

Quality Account

2011/12

ALL RED is compulsory wording and must not be
changed

V4.0

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Part 1: Chief Executive's statement on behalf of the Board

Board members are committed to developing services of the highest quality, which enable and empower people to reach their potential and live fulfilling lives. Our aim is to provide services which support independent living and work, are person centred, intervene early, are highly accessible and focused on recovery. We work closely with service users, carers and our partners in other agencies to deliver truly integrated care in the best place and at the best time.

Our core values inspire us to achieve our aims:

- Listening
- Challenging stigma and promoting equality
- Being accountable to our communities
- Harnessing the enthusiasm and skills of our staff

Our Quality Account outlines how we are doing in relation to these aspirations and gives an honest review of the progress we have made on the priorities we set last year and the work that remains for us to do.

Our Quality Account has been developed in partnership with our service users, carers, clinicians, managers, commissioners, local involvement networks (LINKs) and local authority health overview and scrutiny committees.

Our commitment to quality

Providing high quality services is of paramount importance to us. We primarily measure this through the experiences of our service users and their carers and by the outcomes of our clinical interventions. We are aware that there have been times over the last 12 months when we have not given our service users and carers the quality of service that they rightly expect. Because of that, we are committed to ensuring that the focus of our efforts is put back into the journey of recovery for all those who use our services. This is the very least that people should expect of our Trust.

We gather data from a variety of sources to ensure that we truly understand these experiences and do our best to respond quickly and appropriately with all necessary improvements. This report focuses on providing meaningful information and data that we use to continually monitor and plan improvements to the quality of our services across the three quality domains of:

- 1) Patient experience
- 2) Effectiveness – the right service to the right person at the right time
- 3) Safety

The Trust seeks to improve continuously. During 2011/12 and continuing into 2012/13 this will involve the redesign of our core services. We have now launched our new Primary Care Liaison Service (PCLS) that is locally based and will act as the first point of contact for all of our referrals, operating between 8am and 8pm. The service will provide advice to GP referrers, will assess patients' needs, undertake risk assessments and decide upon the best care pathway for the individual.

Alongside the PCLS we shall provide an intensive service which will operate 24/7 and will deliver a 'hospital at home' service, providing an alternative to inpatient treatment as well as dealing with any emergency care requirements.

Ongoing care in the community, short or long term, will be provided by our recovery services from 8am to 8pm; focusing on recovery and consistency of care.

Inpatient services will be strengthened to ensure the right levels of skilled and experienced staff are available to provide increased levels of therapy daily and operate at nationally accredited standards. Through engagement with service users, carers and families and other professionals we shall reduce the risk of care becoming fragmented as a result of admission.

This Quality Account includes information which demonstrates to our service users, carers, commissioners and the public that we provide mental health services that are among the best. We set out in Part 3 how well we have performed against local and national priorities including how well we progressed with those areas we highlighted as our improvement priorities for 2011/12.

Positive outcomes from Care Quality Commission inspections alongside a comprehensive set of performance metrics demonstrate that we have established high standards of core service quality.

We recognise that we have more work to do and continue to pursue excellence in all our service areas.

Priorities for 2012/13

We are committed, early in 2012/13, to deliver in full and maintain any remaining unmet standards that we set ourselves in the past two years.

In particular, we recognise that our work with carers requires continued improvement to achieve the standards we all want and although we have made significant improvements in the accessibility and responsiveness of our services we need to improve further.

Drawing on feedback from service users, carers, GPs, stakeholders and commissioners, our priorities for 2012/13 in summary (set out in detail in Part 2a) will focus on:

Service user and carer experience

- Continuing with our successful carers' experience survey to ensure that our improvements are designed to meet carers' and service users' needs
- Improve service users recovery via greater engagement and ownership of their recovery-focused care planning

Effective care and treatment

- Ensure full compliance to our Care Programme Approach (CPA) standards in all service settings
- Improve physical health care and focus on health promotion activities for inpatients
- Provide timely, accessible, safe, and effective treatment for service users with mental health and substance misuse problems.

Safety

- Ensure CPA processes include appropriate and rigorous risk management
- Reduce the levels violence and aggression
- Meet nationally accredited standards in our inpatient wards.

This is another ambitious programme of improvement but a necessary one. We are, once again, immensely grateful to all those service users, carers, Trust members, staff, commissioners and others who have supported and worked with us during the past year and, in many cases, for far longer. Together, we can succeed in continuing to improve the standards of our services and the quality of care.

I verify to the best of my knowledge that the information in this document is an accurate and true account of the Trust's quality of services.

Paul Miller
Acting Chief Executive

Please note:

We have used a "traffic light" system to rate how well we have done against the standards we have set for ourselves. These are:

Red	Standard not met / poor result
Amber	Standard nearly met / adequate result
Green	Standard met / good result

We have also used arrows to show the direction of change against target level over the past year as follows:

- ▲ = Improving
- ▶ = No change
- ▼ = Deteriorating

A glossary of terms can be found at page XX.

Introducing Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

AWP is a major provider of recovery focused mental health services with a vision to “enable and empower people to reach their potential and live fulfilling lives”.

We are committed to the delivery of accessible, effective, innovative and person-centred services which intervene early and effectively and concentrate on recovery and re-ablement. We work together with our health and social care partners to provide service users with increased choice in the way they receive support and care which is closer to their homes and to avoid, where possible, disruptive inpatient stays.

AWP provides services for people with mental health needs, for people with learning disabilities combined with mental health needs and for people with needs relating to drug or alcohol dependency. We also provide secure mental health services and work with the criminal justice system.

We operate from more than 100 sites across Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire, as well as providing specialist services for a wider catchment extending across the South West.

In 2011/12 we saw 33,424 individuals from over 35,017 referrals, admitted 2,380 people into our inpatient units while our community services teams had more than 500,000 contacts with service users.

Our turnover in 2011/12 was £192m and we employed 3224 (whole time equivalent) staff from a variety of professional backgrounds including psychiatrists, psychologists, mental health nurses and allied health professionals.

Fundamental to delivering quality services is continuing to embed the principles of the NHS Constitution within the organisation. This sets out rights to which patients, public and staff are entitled, pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

Part 2a: Our priorities for improvement in 2012/13

Following extensive consultation we have developed our priorities for the coming year. Where improvement priorities set in previous years remain incomplete, AWP will continue to work on these in conjunction with this year's priorities to provide more person-centred and recovery focused services.

PATIENT EXPERIENCE

Priority 1: To improve service user and carer experience

Description of issues and rationale for prioritising

Service user engagement and ownership of care planning continues to be highlighted as an area for improvement in patient experience surveys and is a fundamental element of a successful path to recovery. We shall therefore continue to focus on this area through improvement actions informed by service user feedback.

During 2011/12 the Trust introduced a new programme of carers' experience surveys. Alongside our performance data, these surveys indicate that we can still improve the involvement of carers in service user care and ensure carers receive the support they need to carry out their valuable role. As part of our commitment to providing the right support and our working in partnership with carers, the Trust will continue to prioritise this programme of work during 2012/13.

The actions we will take in 2012/13 are set out in the table below:

Aims	Actions	Success measures	Reported by
*To improve service user engagement in their care planning	Carry out a survey and establish improvement plans for an agreed five key areas	Improved patient survey results in five key areas	Patient survey report to Commissioners and Board as part of CQUIN
*To improve carers experience through improved partnership working and carer support.	Carry out a survey of carers' experience of services and implement improvements Audit of carers care plans to establish quality against agreed criteria	Improved results against previous carers' survey Audit of quality of carers' care plans: 85% compliance	Carers Survey and Audit Assurance report to Commissioners and Board as part of CQUIN

* These are part of the 2012/13 CQUIN scheme, explained in the glossary at end of document and set out in detail at the following link [XXXXXX](#)

EFFECTIVENESS

Priority 2: *To improve the delivery of care through compliance with best practice standards for care planning, physical healthcare and by reducing harm from substance misuse*

Description of issues and rationale for prioritising

Our service user and carer feedback alongside performance data and other themed reviews of the Care Programme Approach (CPA) indicate we still have improvements to make. The CPA is the primary framework for assessment, care planning and review of care and it is therefore essential that all key elements are in place to ensure the safe and effective treatment of all people in contact with services.

Neither the physical nor mental health of service users should be considered separately as physical health and fitness is key to overall wellbeing. We will be focusing on the promotion of a healthy lifestyle through activities and education provided in our inpatient services.

Rates of excess/harmful alcohol and substance misuse among mental health service users is far higher than in the general population. The role of mental health services is pivotal in the identification of issues and evidence-based interventions to reduce harm. Therefore improved screening and appropriate care planning for dual diagnosis is essential to improving the effectiveness of treatment.

Aims	Actions	Success measures	Reported by
Ensure full compliance to CPA standards in all service settings and areas	<p>Monitor compliance twice weekly in all Teams via real time reports from the electronic patient record</p> <p>Manage performance of staff in teams where standards are not being met to ensure they are: via supervision, appraisal and Team meetings.</p>	<p>98% compliance on the following indicators:</p> <ul style="list-style-type: none"> • CPA induction • CPA management • Active care coordination • CPA annual reviews <p>Improved scores in patient survey relating to CPA processes</p> <p>Reduction in CPA lapses reported in external reviews and internal management reports</p>	<p>Scorecard</p> <p>Patient Survey</p> <p>Review of internal and external reports where CPA lapses are cited.</p>
Improved physical health care and focus on health promotion activities for inpatients	<p>All inpatients to have a physical health check to include the identification of health promotion needs</p> <p>Care plans to include health promotion</p>	<p>Improved in patient survey results</p> <p>95% inpatients receive physical health check within 72 hours of admission</p> <p>Audit of care plans demonstrate 95% of</p>	<p>Patient survey reports</p> <p>Performance Scorecards</p> <p>Audit reports</p>

	activities where there is need	care plans include health promotion activities where there is need Increased uptake of physical healthcare care package	
To provide timely, accessible, safe and effective treatment for service users with mental health and substance misuse problems	<p>Delivery of effective care pathways for service users with dual diagnosis</p> <p>Screening of all service users to aid identification a dual diagnosis</p> <p>Specialist training, advice and support provide to all services by Specialist Drug and Alcohol Service (SDAS)</p>	<p>Increased identification of dual diagnosis (DD) as part of risk assessment</p> <p>All those with an identified need to have a timely care plan to meet these needs</p> <p>DD link workers in all teams</p>	<p>Performance Scorecards</p> <p>Quarterly dual diagnosis update report to commissioners</p>

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SAFETY

Priority 3: To improve safety and compliance

Description of issues and rationale for prioritising

We work hard to ensure that our services are as safe as possible for service users, carers, visitors and staff. Safety is not just about physical buildings, it is also about making sure that assessment and treatment is effective and follows the CPA. Each ward will formally participate in an accreditation peer review programme organised by the Royal College of Psychiatrists Centre for Quality Improvement.

Effective management of risk and risk taking, in relation to the care of service users, is essential to providing safe and effective care as well as to maximise the outcomes for service users, carers, families and communities.

It is essential that vulnerable people who have been detained under the Mental Health Act and entrusted into our care are safe and feel safe. Work with in our secure services has highlighted areas of good practice to be shared with all inpatient wards to minimise the risk to service users and staff of violence and aggression.

We have taken a systematic approach to considering our patient experience reports and incident data alongside lessons learnt from our own thematic reviews and serious incidents to prioritise the following areas for improvement.

Aims	Actions	Success measures	Reported by
CPA: appropriate and rigorous risk management	<p>Monitor compliance twice weekly in all teams via real time monitoring reports from patient record</p> <p>Manage performance of staff in teams where standards are not being met to ensure they are: via supervision, appraisal and Team meetings.</p>	<p>98% compliance to completed risk assessments</p> <p>Reduction in Risk Assessment lapses reported in external reviews and internal management reports</p> <p>Quality of risk assessment completed, balancing needs for positive risk taking.</p>	<p>Scorecard</p> <p>CPA assurance report to commissioners and Trust Board</p> <p>Quality of risk assessments to be included in audit programme following definition of criteria by quarter one</p>
Reduction in violence and aggression	<p>Implementation of NICE guidance on violence and aggression</p> <p>Sharing of good practice across all wards</p>	<p>Improved score for patient survey question 'do you feel safe?'</p> <p>Real time patient survey data</p>	Patient surveys

Accreditation for Mental Health Inpatient Services (AIMS)	Multi professional groups established by ward to self assess and establish improvements ready for peer review assessment	100% of all wards will be accredited or demonstrate internal compliance in readiness for assessment	Assurance report Director of NCAS
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Part 2b: Statements relating to quality

The Trust has a five year Board *Strategy for Quality Improvement, 2010-15*, that is delivered through annual quality improvement plans in each service, addressing the key areas of safety, effectiveness and patient experience. The plans also seek to improve the systems and processes around quality, including underpinning issues essential for delivering high quality care, such as finance and human resources.

The following statements provide information to demonstrate that the Trust is performing to essential standards, that we measure our clinical processes and performance and are involved in national projects to improve quality.

The Board and its Quality and Healthcare Governance Committee receive and review assurance and progress reports on a regular basis.

2.1 Review of services

During 2011/12 AWP has provided NHS inpatient and community mental health services organised across five strategic business units, including:

- Adult community services
- Adult inpatient services
- Liaison and later life
- Specialised and secure services, including learning disabilities services for people with mental health needs
- Specialist drug and alcohol services.

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

The income generated by the NHS services reviewed in 2011/12 represents 100% of the total income generated from the provision of NHS services by the Trust during 2011/12.

2.2 Participation in clinical audits

During 2011/12, seven national clinical audits and one national confidential enquiry covered NHS services that AWP provides. During that period AWP participated in 100% of the national clinical audits and 100% of national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that AWP was eligible to participate in during 2011/12 are set out in table 1 below.

The national clinical audits and national confidential enquiries that AWP participated in during 2011/12 are set out in table 1 below.

The national clinical audits and national confidential enquiries that AWP participated in, and for which data collection was completed during 2011/12, are listed below in table 1 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 1: Participation in National Clinical Audits and National Confidential Enquiries		
*National audit topics that AWP was eligible to participate in	AWP involvement	Cases submitted / cases required
Prescribing antipsychotics for people with dementia (baseline audit POMH 11a)	YES	*113
Assessment of the side effect of depot antipsychotics (first supplementary audit POMH 6c)	YES	*39
Monitoring of patients prescribed lithium (second supplementary audit POMH 7c)	YES	*32
Prescribing high dose and combined antipsychotics on adult, acute and psychiatric intensive care wards (POMH 1f report due out 30 th May 2012)	YES	*217
Prescribing high dose and combined antipsychotics on forensic wards (POMH 3f report due out 30 th May 2012)	YES	*60
National Audit of Schizophrenia (NCAPOP)	YES	*89
National Audit of Psychological Therapies for Anxiety and Depression (NCAPOP)	YES	*154
National confidential enquiries that AWP was eligible to participate in	AWP involvement	Cases submitted / cases required
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	YES	65/77
* In this case there was no set number of cases required.		

2.2.1 Quality improvement actions from clinical audit

The reports of five national clinical audits were reviewed by the Trust in 2011/12 and AWP intends to take the following actions to improve the quality of healthcare provided:

- **Prescribing antipsychotics for people with dementia (POMH 11a)** - clinical staff will be reminded that they must document discussions with patients and/or carers about the risks and benefits of antipsychotic treatment.
- **National Audit of Psychological Therapies** - action will be taken to ensure that staff are only delivering the therapies they have been trained to deliver and working with the PCT we will continue to discuss ways to improve patient satisfaction, access and outcomes.
- **Assessment of the side effect of depot antipsychotics (POMH 6C)** - systems and processes will be improved to ensure thorough assessment and documentation of the side effects of depot anti-psychotics.

- **Monitoring of patients prescribed lithium (POMH 7C)** – clinical staff will be reminded to follow the agreed procedure regarding the prescribing and monitoring of lithium, with a particular emphasis on recording service users' weight.

Reports for the remaining national audits are awaited from the national body and shall be actioned once received.

The reports of some 60 local clinical audits were reviewed by the Trust in 2011/12 and AWP intends to take a number of actions to improve the quality of healthcare provided. Examples include:

- **Electroconvulsive Therapy (ECT) Audit** – the ECT expert group will oversee actions to further increase compliance with memory and cognitive function testing pre-discharge and at three and six months post treatment.
- **Medicines Storage Audit** – Pharmacy staff will work with nursing staff to improve the safe and correct storage of medicines. Specifically this is to include training around the safe storage and administration of insulin, and advice on improved temperature monitoring.

2.3 Participation in clinical research

The Trust fully endorses the importance of high quality research for improving clinical effectiveness and the service user and carer experience by giving people early opportunities to participate in new assessment and treatment approaches. AWP works with the National Institute for Health Research (NIHR), Western Comprehensive Local Research Network (WCLRN) and collaborates locally with universities and acute trusts through the Bristol Health Partners (BHP) Academic Health Sciences Collaboration.

The R&D department holds Department of Health contracts to host the South West Mental Health Research Network (MHRN) and the South West Dementias and Neurodegenerative Diseases Research Network (DeNDRON). The Trust also supports the national Suicide Prevention Programme Grant led by Professor Gunnell at Bristol University. This year AWP launched the BEST Evidence in Mental Health clinical question answering service which supports evidence based practice with high quality research evidence in collaboration with the Cochrane Group at Bristol University.

This year AWP has participated in 86 (total number of studies to date from 1 April 2011) of which 15 were MHRN and 13 were DeNDRON adopted network studies. A further 17 studies were supported by the UK Clinical Research Network (UKCRN), and there were 24 student projects. The remaining projects were either staff or unsupported studies. This represents our activity approximately to end of December 2011.

For our last full year of data (April 2010 to March 2011), comparably figures were: 105 active projects in AWP, 20 of these in DeNDRON, 13 in MHRN, 13 UKCRN; and 36 were student projects

The number of patients receiving NHS services provided or sub-contracted by AWP in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was 555. This number will increase after year end due to the time lag for accrual data.

The trust is currently fourth in the UK amongst mental health trusts for research activity.

2.4 Commissioning for Quality and Innovation (CQUIN) payment framework

One and a half percent of the Trust's income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between AWP and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation Payment Framework.

During 2011/12 the CQUIN goals were split across six schemes of which four achieved measurable improvements that met the target levels aspired to.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available electronically in an additional document which is available from our website awp.nhs.uk/link NOT YET AVAILABLE

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2.5 Care Quality Commission (CQC) registration

AWP is required to register with the CQC and its current registration status is fully registered without conditions.

The CQC did not take enforcement action against AWP during 2011/12.

AWP has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2011/12:

The Trust has received eight visits from the CQC to review and inspect the quality of our inpatient services. In all but three cases, these confirmed our full compliance with the CQC's Essential Standards of Quality and Safety. Of these three, one of the units is now fully compliant having completed improvements whilst for the other two, actions are being completed.

Review of the AWP Lansdowne Unit

This is a specialist service for the assessment and treatment of people with a learning disability and mental health disorder.

The unit was selected for review as part of a targeted National inspection programme due to nationally identified risks in the overall system of residential care of people with learning disabilities.

The inspection was to assess:

- Service users experiences of their care and treatment being supportive of their needs
- How well their rights are protected
- Whether they are protected from abuse.

The final report of the review was received by the Trust on 1 February 2012 and identified concerns about standards being fully met. AWP intends to take the following action to address the conclusions or requirements reported by the CQC:

- Improve care planning systems and use hospital passports to ensure service users spiritual, religious or cultural needs are met in care planning and treatment
- Make changes to create a more homely and stimulating ward environment
- Improve the promotion of and numbers of service users taking part in stimulating activities on the wards
- Plan appropriate staffing and skill mixes to ensure staff availability for the ongoing care of all patients whilst distressed patients are managed separately and safely according to risk
- Staff to receive appropriate adult safeguarding and behavioural management training to meet the specific needs of those with a learning disability and a mental health disorder
- To relocate the unit to ensure that the design and layout of the accommodation is appropriate for the provision of care being offered, person centred and allows the environment to be adapted to meet individual needs of people using the service

AWP has made the following progress by 31st March 2012 in taking such action:

- All service users in the unit have hospital passports that detail any spiritual, religious or cultural needs. These needs are now a standing item to be considered for every patient at every ward round.
- Replacement furniture throughout the unit has been ordered, with the aim of improving the homeliness of the environment.
- The range and quantity of patient activities has increased in response to patient's preferences. Volunteers support the delivery of various activities for example reading and music.
- A "Response Team" is now identified on the duty rota for every shift, so that it is clear which staff are to respond to the alarms/incidents and which staff are to stay and support the remaining patients.
- 100% of the staff have received specialist safeguarding and behavioural management training. Regular bank staff are also receiving this training.
- Plans are in preparation for the layout and location of the new unit as soon as possible.

2.6 Quality of data

The Trust has a comprehensive and systematic approach to the management of the quality of data held on its patient information system RiO, which is then used for reporting. Three internal audit reports in 2008/9, 2009/10 and 2010/11 have given substantial assurance ratings to our systems and processes. Further, an Information and Data Quality Management Strategy was, approved by the Board in February 2010 and has been successfully implemented to date. Whilst this should give confidence that data reported in this Quality Account and routinely in our information and performance reports is reliable and of high quality, we are always open to challenge on this, will investigate any concerns and work to ensure we maintain our high standards.

There are three statistics, shown in table 2 below, that show the quality of data reported in every Trust performance scorecard report.

Table 2: Data quality measures	Target level	2010/11	2011/12	
Data completeness - core fields for patient identification (national indicator)	99%	97%	99.9%	▲
Data completeness - outcome fields (national indicator)	50%	84%	90.0%	▲
Data timeliness - system updated in three days of actual event	95%	79%	95.0%	▲

Performance across all three indicators has improved during 2011/12, and means that the Trust's performance now exceeds the target in all three measures. This reflects improved approaches to recording information electronically and the successful implementation of our new electronic patient information system RiO.

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

- Complete a re-refresh of the Trust's Information & Data Quality Management Strategy

- Implement further data quality metrics, above and beyond those defined nationally, to provide assurance of data quality across all aspects of the electronic service user record
- Improve completeness of data collected against the protected characteristics to support the Trust in meeting the requirements of the Equality Act
- Expand on existing team / ward level data quality reporting, to include performance at worker level; helping to locate ownership of data quality to the individual.

Our performance against other key areas of data quality is as follows:

The Trust submitted records during 2011/12 to the Secondary Uses Service for inclusion in the hospital episode statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid:

- NHS number was XXX% for admitted patient care.
- General Medical Practice Code was XXX% for admitted patient care.

The Trust's Information Governance Assessment report score overall for 2011/12 was 81% and was graded green.

AWP was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

2.7 Safeguarding

The Trust continues to regard safeguarding as a key and developing priority. AWP is an active member of the safeguarding multi agency partnerships in our area, including Safeguarding Children and Safeguarding Adults Boards.

The Trust has continued to develop policies, systems and tools to support practitioners to better meet their duties to safeguard and to protect the public and has enhanced its internal and external reporting and governance arrangements. The Trust safeguarding team saw a continuing significant increase in activity and contacts from practitioners in 2011/12.

The Trust has also been involved in working with commissioners and local multi agency safeguarding partnerships to develop a range of improvements in practice and policy. This work has had a particular focus on involvement in the local and national responses to the issues raised by the treatment of vulnerable patients at Winterbourne View, prioritising improvements in the following areas:

- Joint working between adult and children's services within the 'Think Family' model
- Awareness of domestic violence and violence against women and girls
- Ensure effective learning from experience in relation to local and national serious case reviews.

Part 3: Our care quality achievements in 2011/12

The Trust has a robust performance management framework and quality improvement strategy. From Board level to frontline services, scorecards are utilised containing indicators of quality, covering patient experience, effectiveness and safety. These are reviewed monthly by the Board, and across the Trust, including external scrutiny by our commissioners and a range of care forums. This approach has helped to systematically improve the quality of services.

In this section we will describe what we achieved during the year across the areas of patient experience, effectiveness and safety. We describe how we have performed against national measures and our progress with our quality improvement priorities alongside the related metrics we routinely use for measuring the quality of services.

We have included some metrics, as key quality indicators, which show data for the Trust overall. Area level breakdowns to enable local comparison are available in detailed appendices on our website [\[awp.nhs.uk/link\]](#) or on request, as is further information on the definitions of the measures used.

3.1 How we are measured nationally

We report on our performance against national targets and standards as specified by the NHS Operating Framework for 2011/12 and [Monitor's Compliance Framework](#). Table 3 below sets these out. In addition we also monitor ourselves against other measures and indicators which are included in the following sections.

Table 3: *National standards and targets	Target	2010/11	2011/12 (numerator / denominator)	Change
Care Programme Approach (CPA) seven day follow up	95%	97%	99% (2699/2741)	▲
Care Programme Approach (CPA) annual review	95%	95%	97% (4632/4766)	▲
Minimising delayed transfers of care	7.5%	2.7%	1.7% (11/642)	▲
Admissions to inpatient services have had access to crisis resolution home treatment teams	90%	92%	93% (1119/1201)	▲
Drug users sustained in treatment	83%	85%	86% (4264/4952)	▲
NHS staff engagement	Improved Score	**Achieved	Not met	▼
NHS patient satisfaction	National Mean	Achieved	Achieved	▶
Compliance to Department of Health standards for eliminating mixed sex accommodation	100% Compliance	100%	100%	▶
Reduction in Clostridium difficile	Reduction	Achieved	Achieved	▶
National Health Service Litigation Authority Risk Management Standards Level 1	Level 1	Level 1	Level 1	▶
Meeting six criteria for access to healthcare for people with a learning disability	All criteria met	Fully met	Fully met	▶
Number receiving assertive outreach	535	502	592	▲
Number of crisis resolution episodes	2691	3204	2337	▼
Number receiving early intervention	182	191	239	▲
Compliance with National Service Framework fidelity criteria of crisis resolution home treatment, early intervention and assertive outreach teams	All criteria met	Fully met	Fully met	▶

* The Trust is also measured nationally on the data completeness and data outcomes indicators as shown in table 2 on page 13.

** This measure is taken from the National NHS Staff survey. In 2010/11 we achieved the improvement trajectory set however the score for staff satisfaction was slightly lower than in 2009/10.

3.2 Patient experience - How we did

Understanding the experience of our service users and their carers is fundamental to the Trust ensuring that we provide good quality services. We continuously strive to improve quality in response to service users and carers experiences.

Progress with our 2011/12 priorities to improve patient experience

Last year our three priority areas for quality improvements for service user and carer experience were to

- Improve service user understanding of the purpose and side effects of their medication
- Provide information that is accessible to people with learning disabilities
- To understand carers experiences of our services and demonstrate improvements in response to this feedback

3.2.1 Improved information on medication

During the year we have improved the availability of information on medication by having a comprehensive collection of leaflets available to all staff and service users. Staff have been trained to ensure information is shared and medication fully discussed. Results from the Community Mental Health Survey 2011 show that the Trust's scores have significantly improved for all five survey questions on medication. Achieving scores in the mid 60% of Trusts for four questions and the top 20% for one question on the purposes of medications being explained.

3.2.2 Improvements for people with learning disabilities - Mencap *Getting it right Charter standards*

The Charter is designed to ensure that people with a learning disability have fair access to healthcare services, and that services are capable of supporting people with a learning disability. The Charter's standards are recognised nationally and locally as an indicator of good practice and support the Trust's contribution to improving the health outcomes for this vulnerable client group.

Through this initiative we have improved the availability of information by producing easy read ward welcome packs and patient information over a range of topics in conjunction with service users and carers.

The Trust has successfully delivered full compliance to all nine *Getting it Right Charter* standards as follows:

- Hospital Passports are available and used
- Staff understand the principles of mental capacity laws
- An appointed Learning Disability Liaison Nurse in all wards
- Every person with a learning disability has an annual health check
- On going learning disability awareness training is provided for all staff
- Listen to, respect and involve families and carers
- Practical support and information is provided for families and carers
- Information that is accessible to people with a learning disability is provided
- The "Getting it Right" principles are displayed for everyone to see.

We have a quality metric that shows that 97% of services users diagnosed with a learning disability also have a named care coordinator and care plan in place.

3.2.3 Understanding the experience of carers

As part of the Trust's commitment to getting support for and partnership with carers right, the Trust introduced a carers experience survey with action planning for improvement.

Meeting our carers' targets has been challenging particularly in relation to the identification of carers. The information gathered from our surveys has helped us to understand where and how to make improvements. During the year we have improved our performance and in the last three month period:

- 1437 out of 1478 (97%) of newly identified carers have received an assessment within four weeks
- 1219 out of 1333 (91%) of carers with an assessed need have received a carers support plan within four weeks of assessment

The Trust carried out two surveys to assess the effectiveness of the Trust's engagement with carers; gathering feedback from 344 individuals in June 2011 and 218 in November 2011.

The findings of the survey are linked to the six key elements contained in the 'Triangle of Care – carers included' (National Mental Health Development Unit and the Princess Royal Trust for Carers, July 2010) that give guidance on providing quality services for carers.

We have set five areas for improvement:

- Explanation of the role of a carer
- Making carers feel welcome and included
- Signposting to support agencies including being given copy of AWP carers information pack.
- Details of who to contact in office hours and out of office hours in an emergency
- Opportunity to talk about their needs and given a copy of the initial carers care plan.

Improvement actions were taken between the surveys and the results of the second survey, as set out below in table 4, confirmed improved results across all five areas. Even with this success the scores in some areas remain less than satisfactory or, on some measures, no improvement. Work will continue to address these shortfalls across all areas and this will remain a Trust priority during the coming year, as set out previously in Section 2a.

Table 4 – Summary of Carers Survey Results				
Questions covered the following themes	Results 2011/12		Target	% Change
	Q1	Q3		
Carers' given explanation of what is meant by the word carer	81%	90%	95%	+0.9%
Views are taken into account when planning care	52.6%	64.5%	70%	+11.9%
Carers not receiving support through the AWP Information Pack	37.5%	29.3%	25%	-8.2%
Carers not receiving the PALS and Complaints leaflet	41%	31.6%	30%	-9.4%
Carers have numbers to contact in office hours	91.6%	95.3%	95%	+3.7%
Carers have a named contact	85.2%	90.7%	90%	+5.5%
Carers have a number to contact out of office hours – question 11	58.7%	58.1%	85%	-0.7%
Carers offered an opportunity to talk about their needs – question 15	59.3%	68.4%	75%	+9.1%
Carers finding this meeting helpful – question 17	92.1%	93.5%	95%	+1.4%
Carers receiving a copy of the Initial Carer's Care Plan	77.8%	73.4%	95%	-4.4%
<p>Green = Met improvement target Amber = Improvement, not met target Red = No improvement</p>				
<p>Summary</p> <p>2 met required target 8 showed improvement but not to target level 2 no improvement or decrease</p>				

Examples of some of the key improvement actions being taken are set out below. Surveys of carers' experiences will be repeated during 2012/13 and the following actions will be adjusted as required to address the issues identified:

Improvement actions being taken:

- Promotion of good practice guidance for staff
- Easily available templates for carer's care plans
- Carers information packs readily available
- Carer leads in all teams and wards to give advice and information
- Up to date information available on local carer support organisations/groups

- Supervision and training to support staff to feel confident about identifying carers at service user's first assessment

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3.2.4 Patient experience indicators

The metrics below in Table 5 are published annually to reflect key measures of quality.

- **Speed of access for assessment:** a timely and competent assessment reduces anxiety for the service user and carer, reduces risks and ensures that the appropriate treatment can be started quickly once a care plan is agreed
- **CPA induction:** care plans are negotiated jointly with the service user and, where appropriate, their carer and other professionals. Once the assessment is complete a care plan should be drawn up within four weeks, agreed with the service user and a written copy given to them. A CPA level should be allocated along with a named care coordinator.
- **How service users feel about the way they are treated:** is it with dignity and respect?

Table 5: Patient experience – how we did

Indicator	Data source	Target	2010/11	2011/12 (numerator / denominator)		National comparator
Service users seen for their first appointment within four weeks of their referral	Electronic Patient Record	95%	99%	99% (8694/8751)	▶	NHS South West target is 100%
*% taken onto caseload with a named care coordinator, an agreed care plan, assigned CPA level and care cluster allocated within 4 weeks of assessment	Electronic Patient Record	98%	26.8% (May '11)	77.2% (815/1056)	▲	CPA policy standards
Treated with dignity and respect by their health or social care worker	Community Mental Health Survey 2010	Top 20% of all Trusts	94/100	93/100	▼	Intermediate 60% of trusts

*In 2010/12 we have introduced this measure as an improvement. It combines CPA induction quality standards and replaces the previous measure on care plans

3.3 Effectiveness - How we did

Effective services are defined as providing the right care to the right person at the right time.

Progress with our 2011/12 priorities to improve effectiveness

Last year three priority areas for quality improvements were to:

- Improve early identification and treatment of mental health problems
- Ensure service users receive well designed, recovery focused care that is compliant with best practice
- Establish systems for measuring and monitoring outcomes for clinical and service user/carer perspectives to reflect recovery

3.3.1 Improved early identification and treatment of mental health problems

The Trust is implementing a service redesign programme to improve the way people access our services and are supported in times of need.

New service models have been developed and are being implemented early in 2012/13.

The new services will be organised around improved liaison with primary care, an intensive 'hospital at home service' and a recovery service to provide specific periods of intervention to service users requiring long or short term support to assist their recovery.

Our measures of success for these improvements are the following as at 31st March 2012:

- 91% of service users receive CPA induction to standard
- 99% of all service users receive their assessment within four weeks of their referral
- 97% of service users are receiving treatment within 13 weeks of their referral.

3.3.2 Recovery-focused care that is compliant with best practice

Recovery Pilot - during 2011/12 we have piloted a new approach with six adult community teams, one for each PCT area, focusing on developing collaborative and recovery-focused practice. This work has specifically included the use of the 'Recovery Star' and the writing of care plans in the first person.

The 'Recovery Star' is an outcomes measurement tool designed to map an individual's journey towards recovery. In addition, training was provided across the teams with the appointment of a recovery star champion.

The two key outcome measures were met as follows:

- 51% services users have a care plan using the Recovery Star, exceeding our target of 40%
- 35% of care plans written in the first person, exceeding our target of 20%

A feedback survey was also carried out demonstrating consistently positive results in areas such as service users feeling valued, developing goals, being helped to achieve goals and receiving good care.

Quality and timeliness of GP letters – The Trust completed an internal audit of the quality of letters sent to GPs against quality criteria agreed with GPs. Necessary improvements were identified and work undertaken to improve the standard and consistency of letters. Key outcomes are the development of clear clinical guidance, a quality checklist and letter templates all readily available in conjunction with RiO the electronic patient record system.

To improve the timeliness of such communications teams and wards set up secure NHS email accounts and in some areas these systems are in operation. However the use of NHS mail by GP practices is not consistent or common enough across all areas for us to be able to ensure this standard is met across all areas and remains an ongoing development area.

3.3.3 Establishing systems for measuring and monitoring outcomes for clinical and service user/carer perspectives to reflect recovery

As described above the Recovery Star tool is able to monitor and measure the outcomes of interventions from the service user's perspective. Implementation has been successful and received favourable feedback.

To measure outcomes from the clinical perspective we have adopted across all services the HoNOS scoring system. The tool rates the mental health of service users before and after treatment in order to be able to measure any changes that may be attributable to that intervention. 94% of our service users now have a valid HoNOS score.

3.3.4 Effectiveness indicators

This section demonstrates how we are doing on key measures of effectiveness as set out in Table 6.

- **Physical health checks:** making sure that the physical, as well as mental, health care needs of our service users are taken into account when providing care.
- **Carers' assessments:** those who care for people with mental health problems have needs of their own, and may need help in their role as a carer. It is a statutory duty that we assess these needs in all cases and put in place support plans and services to meet those needs, and review them regularly.
- **Reviews:** care must be reviewed regularly to ensure that it is meeting service user needs. National policy requires that a minimum annual review is carried out for every service user. Most will have their care reviewed more frequently.
- **Re-admission rates:** high levels of re-admission to inpatient wards in the period straight after discharge may indicate that the decisions to discharge were inappropriate or there was insufficient aftercare to support people in the community. It is also stressful for service users and their carers. Keeping re-admission rates low is a key objective of the Trust.

Table 6: Effectiveness – how we did

Indicator	Data source	Target	2010/11	2011/12 (numerator / denominator)		National comparator
Physical health checks for inpatients within seven days of admission	Inpatient Audit	98%	97%	98%	▲	90% achieved by top 10% of mental health trusts
% of carers with an assessed need who have a care plan within four weeks of assessment	Electronic Patient Record	95%	70%	91% (1219/1333)	▲	NHS South West target 100%
% of service users seen during the year who have received a review	Electronic Patient Record	95%	95%	97% (4632/4766)	▲	CPA policy requires a minimum 12 monthly review
Re-admission rates	Electronic Patient Record	Less than 5%	3.8%	4.2%	▼	< 5% is national upper quartile

3.4 Safety – How we did

It is not only crucial that services are as safe as they can be, but that we can demonstrate this to ourselves, our partners, our services users and carers and to the public. AWP continues to work hard to ensure that our services are as safe as possible.

Progress with our 2011/12 priorities to improve effectiveness

Last year our three priority areas for quality improvements were to:

- Minimise the number of patients who are absent without leave
- Increase the total number of incidents reported, while decreasing the proportion that are serious
- Improve reporting consistency between wards and teams

3.4.1 Good practice management of absence without leave (AWOL)

It is essential that vulnerable people who have been detained under the Mental Health Act and entrusted into our care are safe and feel safe. We achieve this by making our wards warm, welcoming and stimulating places to stay; through proper management of service users' detention; and clear plans for escorted and home leave – so minimising the chances of people being absent without leave (AWOL).

During the year we have ensured that all of our wards are working to national standards of good practice and have carried out self assessments across all wards using the National Mental Health Development Unit's (NMH DU) workbook *Strategies to Reduce Missing Patients*. We have an ongoing improvement plan in place with all wards completing improvements as required.

This work is evidenced by a significant reduction in the number of AWOL incidents that have breached our good practice criteria; reducing from 163 in 2010/11 to 77 in 2011/12 for the same period.

3.4.2 Improving our incident reporting culture while decreasing the proportion that are serious.

We believe that having a culture of reporting minor/near-miss incidents is positive and we have promoted this over the past few years. Trusts that do so tend to be better at learning from events, have better safety records and lower rates for serious incidents. We have continued to improve our culture of reporting and learning from incidents with a comprehensive programme of thematic reviews and learning disseminated to all staff.

In 2011/12 we have changed practice to meet new National Reporting and Learning Framework standards. Our aim was to continue to increase the number of incidents reported and data evidences a small increase from 16.5 to 18.7 incidents reported per 1000 bed days. Nationally we still remain in the mid range of Trusts nationally.

National incident reporting is categorised in relation to the degree of harm caused across the following categories: none, low, moderate, severe and death. We have seen a small decrease over the period in the number of incidents graded as causing severe harm or death; from 2.2% to 1.9% of incidents reported.

3.4.3 Developing good practice and improving consistency of practice between wards and teams

The Trust continues to carry out thematic reviews and patient safety visits to improve safety culture and improve consistency in reporting levels. A dedicated thematic review is being carried out on the standards of reporting which will help identify good practice and areas of improvement.

The Trust has been continuing to assess teams against the Manchester Patient Safety Assessment Framework.

3.4.4 Safety indicators

This section demonstrates how we are doing on key measures of safety as set out in table 7.

- Incident reporting
- Speed of investigating and reporting: when things may have gone wrong
- How service users felt about the safety of services
- Staff sickness absence: we believe a stable, healthy and consistent staff team makes for a safer and more reassuring service for our service users, carers and visitors.

Table 7: Safety – how we did						
Indicator	Data source	Target	2010/11	2011/12 (numerator / denominator)		National comparator
Benchmark position for reporting patient safety incidents to the National Patient Safety Agency	National Patient Safety Agency	Highest quartile	Mid range	Mid range	▶	N/A
Serious Untoward Incidents reported to the Lead Commissioner and Strategic Health Authority within 24 hours	Strategic Executive Information Management System (STEIS)	100%	100%	97% (56/58)	▼	100%
During your most recent stay did you feel safe?	Annual Inpatient Survey Report 2010	Improved Score	52%	53% (87/163)	▲	43% overall for Trusts taking part
Staff sickness absence data cumulative average over past 12 months	Electronic Staff Record	4.8%	5%	5% (not applicable)	▶	National Comparator 4.78%

3.5 Service user, carer and patient experience

The Trust places great importance on knowing how our service users and their carers feel about our services. We participate in the annual NHS national patient survey programme which, for 2011, focused on community services. In 2011 we again completed our own survey of inpatient services, as we did in 2010 as a repeat of the national survey for 2009. This enables us to have year on year comparisons for both community and inpatient care as reported by service users.

Alongside the national surveys, the Trust collects information from our own internal surveys; complaints, praise and feedback via the Patient Advice and Liaison Service (PALS); incident data and CQC inspections and visits.

All information is coordinated to ensure a full understanding of evolving themes and to ensure lessons are learnt. An analysis of complaints, praise and PALS information is provided in the table below by the themes covered. There is an ongoing improvement planning process in place to respond to the feedback we receive.

3.5.1 PALS, praise and complaints

In 2011/12 the Trust received:

- *307 formal complaints
- 1767 enquiries to our PALS team
- 748 items of praise.

Five themes from our feedback	Complaints	PALS	Praise
Access and waiting	45	115	2
Better information, communications and choice	180	1159	3
Building relationships	187	60	730
Clean, comfortable place to be	74	70	3
Safe, high quality co-ordinated care	33	363	10
TOTAL	519	1767	748

* The number of formal complaints is less than the number of themes covered in complaints as shown in the table. This is because one complaint may cover more than one theme.

3.5.2 2011 National survey findings

Community Mental Health Survey

The annual national Care Quality Commission (CQC) Community Mental Health Survey benchmarked scores for 2011 showed improvements on 2010 results. We moved from having one question scoring in the top 20% of mental health trusts nationally to five questions.

We scored 'about the same' as expected compared to other mental health trusts for eight of nine areas of the 2011 survey shown on the CQC website, with only one area, 'day to day living', scoring 'worse' than expected.

Full information on the national community mental health patient survey is available on the CQC website.

We score well for service users:

- Understanding the purposes of medication
- Understanding what is in their care plan
- Having a chance to express their views at their care review meeting
- Finding the care review helpful
- Discussing with staff whether they have a continuing need for NHS mental health services

In response to our community survey results we are focusing on the following areas to make improvements:

- Access to talking therapies
- Involvement of service users in the care planning process
- Crisis care
- Information about medication
- Improving the quality of reviews of care
- Screening of service users for substance misuse problems

Inpatient survey

The Trust also chose to repeat the inpatient survey of service users who were discharged from AWP wards in the second half of 2010. AWP scored 'above average' for 29 of 57 questions.

Scores remained high for:

- Service users feeling safe during their recent stay
- Cleanliness on the ward
- Discharge processes.

The Trust scored well above average for service users:

- Having trust and confidence in nurses
- Being treated with dignity and respect
- Being listened to by nurses.

In response to our inpatient survey results we are focusing on the following areas to make improvements:

- Feeling safe in inpatient settings
- Being treated with dignity and respect and having enough time with clinicians
- Having enough activities on wards over seven days
- Interactions with psychiatrists
- Medicines management
- Admission and discharge processes.

3.5.3 Real time survey results

Each strategic business unit (SBU) carries out a monthly real time survey and repeats questions on a quarterly basis to allow ongoing comparison. These provide immediate feedback from service users about 'how we are doing'. The key themes relate to topics identified as areas for improvement in the national surveys.

In response to our monthly survey results we are focusing on the following areas to make improvements:

- Meeting the demand for talking therapies
- Information about what to do in a crisis
- Reductions in reported issues about noise levels on wards*
- Sufficient ward activities at evenings and weekends
- Information about medication
- Involvement in care planning
- Assessments (SDAS)
- Involvement in care planning.

Example: Secure Services have responded to feedback about noise levels on wards at night by piloting an initiative for staff to keep keys in a pouch to prevent them from jangling.

3.6 Patient environment

The Trust takes part annually in the national programme managed by the National Patient Safety Agency called the Patient Environment Action Team (PEAT) assessment. It is a benchmarking tool which helps demonstrate how well individual healthcare providers are performing in key non-clinical aspects of patient care and involves service users and carers in the assessment team.

Our PEAT results for 2011/12 have shown **AWAITING RESULTS**

Patient Environment Action Team (PEAT) scores					
Environment scores		Food scores		Privacy and dignity scores	
2010/11	2011/12	2010/11	2011/12	2010/11	2011/12
1 excellent 11 good 3 acceptable	Await results	11 excellent 1 acceptable 3 self catered	Await results	11 excellent 4 good	Await results

3.7 Staff survey

The Trust takes part annually in the CQC's national NHS staff survey and has an ongoing process for reviewing the findings and developing improvement initiatives in response.

Over the past four years we have met the Department of Health's longer term overall improvement trajectory, however the score for staff engagement was slightly lower in 2011. A summary of our results are as follows:

We scored highly against national scores for the themes relating to:

- Flexible working options
- Staff suffering work-related injury in the last 12 months.

Improvements continued in relation to:

- Staff receiving health and safety training in the last 12 months
- Staff receiving equality and diversity training in the last 12 months.

Results deteriorated in the areas:

- Staff who would recommend the Trust as a place to work or receive treatment
- Staff receiving job-relevant training, learning or development in the last 12 months.

Full details and results for our surveys are available electronically on the NHS Staff Survey website: <http://www.nhsstaffsurveys.com>

3.8 Innovation – making things better

Innovation is about doing things differently to improve the quality of our services and the service user experience. Very simply, innovation is about making things better, turning the good ideas of our staff, service user, carers and partners into real benefits.

Following the launch of the AWP Innovation Strategy last year there has been a flurry of innovation activity. Our strategic business units (SBUs) have hosted innovation conferences and workshops to engage staff in creative problem solving to improve quality. These events have helped to identify new ideas to improve our approach to recovery, physical health care and dual diagnosis, amongst others. 'Dragons' Den' style competitions have encouraged staff to come forward with ideas that will make a real difference to service users. Time, money and professional support have been made available to support the best ideas. Some examples are described below.

Lights, camera, action!

Charlotte Richards, Manager of the prison drug and alcohol service in Portland Young Offenders Institution was frustrated with the training materials available to prepare young men to make positive life choices when they leave prison. Charlotte and one of the prisoners from Portland faced a team of 'Dragons' to pitch for the resources to make a DVD that would better meet training needs.

Thanks to funding from the Specialist Drug and Alcohol Service SBU and the Princes Trust, the idea became a reality. Working in partnership with media students from Weymouth College, a new training DVD has been co-produced by prisoners at Portland and students, Alex Gunn and Heather McLean. Heather and Alex taught the young men about story boarding, camera use and editing. Filming took place in the prison and college TV studio with young men from the prison taking starring roles. Produced by the young men, the DVD will have greater relevance to others in their position. Soon to be launched, the DVD will be made available to other prisons to support their work.

Peer Support Workers in Secure Services

The role of peer support workers is known to be beneficial in supporting fellow service users to express and achieve recovery goals. Whilst peer support workers are used in community and inpatient settings, peer support in secure mental health units is difficult because there is little opportunity for service users from different wards to mix (wards reflect different stages in an individual's recovery journey).

Sarah Wood, Modern Matron at Fromeside Secure Unit, and colleagues wanted to develop a mentoring approach that spanned the different wards in Fromeside. Following a successful presentation to the Specialised and Secure Services Dragons' Den, Sarah received funding to train a group of service users to become peer mentors. Nearing the end of their training, mentors have gained new skills and opportunities that will be personally beneficial and will benefit fellow service users.

Recovery Handovers

Lime Ward at Callington Road is a busy place and traditional handovers were taking too long. The nursing team led by Jaci Bennett, Ward Manager, decided change was needed. They heard about a different approach being used in acute hospitals that involved a short group handover meeting followed by personal handovers. Personal handovers involve the service user, their key support worker from the morning shift and their allocated worker for the afternoon shift. This time is used to reflect on the morning's activities and plan for the rest of the day resulting in a more personalised, recovery focused approach. This approach has transformed the ward and made a significant difference to both service users and staff. This approach is being adopted more widely and is currently changing practice in our older persons wards.

These are just a few examples of the amazing work that AWP staff do every day, finding creative solutions to improve support for service users and carers or to make life easier for colleagues. To help spread these ideas right across the AWP area we launched the 'Making a Difference Hall of Fame'.

Welcome to the Hall of Fame

The Hall of Fame is a collection of case studies that capture positive developments led by AWP staff, often in partnership with service users, carers and other organisations. The Hall of Fame is not just about changes to clinical care; support staff have great ideas about how to improve ways of working which result in better care for service users.

Our Making a Difference Hall of Fame case studies will be available on our new website in 2012/13.

3.9 Equality and diversity

During 2011/12 we worked with our stakeholders to come to an agreed position on how well we were doing on the four broad equality goals contained within the [†]Equality Delivery System:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership

We used feedback from our stakeholders along with evidence available to the Trust to set our Equality Objectives and these, along with our commitment to meeting the duties set out within the Equality Act 2010, are described in our Equality, Diversity and Human Rights Strategy and Implementation Plan 2011/12.

Our equality objectives for this 2012/13 are:

1. To improve diversity data completeness on service users, carers, staff and volunteers and to ensure this equalities information is analysed and used meaningfully to inform services, policies, strategies and targeted interventions.
2. To increase the positive experiences of those who use AWP services and those who work for the Trust.
3. To improve communication with all service users and their carers so that, where appropriate, they are informed about their diagnosis, their choices and places of treatment and care.

Overall the Trust is committed to progressing equality across all the protected characteristic groups (age, gender, disability, religion and belief, sexual orientation, ethnicity, sex, pregnancy and maternity and civil partnerships and marriage) and we will use the EDS engagement groups and self assessment process to continually monitor our progress.

The Trust recognises that the needs of some service users from protected and other disadvantaged groups can be distinct and specific. The Trust responds by designing services which reflect those needs and by continuing to ensure that the Trust's redesign programme and policy development activities are supported by a comprehensive equality impact assessment process that identifies any area of work which may have an adverse impact on those with a protected characteristic.

The Trust provides a comprehensive programme of equality and diversity training which all staff are required to attend as part of their induction. A cohort of staff have also undertaken a Racial Equality and Cultural Capability (RECC) Train the Trainers course and will deliver this training to staff within the organisation. This will enable us to develop a workforce which is culturally competent.

[†] **Equality Delivery System (EDS)** is a tool for use by NHS staff and NHS organisations to understand how equality can drive improvements and strengthen the accountability of services to patients and the public.

We continue our commitment to the principles outlined in the Mindful Employer Charter, ensuring that we are positive about recruiting, retaining and supporting those who have experience of mental ill health. The Trust has also continued to hold the Two Ticks Disability Symbol, demonstrating our commitment to supporting disabled employees.



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Part 4: How we developed our Quality Account

This is the third year that NHS Trusts have reported formally on the quality of their services.

Much of this report is set out to meet legal requirements. However we also report on our priorities for improvement which have been agreed in partnership with clinicians, service users and carers.

Our aim has been to produce a true and fair representation of our services, including information that is meaningful, relevant and understandable to our service users, their carers and the public.

Throughout the year we have had ongoing engagement with service users and carers across the Trust via our existing forums. Each service informs their quality improvement activities by gathering service user and carer feedback from a variety of mechanisms: PALs, praise and complaints, annual surveys, real-time surveys, service user and carer representation on Trust groups, focus groups and at special events. An example from our inpatient services was a series of evidence based design events across all areas to engage with service users and carers. From these events changes have been made to the ward environment and how the ward works with more planned in 2012/13.

As part of our response to the Public Sector Equality Duty we have improved our engagement with those from protected characteristic groups. Through a series of engagement events, as part of our work on implementing the ⁺Equality Delivery System, we have used feedback from our stakeholders to inform our equality objectives for 2012/13.

We have also engaged across the organisation with our staff and clinicians.

The Trust is also grateful to our service users, carers and staff who also commented and contributed to this document.

External assurances and comments

We provided a draft of this Quality Account to NHS South Gloucestershire, our co-ordinating commissioner, all six local authority health overview and scrutiny committees and Local Involvement Networks (LINKs) and invited them to review the document and provide us with comments.

In addition to a response from NHS South Gloucestershire ([awaited](#)), Wiltshire Council collated responses from:

- Bath and North East Somerset Council Healthier Communities and Older People Overview and Scrutiny Panel
- Swindon Borough Council Health Overview and Scrutiny Committee
- [South Gloucestershire Council Health Scrutiny Select Committee TBC](#)
- Bristol City Council Health and Adult Social Care Scrutiny Commission
- Wiltshire Council Health and Adult Social Care Select Committee (QA Task Group established to respond on behalf of the Committee)

- North Somerset Council Health Overview and Scrutiny Panel.

Wiltshire Involvement Network (WIN) provided a composite response from contributions from five of the the six LINKs covering the AWP area:

- WIN
- B&NES LINK
- South Gloucestershire LINK
- North Somerset LINK
- Bristol LINK
- Swindon LINK.

In the time available, we have responded to these comments wherever possible by adding information or making appropriate amendments. The Trust is grateful to all of the above organisations for helping to verify the content and for their suggestions for improving this document.

The verbatim comments received from the above organisations are available in full in Appendix A of the downloadable version of our Quality Account, including appendices, on our [website at \[awp.nhs.uk/link\]](http://awp.nhs.uk/link)

Concluding comments

We very much hope that the information contained in this document is useful and meaningful, reinforcing the fact that providing high quality and safe services is AWP's highest priority and at the heart of all that we do.

We would value your feedback on this document so we can improve next year's Quality Account. You can contact us via the details below. Alternatively, if you would like further information, a hard copy of this document, or have any questions, please contact us.

Contact us with your feedback or for further information at:

Email: Communications@awp.nhs.uk

Telephone: 01249 468000

Or write to: Quality Account

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Our full Quality Account, including the following appendices, is available on the Trust's website [\[awp.nhs.uk/link\]](http://awp.nhs.uk/link) or by request:

Appendices:

- A External assurances and comments – [to be finalised awaiting SG PCT](#)
- B Glossary of terms
- C Information by PCT and local authority area [in development](#)
- D More information on the targets presented in tables [in development](#)

An additional document, Commissioning for Quality and Innovation (CQUIN), is also available via the Trust website [yet to be published](#)

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Appendix A – External assurances and comments

The AWP draft Quality Accounts were circulated to all Overview and Scrutiny Committees and Local Involvement Networks in the Trusts area on 5th April 2012.

Published below are the statements received from the associated organisation:

1. NHS South Gloucestershire, our lead PCT Commissioner

Awaiting final version to be provided.

2. Local Authority Overview and Scrutiny Committees (OSCs)

Wiltshire Council has collated the following responses to the AWP Draft Quality Account 2011/12:

Bath and North East Somerset (BANES) Council Wellbeing Policy Development and Scrutiny Panel

BANES Wellbeing Policy Development and Scrutiny Panel believe that AWP's priorities should and do match those of the public. In particular the Panel wished to emphasise the importance of continuing to improve the feeling of safety for inpatients to aid recovery as highlighted by the CQC Mental Health Survey. The Panel are pleased to see continuing improvements in this area and would consider it a priority for the forthcoming year.

Swindon Borough Council Health Overview and Scrutiny Committee

The Swindon Health Overview & Scrutiny Committee is encouraged by the work that is already being undertaken to improve services amongst the three priority areas for quality improvement.

The Committee is committed to having a good working relationship with the Avon and Wiltshire Health Partnership Trust and, based on the Committee's knowledge, endorses the Quality Account for 2011/12.

The Committee would welcome more attendance and regular reporting at its committee meetings during 2012/13 which would be welcomed by both Members and the public representation at the meetings.

The Committee supports the three areas for Quality Improvement and looks forward to continuing to work with the Avon and Wiltshire Health Partnership Trust to provide improving mental health services for the residents of Swindon and the region.

South Gloucestershire Council Health Select Committee

No response received. (AWP currently following up)

North Somerset Council Health Overview and Scrutiny Panel

The Panel notes the Quality Accounts and the Chief Executives statement. In particular the Panel are pleased to see the improvements made during 2011/12 and the ongoing redesign of core services. The Panel urges that AWP progress their work with carers as a matter of priority to improve the accessibility and responsiveness of the service.

The Panel recognises the difficulties all health providers are experiencing with the ever changing health landscape, at this time, and the impact of the changes and pressures on those staff.

The Panel will continue to scrutinise AWP and act as a critical friend as and when necessary.

Wiltshire Council Health & Adult Social Care Select Committee

The Committee agreed to undertake a small group exercise to consider the draft Quality Account provided as it was required to collate comments from other local authority OSCS as the 'appropriate authority' for the AWP Trust.

Although the Committee resolved to disengage from the Quality Accounts process at the end of 2011, it recognised that the process had encouraged better communication with the Trusts and had allowed members a better understanding of the ambitions, priorities and challenges faced by the Trust.

In agreeing to undertake its coordination role only this year, the group did consider the QA provided by AWP as the 'appropriate authority' and had the following comments to make:

- The Committee welcomed the positive work undertaken by the Trust to include key data within the draft QA.
- [§]The Committee were concerned with the downward trend in relation to service users seen for a first appointment within four weeks of referral but acknowledged the measures taken by the Trust to address this.
- The information provided in relation to Safeguarding and the good working partnership improvements were welcomed.
- In acknowledging that the Trust was considered mid-range in reporting patient safety incidents to the National Patient Safety Agency, the Committee would like to have seen comment on actions the Trust expected to take to improve performance in this area.
- The complaints data provided although useful would benefit from further breakdown, i.e. the percentage of formal complaints in comparison to those received as a whole.
- The approach taken in relation to Peer Support Workers in Secure Services and Recovery Handovers was seen as a positive initiative.

In taking account of the points noted above, the Committee agreed with the Trust's priorities for 2012/13 as set out in the Quality Account and welcomed future engagement with the Trust throughout the ensuing year.

Bristol City Council – Health and Adult Social Care Scrutiny Commission

The Commission noted the draft Quality Account and observed that in respect of staff sickness absence (section 3.4.4) long term sickness was not identified separately from

[§] Note from AWP. The data referred to is for month 11, as per the draft document shared and at this time performance had dropped. End of year data shows the standard has been maintained at 99%; see p24 of the Quality Account. This is being raised with Wiltshire to request an amendment to improve accuracy.

short term sickness, and that the two should be separated in order to present an accurate picture.

Other than this the Commission had no specific comments and members were in agreement with the Trust's priorities for 2012/13 as set out in the Quality Account.

3. Local Involvement Networks (LINKs)



Composite response from Local Involvement Networks (LINKs), to the Avon and Wiltshire Mental Health Partnership NHS Trust Quality Account 2011/12, collated by the Wiltshire Involvement Network.

Following a period of consultation with the six Local Involvement Networks (LINKs) covering the AWP Trust area, where the draft Quality Account 2011/12 was shared, this document consolidates comments raised by LINK members. The six LINKs that cover the Trust area are:

- BANES LINK
- Bristol LINK
- North Somerset LINK
- South Gloucestershire LINK
- Swindon LINK
- Wiltshire Involvement Network

There was general consensus that the draft document had been well written and praise was given to the member of staff responsible, on a job well done.

It is pleasing to see there is an emphasis on improving service user and carer experience, the effectiveness of services and the intention to improve safety.

The CQC inspection of the AWP Lansdown Unit, for the treatment of people with learning disabilities and mental health disorder, identified some issues of concern. The Trust has already made several improvements to remedy the issues with other actions planned to take make further improvements as soon as possible.

The emphasis on safeguarding is to be applauded and the Trust has been involved with commissioners and local multi agency safeguarding partnerships in developing a range of improvements in practice and policy.

Comments and questions were received from individual LINK members and were discussed at a meeting that took place with the AWP Corporate Planning and Delivery Manager and Deputy Director of Quality and Healthcare Governance. A full report of the meeting which includes all LINK comments and questions and a full description of the Trust's response to these issues are available from the Wiltshire Involvement Network.

Below is a selection of the key comments from LINK members:

- Concerns on the ongoing use of anti-psychotic drugs throughout AWP
- Concerns about the management of the care programmes and clustering
- Top down management style is still hampering real progress within AWP
- More explanation is needed in some parts of the document to allow for ease of understanding
- The title Quality Account may have been constructive if referred to as Quality Review and Feedback
- What are the NICE guidelines?
- Clearer information on how complaints are resolved
- The priorities are correct and the aims identified are appropriate
- Great efforts are being made to improve the involvement for service users, carers and families
- Disappointment that LINKs were asked to comment on an incomplete document
- Concern that the Trust covers too large an area does not address local needs
- Suggestion were made about avoiding jargon and implied pre-knowledge
- There are no details of how the requirement to meet the spiritual needs of patients are included
- Concern at the weakness of staff engagement identified in the AWP staff survey
- Concerns about the number of target AWP staff have to meet and record

Appendix B - Glossary of terms

Assertive outreach	A service designed to meet the needs of individuals with severe mental health problems and complex needs who have difficulty engaging with services and often require repeat admission to hospital. For example, they may have a poor response to treatment, a drug or alcohol dependence, unstable accommodation or be homeless.
Absent without leave (AWOL)	AWOL is a breach of the Mental Health Act (MHA) where a service user, who is detained under the Act in a hospital, either: <ol style="list-style-type: none"> 1. Absents them self from hospital without leave granted under Section 17 of the MHA; or 2. Fails to return to the hospital on any occasion at the end of the granted period of leave of absence; or 3. Absents them self without permission from any place where they are required to reside in accordance with the condition imposed on the grant of leave of absence.
Accreditation for inpatient mental health services (AIMS)	AIMS is a standards-based accreditation programme designed to improve the quality of care in inpatient mental health wards. It is a comprehensive process of review carried out by the Royal College of Psychiatrist's, College Centre for Quality Improvement that identifies and acknowledges high standards of organisation and patient care, and support other services to achieve these. Accreditation assures staff, service users and carers, commissioners and regulators of the quality of the service being provided.
Care Programme Approach (CPA)	The process that providers of mental health care use to co-ordinate the care, treatment and support for people who have mental health needs.
Care Quality Commission (CQC)	The CQC is the independent regulator of health and adult social care services in England. It also protects the interests of people whose rights are restricted under the Mental Health Act.
Clinical audits	A systematic process for setting and monitoring standards of clinical care. 'Guidelines' define what the best clinical practice should be, 'audit' investigates whether best practice is being carried out and makes recommendations for improvement.
Clostridium difficile	Clostridium difficile is a bacterial infection that most commonly occurs in people who have recently had a course of antibiotics and are in hospital. Symptoms can range from mild diarrhoea to a serious inflammation of the bowel.
Commissioning for Quality and Innovation (CQUIN)	A payment framework that has been a compulsory part of the NHS contract from 2009/10. It allows all local health communities to develop their own schemes to encourage quality improvement and recognise innovation by making a

	proportion of NHS service provider's income conditional on locally agreed goals.
Crisis care	Delivered by the Trust's crisis resolution home treatment (CRHT) teams. This is a short-term, community, intensive service, commonly for adults (16 years and over) with severe mental illness such as schizophrenia, manic depressive disorders and severe depressive disorder. Crisis care is provided to those in acute psychiatric crisis of such severity that, without the involvement of a CRHT, admission to hospital would be necessary.
South West Dementias and Neurodegenerative Diseases Research Network (DeNDRON)	The regional branch of DeNDRON is one of six topic-specific clinical research networks funded by the Department of Health in England. It supports the development and delivery of clinical research in the NHS in the dementias, Parkinson's disease, motor neurone disease, Huntington's disease and other neurodegenerative diseases.
Early intervention	These teams work with service users and their families to provide expert assessment, treatment and support at an early stage in their psychosis, with a view to being able to minimise its impact on their lives and avoid longer term need for mental health services. Typically service users are aged 14 to 35 and this will be their first episode of psychosis and they will receive up to three years' support.
Equality Delivery System	The EDS is a tool for NHS organisations – in partnership with patients, the public, staff and staff-side organisations – to use to review their equality performance and to identify equality objectives and actions. It offers local and national reporting and accountability mechanisms. Further information available at the following link: http://www.eastmidlands.nhs.uk/about-us/inclusion/eds/
Foundation Trust	Foundation Trusts are a type of NHS organisation with greater local accountability and freedom to manage themselves. They remain within the NHS overall, and provide the same services as traditional trusts, but have more freedom to set local goals. Staff and members of the public can join their Boards or become members.
HoNOS	The 'Health of the Nation Outcome Scale' is a tool used by mental health clinicians to rate the mental health of service users. It is used before and after treatment so that changes attributable to the treatment or intervention can be measured.
Hospital Episode Statistics (HES)	HES is a national data source that contains details of all admissions to NHS hospitals in England. It includes private patients treated in NHS hospitals, patients who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS. HES also contains details of all NHS outpatient appointments in England.
Information Governance	An online tool that enables organisations to measure their

Toolkit	<p>performance against information governance standards. There are several elements of law and policy from which information governance standards are derived. It encompasses legal requirements, central guidance and best practice in information handling, including:</p> <ul style="list-style-type: none"> • The common law duty of confidentiality • Data Protection Act 1998 • Information security • Information quality • Records management • Freedom of Information Act 2000.
Local Involvement Network (LINK)	<p>A LINK is a network of local people, organisations and groups from across the community that want to make care services better. There is one for every local authority area. Their aim is to provide a stronger voice for local people in the planning, design, commissioning and provision of health and social care services.</p>
Medicines reconciliation	<p>The aim of medicines reconciliation on hospital admission is to ensure that medicines prescribed on admission correspond to those that the patient was taking before admission. Details to be recorded include the name of the medicine(s), dosage, frequency, and route of administration.</p>
Mencap <i>Getting it right</i> Charter	<p>Getting it right is Mencap's campaign for equal healthcare for all children and adults with a learning disability. By signing the charter, healthcare professionals and organisations are pledging to meet nine standards.</p>
Mental Health Information System (MHIS)	<p>Electronic computer based system for the recording of service user clinical and care records.</p>
Mental Health Minimum Data Set (MHMDS)	<p>The MHMDS is a mandatory data return for all NHS providers of specialist adult mental health services. Data from the Trust's electronic patient records, relating to admissions, appointments, CPA, and some basic demographic information is submitted to the Department of Health on an anonymised basis throughout the year.</p>
Mental Health Research Network (MHRN)	<p>The MHRN supports vital large-scale research which will help to raise the standard of mental health and social care research throughout England. In addition, it acts as a central point of information and reference, connecting service users and carers to researchers and mental health professionals.</p>
NCAPOP	<p>National Clinical Audit and Patient Outcomes Programme.</p>
National Institute of Health and Clinical Excellence (NICE)	<p>NICE provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. NICE makes recommendations to the NHS on:</p> <ul style="list-style-type: none"> • New and existing medicines, treatments and procedures

	<ul style="list-style-type: none"> • Treating and caring for people with specific diseases and conditions • How to improve people's health and prevent illness and disease.
National Patient Safety Agency (NPSA)	<p>The NPSA leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.</p> <p>They manage a national safety reporting system receiving confidential reports of patient safety incidents from healthcare staff across England and Wales. Clinicians and safety experts analyse these reports to identify common risks to patients and opportunities to improve patient safety.</p>
National Reporting and Learning Framework	National framework for reporting and learning from serious incidents requiring investigation in the NHS.
NIHR Flexibility and Sustainability Funding (NIHR FSF)	NIHR FSF is a research funding stream designed to help research-active NHS organisations attract, develop and retain high-quality research, clinical and support staff by supporting the salaries of their Faculty members and associated workforce in a flexible manner.
Overview and Scrutiny Committee (OSC)	Each local authority is required to have an OSC to scrutinise public services outside its own organisation, including health. It has statutory powers to call in witnesses from local NHS bodies and make recommendations that NHS organisations must consider as part of their decision-making processes. Similarly, there is a requirement on NHS organisations to consult with health overview and scrutiny committees when considering substantial developments or variations to services.
Patient Advice and Liaison Service (PALS)	<p>PALS is an impartial service designed to ensure that the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible.</p> <p>PALS also helps the NHS to improve services and make changes by listening to what matters to patients and their loved ones.</p>
POMH	Prescribing Observatory for Mental Health (Royal College of Psychiatrists)
Protected Characteristics	<p>The Equality Act 2010 makes it unlawful to discriminate against people with a 'protected characteristic' (previously known as equality strands / grounds).</p> <p>Specified 'protected' characteristics are as follows:</p> <ul style="list-style-type: none"> • Age • Disability • Gender re-assignment • Marriage and civil partnership • Pregnancy and maternity • Race including national identity and ethnicity

	<ul style="list-style-type: none"> • Religion or belief • Sex (that is, is someone female or male) • Sexual orientation
Quality and Healthcare Governance system	<p>In AWP this is a combination of structures and processes from Board to frontline that ensures quality standards are being maintained, including:</p> <ul style="list-style-type: none"> • Ensuring required standards are achieved • Investigating and taking action on sub-standard performance • Planning and driving continuous improvement • Identifying, sharing and ensuring delivery of best practice • Identifying and managing risks to quality of care.
RiO	<p>RiO is the name of a new electronic patient record system that largely replaces paper records.</p> <p>RiO ensures that clinical staff have accurate, up to date and secure information available around the clock. It provides real-time information for assessment, care management, progress notes and bed management.</p> <p>RiO has been fully implemented across all AWP services.</p>
Regulatory framework	<p>A framework or system of rules and requirements that are set out by law in statutory legislation.</p>
Recovery Star	<p>The Recovery Star is a key-working and outcomes measurement tool designed to map an individual's journey towards recovery. It uses a 'Ladder of Change' as a framework for service users, supported by their key-worker, to explore key themes in working towards recovery; managing mental health, self-care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem, trust and hope.</p>
Safeguarding	<p>A term used in conjunction with measures that are taken to protect, safeguard and promote the health and welfare of children and vulnerable people. Ensuring they live free from harm, abuse and neglect.</p>
Scorecards	<p>Fully named The Balanced Scorecard, this is a performance management tool that sets out in tabular form, in a single place, all of the targets and standards the Trust must meet and how we are doing against them. It is reported monthly to the Board, Primary Care Trusts (PCTs) and local authorities, and internally to our operational services. It enables everyone to see what our performance is and to target improvements where they are needed. It is supported by weekly internal reports that break performance down to team and ward level.</p>
Serious untoward or adverse Incident (SUI)	<p>Any event or circumstance arising that could have or did lead to serious unintended or unexpected harm, loss or damage. Essentially serious adverse incidents are those which cause</p>

	(or have the potential to cause) the most harm <u>either</u> to individuals (staff, service users, visitors, contractors, others) <u>or</u> to the organisation. These include unexpected deaths; injuries causing major and permanent physical or psychological harm; large-scale theft or fraud; outbreak of Legionnaires disease; major fire or flood; etc.
Social Care Institute of Excellence (SCIE)	SCIE is an independent charity, funded by the Department of Health that identifies and disseminates the knowledge base for good practice in all aspects of social care throughout the United Kingdom.
Strategic Business Units (SBU)	This is a term adopted by AWP to describe the way the organisation has structured the management of its main operational services and areas of business. Each SBU is led by a service director and clinical director.
Strategic Executive Information System (STEIS)	A system for collecting weekly management information from the NHS. We use this system to report all Serious Untoward Incidents (SUIs).
Strategic Health Authority (SHA)	SHAs are responsible for managing the NHS regionally and providing an important link between the Department of Health and the NHS. Ours is called NHS South West. It is responsible for: <ul style="list-style-type: none"> • Developing plans for improving health services to meet the needs of the region and ensure national priorities are integrated in to local plans • Making sure local health services are of a high quality and are performing well • Increasing the capacity of local health services so they can provide more services.
Thematic review	A systematic review of evidence around a particular theme of patient safety such as medication or violence and aggression. The process looks at what can be learnt from reported incidents, issues raised with the PALS service, complaints, claims and our investigations of suspected suicides. We then compare our Trust to others and look at national guidance and Trust policy on good practice and develop a plan to turn our learning into action.
Think family model	This is a model of care that asks all professionals such as health, social care, education, criminal justice to 'think family' so that there is no 'wrong door': Contact with any one service gives access to a wider system of support. Individual needs are looked at in the context of the whole family, so clients are seen not just as individuals but as parents or other family members. Services build on the strengths of families, increasing their resilience and aspirations. Support is tailored to meet need so that families with the most complex needs receive the most intensive support.
Western Comprehensive	CLRNs work with their local NHS organisations to support clinical research through funding staff and resources such as

Local Research Network (CLRN)	information technology and office space.
Whole time equivalent (WTE)	This is a measure used to present staffing numbers. Part time hours are added together to calculate the figure.

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