaboration with academic health science network.

Digital first

Establish a 2012/13 baseline and a trajectory for improvement to reduce inappropriate face-to-face contact.

Carers for people with dementia

Demonstrate that plans have been put in place to ensure that for every person who is admitted to hospital where there is a diagnosis of dementia; their carer is sign-posted to relevant advice and receives relevant information to help and support them.

Increase Awareness

2.2 Statements of assurance from the board

2.2.1 Review of services

During 2012/13 Mersey Care NHS Trust provided and / or sub-contracted 53 NHS services.

Mersey Care has reviewed all the data available and 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 Mersey Care NHS Trust for 2012/13.

2.2.2 Participation in national and local clinical audits and national confidential enquiries

The trust has a strategy for clinical audit (based on "Clinical Audit: A Simple Guide for NHS Boards and Partners" (HQIP January 2010) which recognises the importance of incorporating clinical audit throughout the organisation as a systematic tool to address issues which arise about the quality of care which are of strategic importance and how clinical audit can be used to improve the performance of the trust and to meet its strategic objectives.

An annual programme of clinical audit is approved by Quality Assurance committee on behalf of the trust board to ensure its relevance to board strategic interests and concerns. The clinical audit group ensures that results are turned into action plans, implemented and re-audits are scheduled. The Quality Assurance committee has received reports from the chair of the clinical audit group detailing progress of the clinical audit programme in May, July and November 2012 and March 2013.

National clinical audits

During 2012/13 Mersey Care NHS Trust participated in two (100%) national clinical audits which it was eligible to participate in.

1. Prescribing in mental health services (POMH).

2. National clinical audit of psychological therapies (NAPT).

The national clinical audits of schizophrenia and falls and bone health were originally included on the national clinical audit programme; however these were removed in April 2012 as no data collection was scheduled to take place in 2012/13.

National confidential enquiries

During 2011/12 Mersey Care participated in one (100%) national confidential enquiries which it was eligible to participate in.

1. National confidential inquiry (NCI) into suicide and homicide by people with mental illness (NCI/NCISH).

Table 1 details the number of cases submitted to each audit or enquiry for which data collection was completed during 2011/12 as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 1: National clinical audits and national confidential enquiries that Mersey Care NHS Trust was eligible to participate in 2011/12

Title	Number of cases submitted	Percentage of number of registered cases
Prescribing in mental health services: prescribing high-dose and combination antipsychotics: acute/PICU, rehabilitation/ complex needs and forensic psychiatric services.	14 - Acute/PICU 20 - Rehabilitation/ complex needs 270 - Forensic	100%
National clinical audit of psychological therapies.	68	100%
National confidential inquiry (NCI) into suicide and homicide by people with mental illness (NCI/NCISH).	17	100%

National clinical audit reports received

The full report of the national clinical audit of schizophrenia was published in December 2012. The report was shared with clinical leads and a sharing event was facilitated by the governance manager involving a representative from HQIP and consultants involved in the data collection process of the audit; i.e. directly involved in the care of patients included in the audit sample. Plans for improvement using the results of the audit are being led by identified leads.

Local clinical audit

The reports of six local clinical audits were reviewed in 2012/13 by Mersey Care:

Record keeping (IG toolkit)

Record keeping (quality)

Care programme approach

Care programme approach (quality)

NICE CG25: violence

NICE CG16 and CG133: self harm

Resuscitation

Preventing suicide

Record keeping (IG toolkit)

Aim

The aim of the audit was to monitor the standard of record keeping of clinical health records by all specialities.

Achievements

- all records monitored were written in a meaningful and relevant manner; i.e. in plain English
- all records monitored were written as soon as possible after the event.

Lessons learnt

- abbreviations are frequently used in patients' health records.

Future direction

- the health records manager and the governance manager will lead on the development of an approved list of abbreviations allowable for use in patients' health records.

Record keeping (quality)

Aim

The aim of the audit was to complete a study of the quality of record keeping within the patient's electronic health records.

Achievements

- overall, actions to address problems discussed are frequently identified and recorded in the patients' health record
- overall, decisions made around the planned care to address problems are frequently recorded
- Liverpool CBU always record problems and the action and care planned to address those problems, and information is always shared and discussed with patients.

Lessons learnt

- high secure services could improve record keeping in relation to discussions held with patients about their care
- addiction services CBU could improve record keeping in relation to the information they have shared with patients.

Future direction

- the health records committee intend to identify effective methods for improving the quality of record keeping during 2013.

Care programme approach

Aim

The aim of these three individually run audits was to monitor the compliance with the trust policy SD21, policy and procedure for the care pathway approach within the assertive outreach teams, community teams and early intervention teams in Liverpool CBU and Positive Care Partnerships CBU.

Achievements

- a risk assessment, care plan, CPA review documentation and a mental health clustering tool are completed for most patients and stored in the electronic clinical information system.

Future direction

- following on from the success of these audits the CPA sub-audit group developed and led a more quality focussed study of CPA documentation.

Care programme approach (quality)

Aim

The aim of this study was to study the quality of the use of care programme approach, i.e. what happens next, when a significant change occurs.

Lessons learnt

- an intervention or an outcome is not always agreed to deal with an identified need, or these are not always evidenced in the patients' health record
- there appears to be an inconsistency in what happens following the identification of a need of a patient, or at least where this is documented
- the current system can not allow a rationale to be written against an intervention or capture changes in intervention, allowing staff to align interventions to best evidence.

Future direction

- the CPA forum has capability to use the information from the audit and identify appropriate methodologies for improvement in relation to the quality of CPA.

NICE CG25: violence

Aim

The aim was to complete a comprehensive assessment of the use of medications in relation to rapid tranquillisation as referred in NICE clinical guidelines CG25, violence.

Achievements

- overall performance using rapid tranquillisation is satisfactory according to the trust's pharmacy department.

Lessons learnt

- there is an inconsistency in record keeping on the clinical information system in relation to incidents when rapid tranquillisation is used.

Future direction

- the pharmacy department is discussing the development of an improved consistent approach to identifying, describing and recording incidents when rapid tranquillisation is used.

NICE CG16 and CG133: self harm

Aim

The aim of this audit was to monitor compliance with NICE clinical guidance CG16, physical and psychological management and secondary prevention of self harm in primary and secondary care, and NICE clinical guidance CG133, the longer-term management of self harm, focusing on the key priorities for implementation relating to the assessment of a patients needs, risk assessments, care plans, the perspectives of patients, the training and attitudes of staff in relation to self harm.

Achievements

- self harm training is available to all staff with direct patient care in high secure services.

Lessons learnt

- training available in areas apart from high secure services is not specific to self harm and is incorporated in to suicide prevention training
- staff showed a lack of knowledge in relation to NICE recommendations for self harm
- The CPA documentation does not align to NICE recommendations for self harm.

Future direction

- the training department should ensure NICE recommendations for self harm are included in training provided
- the CPA forum should consider all NICE recommendations align to CPA documentation, including pathways.

Resuscitation

Aim

The aim of this audit was to monitor compliance with trust policy HR05, learning and development and trust policy SD07, resuscitation; in relation to resuscitation training and the location of equipment required should an incident occur.

Achievements

- most staff can evidence that they have received basic life support training on an annual basis over the last three years.

Lessons learnt

- almost a quarter of staff involved in the audit were unsure they had received immediate life support training or commented that they had not attended the training, or were not sure of the difference between immediate life support training and basic life support training
- staff showed a lack of knowledge regarding the location of resuscitation equipment and of their first responders.

Future direction

- further analysis around the impact of staff lack of knowledge should be discussed by the trust's patient safety lead, the trust lead for resuscitation and the training department.

Preventing suicide

Aim

The aim of this audit was to monitor compliance with the standards outlined in the preventing suicide, a toolkit for mental health services; focusing on the eight standards outlined in the toolkit.

Achievements

- most patients at risk of suicide are allocated CPA
- protocols are in place to remove ligatures
- training in relation to suicide prevention has been formally approved by Edge Hill University.

Lessons learnt

- patients and carers are not frequently involved in the development of protocols to remove ligatures
- not all staff have received training to search patients and their possessions.

Future direction

- the training programme is frequently reviewed and made available to relevant staff
- the trust has approved a suicide prevention strategy and will continue to implement that over the next year.

Develop High Quality Programmes of Care

2.3 Research and development

The number of patients recruited during 2012/2013 to participate in research, approved by a research ethics committee, was 1649. In addition, 214 staff and 11 carers participated in research studies along with 31 participants from case file/other research projects. In the previous reporting period 2011/2012, a total of 1064 participants took part in research compared to 1905 this year which is a substantial increase. This increase has been significantly achieved through the support of our trust addiction services staff based in HMP Liverpool for one particular study which has achieved high recruitment. Of these 1905 recruits, 1322 were from NIHR adopted portfolio studies. The total number of open studies (including those not yet recruiting, actively recruiting and in write up) increased from 73 last year to 110 in the current reporting period.

The trust has continued to support NIHR adopted portfolio studies and gives priority to supporting these studies whilst also supporting a wide range of student and other projects. Recruitment and promotion of research studies has been bolstered through the recruitment of an additional clinical studies officer, appointed in liaison with the mental health research network, through funding provided from the comprehensive local research network. We also continued to host two members of staff from DeNDRoN, another of the six topic-specific clinical research networks funded by the Department of Health, which has supported our involvement in their network adopted studies and built collaborations to support future working.

The trust has successfully completed the first year of a three year project 'innovate dementia' in collaboration with our UK partners at Liverpool John Moores University. This project uses transnational collaboration across countries in North West Europe to improve dementia care. The project has now been running for 12 months and is funded from the INTERREG IVB programme with 50% matched funding. This strand of INTERREG funding is part of a transnational co-operation programme to address the challenges that go beyond national borders, for which, a satisfactory solution cannot be found at national, regional or local level without co-operation with partners across countries within North West Europe. Our European partners are based in Leuven in Belgium, Krefeld in Germany and Eindhoven in Netherlands.

The project aims to develop high quality programmes of care for people living with dementia and their carers that can be implemented transnationally; obtain best value from innovative approaches to dementia care; enhance partnership arrangements to deliver a better range of services through these partnerships. The other key elements are: collaboration with small and large businesses, voluntary and third sector agencies across the UK; developing service user and carer involvement in the innovation of practical solutions to living with dementia; supporting the consolidation and expansion of the range of services provided, particularly with regards to dementia.

People living with dementia are actively involved in the UK in all aspects of the project and are central in product development, innovation and testing. Their involvement informs and supports the delivery of innovative solutions that increase quality of life and wellbeing. The UK partners also delivered a highly acclaimed transnational symposium in Liverpool involving European colleagues, national and international experts in dementia and people living with dementia.

Participation in this study is providing opportunities to develop collaborations, promote the NHS, to identify areas of good practice and initiatives which may have a positive impact on the services we deliver across the trust and beyond dementia services.

The trust continues to support collaborative research initiatives and applications for external funding with several of our academic partners, with the aim of increasing our involvement in valuable, high quality, service lead, local and national priority research areas. We have been successful in progressing through the initial stages for 2 NIHR and 1 MRC grant aiming to investigate issues which are relevant to the users of our services.

The trust hosted, as part of the ARISE collaborative initiative with the University of Liverpool, a conference to feedback on current and completed research and to encourage service user and carer involvement in future clinical and user led research initiatives.

2.4 2012/13 CQUIN goals

In 2012/13 2.5% of Mersey Care NHS Trust income was conditional on achieving quality improvement goals agreed between the trust and its commissioners, through the commissioning for quality and innovation (CQUIN) payment framework. The trust was assigned three sets of CQUIN indicators for 2012/13, relating to local services, low and medium secure services, and high secure services. As at the end of March 2013, Mersey Care NHS Trust has achieved each set of indicators for both secure services and overall under achieved the set of indicators relating to local services. Table 2 provides a summary of local, low and medium secure and high secure services CQUIN performance for 2012/13.

Table 2: Summary of local, low, medium and high secure services CQUIN performance 2012/13

Local services 2012/13 CQUIN performance (as at month 12) – underachieved overall

Goal/ Description	Performance
1 NHS safety thermometer (national) Improvement in collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and venous thromboembolism (VTE).	Achieved
2 Advancing quality (regional) Compliance and stretch targets in relation to dementia and psychosis. *Forecasted to achieve once full financial year data is available.	Achieved*
3 Patient experience Development of service user experience surveys in selected services and continuation of surveys developed in 2011/12 for selected services.	Achieved
4 Communication Improvement in communication with primary care following discharge from inpatient wards, outpatients and discharge from service.	Under Achieved
5 Access Improvement in liaison for primary care with secondary care services.	Under Achieved
6 Dementia Improvement in support provided to people who are diagnosed with dementia and their carers.	Under Achieved
7 Physical health Improvement in the physical health of people who are prescribed anti-psychotic medication or people with learning disabilities.	Under Achieved

Low and medium secure services 2012/13 CQUIN performance (as at month 12) – achieved overall

Goal/ Description	Performance
1 Clinical dashboards Implementation of the routine use of specialised services clinical dashboards.	Achieved
2 Shared pathway and recovery outcomes Introduction and implementation of a recovery and outcomes based approach to the care pathway.	Achieved
3 The secure pathway Introduction and monitoring of key milestones on the patient pathway in order to make the pathway more efficient and reduce length of stay.	Achieved
4 Secure forensic care pathway feasibility project Implementation of secure forensic care pathway feasibility project.	Achieved

High secure services 2012/13 CQUIN performance (as at month 12) – achieved overall

Goal/ Description	Performance
1 Physical health Development and improvement in physical healthcare and focus on evidence based practice.	Achieved
2 Recovery Evidence collaborative recovery approach through the use of recovery focussed material and utilise patient experience and develop 'recovery led' patients training programme where the concept of expert patient is utilised.	Achieved
3 Healthy communities Implementation and evaluation of health community wards (anti-bullying).	Achieved
4 Productive wards Continue the implementation of the innovative ward practices to release time to care for patients and improve ward practice and productivity in all wards.	Achieved
5 PbR feasibility Implementation of the secure PbR currency feasibility project.	Achieved
6 Patient experience Maintenance and potential reduction of BMI (two further wards in 2012/13).	Achieved

2.5 Care Quality Commission

Mersey Care NHS Trust is required to register with the Care Quality Commission and its current registration status is: 'Registered without any improvement conditions'.

The Care Quality Commission has not taken enforcement action against Mersey Care during 2012/13 and the trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

The registration system of the Care Quality Commission makes sure that people can expect services to meet essential standards of quality and safety that respect their dignity and protect their rights. The system is focused on outcomes and places the views and experiences of people who use services at its centre. The outcomes are grouped into 6 key areas:

- involvement and information
- personalised care, treatment and support
- safeguarding and safety
- suitability of staffing
- quality and management
- suitability of management.

Since October 2010 the trust has received a monthly 'quality risk profile' from the Care Quality Commission. A quality risk profile is a tool that brings together a wide range of information to provide an estimate of the risk of potential non-compliance with the essential standards of quality and safety defined by the Care Quality Commission.

It is dynamic and updated over time as new data becomes available. Our quality risk profile helps the Care Quality Commission make a judgement about our performance and supports the monitoring of quality internally by identifying areas of lower than average performance to enable us to take targeted action where necessary. It is carefully monitored on behalf of the trust board by the quality assurance committee in addition to monitoring of our internal assessment of compliance with the essential standards.

At the end of the reporting period, the quality risk profile indicates that Mersey Care has no high risk areas of non-compliance with the Care Quality Commission essential standards for quality and safety.

The trust was subject to two unannounced Care Quality Commission inspections in 2012/13 as part of an inspection programme. These were undertaken at Stoddart House and Ashworth Hospital and both inspections concluded that the services were meeting all the essential standards of quality and safety that were reviewed and no recommendations were made.

Further information about the Care Quality Commission registration status of Mersey Care can be found at:

http://www.cqc.org.uk/directory/rw4

2.6 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 improve patient care and improve value for money.

Mersey Care will be taking the following actions to improve data quality:

- we will implement all recommendations from internal audit which provide us with assurance of the quality of our data
- we will continue to develop and implement an annual cycle of data quality assurance audits and respond to the findings of those reports appropriately.

Mersey Care submited records during 2012/13 to the secondary uses service for inclusion in the hospital episode statistics. The percentage of records in the latest data are:

— which included the patient's valid NHS number was:

99.8% for admitted patient care

99.9% for outpatient care

— which included the patient's valid general medical practice code was:

100% for admitted patient care

100% for outpatient care.

Information governance

The Mersey Care information governance assessment report overall score for 2012/13 was 75% and was graded 'Green' (satisfactory). This is a significant improvement on 2010/11 (which was 53% and not satisfactory).

Clinical coding error rate

Mersey Care was not subject to the payment by results clinical coding audit during 2012/13 by the Audit Commission.

PART THREE

3.1 Review of quality performance 2012/13

In June 2012, the trust published its third year of quality accounts reporting on the quality of services in 2011/12 against seven areas of priority:

- health of the nation outcome scales
- cost improvement plans
- recovery, health and wellbeing approach
- incidents and complaints
- safeguarding
- membership
- quality development.

Following extensive engagement with key stakeholders, it was decided that following the excellent work that had been undertaken to achieve these targets the following six specific areas would be our key areas of quality improvement for 2012/13:

- improving access to services, especially at times of crisis, and for psychological therapy, by clinical audits of current access and the availability of evidence based interventions
- promote harm free care through the use of the national 'safety thermometer' and continued analysis of incidents and complaints
- develop a quality dashboard for use at individual, team, CBU and board level. This will include the measures for harm free care, patient experience and effectiveness, and gather key quality metrics for wide dissemination and learning
- review progress of care clustering as part of payment by results (PbR) for mental health, focussing on transition between clusters, and care pathways for recovery and co-existing physical health needs
- set up 'Mersey Care AQuA' as a successor to the quality steering group, to help stimulate a quality improvement culture
- quality reviews of cost improvement plans to be held with CBU directors and SMS managers at the extended executive team meetings in 2012/13.

With the commitment and dedication of its staff the trust has made excellent progress in all of these areas.

Key area of improvement one

Improving access to services

Reviews of psychological services have taken place in Positive Care Partnerships and SaFE Partnerships CBUs, and recommending both immediate and longer-term approaches to improvement.

Liverpool CBU has completed a detailed analysis of service user need versus cluster versus workforce capacity to deliver specialist psychological care; and made specific recommendations about future resource development.

A pilot project, supported by strategic health authority bundle money, is currently taking place evaluating the impact of providing 24 psychology self-management programmes across Liverpool and Positive Care Partnerships, co-facilitated by psychology assistants and service users/carers.

Successful business cases/bids were developed for: additional resources for eating disorder services and psychotherapy; to develop and deliver psychological care within a new trauma pathway; and to provide clinical psychology input to probation trusts.

New standards for access to psychological assessments and interventions have also been introduced into High Secure Services CBU.

Key area of improvement two

Promote harm free care

We continue to monitor the number of incidents, complaints and claims under certain categories and facilitate individual exploration with CBUs. The key areas at the moment are slips, trips and falls in Positive Care Partnerships which show a significant increase and larger number than other wards in the trust. A programme of work is being undertaken to reduce these. The number of AWOL incidents is also being targeted for the development of remedial action.

Key area of improvement three

Develop a quality dashboard

The trust board has agreed the quality dashboard based on the aim one of the new strategic framework.

Elements of the quality dashboard eg patient experience are already being reported at the granularity of team level whilst some elements of the quality dashboard will require further data flows to be established.

Presentations have been provided to the last two trust board meetings regarding the quality dashboard and work has taken place with service users and carers, and the clinical senate, to agree the key quality metrics to inform the quality dashboard.

The quality dashboard is scheduled to be presented to the quality assurance committee and the board will be presented with the quality dashboard in May.

Key area of improvement four

Review progress of care clustering

The trust has made excellent progress in the first stage of implementing payment by results for mental health by having 92.69% of relevant service users assigned to a cluster as at 9th April 2013 and by having 68.90% of relevant service users in date in terms of review intervals.

Work is ongoing in terms of development and refinement of care packages along with defining the interventions for each of the cluster care packages. We have a 12 month programme of work in place which is focussing on interventions, outcomes, step up/down protocols (transitions) and also assessments.

Key area of improvement five

Set up Mersey Care AQuA

Mersey Care AQuA established in April 2012 and has met regularly since. Bringing together clinical and non-clinical leaders and service user/ carer representatives the group continues to co-ordinate quality improvement activity across the organisation of the clinical senate.

Key area of improvement six

Quality reviews of cost improvement plans

The medical director and director of nursing and high secure services have undertaken a quality impact assessment of all CIPs. Mersey Internal Audit Agency has also undertaken a review of the CIP process to provide further assurance.

Quality indicators

Mersey Care considers that this data is as described due to the robust governance arrangements in place across the organisation.

A comment has been made against each individual indicator to provide context. Mersey Care is continually taking positive action to address all quality indicators including those listed in the table below, however, as can be seen from the table the performance for the trust is in most cases above the national average.

Mersey Care NHS Trust | England Average

Mandated Indicator		Data Source	2012/13 Numerator	2012/13 Denominator	2012/13 Indicator Value
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre 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.		http://www.england.nhs.uk/statistics/mental-health-community-teams-activity/	1203	1245	96.63%
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre 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.		http://www.england.nhs.uk/statistics/mental-health-community-teams-activity/. (MCT 2011/12 and Q1 to Q3 2012/13; England 2011/12 and 2012/13. Data submitted to Unify2 on 21 June 2013 for Q4 2012/13 Mersey Care.)	1049	1069	98.1%
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.		Local data from Trust Performance Assurance Report March 2012 and March 2013 (latest national data is only available to 2010/11 via the NHS Health and Social Care Information Centre)			4.09%
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre 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.		Key Finding 24 2012 National NHS staff survey (mental health and learning disability trusts) and Key Finding 34 2011 National NHS staff survey (mental health and learning disability trusts)			3.59
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.		NHS Outcomes Framework Indicator 4.7 NHS Health and Social Care Information Centre (2012 and 2011 results)			88.10
The data made available to the National Health Service trust of NHS foundation trust by the Health and Social Care Information Centre 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.	"Number and rate of patient safety incidents reported within the trust during the reporting period.*Bed day denominator based on the HES published figure for the previous financial year."*	NRLS Organisational Data http://www.nrls.npsa.nhs.uk/resources/type/data-reports/	2082	67738	30.74*
		Patient safety incidents recorded locally Oct 2012 to Mar 2013	2559	67738	37.78
		Aggregated NRLS and Local Patient Safety figures Apr 2012 to Mar 2013	4641	135476	34.26
	Number and percentage of patient safety incidents reported within the trust during the reporting period that resulted in severe harm or death.	NRLS Organisational Data http://www.nrls.npsa.nhs.uk/resources/type/data-reports/	7	2082	0.34*
		Patient safety incidents recorded locally Oct 2012 to Mar 2013	12	2559	0.47%
		Aggregated NRLS and Local Patient Safety figures Apr 2012 to Mar 2013	19	4641	0.41%

				2011/12						
	Numerator	Denominator	Indicator Value	Numerator	Denominator	Indicator Value	Numerator	Denominator	Indicator Value	Comments
	64705	66408	97.44%	1158	1179	98.22%	66958	68844	97.26%	Trust performance exceeds the national target requirement of 95%. All "breaches" are investigated by services.
	68726	69996	98.19%	1006	1009	99.70%	70665	72535	27.42%	Trust performance exceeds the national target requirement of 95% and exceeds the national average.
			N/A			3.88%			N/A	Figures supplied relate to patients aged 15 or over only as Trust does not provide services to children. National data not available for the financial years covered by the Quality Account. NHS Benchmarking network benchmarks show that the Trust has a lower than average readmission rate when compared to other mental health trusts (average 10% for working age adults and 5% for older adults).
			3.54			3.54			3.42	Mersey Care NHS Trust staff are more likely to recommend the trust as a provider of care than the national average for mental health and learning disability in both the 2011 and 2012 national NHS staff surveys. Key finding indicator value expressed as a score of between 1 to 5 (5 being most positive).
			86.60			87.90			86.80	Mersey Care NHS Trust scores were better than the England average in both the 2011 and 2012 community mental health service user survey.
			26.02*	4002	136300	29.36			24.78**	"* Figure based on NRLS published data for April to September 2012 **Denominator not available in NRLS figures"
	1747	110338								
			1.58%*	5	4002	0.12%	2236	207708	1.08%	* figure based on NRLS published data for April to September 2012

3.2 Consultation process

The trust consulted in a number of ways in preparing the accounts for publication. In line with its statutory obligations it actively engaged with service users and carers, LINks groups and other stakeholders to obtain their views about the quality of Mersey Care's services and our priorities for the future. This was achieved through a number of planned events that took place throughout the whole of 2012/13.

The trust has regular quality review meetings and performance reporting arrangements established with its commissioners. The data contained within the account had been subject to on-going commissioner scrutiny and has been further reviewed and formally signed off as part of the consultation. The draft account was also shared with the overview and scrutiny committees of the local authorities with an invitation to provide any comments about the accounts for inclusion prior to publication.

Internally, clinical leaders and their teams have been heavily involved in reviewing our priorities and collating the information contained in the report to refine and profile any key issues prior to consideration by the trust board.

Our final quality account has benefited greatly from the feedback given by all of our stakeholders through the consultation process resulting in less 'technical' and more 'user friendly' detail being included in the final document.

Quality Review

3.3 External perspectives on quality of service

Healthwatch Liverpool commentary

Healthwatch Liverpool (scrutiny) welcomes the opportunity to provide a commentary on this quality account, and to be able to build on the work that was done by Liverpool LINk in previous years. As part of the continued engagement with Mersey Care NHS Trust, Healthwatch Liverpool representatives regularly attend meetings at the trust and have always found staff willing to address any questions or concerns raised. This commentary only relates to the issues covered in the quality account.

From the evidence provided in this quality account the trust made progress on some of the priorities set for 2012/13, although it is not always clear from the document what actual impact the measures taken have had, for example on improving access to services.

Healthwatch Liverpool recognises that the trust provides a wide range of services and covers a large geographical area, and that it is impossible to do justice to all of the services in this one quality account document. However, where for example the quality account provides information about lessons learnt from local clinical audits, occasionally more detailed information about how improvements will be made would be welcome.

The glossary provided with the document is very useful.

Whilst overall most commissioning for quality and innovation (CQUIN) targets were met and quality improvements were made in a number of areas, the trust did not meet most of the local services CQUIN targets. Some will continue to be targets for 2013/14.

The trust aims to ensure that service users have a say in how Mersey Care services are being run, not only by gathering patient experience, but also by ensuring service users' and carers' representatives take part in meetings at all levels. It will be interesting to see how this develops as changes in the organisation take effect.

The trust has decided on an ambitious set of priorities for improvement for 2013/14, and we would like to see some measured outcomes in next year's quality account to show where improvements have been made.

Healthwatch Liverpool looks forward to continuing engagement with Mersey Care NHS Trust in 2013/14.

John Roberts
Health and Social Care Ambassador
Healthwatch Liverpool

Healthwatch Sefton commentary

As a new company, Healthwatch Sefton is in the throes of setting itself up. Healthwatch Sefton welcomes the opportunity to work with the trust over the coming years as a critical friend to ensure that local people receive quality services. We have received a copy of the draft quality account from the trust and will use the information within the account to help us in our work over the coming 12 months.

Healthwatch Knowsley commentary

At this point Healthwatch Knowsley is unable to provide a commentary for the Mersey Care quality account, this has been due to the transition and development of Healthwatch. However, we look forward to working with you in the future; we will contact you shortly about further partnership work.

Liverpool Clinical Commissioning Group statement

Liverpool CCG is pleased to provide a statement for inclusion in this quality account. Mersey Care NHS Trust has taken reasonable steps to corroborate the accuracy of data provided within this quality account and consider it contains accurate information in relation to the service provided. Information contained accords with data received throughout the year in question, and which is considered within regular clinical quality and performance meetings.

Liverpool CCG was pleased to support the priorities selected by the trust last year. The work the trust has undertaken, described within this quality account has helped to improve patient safety and the quality of patient experience whilst receiving care.

The NHS is striving to make sure that the patient experience of care is central to good quality of care and is used to ensure that the care delivered is right for patients. The quality account describes the work the trust has undertaken to proactively seek feedback from patients and carers and demonstrated how this has impacted upon changes in service delivery. Liverpool CCG is pleased to note the engagement with stakeholders that led up to the publication of this quality account and commend the trust for taking its responsibilities for engagement seriously. We are also pleased to note the audit and research information contained in the quality account.

It is felt that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues across the health economy. We therefore commend the trust in taking account of new opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every day.

Overall the trust has complied with its contractual obligations in developing this quality account and has made extensive progress over the last year with evidence of improvements in key quality and safety measures. We have established excellent working arrangements between the CCG and the trust and look forward to developing our relationship further over the coming years as we collaboratively seek to improve health outcomes for the population of Liverpool.

Signed

Katherine Sheerin
Chief Officer
NHS Liverpool Clinical Commissioning Group

Dr Nadim Fazlani
Chair
Liverpool Central Locality
NHS Liverpool Clinical Commissioning Group

Dr Simon Bowers
Chair
Liverpool Matchworks Locality
NHS Liverpool Clinical Commissioning Group

Sefton Council Overview and Scrutiny Committee (Health and Social Care)

The committee received a presentation from Steve Bradbury, head of quality and risk, Mersey Care NHS Trust, on the trust's draft quality account for 2012/13. The presentation outlined information on the following:

- an overview of the work of the trust in general
- statistical information regarding the trust's buildings, service users, inpatient beds, and service users within the community
- clinical business units within the trust
- priorities for the trust for 2012/13
- priorities for the trust for 2013/14.

The committee had previously been supplied with the full version of the trust's draft quality account.

Mr Bradbury explained the use of the quality dashboard for the 2012/13 priorities. Discussion took place on the implications on resources in recognising dementia; and reasons behind the increase in the number of falls reported, together with the need to take rapid preventative measures.

In response to a question put by a member of the committee, Mr Bradbury indicated that Monitor, the health care regulator, was expected to assess the trust in September 2013 and foundation trust status was anticipated by the end of the year.

The chair requested the possibility of a site visit by members of this committee to trust premises, possibly in Southport, during 2012/13, in order for members to view the delivery of services first hand.

RESOLVED

That the draft quality account for 2012/13 from Mersey Care NHS Trust be received and reviewed.

Improve Health Outcomes for the Population it Serves

SIGNPOSTS AND FURTHER INFORMATION

The quality account

Further information about the content of this quality account can be requested from the head of quality and risk: Steve Bradbury: 0151 471 2640 Steve.bradbury@merseycare.nhs.uk

Trust services

Further detail about the services delivered by each CBU can be found at:
http://www.merseycare.nhs.uk/What_we_do/default.aspx

Quality strategy

A copy of our quality strategy can be requested from the head of quality and risk:
Steve Bradbury: 0151 471 2640 Steve.bradbury@merseycare.nhs.uk

ImROC (Implementing Recovery through Organisational Change)

Further information about the ImROC project can be found at:
http://www.centreformentalhealth.org.uk/recovery/supporting_recovery.aspx

Health of the National Outcome Scales

Further information about HoNOS can be found at:
http://www.rcpsych.ac.uk/training/honos/whatishonos.aspx

Clinical audit

A copy of the trust's clinical audit strategy can be requested from the trust secretary on 0151 472 4042
Clinical audit: A simple guide for NHS boards and partners can be found at:
http://www.hqip.org.uk/assets/Dev-Team-and-NJR-Uploads/HQIP-NHS-Boards-Clinical-Audit-Simple-Guide-online1.pdf

Essential standards of quality and safety

CQC guidance outlining the essential standards of quality and safety can be found at: http://www.cqc.org.uk/public/what-are-standards/government-standards

Information governance

Details of the information governance toolkit can be found at: https://nww.igt.connectingforhealth.nhs.uk/about.aspx?tk=407133719719095&cb=08%3a55%3a37&clnav=YES&lnv=5

Performance reports

Copies of trust board performance reports can be requested from the trust secretary on 0151 472 4042 or accessed via: http://www.merseycare.nhs.uk/Who_we_are/Trust_Board/Trust_Board_first_page.aspx

Service user survey

A copy of the CQC patient survey report of 2011 (survey of people who use community mental health services 2010) for Mersey Care NHS Trust can be found at: http://www.cqc.org.uk/survey/mentalhealth/RW4

Corporate and CBU specific developments

Further details of any of the corporate and or CBU specific developments outlined in the quality account can be requested from the trust secretary on 0151 472 4042.

GLOSSARY

Advancing Quality	Advancing quality (AQ) is an innovative NHS quality programme focused on enhancing standards in patient care. It aims to give patients a better experience of health services, and ultimately, a better quality of life.
AQuA	AQuA is a membership health improvement organisation. Its mission is to stimulate innovation, spread best practice and support local improvement in health and in the quality and productivity of health services.
Care Quality Commission (CQC)	The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England. Their aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.
Clinical audit	The review of clinical performance against agreed standards.
Clinical business units (CBUs)	Structure of management and leadership across the trust. Enables an autonomous way of working in the delivery of clinical services and decision making. Services are focused on improving quality and increasing value enabling clinical staff close to the service to make decisions about the future quality and efficiency of the service.
Commissioning for Quality and Innovation (CQUIN)	The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. The framework aims to embed quality within the commissioner-provider discussions and to create a culture of continuous quality improvement, with stretching goals agreed on contracts on an annual basis.
Cost improvement plans	A plan which delivers the same or improved level of clinical or non-clinical service for a reduced cost.
Foundation trust	NHS foundation trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital and mental health services. NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay. NHS foundation trusts can be more responsive to the needs and wishes of their local communities – anyone who lives in the area, works for a foundation trust, or has been a patient or service user there, can become a member of the trust. These members elect the board of governors (see members council).
Health of the nation outcome scales	These are 12 simple scales on which service users with severe mental illness are rated by clinical staff. The idea is that these ratings are stored, and then repeated - say after a course of treatment or some other intervention - and then compared. If the ratings show a difference, then that might mean that the service user's health or social status has changed. They are therefore designed for repeated use, as their name implies, as clinical outcome measures.
Healthcare Quality Improvement Partnership (HQIP)	HQIP was established to promote quality in health services, and in particular to increase the impact that clinical audit has in England and Wales. It is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

IMROC (Implementing Recovery through Organisational Change)	This project aims to test a methodology for organisational change in six demonstration sites and help us improve the quality of our services to support people more effectively to lead meaningful and productive lives. The project provides an opportunity to demonstrate an innovative approach to quality improvement and cultural change across organisations. The project will assist us to undertake self-assessments against ten indicators, plan changes and report our outcomes over two years.
Information governance assessment	The purpose of the information governance assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. Where partial or non-compliance is revealed, organisations must take appropriate measures (e.g. assign responsibility, put in place policies, procedures, processes and guidance for staff), with the aim of making cultural changes and raising information governance standards through year on year improvements. The ultimate aim is to demonstrate that the organisation can be trusted to maintain the confidentiality and security of personal information. This in-turn increases public confidence that 'the NHS' and its partners can be trusted with personal data. The information governance toolkit is a performance tool produced by the Department of Health (DH). It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements, we are then required to carry out self-assessments of our compliance against the IG requirements.
Integrated governance committee	This is a committee of the board. Fundamentally the committee exists to ensure that governance is effective. The committee has responsibility for the high level review of corporate and clinical governance, including the trust's arrangements for the management of risk.
MCT AQuA group	A working group whose fundamental purpose is to support the development and implementation of the quality strategy and quality account.
National confidential inquiry	The national confidential inquiry into suicide and homicide by people with mental illness (NCI / NCISH) is a research project funded largely by the National Patient Safety Agency (NPSA). The project examines all incidences of suicide and homicide by people in contact with mental health services in the UK as well as cases of sudden death in the psychiatric inpatient population. The aim of the project is to improve mental health services and to help reduce the risk of these tragedies happening again in the future.
National patient survey (annual service users survey)	A survey co-ordinated by the CQC that collects feedback on the experiences of people using Mersey Care NHS Trust mental health services. The survey can be community or inpatient focused. The results are used in a range of ways, including the assessment of trust performance as well as in regulatory activities.
Patient experience tracker	A system that provides a simple and robust way of rapidly and frequently capturing and analysing results from a large number of service users without the need for paper based questionnaires and analytical resources. It provides a benchmark for practice and development of improvement strategies. The system consists of small, portable mobile data capture units which are considered easy to use for service users and staff which capture data for analysis and report generation.

Payment by results	The aim of payment by results (PbR) is to provide a transparent, rules-based system for paying trusts. It will reward efficiency, support patient choice and diversity and encourage activity for sustainable waiting time reductions. Payment will be linked to activity and adjusted for casemix. Importantly, this system will ensure a fair and consistent basis for hospital funding rather than being reliant principally on historic budgets and the negotiating skills of individual managers.
PEAT (Patient environmental action team)	An annual assessment of inpatient healthcare sites in England that have more than 10 beds. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity.
PROMs (Patient reported outcome measures)	Patient choice over treatment and care is a central feature of the NHS. Patients' experience of treatment and care is a major indicator of quality and there has been a huge expansion in the development and application of questionnaires, interview schedules and rating scales that measure states of health and illness from the patient's perspective. Patient-reported outcome measures (PROMs) provide a means of gaining an insight into the way patients perceive their health and the impact that treatments or adjustments to lifestyle have on their quality of life. These instruments can be completed by a patient or individual about themselves, or by others on their behalf.
QIPP (Quality Innovation Productivity and Prevention Programme)	QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector which aims to improve the quality of care the NHS delivers whilst making up to £20 billion of efficiency savings by 2014/15, which will be reinvested in frontline care. There are a number of national workstreams designed to support the NHS to achieve the quality and productivity challenge. Some deal broadly with the commissioning of care, for example covering long-term conditions, or ensuring patients get the right care at the right time. Others deal with how we run, staff and supply our organisations, for example supporting NHS organisations to improve staff productivity, non-clinical procurement, the use and procurement of medicines, and workforce.
Research governance committee	This is a sub-committee of the trust board that provides assurance to the trust board (via the integrated governance committee) that the trust fully complies with the requirements of the Department of Health's research governance framework for health and social care by establishing and maintaining standards.
Safeguarding	The government has defined the term 'safeguarding children' as: the process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully. Safeguarding adults - the systems, processes and practices in place to: ensure adequate awareness of issues about abuse of adults; ensure priority is given to safeguarding people from abuse; help prevent people experiencing abuse in the first place and recognising and acting appropriately when there are allegations of abuse and supporting the person who has experienced abuse.
TIME project	TIME is short for: To Improve Mental health Environments. Our primary aim to provide high quality, modern, therapeutic mental health environments in the communities where they are needed. We believe these new facilities will provide the best mental health environments in the country.

APPENDIX

Services delivered by CBUs

CBU	Service	Speciality
High Secure Services	High secure services (mental health and personality disorder inpatients)	High secure
SaFE Partnerships	Medium secure services (inpatient and community)	Medium secure
	Medium secure step down service (inpatient)	Medium secure
	Personality disorder service (community)	Medium secure
	Low secure unit (LSU) (inpatient and outreach)	Low secure
	ADHD HMP Liverpool (community)	Adult mental health
	HMP Liverpool mental health inreach team	Adult mental health
	HMP Liverpool primary care psychology inreach	Psychological services
Addiction Services	Drugs service (inpatient and community)	Addiction services
	HMP Liverpool drug dependency unit (DDU)	Substance misuse
	Alcohol service (inpatient and community)	Substance misuse
	Alcohol Services Knowsley (ASK)	Substance misuse
	Liverpool community alcohol service (LCAS)	Substance misuse
Positive Care Partnerships	Adult mental health services (inpatient and community)	Adult mental health
	Crisis unit (inpatients)	Adult mental health
	Older peoples services (inpatient and community)	Older people
	Liaison services	Adult and older people's mental health
	Crisis resolution and home treatment (CRHT)	Adult mental health
	Assertive outreach team (AOT)	Adult mental health
	Early intervention in psychosis (EIP)	Adult mental health
	ADHD	Adult mental health
	Family support workers	Adult mental health
	Care home inreach team	Older people
	Dementia care navigator	Older people
	Network employment	Adult mental health

Liverpool	Adult mental health services (inpatient and community)	Adult mental health
	Psychiatric intensive care unit (PICU)	Adult mental health
	Older peoples services (inpatient and community)	Older people
	Continuing care	Older people
	Liaison services	Adult and older people's mental health
	Crisis resolution and home treatment (CRHT)	Adult mental health
	Assertive outreach team (AOT)	Adult mental health
	Early intervention in psychosis (EIP)	Adult mental health
	Criminal justice liaison team	Adult mental health
	Psychotherapy and consultation service	Psychological services
	Eating disorders	Psychological services
	Personality disorder service	Psychological services
	Family support workers	Psychological services
	Rotunda	Adult mental health
	Network employment	Adult specialist
	Health and wellbeing service	Adult mental health
	Dementia care navigator	Older people
Rebuild	Learning disabilities (inpatient and community)	Learning disabilities
	Rehabilitation service (inpatient and community)	Adult specialist
	Brain injuries service (inpatient and community)	Adult specialist
	Learning disabilities postural physio	Learning disabilities
	Learning disabilities care facilitators	Learning disabilities
	Brain injuries speech and language therapists	Learning disabilities
	Aspergers team	Learning disabilities
	Community residential service (CRS)	Learning disabilities
	Dispersed housing scheme (DISH)	Adult specialist
Corporate services	Staff support	Adult mental health
	Dietician services	All specialities

Mersey Care NHS
NHS Trust