Our Vision

“We do things differently at LCH... with our partners we integrate, innovate and proactively care for communities across the North West so that they can live independent, longer, healthier lives.”

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Quality Accounts are an annual report for the public which show how NHS organisations are providing quality services for their patients. This is the fourth year Liverpool Community Health NHS Trust has published their account.

At Liverpool Community Health we do things differently...with our partners we integrate, innovate and proactively care for communities across the North West so that they can live, independent, longer, healthier lives.

During 2012/13 we treated and provided care for approximately 1.5m people.

Liverpool Community Health exists to provide services and care in the community and in the home. We aim to help patients remain independent and at home, whenever possible. If a hospital admission is necessary, then we will provide the support to allow a timely discharge and care back in the home environment.

The Board, staff, membership and our communities are solidly behind Liverpool Community Health in this ambition, thanks to extensive engagement and consultation. Our three core objectives – prevention, integration and growth and everything in and around our strategy is based on the principles of high quality services and care.

Some key performance achievements for Liverpool Community Health during 2012/13 are:
- No reported CDI infections
- 64% reduction in the number of grade 4 pressure ulcers
- HPV vaccination rates at 91.6%, compared to 85.8% in 2011
- Reduction in wheelchair waiting times from 52 weeks to 3 weeks

The following are examples of the on-going work we are doing to improve the quality of our services:
- Our Public Health strategy aims to improve the health and well-being of our patients and staff. Liverpool Community Health is the first Community Trust to become a Public health organisation.

- Development of ‘Virtual Ward’ teams in the community to support integrated working across community nursing teams and GP’s.
- Implementation of a Single Point of Contact call centre facility which will give access to all services via one number.
- Use of technology such as Telecare and Telemedicine to support patients in their own homes and give them back control of their condition. Mobile working for staff has also been introduced to enable them to spend more time with patients and less time travelling to base.

Foundation Trust status will further support Liverpool Community Health to be able to deliver the high quality community services that best meet the needs of the population, the local health economy and our commissioners.

Becoming a Foundation Trust gives Community Services an equal standing with the other major NHS providers locally, and creates opportunities to be able to deliver our services in different ways: so we can respond to the competitive environment and the changing demands and pressures on the NHS.

Some important facts about LCH:
- We have over 3200 staff, 80% of which are frontline
- We have an annual turnover of £140 million

I hope you enjoy reading the report and find the work and results reported by Liverpool Community Health of interest. Should you have any comments please feel free to contact our Communications Team. (Contact details are on the back page).

On behalf of everyone at Liverpool Community Health, I would like to take this opportunity to thank you for your support over the past 12 months. We look forward to your continued support as we work towards our overriding goal of providing outstanding care to the people of Liverpool, Sefton and Knowsley.
Results from 2012/13 Priorities
Results from 2012/13 Priorities

In our 2011/12 Quality Account we identified a number of priorities for improvement. This section describes our achievements against each of these priorities.

Integrated Clinical and Quality Strategy
Our Integrated Clinical and Quality Strategy sets out LCH plans for the next five years.

Our Strategy will:
• Support continuous improvement of our services
• Develop strong relationships with partners and the development of networks of care for our patients
• Deliver cost effective, high quality care, locally and to a wider population
• Encourage and support innovation and best practice
• Provide staff with the skills required to develop

We are currently developing an implementation and communication plan to support our strategy. We have ongoing staff engagement to implement and embed our strategy.

Integrated Business Plan
At LCH we have ambitious plans for continuing to improve the health and wellbeing of the people of Liverpool, Sefton and Knowsley and delivering our quality services over an even wider footprint.

We have been at the forefront of developing community services in recent years and know the difference they make to people’s lives and to their health. We are therefore passionate to continue to champion and deliver community services.

As an NHS Trust we have been guided by the desire to serve our communities ever-more effectively, in providing care in delivering best value. Foundation Trust status is the clear, logical next step in furthering our aims.

Being a Foundation Trust will enable LCH to deliver more comprehensively our three strategic aims – Prevention, Integration and Growth. These aims are aligned with the strategic direction of the NHS and the intentions of our main commissioners, and will allow us to create truly integrated care pathways, moving care closer to people’s homes and communities.

Our Integrated Business Plan (IBP) lays out our business strategy over the next 5 years.

It sets out our vision for services for the future and how we are going to manage the Trust to deliver those services effectively and efficiently through our workforce, using our financial resources well and with a robust governance framework that assures quality and safety.

Quality Impact Assessments
Investment in the NHS is expected to stand still over the next 5 years. However, the increasing costs of care does mean that all NHS trusts, including LCH, will have to save money to provide value for money services to our patients and to be able to compete with other Providers.

In order to ensure we provide high quality services as well as value for money, our savings plans have been developed with the staff who work in our services and are experts in their fields.

The Quality Impact Assessments look at all areas of quality including; patient safety and patient experience. We quality impact assess all of our savings plans on an ongoing basis. Quality Impact Assessments are agreed by our Medical Director and our Director of Nursing and any plans which raise concerns are reviewed and actions are taken to maintain quality.

Priorities for Quality Improvement 2012/13

Harm Free Care
LCH is committed to reducing harm to patients and improving patient safety. During 2012/13 a number of clinical workstreams were identified in line with the four key harms; pressure ulcers, falls, urinary tract infections (UTI) and venous thromboembolism (VTE).

As a result of these work areas a number of key actions have been identified and implemented.
Results from 2012/13 Priorities (cont)

The Transparency Pilot
The Transparency Pilot was established by NHS North West as part of the Energise for Excellence (E4E) programme, to measure the quality of nursing care delivered throughout the North West, and to identify how patient outcomes and experiences could be improved, as well as looking staff experience.

Although this is predominantly a hospital based pilot, LCH have participated in this pilot and have collected data on a monthly basis from September 2012 to January 2013 across our 4 wards.

The pilot supports Safety Thermometer data collection by conducting staff and patient experience surveys following any harm occurring on one of our wards.

The table below highlights some of the questions asked of staff and patients and the percentage response.

**Increasing the Skills and Knowledge of our staff**

**New Performance Appraisal Process for Staff**
The delivery of high-quality patient care within the NHS depends on every member of staff:

- Having a clear understanding of their role and the part they play in their team and the wider organisation
- Having identified development and training needs
- Having an agreed set of priorities and objectives that are directly linked to organisational objectives
- Possessing and applying the knowledge and skills they need to perform that role effectively and to achieve their objectives.

Effective performance appraisal and staff development contributes directly to improved patient outcomes.

To support LCH achieve its ambitions to continually improve patient outcomes the Trust introduced a new Performance Appraisal Process for all staff. Training for managers and staff, a new dedicated webpage and also supporting guidance is in place as part of the new process to ensure its success.

The new performance appraisal process includes core key skills training and performance ratings that were developed in partnership with managers, staff and staff side.

**Induction**
LCH recognises the importance of a positive and interactive Induction to the Trust.

A review of the Induction process has been undertaken to ensure that the key messages are aligned to the Corporate Objectives, vision, values, beliefs and culture of the Trust. Induction is a critical stage of the employee lifecycle.

On recruitment to the Trust, each member of staff receives an induction which highlights the importance of our objectives and values and the expectations for each staff member to meet these objectives and uphold our values.

New employees are supported in gaining an understanding of how they become an ambassador for LCH and link our branding to our delivery of services.

Employees who have attended our new induction said:

“Really enjoyed the day, keep up the good work. The day was really informative and gave me a good insight into LCH”.

“I found the induction very informative and enjoyable. The staff made the presentations interesting and the activities were beneficial to drive the core values of the topic at hand”.

<table>
<thead>
<tr>
<th>Question</th>
<th>September 12</th>
<th>October 12</th>
<th>November 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient – Were you given enough privacy when being examined or treated?</td>
<td>76% Always</td>
<td>90% Always</td>
<td>100% Always</td>
</tr>
<tr>
<td>Patient – If a friend or relative needed treatment, would you be happy with the standard of care provided on the ward?</td>
<td>88% Definitely</td>
<td>90% Definitely</td>
<td>100% Definitely</td>
</tr>
<tr>
<td>Staff – I am satisfied with the quality of care I give to Patients/Service Users</td>
<td>50% Always</td>
<td>89% Always</td>
<td>100% Always</td>
</tr>
</tbody>
</table>

There were no harms reported during December 2012 and January 2013 on our 4 wards.
Review of Quality in 2012/13
This section of the Quality Account provides a review of other quality measures and quality activity within LCH. Some indicators are for the organisation as a whole and some are for individual services. The table below shows whether we have met the target and pages 18-43 give more detail about some of the quality measures and activities.

<table>
<thead>
<tr>
<th>Overview</th>
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<tbody>
<tr>
<td>Safety</td>
</tr>
<tr>
<td>MRSA screening for all relevant admissions into intermediate care</td>
</tr>
<tr>
<td>Number of reported MRSA</td>
</tr>
<tr>
<td>Assessment of patients on admission to intermediate care beds for CDI risk</td>
</tr>
<tr>
<td>Isolation of intermediate care patients with known or suspected CDI within 4 hours</td>
</tr>
<tr>
<td>Number of reported CDI</td>
</tr>
<tr>
<td>Infection Prevention &amp; Control: Compliance with HCAI Framework</td>
</tr>
<tr>
<td>Never Events</td>
</tr>
<tr>
<td>Effectiveness</td>
</tr>
<tr>
<td>Completeness of Breastfeeding Status at 6-8 weeks</td>
</tr>
<tr>
<td>Child Measurement Programme</td>
</tr>
<tr>
<td>Chlamydia Positivity Rates</td>
</tr>
<tr>
<td>NICE Guidance &amp; Appraisals</td>
</tr>
<tr>
<td>During 2012/2013, systems have been introduced to review NICE guidance for both applicability to and implementation within the organisation. As the organisation further enhances these processes over the next 12 months, a review of the delivery of high quality care by good performance against NICE quality statements and measures using clinical audit will enable the organisation to review levels of implementation.</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

### Quality Domain

<table>
<thead>
<tr>
<th>Quality Domain</th>
<th>Target 2012/13</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>MRSA screening for all relevant admissions into intermediate care</td>
<td>100%</td>
<td>91.2%</td>
</tr>
<tr>
<td></td>
<td>Number of reported MRSA</td>
<td>Zero</td>
<td>Zero</td>
</tr>
<tr>
<td></td>
<td>Assessment of patients on admission to intermediate care beds for CDI risk</td>
<td>100%</td>
<td>91.2%</td>
</tr>
<tr>
<td></td>
<td>Isolation of intermediate care patients with known or suspected CDI within 4 hours</td>
<td>100%</td>
<td>100% isolation</td>
</tr>
<tr>
<td></td>
<td>Number of reported CDI</td>
<td>Zero</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Infection Prevention &amp; Control: Compliance with HCAI Framework</td>
<td>Compliance against the framework</td>
<td>Compliant</td>
</tr>
<tr>
<td></td>
<td>Never Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Completeness of Breastfeeding Status at 6-8 weeks</td>
<td>95%</td>
<td>96.1%</td>
</tr>
<tr>
<td></td>
<td>Child Measurement Programme</td>
<td>90%</td>
<td>Reception = 96.5%</td>
</tr>
<tr>
<td></td>
<td>Chlamydia Positivity Rates</td>
<td>888</td>
<td>LCH achieved (1% &gt; target)</td>
</tr>
<tr>
<td>NICE Guidance &amp; Appraisals</td>
<td>N/A</td>
<td>190</td>
<td>181</td>
</tr>
</tbody>
</table>

### Vaccinations

<table>
<thead>
<tr>
<th>Vaccinations</th>
<th>Target 2012/13</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Polio, Pertussis, Haemophilus influenza type b at 1 year (DTaP/IPV/Hib)</td>
<td>95%</td>
<td>96.7%</td>
<td>95.9%</td>
</tr>
<tr>
<td>Measles, Mumps &amp; Rubella at 2 years (MMR1)</td>
<td>95%</td>
<td>95%</td>
<td>95.5%</td>
</tr>
<tr>
<td>Haemophilus influenza type b, Meningitis C at 2 years (Hib/Men C)</td>
<td>95%</td>
<td>94.4%</td>
<td>95.3%</td>
</tr>
<tr>
<td>Pneumococcal booster at 2 years (PCV)</td>
<td>95%</td>
<td>95.3%</td>
<td>95.8%</td>
</tr>
<tr>
<td>Measles, Mumps and Rubella at 5 years (MMR2)</td>
<td>95%</td>
<td>86.4%</td>
<td>91.8%</td>
</tr>
<tr>
<td>Pre School Booster (PSB)</td>
<td>90%</td>
<td>88.7%</td>
<td>85.8%</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV) at 12-13 years (girls) – three doses</td>
<td>95%</td>
<td>90%</td>
<td>91.6%</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Same Sex Accommodation Breaches in Bed Based Services</td>
<td>Zero</td>
<td>Zero</td>
</tr>
<tr>
<td></td>
<td>PLACE (Patient Led Assessment of the Care Environment)</td>
<td>Grading from unacceptable to excellent for: Environment, Food Hydration, Privacy &amp; Dignity</td>
<td>Results not published until September 2013</td>
</tr>
<tr>
<td>Complaints</td>
<td>Walk-in-Centres Waiting Times (4 hour breaches)</td>
<td>95%</td>
<td>99.89%</td>
</tr>
<tr>
<td></td>
<td>AHP Incomplete Pathways</td>
<td>18 weeks</td>
<td>7</td>
</tr>
</tbody>
</table>

### Equality Delivery System (EDS)

<table>
<thead>
<tr>
<th>Equality Delivery System (EDS)</th>
<th>Target 2012/13</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>20</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>208</td>
<td>313</td>
<td>303</td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td>95</td>
<td>99.3%</td>
<td></td>
</tr>
<tr>
<td>70%</td>
<td>91%</td>
<td>70%</td>
<td></td>
</tr>
</tbody>
</table>

### Key

- **Achieved**
- **Not achieved**
Safety

Infection Control
The Hygiene Code sets out the standards that organisations need to follow to ensure the potential for transmission of infection is reduced to a minimum.

Health Care Acquired Infection (HCAI) Assurance Framework is a framework by which the Trust can monitor the local infection rates.

Reduction in Meticillin Resistant Staphylococcus Aureus (MRSA) & Clostridium Difficile Infection (CDI) is a target that is given to all Trusts. LCH has had 1 reported MRSA and 0 reported CDI in 2012/13.

LCH’s Infection Prevention & Control Team carry out a number of activities to prevent, monitor and reduce HCAI’s, these include:

• Screening for MRSA & CDI within the trusts in-patient bed areas
• Investigating all community acquired MRSA/CDI cases so we can prevent more
• Having staff members who are dedicated to overseeing infection control
• Providing the right kind of hand-washing facilities in the right places
• Staff implementing good practice in infection control
• Having enough isolation rooms on our wards
• Ensuring clinical staff attend infection control training
• Maintain a robust surveillance system to monitor infection rate

Never Events
Never Events are serious, largely preventable, patient safety incidents that should not occur if the right processes are in place. For example, wrong site surgery. Further detail about Never Events is available on the Department of Health website: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124552

The Trust has declared 1 never event during 2012/13, however this is currently under review in partnership with Liverpool Clinical Commissioning Group.

Significant Untoward Incidences (SUI)
A Significant Untoward Incident (SUI) in broad terms is, an accident or incident involving a patient, member of staff, visitor, contractor or other person to whom our organisation owes a duty of care which leads to:

• A serious injury or death
• Serious damage to NHS property e.g. fire, criminal activity
• A major health risk e.g. outbreak of infection
• Large scale theft or fraud or where major litigation is expected

The organisation has had 32 Significant Untoward Incidents in the last year. All SUI’s are fully investigated and themes are reviewed to put actions into place to prevent incidents from occurring.

Breakthrough Aims
LCH has identified three “Breakthrough Aims” relating to a reduction in or zero tolerance of:

• Community Acquired Grade 3 Pressure Ulcers
• Community Acquired Grade 4 Pressure Ulcers
• Number of Falls for at Risk Patients

‘Community Acquired’ is when a patient develops a pressure ulcer whilst under the care of LCH.

Community Acquired Grade 3 Pressure Ulcers
LCH will report the number of grade 3 pressure ulcers that, following scoping, are deemed to be “community acquired”

LCH threshold for grade 4 pressure ulcer occurrence is 0.

During 2012/13 LCH has seen a 64% reduction in grade 4 pressure ulcers.

Community Acquired Grade 4 Pressure Ulcers
LCH will report the number of grade 4 pressure ulcers that, following scoping, are deemed to be “community acquired”

LCH threshold for grade 4 pressure ulcer occurrence is 0.

During 2012/13 LCH has seen a 64% reduction in grade 4 pressure ulcers.

Number of Falls
It is planned that LCH will report the number of falls within our 4 wards for patients who have been identified as ‘at risk of falling’.

Patients will be identified as ‘at risk of falling’ following completion of the Falls Risk Assessment Tool (FRAT) for any patients admitted to our wards.

Actions that have been implemented in order to support improvement include:

• Introduction of new admission process which incorporates completion of FRAT.
• Continuation of patient records when transferring between Ward 2A on the Royal Liverpool Hospital Site and Alexander Wing on the Broadgreen Hospital site.

During 2012/13 LCH has seen 303 falls on our 4 wards - a 14% reduction.

Bed-Based Falls

14% Reduction

In Falls per Occupied Bed Days
Effectiveness – Improving Health and Wellbeing

Public Health

During 2012/13 LCH's commitment to investing in its ambition to develop as a public health organisation saw positive results.

We currently deliver a number of public health services and have appointed a Public Health Consultant and two Public Health Project Managers.

A major achievement for LCH during 2012 was being awarded the Royal Society of Public Health (RSPH) - Health Promotion & Community Wellbeing Award. Currently, we are the only Community NHS Trust to receive this award and the RSPH described LCH's approach as "innovative" and "exemplar."

This year has seen the Public Health strategy team working with colleagues to:

- Implement a successful pilot within Liverpool Treatment Rooms to record public health activity via the EMIS data system. This pilot demonstrates the impact of 'making every patient contact count' with over one thousand patients per month, in fifteen minute one-off consultations - across thirteen locations.
- Map other data capture systems being used across the organisation and standardise EMIS templates in line with the Treatment Room model to be able to report on public health activity as an organisation.
- Develop a programme of healthy lifestyle programmes for residents of local Housing Trusts.
- Assist in the curriculum development of a new University Technical College for 14-19 year olds in Liverpool, that will focus on health and which will open in September 2013.
- Within a year the vision of the LCH Public Health Strategy has been recognised nationally and the team have presented at a national Making Every Contact Count conference. The strategy is integrated into the LCH Integrated Business Plan and Integrated Clinical & Quality Strategy. An organisational strategic objective of Prevention underlines LCH's commitment to its delivery.

Breast Feeding

The promotion, protection and support of breastfeeding are key public health priorities nationally, regionally and locally in both Sefton and Liverpool. Research demonstrates that coronary heart disease, cancers and childhood obesity, three of the government's priority areas for health improvement could be positively affected by increasing breastfeeding rates.

LCH is working with key partners in Sefton and Liverpool to improve Breastfeeding initiation and duration.

One key initiative to achieve this is the adoption of the UNICEF Baby Friendly Initiative Standards (BFI). BFI accreditation is achieved in 3 stages.

Sefton achieved stage 2 accreditation in January 2013 and Liverpool in November 2012 which measured the standard of staff education.

Both areas are now working to achieve stage 3 accreditation which measures parent's experiences of our services.

National Child Measurement Programme (NCMP)

The National Child Measurement Programme (NCMP) involves the collection of the height and weight of Reception and Year Six children. Body Mass Index (BMI) is calculated from this data and the children are then grouped into four categories: underweight, healthy weight, overweight and obese.

Whilst it is important that the data is complete the focus should be on helping children who are overweight or obese.

Chlamydia Screening

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. Chlamydia often has no symptoms and can have serious health consequences such as pelvic inflammatory disease, ectopic pregnancy and infertility.

In 2012, The Department of Health Public Health Outcomes Framework 2013-2016 was published and this included an indicator on chlamydia diagnosis rates in 15-24 year olds. The chlamydia diagnosis indicator recommends a level of achievement for local areas to work towards of at least 2,600 chlamydia diagnoses per 100,000 15-24 year olds per year.

LCH has built on the success of achieving their previous years' targets in relation to volume of chlamydia screening, and has clearly embedded chlamydia screening into core services.
Dementia
LCH launched its Dementia Strategy in February 2012. Priorities for the LCH dementia work programme have been identified.
A dementia working group has been set up to provide leadership and direction and a workforce development task group will also be established to develop a workforce strategy for dementia, based on a training needs analysis across the Trust.
Dementia screening takes place across our 4 wards with a view to roll this out across other services within LCH. LCH will also be working with carers of people with Dementia, ensuring the right support is in place.
LCH is an active participant in the Liverpool Year of Action on Dementia 2013.

National Institute for Clinical Excellence (NICE) Guidance & Appraisals
NICE produce best practice guidance on a monthly basis for organisations to follow. Guidance released via NICE includes the following:
• Clinical Guidelines
• Quality Standards
• Technology Appraisals
• Public Health Guidance

LCH has put systems in place to review and where relevant, implement NICE guidance. This involves staff from Services across LCH reviewing guidance as it is released.

To support this, LCH has an identified Lead within the Quality Team to co-ordinate across Divisions and ensuring that support networks, including training for staff, are in place where required.

A database has been set up detailing all relevant NICE guidance across LCH. Information from this database is monitored at the Clinical Policies and NICE Group. Examples of work taking place across the organisation include:

• Working with the Four Harm Free Care Groups (Falls, UTI, VTE and Pressure Ulcers) to ensure NICE guidance is included.
• A Children’s Services NICE Group to monitor and review applicable NICE guidance.

More information can be found on the NICE website: http://www.nice.org.uk/

Vaccinations and Immunisations

Disease outbreaks such as Measles, Flu and most recently Pertussis (Whooping Cough) continue to serve as a reminder of the importance of vaccination in the fight against infectious disease.

The current Pertussis national outbreak is the largest seen in the UK for over a decade. Across Cheshire and Merseyside during 2012, 538 confirmed measles cases were reported to the regional Health Protection Agency (HPA). Measles is highly infectious virus.

Vaccination against Measles, Mumps and Rubella (MMR) will not only protect the individual but will prevent the infection from spreading into the community and wider population, causing potential serious effects to those that have lowered immune systems such as pregnant women or to those who are too young to be vaccinated.

Childhood vaccinations

“MMR vaccine uptake continues to be at its highest rate ever across Merseyside”

LCH continues to celebrate the improvement of our childhood and adolescent immunisation and vaccination programmes.

We have achieved high levels of uptake across all six pre – school targets protecting our children before their first birthday against Diphtheria, Tetanus, Pertussis, Polio, and Meningitis C and Pneumococcal disease, with uptake rates reaching over 96%.

Latest Liverpool figures show that 9 out of 10 children get the two doses of the MMR vaccine before their 5th birthday with over 95% of children protected with their 1st dose of MMR by their 2nd birthday.

LCH swiftly responded to the measles outbreak working closely with the HPA and primary care, setting up priority clinics seven days a week for those affected and where necessary attending nurseries, schools or homes to offer immediate vaccination and protection.

Work to identify children who have not been fully immunised is on-going.

School Booster Vaccination

It is never too late to be vaccinated against these diseases. To ensure all children are fully vaccinated before they leave school, boosters of Diphtheria, Tetanus and Polio vaccine are offered as part of the LCH scheduled adolescent /school leaver programme.

In Liverpool and Sefton the combined uptake for the adolescent booster has been increasing. This improvement may in part be attributed to the bringing forward of the scheduled programme, offering the vaccine in school year 9 rather than year 10 and allowing for more opportunities to catch – up children who are not fully vaccinated before leaving school.

LCH continues working toward reaching families with children who have difficulty in accessing our services, offering a flexible approach, visiting some children in their homes, offering flu and outstanding vaccinations in special school settings, targeting areas of lower uptake and actively engaging with local community groups to ensure parents are supported in their decision making.

‘MMR vaccine uptake continues to be at it’s highest rate ever across Merseyside’
Human Papillomavirus (HPV)
Cervical cancer is the second most common cancer in females worldwide and the 11th most common cancer in females in the UK. The HPV infection is a major cause of cervical cancer.

The best way to protect against the HPV infection is to vaccinate. In the UK as part of the school programme all 12 – 13 year old girls in school year 8 are offered the vaccine and if all 3 vaccinations are given on time, the vaccine could prevent the majority of cases of cervical cancer.

LCH commence their HPV vaccination programme early in the school year maximising opportunities for catch up sessions throughout the year for any girls missing any of the 3 doses. More flexible appointments at more accessible locations are arranged and information to parents and girls is provided to encourage the uptake.

Staff Seasonal Flu Campaign
The staff seasonal flu campaign is backed by the Department of Health, NHS employers and the social partnership forum ‘Flu Fighters’ in a bid to reduce the risk of frontline staff particularly being exposed to the influenza virus.

The NHS already faces challenges around maintaining its workforce during times of increased sickness, so it is vital to reduce the impact of flu to protect patient care.

The staff seasonal flu vaccine uptake rates for all frontline healthcare workers with direct patients care is set by the Department of Health as 70%.

This year’s seasonal staff flu campaign has been the most successful to date with 71.6% of frontline staff being vaccinated. This is a 23.9% increase compared to 2011/12.

LCH finished 9th of all Trusts in the North West and in the top 6 for the number of nurses vaccinated.

LCH were the winners of the Flu Fighter award for the most Innovative Campaign. The award was given for the 1950’s style promotional campaign which included posters, leaflets and a film featuring Trust employees and Board Members with the aim of improving staff attitudes about the flu vaccination.

Kim Sunley from the Royal College of Nursing presented the award and she said “The judges said of the winning team we were impressed by the eye catching and fun material. The campaign was light hearted yet succeeded in getting the messages across. It made the whole campaign more approachable with impressive results.”

Patient Experience
Please see pages 40-45 for more information on the results of our patient experience surveys from 2012/13.

Improving Patient Experience
LCH wants to ensure that healthcare is centred on the needs of our patients and are keen to gain an insight into the needs, aspirations and experiences of all of our patients. We are gathering information from our patients in a number of ways and using it to improve the quality of our services.

Friends and Family Test
From April 2013, the majority of NHS patients receiving inpatient or A&E care will be invited to respond to a simple question: whether they’d recommend the hospital ward or A&E unit to a friend or family member.

LCH have decided to adopt the same approach and have included the Friends and Family Test question in its questionnaires and surveys including an online survey. The test is measured in a standard 1-10 score. The score will give us an overall “Net Promoter Score” which will give us a snapshot of what our patients think of our services and how we are doing compared to other healthcare services.

Technology
LCH have invested in new technology that will allow us to collect and analyse data about the quality of our services. Handheld devices, electronic kiosks, an online survey and social media are being utilised and we will continue to develop new mechanisms that will enable us to reach a wider group of patients.

Patient Stories
LCH use patient stories as a more powerful way to reflect back to staff how a patient’s treatment has affected the patient and their families. Positive and negative stories are collected and used in Share and Learn events, team meetings and workshops. LCH Trust Board meetings start with a patient telling their story.

Valuing our Staff
At LCH, our staff are our greatest asset. The contribution that each person can make has a real impact on helping patients, improving our health services and working with colleagues.

Listening to our staff and giving them the opportunity to engage with us is important. Below are some of the engagement activities we have in place for our staff.

Breakfast with Bernie
‘Breakfast with Bernie’ is a series of monthly meetings with our Chief Executive, where staff have the opportunity to sit down with Bernie and talk informally to share ideas and experiences.

Those staff who are invited to Breakfast with Bernie are selected randomly from a cross section of teams throughout LCH, which helps to promote further discussions between disciplines and services.

Staff Forums
LCH Staff Forums take place every 3 months and provide staff with an opportunity to find out what is new within the Trust, to discuss current issues with the Executive Team and network with colleagues from different departments.

At each forum a number of different services will also showcase their achievements.
Comments, Compliments and Complaints

As a Trust we believe that our customer service and patient experience defines the level of the quality of services we provide. We believe we can learn from every comment, compliment and complaint received.

Over the last 12 months our staff delivered over 1 million patient contacts. During the same period we received 772 compliments, 75 concerns and 181 formal complaints.

In August 2012, Liverpool Community Health launched a new Patient Advice and Liaison Service (PALS), offering advice and support to patients, their families and carers, providing information on LCH services, listening to concerns, suggestions and queries and helping to sort out problems quickly.

The PALS service has received 545 enquiries in the period 1st August 2012 to 31st March 2013.

Staff Survey
Each year our staff are invited to participate in a staff survey that is carried out by an independent organisation.

The results are anonymous and give our staff the opportunity to feedback their views. More information and results from 2012/13 survey can be found on page 34.

We are LCH Campaign
During 2012/13, all LCH staff were invited to help shape the future of LCH through a number of staff events as part of our ‘We Are LCH Campaign’.

At these events, members of the Executive Team have been sharing our new vision and strategic objectives with staff and discussing what it really means to them, offering staff the opportunity to share their views.

Staff were also given the opportunity to get involved in other ways, including:
- Large feedback posters and postcards were made available across different bases
- A free SMS service
- A quick online survey was developed
- Using Twitter! Staff on Twitter were encouraged to let LCH know what makes them proud by using #weareLCH

We have been hearing how important recognition is to help build pride in the organisation and your work - celebrating success and sharing best practice across teams - and we heard some great examples of how this is being done and how it could be improved across LCH.
Complaints

As a learning organisation, we make sure we review all of our concerns and complaints to find out where our main issues are. The main three issues from complaints this year were related to:

- clinical care
- manner and attitude
- communication

The trust has taken a number of actions to improve care in the three main areas. These include giving staff specific customer services training; holding events to discuss the main issues and deciding how to prevent them in the future; reviewing procedures and processes and improving premises to make them more user friendly for disabled patients.

In addition, patient stories and reviews of individual complaints have been introduced at our Board meetings to focus on the patient experience, to show how lessons have been learnt and what actions have been or are to be taken to improve the quality of the services we provide.

LCH Board papers and meetings are open to the public. The link below will take you to the notes and forthcoming dates for meetings.

http://www.liverpoolcommunityhealth.nhs.uk/who-we-are/board-meetings.htm

Compliments

The following is a sample of some of the compliments we have received:

- “I accompanied my friend to the emergency dental clinic in Everton Road...from the reception to the dentist, the courtesy and professionalism was a breath of fresh air in this modern world. They were excellent, you should be proud.”

- “My mother’s treatment on ward 35 (Intermediate Care ward) was the best single experience that I have had of the NHS. From arrival till the moment she left, the care was of the very highest standard, an exemplification of nursing at its professional best. There was neither a single moment which gave me concern nor a single evening when I departed that left me wondering if my mother’s needs would be met. We were always met with by staff at all levels with a smile, and staff at the nursing station would do their best to respond to queries as circumstances allowed.”

- “Thank you (to the district nurses) for your kindness to dad. You always did your best and had great empathy for his situation. You were kind, caring and compassionate – and always gave his hand a squeeze before you left! He loved that! You made a tough time a lot more bearable.”

- “Last week I visited Liverpool, staying with my sister-in-law. Sunday evening I found that I needed medical treatment and I came to the Old Swan Walk-in Centre. I would like to thank all the staff, receptionist, triage and Practice Nurses for their welcome, competence and expertise. The treatment has worked and I am feeling better. Thank you all very much it was much appreciated.”

- “The speech therapist was excellent and brought the best out in my son, who can be shy and very uncooperative. From his first session she worked well with him and brought him out of himself. Both the school and I have noticed a vast improvement. I am very impressed.”

- “Over the last 12 months our staff delivered over 2 million patient contacts”
Innovation

Liverpool Community Health continues to encourage new ideas from staff and to adopt new products, systems, tools, processes and technology to continue our commitment to modernise and innovate within the organisation.

Ideas are captured via the ‘Ideas and Innovations’ website. All ideas are welcome - encouraging staff to suggest looking at new ways of working; to improve quality and to empower staff.

The work being done supports LCH’s Strategic Objectives and is helping to raise LCH’s reputation for being an innovative organisation.

Since the website launch there have been over 100 suggestions submitted by staff. A number of these suggestions have been developed into practice.

The Trust has continued to work with TRUSTECH, an NHS organisation that improves healthcare through the development of innovative products and services. TRUSTECH help our staff to develop some of their innovations as business proposals and link LCH services with entrepreneurs to test new products in an NHS setting.

The following are examples of Innovations and service developments suggested, adopted or in progress and shared by our staff:

- **WebEx Conferencing** – The IV Therapy team have been using WebEx conferencing for training and sharing of information. Guidance is being developed to inform all staff how they can access WebEx conferencing facilities to share good practice in a time efficient way.

- **Cellulitis Pathway** – A member of the IV Therapy Team has written a Cellulitis Pathway for the Out of Hours and Urgent Care Teams. This pathway has been clinically approved by a consultant microbiologist. Early indications suggest positive feedback from patients as they are treated in their preferred environment and avoid a hospital admission.

- **Wheelchair based exercises** – collaboration between physiotherapists and dieticians developed a set of exercises for wheelchair users in Liverpool to improve the health and wellbeing. Results indicated a measurable improvement in patient health and wellbeing and steps are underway to further develop the exercises into a DVD and booklet.

- **The use of mobile technology to deliver Speech and Language Therapy.** LCH Consultant Speech and Language Therapist is working alongside Liverpool John Moores University to develop the use of Apps to deliver speech and language therapy for children and teenagers.

- **Using social media to promote health services** – The sexual health service has successfully used both Twitter and Facebook to disseminate information. ‘Love is infectious’ Chlamydia Screening campaign was a catchy ‘play on words’ with an eye catching logo launched to raise awareness around screening within the Liverpool and Knowsley area. The branding was a success, merchandise and promotional materials were distributed into different services within the area to raise the profile of the service that we offer, with the onus on clients requesting Postal Kits (private testing that clients can do from the comfort of their own home.)

- **Text messaging appointment reminders.** The dental service has implemented the use of text appointment reminders to reduce the DNA rate. Over the next 12 months more services will adopt this good practice, low cost reminder service to reduce DNA rates and maximise clinic efficiency.

- **Mobile Working** – Clinical workers are currently being issued with tablet devices to enable them to access appointments, view clinical records and share self-help information with patients. Using IT more to communicate with patients and service users will support clinicians to provide better services and free up their time for those who need face to face care.
Quality Management, Governance & Assurance

Foundation Trust

High quality patient care is at the heart of everything we do in LCH, led by the Board and demonstrated by all our staff. We use best practice and innovation to inform the way in which we deliver services, within a culture of continuous improvement.

We are on a journey to become a Community Foundation Trust as this will give our communities a greater say in the way in which services are delivered and provide a clear structure for local people to hold us responsible for the quality of care we offer to meet patients’ needs.

Where relevant, LCH uses benchmarking information from other organisations to drive improvements towards best practice. For example, data from other aspirant Community Foundation Trusts has been used to inform the on-going work to reduce the number of falls within our bed-based services.

Monitor Compliance

Monitor is the independent regulator for Foundation Trusts. We use its Quality Governance Framework to check that the structures we have in place are the right arrangements to demonstrate that we:

• Deliver the right standard of care
• Identify and manage any risks to delivering high quality care
• Learn lessons and share good practice to ensure that we are constantly improving the care we deliver
• Take action when the standard of care falls below what is expected

The arrangements we have in place include:

• On-going development for members of the Board and staff to make sure we are competent in our roles
• An Integrated Clinical and Quality Strategy approved by the Board in October 2012 and monitored by the Integrated Governance and Quality Committee
• Members of the Board triangulate the information they receive by visiting services and observing what happens on the ground
• Establishment of stretching quality targets, including reducing patient falls and our Breakthrough Aims
• Weekly meetings of harm, chaired by our Medical Director and reported immediately to our Executive Team. This allows us to pick up any early warning signs and act upon them.

LCH will continue to undertake both self and external assessments of its effectiveness and compliance in order to continuously improve in line with good practice. We have been assessed this year against the Quality Governance Framework by auditors, who confirmed that overall we are meeting the required standard and that we have identified areas where we can further improve, for example, in involving members of the public and our partners in the work that we do.

Review of Governance Groups/Reporting

During 2012-13 an external agency, IMD, undertook a review of our Governance Structure and Reporting Systems.

The purpose of the review was to identify what is required in the way of governance and reporting, to ensure we provide assurance to the Board and the Organisation regarding the quality of our services (including safety, experience, and effectiveness).

The process has resulted in a clear structure of Governance for LCH.

Information Systems

Statement on Development of An Integrated Business Intelligence Solution Within Liverpool Community Health NHS Trust (LCH)

Organisational Performance Electronic Reporting Application (OPERA) is a Business Intelligence Solution in development by Liverpool Community Health NHS Trust (LCH).

OPERA will hold data from Patient Administration Systems and Corporate Systems that are operational within LCH. A core function of OPERA will be to standardise and align flows of data and data items in keeping with National Standards. OPERA will generate nationally mandated data sets and reports such as Community Information Dataset (CIDS), Admitted Patient Care (APC), Accident and Emergency (AE) and many more.

Managers and staff within LCH will have access to regular standardised reports which will support business needs, contracting and performance requirements. OPERA is a web based tool which means that reports are accessible to managers at all LCH locations.

As part of the OPERA development LCH have also developed a mobile Application known as OPERA Mobile, this application is also being rolled out across LCH. OPERA Mobile has 2 key objectives

1. Right Information at the Right Time
2. Delivered on a Mobile Platform

Right Information at the Right Time could not be delivered without mobile technology and these are intrinsically linked.

It is very easy to underestimate the power of information. Mobile technology puts real time information in your pocket, allowing everyone to magnify his/her knowledge in any setting. In the hands of LCH executives this will see faster and smarter decision making.
Workforce Factors

Annual staff survey 2011:
The annual NHS Staff survey is an important method for the organisation to gather the personal views and experiences of our staff. The overall results of the survey were used to inform and review our working conditions, policies and practices, with the ultimate aim of improving the working lives of our staff and as a result deliver better care for our patients.

Theme 1 - Staff Training & Development

You said...
You wanted us to improve training and development opportunities for staff.

We have...
• Made a commitment to ensure that 100% of staff receive an Annual Appraisal.
• Developed a new, more meaningful and robust Staff Appraisal Process.
• Consulted with staff/teams on their specific professional training needs.
• Launched a new training programme which is to be rolled out across all divisions from April 2013.

Theme 2 – Leadership & Management

You said...
You wanted to feel more valued by the organisation and better supported by senior managers.

We have...
• Delivered a series of Supervisory / Management training courses to help equip managers with the knowledge and skills to be more effective as team leaders.
• Introduced a new programme of coaching sessions for senior managers.

Theme 3 – Staff Engagement

You said...
You wanted more opportunities to share your opinions, ideas & innovations.

We have...
• Undertaken an Internal Communications Review and updated many of our internal communications channels as a result – including launching a brand new staff intranet and website.
• Launched ‘We are LCH’ – a road show of ‘listening events’ to engage with staff throughout the Trust and encourage a sense of pride and belonging.
• Continued to promote Breakfast with Bernie and Staff Forums as easily accessible routes for a wide range of staff to provide feedback and suggestions.

Theme 4 – Staff Health & Wellbeing

You said...
You wanted a more supportive approach to Staff Health and Wellbeing.

We have...
• Formed a Health & Wellbeing Group to help us develop new ideas around supporting staff Health & Wellbeing.
• Launched a Staff Physiotherapy Service to provide support to staff suffering with Musculoskeletal disorders.
• Continued to promote our Occupational Health Services.
• Enhanced our Staff Support Service, increasing the number of counselling sessions available to staff.
• Developed a Staff E-Learning Package on Stress, signs and symptoms.
• Launched a staff awareness campaign to help signpost staff to further help and advice.

Employee Reward & Recognition

Within LCH, we aim to celebrate our success, create opportunities and share good practice. The Staff Awards are designed to reflect the calibre of individuals who work for the organisation and will reward the high regard in which other colleagues hold our staff.

The Staff Awards ceremony was held in May 2012, with over 230 staff and guests in attendance. Special guests included the Mayor of Liverpool – Joe Anderson, Luciana Berger MP, Steve Rotherham MP and local World Champion Triathlete Ryan Hanlon.

The event also provided a platform to celebrate the immense talent in the local community. The event was supported by local schools Springwood Heath Primary School, Parklands High School and St George of England High School.
Education, Training & Development

Publication of a robust mandatory training programme and Improved Mandatory Training Reporting

A mandatory training programme was published which incorporates a range of subjects. The frequency and delivery of the courses is dependent on staff groups. The wide range of subject areas are detailed below and delivery includes face to face and e-learning.

- Blood transfusion
- Cardiopulmonary resuscitation
- Complaints and claims
- Conflict resolution including violence and aggression
- Consent to treatment
- Equality, diversity and human rights
- Fire safety
- Harassment and bullying
- Health record keeping
- Health, safety and security including slips, trips and falls and risk management
- Infection prevention and control
- Information governance
- Medicines management
- Moving and handling
- Safeguarding children
- Safeguarding vulnerable adults
- Vaccination and immunisation

There has been a large increase in the number of people completing their mandatory training. The improvement has been particularly significant in relation to Complaints and Claims and Harassment & Bullying.

Compliance rates are clearly communicated to managers monitoring purposes. The Integrated Quality & Governance Committee and Board monitor monthly compliance rates.

LCH is committed to supporting the development of staff and aligning development to service need.

We support a number of pathways and programmes which allow current and potential future employees to experience work within LCH.

We also acknowledge the valuable input from our volunteer programme and the opportunities this offers local people to be an active part of their local community NHS Trust.

The chart to the right demonstrates our commitment over a 3 month period to the following programmes.

![Number of Placement or Programme Opportunities](chart.png)

- Student Nurse
- Paramedics
- Cadet Nurses
- Medical Students
- Specialist Public
- Specialist Practice
- Graduates
- Volunteers
- Trainee Assistant
- Work Experience
- Advanced Practice
- Apprenticeships

Number of Placement or Programme Opportunities

<table>
<thead>
<tr>
<th>Programme</th>
<th>Opportunities</th>
</tr>
</thead>
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<tr>
<td>Student Nurse</td>
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<tr>
<td>Paramedics</td>
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<tr>
<td>Cadet Nurses</td>
<td>3</td>
</tr>
<tr>
<td>Medical Students</td>
<td>10</td>
</tr>
<tr>
<td>Specialist Public</td>
<td>4</td>
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<tr>
<td>Specialist Practice</td>
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</tr>
<tr>
<td>Graduates</td>
<td>7</td>
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<tr>
<td>Volunteers</td>
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<tr>
<td>Trainee Assistant</td>
<td>4</td>
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<tr>
<td>Work Experience</td>
<td>59</td>
</tr>
<tr>
<td>Advanced Practice</td>
<td>4</td>
</tr>
<tr>
<td>Apprenticeships</td>
<td>59</td>
</tr>
</tbody>
</table>
Employee and Stakeholder Engagement & Involvement Activities

Implementation of new Engagement Model

Community Engagement
As an aspiring Community Foundation Trust, LCH has extensive experience of engagement with stakeholder groups and we are working with a wide range of stakeholders to develop new and creative methods of engaging with our local communities.

Over the past year we have partnered with a diverse range of organisations such as Liverpool International Tennis Tournament, Downtown Liverpool in Business, The Royal Court Theatre, Liverpool Pride, Liverpool Vision, a number of local primary and secondary schools and Liverpool Chamber of Commerce to deliver regular events and activities to help us reach out to different groups within our community.

Staff Engagement
LCH developed and implemented a proactive engagement model to develop pride and belonging within the Trust. No matter what role an employee undertook everyone was invited to join a conversation as part of a programme to shape the future of the Trust.

The Executive Team and Board committed significant time to Staff Roadshows, back to the floor visits, breakfast meetings and communications utilising social media.

The initial phase of the programme was to build pride and belonging and further phases will be to create a movement of staff ambassadors to champion the LCH brand and drive forward continued service and patient outcome improvement and organisational change.

Annual Report & Annual General Meeting (AGM)
LCH broke the mould for its 2011-12 Annual Report by adopting a circus theme to illustrate and showcase the ‘amazing feats’ of its staff and services.

The aim was to create a colourful document which was engaging, easily accessible and would bring the Trust’s staff and patient ‘stories’ to life.

The report also provided the theme for the Trust’s ground-breaking AGM which was attended by over 200 people and covered by national media including The Guardian and HSJ.

The event, which took place at Aintree Racecourse on 20 September 2012, featured stilts walkers, jugglers, unicyclists, and even a life sized model elephant, as well as providing members of the public with an opportunity to meet a range of local health service teams and hear about the services LCH provides.

Improving our Communications to Staff

Community Engagement
An internal communications review was undertaken to ask staff to share their thoughts on the current methods of communications. The results of this survey have formed the basis for improvements in the way we communicate with staff.

The results have supported several other workstreams to review the existing internal communication methods and identify any areas for improvement.

As a result of the review, information from Staff Survey and We Are LCH programme the following areas of improvement have been implemented:

- Work stream log to capture all request and queries received into the team
- Developed new templates – Team Brief, memos and LCHweekly
- Reviewed PS Magazine content (new magazine launched November 2012 to include members)
- New intranet site
- New website
- New project request templates to be launched

Model Employer

Staff Health & Well Being
Preventing poor health is a key strategic objective for LCH. The Public Health Strategy and action plan prioritised producing a clear programme for improving staff health and wellbeing by March 2014. A healthier workforce is better for patient experience, patient safety and clinical outcomes.

During 2012 LCH introduced a Health & Well Being multidisciplinary working group that co-ordinates staff health and wellbeing initiatives across the organisation and considers the need and evidence base for any proposed work. The Group ensures appropriate resources, strategies and policies are developed to create conditions for LCH to be a healthy place to work.

A health needs assessment has been undertaken by the Group which brought together various data sources, including routine data, policies, staff views and success stories. The results of the health needs assessment informed LCH’s Health & Well Being Plan which is based on the five high impact changes, produced by the Department of Health. The five high impact changes are:

- Develop local evidence based improvement plans
- With strong visible leadership
- Supported by improved management capability
- With access to better local high quality accredited OH services
- Where all staff are encouraged to and enabled to take more personal responsibility

Key Health and well being messages promoted during 2011/12:

- Dry January - a nation-wide campaign which challenges individuals to give up drinking for the whole of January
- Alcohol Consultation – national campaign to inform Government proposals
- Norovirus – hand-washing promotional campaign.
- Catch it. Bin it. Kill it - campaign to encourage the adoption of good respiratory and hand hygiene practices to help stem flu infections
- National Self-Care week - Prevention being better than cure: Educating adults about the importance of leading healthy lives
- Shape up for the season – 6 weeks Lifestyles membership for the price of 4 in the run up to Christmas and get yourself fit and toned for the party season
- The Trust also launched its Health Promotion calendar
- Lesbian Gay Bisexual Trans (LGBT) history month

Sickness Campaign
The Trust has also launched a Sickness Campaign with the strapline “Wish You Were Here”. The vision of our Campaign is to:

- Increase awareness of the impact of sickness absence across the Trust
- Promote and support employee health and well-being in the workplace;
- Provide continuity of care and quality services to our patients; and
- Reduce the overall costs of absence thereby supporting our cost improvement efficiency plans.
A key message from our campaign is that when employees are not at work they are missed by colleagues and patients alike. Therefore it is in everyone’s interest to support a healthy and supportive working environment.

LCH’s target for 2012/13 was to reduce the sickness and absence rate of our workforce to 3.5%. This was an ambitious target and in light of other organisational issues, ie the scale and pace of change, this target was not achieved. Sickness average for 2012/13 was 5.8%. Please see the table below.

A number of initiatives were introduced during 2012/13 to support employees and managers and reduce the level of organisational absence. For some of these initiatives it is too early to see their benefits, but it is expected that improvements in sickness and absence rates will be seen in 2013/14. Initiatives introduced during 2012/13 include:

- Significant increase in the availability of Sickness and Attendance Training for line managers
- Introduction of Handling Difficult Conversations Training Programme.
- Improved sickness absence reporting and monitoring arrangements (divisional and team level).
- Appointment of additional temporary HR Manager to address complex long term absence cases, promote health and well being in the workplace, develop action plans for teams with high levels of absence.
- Review of the Sickness and Attendance Policy
- Introduction of a Workplace Mediation Service
- Introduction of a staff physiotherapy service
- Introduction of physical/fitness initiatives including introduction of running clubs and weekly walks
- Development of a Mental Wellbeing Policy (including stress risk assessment).
- Implementation of Resilience Training for managers.

**Implementation of Staff Fast-Track Physiotherapy Service**

The Staff Physiotherapy Service was launched in May 2012. The service operates from 3 locations to ensure easy access for staff. The Service is designed to support staff if they have a muscle or joint problem that may be affecting their work or quality of life. The aim of the service is to help reduce sickness absence related to muscle and joint problems and also improve productivity amongst staff in work.

A webpage has been developed to support the Service by providing details of what services are available; self referral and manager referral processes; leaflets promoting ‘looking after your back’.

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**Employer of Choice**

In order to support the organisation’s strategic objectives, in particular to be a supportive Employer of Choice and ensure that we continue to maintain a capable workforce for the future, a ‘business partner model’ has been developed within the Human Resources Department.

Each of our four Divisions now has its own Divisional HR Support Team. It allows them to more easily select and implement HR practices that are most appropriate to that division. This changes means low numbers of employee grievance and few Employment Tribunals which are both costly and resource intensive.

By working together to support managers in this way, more time is spent on improving the quality of the services that we provide to our patients.

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**Equality and Diversity**

Equality and Diversity for Liverpool Community Health is about promoting health equalities for all groups and communities in the city by identifying and overcoming barriers to access and inclusion across the range of health services and practices.

For our communities, this means a service that is fair, flexible, engaged and responsive to cultural, physical or social difference.

Our vision is to be a champion and leader in promoting diversity, managing diversity and challenging discrimination. Diversity implies that we acknowledge people’s differences whether they are visible or non-visible and attempt to promote the differences in a positive way...

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**Partnership Working**

LCH has a history of strong and positive relations with our Trade Union/Staff side colleagues. The strength of this partnership has had real benefits for our staff during a year of significant organisational change where the pace of change has been both challenging and demanding.

We are keen to ensure that effective partnership working is further developed over the coming years, to enable us to work together to deliver first class quality services and achieve efficiency savings which are required year on year.

There is a greater requirement to deliver increases in efficiency, productivity and quality for less money and to enable LCH to achieve this, we need to be working with our trade union/staff side colleagues a more strategic partnership basis than ever before.
Our Achievements

Equality Delivery System (EDS)
EDS measures how well we are doing in delivering accessible services to everyone in the community. It is an annual assessment that is graded jointly by members of the local community through the Local Involvement Networks (LINks) and by Merseyside Commissioners. LCH was commended in 2012 on an “extremely strong submission with services and practice meeting the diverse needs from a wide range of protected groups”. LCH continue to use EDS to drive forward improvements in service delivery and aim to reach “Achieving” across all of our service delivery outcomes.

Our EDS submission and grades can be accessed via [www.eds.northwest.nhs.uk/reports/organisation/21](http://www.eds.northwest.nhs.uk/reports/organisation/21)

Stonewall
For the second successive year LCH was named in the top 100 gay-friendly employers, making it the only NHS Trust in the North West to be named in the list.

Two Ticks (Positive about Disabled People)
LCH has renewed its commitment to the Two Ticks (Positive about Disabled People) scheme. Two Ticks is a recognition given by Jobcentre Plus to employers based in Great Britain who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees. It is represented by the two ticks disability symbol that participating organisations are authorised to display.

Interpretation and Translation
Many of our patients and their carers require alternative methods of communication. This includes people who are deaf or have a hearing impairment, those that are blind or have visual impairments, those who have a head injury or learning difficulties and those who don’t use English as their first language.

Interpreting services also support health professionals to deliver a safe and effective service to all population groups in our area. LCH offers professional interpretation and translation services to patients who need them, with 2720 appointments being translated since April 2012 into 45 different languages.

Training and Development
It is crucial that all of our staff understand the unique needs of the communities that LCH serves and we have been building on our training and development plans to include courses linked to ethnicity and culture, disability and health inequality.

Equality Analysis
Equality analysis/Impact Assessment has now been included within our decision making processes and no longer sits alone as a separate form to be completed. This ensures that equality is embedded within our change programmes, financial decision, clinical and HR policies.

Learning Disability
Evidence suggests that people with learning disabilities have greater healthcare needs than the general population and that these needs are often unmet. LCH introduced a strategy and action plan for learning disabilities in 2012. Key achievements include the introduction of health passports, training for staff, improved communications including more easy read literature available and a research project looking specifically at the experience of patients with learning disabilities in the Dental Service.

Further Information
If you would like further information about our work please contact Kate Jones, Equality & Patient Experience Manager on 07775508424 or e-mail [Kate.jones@liverpoolch.nhs.uk](mailto:Kate.jones@liverpoolch.nhs.uk)
Priorities for 2013/14
Priorities for Quality Improvement 2013/14

1. Dementia
During 2012/13, a workshop was held to set priorities around Dementia for 2013/14. This includes the roll out of dementia screening to a number of different services, continued training and development for staff, working with and providing support for the carers of people with dementia and use of technology to improve our wards.

The strategy is built upon a number of values – the 6 C’s – care, compassion, competence, communication, courage and commitment. During 2013/14, LCH will be developing an action plan to support the implementation of the 6 C’s. This will be built upon the work already completed as part of the Energise for Excellence (E4E) framework.

2. Harm Free Care Agenda
Harm Free Care has been one of our main focuses over the last 2 years and this will continue during 2013/14. One of the main focuses will be the continued reduction of grade 3 pressure ulcers.

3. Francis Report
The Francis Report highlights a number of key areas that all NHS Trusts need to implement. LCH has already implemented many of the recommendations that are good practice including; patient stories at the Board; zero tolerance to poor practise; breakthrough aims are pressure ulcers and falls; staff engagement.

During 2013/14, LCH will be developing an action plan for the implementation of the recommendations and will report these to the Board.

4. Compassion in Practice
Compassion in Practice is the new three year vision and strategy for nursing, midwifery and care staff. It was launched in December 2012 following an eight week consultation with over 9,000 nurses, midwives, care staff and patients.

The strategy is built upon a number of values – the 6 C’s – care, compassion, competence, communication, courage and commitment. During 2013/14, LCH will be developing an action plan to support the implementation of the 6 C’s. This will be built upon the work already completed as part of the Energise for Excellence (E4E) framework.

5. Service Improvement
LCH is committed to ensuring that we have a workforce that is fit for purpose through our staff having the required skills, knowledge and training to deliver safe effective care together with the use of technology and integrated pathways to reduce duplication of effort and time.

For high quality care to be delivered, it is dependent upon patient pathways that are integrated and seamless. This ultimately keeps patients safe through the delivery of clinically effective care and provides a positive patient experience.

To support this, a model for service improvement in LCH and the levels of service improvement techniques available from a dedicated Service Improvement Team is currently being developed.

6. Use of Technology
LCH aims to exploit technology as much as possible. This means working with services to maximise the benefits of technology to support both clinical and non-clinical elements of service delivery. LCH Board approved an updated Technology Innovation & Intelligence Strategy during 2012 which will support development until 2016. The strategy has five themes all centred around improving patient care.

The Vision for informatics is:-
“By 2016, technology will be exploited by all staff within the Trust to improve patient care and efficiency. Staff and patients will have the right information when they need it. LCH will have developed an even more innovative culture and up to the minute technologies will be exploited routinely”.}

7. Commissioning for Quality and Innovation (CQUIN)
2013/14 will be the 4th year that LCH has participated in CQUIN schemes set by Commissioners.

A number of initiatives during 2013/14 have a focus upon integration, with priorities around the development of Virtual Ward/Integrated Care models and Dementia.

8. Public Health
We will continue to develop as a Public Health organisation and a number of key priorities have been set for 2013/14, including:

• To create a better understanding and acting on public health intelligence, to reduce health inequalities
• Building workforce capacity and capability to deliver ‘health chats’ to make every contact count and promote self-care
• External communication, community and stakeholder engagement and collaboration enabling LCH to be a leading partner in preventing poor health in our communities
Assurances on Quality of NHS Services Provided
Assurances on Quality of NHS Services Provided

Not only is LCH committed to improve the quality of the service it provides it also regularly reviews the processes by which we provide assurance of our services – this is especially important as we prepare to become a Foundation Trust.

Any information which is needed to assure the quality of our services flow through a number of groups and committees for approval before it goes to our Board and then onwards for publication. This ensures that at each stage information is confirmed and assured.

**Review of Services**

During 2012/13 LCH provided and/or subcontracted 90 NHS services. LCH has reviewed all data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2012/13 represents 90% of the total income generated from the provision of NHS services by LCH for 2012/13 compared to 97.23% in 2011/12.

**Participation in National Clinical Audits**

During 2012/13, 2 National Clinical Audits covered NHS services that LCH provides.

During that period LCH participated in 100% of the National Clinical Audits which it was eligible to participate in. The National Clinical Audits that LCH were eligible to participate in are listed in the table below.

<table>
<thead>
<tr>
<th>National Clinical Audit</th>
<th>LCH Eligible to Participate</th>
<th>LCH Participated</th>
<th>Report Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 National Diabetes Audit</td>
<td>Yes</td>
<td>Yes</td>
<td>Report not published</td>
</tr>
<tr>
<td>2 National Parkinson’s Occupational Therapy Audit 2012</td>
<td>Yes</td>
<td>Yes</td>
<td>Report not published</td>
</tr>
</tbody>
</table>

Reports have not yet been published by the national coordinators for the 2 National Clinical Audits.

LCH inquired about participating in other National Clinical Audits in 2012/13, however on investigation these National Clinical Audits were Secondary Care based, and therefore not applicable to LCH. These National Clinical Audits were regarding; Adult Asthma, Bronchiectasis, Heart Failure and Child Health.

**Participation in Local Clinical Audits**

LCH have an annual Clinical Audit Plan. 132 local clinical audits were undertaken by LCH in 2012/13. Examples of these audits include Record Keeping and Hand Hygiene.

Action Plans are implemented following the conclusion of all local audits to ensure that any issues are addressed for future practice. As local Clinical Audits are undertaken across a variety of Community Services, findings usually relate to the specific service. The following are examples of actions from some of the audits undertaken.

**Acupuncture Documentation Re-Audit 2012/13:**

- Continue to regularly review acceptable outcome measures with staff and stress importance of their use, particularly on discharge.
- Continue to highlight to staff standard points and which points require addition of a body chart or ear chart at the acupuncture group and whilst mentoring.
- Ensure meetings and mentoring is available to all Physiotherapists using acupuncture in LCH.

**Smoking Cessation Documentation Re-Audit 2012/13:**

- Ensure it becomes standard care that every patient is offered Smoking Cessation advice.
- Ensure each member of the team knows where to access Service contact details cards and ensure that they are issued to each patient. These should be stapled onto patients hand held case notes.

**HMP Liverpool & Kennet Discharge Planning Re-Audit 2012/13**

- Ensure a process of discharge planning currently in use at HMP Liverpool is adopted within HMP Kennet.
- Mental Health Service involvement should be recorded on the Prison Healthcare database with best practice being recorded from the Mental Health Teams into the discharge care plan.
- There should be a revision of current procedures surrounding notification to Prison Healthcare of discharges as well as the process for ordering medication for prisoners being discharged into the community.

During 2013/14, results from our audits will be reviewed by our newly formed Clinical Effectiveness Group to support positive outcomes for our patients.

- A member of the Smoking Cessation Team to provide a brief update on Smoking Cessation advice and Nicotine Replacement Therapy (NRT) available to patients.
- Ensure all staff have attended Record Keeping Mandatory training. Discussion with each team members regarding the importance of documenting each aspect of Smoking Cessation care given. Review the new Community Respiratory Team paperwork to ensure it prompts on each aspect of Smoking Cessation care.
Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by LCH in April 2012 to March 2013 that were recruited during that period to participate in research approved by a research ethics committee is to be published by the end of July 2013 and will be available on our internet site.

During 2012/13 Liverpool Community continued to manage an active research programme. This activity ranged from questionnaire focused studies through to face to face, one to one in depth interviews. Research and development enables our staff to use evidence based practice and deliver clinically effective care. Participation in research demonstrates commitment to improving the quality of care we offer and to making our contribution to maximise health improvements.

Our clinical staff remain up to date with the latest treatments so enhancing their ability to contribute to successful patient outcomes. The Trust has an increasing number of clinical staff acting as lead investigators on primary research and service development studies including speech and language therapists, dental staff, and community matrons.

The research studies which LCH were involved in during 2012 and 2013 have been undertaken in a variety of different clinical specialities including health visiting, sexual health, prison health and continence services.

LCH continues to take part in research studies that ask key clinical questions which will improve patient care and that align to our strategic objectives.

The Trust currently supports active primary research studies that have received a favourable opinion from the National Research Ethics Service (NRES). The Trust uses national, local and organisational systems to manage the studies in proportion to their risk while adhering to the appropriate research governance requirements. The opportunities to collaborate on National Institute for Health Research (NIHR) research studies have increased during the last year. Our research partners include other NHS Trusts and local charities, local universities as well as higher educational institutes across the country. The Trust is also working collaboratively with organisations including the Health Protection Agency and Liverpool City Council on translational research projects.

Considerable success to date has been achieved through joint working with Liverpool John Moore’s University (LJMU) and through an NHS Academic Research Partnership with them.

Some of the research projects which we have led or been involved with have included:
- Measuring the quality of end of life care from the view of bereaved carers
- ‘Keeping in Touch’: face to face with the speech and language therapist via the internet
- Exploring the experiences of adults with learning disabilities and their carers who access our community dental services
- Measuring the impact of a 12 week fitness programme for the over 60s’

Complaints

The table below shows the complaints table which is sent to the Department of Health (DH) for KO41a submission. The DH monitors written complaints received by the NHS each year. It also supports the commitment given in Equity and Excellence to improve the Patient Experience by listening to the public voice.

The categories used by the DH are in the table below and our performance since 2009 is also shown.

<table>
<thead>
<tr>
<th>Subject of Complaint</th>
<th>09/10</th>
<th>10/11</th>
<th>11/12</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>A01 Admissions, discharge and transfer arrangements</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A02 Aids and appliances, equipment, premises (including access)</td>
<td>9</td>
<td>4</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>A03 Appointments, delay, cancellation (outpatient)</td>
<td>11</td>
<td>15</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>A07 Attitude of staff</td>
<td>30</td>
<td>31</td>
<td>35</td>
<td>44</td>
</tr>
<tr>
<td>A08 All aspects of clinical treatment</td>
<td>51</td>
<td>60</td>
<td>91</td>
<td>79</td>
</tr>
<tr>
<td>A09 Communication/information to patients (written and oral)</td>
<td>17</td>
<td>12</td>
<td>19</td>
<td>30</td>
</tr>
<tr>
<td>A10 Consent to treatment</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A11 Patients property and expenses</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>A12 Patients’ Privacy and Dignity</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>A17 Personal records (Inc. med records &amp; complaints)</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>A18 Failure to follow agreed procedures</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A20 Policy and commercial decisions of Trust</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A21 Transport (ambulances and other)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A24 Hospital services (including food)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A25 Other</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>130</strong></td>
<td><strong>133</strong></td>
<td><strong>190</strong></td>
<td><strong>181</strong></td>
</tr>
</tbody>
</table>

Please note: An increase in the number of complaints during 11/12 in comparison to 10/11 as the number of services LCH delivers increased.
Patient Experience Surveys

Positive patient experience is important to LCH. LCH strive to ensure patients receive Services that they value. LCH Services take part in a 2 year rolling programme for Patient Experience. Each Service completes a Patient Experience survey every other year to meet contract requirements unless they are considered to be a priority service (have a high turnover of patients/ high numbers of incidents or complaints/ Commissioning requirement) in which case they do a survey every year.

Yearly Surveys

The Services shown in the graph have completed a survey in both 2011/12 & 2012/13. The graph shows how patients have rated their “overall experience of the Service” – the percentages show how many patients had a positive experience.

The graph shows that the majority of LCH patients had a positive experience of the Services accessed and if they have not, Services will make changes where necessary.
Two-Yearly surveys

In 2011/12, 61 surveys were undertaken, and reported in last year’s Quality Accounts. For 2012/13, 48 surveys, across both Liverpool & Sefton have all been completed. Action Plans are currently being developed by Services following review of the results of each specific survey.

Each of the Services who have conducted a survey are part of a Division; for example Walk-In-Centre’s are part of the Adults Services Division. Health Visiting is part of the Children & Families Division and Sexual Health is part of the Primary Care & Public Health Division.

The graph below shows patient satisfaction in each of those Divisions over the last 2 financial years (2011/12 & 2012/13).

PCMS GP practices

Each of the 10 Practices participates, along with other GPs, in the National GP Survey each year. The results of the 2012/13 survey have yet to published and will be available from June / July 2013.

As of 1st April 2013, LCH no longer manage the 10 PCMS Practices

Intermediate Care (Bed Based) Privacy & Dignity – Eliminating Mixed Sex Accommodation Survey 2012/13

A number of years ago the Department of Health gave a clear public commitment to eliminating mixed-sex accommodation for hospital inpatients. This means that men and women should not have to share sleeping accommodation or toilet / bathroom facilities, unless clinically justified (for example on an Intensive Care Unit).

LCH have 4 inpatient wards based on sites within the Royal Liverpool (1) and Broadgreen Hospital NHS Trust (2) and Aintree Hospital NHS Trust (1). There have been no breaches of Mixed Sex accommodation in the last 3 years.

In addition to staff monitoring breaches, inpatients are asked to complete a Privacy & Dignity Survey on a monthly basis. The results of the surveys confirm that patients are happy that their privacy and dignity is supported whilst they are inpatients on LCH Wards.

Goals Agreed with Commissioners

Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of LCH income in 202/13 was based on reaching the CQUIN targets. LCH is pleased to confirm that it has been awarded 99% of available funding from Sefton Commissioners and 99% of available funding from Liverpool Commissioners.

Further details of the agreed goals from previous years and for the next 12 months are available electronically at www.institute.nhs.uk/commissioning/pct_portal/cquin.html

National Quality Board – Core Quality Indicators

The Department of Health and MONITOR (the independent regulator of NHS Foundation Trusts) are in the process of developing an Annual Reporting Manual for NHS Foundation Organisations. This manual will contain a core set of quality indicators which Foundation Trusts will have to report on as part of their Quality Accounts.

The quality indicators which are relevant to our organisation are identified in the table below.

<table>
<thead>
<tr>
<th>NHS Outcome Framework Domain</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 4: Ensuring that people have a positive experience of care</td>
<td>Responsiveness to inpatients’ personal needs</td>
</tr>
<tr>
<td>Percentage of staff who would recommend the provider to friends or family needing care</td>
<td></td>
</tr>
<tr>
<td>Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm</td>
<td>Percentage of admitted patients risk-assessed for Venous Thromboembolism</td>
</tr>
<tr>
<td>Rate of C. difficile</td>
<td></td>
</tr>
<tr>
<td>Rate of patient safety incidents and percentage resulting in severe harm or death</td>
<td></td>
</tr>
</tbody>
</table>
Domain 4 – Ensuring that people have a positive experience of care:
In 2012/13 LCH Liverpool Bed Based services collected patient views on the “responsiveness to inpatients personal needs”. The survey showed:
• 94% of respondents were welcomed, introduced to people on the ward and given information about their stay on arrival.
• 82% of respondents were given enough time to discuss their condition, worries and fears with healthcare professionals.
• 90% of respondents felt that staff clearly explained the purpose of any medication and side effects in a way that could be understood.
• 94% of respondents felt that staff took family or home situations into account when planning their discharge from hospital.
• 77% of respondents were told who to contact if they were worried about their condition or treatment after they had left hospital.

LCH has reviewed these results to identify where improvements are needed and identified the following changes:
• Information regarding patients care / treatment is now held at the end of each patient’s bed.
• Patient documentation currently under review and discharge leaflet to be implemented.

Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm:
Firstly this domain focuses on whether organisations are assessing patients for blood clots (Venous Thromboembolisms VTE). When a patient is admitted to a bed based service a VTE assessment is undertaken. The target is to assess at least 90% of relevant patients. In 2012/13 LCH assessed 99.3% of patients.

LCH has not had any reported cases of CDI infections this year.

The Infection Prevention & Control Team continued to develop a robust surveillance system to combat HCAI such as MRSA and CDI (C Diff); all cases were followed up using the trusts root cause analysis tool. As part of the plan to combat and reduce HCAI’s the team introduced a number of initiatives on the intermediate care wards, including:
• Isolate all patients on suspicion of infectious diarrhoea within 4 hours
• All CDI (C Diff) cases will have a medicines management input as part of the RCA process
• Formalise feedback to acute trusts where RCA investigation indicates issues relating to prescribing within the acute trust

During 2012/13, LCH incident reporting rate per 1,000 bed days was 14.8. The table below shows the percentage of incidents by degree of harm.

<table>
<thead>
<tr>
<th>Trust</th>
<th>None</th>
<th>Low</th>
<th>Moderate</th>
<th>Severe</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liverpool</td>
<td>44.1%</td>
<td>36.5%</td>
<td>18.8%</td>
<td>0.6%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
What our Regulators say about LCH

LCH is ‘Unconditionally Registered’ with CQC. The Care Quality Commission has not taken enforcement action against LCH during 2012/13.

LCH has not participated in special reviews or investigations by the CQC during 2012/13. LCH has however participated in the following un-announced inspections; Smithdown Walk-in-Centre and Litherland Walk-in-Centre. During both of these inspections LCH met all of the standards assessed and there were no issues of concern.

November 2012 – Unannounced visit to Smithdown Walk-in-Centre

The CQC Inspector spoke with the parents of ten children who were using the service. Several parents told CQC they had used the Walk in Centre before and had always been happy with the service they had received.

They told CQC they had felt safe at the WIC and had had a lot of trust in the staff that worked there. One parent who used the service for the first time told CQC they had been really impressed and would definitely use it again.

Other parent’s comments included:
• “Everybody here are fantastic, I don’t know what I would do without this place”
• “They put you at ease and have always carried out thorough examinations and explained everything to you”.
• “We are so lucky to have this walk in centre because it is so hard to get an appointment with my doctor”.
• “I travel a long way to come here because it is so good, I have used it quite a few times for all my children and have only good things to say about it”.
• “I trust the staff one hundred per cent I know my child is safe here”.

July 2012 – Unannounced visit to Litherland Walk-in-Centre

During this visit, CQC spent time talking to people who were using the Walk-in-Centre. The inspector spoke with people before and after their assessment, consultation, treatment and care.

The people CQC spoke with were positive about their experience of using the service.

People told CQC that staff had been respectful towards them and had involved them in all aspects of their care and treatment and they had been given information about their illness/injury and any care or follow up treatment required.

People told CQC they had been treated well and would tell somebody if they were unhappy about how they were treated. They said they had been happy with the service they received and staff had been ‘professional and helpful’.

Comments from people CQC spoke with included:
• “Staff were very helpful”.
• “They were very respectful and polite”.
• “Yes they ensured my privacy”.
• “They explained everything to me”.
Other Regulators
The NHS Litigation Authority (NHSLA) is a special health authority that was set up in 1995. The NHSLA handles negligence claims made against NHS organisations and works to improve risk management practices in the NHS.

All NHS organisations in England can apply to be members of these schemes. Members pay an annual contribution (premium) to the schemes, which is similar to insurance.

As part of this, all members of these schemes are subject to an NHSLA Risks Management Assessment, based on 3 levels of compliance (one, two and three).

In January 2013, LCH was assessed against Level One of this scheme and scored 100% (50/50).

Statement on Relevance of Data Quality and Actions to Improve Data Quality

Background
Liverpool Community Health NHS Trust (LCH) continually strives to manage, maintain and improve data quality. During 2012 LCH undertook a review of their current practices relating to data quality. The main aim of the review was to scrutinise:
- Data collection practices
- Data quality management
- Data quality monitoring

The findings of the review were received and sponsored by the Executive Team and a Data Quality Improvement Plan has subsequently been implemented to support LCH in the development of the Organisation and the development and maintenance of National Requirements such as the implementation of the Community Information Dataset.

Right First Time Campaign
Recommendations from the data quality review highlighted the need to establish a new campaign to promote Data Quality within LCH. We have recently established a campaign known as ‘Right First Time’ (RFT).

RFT will be publicised widely within the Trust with a range of promotional materials that will raise the awareness of the importance of recording correct information in patients electronic and paper records. The main drivers for the campaign are:
- Supporting Patient Care
- Ensuring demographic information is up-to-date
- Ensuring activity information is recorded in a timely manner
- Management and Reporting National Standards
- Equality and Diversity
- Secondary Uses Services (SUS)
- Information Governance Toolkit

Education and training will be a key feature of the RFT campaign; the importance of data quality has Executive sponsorship and we will ensure that staff in LCH are aware of their own individual responsibilities in data quality management.

Data Quality Improvement Team
Further recommendations of the review included a requirement for the introduction of a centralised Data Quality Improvement Team. As LCH data quality resource is currently managed between three organisations. LCH are in a TUPE consultation phase to centralise and align data quality support teams which will mean the management of data quality work-stream will significantly improve. The centralised work stream will ensure that LCH are able to provide a First Class support service for all Services within the Trust when carrying out audits, data corrections, closing records and education.

Other initiatives to improve DQ
There are many initiatives within LCH that will underpin the work of the Data Quality Improvement Team:

Mobile Working
Our Technology, Innovation & Intelligence Strategy for the next 4 years includes the deployment of mobile devices across many of our services. This development will ensure that we are collecting information at source with improved timeliness.

Community Information and Systems Standards Group
In LCH we manage a diverse range of Patient Administration and Corporate Systems. During 2011/12 we established the Community Information System Standards Group. The purpose of the group is to oversee the process of standardising and developing Community Information Systems across LCH, promoting best practice, ensuring consistent use of the systems and to make recommendations that strive towards improving data standards.

National Requirements
- LCH routinely submit CIDS information to North West Strategic Health Authority.
- LCH continue to submit Admitted Patient Care and Accident and Emergency data to Secondary Uses Services (SUS).
- LCH continue to submit data completeness activity to Monitor.
- LCH continue to monitor and strive to improve NHS Number compliance.

NHS Number
The use of NHS Number aids the reduction of clinical risk to patients. Using the NHS Number makes it possible to share patient information safely, efficiently and accurately across NHS organisations.

LCH continue to be committed to ensuring that our systems are fully confromant with the National NHS Number Standard. During 2013/14 LCH has a planned programme of work relating the delivery of the NHS Number Standard.

Information Governance Toolkit Attainment Levels
LCH takes the management and security of patient, staff and corporate information very seriously and has in place a strategy and various Information Governance Policies to ensure:
- All staff are appropriately trained and understand their Information Governance responsibilities through training which is refreshed annually
- There is clear ownership of information and strengthened responsibilities in how it is managed
- Information risks are identified in relation to the management, sharing and use of information
- Information quality is improved in line with national standards
- Corporate records are appropriately controlled and audited to ensure compliance with expected standards

LCH Information Governance Assessment Report score for 2012/13 was 71% - a 14% increase from 2011/12. LCH has been graded satisfactory and achieved Level 2.

Stakeholder Inputs

Statement from Liverpool Clinical Commissioning Group
Liverpool CCG is pleased to provide a statement for inclusion in this Quality Account. Liverpool Community Health Services has taken reasonable steps to corroborate the accuracy of data provided within this Quality Account and consider it contains accurate information in relation to the service provided, however an incident reported by the trust is currently under review and both the trust and the CCG are reviewing the Department of Health guidelines, Never Event classifications and definitions to declare the incident appropriately.

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

Throughout the year, we have seen the creation of an integrated clinical and quality strategy which sets out the trusts plans for the next five years. The participation in the transparency pilot and the trusts continued commitment to reducing harm to patients and dedication to improve patient safety across the organisation. The implementation of a new performance appraisal process for staff is commended by Liverpool CCG as effective performance appraisal and staff development contributes to improved patient outcomes.

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

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

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

Signed
Katherine Sheerin
Chief Officer
NHS Liverpool Clinical Commissioning Group

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

Dr Simon Bowers,
Chair Liverpool Matchworks Locality

Statement from Sefton Clinical Commissioning Group
South Sefton CCG with support from Cheshire and Merseyside Commissioning Support Unit in line with the NHS (Quality Accounts) Regulations 2011, Cheshire & Merseyside CSU can confirm that they have reviewed the information contained within the Quality Account submitted by Liverpool Community Health NHS Trust and they have checked this against data sources made available to them through the monthly provider submission and that it is accurate in relation to the services provided by the Trust. In addition they can confirm that the account complies with the prescribed information, form and content as set out by the Department of Health for quality account reporting.

The account represents a fair and balanced view of the 2012/13 progress that Liverpool Community Health NHS Trust made against the identified quality standards. The Trust has complied with its contractual obligations and has made good progress over the last year with evidence of improvements in key quality and safety measures.

It should be noted that in respect of CQUIN targets the Trust is currently not on track to achieve all of the elements of the Energise for Excellence scheme but overall good progress has been made within the CQUIN schemes in 2012/13.

The Liverpool Community health NHS Trust Quality Accounts were acknowledged at the joint South Sefton and Liverpool CCG CQPG meeting in May 2013.
Statement from Liverpool Healthwatch
Healthwatch Liverpool (scrutiny) welcomes the opportunity to provide a commentary on this Quality Account, and to be able to build on the work that was done by Liverpool LINk in previous years by continuing to engage with Liverpool Community Health NHS Trust (LCH). This commentary only relates to the issues covered in the Quality Account.

The document itself is written in a clear accessible style. From the evidence provided in this Quality Account definite improvements were made around priorities for delivering Harm Free Care. We are encouraged to see that there has been a reduction in falls, including moderate or severe falls, and to see a reduction in community acquired grade 3 and 4 pressure ulcers. LCH has now classed community acquired grade 4 pressure ulcers as a ‘never event’, and by selecting the reduction in grade 3 pressure ulcers as a priority for 2013/14 we hope to see the numbers still go down further.

The ‘Review of Quality’ section illustrates how improvements have been made across many different areas of service provision. The majority of targets were achieved, and where targets were not met most rates showed improvement. Providing a breakdown of complaints received over the year is useful, and we were pleased to see that complaints overall were down compared to the previous year.

However, the Quality Account does not provide a breakdown of how many Commissioning for Quality and Innovation (CQUIN) targets were met in 2012/13. It is difficult for Healthwatch Liverpool to ascertain how the Integrated Business Plan and Integrated Clinical and Quality Strategy are impacting on the day to day services provided to patients and service users, as LCH provides a wide variety of services, both in the community and in clinical and hospital-settings.

The Trust uses a number of ways to gather patient feedback, including the Friends and Family Test. Liverpool Community Health NHS Trust also aims to introduce a new model for actively involving patients in committees and groups, and we look forward to hearing more about its implementation in the future.

There has been a regular dialogue between the Trust and Healthwatch Liverpool about the progress made on Equality Delivery System (EDS) outcomes, and to some extent around Quality Priorities. Healthwatch Liverpool looks forward to continuing engagement with Liverpool Community Health NHS Trust in 2013/14.

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