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This Quality Account is an annual report to the public and stakeholders about the quality of services provided by Liverpool Community Health NHS Trust during 2014/15 and includes an outline of quality priorities for the coming year.

Liverpool Community Health NHS Trust’s recent history had been marked by a fragmented approach to the delivery of services, poor engagement with primary care and a series of critical CQC inspection findings.

The Trusts strategic approach on delivering savings has often conflicted what nurses, doctors and other frontline professionals want to achieve for their patients. Since setting a different course during 2014/15 and embarking on our improvement journey, we have recruited more than 100 new nurses and boosted other frontline teams. We are getting better, but we need to make sure we maintain this commitment to a different way of doing things.

That is why we are ensuring that nurses, doctors and other health professionals have greater decision making to work together with GPs and other professionals to develop joined-up services in localities.

These clinically-led teams are being empowered to develop and deliver NHS services that are more relevant to local needs; they will ensure patients receive the right care, in the right place, at the right time – closer to where they live. The quality priorities for the coming year build on this clinically-led approach.

As Interim Chief Executive I confirm to the best of my knowledge that the information contained in the Quality Report is accurate.

Sue Page, CBE
Interim Chief Executive
Liverpool Community Health NHS Trust
At organisation level, we have developed our ‘Integrated Strategic Operating Plan’ (ISOP).

This pulls together in one place all the work the Trust plans to do. It is essentially a ‘live’ plan in that it is updated at set intervals taking into account service need, risk management and organisational transformation. The ISOP includes:

- Transition to the new organisational form and new model of service delivery (Locality Based Service Model)
- Actions related to external reviews (e.g. CQC and NHS England)
- Existing and emerging significant risks and plans to address them

Priorities for 2015/16
As an organisation that provides a range of community services, we play an important role in ensuring that our patients receive timely care in their home environment or local community helping to avoid admission to hospital where possible. We work in close partnership with other health and social care services across the local health economy all of whom face similar challenges. The following priorities will form the basis of our Safety Improvement Plan which will also be incorporated into our ISOP:

- Infection control
- Patient experience
- End of life care
- Harm free care
- Deteriorating patient
- Access (admission avoidance)

Where are we now?
We already deliver services or initiatives to support the priority areas. However we want
to take this further by setting clear aims and measurable outcomes that align to high quality care for patients.

The Trust has worked extensively to implement its Integrated Clinical Strategy; however, we want to continue to learn more about how we can improve care for patients. In particular how to lead and deliver these improvements across an organisation that is geographically spread, has a diversity of cultures, different types of professionals and a range of contractual relationships with commissioners and other providers.

**Why these are a Priority**

During April to June (Quarter One) for the priorities above, we will review our current position and compare how we are doing against other Trusts and against external compliance standards (for example, Care Quality Commission (CQC) and the Trust Development Authority (TDA)). This will enable improvement measures to be identified and will inform the development of plans to set out how this will be achieved. We will report our progress in achievement of these priorities through our already established performance and governance arrangements within the Trust.

**Infection Control**

In line with other Trusts, and as part of patient safety initiatives, we follow national standards for infection control, (i.e. Health and Social Care Act 2008 (Hygiene Code)), and have a dedicated Infection Prevention and Control Team who support the organisation to meet these standards. In order to achieve the standards set out we set out an annual work plan, which includes a range of infection control audits across our services. For 2015/16 we will build upon this work and establish other work programmes aligned to the reduction of Healthcare Associated Infections (HCAI).

**Patient Experience**

For 2015/16 we will continue to roll out the national ‘Friends and Family Test (FFT)’ and in addition implement our ‘Patient and Carer Involvement and Engagement Strategy’. This strategy was developed following a stakeholder event held early in 2015 with patients, carers and other key partners where feedback helped the Trust to understand what was important to them.

We will also use the TDA and NICE (National Institute for Health and Care Excellence) quality standards for patient experience to benchmark ourselves and plan areas for further development. Our progress for the implementation of the strategy and benchmarking plan will be monitored through our Patient Experience Sub-Committee.

**End of Life Care**

Nationally, end of life care has been a focus for improvement across all providers. Community services play an important role to enable people with end of life needs to remain and die in their own home if this is their choice. Collaboration with other partners and agencies is crucial to the success in achieving this outcome. In quarter one we will set further priorities for 2015/16 and develop an action plan that aligns to national direction and best practice. Our progress will be monitored through our Resuscitation and Mortality group.

**Harm Free Care**

‘Harm Free Care’ is a collective term used for different patient safety initiatives aimed at ensuring that patients are kept safe and free from harm in our care. Some examples of these initiatives are the use of ‘Safety Thermometer’ (see page 13) and how we use trends and themes from incidents to learn lessons and improve our services. To support this priority during April to June, we will review our existing position and develop a work plan that will be monitored via our Patient Safety Sub Committee.
Deteriorating Patient
For patients in our care, we use a number of clinical assessment tools to inform clinical decision making and monitor patient outcomes. The tools also help staff identify when patients may be unwell or their condition deteriorates. A number of these are already in use across our services for example on our Intermediate Care Bed Based wards and our Walk-in-Centres. We will be rolling out early warning tools in 2015/16 to support all staff and teams in identifying and managing deteriorating patients.

Admission Avoidance
We have a number of services and initiatives that aim to support patients in their own home environment and avoid admission to hospital where possible. We will look towards being able to quantify the impact these services have in supporting admission avoidance across the local health economy.
During 2014/15 LCH provided and/or subcontracted 66 NHS services. LCH has reviewed all the data available to them on the quality of care in 66 of these NHS services.

Our Executive Team led a review of all services to determine if any service plans needed to stop, continue or be reviewed. This work then informed the development of actions required within the Integrated Strategic Operating Plan (ISOP).

In addition, a full governance and quality review was undertaken whereby our governance, quality and performance management systems were reviewed. This led to the revision of our Committee and Sub Committee structures to the Board, including the establishment of key Committees (Human Resources & Organisational Development, and Health & Safety) to support identified organisational imperatives.

The number of services LCH provides and/or subcontracts has reduced from 77 in 2013/14 to 66 in 2014/15. This is due to LCH ceasing to provide some services and reclassification of some services.

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

**Participation in Clinical Audit**

We are committed to improving the quality of our services and regularly review clinical practice against locally and nationally agreed standards – this is known as clinical audit.

There are different types of clinical audit that we can participate in:

**National Clinical Audits and Patient Outcomes Programme (NCAPOP)**

These are released by the ‘Healthcare Quality Improvement Partnership (HQIP) on
an annual basis. Their vision is to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve healthcare services. Each year, HQIP release an annual audit plan which Trusts can review and choose to participate if the subject matter is relevant to their organisation.

During 2014/15, 6 national clinical audits covered NHS services that LCH provides. During that period LCH participated in 33% of national clinical audits which it was eligible to participate in.

The national clinical audits that LCH was eligible to participate in during 2014/15 are as follows:

- National Audit of Intermediate Care
- National Audit of Epilepsy in Children
- National Audit of Parkinson’s Disease
- National Audit of COPD
- National Audit of Stroke
- National Pulmonary Rehabilitation Audit

The national clinical audits that LCH participated in during 2014/15 are as follows:

- National Audit of Intermediate Care
- National Pulmonary Rehabilitation Audit

For both of these audits data collection is still in progress, therefore we are unable to provide the number of cases submitted to each audit or enquiry as a percentage of the number of registered required by the terms of the audit or enquiry.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
The purpose of this organisation is to assist in maintaining and improving the standards of medical and surgical care for the benefit of the public. This is through reviewing the management of patients by undertaking confidential surveys and research, and by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities. Each year organisations or individuals are invited to submit studies or proposals for consideration.

During 2014/15 0 national confidential enquiries covered NHS services that LCH provides.

During that period LCH participated in 0% national confidential enquiries which it was eligible to participate in.

Trust specific Clinical Audits (Local Clinical Audits)
Each year we develop an annual clinical audit forward plan as part of our commitment to continually improve the quality of our services. The forward plan sets out an overview of the planned activity for the year through a structured programme of audit projects that review clinical practice against local and national best practice standards. We monitor our progress against our clinical audit plan through our Clinical Effectiveness Sub Committee and reports to our Quality Committee. Priorities for audit included NICE (National Institute for Health and Care Excellence) guidance and other local service audits.

During 2014/15 we planned to undertake 108 clinical audits and as of June 15 81% (88) of these audits have been completed with 179 actions generated. A total of 34% (61) of those actions have been implemented. Of the 19% (20) clinical audits remaining, 12% (13) are still on-going and 7% (7) are not to continue.

The reports of the 81% (88) local clinical audits were reviewed by the Trust in 2014/15 and we intend to take the following actions to improve the quality of health care provided:

Our audits covered a range of subjects including:
• Follow-up audit to establish the delivery of NICE Quality Standard (2011) statement 4 for patients with diabetes (Community Matrons)

• Clinical content (record keeping) peer audit (District Nurses)

• Pressure ulcer audit (Treatment Rooms)

Examples of our re-audits include:

• SARC – Safe Place Forensic Decontamination

• DNs – Clinical Content record keeping

• Treatment Rooms – EMIS Templates

• Liverpool Wheelchair Service – Child in a chair in a day

Following each audit, an action plan is developed based on the findings and recommendations to practice. This will be managed and monitored via the Clinical Audit and Service Improvement sub-group.

The reports of the 88 (81%) local clinical audits were reviewed by the Trust in 2014/15 and we intend to take the following actions to improve the quality of health care provided:

• Identify audits that require re-audit for 2015/16

• Share how audits have improved the quality of care provided

• Cross reference those audits undertaken against NICE guidance with our NICE database

• Monitor action plan implementation for all services

• Review how we use clinical leadership to drive and develop our clinical audit plan for 2015/16

• Establish a Clinical Audit and Service Improvement Service Sub Group that will report into Clinical Effectiveness Sub Committee

How audit findings inform practice

Two examples are provided to demonstrate how audit can be used to improve practice:

TB Team – Audit of Babies attending for BCG Vaccination

• Issue identified: the team identified that there was a need to provide education for community midwives in the Halton area around eligibility criteria for the BCG programme

• Action: Training sessions were set up to raise awareness of general TB, BCG awareness and eligibility criteria. Sessions were delivered by the team to Midwives at their team meetings

• Progress: The training was positively evaluated and the sessions have been completed for staff. As a result of the team training, it meant that babies are vaccinated more quickly, protecting them sooner

Podiatry - Clinical Practice Procedures Audit

• Issue identified: The podiatry service manage patients with different wound care needs. It was identified that there was a need to review wound care competencies and documentation across the service

• Action: Wound care competencies and standards for documentation were developed and a plan for all staff to be assessed for wound care competencies on a 1-1 basis, including how to complete documentation

• Progress: Completed with all staff

Both of these examples will be reviewed to see if further re-audit is required in the future.
2015/16 Clinical Audit
For 2015/16, action plans following clinical audit will be monitored by our soon to be established Clinical Audit and Service Improvement Sub-Group. This Sub-Group will report into the Clinical Effectiveness Sub-Committee. The purpose of this Sub-Group is to review all newly proposed Clinical Audits and ensure that processes are in place for wider organisational sharing.

With the move to locality working and the need for local ownership of clinical audit, it is important that we ensure a co-ordinated approach across localities to avoid duplication of effort. To aid this, it has been agreed that our clinical audit plan for 2015/16 will be developed in quarter one. To inform our plans, we have undertaken a complete review of clinical audit that include:

- Clinical engagement and leadership for clinical audit
- Systems and process for registering, reporting audits, monitoring action plans and re audit
- Training and support for staff
- Identifying audits to undertake using organisational and locality priorities
- Using lessons learnt to share audit findings across the organisation
- Improving processes for reviewing and participation in national audit
- Collaboration with other providers for cross organisational audit

Participation in Clinical Research
The number of patients receiving NHS services provided or sub-contracted by Liverpool Community Health (LCH) in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 63. This is the first year that LCH has recorded the number of patients who have taken part in research and this will provide a benchmark for research activity in 2015/16.

There were 410 LCH employees who were either interviewed or took part in focus groups or completed research questionnaires during 2014/15. The number of staff involved in research is expected to increase during 2015/16. This is supported by a 53% increase in the number of studies approved during 2014/15 (increased from 15 in 2013/14 to 32 in 2014/15).

It is anticipated that the increase in research activity will increase patient safety and clinical effectiveness as taking part in research is a recognised hallmark of quality and organisational performance. Evidence of this has been illustrated through the developments in evaluating End of Life care.

The Quality standards (NICE QS13) for End of Life state that people in their last days of life should be "identified in a timely way and have their care coordinated and delivered in accordance with their personalised care plan, including rapid access to holistic support, equipment and administration of medicine". However, the National Care of Dying Audit (2013/14) identified that a small but significant number of families have poor experiences of end of life care. With this in mind LCH and Liverpool John Moores University worked together to develop the Care of Dying Evaluation (CODE) Tool. As a result, the CODE tool is now validated and used to identify gaps and benchmark the quality of care given by all end of life care providers across the region.
During 2014/15 there has also been a small financial benefit to LCH from taking part in research. LCH successfully recruited patients and staff into five National Institute of Health Research Projects and were awarded £6,775. The increasing number of studies, along with the expected increase in the number of patients recruited suggests that this benefit is likely to increase.

Alongside this a new Research and Development (R&D) policy was approved. The R&D policy provides staff and other stakeholders with robust guidance on the systems and processes for gaining research approval.

The new policy ensures that:

**Patients remain safe when taking part in studies**
- All researchers and external agencies are fully vetted before coming on site or into patients’ homes
- Any proposed interventions are considered with regard to patient safety
- Confidentiality and information governance issues are reviewed

**Staff are kept safe**
- Helps ensure that staff, service leads, and services are fully sighted and informed on any projects involving them or their service
- Prevents undue “pressure” on staff from external researchers or investigators

**The organisation is kept safe**
- Minimises the risk of reputational damage from poorly controlled studies or patient harm
- Limits the financial risks related to commitment of LCH resources, income from projects, litigation from unforeseen incidents, etc

These safety checks are also extended to service evaluation and development projects, with patient and staff safety being paramount to everything that we do.

For 2015/16, there will be a new process for reporting on research activity. We will provide quarterly reports to the Clinical Effectiveness Sub-Committee. Additionally a Research Forum will be established. This will support staff involved in research coming together to share any lessons learnt from either conducting or being involved in research and help raise the profile of research across the organisation.
Commissioning for Quality and Innovation (CQUIN)

CQUINs are based on national best practice or local priorities that support and encourage improvement and innovation. A proportion of LCH income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between LCH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2014/15 and for the following 12 month period are available on request from Quality.Improvement@LiverpoolCH.nhs.uk

The following CQUIN’s were agreed between the Trust and South Sefton Clinical Commissioning Group (SCCG), Liverpool Clinical Commissioning Group (LCCG) and NHS England (NHSE) for the provision of NHS services, some built upon work from 2013/14, others were new:

- Friends and Family Test (NHSE, SCCG, LCCG)
- Safety Thermometer (SCCG, LCCG)
- Dementia (SCCG, LCCG)
- EMIS (SCCG, LCCG)
- Communication (SCCG, LCCG)
- Breastfeeding (LCCG)
- NWAS Pathfinder (SCCG, LCCG)
- Virtual Ward (SCCG)
- Offender Health x 3 – (NHSE until 1/1/15 when transfer of offender health services occurred)
- Health Inequalities - (NHSE)

Friends and Family Test (National)
The Friends and Family Test (FFT) is a national CQUIN indicator that applies to all NHS hospitals and community providers. It asks patients ‘How likely is it that you would recommend our service to family or friends?’. Our work in 2013/14 focused on our Intermediate Care Bed Based wards. For 2014/15 we built upon this work to develop our systems and processes to roll out FFT across all of our services. This was through a phased expansion plan, which included not just the roll out, but also collation of feedback from patients. Services are then asked to develop an improvement plan based upon the feedback and then promote how they have improved their service in response to this.

By the end of March 2015 FFT had been rolled out to all of our services. Patients can feedback using a specific FFT Postcard which are placed in designated postboxes within service areas, or they can feedback on line via our website through service surveys. The results of our FFT can be found at www.liverpoolcommunityhealth.nhs.uk/get-in-touch/friends-family-test.htm

As at end March 2015, 4374 patients had taken part in FFT and 94% of these patients would recommend LCH to friends and family.

One of the services that have collected the greatest amount of friends and family data is our Sexual Health service. This has been achieved by firstly raising staff awareness of the initiative and then through staff being proactive at handing out postcards to patients within the clinical room and providing an explanation as to why we collect the information. Pens are readily available for patients to use and postboxes are located so that the feedback can be confidential.

Patient and staff engagement has been important to this success and each month the results are shared to all sexual health staff. For patients, the results are shared via the television (provision) screens within the waiting rooms where it states the percentage of patients who would recommend the service to their friends and family.
Staff also send out letters to patients to thank them for offering their thoughts and comments that help to improve the service. Recent improvements in the service include changes to the signage in the waiting room, a cleaner and tidier waiting room and an improvement in the overall engagement and communication with patients.

**Friends and Family Test - Staff Experience**

The second element to this CQUIN was to gain staff experience where staff are asked ‘How likely are you to recommend Liverpool Community Health to friends and family if they needed care or treatment?’

‘How likely are you to recommend Liverpool Community Health to friends and family as a place to work?’

It should be noted that each year NHS organisations participate in an annual staff survey. The survey has a very similar question to the staff experience Friends and Family Test and is reported within this document on page 21.

For the staff Friends and Family Test the main focus in the early part of the year was to put systems and processes in place to gain feedback from staff using different sources. It was planned to gather this feedback through events that staff attended, for example staff training, forums, Listening into Action events, then measure the feedback in January 2015.

By March 2015 a total of 14.7% staff had taken part in FFT.

Of the 14.7% staff who participated, 79% would recommend LCH to friends and family if they needed care or treatment and 64% of staff would recommend LCH to friends and family as a place to work.

**Safety Thermometer (National)**

This was a CQUIN for all NHS hospitals and community providers in 2014/15.

The NHS Safety Thermometer (ST) is an improvement tool for measuring, monitoring and analysing four key nationally identified themed patient harms: Pressure Ulcers; Falls; Urinary Tract Infections (for those patients with an indwelling catheter) and Venous Thromboembolism (type of Deep Vein Thrombosis). We collect and analyse data on a monthly basis to support improvements in care and to reduce the four harms identified above.

This CQUIN built upon 2013/14 and included an area for improvement. We continued to report our results and after review, both Liverpool and South Sefton CCG’s agreed that our service improvement would be measured against our progress against a pressure ulcer action plan that had been developed following an aggregated review.

The pressure ulcer aggregated plan was monitored by Commissioners through our monthly Clinical Quality and Performance Meetings during 2014/15 to ensure we were meeting our timescales set out in the plan. Within the Trust we are reviewing what needs to be in place to manage pressure ulcers for 2015/16 and this will be picked up through the Harm Free Care priority.
Dementia (National)
The aim of this CQUIN was to identify patients with dementia and delirium through asking a case finding question alone and in combination alongside their other medical conditions, to promote appropriate referral and follow up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia and support their carers.

Case Finding Question
"Has the person been more forgetful in the last 12 months to the extent that is has significantly affected their life."

During 2014/15 our Intermediate Care Unit had 575 patients who were eligible for dementia and delirium screening and 95.08% of these patients were screened using a cognitive impairment tool. 152 of these patients had an elevated score which required further investigation and 88% of these patients went on to receive further cognitive screening.

Carers Survey
On our Intermediate Care Bed Based wards a survey is undertaken with the carers of patients who have a known diagnosis of dementia to find out if they feel supported. Ward staff identify patients admitted who have a diagnosis of dementia and our Ward Clerks then provide a survey to carers visiting those patients. The completed surveys are collected, or it is noted if a carer does not wish to complete a survey and we also note if patients appear to have no visitors. The results are then reviewed and used to inform how we can improve the carers experience.

In addition to this CQUIN, we have continued to play an active role in dementia care in the city and became a founder member of the Liverpool Dementia Action Alliance (DAA) in May. The DAA aims to improve the lives of people with dementia in their area through the development of dementia friendly communities. The alliance brings together regional and local members and has formed strong alliances across all sectors with regard to dementia care.
We have continued to work closely with clinical commissioners to further develop our role in delivering patient-centred care for people with dementia and their carers. This approach not only identifies people with dementia but also supports better outcomes for those people who may be lonely or socially isolated, frail and vulnerable as well as supporting carers and family members.

Some examples of on-going work:

- A Trust-wide Dementia Action Plan for 2015 – 2017 has been developed
- We continue to work with commissioners as part of the dementia clinical reference group to ensure that we remain at the forefront of high quality dementia care delivery
- Dementia action plans and compliance reports have been developed

As part of our training plan, we have identified the types of staff groups who require the different levels of dementia training based on Health Education England’s 3-tiered principles of dementia awareness:

- Tier 1 (Foundation level training) for all patient facing staff
- Tier 2 (Intermediate level training) for those who work with those with dementia on a regular basis in their area of practice
- Tier 3 (Advanced level training) to develop experts in dementia care

In 2014/15 12 staff undertook ‘Train the Trainer’ Tier 2 dementia training. These staff have now teamed up with the Nurse Consultant to develop and provide tier 2 training. For 2015/16 the Tier 2 dementia training has been developed and co-produced in conjunction with the dementia Matron at University Hospital Aintree. This features as part of the 2015/16 dementia CQUIN and a roll out plan is in place across Intermediate Care, Virtual Ward and Walk in Centres.

**EMIS (local)**

The EMIS (Egton Medical Information System) is an electronic patient record system that is widely used by GPs and Community Care in the UK. The use of EMIS by LCH helps speed up important exchange of information to improve patient care. This CQUIN built upon the previous years plan to develop integrated primary and community care records through the deployment of EMIS Web in accordance with an agreed rollout plan.

LCH has continued to roll EMIS Web out to a number of services and is further planning for remaining services in 2015/16.

Benefits are already starting to be seen in terms of LCH staff sharing electronic health records with other LCH services and GP Practices, ensuring better patient outcomes, reduced duplication and safer clinical decision making in terms of greater understanding of a patient’s condition and existing treatment and medication at the point of care.

**Communication (local)**

This CQUIN promoted collaborative multi-disciplinary working between Primary Care and the Community Nursing Teams in Liverpool. The aim was to develop effective ways of working that supported the achievement of better outcomes for patients and improve communication between community and primary care. This involved professionals working together to review complex patients and ensure the right level of
care was provided. With the introduction of locality working this work will be taken forward at neighbourhood and Virtual Ward level.

**NWAS (North West Ambulance Service) Pathfinder (local)**

When an ambulance is called, not all patients require hospital admission. This CQUIN focused on avoiding admission to hospital where possible through community services and General Practice working together. Patients were identified who were high risk of admission and plans put in place to that would provide information to the ambulance service if they were called and prevent admission. In quarter two the CQUIN was paused for review in relation to reasons outside of our control. Whilst the principles of this project were correct, further refinement was needed to define what we needed to measure. Work recommenced in quarter four and we continue to work in close collaboration with commissioners and local health partners in support of admission avoidance schemes.

**Health Inequalities (regional)**

This is a two year (2014/15 - 2015/16) CQUIN which looks at the equality and diversity of all socio-economic groups having good access to services, especially those that are concerned with preventing disease or early identification. Often, many deprived and vulnerable groups have lower uptake of services, yet this information is not readily available at local level. In order to understand this further we were asked to identify relevant vulnerable groups and undertake a baseline assessment. In year one, our children’s services identified that children from the most deprived areas (source IMD 2010) and children whose ethnicity is recorded as other than White British have the lowest uptake of vaccines. An action plan has been developed and relevant information sourced to provide a baseline in preparation for 2015/16. We will work with our commissioners to set improvement targets against our baseline.

**Virtual Ward (local, Sefton only)**

In Sefton, there are four ‘Virtual Wards’, these are based around local areas and deliver an integrated approach to manage patients with long term conditions and frail/elderly. This model of care promotes:

- A move from reactive to proactive care (anticipating and planning care in advance)
- Time to refer patients via risk stratification (those patients who have the highest risk)
- Time to discuss complex patients (often patients have more than one health need)
- Effective hand over of patients (communication between different professionals involved in the patients care)
- Establish and improve relationships between the Virtual Ward team and GP practice

**Breastfeeding (local, Liverpool only)**

The value of breastfeeding is well documented in supporting babies to have the best start in life. The aim was to improve the 6-8 weeks breastfeeding rates and to gain feedback from mothers about their views breastfeeding and the support they received from their Health Visitors. All parents were invited to complete the survey when attending baby clinic and the results of these surveys are displayed in the waiting areas in baby clinics throughout Liverpool.
The comments below represent some of the positive feedback from parents completing the surveys:

“Fantastic experience breast feeding, partly because its so easy.”
“Always wanted to breast feed.”
“No sterilising bottles, felt safer.”

CQUIN Achievement
On a monthly basis we meet with our commissioners to discuss CQUIN's and once a quarter we provide our progress to date to commissioners and receive their response. At the end of each financial year we obtained of final overall position of achievement from our commissioners. The following information sets out our confirmed achievements for 2014/15.

Liverpool CCG have confirmed we have achieved the CQUIN targets for 2014/15.

South Sefton CCG have confirmed we have achieved CQUIN for 2014/15 for the following: Friends and Family Test, Dementia, EMIs, Communication, NWAS Pathfinder. We are still in discussions with South Sefton CCG around our achievement for one element of the Virtual Ward CQUIN.

NHSE have confirmed that we have achieved the CQUIN target for 2014/15.

Care Quality Commission
As with other NHS providers of healthcare, LCH is required to register with the Care Quality Commission (CQC) and its current registration status is ‘Requires Improvement’. The CQC inspection reports can be found at www.cqc.org.uk/provider/RY1

LCH has the following conditions on registration:

- Compliance actions against outcomes 4, 11, 13 and 14.
- Outcome 4 (regulation 9)
- Outcome 11 (regulation 16)
- Outcome 13 (regulation 22)
- Outcome 14 (regulation 23)

The Care Quality Commission has taken enforcement action against LCH during 2014/15. This related to the management of medicines at Offender Healthcare service, HMP Liverpool. Offender health services are an increasingly specialist area and the Trust Board took the decision in October 2014 that it would not bid for the tender to run Offender Health services in the future and ceased to deliver the service from 1 January 2015. Therefore the warning notice against the Trust in relation to the service no longer applies.

LCH is subject to periodic Trust-wide reviews by the Care Quality Commission and the last review was on 12th May 2014. The CQC’s assessment of LCH following that review was requires improvement.

The Trust was served with two warning notices in January 2014 for outcome 16 (regulation 10, assessing and monitoring the quality of service provision) and ward 35 intermediate care unit was served with a
warning notice for outcome 14 (regulation 23 supporting workers). The Trust was told to ensure they were compliant with these regulations by 1 April 2014.

The subsequent CQC inspection in May 2014 found that the Trust had met the requirements of regulation 10 and had demonstrated suitable improvements to our systems for assessing and monitoring the quality of service provision. The CQC also determined that the Trust had met the requirements with regard to the warning notice served on ward 35 Intermediate Care unit.

In addition to this, compliance actions were served on ward 35 Intermediate Care Unit and Alexandra Wing, Broadgreen Hospital. At the provider level, these were outcome 4 (regulation 9 care and welfare of service users), outcome 11 (regulation 16 safety, availability and suitability of equipment), outcome 13 (regulation 22 staffing) and outcome 14 (regulation 23 supporting workers).

LCH is taking the following actions to address the points made in the CQC’s assessment:

- Improve access to and consistency of clinical supervision for all clinical staff
- Improve staffing levels in our community nursing services
- Improve engagement with staff and patients to ensure the right groups are involved in changes we make to services
- Develop our staff as leaders and protect front line clinicians working on their own in the community
- Improve staff access to clinical IT systems and involve staff in the development of these
- Improve our governance structures to keep patients and staff safe

LCH has made the following progress by 31st March 2015 in taking such action.

- Developed an overarching Improvement Plan to address the issues facing the Trust, including those issues highlighted by CQC
- Reviewed the clinical supervision policy and undertaken a re-launch for all staff and have set trajectories for achievement with monitoring and staff feedback mechanisms in place
- Recruited over 100 community Nurses and Health Visitors to ensure we have the right level of staffing to provide safe, high quality care to patients
- Developed a dashboard to monitor safe staffing levels across services
- Developed a Communications and Engagement Strategy and improved communication with staff to ensure key messages reach the right people
- Revised our Lone Worker Policy and purchased lone worker devices to protect staff out in the community
- Employed a Chief Clinical Informatics Officer and identified clinical IT champions to engage with staff in the development of clinical systems

LCH has not participated in any special reviews or investigations by the CQC during 2014/15.
NHS Outcomes Framework

LCH submitted records on a monthly basis during 2014/15 to the Secondary Users Service for inclusion in the Hospital Episode Statistics. However during 2014/15 this dataset was anonymised following internal discussions in relation to the sharing of patient identifiable data. As a result of this we are unable to get the specified Data Quality reports, this means that for this years quality account we are unable to supply the mandatory information required. During 2015/16 LCH will discuss internally and will continue to link in with our commissioners to address this issue.

Information Governance

Information Governance is the term used to describe the standards and processes for ensuring that organisations comply with the laws and regulations regarding handling and dealing with personal information. Within our organisation we have clear procedures and processes to ensure that information, including patient information, is handled in a confidential and secure manner. The designated individual within the Trust who is responsible for ensuring confidentiality of personal information is the Caldicott Guardian, this position is currently held by the Medical Director (Craig Gradden) who is Caldicott trained, registered and accredited.

The Trust also has a Senior Information Risk Owner (SIRO) who is responsible for reviewing and reporting on identifying any information and providing assurance on the management of information risk to the Board. This role is held by the Executive Director of Finance/Deputy Chief Executive (Gary Andrews) who is SIRO trained, registered and accredited.
Each year our Trust submits compliance scores to the Health and Social Care Information Centre using the NHS Information Governance Toolkit. The toolkit is an online system which allows NHS organisations and partners to assess themselves against DH information governance policies and standards. It also allows members of the public to view our progress on improving our information governance standards.

There are 3 levels to the IG Toolkit:

- **NOT SATISFACTORY**
- **SATISFACTORY WITH IMPROVEMENT PLAN**
- **SATISFACTORY**

LCHs Information Governance Assessment Report overall score for 2014/15 was (66%) and graded green, an overall satisfactory rating.

The Trust reported 338 information governance incidents during 2014/2015, four of which were graded with a high risk rating. One of the high risk incidents required reporting to the Information Commissioner’s Office (ICO). The incident did not involve patient information nor did it result in data being placed in the public domain. The Trust takes all data breaches and near-misses seriously and took immediate action to mitigate the risk of such an incident reoccurring. The incident was investigated by the ICO who decided no further regulatory action was required.

The Trust received 123 requests under the provisions of the Freedom of Information Act, three of these were not responded to within the statutory 20 day timeframe. This was mainly due to the complexity of the request and the gathering of the information requested. In all circumstances, the Trust informed the requestor of any delay.

**Clinical Coding Error Rate**
LCH was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

LCH will be taking the following actions to improve Data Quality:

- The team will continue to monitor data via both external reports provided by commissioners and internal reporting
- The team will continue to raise awareness of Data Quality through education sessions targeted at service level
Data Made Available by the Health and Social Care Information Centre.

Prescribed Information | 2013/14 | 2014/15
--- | --- | ---
The data made available to the NHS Trust or NHS Foundation Trust with regard to the trust’s responsiveness to the personal needs of its patients during the reporting period. | 90.09% | Results not available until November 2015

LCH considers that this data is as described for the following reasons:

This information has been taken from the National Audit of Intermediate Care collating the results to the five questions below:

- I was given enough information about my condition or treatment
- I was involved in discussion and decisions about my care, support and treatment as I wanted to be
- When I had important questions to ask the staff they were answered well enough
- Overall, I felt I was treated with respect and dignity while I was receiving care from this service
- I have been sufficiently informed about the other services that are available to someone in my circumstances, including support organisations

LCH has taken the following actions to improve this data and so the quality of its services by implementing ‘Aiming for Excellence’ audits across its three intermediate care wards which contain the above questions. We will be conducting these audits at set intervals across the year and develop action plans to address any issues raised.

Prescribed Information | 2013/14 | 2014/15
--- | --- | ---
The data made available to the NHS Trust or NHS Foundation Trust with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends. | 90% | 90%

LCH considers that this percentage is as described for the following reasons: the Trust participates in the annual staff survey which is undertaken by the Picker Institute. Our response rate was 38.4%, where 90% of those staff stated they would recommend the Trust as a provider of care to their family and friends.

A report is provided back to the Trust with feedback on responses. Following receipt of our results, LCH reviews the feedback, benchmarks against previous years and formulate a plan to address any issues raised. LCH has taken the following actions to improve these percentages above and so the quality of its services, by holding staff roadshows to share the results, setting up staff engagement initiatives such as Listening into Action, Care and Compassion conference and workshops, making clinical supervision easier to access for staff, further examples of staff engagement are included on page 24.
Community Trusts are not required to report the rate per 100,000 bed days of cases of C.difficile infection, however we carry this out locally as part of RCA investigation and report this to Commissioners.

LCH considers that this rate is as described for the following reasons – our Infection, Prevention and Control team monitor and investigate in partnership with respective services any incidence of C.difficile infection. This is reported and monitored through our Infection Control Group. Any lessons learnt from our investigations are shared appropriately in order to inform. LCH has taken the following actions to improve this rate, and so the quality of its services by continual service improvement. During 2014/15 the following actions were implemented across the local health economy to improve the indicator and percentage of C.difficile whereby a new multi-agency approach was developed to involve all providers in the patients care to undertake a case review to inform the wider health economy.
Prescribed Information

<table>
<thead>
<tr>
<th>Description</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>The data made available to the NHS Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the Trust reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.</td>
<td>1491</td>
<td>3966</td>
</tr>
<tr>
<td>The number and percentage of such patient safety incidents that resulted in severe harm or death. (These figures were taken from LCH Datix not HSCIC as to date figures are not published).</td>
<td>2</td>
<td>19</td>
</tr>
</tbody>
</table>

LCH considers that this number is as described for the following reasons:
During 2013/14 LCH identified an issue with the uploading of the Nation Reporting Learning System (NRLS) data. This was rectified toward the end of the year, hence the low reporting rate. A Communication campaign was launched and changes made to the Trusts incident reporting system, Datix.

During 2014/15 the ‘upload’ of incidents is more robust and as the figures suggest, the changes made in 2013/14 have made a significant difference.

LCH intends to take/has taken the following actions to improve this number and so the quality of its services by reviewing all incidents on a weekly basis via a ‘Weekly Harm’ meeting, which is chaired by the Medical Director or the Director of Nursing. The Trust has also recognised that nearly 40% of uploaded incidents involve pressure care relief, we have a number of work streams to deal with this issue including:

- Integrated Strategic Operating Plan (ISOP)
- An overarching Pressure Ulcer action plan
- A Pressure Ulcer Harm Free work stream

National Requirements
The Community Information Data Set (CIDS) is a national dataset. All organisations that provide Community Services must collect and submit CIDS to their local Data Management Information Centre (DMIC). We routinely submit CIDS and we are currently awaiting further instructions from the Health & Social Care Information Centre (HSCIC) to provide this data nationally.
Review of 13/14 Priorities

In our 2013/14 Quality Accounts, we identified a number of priorities for 2014/15 as part of our plans to continually improve the quality of our services and to actively engage and involve our workforce in making this happen. Some examples of our progress is provided below:

Clinical Excellence
As a Trust, we had an overarching aim to develop clinical excellence across our workforce through engagement, support and development of our staff. This aim was integral to our Integrated Clinical and Quality Strategy. To support taking our strategy forward, we engaged staff through a number of workshops that were held to gain staff views on the organisation including a clinical summit and clinical reference groups with various services. These sessions were clinically led and informed the update of our strategy which included a review of our strategic objectives and vision in the current changing landscape and its name was changed to ‘Integrated Clinical Strategy’. The initiatives below also provided opportunities to support the development of clinical excellence and engagement with staff across the Trust.

Listening into Action (LIA):
Listening into Action allows clinicians and staff who deliver our services to identify where changes are needed and to identify what support is required for them to make the changes.

How we took this forward
A number of ‘Big Conversations’ were held with staff to generate ideas which would help staff to deliver effective care for patients and improve the health and wellbeing of our staff, some examples are provided below:

Releasing time to care

- Health Visitors identified an area where there was duplication of reporting (electronic and paper). Work
was undertaken to reduce the amount of paperwork needed. LIA is looking into other service areas where this could be implemented

- It is important that our staff have the required training and development in order to deliver safe care to patients. In partnership with staff, a three day block of mandatory training has been developed. Previously training was held on different days, this has reduced the amount of travelling clinical staff had to undertake to attend training

Staffing and Recruitment

- Recruitment to posts was lengthy resulting in teams carrying vacancies. We now have an internal recruitment team in place with recruitment turnaround significantly reduced with employment contracts now being issued within 30 days of interview

- Staff now have access to team structures (organograms) on the intranet this allows staff to view teams and contact numbers

Open and Honest Care: Driving Improvements

The NHS Nursing Strategy “Compassion in Practice” requires NHS services to become more transparent and consistent in publishing safety, effectiveness and experience data, with the overall aim of driving improvements in practice.

How we took this forward

We participated in work at regional level to help develop and refine what was needed for community providers. However, whilst this initiative is already in place for acute providers (hospitals), it has proved more challenging to roll this out across community providers. We will continue to participate in this initiative and are looking to publish our data for Intermediate Care Bed Based Units whilst further work continues.

Clinical Leadership - Band 6 Development Programme/Leadership Programme

Previously, the Trust had an established leadership programme and roll out plan. We had also established a Band 6 development programme for district nurses.

How we took this forward

During 2014/15, we continued to provide the leadership development programme to provide staff with the skills, knowledge and competencies to undertake leadership roles within the Trust, to date 248 staff have completed this programme.

In recent months there has been an emphasis on developing the clinical lead role as we move to locality working. A number of clinical leads have been appointed from a range of backgrounds within nursing and therapies and a senior nurse/clinician forum has been established which is led by the Director of Nursing.

The second cohort of district nurses have completed the Band 6 development programme, the participants will be our new caseload holders in district nursing teams across Liverpool and Sefton.

During 2014/15 we refreshed our Clinical Supervision Policy and improved access to supervisors for staff; this is being rolled out across the Trust.

A ‘Preceptorship’ programme named ‘STEP’ - Supporting Transition and Education through Preceptorship was introduced. The aim of the programme is to provide support to new staff from experienced district nurses and provide training, development and education which will enable them to transfer their skills into the community setting. To date 89 of newly recruited district nurses have commenced on the programme.
**Integrated Care: Health and Social Care Services**

During May/June of 2014 the Partnership Agreement (s.75) between the Trust and Liverpool City Council (LCC) was formalised through our Board, LCC Cabinet and the Liverpool Health and Wellbeing Board (HWB).

**How we took this forward**

A number of workstreams are in place to support the plans for integration. During 14/15, a range of projects commenced, some examples are provided below:

- Through the Healthy Ageing workstream an integrated out-of-hospital frailty pathway was set up across LCH and LCC (this is also in partnership with the Royal Liverpool Hospital and Mersey Care Trust). The aim is to provide an integrated response to all discharges across both the Royal Liverpool and Aintree hospitals.

- Through the Neighbourhood workstream, City Centre implemented an integrated local model of care in February 15. This brings together GPs, Community Nurses and Social Workers, both physically through co-location and operationally through an integrated operating model. This model will be rolled out to additional neighbourhoods during May/June 15.

- The Integrated Health and Wellbeing workstream tested the LCH ‘Every Contact Counts’ training with integrated social work teams in March/April 2015.

In January 2015 the plans for integration were reviewed in light of organisational changes at the Trust. The plans set out how both organisations will move to locality working during 2014/15. From April 2015, we will move into four ‘localities’ in South Sefton, North, Central and South Liverpool. Locality working will enable closer working relationships and integrated working between community, primary and social care services at a local population level.
Compassion in Practice

Compassion in Practice is the three year vision and strategy for nursing, midwifery and care staff established by the Chief Nurse for the NHS. The strategy is built upon a number of values – the 6 Cs – Care, Compassion, Competence, Communication, Courage and Commitment.

How we took this forward

- The values of Compassion in Practice have been incorporated into our Integrated Clinical Strategy, recruitment practices, and staff training and leadership programmes
- A Care and Compassion conference was held and associated workshops for staff
### Other Quality Measures Which Remained a High Priority in 2014/15

Key national and local quality measures and quality activity within LCH

The table shows our achievements against the target sets both nationally and internally:

<table>
<thead>
<tr>
<th>Quality Domain</th>
<th>Service</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2014/15 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRSA screening for all relevant admissions</td>
<td>Intermediate Care</td>
<td>98.1%</td>
<td>99.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Number of reported MRSA</td>
<td>Intermediate Care</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Assessment of patients on admission for C Diff risk</td>
<td>Intermediate Care</td>
<td>98.4%</td>
<td>99.4%</td>
<td>100%</td>
</tr>
<tr>
<td>Number of reported C Diff</td>
<td>Intermediate Care</td>
<td>1</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Isolation of patients with known or suspected C Diff</td>
<td>Intermediate Care</td>
<td>100%</td>
<td>96.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Infection Prevention &amp; Control: Compliance with HCAI</td>
<td>Organisation wide</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Compliance against the framework</td>
</tr>
<tr>
<td>Never Events</td>
<td>Organisation wide</td>
<td>1</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Serious Untoward Incidents (SUI)</td>
<td>Organisation wide</td>
<td>37</td>
<td>102</td>
<td>-</td>
</tr>
<tr>
<td>Pressure Ulcers Community Acquired Grade 3</td>
<td>Adults</td>
<td>16</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Pressure Ulcers Community Acquired Grade 4</td>
<td>Adults</td>
<td>5</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Falls (per 1000 occupied bed days)</td>
<td>Intermediate Care</td>
<td>5.91</td>
<td>5.98</td>
<td>4.97</td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completeness of Breastfeeding Status at 6-8 weeks</td>
<td>Children's</td>
<td>95.5%</td>
<td>95.2%</td>
<td>95%</td>
</tr>
<tr>
<td>Child Measurement Programme</td>
<td>Organisation wide</td>
<td>Reception - 98.1% Year 6 - 93.3%</td>
<td>Reception - 93.1% Year 6 91.8%</td>
<td>90%</td>
</tr>
<tr>
<td>Chlamydia Positivity Rates</td>
<td>Primary Care and Public Health</td>
<td>774</td>
<td>666</td>
<td>769</td>
</tr>
<tr>
<td><strong>NICE Guidance &amp; Appraisals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellulitis Pathway - Bed Days Saved</td>
<td>Adults</td>
<td>762</td>
<td>855</td>
<td>-</td>
</tr>
<tr>
<td>Quality Domain</td>
<td>Service</td>
<td>2013/14</td>
<td>2014/15</td>
<td>2014/15 Target</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Vaccinations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Polio, Pertussis, Haemophilus influenza type b at 1 year (DTaP/IPV/Hib)</td>
<td>Children's</td>
<td>94.8%</td>
<td>94.7%</td>
<td>95%</td>
</tr>
<tr>
<td>Measles, Mumps &amp; Rubella at 2 years (MMR1)</td>
<td>Children's</td>
<td>94.0%</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td>Haemophilus influenza type b, Meningitis C at 2 years (Hib/Men C)</td>
<td>Children's</td>
<td>93.8%</td>
<td>93.3%</td>
<td>95%</td>
</tr>
<tr>
<td>Pneumococcal booster at 2 years (PCV)</td>
<td>Children's</td>
<td>94.2%</td>
<td>93.7%</td>
<td>95%</td>
</tr>
<tr>
<td>Measles, Mumps and Rubella at 5 years (MMR2)</td>
<td>Children's</td>
<td>91.1%</td>
<td>89.3%</td>
<td>95%</td>
</tr>
<tr>
<td>Pre School Booster (PSB)</td>
<td>Children's</td>
<td>91%</td>
<td>89.4%</td>
<td>90%</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV) at 12-13 years (girls) – three doses</td>
<td>Children's</td>
<td>90.2%</td>
<td>Results available September 2015</td>
<td>95%</td>
</tr>
<tr>
<td>Same Sex Accommodation Breaches</td>
<td>Intermediate Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PLACE (Patient Led Assessment of the Care Environment):</td>
<td>Intermediate Care</td>
<td>100%</td>
<td>99%</td>
<td>95%</td>
</tr>
<tr>
<td>Cleanliness</td>
<td></td>
<td>95%</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>Condition, Appearance, Maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Privacy, Dignity, Wellbeing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and Hydration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints</td>
<td>Organisation wide</td>
<td>140</td>
<td>139</td>
<td>-</td>
</tr>
<tr>
<td>Walk-in-Centres Waiting Times (treated within 4 hours)</td>
<td>Adults &amp; Children's</td>
<td>100%</td>
<td>99.9%</td>
<td>95%</td>
</tr>
<tr>
<td>AHP Incomplete Pathways (Liverpool)</td>
<td>Adults</td>
<td>9 weeks</td>
<td>15 weeks</td>
<td>18 weeks</td>
</tr>
<tr>
<td>AHP Incomplete Pathways (Sefton)</td>
<td>Adults</td>
<td>11 weeks</td>
<td>16 weeks</td>
<td>18 weeks</td>
</tr>
<tr>
<td>Equality Delivery System (EDS)</td>
<td>Organisation wide</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achievement of goals</td>
</tr>
</tbody>
</table>
The following outlines more detail about some of the quality measures and activities included in the previous table.

**Methicillin-resistant Staphylococcus Aureus (MRSA) & Clostridium Difficile (C.Diff) and Health Care Acquired Infection Framework (HCAI)**

Our aim is to prevent harm by assuring that we are doing all we can to provide clean and infection free environments for our patients and the public. We have an Infection Prevention and Control Team who support staff to work to the national standards for infection control set out in the Health and Social Care Act 2008 (Hygiene Code). Assurance is provided through a range of audits that are undertaken at service and environmental level to demonstrate compliance against national standards.

**How we manage Incidents**

As a Trust we use an incident management system called Datix. This is an electronic system that all our staff are trained to use to report any incidents through, the system allows reports to be generated to inform our governance reporting. Incidents can be categorised under several headings including medication, pressure ulcers, safeguarding, staff, equipment and so forth.

On a daily basis all incidents reported on Datix are reviewed. Each week we hold a ‘Weekly Meeting of Harm’ which reviews all incidents reported that week. This meeting enables any key themes or trends to be identified which in turn will inform lessons learnt to aid service improvement. The themes are also reported to the Board on a monthly basis.

We have policies that set out clear timescales for managing certain types of incidents such as ‘Never Events’ and SUI’s (Serious Untoward Incidents).

**Never Events**

A Never Event is a serious, largely preventable patient safety incident (e.g. wrong site surgery), that should not occur if the right processes are in place. Each year a list of ‘Never Events’ is produced based on incidents that have been reported nationally. Should a Never Event occur, a process called Root Cause Analysis is undertaken to identify the cause of the event and develop an action plan to address the gap(s) identified in the system.

The Trust has declared four never events during 2014/15, all relating to wrong site surgery specifically wrong tooth extractions. Three of the four were reported retrospectively.

The lessons learnt from these are:

Our community dental services have implemented a new surgical standard operating procedure which introduces a “pre-procedure pause” and WHO surgical safety check-list to ensure dental teams have identified the “correct patient, correct procedure and correct site” prior to undertaking any tooth extraction. No Never Events have been reported since this process has been implemented.

The guidance is now clear on what constitutes wrong site surgery and this now includes any wrong tooth extraction. All dentists are aware of this which will facilitate prompt reporting.
Serious Untoward Incidents (SUI)
A SUI, in broad terms is something out of the ordinary or unexpected with the potential to cause harm to patients or the public. A SUI involves one or more of the following:

- Avoidable serious injury or death
- Never event not resulting in severe harm or death
- Serious damage to NHS property, e.g. fire, criminal activity
- Major health risk, e.g. outbreak of infection
- Large scale theft or fraud or where major litigation is expected

The organisation has had 102 SUIs in the last year, the majority related to Pressure Ulcers. All SUI’s are fully investigated, themes reviewed and actions put into place to prevent incidents from reoccurring. Following review of our governance arrangements, all SUI reports are now presented to our Patient Safety Sub Committee and action plans monitored through this route.

Some of the actions and lessons learnt from our SUI’s are listed below:

- Locality wide lesson learnt events taken place to walk through incidents and identify learning
- Service wide review undertaken of Pressure Ulcer competencies
- All new staff taken through preceptorship and mentorship programme
- Mandatory training has been put together in a 3-day block for all clinical staff, this allows for effective completion of training and planning for staff to be released
- Updated Clinical Supervision policy agreed and list of supervisors updated on intranet
- Datix training provided to staff to provide the skills for prompt and effective reporting of incidents

Pressure Ulcer Care
Our highest rate of clinical incidents is related to the management of pressure ulcers. An action plan was produced in response to an earlier aggregated review of avoidable pressure ulcers. We recognise that we need to review how we manage our arrangements for pressure ulcers and as such have included it for 2015/16 as part of our harm free care priority.

Falls
Falls prevention has been a priority in previous years and continues to be an on-going priority in the Trust. We have continued to work with our Intermediate Care Bed Based wards to ensure all appropriate prevention initiatives are in place to support patients in our care and we continue to report all incidents of falls centrally (via Datix). Falls that do occur are reviewed at our ‘Weekly Meeting of Harm’ to confirm that care was delivered to best practice and to determine if there are any lessons to be learnt that can help improve the care we provide.

During 2014/15, it was noted through review of falls incidents that the highest number of falls were taking place in bathrooms. Upon further review these were patients who required assistance to mobilise who were not using the call bell. We have now introduced the ‘call don’t fall’ initiative including signs in bathrooms whereby patients who require assistance to mobilise are advised to use the call bell to gain assistance rather than attempt to mobilise unsupervised.
Duty of Candour
Following the publication of the Francis Report into care at the Mid Staffordshire NHS Foundation Trust a number of recommendations were made, one of them being ‘Duty of Candour’. Delivering high quality healthcare has always been complex, and on occasions things can go wrong. When mistakes happen it is important that staff and the Trust tell the patient and share the learning to improve services.

From November 2014, all health and social care organisations registered with the CQC (Care Quality Commission) were required to demonstrate how they are open and honest in reporting mistakes with patients and sharing the learning with staff.

The requirements related to moderate or severe harm or death and included the following:

- To tell patients in a timely manner (within 10 working days) when particular incidents have occurred
- To promote an open and honest culture at all levels of the Trust
- To provide a truthful account of the incident and explain to the patient/relative how we will carry out the investigation
- Offer an apology in writing
- Provide reasonable support to the person affected by the incident

As we report our incidents through Datix, we monitor our response to Duty of Candour requirements through this route and will be monitoring this through our Weekly Meeting of Harm and governance structure.

Breast Feeding
Research demonstrates that coronary heart disease, cancers and childhood obesity, could be reduced by increasing breastfeeding rates. We continue to work with other partners to improve the numbers of mothers’ breastfeeding following the birth of their child, and continuation of breastfeeding as their child gets older. Breastfeeding was also a CQUIN for 2014/15, please see further information on page 16.
National Child Measurement Programme
The National Child Measurement Programme (NCMP) involves the collection of the height and weight of Reception and Year Six children. This allows the identification of children who may have a potential risk to their health related to their weight, and in turn supports the offer of targeted support for those families.

National Institute for Health and Clinical Excellence (NICE) Guidance and Appraisals
The National Institute for Clinical Excellence (NICE) supports healthcare professionals to ensure that the care they provide is of the best possible quality and offers the best value for money. NICE provide independent and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.

A working group and reporting routes to the Board were already established where all available guidance is reviewed for its applicability to our services. We also used NICE guidance to inform our clinical audit programme for 2014/15, and to continue to develop collaborative partnership working with other trusts to ensure that whole pathways are covered. See clinical audit page 7.

Cellulitis Pathway
One of the pieces of NICE guidance applicable to LCH relates to Cellulitis (infection of the skin). As part of our innovative work we have collaborated with specialists from a number of areas in order to join up and standardise the Cellulitis Pathway. For patients, this supports a seamless journey of care, to and from hospital and home.

Where a patient requires intravenous antibiotics (through a drip) for Cellulitis, this is delivered in the community setting by our Intravenous Therapy Team (IVT). During 2014/15 the team received 285 referrals for Cellulitis, providing treatment that might otherwise have had to be delivered in hospital.

Vaccinations and Immunisations
For some diseases such as Measles, Mumps, Rubella and Flu, prevention is through vaccination and immunisation programmes. The aim of vaccination and immunisation is to protect individuals from illness, and ensure there are enough members of the public protected to prevent disease outbreaks. We respond flexibly and proactively to disease prevention and outbreak management. We deliver extensive programmes of vaccinations.
and immunisations and work in close collaboration with our partners to achieve this.

**Equality and Diversity**

**Equality at LCH**
Equality and diversity for LCH is about promoting health equalities for our staff and 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 and social differences.

**Our Vision**
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. We deliver our services via a workforce that is made up of many talented individuals with a large diversity of backgrounds, perspectives, styles and characteristics.

**Monitoring Progress Using the Equality Delivery System (EDS 2)**
The Department of Health, through the Equality and Diversity Council, introduced a new Equality Delivery System aimed at improving the equality performance of the NHS, embedding equality into mainstream business and ensuring all NHS organisations are meeting their obligations under the Equality Act 2010. Within EDS there are 18 outcomes over 4 goals which are:

1. Better Health Outcomes for All
2. Improved Patient Access and Experience
3. Workforce
4. Inclusive Leadership at All levels

Based on transparency and evidence, commissioners, Healthwatch organisations and other interested groups locally agree one of four grades annually for trusts. Based on the grading annual improvement plans will show how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interests will assess progress and carry out a fresh grading exercise. In this way, the EDS will foster continuous improvements.

**What We Have Achieved in 2014/15**

**Goal 1: Improved equality monitoring information that we collect from patients so that we can improve the design of our healthcare services.** We have developed some of our IT systems to enable them to collect information about age, ethnicity, disability, religion and belief and sexual orientation. We have developed a DVD, written guidance and training to promote equality monitoring to staff and patients.

**Next Steps:** Collection of equality monitoring information to be embedded across all services and quarterly reports produced that evidences progress

**Goal 2: Improved Interpretation and Translation Services.** We retendered for interpretation and translation services and deliver on-going awareness sessions for staff. The qualities of the services are regularly monitored to ensure consistency.

**Next Steps:** Quarterly patient and staff experience reports that highlight positive experiences

**Goal 3: Review of Complaints Procedure for People with Protected Characteristics.** We have reviewed the way in which people can make a complaint to ensure that there are no barriers, equality monitoring information has been included in paperwork and patient information has been reviewed.
Next Steps: We will continue to work with Healthwatch to address any identified improvements to the service.

Goal 4: Raised Awareness Amongst Staff and Partner Organisations of Domestic Abuse and Harmful Traditional Practice. A conference was held for staff and partner organisations that raised awareness of domestic abuse, harmful practice and Female Genital Mutilation.

Next Steps: Review Domestic Abuse Steering Group, Strategy and corresponding action plan using feedback from the event.

Goal 5: Improve Involvement and Engagement for People with Protected Characteristics. A Patient Experience and Involvement Workshop was held for patients and staff. The discussions held there informed the development of our Patient Experience and Involvement Strategy.

Next Steps: Patient Involvement to be embedded within LCH decision making processes.

Goal 6: Raise Awareness of Hate Crime Amongst Staff, Patients and Their Families. We have developed a webpage are working closely with other NHS Trusts to this promote campaign.

Next Steps: We will continue to work with partners to raise awareness of hate crime.

Grading
LCH were successful in gaining a grade of “Achieving” for all goals in the EDS framework, except for one which was graded as “Excellent” in 2014/15. We have worked hard to progress our EDS action plan but believe that we need to take the identified next steps before we can truly call ourselves “Excellent”.

Compliments, Comments and Complaints
Customer service and patient experience are definitive indicators in measuring the quality of services we provide. As such, we strive to learn from every comment, compliment and complaint received.

In 2014/15 our staff delivered over 2 million patient contacts. During the same period we received 17 concerns, 139 formal complaints, 723 PALS queries and 1824 formal compliments.

The average time to respond to complaints during 2014/15 was 25 working days which is in line with the Trust’s policy. We are committed to providing complete and timely responses to complainants and will continue to work at improving our response rate further, whilst not compromising on either the level of investigation or the quality of the replies. Each complaint is seen as an opportunity to learn and is investigated fully by the relevant manager. Action plans are produced by the service and are monitored by the Customer Service Department. Upon completion, all written responses are reviewed by either the Medical Director or the Director of Nursing before being signed off by the Chief Executive (or Deputy Chief Executive).

LCH is a learning organisation, so we see complaints and concerns as an important means to improving our performance. In 2014-2015 the main three issues identified from complaints were related to clinical care, attitude of staff and communication.

We use the issues raised by patients and/or their families or carers through complaints to inform staff training and development as part of on-going service improvement. We have also taken a number of actions to improve patient experience within the three areas above:
• Staff groups have undergone bespoke customer services training
• Teams are encouraged to discuss anonymous complaints during their meetings to determine if anything could or should have been done differently
• We continue to present patient stories to the Board, some of these stories have arisen from complaints
• Review of individual complaints have been introduced to our Board meetings
• All action plans produced in response to complaint investigations are monitored by the Customer Service Department and evidence of the specific actions taken is requested before the action plan can be classed as closed

We plan to continue our focus on patient experience with a particular emphasis to show how lessons have been learnt and what actions have taken to improve the quality of our services.

LCH Board papers and meetings are open to the public and information is published on the Trust website every month www.liverpoolcommunityhealth.nhs.uk.

<table>
<thead>
<tr>
<th>Subject of Complaint</th>
<th>2014/15</th>
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<tbody>
<tr>
<td>Admissions, discharge and transfer arrangements</td>
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<tr>
<td>Aids and appliances, equipment, premises (including access)</td>
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</tr>
<tr>
<td>Appointments, delay/cancellation (outpatient)</td>
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<tr>
<td>Appointments, delay/cancellation (inpatient)</td>
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<tr>
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<tr>
<td>Length of time waiting for a response or to be seen: Walk in centres</td>
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<tr>
<td>Attitude of staff</td>
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<td>All aspects of clinical treatment</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>139</strong></td>
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In January 2015, LCH Trust Board formally withdrew its application to become a Foundation Trust and began instead a process to explore alternative organisational models in line with national direction. As part of this process we are working with commissioners and the Trust Development Authority (TDA) to explore options for a future organisational form that will support the delivery of joined-up NHS services, closer to home. Once options have been considered, a full appraisal will be undertaken before the transition to a new organisational model. The transition will not be completed until April 2016 at the earliest.

The NHS TDA oversees all NHS Trusts to support and govern them through their journey to become sustainable, independent organisations. The Trust is working closely with the TDA on the delivery of our Integrated Strategic Operating Plan (ISOP).

In previous years, we have self-assessed against Monitors Board Governance Assurance Framework (BGAF) and the Quality Governance Framework (QGF). These frameworks have now been superseded by Monitors Well-led framework for governance reviews: guidance for NHS foundation trusts (www.gov.uk/government/uploads/system/uploads/attachment_data/file/422057/Well-led_framework_April_2015.pdf).

Whilst we no longer aspire to become a foundation trust, we remain a NHS trust and provider of community services and therefore need to ensure our organisation is well led and aligned to the standards set out by Monitor. Following the Francis report into failings at Mid-Staffordshire NHS Foundation Trust, changes have been made to the Care Quality Commission’s regulatory regime, to Monitor and the NHS Trust Development Authority’s (TDA) assessments. It has also resulted in the three bodies working even more closely...
together, particularly around the sharing of information and intelligence.

The framework has four domains, ten high level questions and a body of ‘good practice’ outcomes and evidence base that organisations and reviewers can use to assess governance. Examples are provided below of the work undertaken during 2014/15:

- Held a Board time out to review the Well-led Framework
- Introduced Duty of Candour, further information regarding this can be found on page 32
- Revised our integrated Clinical Strategy in partnership with staff and stakeholders
- Reviewed our strategic objectives
- Undertook Director and Non-Executive Directors assessment in line with Fit and Proper Persons test
- Led different types of staff engagement events to enable staff to inform and influence organisational decision making
- Established lessons learnt processes
- Worked collaboratively with NHS England and the Trust Development Authority
Statement from the Care Quality Commission

In August, the Care Quality Commission (CQC) published its report on LCH NHS Trust (LCH) following their inspection of our services which took place in May 2014.

This inspection followed the publication in January of the CQC reports into our Intermediate Care Service (Ward 35), Community Equipment Service and District Nursing, which resulted in warning notices being issued. The CQC has lifted these warning notices following their latest inspection and has given an overall rating for LCH as ‘Requires Improvement’.

The CQC’s overall judgement that the Trust requires improvement is fair and reflects the journey that the organisation still needs to take as it supports and empowers our front-line staff to deliver joined-up services, and the decisions taken about those services, closer to home.

We have welcomed the very positive comments made by the CQC in regard to the dedication of our staff and the quality of the care they give to patients. Patients have also spoken positively about their experience and the care they have received. This is testimony to the hard work and dedication of all our staff who have received a ‘good’ rating for care and compassion.

The full CQC report is now available from the CQC Website: www.cqc.org.uk/location/RY1x8

What our regulators say about LCH
Other Regulators
The NHS Litigation Authority (NHSLA) handles 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 relevant schemes, which is similar to insurance.

As part of this, all members of these schemes are subject to an assessment, based on 3 levels of compliance.

The NHSLA has changed how they assess organisations and focus on a risk rating for Trusts which takes into account the previous financial year’s claims and the evidence produced around lessons learnt from these cases. LCH are classed as low risk.
Statement from Liverpool Clinical Commissioning Group

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

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

This Account indicates the Community provider’s commitment to improving the quality of the services it provides and Liverpool CCG supports the key priorities for improvement during 2015/16.

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

It is felt that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues across the health economy. We therefore commend the Trust in taking account of new opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every time. We look forward to continuing to work in partnership with the Trust and to support them to deliver these quality priorities.

What our commissioners and Healthwatch say about us

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Statement from South Sefton Clinical Commissioning Group
South Sefton CCG welcomes the opportunity to comment on Liverpool Community Health Services Quality Account 2014/15. We have been working closely with the Trust during the year, gaining assurance of the delivery of safe and effective services.

This Quality Account provides an overview of these areas and demonstrates the provider’s achievement in terms of quality of service delivery. It is noted that delivering high quality care and treatment in an organisation with such a wide range of services requires a high level of monitoring and commitment to see through required changes. It is acknowledged that the past year has been an extremely challenging year for the organisation and in particular the staff.

South Sefton CCG’s are pleased with the work the Trust has undertaken to increase the reporting of serious incidents particularly in the area of pressure ulcers to support improvement in patient safety.

The Trust’s quality and performance is monitored through regular meetings where data is shared, reviewed and discussed. We are pleased to see that the information presented within the Quality Accounts is consistent with information supplied to the commissioners throughout the year and considered within monthly Contract and Clinical Quality, Performance Meetings.

It is felt that the priorities identified for the coming year are both challenging and reflective of the current issues across the health economy. It is positive to see the emphasis on partnership working with other health and social care services within the area and the commitment to collaborate with the Acute Trusts to explore the pathways that will support their HSMR (Hospital Standard Mortality Rate) and SHMI (Summary Hospital-level Mortality Indicator).

The CCG recognises that the Trust acknowledges that further improvements are required in certain areas and have referenced these in the document. The CCG looks forward to the implementation of the new priorities to enhance the quality of services delivered in particular regarding Patient Experience, End of Life Care and Harm Free Care.

Statement from Liverpool Healthwatch
Healthwatch Liverpool is pleased to take this opportunity to comment on the Quality Account of Liverpool Community Health NHS Trust (LCH) for 2014/15. This commentary refers to a draft version of the document circulated to Healthwatch Liverpool prior to publication, so some additional information and alterations may have been included in the final document subsequent to Healthwatch Liverpool making these comments.

Throughout 2014 and the first part of 2015 LCH has been proactive in terms of its willingness to engage with Healthwatch Liverpool. The Trust has set and maintained quarterly meetings with Healthwatch Liverpool, at which the Trust gives updates and discusses progress on its performance regarding the quality and equality of its service, and the Trust also informs Healthwatch Liverpool about its engagement with patients. The Trust has facilitated Healthwatch Liverpool to Enter and View some of its services to observe them in action, and the Trust has invited Healthwatch Liverpool to LCH engagement events. This
positive and open approach has helped Healthwatch Liverpool to feel confident that this Quality Account is reflective of the quality of the service provided by LCH.

The priorities set by the Trust appear to be appropriate and the information given about their significance is helpful, however, future Quality Accounts might benefit from including more information about how patients and the public were engaged with to choose the particular priorities.

Healthwatch Liverpool is encouraged to find that the Quality Account contains a section on Equality. This addition is a clear recognition by LCH that providing a quality service is not possible without taking full account of the need to ensure that the service is accessible to people from all sections of our diverse local population. The Equality section is also structured well, in that is gives brief updates on achievements followed by information on what comes next. So, this section has the potential to show how the Trust is progressing over the coming years. Healthwatch Liverpool would like to see LCH maintain this useful Equality section in future editions of the Quality Account.

It is quite difficult to produce a Quality Account that is both detailed and informative enough to give NHS colleagues an understanding of the quality of a major NHS Trust, and at the same time, make the information relatively easy to understand for the general public. Through the emphasis on narrative explanations of the key points, LCH appear have generally been able to strike a good balance in this Quality Account. Furthermore, the use of photographs and a thoughtful layout makes the document more suited to the general reader.

The section relating to the Care Quality Commission (CQC) indicates that there were some areas where improvements were needed in 2014 and also sets out the actions being taken to make those improvements. This section is informative but a fuller understanding of this subject might be gained by viewing the relevant CQC documents. So, the quality account would have benefited from including links and references to the relevant CQC documentation in this section of the text.

Despite much good work being done by the Trust and the action plans and remedial actions being undertaken to make improvements where necessary, Healthwatch is interested to note that there are some figures that could be a cause for some concern in relation to some very important quality measures e.g. there appears the have been a marked increase in the number of Serious Untoward Incidents, Grade 4 Community Acquired Pressure Sores show a rise, as does the number of Never Events. While it is hoped that improved reporting may account for much of these increases Healthwatch will be interested to observe progress to reduce these figures in our engagement with the Trust during the coming year.

Statement from Sefton Healthwatch
Healthwatch Sefton would like to thank the Trust for sharing a copy of the draft account in a timely manner. This commentary refers to the draft document dated 15.05.15 which has lead to difficulties in reviewing and commenting on the account due to the amount of information missing. We are aware that additional information has been supplied (information relating to equality and also the Care Quality Commission) which will be included within the final account but it would have been useful to have had a fuller draft to review.

Ongoing engagement has continued with quarterly meetings being held which we view as a positive way of working to ensure updates on quality and equality are gained. The meetings are well attended by both the Trust and Healthwatch organisations and we are keen that they continue. We have also been invited to send a representative to the patient experience committee.
Information relating to the CQC visit in May 2014 is included within the account. It would have been useful to see a progress report against the action plan and the use of a ‘CQC said, we did’ style would be an easy way to share work/progress undertaken, providing some assurance. The warning notice from CQC relating to offender health and the decision taken by the trust not to provide offender health services was noted by Healthwatch Sefton in line with our plans to work with offenders at HMP Kennet.

During November 2014 we worked with NHS South Sefton Clinical Commissioning Group to gather patient experience for Ward 35 which provides intermediate care. It is good to see that the Care Quality Commission has lifted the warning notice for this service and the service now requiring improvement. We would be keen to gain updates on the work undertaken on ward 35.

It would have been useful for information relating to CQUIN for 2013/14 to be more detailed. No information relating to the CQUIN goals for the coming year has been included. Similarly it would have been useful to have had more detailed information on the NHS Outcomes Framework as without data this section is meaningless to the reader. The layout of the section ‘other quality measures remaining a high priority in 2014/15’ helps to provide a good indication of performance nationally and internally. In terms of safety it would be good to see how the Trust can work on improving the incidence of never events, serious untoward incidents and pressure ulcers (grade 4) which have been acquired in the community. It may be that improvements in reporting can be attributed and it will be useful for us to monitor progress on these quality measures over the coming year.

The inclusion on compliments, comments and complaints is welcomed including the overview of the 3 main areas which complaints relate to and how issues raised help to inform staff training and development. More information on compliments received would have helped the reader to see how staff are valued.

During this period we have undertaken a piece of work on the quality of Podiatry services provided to patients across South Sefton. A draft report has been shared with the Trust and we have recently received an action plan which has been put in place. We will be keen to work with the Trust over the coming 12 months on this area.

Overall the general information presented within this draft account is provided in an easy to read format and the inclusion of pictures is welcomed to help the document feel more user friendly. A glossary would be useful to the reader to help understand information – for example what the Friends and Family test is, what a clinical commissioning group is etc.

Representatives from Liverpool Community Health have attended our South and Central Sefton Community champion network to talk about the virtual ward, ask for comments on the ‘Clinical Quality strategy’ and also to talk about the move to working in localities. We welcome this continued dialogue with Liverpool Community Health over the coming 12 months.

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

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

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

A presentation on the Quality Accounts was circulated at the meeting.

Reference was made to the CQC inspections of 2014 and the production of an Action Plan to address those areas requiring improvement. We were advised that the Trust Board considered that the time was not right to pursue Foundation Trust status and a request has been made for the Trust to be removed from the process. We were also advised that the Trust is moving into a locality structure, one of which is in Sefton.

I asked about the recent review of dental services and emphasised the importance of communication, specifically requesting that any potential changes to services within the Sefton area should be reported as early as possible to our Committee Members, and that communication with the public on proposed changes should be more proactive in future.

We asked about the Friends and Family Test and how this is undertaken with regard to people with learning difficulties and/or dementia and the processes used for patient engagement and experience were outlined. It was also explained that questions relating to the Test will be regularly asked of staff in the future. We felt that the level of responses received generally from patients was good.

We heard about the four “virtual wards” in Sefton, based around local areas, to deliver an integrated approach to manage patients with long term conditions and the frail / elderly, and the regular multi-disciplinary team meetings held.

We were advised of the increasingly specialised area of the offender healthcare services and that this service is now delivered by a different provider.

With regard to staffing and recruitment we requested staffing figures, which were provided, and heard that numbers involved in district nursing had been brought up quite significantly to achieve the baseline. Recruitment to front line staff has also been brought up significantly. We heard that the Trust reorganises staffing without making redundancies.

Under the Quality Domain of “Safety” we heard about the route cause analysis undertaken to track outbreaks in C-Difficile cases and the range of community acquired pressure ulcers which would now be reported and data collected.

We requested data, particularly on the areas raised above to be submitted to the meeting of our Committee (details at the top of this letter) to be held on 5th January 2016. Please note that this information will need to be provided to the Clerk for our Committee no later than 15th December 2015, in order for it to be included with the agenda papers. Trust representatives do not necessarily need to attend, as long as we receive the information requested.

We considered that the Trust had undergone a lot of change in the last few months and emphasised the on-going importance of communication.

I hope you find these comments, together with the discussion held at the informal meeting, useful and I hope to see improvements within those areas of the Trust requiring improvement very soon.

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

Yours sincerely,

Councillor Catie Page
Chair, Overview and Scrutiny Committee (Health and Social Care)
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<th>Acronym</th>
<th>Description</th>
<th>Acronym</th>
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<td>ICO</td>
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<td>ISOP</td>
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<td>MRSA</td>
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