Mersey Care
NHS Trust

Quality Account 2014/15

Contents

1. PART ONE - Statement of Directors' 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 2014/15. 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 (2013/14). 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 2014/15 a range of engagement events were held with 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.

Mersey Care is striving to provide perfect care for the people we serve. At its core, this means we are an organisation that does not accept compromises in the quality of care or minimum targets set by others, but supports learning and improvement in our services so that we strive to get the basics of care right every time, for every service user. This is a bold ambition in difficult times, but with engaged and motivated staff and supportive commissioner and partner organisations, we firmly believe it is possible.

As we move towards becoming a Foundation Trust we are especially proud of our committee of the service user and carer assembly 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 perfect mental health care.

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

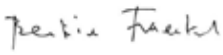
We hope that you find our Quality Account helpful and informative. The information supporting the content of the Quality Accounts is to our knowledge accurate and will be published by the Board on or before 30th June 2015.

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

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

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

By order of the Board

26th June 2015		Chair
26th June 2015		Chief Executive
26th June 2015		Director of Resources (Deputy Chief Exec)
26th June 2015		Medical Director
26th June 2015		Executive Director of Corporate Governance and Communicaitons
26th June 2015		Executive Director of Nursing
26th June 2015		Executive Director of Workforce

1.2 Statement by Director of Nursing – 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 approved a Quality Strategy for 2011-2016 and has consistently improved quality in key areas.

In March 2015 the Trust Board approved the Trust's *Framework for the Governance of Quality.* Through the Framework the Trust will, on a weekly basis evaluate our progress in delivering of the Quality Account priorities.

I have ensured that careful consideration has been taken of the feedback sought during the past year. The delivery of the Quality Account will be monitored by the Quality Assurance Committee, a committee of the Trust Board which will oversee the quality improvements in the priority areas. Details are included in this Quality Account. This has enabled the Trust to develop a better understanding of the needs of those who use our services and to provide a high quality service and will drive change, innovation and best practice, leading to the best possible outcomes for those we work with and care for.

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

Ray Walker
Executive Director of Nursing

1.3 Our Vision, Values, Strategy and Services

1.3.1 Our strategic challenge

Mersey Care NHS Trust provides specialist adult mental health, learning disability and addiction services for the people of Liverpool, Sefton and Kirkby. We provide low and medium secure services for Merseyside and Cheshire and are one of only three Trusts nationally to provide 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
- The North West of England, Wales and West Midlands for high secure services.

People often come into contact with our services at times of great distress, anxiety and confusion and it is at this time that people are at their most vulnerable. We aspire to help each person live the fullest life possible, embracing a recovery based approach with equality and human rights being intrinsic to the care we provide.

Our staff are passionate about mental health and wellbeing and about delivering the best possible services for the people we serve. We have national experts working in our organisation making real breakthroughs in mental health care, addictions and learning disabilities care, such as our nationally recognised work on human rights for people who have a learning disability and our work on reducing restraint in our services. Together we aim to provide the best possible care for the people and the diverse communities we serve.

However, achieving this in our current and future environment is not going to be easy. We are faced with more people with mental health needs yet with significantly less money in mental health and the wider NHS system to meet their needs.

Even in a tough financial climate we believe we should be striving to provide perfect care to those we serve because that is what we are passionate about and we know there are opportunities to sustainably improve our services and save money at the same time. This will be driven by our new clinical divisions, and supported by our corporate services, and centre for perfect care and wellbeing in our shared commitment to 'get it right first time, every time' for patients. We also recognise that collaboration with neighbouring providers will enhance our offer of perfect care within an integrated pathway.

1.3.2 Our vision

Our vision is to strive for perfect care for the people we serve.

At its core this means we are an organisation that does not accept compromises in the quality of care or minimum targets set by others, but supports continuous learning and improvement by our frontline staff. Striving for perfect care also means delivering the highest quality care within the resources available to us. Although we are experts in providing more care for less money and have saved over £43.4m over the last five years through careful financial management, we face a financial challenge over the next five years that will require an enormous effort from colleagues in our already busy services. We are required to save 21 per cent of our current income over the next six years in order to manage within the resources available to us.

1.3.3 Our aims and objectives

Our vision is underpinned by four aims and 14 objectives. These aims and objectives are set out in our strategy wheel below, and describe our strategic direction and how we wish to be viewed both within and outside the Trust.

Our plan for the coming year is based around four aims and underpinning objectives that set out what we will achieve:

Our services - we will improve the quality of our services, and strive to provide safe, timely, effective, equitable and person-centred care every time, for every service user. This means getting the basics of care right consistently, repeatedly and predictably.

Our people - we will have a productive and high performing workforce that work in great teams, and we will work side by side with service users and carers.

Our resources - we will make full use of our resources, continuously finding ways to save time and money, ensuring our buildings work for us, and using technology to help improve our care.

Our future - we will create opportunities for improvement and grow in the future, by working more closely with primary care and other organisations, delivering the benefits of research, development and innovation, and by growing our services.

These aims and objectives are captured in our strategy wheel (see below). Each of our objectives is underpinned by costed programmes of work that have clear milestones and clear measures of delivery.

2. PART TWO

2.1 Priorities for Improvement 2015-16

In preparation for our Quality Account the Trust has undertaken a process of involvement and engagement with key stakeholders to establish their views on what our key priorities for 2015/16 should be. Representatives from the following groups have been engaged and invited to provide feedback on our priorities and the draft Quality Account:

- Healthwatch for Liverpool, Sefton and Knowsley
- Local Overview and Scrutiny Committees
- NHS England (Cheshire and Merseyside)
- Liverpool Clinical Commissioning Group
- South Sefton Clinical Commissioning Group
- Southport and Formby Clinical Commissioning Group
- Knowsley Clinical Commissioning Group
- Mersey Care's Service User and Carer Assembly
- Local service user groups.

In addition to the above, the perfect care steering group has considered suggestions for 2015/16 quality improvement priorities these are consistent with the six key elements Trust Model of Quality

- Patient safety
- Effectiveness
- Positive Patient experience
- Timely care
- Efficient care
- Equitable care

Many ideas and thoughts were shared, not just by staff and the Mersey Care Perfect Care Steering Group but by service users, Health watch 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 **2015/16** will be;

- **Priority 1: No Force First**

  By March 2016 all wards will have introduced No Force First initiative that will result in a Trust wide reduction in the use physical and medication led restraint.

- **Priority 2: Zero Suicide**

  By September 2015 a Safe from Suicide Team will be established, the team will be led by a new Associate Medical Director. The Safe from Suicide team will monitor and report to the Board on the progress against the Board approved (May 2015) Zero Suicide strategy. We will work with academic partners and establish a definitive baseline measure for suicide.

- **Priority 3: Improvements in Physical Health**

  We will commence a staged implementation of a Smoke Free Policy in September 2015.

  We will monitor the impact of the policy on service user experience via our monthly patient experience survey.

  All inpatients will have metabolic screening completed in line with the National Audit of Schizophrenia standards by March 2016.

- **Priority 4: Falls**

  The Trust will approve a revised Fall Strategy by September 2015.

  The Trust will achieve a 20% reduction in the harm associated with falls by March 2016.

- **Priority 5: Self Harm**

  The Trust will approve by September 2015 a management of self harm strategy.

  The Trust will evaluate the pilot project in A&E to reduce people re-presenting with self harm at A&E by October 2015 and set with new ambitious targets approved by the Quality Assurance Committee based on the outcomes of the review of the pilot.

  The Trust will achieve a reduction of 20% in harm associated with the use of ligatures in inpatient settings.

- **Priority 6: Recovery Focussed Outcome Measures**

  There is no national consensus on outcome measures covering the breath of services provided by the trust. We will establish outcome measures for the following three initiatives:

  - No Force First
  - Zero Suicide
  - Physical Health Care

  We will commence collection of this data from April 2016.

Monitoring and reporting arrangements.

The delivery of the quality account will be monitored by the Quality Assurance Committee, which is a committee of the Trust Board.

A nominated lead will be identified for each priority.

The above priorities are all aligned to the Trust's Strategic Framework and ensure quality remains at the forefront of our agenda.

Perfect Care

Perfect Care is all about our people. It was our people who managed the transition from big mental health hospitals in the 1980s to the community-based care that we provide today. It is our people who strive on a day by day basis to provide the best possible care for patients and it is our people who will improve our services based on their knowledge, and who will innovate to create models of care in mental health and wellbeing for the future.

Imagine what we could achieve if we were all pulling in the same direction because we all care about providing the best possible care for the people we serve.

We know that delivering the best possible care is what our people really care about. Through our new Centre for Perfect Care and Wellbeing we are going to support their commitment to patient care so that they can improve the services we provide today, but also innovate in the services of tomorrow.

Perfect Care means:

- setting our own stretching goals for improvements in care rather than aiming to meet minimum standards set by other organisations
- getting the basics of care right every time
- making improvements to the care we provide because we know it's the right thing to do for patients and because we care about the care that we provide.
- helping people to try improvements, learn from their mistakes, and apply what works more rapidly.
- helping our people to innovate in ways that create better quality and outcomes for the people we serve whilst reducing cost.

We know from listening to our people that you feel we already have a lot of targets and this can feel like pressure to comply with minimum standards that aren't relevant to the care you provide. We also know our people are really committed to improving the care we provide but sometimes don't have enough time or support to make the improvements you know could make a big difference for those we serve.

There is a big difference between targets that feel like minimum standards and that are pushed on us, and goals that we agree and are motivated to achieve. Sometimes having goals really helps motivate people to achieve more than we think is possible.

Perfect Care will set goals to focus our 'pull' for improvement on goals our people care about. Working towards these goals will mean working together to try new ways to improve care, learning from our mistakes, and preventing the same mistakes happening over and over again.

Commissioning for Quality and Innovation (CQUIN)

Linked to the Trust's areas of quality improvement for 2015/16 are the local and national CQUINs (the Commissioning for Quality and Innovation payment framework) for local and secure services, which are listed overleaf:

There are two separate commissioner contracts covering local services and both have individual CQUIN schemes although the schemes are similar in content with some variation according to local need.

Table 1

National CQUIN Requirements

CQUIN Indicator	Applicable Services	Summary	% of Contract
Physical Heath	Secure and Local Services (part 1) Local Services only (part 2)	• Improving physical healthcare of patients with mental health conditions – continuation of 2014/15 CQUIN. • Cardio metabolic risk factors in inpatients with an SMI and Early Intervention service users (National Audit of Schizophrenia) • Communication with GPs – CPA Care Plan and Discharge Summaries	0.25% of Local/0.4% of Secure
Urgent Care	Local Services only	• Improving urgent and emergency care. To involve collaborative working with local acute trusts. • Diagnosis and reduction of re-attendances in A&E for people with an SMI.	0.5%

Local Division CQUIN Requirements

CQUIN Indicator	Applicable Services	Summary	% of Contract
Advancing Quality – Dementia and Psychosis	Sefton and Knowsley (Liverpool to be quality indicator only, not a CQUIN)	Continuation and further development of regional AQ requirements - Psychosis and Dementia	0.5% of Sefton contract
Collaborative Working	Liverpool, Sefton and Knowsley	Further development of Primary Care Mental Health Liaison Worker roles and engagement and support for GP practices	1.6%
Transition from CAMHS/ Youth Mental Health	Liverpool, Sefton and Knowsley	Continuation of work with Alder Hey to improve mental health pathways for young people	0.55%
Physical Health	Liverpool only	Improving the physical health of mental health service users in inpatient and community settings	0.4%
Payment by Results	Sefton and Knowsley only	Development of PbR care pathways and specifications – final agreement awaited from Sefton	0.2% of Sefton contract
Digital Maturity	Liverpool only	Supporting links between EMIS and Ascribe, implementation of RiO and assessment of trust digital maturity	0.25% of Liverpool contract

CQUIN Indicator	Applicable Services	Summary	% of Contract
Addictions	Liverpool Addictions services only	Improvements in physical health for Addictions service users, improved pathways for dual diagnosis service users, learning from service user experience through case studies.	2.5% of Liverpool City Council Contract
IAPT	Liverpool IAPT only	Progression towards accreditation with Royal College of Psychiatrists over 18 months	2.5% of IAPT Contract

Secure Division CQUIN Requirements

CQUIN Indicator	Applicable Services	Summary	% of Contract
Collaborative Risk Assessment	Low and Medium Secure Services	Active engagement programme to involve all secure service users in a process of collaborative risk assessment and management.	0.60%
Smoking Cessation	Low and Medium Secure Services	Supporting service users in secure services to stop smoking	0.10%
Supporting Carer Involvement	Low and Medium Secure Services	Evaluate the effectiveness of carer involvement strategies and further develop ways to involve carers, family and friends at a local and regional level.	0.40%
Supportive Observations	High Secure only	Develop best practice observation guidelines for HSS for self-harm, suicidality, violence, falls and absconds.	0.25%
Reducing Long Term Segregation	High Secure only	Develop best practice guidelines for patients managed in long term segregation	0.25%
Healthy Lifestyles	High Secure only	Nutritional monitoring of the patients' shop	0.25%
Carer Involvement	High Secure only	Involving and engaging carers to promote recovery of patients	0.25%

2.2 Statements of Assurance from the Board

2.2.1 Review of Services

During 2014/15 Mersey Care NHS Trust provided 42 NHS services to NHS Commissioners, including Public Health (Local Authorities).

During 2014/15, the Trust contracted with:

a) NHS Liverpool Clinical Commissioning Group (with Liverpool City Council) and NHS Sefton Clinical Commissioning Group (and associates), for local mental health, learning disability and addiction services across the Liverpool, Sefton, Knowsley, Halton, St Helens and West Lancashire areas;

b) Liverpool, Sefton, Knowsley, Halton, St Helens, Wirral and Lancashire Local Authorities for addiction services;

c) NHS England (through its regional and various sub-regional teams) for:

- low, medium and high secure services and colleagues from NHS Wales in respect of high secure services
- mental health and addictions services in HMP Liverpool and HMP Kennet
- personality disorder services at HMP Garth

d) Aintree University Hospitals NHS Foundation Trust for the Liverpool Community Alcohol Service and psychological support for Weight Management and Bariatric Services;

e) Walton Centre NHS Foundation Trust for Neuropsychology and Neuropsychiatry services;

f) Manchester Mental Health and Social Care Trust for psychiatry services to HMP Manchester;

g) National Probation Service for community personality disorder services, Resettle and Psychologically Informed Planned Environment (PIPE) services

The Trust also provides Staff Support services to a number of local NHS and non-NHS organisations, and hosts Informatics Merseyside.

Mersey Care has reviewed all the data available on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2014/15 represents 100% of the total income generated from the provision of NHS services by Mersey Care NHS Trust for 2014/15.

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 will be approved by the Quality Assurance Committee, using agreed governance reporting arrangements including the divisional governance arrangements, the Perfect Care Steering Group, the Clinical Senate and the Quality Assurance Committee. This ensures the programmes content is relevant to the Board's strategic interests and concerns. Clinical Audit results are turned into action plans using root cause analysis methodologies, where appropriate to do so. Action plans are implemented and re-audits are scheduled.

National Clinical Audit Reports

During 2014/2015, three National Clinical Audits and One National Confidential Enquiry covered NHS Services that Mersey Care NHS Trust provides.

During that period Mersey Care NHS Trust participated in 100% National Clinical Audits and 100% National Confidential Enquiries of the National Clinical Audits and National Confidential Enquiries which it was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that Mersey Care NHS Trust was eligible to participate in during 2014/15 are as follows:

- National POMH-UK Audit in Prescribing anti-dementia drugs
- National POMH-UK Audit in Prescribing for substance misuse: alcohol detoxification
- National CQUIN of Cardio Metabolic Assessment for Patients with Schizophrenia.
- National Confidential Inquiry (NCI) into 20 100% Suicide and Homicide by People with Mental Illness (NCI/NCISH).

The National Clinical Audits and National Confidential Enquiries that Mersey Care NHS Trust participated in during 2014/15 are as follows:

- National POMH-UK Audit in Prescribing anti-dementia drugs (n=13)
- National POMH-UK Audit in Prescribing for substance misuse: alcohol detoxification (n=11)
- National CQUIN of Cardio Metabolic Assessment for Patients with Schizophrenia – Local and Secure Services 99 out of a possible 100 samples were uploaded from this audit
- National Confidential Inquiry (NCI) into 20 100% Suicide and Homicide by People with Mental Illness (NCI/NCISH) – 2013 report available to the Trust in July 2015.

The full report of the National Audit of Schizophrenia (NAS) was published in October 2014. Mersey Care had submitted 100 cases to the audit for which data collection was completed during 2013/14, this was 100% of the number of registered cases required for the audit. The report was shared at the Quality Assurance Committee in November 2014, Mersey Care's Local Division Governance Workstream Committee and the Secure Division's NICE & Clinical Audit Group.

The Clinical Audit & Effectiveness Team organised a regional event at Aintree Racecourse and all North West Mental Health Trusts who participated in the National Audit of Schizophrenia (NAS) were invited to attend. The successful half day event consisted of various presentations from the Royal College of Psychiatrists, Regional Comparison of Results, Group Discussions and a Questions & Answers session.

A NAS Project Team has now been formed and plans are in place for the team to meet regarding action planning once a pilot audit has been completed by the Clinical Audit & Effectiveness Team.

Local Clinical Audit

A total of 11 local clinical audits were led by the Clinical Audit and Effectiveness Team

The initial audit results of local clinical audits were shared in 2014/15 by Mersey Care NHS Trust:

Physical health care as recommended within NICE clinical guidelines:

1) Nutrition: Obesity
2) Nutrition: Malnutrition
3) Diabetes Type I
4) Diabetes Type II

Cardiovascular Disease

5) Atrial Fibrillation
6) Hypertension
7) Chronic Heart Failure
8) Chronic Obstructive Pulmonary Disease and
9) Stable Angina

Psychological therapies as recommended within NICE clinical guidelines

10) Psychosis

11) Non-Psychosis (ADHD)

Audits have agreed action plans which highlight how the trust will ensure continuous improvement.

Physical Health Care

The Clinical Audit and Effectiveness Team have worked collaboratively through the year with clinical professionals. Joint working has enabled audit criteria to be identified through examination of all published NICE clinical guidance. These criteria were divided into the three main physical health problems for people with a mental illness, listed earlier, and adapted into auditable standards. Data collection tools were developed and shared with the Trusts Physical Health Team. Approved tools were used to gather information from the clinical information systems using the Trust's Clinical Audit Model.

This model engages Health Care Professionals, ensuring that the right people examine the right information stored in the right locations at the right time. An electronic sampling tool (Raosoft) is used; enabling 95% confidence in the data. By following this process the data is considered to be more robust and improves action planning and continuous improvement initiatives.

a) Nutrition (Obesity and Malnutrition)

Outcomes

- A Summary of Compliance Report was produced and has been shared with the Trust's Physical Health Leads, Local Services Division's Governance Workstream Committee and the Secure Division's NICE & Clinical Audit Group
- Root Cause Analysis (RCA) was undertaken by the Trusts dieticians to gain a deeper understanding of concerns.
- RCA highlighted areas of improvement were required in documentation of Care Plans and timeframes for which patients were screened
- A meaningful action plan has been developed using the results of RCA and ownership of future work agreed

Improvements

- The Trust's Dieticians are continue to carry out on-going Audits within both the Local and Secure Divisions to assess that the correct Care Plans are in place, MUST Screening is being carried out within the required timeframes, and Care Plans are being completed correctly by staff
- Training has been a priority for the Trust's dieticians and most staff across the Trust have now been trained or re-trained in MUST
- Significant improvement has already been seen in various monthly reports i.e. KPI's, due to the outcomes highlighted in this Audit and the ongoing actions taking place.

Action Plan

The following Actions have been discussed and agreed to enable continuous Quality Improvements within set timeframes and will be assessed using continual audit or re-audit methods:

- Trust dieticians to continually audit across both Secure and Local Divisions to ensure the MUST processes are being carried out correctly
- Trust dieticians to offer continuous training to staff across both secure and Local Divisions in all aspects of MUST i.e. MUST Timeframes, Care Plans, and Processes
- Trust dieticians ensure all areas of both Local and Secure Division use the 'CPA 06 Form' to document Specialised Care Plans. (Windsor House, Kevin White Unit, Brain Injuries Unit, Scott Clinic and Rathbone are currently NOT using it).
- Trust dieticians to include 'Individualising Patient Care Plans' in staff training across the Trust
- Dietician in Secure Division to check all admissions to ensure MUST is completed within a 72 hour timeframe

b) Diabetes (Type I and Type II)

Outcomes

- A Summary of Compliance Report was produced and has been shared with the Trust's Physical Health Leads, Mersey Care Local Division Governance Work stream Committee and Secure Division NICE & Clinical Audit Group
- An achievable Action Plan has been produced with the Local Division Lead Matron
- The Secure Division Lead Matron discussed the outcomes of the audit and produced an Action Plan.

Improvements

Local Services:

- 90% of patients have pre meal blood glucose or HbA1c (haemoglobin) taken within the first 72 hours of admission. Further improvement is expected due to the implementation of the LESTER Tool
- 80% of patients have their Blood Pressure monitored on a weekly basis. Additional improvements will be evidenced due to the Vital Signs Monitoring (MEWS) being implemented on ALL inpatient wards.

Secure Division:

- 100% of patients with a diagnosis of Type I Diabetes had HbA1c recorded
- 100% of patients with Type I Diabetes had received assessments of their eye, kidney, foot and arterial damage (all these) within the last 12 months
- Where evidence of damage was found, a plan for management of the condition was agreed
- 100% of patients with Type II Diabetes had their Blood Pressure measured at annually
- 100% of patients with Type II Diabetes who were not Hypertensive, did not have renal disease and whose blood pressure was over the target all had their BP measured at regular intervals according to NICE criteria
- 100% of patients whose blood pressure reached, and consistently remained at the target had their BP monitored every 6 months and were checked for possible adverse effects of Antihypertensive Therapy

- 100% of patients with Type II Diabetes had a Full Lipid profile, High Density Lipoprotein (HDL) Cholesterol and Triglyceride estimations performed when assessing cardiovascular risk after diagnosis, annually and before starting Lipid Modifying Therapy.

Action Plan

The following Actions have been discussed and agreed to enable continuous Quality Improvements within set timeframes and will be assessed using continual audit or re-audit methods:

- Modern Matron in Physical Health and Associate Medical Director of Physical Health to review Care Pathways into Diabetes Services
- Perfect Care Physical Health Group to review the Physical Health Care Assessments and Examination Tools on the EPEX System to enable all Physical Health information to be recorded by doctors and nurses in the one joint assessment form. This will follow the standards set out by the Cardio Metabolic Resource Tool (LESTER)
- All Staff in the Secure Division to document Physical Health Screenings/ Interventions and Medications on the VISION system
- The Diabetic Team to develop a structured education programme to introduce to all patients with a diagnosis of Diabetes
- All Secure staff to be more pro-active in regards to Patient Refusals

c) Cardiovascular Disease (focusing on Atrial Fibrillation, Hypertension, Chronic Heart Failure and Chronic Obstructive Pulmonary Disease)

Outcomes

- A Summary of Compliance Report was produced and has been shared with the Trusts Physical Health Leads, Mersey Care Local Division Governance Work stream Committee and Secure Division NICE & Clinical Audit Group
- An achievable Action Plan has been produced with the Local Division Lead Matron.

Improvements

Local Services:

- 80% of inpatient wards are currently using MEWS and following standards to maintain Baseline Observations
- The Local Division are looking to increase the use of TeleMed ECGs on all inpatient wards
- Due to the focus on Smoking Cessation within the Physical Health KPI improvement can now be evidenced
- Further improvements in Smoking Cessation are expected over the next 12 months due to the introduction of the new Smoke-Free Policy
- 90% of Mersey Care Health Professionals have considered prescribing Aspirin 75mg daily or an alternative drug for people with Stable Angina
- As part of the NHS I.Q. Project a GP has been employed to support the engagement with Primary and Secondary Healthcare and develop Cardiac Pathways.

Secure Division:

- 56% of patients with Hypertension and a diagnosis of Diabetes or Chronic Kidney Disease and their blood pressure is 130/80mmHg or higher had regular Hypertension reviews, were offered Lifestyle Interventions and were commenced on Anti-Hypertensive Therapy
- 100% of patients within whom a diagnosis of COPD is considered were also assessed for the presence of the following factors; Weight Loss, Effort Intolerance, Waking at Night, Ankle Swelling, Fatigue, Occupational Hazards, Chest Pain and Haemoptysis
- All High Secure patients with a diagnosis of COPD who are prescribed inhaled steroids always have their inhaler technique checked.

Action Plan

The following Actions have been discussed and agreed to enable continuous Quality Improvements within set timeframes and will be assessed using continual audit or re-audit methods:

- All inpatient wards to have MEWS implemented and to be following the MEWS Protocol
- A short MEWS Audit Form to measure MEWS Compliance to be integral to all monthly inpatient ward audits
- Perfect Care Physical Health Group to review the Physical Health Care Assessments and Examination Tools on the EPEX System to enable all Physical Health information to be recorded by doctors and nurses in the one joint assessment form. This will follow the standards set out by the Cardio Metabolic Resource Tool (LESTER)
- A review to take place of how patient medication and interventions are recorded on the VISION system
- All Secure staff to be more pro-active with regards to Patient Refusals

Psychological Therapies

The Clinical Audit and Effectiveness Team worked with the Trusts Psychology audit leads to continue work that was achieved in 2013/14.The previously developed Psychosis audit tools where amendments on two standards. Once results were produced for this audit a comparison was made against each criterion to measure the effectiveness of service provision available, offered and provided to current patients with Psychosis compared to the patients from last year (2013/14).

A new project also commenced with the Trusts ADHD Team. All published NICE Clinical Guidelines were reviewed and the team produce standards in relation to Interventions/Services offered to ADHD patients which then formed the audit tool.

An electronic sampling tool (Raosoft) was used assuring 95% confidence in our data. All staff involved in data collection was selected by the Psychology Leads and ADHD Team to ensure accurate information was accessed from the clinical information systems.

a) Psychosis

Outcomes

- A Summary of Compliance Report was produced and shared with the Trust's Psychology Audit Leads, Local Services Division's Governance Workstream Committee and the Secure Division's NICE & Clinical Audit Group.
- A meaningful Action Plan was produced and agreed by the Psychology Leads.

Improvements

- A 12% Improvement was noted for Psychosocial /Recovery and Social Inclusion Work
- A 25% Improvement was noted in people who are offered a Full Psychological Assessment and Formulation by a Clinical Psychologist or Psychological Therapy Specialist.
- There was a slight improvement seen in People with Schizophrenia being offered Cognitive Behavioural Therapy (CBT)
- A 51% Improvement was seen in facilitating integration and recovery where people should be offered therapy which addresses psychological difficulties where manualised CBT may not be appropriate
- Of the patients who where receiving Family Intervention 78% did not fulfil the criteria described in the NICE Clinical Guidance
- An improvement was seen in Advanced Psychological Interventions. This could be due to the re-wording of the Standard after last years audit and also how the information is now being documented on the Clinical Information Systems
- A small rise has been seen in the use of NICE specified Inappropriate Interventions, in particular Social Skills Training

Action Plan

The following Actions have been discussed and agreed to enable continuous Quality Improvements within set timeframes and will be assessed using continual audit or re-audit methods:

- Psychology audit leads to review the Audit Tool, and the wording for each of the Standards listed.
- Psychology audit leads and IM&T to review the Patient Information Systems for RIO and PACIS for documentation purposes.

b) Non-Psychosis (ADHD)

Outcomes

- A Summary of Compliance report was produced and shared with the Trust's ADHD Team and the Local Service's Division's Governance Workstream Committee.
- Root Cause Analysis (RCA) was carried out to give a deeper understanding of any concerns or gaps in the service.

Improvements

- 100% of patients with a diagnosis of ADHD were offered an assessment
- 68% of ADHD Assessments met the full criteria and covered all key areas i.e. mental State Examination, Family History, Substance Misuse Risk Assessment. Further improvement is expected around this standard over the next 12 months as a template is being designed for the assessment to ensure all key areas are covered
- 48% of patients received the required Physical Health Assessment but gaps were highlighted in the Baseline Physical Health Observations and Family History part of the Assessment. This assessment will be reviewed and a template will be produced to clarify the information required

- This audit showed a need to improve Psychology Service Referrals as this was not available to patients who required this form of treatment. It is hoped that the introduction of the IAPT Service aims will have positive effect on this part of the audit and a more positive result will be seen within a 12 month period.

Action Plan

The following Actions have been discussed and agreed to enable continuous Quality Improvements within set timeframes and will be assessed using continual audit or re-audit methods:

- ADHD leads to create an ADHD Assessment Checklist to ensure that all staff are capturing the necessary patient information that is required in the assessment criteria
- all staff to use the ADHD Pre-Medication Assessment Form when a patient is first seen
- for Non-ADHD related Psychology Referrals, staff will liaise with the IAPT Service
- for ADHD Specific Skills, leads will have continued discussions with the Neuro Developmental Working Group regarding access to Psychological Therapies.

2.2.3 Research & Development

We have 95 open studies, of which 31 are 'adopted' studies, the remainder 64 are student and own account.

The number of service users recruited this period into research was 593. In addition 343 staff and 16 carers participated in research studies.

In the previous reporting period a total of 1064 participants took part in research compared to a total 952 this year. Of these, 592 recruits were from 26 open NIHR adopted portfolio studies including 1 commercial study. The total number of open studies (including those not yet recruiting, actively recruiting and in write up) was 89 in the current reporting period.

Trust was supporting 26 NIHR adopted portfolio studies.

Although 89 studies were open during this period, the R&D department/Research Governance Committee applied resources on further studies which were withdrawn, not approved did not progress to full application: e.g.: study review, Expressions of Interest not relevant, studies deemed audit/innovation/evaluation.

The Trust has continued to give priority to supporting NIHR adopted studies along with a large variety of student and staff studies. We have successfully recruited to several studies in HMP Liverpool where the Trust provides clinical services.

Recruitment, consent and retention in to mental health and dementia studies continue to be difficult and time-consuming due to the nature of our patients' ill health, which is frequently accompanied by additional physical illness. The amalgamation of the Mental Health and DeNDRoN research networks has been beneficial in supporting flexibility, shared support and learning.

The NWC AHSN and the CLAHRC have provided opportunities for the Trust to build further research partnerships and also developed opportunities for a wide variety of innovation initiatives. These developments have built upon the Trust's established partnerships with academia, the CCG, service users and carers and third sector organisations.

The Trust has successfully continued to deliver the final year of a three year project "Innovate Dementia' in collaboration with our UK partners at Liverpool John Moore's University funded from the INTERREG IVB funding stream. This project addresses the challenges faced by the increasing number of people living with dementia using collaboration in the areas of lighting, living environments, models of access, nutrition and exercise underpinned by the use of technology. People living with dementia have been actively involved in all aspects of the project and are central in product development, innovation and testing through a platform for co-creation. This project has built significant relationships with business, health, social care and academia which have supported the Trust's vision for innovative working and co-creation activity in the future.

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. Working in collaboration with the Universities of Central Lancashire and Manchester, Lancashire Care NHS Trust and MAHS-CTU the Trust has been successful in a bid to the NIHR Research for Patient Benefit programme for a project entitled: A feasibility trial of glycopyrrolate in comparison to hyoscine hydrobromide and placebo in the treatment of clozapine-induced hyper salivation. Clozapine-induced hyper salivation (CIH) is a common side effect, occurring in up to 80% of patient and carries with it a profound social stigma and embarrassment, lowering self-esteem, increasing social isolation and exacerbating psychological problem. It can cause inflammation of the salivary glands, salivary calculi and skin infections and affects sleep quality. There are accompanying practical and financial difficulties; for example the regular disposal of soaked pillows and clothing. The burden of adverse side-effects may eventually lead to patients discontinuing clozapine treatment. Therefore, effective treatment of CIH is vital to patient experience and wellbeing. This is the first clinical trial that the Trust has been successful in gaining external funding for and will begin in August 2015.

The Trust is a partner in consortia which has been successful in securing funding from Innovate UK (formerly the Technology Strategy Board) for a study entitled Cygnus. This project is collaboration between: IXICO (Industry and project lead), Northern Health Science Alliance (NHSA) members, Manchester Mental and Social Care Trust with additional funded partners from MRCT, Mersey Care, Northumberland, Tyne and Wear Trust, Tees, Esk and Wear Valleys Trust. The goal of the project is to provide a platform to facilitate evaluation of post diagnostic interventions on a well characterised group of patients diagnosed with dementia or MCI.

The Trust is supporting the national genomes project (100,000 Genomes Project) which aims to sequence 100,000 whole genomes from NHS patients by 2017 to accelerate the development of new diagnostics and treatments for patients. The project will focus on patients with rare disease and their families. The trust will initially support the recruitment of participants with severe Learning Disabilities with associated congenital malformation and autistic tendencies. It will enable Mersey Care to be formally involved in the emerging medical field of neuro-genomics. This project is not classed as research but a transformative programme to build infrastructure and knowledge in participating trusts.

We were successful in a NW Coast CLAHRC Internship application which will his generate a small amount of backfill income for the member of staff to commit one day per week for up to a maximum of a year to undertake a small piece of research. Projects had to address health inequality and fall within the NIHR CLAHRC NWC themes. The internship will help build research capacity whilst also supporting a research project that contributes to a trust priority in relation to physical health.

As part of the Trust's commitment to service user and carer involvement in research and to support wider involvement in research, beyond being participants in studies, a number of initiatives have recently been developed. These include: a bespoke research training package commissioned and delivered in collaboration with the University of Liverpool, the Deputy Director - People Participation and the R&D Manager. This first cohort of participants has identified their own research question and undertaken a literature review. The next stage will be to write a proposal, gain governance and ethical approvals, conduct the research, undertake the analysis and produce a publishable research paper. Training, direction and support will be provided by the academics involved and the R&D Manager. Upon completion, the training will be reviewed and amended where necessary and then re-run with a different group. In addition a co-production group to specifically look at self-harm, depression and suicide research studies and funding bids is being developed with colleagues form the University of Liverpool. Both these initiatives will support the future development of a Patient Participation Group for research.

2.2.4 2014/15 CQUIN Goals

In 2014/15 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 also assigned three sets of CQUIN indicators for 2014/15, relating to Local Services, Low and Medium Secure Services, and High Secure Services. As at the end of March 2015, Mersey Care NHS Trust has under achieved the national Physical Health CQUIN. The trust did however achieve all commissioner indicators for High Secure Services and Low and Medium Secure Services. Local Services requirements were overall under achieved. Table 2 provides a summary of Local, Low and Medium Secure and High Secure Services CQUIN Performance for 2014/15.

Table 2

Summary of Local, Low and Medium Secure and High Secure Services CQUIN Performance for 2014/15

LOCAL SERVICES 2014/15 CQUIN PERFORMANCE (AS AT MONTH 12) – UNDERACHIEVED OVERALL	
Goal/ Description	**Performance**
1 NHS Safety Thermometer (national) Collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter. A reduction in the prevalence of all falls collected through the Safety Thermometer.	Achieved
2 Advancing Quality (regional) Compliance and stretch targets in relation to Dementia. *Forecasted to achieve once full financial year data is available.	Achieved*
3 Advancing Quality (regional) Compliance and stretch targets in relation to Psychosis. *Forecasted to achieve once full financial year data is available.	Achieved*
4 Collaborative Working Improvement in collaborative working between Primary and Secondary Mental Health Care	Achieved
5 Communication Improvement in communication with primary care following discharge from inpatient wards, outpatient appointments and discharge from service.	Under achieved
6 Transition from CAMHS to Adult Mental Health and Learning Disability Services Improvement in transition from CAMHS to Adult Mental Health and Learning Disability services.	Achieved
7 NHS Improving Physical Health (national) Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI).	Failed
8 Dementia (Liverpool only) To ensure carers' assessment of needs is undertaken and a carers' assessment is offered. Access to a post diagnostic support group to be available for new service users and carers'. Training programme to be established to raise awareness of dementia.	Achieved
9 Friends and Family Test To improve the quality of services and ensure better outcomes for our patients, with increased staff engagement.	Achieved
10 Liverpool Public Health (Addictions Services) To improve communication between the Addictions service and Liverpool City Council commissioners and to better raise awareness of services provided.	Achieved

LOW & MEDIUM SECURE SERVICES 2014/15 CQUIN PERFORMANCE (AS AT MONTH 12) – ACHIEVED OVERALL	
Goal/ Description	**Performance**
1 Collaborative Risk Assessment Active engagement programme to involve all secure service users in a process of collaborative risk assessment and management.	Achieved
2 Supporting Carer Involvement Evaluate the effectiveness of carer involvement strategies and further develop ways to involve carers, family and friends at a local and regional level. To support carer involvement with their relatives in secure care, (particularly in the first three months of care) and then on to the point of discharge.	Achieved
3 Pre-admission Formula To provide the service user information detailing a formulation of both current and potential future needs and how the proposed service might best meet them.	Achieved
4 Clinical Dashboard To ensure the routine use of pre-developed specialist clinical dashboards in assuring services are safe and effective for patients.	Achieved
5 NHS Improving Physical Health (national Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI).	Achieved

HIGH SECURE SERVICES 2014/15 CQUIN PERFORMANCE (AS AT MONTH 12) – ACHIEVED OVERALL	
Goal/ Description	**Performance**
1 Promotion of Recovery Create a collaborative measure of engagement and utility at optimising high secure pathways with the aim to include all patients in recovery college activities that will help to fulfil their potential.	Achieved
2 Supportive Observations Develop best practice observation guidelines for HSS for self harm, suicidality, violence, falls and absconds.	Achieved
3 Reducing Long Term Segregation Develop best practice guidelines for patients managed in long term segregation.	Achieved
4 Supporting Carer Involvement Evaluate the effectiveness of carer involvement strategies and further develop ways to involve carers, family and friends at a local and regional level. To support carer involvement with their relatives in secure care, (particularly in the first three months of care) and then on to the point of discharge.	Achieved
5 NHS Improving Physical Health (national) Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI).	Achieved

Further information regarding CQUIN can be found at: http://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdfhttp://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf
(See also p33 Signposts and Further Information.)

2.2.5 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 NHS Trust during 2014/15 and Mersey Care NHS 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 ensures that people can expect services to meet the fundamental standards based on the key areas of:

- person-centred care
- dignity and respect
- need for consent
- safe care and treatment
- safeguarding service users freedom abuse and improper treatment
- meeting nutritional and hydration needs
- premises and equipment's
- receiving and acting on complaints
- good governance
- staffing
- fit and proper persons
- duty of candour.

All mental health trusts are now subject to the CQC intelligent monitoring system.

The CQC published the second intelligent monitoring reports for mental health trusts on 11 June 2015. In summary the trust has not been placed in a band as we are classed "recently inspected". There are four areas of risk identified:

Safe

Composite indicator showing trusts flagging for risk in relation to the number of deaths of patients detained under the Mental Health Act (Data Source: MHLDDS and CQC Mental Health Act Database). The specific area of risk flagged is in relation to the number of suicides of patients detained under the Mental Health Act.

Effective

Monitoring of alcohol intake in the past 12 months (Data Source: National Audit of Schizophrenia.

Has family intervention ever been offered to the service user? (Data Source: National Audit of Schizophrenia.)

Well-led

Proportion of days sick in the last 12 months for nursing and midwifery staff – data source ESR.

The organisation was already sited on these areas of risk and has put in place quality and performance improvement plans.

Mersey Care NHS Trust was subject to a series of unannounced Care Quality Commission inspections in 2014/15 including inspections of both local and secure services as part of their programme of inspections. These inspections consider the following:

1) Is the service safe?
2) Is the service effective?
3) Is the service caring?
4) Is the service responsive?
5) Is the service well-led?

During 2014/15, one inspection was undertaken and this took place at Stoddart House. This inspection, conducted by the Care Quality Commission, concluded that the service was meeting the standards reviewed.

Further information about the Care Quality Commission registration status of Mersey Care can be found at: http://www.cqc.org.uk/directory/rw4.

Mechanisms are in place in Mersey Care NHS Trust to enable services to monitor compliance with the Care Quality Commission Regulations on a regular basis including the introduction of surveillance mechanisms on a divisional, corporate and executive level. In addition, the trust continues to implement Internal Trust Quality Review Visits which mirror that of the Care Quality Commission. These visits take place weekly and are both announced and an unannounced and include out of hours visits across inpatient and community services. This process provides verification of compliance self-assessments and allows triangulation of assurances.

2.2.6 Data quality

Good quality information (that is information which is Accurate, Valid, Reliable and Timely, Relevant and Complete) is vital to enable individual staff and the organisation to evidence that they are delivering high quality/perfect care that supports people on their recovery journey, and to reach their goals and aspirations whilst keeping themselves and others safe.

Good quality information also enables the efficient management of services, service planning, performance management, business planning, commissioning and partnership working.

The Trust has a Corporate Data Quality Policy, a Data Quality Strategy and an agreed set of Data Quality Standards in place with an annual Data Quality Action Plan and regular audits. The Data Quality Steering Group oversees the action plan, monitors the results of audits and reviews the scores from the Information Governance Toolkit on data quality.

Mersey Care Trust undertakes the following actions to improve data quality:

- implementing all recommendations from internal audit which provides us assurance of the quality of our data
- continuing to develop and implement an annual cycle of data quality assurance audits and respond to the findings of those reports
- continuing with an annual action plan to prioritise a work programme to maintain and improve all aspects of quality information.

Mersey Care NHS Trust submitted records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics (HES). The percentage of records in the latest data submission:

- Which included the patient's valid NHS number were:

  -99.9% for admitted patient care

  -100% for outpatient care
- Which included the patient's valid General Medical Practice Code were:

  -99.7% for admitted patient care

  -99.5% for outpatient care
- Which included the patient's ethnic category (Equality & Diversity monitoring) were:

  -100% for admitted patient care

  -100% for outpatient care.

Latest data (SUS DQ dashboard) available from HSCIC on 22 April 2015 relates to M11 2014/15 (April 2014 to February 2015).

Information Governance

The Mersey Care Information Governance Assessment report overall score for 2014-15 was 83% and was graded 'Green' (satisfactory). The Trust continues to ensure compliance and meet statutory legislation.

3. PART THREE

3.1 Review of Quality Performance 2014-15

In June 2014, the Trust published its Quality Account reporting on the quality of services against 6 areas of priority:

Following extensive engagement with key stakeholders, it was decided that following the work that had been undertaken to achieve these priorities the following six specific areas would be our key areas of quality improvement for 2014/15.

Key Area of Improvement 1: No Force first- roll out the initiative across the organisation.

Key Area of Improvement 2: The development of a depression pathway/reduction in suicides

Key Area of Improvement 3: Improvement in physical health – focus on body mass index (BMI)

Key Area of Improvement 4: Reduction in the number of falls and the implementation of revised falls protocols

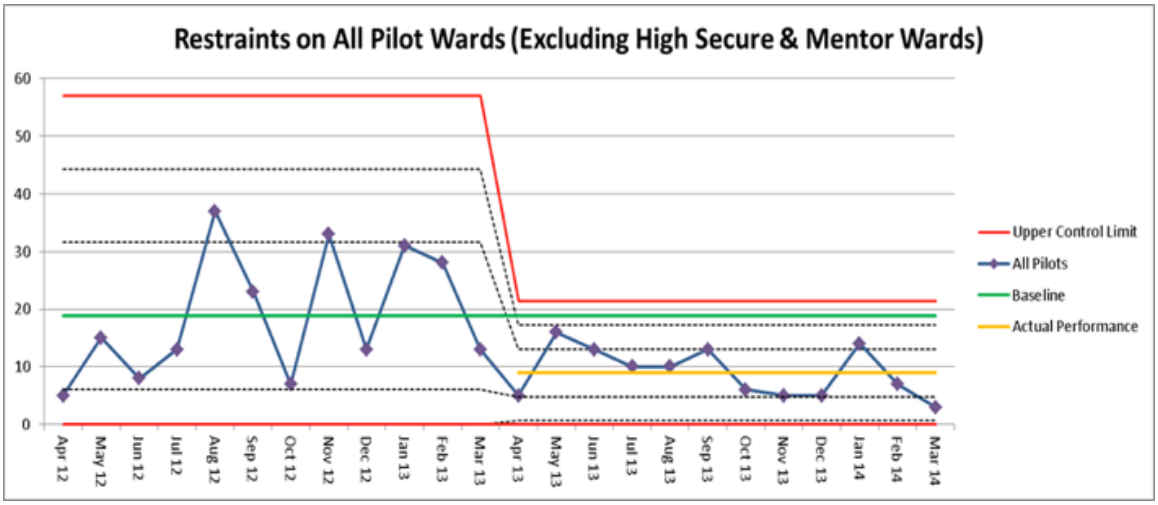
Key Area of Improvement 5: Reduction in harm as a result of violence on inpatient settings

Key Area of Improvement 6: Development of outcome measures for recovery

Key Area of Improvement 1: No Force First- roll out the initiative across the organisation

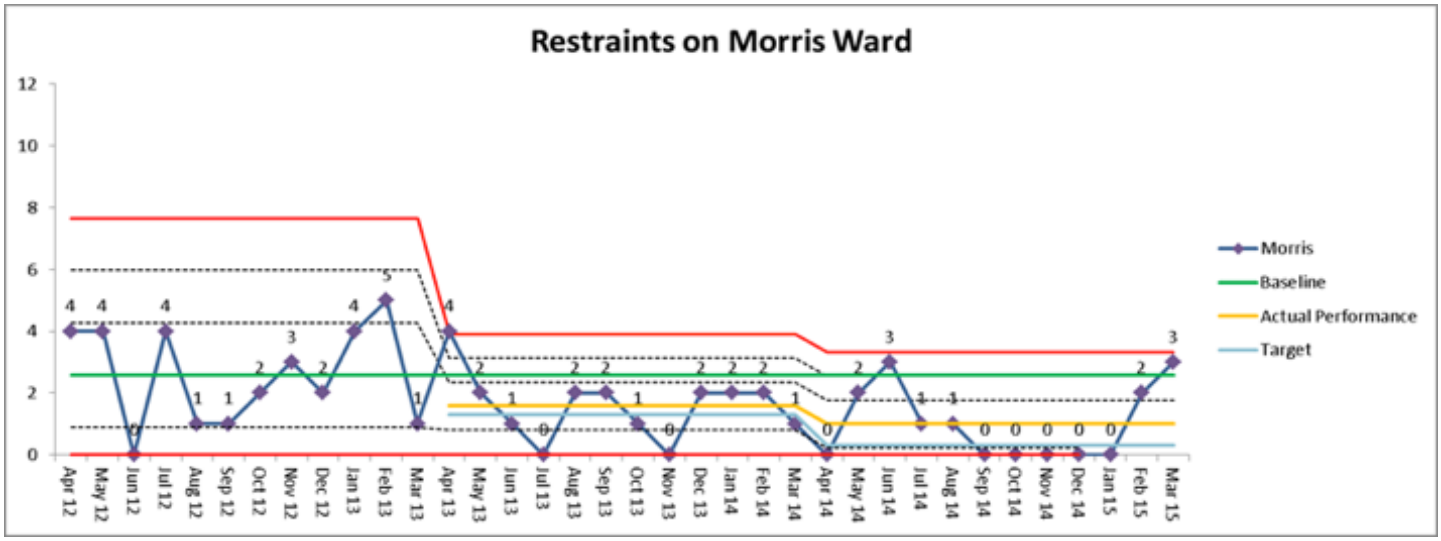
The No Force First programme continues to be one of the key components of the trusts Perfect Care aspirations. The work that we have done in this area has been recognised both within the NHS and governmentally, with the Department of Health using our approach as a template for restraint reduction programmes. Ministerial visits to Mersey Care acknowledged this initiative.

The Department of Health guidance 'Positive and Proactive Care', which was issued in April 2014, gave the process additional momentum and emphasis. It recognised that the most effective response to concerns about excessive interventions such as physical restraint was to institute determined and sustained reduction programmes led from the top of the organisation and driven by innovation at ward level from people who use services and staff. Mersey Care, having already instituted the No Force First programme, seemed to have fully embraced the need for change in advance of the national agenda. Our pilot wards achieved a significant reduction in restraint in year one, (see below).



Through year two of rollout there has been a steady and considered spread from the initial pilot wards so that we are now at a stage where 16 of our inpatient wards are at various stages of engagement with the process. Just as importantly, from a cultural perspective, 'No Force First' is clearly now woven into the language and fabric of what we do as a trust.

Two of our three initial pilot wards (Morris ward and STAR unit) were successful in achieving year two targets of a 75% reduction in medication led restraint and were very close to achieving year two targets of 75% reductions of in physical restraint. These targets are extremely demanding, so this is a clear indication that restraint free environments are no longer an abstract, unrealistic concept, but an achievable short term possibility for the people that we serve. One of our wards Morris Ward at Clock View, had a period in which physical intervention was utilised on just one occasion during a five month period – something that would have been simply unheard of on a ward of this kind (male acute admissions) in the past (See below).



The third of our pilot wards (Poplar) has had a more challenging second year in which they have been unable to meet the targets set out by the process. The test of any improvement programme of this kind is how it responds to and supports services at difficult times. We have instituted 'No Force First' 'Re-engagement sessions' for the ward staff, where our Experts by Experience and staff have worked together to remind the team of their year one progress and to re-energise the process after staffing changes. The new ward manager has been supported and encouraged through the 'No Force First' project group. More widely we have seen year one targets being met in areas as diverse as older peoples services (Oak Ward – use of medication led restraint) and high secure services (Keats Ward – use of physical restraint).

Over the next year we are exploring mechanisms to accelerate the establishment of 'No Force First' principles – Recovery focused language and approaches, full collaboration with service users in care delivered, risk sharing partnerships between staff and service users rather than risk management control, understanding challenging behaviour from a trauma informed perspective, on all of our inpatient units. Central to this will be the development of a trust wide policy document which will tie in services to the principles, implementation, and the development of both local and secure division groups implementation groups which will allow enhanced local ownership of the continued spread process.

The core features of NFF include:

- describing the use of force and coercion as a treatment failure
- de-briefing, including the service user, whenever force is used
- relationships with service users are risk sharing partnerships rather than risk management control
- use of peer support
- effective use of advance statements
- trauma informed care
- positive, recovery focused communication
- delivery within a recovery framework.

We will continue in 2015/16 to spread the success of this initiative across the organisation. An analysis by Lockton's Insurance Company of year one pilot ward data on sickness and violence and aggression incidents indicates that when rolled out across all our inpatient sites, No Force First implementation has the potential to realise savings.

Key Area of Improvement 2: The development of a depression pathway/reduction in suicides

Reducing incidents of suicide by service users, who are registered as Mersey Care Trust service user, (will include those service users who are assessed) by 100% over 4 years. The short term aims for this piece of work were:

a. understand evidence internally and externally

b. enhance knowledge and skills of all clinical staff

c. enhance Safety planning during transitions of care.

Internal and external evidence looks to identify both high risk service users and high risk times/situations. Shared understanding of this within strategic and operational group will inform future training for staff.

Achievements/Deliverables/Milestones:

Zero Suicide Programme Board: The Zero Suicide Programme Board was established in January 2015 and has replaced the suicide prevention project group. Dr David Fearnley is chair of the Board and Rebecca Martinez has been newly appointed as the Associate Medical Director for suicide. The Board have
reviewed and updated the programme driver diagram based on priorities agreed by the Board. To date the Board are revising the Zero Suicide Strategy and Policy and have identified four work streams; safety planning, staff training and development, Safe from Suicide team and incident reviews

Safety planning: The safety plan is a recovery orientated way to support those who use our services to plan for managing risks to their safety both immediately and in the future. An important aspect of the whole safety planning intervention and completion of the safety plan is the collaborative, service user led and person centred way that the plan is jointly produced, reviewed, updated and held by the service user. The plan focuses on enabling service users to understand problems, events and triggers that can increase risk and develop effective ways to manage safety in difficult times, focusing on keeping safe, recovery, building hope, personal skills and support networks. The design process has been a collaborative process of co-design and consultation sessions with both service users and staff from across the Trust, the plan is now being tested by two clinical teams before the final version can be introduced across Mersey Care.

The Primary Care Liaison Practitioners are also developing a shorter, simpler version a safety plan, based on the same principles. Both plans are being developed and evaluated in partnership to ensure a similar approach is developed.

Staff training and development: Suicide Prevention training continues to be delivered across the Trust for all clinical staff. Training content, delivery methods and assessment processes are currently being reviewed as the Trust would like to continuously improve suicide prevention training based on developments within the Trust (such as safety planning interventions and new knowledge as the Trust continues to learn from local, national and international intelligence.

The Zero Suicide Board are also looking at developing training standards to ensure a consistent approach to training is offered to Mersey Care staff and external stakeholders

Safe from Suicide team: A proposal for a Safe from Suicide team has been developed to improve Mersey Care's ability to accurately identify people at high risk of suicide and then target high quality interventions without delay. The team will co-ordinate a consistent standardised approach to suicide across the Trust, design and deliver training responsive need, ensure insights from knowledge and data is formed quickly and responded to and support audit, research and innovation.

Post Incident review processes: The process of reviewing incidents post suicide is currently being reviewed to ensure the process occurs in a timely and consistent manner across the Trust. This is part of a larger project to improve the process of all post incident reviews across the Trust

Other developments across the Trust include:

Self harm project in Liverpool and Aintree A&E mental health services: A new four session intervention process is currently being developed for all people who present at A&E with self harm, but are not referred into Mersey Care services. The four sessions will include psychological interventions and safety planning.

Innovate Depression: A series of events have taken place with staff and services users to explore innovative ideas that will improve the care and support offered to support people at risk of suicide. The Innovate Depression proposals were presented to external stakeholders in February and further engagement activities with stakeholders are in progress to broaden the Innovate Depression network and identify shared piece of innovative developments.

Perfect Care Launch event: The launch event will launch the whole Perfect Care strategy; however the main focus of the event will be the revised Zero Suicide strategy and implementation plan. The event is still in the planning stages, part of the day will be solely be for Mersey Care staff focusing of delivery and the second half will include wider stakeholders who also have a role is suicide prevention across Merseyside and nationally.

Cheshire and Merseyside Suicide Reduction Network: Dr David Fearnley is part of the Cheshire and Merseyside Suicide Reduction Network's Programme Board and Mersey Care is currently engaging with the network to look at jointly launching the Perfect Care zero suicide strategy alongside the network's NO MORE zero suicide strategy.

Links with Higher Education institutions: A co-production research and innovation group has been established with Liverpool University and has met three times. The plan for the group is to develop a wider depression / suicide / self harm network to explore research and innovation priorities and partnerships. The launch of network will take place during Mersey Care's Perfect Care launch with external stakeholders.

Key area of Improvement 3: Improvement in physical health – focus on body mass index (BMI)

Following group discussion at the Perfect Care launch event in June 2014, it was agreed that the focus of the Physical Health project should encompass all aspects of cardiovascular health in order to ensure the greatest impact on the health of our client group. Therefore, the Royal college of Psychiatrists recommended 'Adapted Lester Tool' will now be used as the basis for screening and resulting interventions, with the revised project aim being:

- to improve the physical health of people with a severe mental illness by implementing the RCP recommended Lester UK Adaption for Positive Cardio metabolic Health Resource and providing screening and resulting interventions to 100% of patients in our care
- as a result of the existing work underway within Secure Division, the focus of the project within secure services has been on expanding the range and level of interventions resulting from screenings. Pilot work has been undertaken regarding appropriate and healthy food provision within the Low Secure Unit and this work is now underway
- the initial focus in Local Division focused on ensuring 100% compliance with eLester Tool for physical healthcare screening and this work will be linked to existing and emerging initiatives to reduce duplication. Albert Ward, Broadoak which has received funding from NHS Improving Quality to be a pilot site for implementation of the Lester Tool
- changes were made to the assessment and screening tools in Epex in January to support the Lester Tool work and a data reporting schedule has been agreed with the business intelligence team to ensure there is sufficient data to track progress of the improvements made on this ward. The plan is to roll this work out to other sites over the next 18 months
- work is also ongoing with GP Mental Health Leads to explore involvement and a GP session has been secured to focus on engagement with primary and secondary care to develop cardiac pathways.

Further work has been developed in the following areas:

- recognising the deteriorating patient – MEWS (Modified Early Warning Scores) and competency training for the management of vital signs has been rolled out across the secure division to all but two of the two wards in the Local Division
- reducing Avoidable Deaths (Fail to Rescue) – project aim is to reduce the number of avoidable deaths for inpatients to zero by 28 February 2015 onwards in participating wards through the systematic identification and management of physical health deterioration. This project utilises a quality improvement approach and a number of PDSA cycles have been underway in key work stream areas
    1) intermediate and Basic Life Support (training compliance, training content, review of resources)
    2) MEWS (roll out across the trust, review of audit arrangements including a sustainable short form audit for on-going assurance and delivery of standards)
    3) 72 hour review processes (review of processes in both divisions, review of content of form to identify potential fail to rescue cases that would necessitate a full SUI, review of processes for sharing learning from both 72 hour review and SIR process).

This work is integral to AQuA Mortality Collaborative of which the trust is a member.

- the Trust has worked in collaboration with 9 mental health trusts within the region in the development of Physical Health Competencies for Mental Health and Learning Disability Nurses
- development of 14 video vignettes to support training and education in physical health, nutrition and infection control

Key Area of Improvement 4: Reduction in the number of falls and the implementation of revised falls protocol.

Falls are one of the Trusts top three incidents in terms of prevalence. The majority of falls occur on older people's wards (i.e. 81% of falls on wards) are predominantly due to frailty exacerbated by physical health conditions, and organic/ functional mental health issues. There are also some falls within Addictions services which are as a result of the detoxification process.

The Trust has a Trust Wide Falls group which examines the incidence of falls and develops and implements strategies to reduce the harm caused.

There has been an improvement in falls across the addiction services.

Collectively older people's wards show no special cause variation. Nevertheless the incident prevalence across wards does not show an improvement in terms of reducing the number of incidents. Table 3 refers. Nationally the focus on falls is predominantly to reduce the levels of harm as the frail elderly are likely to have an increased incident rate when compared to other groups.

Considerable effort has been made to implement falls standards across the trust and a band 6 nurse has been seconded to ensure falls standards are in place. Prevention of falls training has been provided to core staff and is being refreshed within manual handling training. Intentional rounding, as well as individual falls plans, have been implemented across wards. All patients identified at high risk of falling have action plans to manage their risks discussed at each handover.

There have been a number of patients experiencing multiple falls due to their complex physical and mental health presentations. These patients are reviewed after each fall and are subject to a 72 hour investigation following three falls.

Table 3

Older people and Addiction wards: Falls 2013/14 and 2014/15

	Falls per 1000 bed days 2013/14	No of Falls	Falls per 1000 bed days 2014/15	No of Falls
Boothroyd	6.58	42	5.94	34
Oak	9.96	65	11.95	78
Total for Functional Wards	**7.83**	**107**	**9.27**	**112**
Acorn	8.10	39	11.10	52
Irwell (Clarence)	18.95	96	17.82	80
Total for Dementia Wards	**13.66**	**135**	**14.39**	**132**
Heys Court	5.30	28	9.93	47
KWU	4.02	19	2.31	10
Windsor Clinic	4.01	19	2.19	10
Total for Addiction Wards	**4.02**	**38**	**2.25**	**20**

A Plan Do Study Act cycle has been implemented on Acorn Ward, Oak Wards and Heys Court to identify whether the falls were avoidable or unavoidable from which we hope to identify further strategies to reduce falls moving forward.

Key Area of Improvement 5: Reduction in harm as a result of violence on inpatient settings

An action plan has now been developed to reduce coercive interventions as part of a two year plan (to April 16) to provide care on wards in the least restrictive environments. Work streams have been developed looking at implementing Positive Behavioral Support Plans (PBS) and developing Trauma informed approaches to care delivery. High secure services are developing PBS linked to risk assessments within a recovery framework. Development of PBS within local services is being undertaken within a Safety planning group.

The implementation of a new Positive and Proactive training manual within Ashworth hospital is due for implementation in April 2015. A new training course within local division will also be delivered phasing out prone restraint as a planned intervention incrementally throughout the year.

The Management of Violence and Aggression service has changed its name to the Personal Safety Service in Recognition of the need to encapsulate the principles of the public health model in developing primary and secondary prevention strategies and that physical interventions are only used as a last resort. Importantly the underlying message within the language used is positive and non-coercive.

Physical restraint reviews have been adapted to incorporate the need to examine the use of prone restraint however staffing reductions have impacted on the ability of the service to review all incidents of restraint. The Trust is involved in a national benchmarking exercise looking at prone restraint and seclusion. Results so far have identified a wide disparity in definitions and practice and the exercise will be repeated to help standardize definitions and develop a national picture.

A project looking at implementing and evaluating the six core strategies to reduce restraint (Huckshorn et al, 2004) is being implemented across eight trusts in North West under a project entitled REsTRAIN YOURSELF. Baseline data has been taken on the implementation ward (i.e. Windsor House) and the control ward (i.e. Brunswick). Ward staff received training in the approach. A range of interventions will be implemented using improvement methodology. A comfort room has also been developed to provide a safe area for service users to collect themselves. A full evaluation of this and other strategies will be provided through the NFF steering group so that evidence based practice can be taken forward across other areas.

The Trust has been successful in a bid to the Health Foundation, in partnership with AQuA, for £180k of funds to support a project that will look at the potential use of the Charles Vincent safety framework to help staff in anticipation and prevention of violence on our inpatient wards. The project, which is currently in the data gathering stage, will commence on Harrington Ward, Broadoak. Learning from the pilot site will be shared across the organisation.

It can be seen that in line with the priority there has been a reduction in the level of harm resulting from incidents of aggression on in patients wards. Table 4 below refers.

Table 4

Incidents of Aggression leading to harm (inpatient wards)

Trust Wide	2013/14		2014/15	
	percentage	percentage	percentage	percentage
Death	0.00%	0	0.00%	0
Severe Harm	0.02%	1	0.00%	0
Moderate Harm	1.32%	54	0.35%	15
Low Harm	11.32%	464	10.50%	455
No Harm	87.34%	3580	89.16%	3865
Grand Total	**100.00%**	**4099**	**100.00%**	**4335**

Secure Division	2013/14		2014/15	
	percentage	percentage	percentage	percentage
Death	0.00%	0	0.00%	0
Severe Harm	0.04%	1	0.00%	0
Moderate Harm	1.67%	44	0.44%	12
Low Harm	5.38%	142	4.60%	125
No Harm	92.91%	2450	94.95%	2578
Grand Total	**100.00%**	**2637**	**100.00%**	**2715**

Local Division	2013/14		2014/15	
	percentage	percentage	percentage	percentage
Death	0.00%	0	0.00%	0
Severe Harm	0.00%	0	0.00%	0
Moderate Harm	0.68%	10	0.19%	3
Low Harm	22.02%	322	20.37%	330
No Harm	77.29%	1130	79.44%	1287
Grand Total	**100.00%**	**1462**	**100.00%**	**1620**

Key Area of Improvement 6: Development of outcome measures for recovery

A project steering group and wider reference group has been established to take forward the work.

The majority of trust services have confirmed their plans for clinician reported outcome measures (CROMs) and patient reported outcome measures (PROMs).

A pilot to enhance the accuracy of clustering data captured through the mental health cluster tool (based on Health of the Nation Outcome scales (HoNOS) is underway in Southport. This is important as the scores obtained through clustering are used to create the effect size data that tells us what impact the care we have delivered has had.

Three teams in the local division are piloting the use of the Short Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBS).

The existing patient experience questionnaire has been enhanced to include cluster data to enable triangulation with CROM and PROM data for people who use payment by result services. It is planned that a subset of the existing questions (recovery focussed) will be used as the patient reported experience measure (PREM). We are also exploring the use of Brief Inspire within the Complex Care service line of the local division as part of a separate project to pilot the use of narrative approaches to care planning for people using the service and their carers.

A suite of further outcome measures has also been proposed which includes social outcomes, clinical effectiveness, safety and key process.

Work is underway to capture the CROM and PROM data within the clinical information systems and to establish reports that look at effect size (at a consultant / team level) and trends over time (at a service user level) for the agreed CROMs and PROMs.

Engagement events with key stakeholders have been arranged to provide a progress update and obtain views.

In addition to the development of outcome measures for recovery we have also developed quality Indicators as follows;

Quality Indicators for supporting recovery at an *organisation* level

Through the ImROC work we are engaged in the organisation has undertaken a self-assessment against the ImROC 10 Key Challenges and has supported service development using the ImROC '10 key challenge' framework?

The organisation has co-produced the following key recovery-supporting, service developments?

a) We have co-developed and established our Recovery College in local and secure services and introduced an Individual Learning Planning process that enables students to set individual learning goals linked to their recovery and to monitor distance travelled towards these.

b) We have trained and supported the introduction of 'Peer Support Workers into a number of recovery wards, our assessment service and liaison & diversion pathway in local services

c) We are co-developing an approach to person-centred 'safety planning' through our zero suicide pathway work

d) We are applying recovery principles to improve quality and safety on our inpatient wards (No Force First).

e) We have gained 'centre of excellence' status through the Centre for Mental Health following their external assessment of our 'IPS' Employment services

Quality indicators for supporting recovery at an *individual* level

Through various initiatives such as Recovery Focused Induction for all staff moving into Clock View, Piloting Values Based Recruitment approaches, running recovery readiness master classes with teams who are supporting the introduction of Peer Support Worker roles, New values based PDR/ PACE review system we are supporting staff to:

Facilitate recovery-promoting relationships through:

- establishing shared values
- demonstrate good, basic relationships skills (empathy, warmth, respect)
- supporting personal hopes and aspirations
- promote a sense of control ('agency').

Use 'pro-recovery working' practices:

- narrative accounts (recovery stories)
- a 'strengths' approach
- 'coaching' methods
- personal Recovery Plans (WRAP, STAR)
- self-management
- shared decision-making
- person-centred 'safety planning'.

3.2 Quality Indicators

Mersey Care NHS Trust considers that the 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 overleaf.

MANDATED INDICATOR	DATA PERIOD (H&SCIC Indicator Portal accessed 26 May 2015	DATA SOURCE	MERSEY CARE NHS TRUST	NATIONAL AVERAGE	HIGHEST NATIONAL POSITION	LOWEST NATIONAL POSITION	STATEMENT
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 inpatient care during the reporting period.	Q1 2014/15 Q2 2014/15 Q3 2014/15 Q4 2014/15	http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/	98.32% 95.90% 95.30% 97.42%	96.99% 97.27% 97.27% 97.21%	100.00% 100.00% 100.00% 100.00%	92.96% 91.55% 90.00% 93.13%	The Mersey Care NHS Trust considers that this data is as described for the following reasons: It has been submitted in accordance with detailed reporting local guidance informed by national reporting rules and advice taken from regulators over the years. The Mersey Care NHS Trust has taken the following actions to improve this percentage, and so the quality of its services, by establishing performance reports within its business intelligence system available to operational staff that enables ready identification of those due to be followed up and also enables scrutiny of any "breaches" to enable lessons to be learnt and practice changed if required to avoid similar situations occurring in future.
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.	Q1 2014/15 Q2 2014/15 Q3 2014/15 Q4 2014/15	http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/	97.63% 95.64% 99.35% 97.76%	97.96% 98.49% 97.82% 98.15%	100.00% 100.00% 100.00% 100.00%	33.33% 93.02% 72.97% 59.46%	The Mersey Care NHS Trust considers that this data is as described for the following reasons: It has been submitted in accordance with detailed reporting local guidance informed by national reporting rules and advice taken from regulators over the years. The Mersey Care NHS Trust has taken the following actions to improve this percentage, and so the quality of its services, by establishing performance reports within its business intelligence system available to operational staff that enables scrutiny of any "breaches" to enable lessons to be learnt and practice changed if required to avoid similar situations occurring in future.

MANDATED INDICATOR	DATA PERIOD (H&SCIC Indicator Portal accessed 26 May 2015	DATA SOURCE	MERSEY CARE NHS TRUST	NATIONAL AVERAGE	HIGHEST NATIONAL POSITION	LOWEST NATIONAL POSITION	STATEMENT
The data made available to the National Health Service trust or NHS Foundation rust 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.	2014	Dataset 21. Staff who would recommend the trust to their family or friends (Q12d) https://nhsstaffsurvey.com/Page/1019/LatestResults/Staff-Survey-2013-Detailed-Spreadsheets/	58%	59%	84%	36%	The Mersey Care NHS Trust considers that this data is as described for the following reasons; It has been obtained via the annual national NHS staff survey which is subject to ROCR approval. The Mersey Care NHS Trust has taken the following actions to improve this score, and so the experience of staff, by the development of an internal staff survey which is administered on a quarterly basis (with the exception of quarter 3 when the national survey takes place). The two clinical divisions have established internal governance process to ensure appropriate review and response to results. This is supported by a programme of activities led by our workforce and organisational effectiveness teams.
The data made available to the National Health Service trust or NHS Foundation rust 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.	2012 2014	Indicator: 4.7 Patient experience of community mental health services (https://indicators.ic.nhs.uk/webview/)	88.1 89.3	86.5 85.8	91.8 91.8	82.6 80.9	The Mersey Care NHS Trust considers that this data is as described for the following reasons; It has been obtained via the annual national community mental health service user survey which is subject to ROCR approval. The Mersey Care NHS Trust has taken the following actions to improve this score, and so the quality of its services, by the development of an internal patient experience survey across both inpatient community survey. The two clinical divisions have established internal governance process to ensure appropriate review and response to results. This is supported by review by a trust wide quality surveillance meeting on a monthly basis and review on a quarterly basis by the Trust's quality assurance committee where specific areas of focus are identified.

MANDATED INDICATOR	DATA PERIOD (H&SCIC Indicator Portal accessed 26 May 2015	DATA SOURCE	MERSEY CARE NHS TRUST	NATIONAL AVERAGE	HIGHEST NATIONAL POSITION	LOWEST NATIONAL POSITION	STATEMENT
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 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.	October 2013 to March 2014	Dataset 5: Patient safety incidents reported https://indicators.ic.nhs.uk/webview/	2.548 incidents; 36.48 per bed day	2190 incidents per organisation; on 26.63 incidents per 1000 bed days	58.7 incidents per 1000 bed days	9 per 1000 bed days	The Mersey Care NHS Trust considers that this data is as described for the following reasons: It has been reported in accordance with the guidance laid down by the NRLS for recording patient safety incidents. The Mersey Care NHS Trust intends to take the following actions to improve this rate, and so the quality of its services, by developing local action plans to increase reporting levels as well as deploying technology driven reporting platforms to encourage reporting in community settings. Datix management consultants have been employed to maximise reporting efficiency. Quality surveillance dashboards have been developed to provide live whole trust incident monitoring and alerts.
	April 2014 to September 2014		2430 incidents; 23.6 per bed day	2393 incidents per organisation; on 26.63 incidents per 1000 bed days	90.4 incidents per 1000 bed days	7.2 per 1000 bed days	
	October 2013 to March 2014	Dataset 5.6: Safety incidents involving severe harm or death https://indicators.ic.nhs.uk/webview/	28 incidents resulting in severe harm or death (0.4 incidents per 1000 bed days)	24 incidents resulting in severe harm or death per organisation; 3.0 incidents per 1000 bed days	1.66 incidents resulting in severe harm or death per 1000 bed days	0.03 incidents resulting in severe harm or death per 1000 bed days	The Mersey Care NHS Trust considers that this data is as described for the following reasons: It has been reported in accordance with the guidance laid down by the NRLS for recording patient safety incidents. The Mersey Care NHS Trust intends to take the following actions to improve its services by using all data available to develop preventative strategies i.e. falls reduction strategy, "No Force First" and suicide reduction strategy. The Trust is about to implement a process of perfect care in relation to suicide prevention, physical health care and restraint.
	April 2014 to September 2014		23 incidents resulting in severe harm or death (0.4 incidents per 1000 bed days)	24 incidents resulting in severe harm or death per organisa-tion; (0.34 incidents per 1000 bed days	3.03 incidents resulting in severe harm or death per 1000 bed days	0.03 incidents resulting in severe harm or death per 1000 bed days	

NOTE; The Quality Account reporting arrangements for 2014/15 includes an indicator on readmissions for all trusts.

"The HSCIC indicator portal states:

To find the percentage of patients aged 0-15 readmitted to hospital within 28 days of being discharged, download ""Emergency readmissions to hospital within 28 days of discharge: indirectly standardised percentage, <16 years, annual trend, P"" (Indicator P00913) from the HSCIC Portal and select from the "Indirectly age, sex, method of admission, diagnosis, procedure standardised percentage" column.

To find the percentage of patients aged 16 or over readmitted to hospital within 28 days of being discharged, download ""Emergency readmissions to hospital within 28 days of discharge : indirectly standardised percentage, 16+ years, annual trend, P"" (Indicator P00904) and select from the "Indirectly age, sex, method of admission, diagnosis, procedure standardised percentage" column."

The latest version of both readmission reports were uploaded in December 2013 and the "Next version due" field states "TBC".

As Mersey Care NHS Trust does not provide inpatients services for under 16 year olds, data for this indicator for the 0 to 15 year old patient group is not included.

No data relating to Mersey Care NHS Trust is included in the "Emergency readmissions to hospital within 28 days of discharge : indirectly standardised percentage, 16+ years, annual trend, P" (Indicator P00904) report downloaded from HSCIC indicator portal. Data for mental health trusts is incomplete with only a small number of trusts allocated to the mental health cluster reporting any data. Therefore it is deemed inappropriate to include any data for this indicator in the trust's 2014/15 quality account.

Dataset: 3.16 Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over provides readmissions information at CCG level but not provider level. Data comes from MHLDS (previously MHMDS).

3.3 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 the service users and carers assembly, who act as a critical friend to the Trust, Health watch groups and other stakeholders to obtain their views about the quality of Mersey Care's services and our priorities for the future.

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.

Our final Quality Account has benefited greatly from the feedback given by all of our stakeholders through the consultation process resulting in more 'user friendly' detail being included in the final document. In particular we have ensured clear and measurable priorities for 2015/16 and will report on our progress as requested by stakeholders.

3.4 External Perspectives on Quality of Service

Feedback was received from:

- Sefton Council Overview and Scrutiny Committee (Health & Social Care)
- Knowsley Health Scrutiny Sub Committee
- Liverpool Clinical Commissioning Group Statement
- Healthwatch Liverpool
- Healthwatch Sefton.

Members of the following attended presentations with the above, however did not offer written feedback:

- Healthwatch Knowsley.

No feedback was received from the following:

- South Sefton Clinical Commissioning Group
- Southport and Formby Clinical Commissioning Group
- Knowsley Clinical Commissioning Group.

Our final report reflects consideration of the feedback received from external partners (see appendix 2).

4. PART FOUR - Signposts and Further Information

The Quality Account

Further information about the content of this Quality Account can be requested from the Director of Nursing:

Ray Walker: 0151 473 2965

Ray.Walker@merseycare.nhs.uk

Trust Services

Further detail about the services delivered by the Trust can be found at:
http://www.merseycare.nhs.uk/about-us/who-we-are/

Quality Strategy

A copy of our Quality Strategy can be requested from the Head of Quality & Risk:

Steve Bradbury@merseycare.nhs.uk

CQUIN

Further information regarding the Trust's performance against local and national CQUIN's please contact:

donna.porter@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.

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/ Fundamental Standards of Quality and Safety

CQC Guidance outlining the Essential Standards of Quality and Safety can be found at:

http://www.cqc.org.uk/search/site/standards?sort=default&distance=15&mode=html&f[0]=bundle%3Adocument

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 or assessed via:

http://www.merseycare.nhs.uk/about-us/our-board/

Service User Survey

A copy of the CQC Patient Survey Report of 2014 (Survey of people who use community mental health services) for Mersey Care NHS Trust can be found at:

http://www.cqc.org.uk/sites/default/files/MH14%20national%20summary%20v9%20with%20trust%20section%20FINAL.pdf

5. 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.

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 outcomes 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 6 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.

Quality Assurance Committee

The Quality Assurance Committee is a committee of the Trust Board which provides assurance to the Trust Board that quality in the trust is of the highest standard. In discharging its responsibilities, the committee will assure itself of trust wide approaches to:

- planning and driving continuous improvement;
- identifying, sharing and ensuring delivery of best-practice;
- ensuring that required standards and quality goals are achieved;
- investigating and taking action on substandard performance;
- identifying risks to quality of care.

National Confidential Enquiry

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.

PLACE (Patient Led Assessment of the Care Environment)

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 £20billion 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.

Perfect Care and Wellbeing Sub-Committee

This is a sub-committee of the Quality Assurance Committee that provides assurance (via the Quality Assurance Committee to the Trust Board) 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.

6. APPENDICES

6.1 Services Delivered by the Trust:

CLINICAL DIVISION	SERVICE	SPECIALITY
Secure Division	High Secure Services (Mental Health and Personality Disorder Inpatients)	High Secure
	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
	HMP Garth Personality Disorder	Psychological Services
	HMP Liverpool Mental Health Inreach Team	Adult Mental Health
	HMP Liverpool Primary Care Psychology Inreach	Psychological Services
Local Division	Drugs Service (Inpatient and Community)	Addictions
	HMP Liverpool Drug Dependency Unit (DDU)	Substance Misuse
	Alcohol Service (Inpatient and Community)	Substance Misuse
	Liverpool Community Alcohol Service (LCAS)	
	Adult Mental Health Services (Inpatient and Community)	Adult Mental Health
	Liaison Services	Adult & 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 Peoples
	Dementia Care Navigator	Older Peoples
	Network Employment	Adult Mental Health
	Triage Car	Adult Mental Health
	Psychiatric Intensive Care Unit (PICU)	Adult Mental Health
	Older Peoples Services (Inpatient and Community)	Older Peoples
	Continuing Care	Older Peoples
	Criminal Justice Liaison Team	Adult Mental Health
	Psychotherapy & Consultation Service	Psychological Services
	Eating Disorders	Psychological Services

CLINICAL DIVISION	SERVICE	SPECIALITY
Local Division	Personality Disorder Service	Psychological Service
	Rotunda	Adult Mental Health
	Health and Wellbeing Service	Adult Mental Health
	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
	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

6.2 Feedback

Sefton Council

Ground Floor
Trinity Wing
Town Hall
Trinity Road
Bootle
L20 7AE

Mr. Joe Rafferty
Chief Executive
Mersey Care NHS Trust
8 Princes Parade
LIVERPOOL
L3 1DL

Date: 17 June 2015
Our Ref: DAC/O&S
Your Ref:

Contact: Debbie Campbell
Telephone Number: 0151 934 2254
Fax Number: 0151 934 2034
email: debbie.campbell@sefton.gov.uk

Dear Mr.Raferty,

Mersey Care NHS Trust – Quality Account 2014/15

As Chair of Sefton Council's Overview and Scrutiny Committee (Adult Social Care) I am writing to submit a commentary on your Quality Account for 2014/15.

Members of the Committee met informally on 15th June 2015 to consider a small number of Quality Accounts, together with representatives from Sefton Healthwatch who are co-opted onto the Committee, and representatives of the Trust attended the meeting.

Committee Members welcomed the opportunity to comment on the Quality Account and a brief outline of information received, together with comments made, is outlined below.

I stated at the meeting that I considered that last year's Quality Account from your Trust to be something of a wish-list or statement of intent, particularly with regard to certain priority areas such as falls, and I felt that this year's Quality Account was similar. Mr. Walker explained the intent to reduce harm associated with falls, together with the rationale behind the zero suicide strategy and provided us with a copy of the Trust's six priority areas which he outlined.

I also emphasised the need for the Trust to publicise services and explain how individuals can access services, particularly out of hours, as access via A&E can be unsatisfactory. Mr. Walker explained the challenge of how to use resources effectively, particularly out of hours, and mentioned the street cars initiative and the Clock View facility, which I visited during the recent review into Medium Secure Services.

We asked about the 2014/15 CQUIN Goals and whether they had all been achieved or not, and Mr. Walker undertook to confirm details with us.

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Minicom: 0151 934 4657

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We mentioned collaborative working, particularly between Primary Care and the need for effective communication, and we hoped to see this currently under achieving area being achieved next year.

We discussed the difficulties associated with presenting data, particularly in relation to measuring suicide, whether accidental or intentional. We also requested a progress report on the Trust's Action Plan to be submitted our Committee meeting to be held on 5th January 2016. Please note that this information will need to be provided to the Clerk for our Committee (details at the top of this letter) no later than 15th December 2015, in order for it to be included with the agenda papers. Trust representatives do not necessarily need to attend, as long as we receive the information requested.

We heard about access to replacement nicotine therapy for service users and the challenge for the Trust to implement smoke-free services by March 2016.

We raised concerns regarding the percentage of patients still not getting family intervention where it is appropriate and we heard details of access to psychological therapies including specific training with nursing staff and the need for investment in additional staff.

We talked in more detail about the Trust's priority on falls and the harm falls can cause.

Concerns were raised regarding failed performance with regard to NHS Improving Physical Health (national) and comments were made in relation to smoking and cardiovascular health.

We requested quarterly reports with data on the Trust's six priority areas to be submitted to the Clerk for our Committee.

I hope you find these comments, together with the discussion held at the informal meeting, useful.

Would you please disregard the letter I submitted to the Trust dated 27th May 2015 and accept this letter as the OSC's formal response to your draft Quality Account.

Yours sincerely,

CMPage

Councillor Catie Page
Chair, Overview and Scrutiny Committee (Adult Social Care)

NHS Liverpool Clinical Commissioning Group – Quality Account Statements – Mersey Care NHS Trust

Liverpool CCG welcomes the opportunity to comment on Mersey Care NHS Trust Draft Quality Account for 2014/15. We worked closely with Mersey Care throughout 2014/15 to gain assurances that the services they delivered were safe, effective and personalised to service users. The CCG shares the fundamental aims of the Trust and supports their strategy to deliver high quality, harm free care.

We have reviewed the information provided within the Quality Account and checked the accuracy of data within the account which was submitted as part of the trusts contractual obligation. All data provided corresponds with data used as part of the on-going contract monitoring process.

This Account indicates the Trust's commitment to improving the quality of the services it provides and Liverpool CCG supports the key priorities for improvement during 2014/15.

- *Key Area of Improvement 1: No Force First- roll out the initiative across the organisation*
- *Key Area of Improvement 2: The development of a depression pathway/reduction in suicides*
- *Key Area of Improvement 3: Improvement in physical health – focus on body mass index (BMI)*
- *Key Area of Improvement 4: Reduction in the number of falls and the implementation of revised falls protocols*
- *Key Area of Improvement 5: Reduction in harm as a result of violence on inpatient settings*
- *Key Area of Improvement 6: Development of outcome measures for recovery*

This is a comprehensive report that clearly demonstrates progress within the Trust. It identifies where the organisation has done well, where further improvement is required and what actions are needed to achieve these goals. The Quality Account sets out the priorities for improving patient safety, patient experience and clinical effectiveness across all services provided by the Trust.

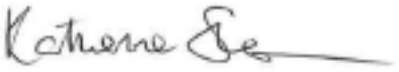
The Trust places significant emphasis on its safety agenda, with an open and transparent culture, and this is reflected throughout the account with work continuing on the reporting of incidents and the embedding of learning across the organisation.

This commitment is also supported through the participation in the Sign Up to Safety Campaign and the pledges put forward to improving patient safety across the organisation.

Liverpool CCG is pleased to note the extensive engagement and consultation with stakeholders that led up to the publication of this Quality Account and commend the Trust for taking its responsibilities for engagement seriously.

Liverpool CCG along with our Co-Commissioning CCG's our aspiring through strategic objectives and 5 year plans to develop an NHS that delivers great outcomes, now and for future generations. That means reflecting the government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care and achieving excellent outcomes for our patients is the central focus of our work and paramount to our success.

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 time.

Signed  8 June 2015

Katherine Sheerin
Chief Officer

Knowsley Council

Democratic Services
Huyton Municipal Building
Archway Road
L36 9YU

Mersey Care NHS Trust
V7 Building
Kings Business Park
Prescot
Merseyside. L34 1PJ

18 June 2015

Dear Sir/Madam,

Re: Quality Account Report

Thank you for sending your draft Quality Account Report.

The Council's Health Scrutiny Sub-Committee has considered which Quality Account reports to scrutinise and decided, on this occasion, not to comment on the Quality Account of Mersey Care NHS Trust.

As Chair, I am happy for you to include this letter, should you wish, as your response from Knowsley's Health Scrutiny Sub-Committee.

Next year, the Sub-Committee will again choose which Quality Accounts to review and may take the opportunity to engage with Mersey Care NHS Trust.

Yours faithfully,

M Stuart

Councillor Marie Stuart
Chair of the Health Scrutiny Sub-Committee
Knowsley MBC

healthwatch Liverpool

healthwatch Sefton

Mersey Care NHS Trust - Quality Account Commentary 2014/15

Healthwatch Liverpool and Sefton welcome the opportunity to provide a commentary on this Quality Account. As part of the ongoing engagement with Mersey Care NHS Trust, Healthwatch Liverpool and Sefton have continued to attend meetings at the Trust on a quarterly basis, and members of staff within the Trust have responded quickly to questions and requests for information.

On reading the account it appears to be an honest account of how Mersey Care NHS Trust is monitoring and driving improvements in the quality of services it provides. We note the priorities for 2015/16 which we have not been involved in setting this year and welcome priority 5: reduction in self harm on inpatient units and presenting at Accident and Emergency departments.

Healthwatch was pleased to note that many Commissioning for Quality and Innovation (CQUINS) goals were achieved. However the tables on page 10 and 11 describing national, local and secure division requirements was not easy to understand. Firstly it was hard to work out what they tell us and secondly we were not sure if it's relevant to know what percentage of the budget relies on improving quality.

We note that the trust failed on the CQUINs focusing on improving physical health. We would like to see the Trust continue to focus on improving the physical health of its service users in order to reduce some of the health inequalities people with enduring mental health problems can experience. The document shows that the Trust is putting actions in place to identify and manage individual physical health needs, and Healthwatch will be keen to learn more about the impact of this in the coming year. We would also like to find out how the Trust plans to improve how it meets the communication CQUIN with improvements in communication with primary care following discharge from inpatient, outpatient appointments and discharge from services being important.

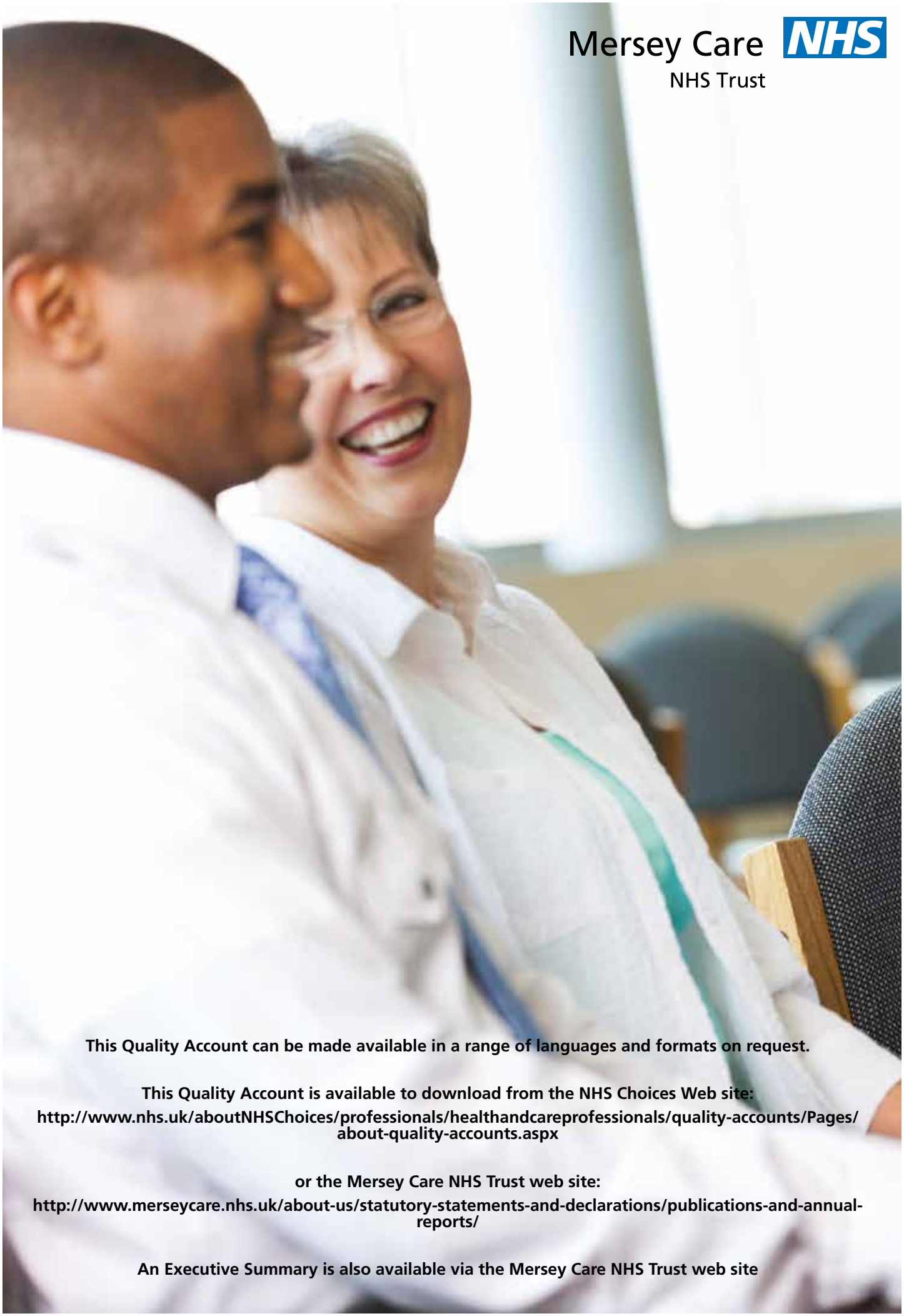
In the draft account reviewed data provided about incidents and harms appears to be from previous years and other areas are incomplete which has meant we are unable to provide a full review. Examples of this include; nutrition, no statistics or quantified outcomes are provided with the reader being referred to the appendix to review the action plan, which is yet not included within the document. Similarly for cardiology it states as one of the outcomes "a meeting will be scheduled within the next 24 hours with the secure division to discuss the outcomes of the audit'.

The Trust needs to be congratulated for its 'No Force First' initiative particularly the recognition within the NHS and nationally with the Department of Health using this approach as a template for restraint reduction programmes. We recently heard first hand about the work in the area and its impact from a service user volunteering at the trust who is helping to embed this and we look forward to seeing this rolled out across all relevant Mersey Care services.

From a lay reader perspective we felt it would have been useful to report on progress made against last years priorities, and then moving on to future priorities. The document does have a glossary at the back explaining some of the terms used. The glossary would be useful at the front of the document to prepare the lay reader for the professional acronyms and jargon used which is found throughout the account. The use of percentages is confusing to the lay reader and is meaningless unless the reader knows the context.

Healthwatch Liverpool and Sefton look forward to continuing engagement with Mersey Care NHS Trust during 2015/16.

Mersey Care NHS
NHS Trust



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 Web site:
http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/about-quality-accounts.aspx

or the Mersey Care NHS Trust web site:
http://www.merseycare.nhs.uk/about-us/statutory-statements-and-declarations/publications-and-annual-reports/

An Executive Summary is also available via the Mersey Care NHS Trust web site