NHS

Wirral Community
NHS Foundation Trust

Quality Report 2017/18

for you,
with you

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Part 1: Introduction

Wirral Community NHS Foundation Trust: At the heart of the community

Wirral Community NHS Foundation Trust provides high quality primary, community services including adult social care and public health services to the population of Wirral and parts of Cheshire and Liverpool.

We are registered with the Care Quality Commission (CQC) without conditions, and play a key role in the local health and social care economy working in partnership to provide high quality, integrated care to the communities we serve.

Our expert teams provide a diverse range of community health and social care services, seeing and treating people right through their lives both at home and close to home. We have an excellent clinical reputation employing over 1,500 members of staff, 90% of who are in patient-facing roles. Our workforce represents over 70% of the costs of the organisation, and are the most important and valued resource we have.

Each year we have over 1.1 million face to face contacts and our services are delivered in many settings: clinics, health centres, GP surgeries, schools, and people's homes.

We serve a Wirral population of around 321,000 residents across 145,000 households. It is very likely that most will come into contact with our services at some point either as a patient, carer, service user or relative of a patient or as one of our members or volunteers.

Not unlike most places in the country, the local health and social care economy is faced with the challenge of meeting rising demand, within finite resources. This is driving the growth in provision of community health services ensuring we play a vital part in enabling people to live more healthy, active and independent lives, reducing unnecessary hospital admissions.

Quality Report

Statement on quality from the Chief Executive and declaration

This Quality Report reflects our commitment to providing the best possible standards of clinical care. It shows how we listen to patients, service users, staff and partners and how we work with them to deliver services that meet the needs and expectations of the people who use them.

The trust was authorised as a Foundation Trust on 1 May 2016, demonstrating that it is well-governed, meets CQC standards and is financially responsible and sustainable.

During 2017/18 there were many examples where we continued to provide excellent standards of clinical care. This was recognised by the CQC during the inspection of our GP Out of Hours Service during February 2018, which resulted in an overall rating of Good.

We continue to strive towards being an outstanding organisation recognised for the consistent delivery of high quality care across all services, maximising patient safety and experience.

Our staff continue to develop innovations that are transforming the delivery of integrated community services, ensuring their sustainability. We are determined to maintain our financial stability and see 'quality' as both a clinical and business priority. We have been changing the way we deliver services, making sure we continue to deliver care efficiently and working with our staff to embed technological solutions that give us more time to provide care to our populations.

We continuously strive to improve the provision of high quality community health and social care to older people and adults across Wirral in a seamless and integrated way.

On 1 June 2017 the trust formally began to provide integrated health and social care assessment services for patients and service users in their local communities. This demonstrates the trust's commitment to transforming public services responding to the needs of the communities and populations we serve.

On behalf of the Trust Board, I would like to thank all staff and volunteers for their dedication, energy and passion for quality care, in what has been another successful year improving quality across all services.

I confirm on behalf of the Trust Board that, to the best of my knowledge and belief, the information contained in the Quality Report represents our performance in 2017/18 and our priorities for continuously improving quality in 2018/19.

Karen Howell
Chief Executive

Staff awards at a glance

2017 – 2018

The trust has an annual HEART Awards that recognises the fantastic achievements and commitment of our staff. Examples from the 2018 awards include:

Emma Taylor, Community Nursing

Emma has a special interest in Dementia and Alzheimer's and voluntarily took the lead within the trust for moving dementia care forward in Wirral.

Emma secured funding for packs of 'Forget Me Not' stickers which are now being put on the inside of patient's front doors for those patients with dementia. This ensures any visiting health and social care staff are aware of the patient's condition and can offer the best care. Further information is contained within this report.

Sexual Health Wirral

The Sexual Health Team provide services that are essential for hard to reach groups. However many of these groups can be apprehensive or unaware of the services available due to a range of barriers. The team is committed to providing a service that is friendly, informative and accessible. The team has promoted equality of access by:

- Volunteering their time to support Chester PRIDE in support of LGBT groups
- Embracing extra initiatives to support patients at risk from honour crime and forced marriage
- Delivering sexual health talks at different levels of understanding for young people in a specialist school
- Giving sexual health talks including STIs and contraception in high schools

Claire McAndrew and Jill Brindley, Cheshire East 0-19 Health and Wellbeing Service

Claire and Jill have been working with the local authority and Barnardo's to provide 'The Jigsaw Programme'. This is a therapeutic programme which encourages children between 7-11 years old who have experienced domestic abuse to talk about their experiences with other children in a safe non-threatening environment.

The sessions are intended to encourage the children to talk about their experiences and express their feelings. Support is given to the mothers so they can build relationships with their children.

Alex Paddock, Nutrition and Dietetics

Alex has set up clinics for patients with Irritable Bowel Syndrome (IBS).

Following specialist training, Alex restructured clinic times to ensure appointments allowed sufficient time to complete accurate and full assessments. Due to the success of the clinics, Alex has trained other members of the team to meet patient demand for the service.

Patient experience and feedback is showing improved clinical outcomes in over 70% of patients who follow the specialist diet. One patient described Alex's input as life changing.

Part 2.1 Priorities for improvement and statements of assurance from the board

Progress made during 2017 – 2018

During 2017/18 the trust developed three priorities aligned to the recognised pillars of quality, as follows:

Patient Safety	Patient Experience	Clinical Effectiveness
We will introduce a clinical quality improvement programme to reduce the number of avoidable grade 3, 4 and unstageable pressure ulcers acquired during our care, moving towards zero within 3 years.	We will introduce tele-health within our clinical services to improve accessibility and patient experience.	We will achieve 90% uptake in mandatory training for all staff.
We will achieve a 10% reduction in the rate of missed medication incidents per 1,000 patients.	Each service will undertake two patient/user engagement events during 2017/18.	We will embed a quality improvement infrastructure throughout all divisions.
We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis.	Services will utilise the Institute for Healthcare Improvement (IHI) Always Events toolkit to undertake an in-depth review of a pathway or intervention.	Divisions will agree and deliver a clinical audit, quality improvement and innovation programme based upon identified areas of clinical risk.

Patient Safety: We protect people from avoidable harm

Progress made during 2017/18

Priority 1: Pressure ulcers

We will introduce a clinical quality improvement programme to reduce the number of avoidable grade 3, 4 and unstageable pressure ulcers acquired during our care, moving towards zero within 3 years.

2017/18 is the first year of the trust's pressure ulcer improvement programme, aiming to move towards zero avoidable pressure ulcers acquired during our care within a 3 year period. This is from a 2016/17 baseline of 82 reported community acquired grade 3, 4 and unstageable pressure ulcers; of which 28 were classified as avoidable

Following awareness raising, a total of 86 community acquired or community deteriorated pressure ulcers graded 3 and above were reported during 2017/18 meeting the criteria for in-depth review and investigation; of these, 33 were classified as avoidable.

The learning resulting from incident investigations conducted during Quarter 1 and 2 of 2017/18 has been implemented during the Q3 and Q4 period.

There were a total of 23 avoidable grade 3, 4 and unstageable pressure ulcers reported during Q1 and 2 compared with 10 during the Q3 and 4 period.

The trust is committed to ensuring that a sustained reduction in the development of avoidable pressure ulcers is achieved.

To support this work, we have applied, and been successfully selected to participate in the Innovation Agency's 'Coaching to create a culture for patient safety and improvement' programme during 2018/19.

Priority 2: Medication incidents

We will achieve a 10% reduction in the rate of missed medication incidents per 1,000 patients.

This priority was achieved during 2017/18.

Following a successful year of promoting the reporting of all missed medication incidents, a robust medication quality improvement plan was developed to support the 2017/18 medication quality goal. The plan was monitored via the trust's clinical quality improvement group on a monthly basis.

Using 2016/17 data, the baseline rate of missed medication incidents per 1,000 patients was established as 0.65. The achieved end of year rate was 0.48, demonstrating a 26% reduction in the rate of missed medication incidents per 1,000 patients, exceeding the trust's quality goal of 10%. This was an actual total of 18 missed medications during 2017/18.

All missed medication incidents are reviewed by the trust's medicines governance pharmacy team and frontline clinical staff, to promptly identify learning to enhance patient safety. Reducing missed medication incidents remains an organisation priority.

Priority 3: Sepsis

We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis.

This priority was achieved during 2017/18.

The infrastructure for this quality goal was achieved, however, due to the extensive training programme to support full implementation of NEWS across the organisation; it has not been possible to report a full year's data. As a result, an ambitious two year sepsis programme has been developed by the trust.

The first phase of the sepsis work, involved the delivery of training to frontline staff; this was completed at the end of March 2018. This also included the development of a clinical pathway for registered and non-registered nurses to promote early and prompt recognition of the deteriorating patient using a NEWS scoring system and the Sepsis Recognition Tool, improving the quality of patient observation and monitoring.
Following completion of an audit, led by the trust's Community Matrons, there was 100% compliance with patients having base line observations / NEWS recorded on admission to the Community Nursing case load.

The second phase of the programme involved the roll-out of sepsis training to our urgent and primary care and 0-19 services, ensuring the delivery of comprehensive sepsis training across all trust services.

This sound foundation will support the 2018/19 quality goal and the final phase of the trust's sepsis programme which is to develop system-wide clinical pathways across the Wirral health and social care economy.
The sepsis programme is monitored through the establishment of a multi-disciplinary '*Sepsis Task and Finish Group'* to support better patient outcomes.

Patient Experience

Progress made during 2017/18

Priority 1: Tele-health

We will introduce tele-health within our clinical services to improve accessibility and patient experience.

This priority was successfully achieved during 2017/18.

The tele-triage project was devised across multiple organisations across Wirral's health and social care system. Its aim was to reduce the number of unnecessary hospital transfers of patients from Wirral nursing homes through the 111 service to Accident and Emergency (A&E).

The trust proposed an internally designed solution, building on its Single Point of Access service. This has resulted in a number of benefits including: a better patient journey, care for the patient in their place of choice and reduction in pressure on our local Accident and Emergency Department.

The project has been successful in avoiding 87 admissions to A&E of older adults during the month of November 2017 alone, with many more over the busy winter period.

Priority 2: Engagement events

Each service will undertake two patient/user engagement events during 2017/18.

This priority was successfully achieved during 2017/18.

The trust is committed to listening, responding and improving services following feedback from patients and service users, and as a result, we have established a strong culture of learning from patient experience.

To further strengthen this culture, and to ensure that patients, service users and carers are actively involved in the design, development and monitoring of services, two patient/service user engagement events were conducted by services during 2017/18.

Some of the techniques used by services during 2017/2018 to engage with patients and services users included the use of surveys, focus groups, user forums, meetings with existing patients, carers or voluntary sector groups and running health promotion events.

Priority 3: Improving access to services

Services will utilise the Institute for Healthcare Improvement (IHI) Always Events toolkit to undertake an in-depth review of a pathway or intervention.

This priority was successfully achieved during 2017/18.

Always Events are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time. Always Events can only be developed with the patient firmly being a partner in the development of the event, and the co-production is critical to ensuring organisations meet the patients' needs and what matters to them.

The trust conducted three Always Events in 2017/2018. The three projects used the IHI's Always Events framework to identify, develop, and achieve reliability in person and family-centred care delivery processes.

Always Events

Service	Always Event Aim Statement	Outcome
Community Nursing	By March 31 2018 there will be a 100% increase in the amount of *Forget Me Not stickers within the homes of identified dementia patients on the District Nurses caseload within South Wirral. *Forget Me Not stickers are blue flower symbols used to identify individuals that are experiencing memory problems due to dementia.*	The aim statement was achieved.
Sexual Health Wirral	By March 31 2018 we will see the Digital Front door and promote self- care options to enable us to evidence developments within the service and an improved patient experience. Our aim is to see 30% of appointments being booked online, 25% of online HIV postal kit requests being first time testers and a 50% reduction in people attending for advice only, instead opting for telephone consultation date.	Due to delays within the IT system, not all digital pathways were available to the public via the Sexual Health Wirral website so, the service was unable to measure against the aim statement percentages. The aim statement was not achieved however: -The online booking page of the website was viewed 1,254 times between November 2017-February 2018. -Telephone consultations proved popular with activity reporting 434 advice call requests since 1st April 2018. Postal STI test kits requested via the website exceeded estimations with 1,642 being ordered from September 2017 to February 2018.
Wirral 0-19	By March 31st 2018, the 0-19 Service will be offering families and young people across Wirral access to a 5-19 Healthy Child Drop-in clinic.	The aim statement was achieved.

Clinical Effectiveness

Progress made during 2017/18

Priority 1: Mandatory training

We will achieve 90% uptake in mandatory training for all staff.

This priority was not achieved during 2017/18.

The subjects included within the quality goal include:

- Health, Safety and Welfare
- Equality, Diversity and Human Rights
- Moving and Handling (non-people moving)
- Infection Prevention and Control levels 1 and 2; Adult and Child
- Resuscitation – Basic Life Support Adults and Children
- Fire
- Conflict Resolution

During 2017/18 Moving and Handling People Moving training was added to the trust quality goal.

At the end of March 2018, trust compliance with statutory and mandatory quality goal subjects was 84% for eligible staff groups. This was an increase of 6% from the previous year. The 90% target has been achieved within Integrated Children's Division. Due to the overall non-achievement of this quality goal, it is being maintained as a quality goal for the 2018/19 period.

Additionally, 96% of staff completed their Information Governance training within the reporting period, exceeding the National IG Toolkit requirement of 95%.

87% of eligible staff completed Preventing Radicalisation Training exceeding The Prevent Duty 85% target.

Priority 2: Quality improvement

We will embed a quality improvement infrastructure throughout all divisions.

This priority was successfully achieved during 2017/18.

The trust is committed to building practical improvement capability based on the science of improvement into every level of the organisation.

This approach will ensure that the trust delivers excellent patient care through an engaged and informed workforce equipped with the knowledge, improvement skills and techniques to deliver transformational change. During 2017/18 staff from across all divisons were supported to attend internal and external qualtiy improvment events, supporting our quality improvment infrastructure.

Priority 3: Audit, quality improvement and innovation

Divisions will agree and deliver a clinical audit, quality improvement and innovation programme based upon identified areas of clinical risk.

This priority was successfully achieved during 2017/18.

The trust successfully aligned its clinical audit, quality improvement and innovation programmes across the trust to maximise impact and learning opportunities, to reduce unwarranted variation across services.

Through triangulation of data and identification of clinical risks, each division has been able to use quality improvement tools and techniques to deliver high quality health and social care services that reflect the needs of patients, service users and staff.

Results from the trusts' clinical audit programme can be seen in section 2.7 of this report.

NHS Staff Survey

Staff Survey Results

2017-18 was the seventh staff survey since the trust was established in 2011 and the fifteenth national annual survey of NHS staff. The findings provide an opportunity for trusts to improve working conditions and practices and to monitor their pledges to staff.

Summary of performance – results from the NHS staff survey

This was the third year the trust used a combined method of paper based and electronic surveys. 1578 staff received the survey which was an increase on the previous year reflecting the transfer into the organisation of adult social care staff. The overall final response rate was 49% which was higher than the NHS average.

The results of the annual staff survey are reported to the Education and Workforce Committee and shared with the Joint Union Staff Side and the Staff Council.

Performance against the developed improvement plan is also reported to the Education and Workforce Committee.

Response Rate				
	2016	**2017**		**Trust improvement/ deterioration**
	Trust	**Trust**	**Benchmarking group (community average)**	
Response rate	52%	49%	50%	Decrease in response rate by 3%

In relation to the 32 key findings the trust:

- Scored better than average for 4 key findings
- 11 key findings were in line with the average
- Scored worse than average for 17 key findings

In relation to the 32 key findings compared to the 2016 results the trust:

- 27 key findings stayed the same
- 5 key findings deteriorated and these are detailed below

2017 results showed no areas of improvement from the prior year and there were 5 areas that deteriorated when compared to 2016 results, these were as follows:

- (KF11) % of staff appraised in the last 12 months
- (KF12) Quality of appraisals
- (KF28) % of staff witnessing potentially harmful errors, near misses or incidents in last month
- (KF1) Staff recommendation of the organisation as a place to work or receive treatment
- (KF5) Recognition and value of staff by managers and the organisation

Top 5 ranking scores				
	2016	**2017**		**Trust improvement/ deterioration**
	Trust	**Trust**	**Benchmarking group (community) average**	
Staff experiencing physical violence from patients, relatives or the public in last 12 months (KF22)*	5%	3%	8%	Improvement
Staff experiencing physical violence from staff in last 12 months (KF23)*	0%	0%	1%	No change
Staff experiencing discrimination at work in the last 12 months (KF20)*	5%	6%	9%	Deterioration
Staff appraised in the last 12 months (KF11)	97%	94%	91%	Deterioration
Staff reporting errors, near misses or incidents witnessed in the last month (KF29)	93%	94%	93%	Improvement

*The lower the score the better

Bottom 5 ranking scores				
	2016	**2017**		**Trust improvement/ deterioration**
	Trust	**Trust**	**Benchmarking group (community) average**	
Effective use of patient/ service user feedback (KF32)	3.60	3.54	3.69	Deterioration
Quality of appraisal (KF12)	3.03	2.86	3.13	Deterioration
Percentage of staff agreeing that their role makes a difference to patients/ service users (KF3)	90%	89%	90%	Deterioration
Organisation and management interest in and action on health and wellbeing (KF19)	3.64	3.60	3.75	Deterioration
Staff satisfaction with resourcing and support (KF14)	3.25	3.18	3.30	Deterioration

Future priorities and targets

The planned approach in light of the results was to have a trust wide action plan, focussing on "getting the basics right" whilst addressing the key themes emerging, and developing targeted actions to support the nine departments with the lowest scores overall.

Themes for trust wide action plan are:

- Getting the fundamentals of staff engagement right e.g. team meetings, management one to ones, sharing information about the team and changes in the workplace, making sure employees have the basic tools and resources to do the job effectively and having time for learning, planning and reviewing effectiveness

- Listening and Responding to Staff by; having planned listening events with staff, continuing using leadership walk rounds, reviewing organisational change processes, continuing implementation of a coaching conversation culture and sharing success stories more widely

- Supporting individual and team wellbeing by implementing the Wellbeing Plan, developing a clear funding plan for wellbeing actions and that individual and team wellbeing addressed in every team and every appraisal

The actions identified above have been incorporated into an improvement action plan. They have been aligned into the People Strategy Delivery Plans for 2018/19 to ensure that they are incorporated into the trusts wider strategy for engagement and wellbeing.

Priorities for improvement

2018 – 2019

Wirral Community NHS Foundation Trust uses all available data to monitor emerging patient and service user safety trends throughout the organisation, as part of its dynamic risk management process.

This includes information relating to incidents, concerns, compliments, complaints, claims and MP enquiries. This is in addition to information shared with the trust by local provider organisations and commissioners.

All information received is recorded centrally on the trust's patient safety reporting system, Datix. This enables information to be shared securely with relevant staff as required, enhancing prompt communication across the organisation, and demonstrating a responsive well-led culture of learning from experience.

Monthly trend analysis is submitted to the Clinical Governance Assurance Group, and the Quality and Safety Committee, which is a sub-board committee. The process is progressive and responsive, and supports prompt identification of areas for continuous quality improvement.

These areas have been fully incorporated in the trusts' 2018/19 quality goals and quality delivery strategy.

Quality improvement action plans have been developed in relation to each clinical area, and are reviewed, monitored and updated by the trust's Clinical Quality Improvement group. The patient safety priority goals for 2018/19 have been developed in consultation with this group, and following engagement with frontline clinical staff.

In addition to this, the 2018/19 quality goals have been subjected to an additional consultation and approval process with Non-Executive Directors, Divisional Managers, Senior and Executive Leadership teams, Trust Board and the Council of Governors.

Summary: Quality Improvement Plan

2018/19

For 2017/18 – 2018/19, our Quality Strategy outlines quality priorities (local, regional and national), consistent with those identified within the STP. Those priorities and improvement plans include:

Priority	Quality Improvement Plan
Pressure ulcers	Attendance at North West Pressure Ulcer Group supported by NHSE, and AQuA and implementation of local improvement plan.
Missed medication incidents	Implementation of transformation project to reduce missed medication incidents.
Sepsis	Continued implementation of a trust wide Sepsis Improvement programme and development of plan to embed learning.
Recognising the deteriorating patient	Implementation of transformation project to improve recognition of deteriorating patient.
National clinical audits	Participation in all relevant national audits.
Sustainable staffing	Participation in national project targeted at safe caseloads for community nurses. Implementation of improvement plan to reduce reliance on agency staffing and increasing availability of bank staff.
Learning from incidents	Review of processes relating to mortality review and Serious Incident investigation and implementation of improvement plan.
Anti-microbial resistance (AMR)	Implementation of organisational AMR strategy and participation in STP improvement project.
Infection prevention and control	Implementation of IPC strategy and systems leadership to support improved outcomes across the community.
Falls	Review of avoidable falls and implementation of improvement plan.
End of life care	Participate in NHSI's Transforming Care Together through Systems Leadership programme.
Patient and Service User experience	Review of our quality strategy and implementation of refreshed patient and service user experience delivery plan.
National CQUINs	Implementation of delivery plan associated with all milestones set out in the national CQUIN indicator specifications 2017/19.
7 day care model	Improving access through the system review of the provision of urgent care and implementing the integrated single point of access with central triage and a single referral process

Patient Safety

Priorities for improvement 2018/19

Priority 1: Pressure Ulcers

We will move towards a target of zero avoidable pressure ulcers in 2 years.

Why have we chosen this priority?

Pressure ulcers cause pain and discomfort to individuals and are a high national and local priority for protecting patients from avoidable harm.

Pressure ulcers remain a clinical quality improvement priority for the organisation, with the reduction of avoidable pressure ulcers demonstrating the trust's continued commitment to the delivery of harm free care.

During Quarters 3 and 4 of 2017/18 the trust achieved a reduction in the number of avoidable pressure ulcers, when compared to the Q1 and Q2 period. This was following implementation of a robust quality improvement plan.

To further develop our pressure ulcer improvement programme, we have applied, and been successfully awarded a place on the Innovation Agency 'Coaching to create a culture for patient safety and improvement' programme.

How will we monitor, measure and report this priority?

This priority will be monitored using the trust's patient safety incident reporting system: Datix, and will be reported monthly via the trust's quality report to the Quality and Safety Committee. Data will also be reported via the trust's clinical governance assurance framework, which includes the following:

Pressure Ulcer Multi-Disciplinary Group

Divisional Governance Groups

Clinical Quality Improvement Group

Clinical Governance Assurance Group

Quality and Safety Committee

Trust Board

Priority 2: Sepsis

We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis.

Why have we chosen this priority?

Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening condition, triggered by an infection or injury. The aim of this quality goal is to ensure the early recognition of the deteriorating patient/suspected sepsis, with timely escalation to secondary care.

From the extensive infrastructure established during 2017/18 in relation to sepsis, the trust recognised the requirement to extend the Sepsis quality goal into 2018/19, developing a two year programme.

In addition to achieving 95% completion of the NEWS score, this quality goal is planned to facilitate a system-wide approach to the recognition and management of sepsis.

How will we monitor, measure and report this priority?

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Divisional Governance Groups

Clinical Quality Improvement Group

Clinical Governance Assurance Group

Quality and Safety Committee

Trust Board

The priority will be monitored using the trust's patient safety incident reporting system, Datix, and will be reported monthly via the trust's quality report to the Quality and Safety Committee. Data will also be submitted monthly to each clinical divisional governance group.

Priority 3: Adult Social Care

We will improve our response times for social care assessments across all neighbourhood teams

Why have we chosen this priority?

The trust now has responsibility for providing a number of adult social care statutory services including assessment and support planning in line with the Care Act. Promoting wellbeing and supporting people to be independent is at the heart of our services and we recognise the importance of ensuring local residents can access an assessment in a timely and proportionate manner.

We will therefore be focusing on improving our assessment response times across all our social care neighborhood teams ensuring an equitable approach based on the presenting needs and circumstances. We will also focus on ensuring a consistent approach amongst teams, maintaining quality and best practice.

How will we monitor, measure and report this priority?

This priority will be monitored using the trust's electronic case record system Liquid Logic and will be reported monthly to the following groups which provides assurance to the Trust's Quality and Safety Committee:

Divisional Governance Group

Clinical Governance Assurance Group

Quality and Safety Committee

Patient Experience

Priorities for improvement 2018/19

Priority 1: Frailty pathway

We will take a lead role in co-designing the Frailty pathway in Wirral.

Why have we chosen this priority?

Frailty is a system-wide priority for the Wirral health and social care economy.

People living with frailty are likely to have a number of different issues or concerns, which, taken individually, might not initially be very serious but collectively have a significant impact on health, confidence and wellbeing.

People with frailty will often be supported by our services as well as their GP. For people with frailty there are significant opportunities to help people maintain their independence and quality of life for longer.

The co-design of a frailty pathway in Wirral will support proactive care, improving quality of life.

How will we monitor, measure and report this priority?

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Divisional Governance Groups

Clinical Quality Improvement Group

Clinical Governance Assurance Group

Quality and Safety Committee

Trust Board

Priority 2: Patient and Service User Engagement

We will undertake 6 patient and service user shadowing events across all clinical divisions.

Why have we chosen this priority?

Shadowing is an observation technique that provides an opportunity for a third party to experience and record what happens during interactions along a patient and service user pathway, including what they look and feel like. Its aim is to see the care experience through the individuals' eyes.

Shadowing is good for understanding processes of care – especially where there are complex patterns of care with multiple exchanges with staff. It identifies the meaning of the care experience and its various elements for patients and service users.

The trust will undertake 6 patient and service user shadowing events across all clinical divisions during 2018/19, to continuously improve the quality of care delivered.

How will we monitor, measure and report this priority?

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Clinical Governance Assurance Group

Your Voice Group

Quality and Safety Committee

This priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals, and via the patient engagement group on a quarterly basis.

Quality improvements and outcomes resulting from the engagement events will be reported to the Quality and Safety Committee via the quarterly quality strategy report.

Priority 3: Always Events

We will embed the Always Events framework undertaking a minimum of 4 in-depth projects.

During 2017/18 the trust successfully implemented the Institute for Healthcare Improvement (IHI) Always Events toolkit to undertake an in-depth review of a pathway or intervention.

To further enhance this work throughout the organisation, we will fully embed the IHI Always Events infrastructure to maximise outcomes whilst improving patient and service user experience.

This will be achieved by undertaking a minimum of four in-depth projects.

The four in-depth projects will be conducted broadly across the organisation, focusing on both experience and safe delivery of quality care.

How will we monitor, measure and report this priority?

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Clinical Governance Assurance Group

Your Voice Group

Quality and Safety Committee

The priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals, and via the patient engagement group on a quarterly basis.

Quality improvements and outcomes resulting from the engagement events will be reported to the Quality and Safety Committee via the quarterly quality strategy report.

Clinical Effectiveness

Priorities for improvement 2018/19

Priority 1: Staff training

We will achieve 90% uptake in mandatory training for all staff.

Why have we chosen this priority?

The trust recognises that statutory and mandatory training supports staff to remain safe whilst delivering high quality care.

Statutory and mandatory training is compulsory training that is determined essential by the organisation for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines.

Mandatory training was an organisation priority for the 2017/18 period; however, the goal set was not achieved across all divisions within the trust. As a result, this will remain a quality goal for 2018/19, demonstrating the trust's commitment to continuous improvement.

Preventing Radicalisation Training will be added to the quality goal subjects in 2018/19.

How will we monitor, measure and report this priority?

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Divisional Governance Groups

Clinical Governance Assurance Group

Education and Workforce Committee

The priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals.

Priority 2: Quality improvement

We will increase the number of qualified improvement practitioners in our staff group to 50 .

Why have we chosen this priority?

The trust aims to cultivate a passion for continuous quality improvement across the organisation and has developed a model to embed a quality improvement infrastructure throughout all divisions, including adult social care.

Our goal is to build practical improvement capability based on the science of improvement into every level of the organisation. This approach will ensure that the trust delivers excellent patient and service user care through an engaged and informed workforce equipped with the knowledge, improvement skills and techniques to deliver transformational change.

Staff will be supported to become qualified improvement practitioners by attending the Advancing Quality Alliance (AQuA) Improvement Practitioner and Advanced Improvement Practitioner courses, designed to support staff to develop their skills and capabilities to lead and facilitate improvements across the organisation using the Model for Improvement.

How will we monitor, measure and report this priority?

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Divisional Governance Groups

Clinical Governance Assurance Group

Quality and Safety Committee

The priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals reporting by exception to the Quality and Safety Committee via the quarterly quality strategy report.

Priority 3: Quality Improvement

We will facilitate quarterly Quality Improvement forums.

Why have we chosen this priority?

We recognise the value and impact of shared learning experiences to drive standards in quality.

A quality improvement forum held on a quarterly basis will support dissemination and learning trust wide. The forums will also act to provide a supportive coaching culture, embedded across the organisation.

How will we monitor, measure and report this priority?

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Divisional Governance Groups

Clinical Governance Assurance Group

Quality and Safety Committee

The priority will be monitored on a monthly basis via the Clinical Governance Assurance Group, reporting to the Quality and Safety Committee via the quarterly quality strategy report.

The annual clinical audit programme will be submitted to the Audit Committee for approval.

2.2 Statements of assurance from the Board

Review of services

During 2017/18, Wirral Community NHS Foundation Trust provided and/or sub-contracted 34 relevant health services.

Wirral Community NHS Foundation Trust has reviewed all the data available to them on the quality of care in 34 of these relevant health services.

The income generated by the relevant health services reviewed in 2017/18 represents 94% of the total income generated from the provision of relevant health services by Wirral Community NHS Foundation Trust for 2017/18.

Participation in clinical audit

National Clinical audit

2.   During 2017/18, 1 national clinical audit and 0 national confidential enquiries covered relevant health services that Wirral Community NHS Foundation Trust provides.

2.1 During that period, Wirral Community NHS Foundation Trust participated in 100% national clinical audits of the national clinical audits which it was eligible to participate in. The trust was not eligible to participate in any confidential enquiries.

2.2 The national clinical audit that Wirral Community NHS Foundation Trust was eligible to participate in during 2017/18 is as follows:

- UK Parkinson's Audit

2.3 The national clinical audit that Wirral Community NHS Foundation Trust participated in during 2017/18 is as follows

- UK Parkinson's Audit

2.4 The national clinical audits that Wirral Community NHS Foundation Trust participated in, and for which data collection was completed during 01 April 2017 – 31 March 2018, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

National Clinical Audit	Number of cases submitted (%) of the number of registered cases
UK Parkinson's Audit	100%

2.5 – 2.6

These sections are not applicable to the trust, as there have been zero national clinical audits published during the reporting period in which the trust has participated. The publication date of the UK Parkinson's Audit is May 2018.

2.7 – 2.8 Local Clinical Audits

The reports of 31 local clinical audits were reviewed by the provider in 2017/2018 and Wirral Community NHS Foundation Trust intends to take the following actions to improve the quality of health and social care provided.

Division	Service	Audit title	Action required to improve the quality of healthcare	Progress RAG rating
Adult and Community Division	Community Nursing	Compliance with trust guidance for the Management of Leg Ulcers	As a result of the audit the following areas were identified for improvement: • Pain relating to wound assessed at initial visit • Pain assessed at each visit • Photograph of wound taken • Photographic evidence of the wound monthly thereafter	
	Community Nursing	Medication incidents - missed insulin medication incidents	As a result of the audit the following areas were identified for improvement: • Produce user guide for staff to ensure consistent coding of medication incidents across the trust • Update Incident Reporting Policy • Update Being Open Policy	
	Community Nursing	Compliance with Trust Policy for the Care and Management of Deteriorating Patients	The findings of the audit supported the trust's quality goal and established sepsis improvement programme.	

	Wheelchair Service	Compliance with Trust Guidance for the Prevention and Management of Pressure Ulcers for Wheelchair Users	Improvements are required for the following areas: • Importance of repositioning /self-repositioning discussed with patient / carer • Pressure ulcer prevention advice provided • Factors that may suddenly increase the risk of a pressure ulcer discussed with the patient	
	Podiatry	Compliance with Trust guidance for Nail Surgery (including wounds)	Evidence needs to be documented that Allergy status (including no allergies) is recorded	
	Nutrition and Dietetics	Compliance with Pressure Ulcer Prevention and Management Guidance	No areas for improvement were identified following the audit	
	Nutrition and Dietetics	Compliance with NICE guidance: Dietary and Lifestyle Recommendations for the Treatment and Management of Irritable Bowel Syndrome	As a result of the audit the following areas were identified for improvement: • Advice provided for patients to increase activity levels if low • Advice provided on restricting caffeinated drinks to 3 cups per day	
	Integrated Specialist Palliative Care Team	Audit of Medication Incidents	As a result of the audit the following areas were identified for improvement: • Produce user guide for staff to ensure consistent coding of medication incidents across the trust • Update Incident	

			Reporting Policy • Update Being Open Policy	
	Bladder and Bowel Service	Point Prevalence Audit 2017 Catheter associated urinary tract infection (CAUTI)	This audit has highlighted some excellent areas of clinical practice: • 95% of catheters were clinically indicated • In 85% of cases, the catheter insertion was documented	
	Bladder and Bowel Service	Compliance with NICE guidance for the management of lower urinary tract symptoms in men	Improvements are required in the following areas: • Men with stress urinary incontinence caused by prostatectomy are offered supervised pelvic floor muscle training. • Men (where appropriate) are offered long term catheterisation and only with a clear rationale where no other management is suitable	
	Bladder and Bowel Service	Compliance with Trust Policy for the Care and Management of Deteriorating Patients	No areas for improvement were identified following the audit	
	End of Life Care Team	Care of the Dying Evaluation	This audit sought the opinion of bereaved relatives on the care their loved one received in the last days of life: • 96% of respondents felt in their opinion during the last two days that he/she did not	

			• appear to be in pain • 93% of respondents agreed the nurses had time to listen • 93% of respondents felt adequately supported during his/her last two days of life	
	Heart Support	Compliance with NICE guidance for the management of Atrial Fibrillation	Records need to evidence that patient assessed for risk of stroke or bleed (CHADS2VASC / HASBLED)	
	Rehabilitation at Home	Compliance with NICE guidance for the Management of Motor Neurone Disease	As a result of the audit the following areas were identified for improvement: • Documentation that an exercise programme has been considered • Assessment and goal setting undertaken for functional activities of daily living	
Integrated Children's Division	0 – 19 Service (Cheshire East)	Review of Individual Plan of Care for Children with Complex Health Needs and Disabilities	As a result of the audit the following areas were identified for improvement: • Healthy child review to be completed within agreed timeframes • Families to be offered a copy of their individual plan of care	
	0 – 19 Service	Audit of Medication Incidents	As a result of the audit the following areas were identified for improvement: • Produce user	

			• guide for staff to ensure consistent coding of medication incidents across the trust • Update Incident Reporting Policy • Update Being Open Policy	
	Speech and Language Therapy	To ensure compliance with Royal College of Speech and Language Therapist guidance for children with specific language impairment and/or speech sound disorder	Following the results of the audit, consideration to be given to each of the following (if relevant to the child) • Any underlying conditions or diagnosis • Fluency • Languages used or exposed to regularly	
	Nutrition and Dietetics	Compliance with Milk Allergy in Primary Care Guidelines for Children with a Suspected Milk Allergy	As a result of the audit the following areas were identified for improvement: • A home challenge to confirm diagnosis to be carried out • A diagnosis of cow's milk protein allergy confirmed following elimination and home challenge	
	Nutrition and Dietetics	Compliance with NICE guidance for breastfed babies with faltering growth	This audit was a re-audit from 2016/2017. The Dietetics service are now fully compliant with the one standard audited 'Appropriate maternal / infant Vitamin D supplementation	
Urgent and Primary Care Division	Walk in Centres	Compliance with trust guidance for the management of	Records need to evidence the width of the wound was	

		wounds	examined	
	Walk in Centres	Compliance with Trust Policy for the Care and Management of Deteriorating Patients	No areas for improvement were identified following the audit	
	Dental Service	Compliance with guidance on antimicrobial prescribing for General Dental Practitioners	As a result of the audit the following areas were identified for improvement: • Evidence that the patient had a clear justification for the prescription of antibiotics • A clinical diagnosis of the problem to be recorded	
	Dental Service	Audit of Medication Incidents	As a result of the audit the following areas were identified for improvement: • Produce user guide for staff to ensure consistent coding of medication incidents across the trust • Update Incident Reporting Policy • Update Being Open Policy	
	GP Out of Hours	Audit of Medication Incidents	As a result of the audit the following areas were identified for improvement: • Produce user guide for staff to ensure consistent coding of medication incidents across the trust • Update Incident Reporting Policy • Update Being Open Policy	

	GP Out of Hours	Compliance with Trust Policy for the Care and Management of Deteriorating Patients	As a result of the audit the following physiological parameters should be included in the National Early Warning Score (NEWS) if required: • Oxygen saturation • Respiratory rate	
	Ophthalmology Service	Compliance with NICE Guidance for Glaucoma: Diagnosis and Management	No areas for improvement were identified following the audit	
Clinical Effectiveness / NICE Guidance / Patient Safety / Social Care	All clinical services	Record Keeping	Improvements are required for the following for electronic records: • Are abbreviations, if used, contained within an agreed abbreviations list (If an abbreviation has been used, not on an agreed list, it should be written out in full at the beginning of each individual entry, or abbreviation printed on each page) Improvements are required for the following for paper records: • Patients NHS Number recorded on every page • Record free from blank spaces	
	All clinical services	Clinical Supervision including Preceptorship	As a result of the audit the following areas were identified for improvement: Clinical Supervision: • Clinical staff have clinical supervision	

			• monitored at their appraisal • Clinical staff who had completed between 3 and 8 sessions have completed a written record for each clinical supervision session Preceptorship: • New starters are allocated a preceptor during their first week of induction • New starters who had preceptorship had a record of the contact	
	Adult Social Care	Reablement and Assessment	No areas for improvement were identified following the audit	
	Adult Social Care	Safeguarding Audit	As a result of the audit the following areas were identified for improvement: • Improving the percentage of safeguarding investigations completed within 28 days.	
	Adult Social Care	Audit of Short Term Placement	Staff need to ensure short term placements are reviewed within 6 weeks	

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Wirral Community NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was zero.

Commissioning for Quality and Innovation Payment Framework (CQUIN)

4 – 4.2 (a)   A proportion of Wirral Community NHS Foundation Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between the trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health service, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017/18 and for the following 12-month period are available electronically at www.wirralct.nhs.uk

The total income conditional on achieving quality improvement and innovation goals during 2015/16, 2016/17 and 2017/18 was as follows:

- 2015/16: £1,110m
- 2016/17: £1,042m
- 2017/18: £1,039m

Care Quality Commission Registration

5–5.1   Wirral Community NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Good'. Wirral Community NHS Foundation Trust is registered with the CQC without conditions.

The Care Quality Commission has not taken enforcement action against Wirral Community NHS Foundation Trust during 2017/18.

Removed from the legislation by the 2011 amendments

7-7.1   This section is not applicable to the trust, as Wirral Community NHS Foundation Trust was not required to participate in special reviews or investigations by the Care Quality Commission during 2017/18.

Secondary Uses Service

8-8.1:   Wirral Community NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

- Not applicable for admitted patient care;

- Not applicable for outpatient care; and

- 100% for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- Not applicable for admitted patient care;

- Not applicable for outpatient care; and 99.4% for accident and emergency

Information Governance toolkit attainment level

Wirral Community NHS Foundation Trust's information Governance Assessment Report overall score for 2017/18 was 70% and was graded green. An audit of the trust's I.G. toolkit conducted by Mersey Internal Audit Agency during 2017/18 provided a rating of significant assurance.

Payment by Results clinical coding audit / Data Quality

10.1 Wirral Community NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by NHS Improvement.

Learning from Deaths

27.1 During 2017/18, 29 of Wirral Community NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 6 in the first quarter;

- 7 in the second quarter;

- 7 in the third quarter;

- 9 in the fourth quarter.

27.2 By 31 March 2018 29 case record reviews and 1 investigation has been carried out in relation to 29 of the deaths included in item 27.1.

In 1 case a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 6 in the first quarter;

- 7 in the second quarter;

- 7 in the third quarter;

- 9 in the fourth quarter.

27.3 Zero representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

0 representing 0% for the first quarter;

0 representing 0% for the second quarter;

0 representing 0% for the third quarter;

0 representing 0% for the fourth quarter

These numbers have been estimated using the trust's mortality review screening tool, which are recorded centrally on the trust's datix incident reporting system. Each completed review tool is progressed through the trust's mortality review group chaired by the Medical Director.

Learning from deaths - case record reviews and investigations

27.4   The trust's Learning from deaths policy provides a framework for how the trust will evaluate those deaths that form part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms.

To support implementation of the policy, the mortality review group, led by the Medical Director, has developed a Mortality Screening tool.

The trust's datix incident reporting system has been aligned to the Learning from deaths policy to ensure prompt communication to the Medical Director, Director of Nursing and Deputy Director of Nursing for all reported unexpected deaths.

Actions taken as a result from learning from deaths

27.5   Through review and analysis of reported incidents, the trust has identified the benefit of a whole system approach to learning from deaths. As a result the Medical Director is actively engaging with providers across the Wirral health and social care economy to ensure shared learning opportunities are identified and appropriately disseminated to support collaborative working to continuously improve the quality of care provided.

Assessing the impact of the quality improvement actions taken to learn from deaths

27.6   The impact of the system-wide approach to learning from deaths is assessed and monitored at the trust's mortality review group. The group will closely monitor the impact of implementing a system-wide approach to learning from deaths during 2018/19.

27.7   Zero case record reviews and 0 investigations completed after 01 April 2017 which related to deaths which took place before the start of the reporting period.

27.8   Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the case record review and investigation process.

27.9   Zero representing 0% of the patient deaths during 2016/17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.3 Reporting against core indicators

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:

The number of patient safety incidents reported within the trust during the reporting period.

Year	Total Patient Safety Incidents	Incidents coded as severe harm or death
2017/18	3785	48 (1.27%)
2016/17	3550	49 (1.38%)
2015/16	3426	33 (0.96%)
2014/15	2834	20 (0.71%)

Wirral Community NHS Foundation Trust considers that this data is as described for the following reasons:

The trust has an open, honest and transparent culture of learning from experience, and actively promote the reporting of patient safety incidents.

Staff are encouraged to report all incidents to maximise learning, ensuring a culture of continuous quality improvement. This benefits services directly provided by the trust, and broader system wide learning across the health and social care economy.

Wirral Community NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Enhancing system-wide learning opportunities underpinned by a robust clinical governance framework, engaging staff with the learning arising from incident reporting

- Monthly monitoring of incident reporting via Divisional Governance Groups

- Development of a bespoke dashboard for each service to monitor real-time incident reporting rates

Part 3: Other Information

Performance in 2017/18

3.1 Quality of care provided by Wirral Community NHS Foundation Trust

The Trust Board recognises that quality is an integral part of its business strategy and quality has been placed as the driving force of the organisation's culture.

Maintaining and improving quality and patient safety standards and processes in a dispersed community organisation is a challenge that is met through rigorous leadership, high professional standards and low tolerance of non-compliance.

Quality Strategy themes

Our quality strategy outlines our ambition for quality, and commits the trust to ensuring that quality forms an integral part of our philosophy, practices and business plans with responsibility for driving the quality agenda embraced at all levels of the organisation.

Our quality strategy is built around three local priorities:

- Person centred care
- Safe
- Effective

GP Out of Hours CQC inspection

During Quarter 4 of 2017/18 the CQC inspected our GP Out of Hours Service.

The CQC inspection of this service provided an overall rating of Good.

The CQC inspection highlighted the following areas:

- The provider had clear systems to manage risk so that safey incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.

- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff had been trained to provide them with the skills and knowledge and experience to deliver effective care and treatment.

- We saw that staff treated patients with compassion, kindness, dignity and respect.

Patient Safety: We protect people from avoidable harm

Progress made during 2017 – 2018

Pressure ulcers

During 2017/18 we have continued to promote the reporting of pressure ulcers throughout all clinical services. Training in the recognition of patients at risk of pressure ulcer development has been provided to all front line clinical staff in accordance with NICE Guidance CG179.

Following qualitative and quantitative thematic trend analysis following incident investigation, a trust wide pressure ulcer improvement plan has been developed in partnership with frontline clinicians. Key learning continues to be disseminated via the trust's weekly 'patient safety sound bite' and via our staff pressure ulcer champions who attend quarterly workshops held by the Tissue Viability Service in partnership with the Quality and Governance Service.

Sepsis

During 2017/18 the trust have successfully implemented phase 1 and 2 of the Sepsis quality improvement project, supporting the trust's quality goal.

Key achievements include:

- Development of a systematic approach for early identification of sepsis, demonstrating a measurable quality improvement promoting patient safety and harm free care

- Promotion of timely intervention, monitoring and escalation of patients with potential sepsis - NICE Guidance NG51 (July 2016)

- Reducing inappropriate or avoidable hospital admissions

- Extensive staff training programme across all clinical divisions

Patient Experience
Progress made during 2017 – 2018

Friends and Family Test Score

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

The friends and family question is incorporated into the trusts' your experience questionnaires, feedback cards, and our online form. Anyone who contacts the 'your experience service' by telephone will also be asked the question.

"How likely are you to recommend our services to friends and family if they needed similar care or treatment?"

The table below shows monthly percentage of respondents who would recommend our services for care or treatment and number of responses:

Month/Year	% of those who would recommend our services for care or treatment	Number of responses
April 2017	89	558
May 2017	95	456
June 2017	96	386
July 2017	92	536
August 2017	89	919
September 2017	95	762
October 2017	97	453
November 2017	95	559
December 2017	97	216
January 2018	98	513
February 2018	100	529
March 2018	100	265

Monthly FFT scores and responses are reported to divisions via the Divisional Governance groups, and actions plans are developed where required.

We are proud to have achieved a 100% response rate for those who would recommend our services for care or treatment during February and March 2018.

Service engagement events conducted during 2017-2018

Service	Engagement Event
Nutrition and Dietetics	Two focus groups were conducted by Nutrition and Dietetics to gather the views of Diabetes patients on Diabetes Education across Wirral. The feedback was used to help develop Diabetes Smart. Diabetes Smart is a free course to support local people living with pre-diabetes and type 1 and 2 diabetes.
Wheelchair Service	The Wheelchair Service has an active user group forum, which meets on a quarterly basis.
Wirral/Cheshire East 0-19	Following the Fluenz campaign in primary schools the School Nurses asked schools for their opinions on the delivery of the programme and sessions. This engagement work will inform changes and improvements for the following year's campaign. The 0-19 service attended the One Wirral event at Birkenhead Park. They collected verbal feedback from patients/service users regarding the service 0-19 provide. Cheshire East & Wirral wide 0-19 survey monkey was sent to all service users/patients. The feedback from the surveys fed into the Wirral 0-19 Always Event project. Cheshire East 0-19 service organised a Celebration Day in which Mums were able to talk about their experiences of the service. School Nurses attended a Public Health event at a local school and engaged with the young people using a young person's feedback form with more than 30 pupils. Family Nurse Partnership clients attended 2 focus groups to explore how the ADAPT project has impacting on clients' ability to make changes particularly in the area of smoking cessation.
Parkinson's Service	The service holds 6 monthly planning meetings with members of the local Wirral Parkinson's UK Branch and a member of the Multi-Disciplinary Team. The service delivers a Health Promotion/Parkinson's update session at the local Wirral Parkinson's UK branch meeting every June. The service participates in an Information Day that is run for newly diagnosed people with Parkinson's and their families; this is run 3 times a year. The team works with the Wirral Parkinson's branch for Parkinson's Awareness week which is held yearly in April.

DVT Service	The DVT service completed a patient engagement event with Wirral University Teaching Hospital on 13thOctober 2017.This was for World Thrombosis Day. The event gave patients the opportunity to discuss symptoms, signs, what to do, treatment and avoidance.
Sexual Health Wirral	A Sex and Relationships Day was held at Mencap Wirral in August 2017 to engage with young people and adults with Learning Disabilities, and their families and carers to talk about sexual health wellbeing, risks, safety and access to our Sexual Health and Contraception clinics and services. Sexual Health Wirral were able to promote our Link Team project which sees a fast track system for people identified with additional needs who may find attending our routine clinics difficult. The Link Team project allows visits outside of clinic hours and a direct professional telephone line to a names team arrange this.

An LGBT Feedback Forum was held in December 2017 focusing on people aged 13 -19 to explore the barriers they face in accessing sexual health and contraceptive support. A group on 10-15 young people fed back on how they find local sexual health services and where they feel most secure and confident asking for help. This group also assisted in a redesign on the service website helping with content and tone of the young people's LGBT pages and providing myth busting and real life stories to be published in coming months. |

Always Events

Sexual Health Wirral: Improved accessibility to sexual health and contraceptive advice, support and care via a *'Digital Frontdoor'*

The way people are looking after their contraception and sexual health is changing and new cultures around assessing one's own risk and taking responsibility and ownership is increasing nationally.

Public engagement was fundamental to how the service modeled and designed the Sexual Health Wirral website and numerous patient and public engagement events were conducted. Engagement work focused on self-test STI kits, online booking and telephone consultations. Feedback included:-

'it's great that I am able to choose different options when needing sexual health or contraceptive support instead of coming to clinic and waiting to be seen when I may not need to'

'telephone consultations are a good idea as sometimes you just want to check something or ask somebody for reassurance'

'being able to test yourself privately for HIV will mean more people will get checked than having to sit and wait in a clinic waiting room'

'online booking would mean you didn't have to speak to a receptionist and tell them what is wrong, which could be embarrassing so I like that you can choose from a list online what you need to come for'

Following their engagement work Sexual Health Wirral aimed to see a meaningful improvement in accessibility to services and clinics via a Digital platform offering
- online booking methods allowing discreet, quick and easy access to Sexual Health Wirral appointments at your fingertips 24 hours a day for those who need clinical intervention
- symptom checker type pathways providing signposting and advice
- provision of telephone advice appointments/consultations for those needing help, support and signposting via a conversation with a HP
- the offer of STI postal test kits for those who are asymptomatic and just want to 'get checked' but may see coming to clinic a barrier.

Always Event Aim Statement
By March 31 2018 we will see the Digital Frontdoor and remote self- care options enable us to evidence developments within the service and an improved patient experience. Our aim is to see 30% of appointments being booked online, 25% of online HIV postal kit requests being first time testers and a 50% reduction in people attending for advice only, instead opting for a data to a telephone consultations.

Outcome
Due to delays within the IT system, not all digital pathways were available to the public via the Sexual Health Wirral website so, the service was unable to measure against the aim statement percentages.

However:

- The online booking page of the Sexual Health Wirral website was viewed 1,254 times since November 2017-February 2018.
- Telephone consultations have proved popular with activity reporting 434 advice call requests since 1st April 2018.
- Postal STI test kits requested via the website by Wirral residents exceeded estimations with 1,642 being ordered between September 2017-February 2018:-

	Kits requested female	Kits requested male
Month		
September	161	84
October	172	74
November	189	59
December	179	74
January	254	100
February	198	98
Total	**1,153**	**489**

Online booking became available on the Sexual Health Wirral website in March 2018.

Wirral 0-19: Health & Well-being hub launch for families and young people

In September 2018 the Wirral 0-19 service held a patient engagement event with the support of Health Watch. This was to understand how the service could be transformed whilst still focusing on Quality, Patient Experience and Cost Improvement Plans.

Patient feedback indicated a need to review how families access the 0-19 services and their journey within the service focusing specifically on how the service communicates with families, referral processes and referral pathways. Additionally, staff engagement identified that School Nurses felt overwhelmed with the number of referrals and that they didn't feel they were providing a quality service. The South Wirral 0-19 Team piloted a weekly "drop-in" service for school aged children. The feedback from families was very positive and the School Nurse who led on the pilot felt it was very successful.

Consequently, it was agreed to provide a Health & Well-being Hub for school age Children & Young People with each Team offering a weekly drop in clinic between 4 – 6 pm.

The aim of the drop in clinic was to:
- provide brief intervention and preventative work to children and families
- sign post and make appropriate referrals
- allow families to access the hub at a convenient time for them

With the support of the Trusts Communications Team the hub was launched to health professionals; the service invited all of its stakeholders, posted invites via social media and send out a press release.

Always Event Aim Statement
By March 31st 2018, the 0-19 Service will be offering families and young people across Wirral access to a 5-19 Healthy Child Drop-in clinic.

Outcome

The drop in clinics began week commencing Monday 22nd January 2018.

Feedback includes:
"Good advice given, numbers, names given, didn't wait long to be seen either"
"Delivery of service is fantastic"
"You were really kind and helpful to me and my daughter"
''I felt listened to and well supported''

Community Nursing: Improving patient care for patients with Dementia

Forget Me Not stickers are blue flower symbols used to identify individuals that are experiencing memory problems due to dementia.

The Nurse Practitioner for Older People (NPOP) that led on the 'Forget Me Not' Always Event project attended One Wirral as part of Dementia Friendly Wirral, various peer support meetings and Cheshire and Merseyside Dementia Networks She has engaged with dementia patients, their carers, police, paramedics, doctors, the fire brigade and other health professionals regarding the use of 'Forget Me Not' stickers.

Everyone that was consulted felt that the project would be beneficial. A patients daughter commented that *"knowing that the care my father gets is right for him is what I want, I want to know that carers and health professionals know he has dementia so they can treat him 'better' "*

Through consultation it was decided that the 'Forget me Not' sticker should be placed on the back of the front door. If the sticker was placed in a prominent place that would be seen by health and social care professionals it could have a huge potential to improve dementia care provision. It could also aid in informing Paramedics, Police or Fire Service who may be called out for possible falls or other incidents that can occur.

Aim Statement

By March 31 2018 there will be a 100% increase in the amount of *Forget Me Not stickers within the homes of identified dementia patients on the District Nurses caseload within the South Wirral.

Outcome

The Aim Statement was achieved. 25 stickers were issued to people living with dementia from November 2017 to January 2018; this is a 100% increase.

The 'Forget Me Not' Always Event is one of the Trusts 2018-2019 Quality Improvement projects; this work will support the roll out of the 'Forget Me Not' sticker across Wirral.

Service Innovation: Tele-triage

The tele-triage project was developed with multiple organisations across Wirral's health and social care system, with the aim of reducing the number of unnecessary hospital transfers of patients from Wirral nursing homes through the 111 service to Accident and Emergency Department.

The trust proposed an internally designed solution that built upon existing care pathways, using our single point of access service. This approach was designed to deliver numerous benefits including a better patient journey, care for the patient in their place of choice and reduction in pressure on our local Accident and Emergency Department.

Care home staff are now able to contact the trusts Single Point of Access to speak directly with a teletriage clinician. The initial consultation includes a triage function utilising direct phone and video calling, enabling clinical staff to assess the patient and watch the interaction between the care home staff and the patient. Following this assessment, a decision to admit or treat at home will be made. If it is decided that the patient does not need conveyance to A&E then the tele-triage nurse will work with a number of system-wide services within Primary, Secondary and Community bases to deliver the best clinical solution for the patient.

Despite the service being in its early stages, during November 2017, the project was successful in avoiding 87 admissions to A&E, with many more admission appropriately avoided over the busy winter period.

The service runs 24 hours a day 7 days a week including Bank Holidays, combining collaborative working through tele-triage and GP Out of Hours

Clinical Effectiveness

Progress made during 2017/18

During 2017/2018, services within the trust undertook a range of quality improvements using the Plan, Do, Study Act cycle to improve patient safety, patient experience and clinical effectiveness.

Key achievements include:

1. **0-19 Service School Nursing Cheshire East**

   Our 0-19 Health and Wellbeing Service, across Wirral and Cheshire East, enables children and young people to access a range of services quickly to ensure they achieve their full potential as adults. The service offers advice and support around birth and infant feeding support, emotional wellbeing, as well as wider health and wellbeing concerns, such as sexual health, stop smoking, alcohol/drug misuse, mental health, internet safety, aspirations and goals, confidence and self-esteem.

   Improving the emotional health and wellbeing of children and young people is a vital part of the School Nursing role. Research shows that anxiety and depression in young people has doubled in recent years and 1 in 4 young people have thought about committing suicide. The BE HAPPY tool has been developed for School Nurses to help young people look after their mental and emotional health and wellbeing.

   The BE HAPPY tool is an evidence based tool which provides a solution focused approach which focuses on the positives. It is based on the basic principles of Cognitive Behaviour Therapy, looking at changing behaviours and how we think and feel.

   BE HAPPY is an acronym for:

   B – Breakfast – having breakfast can enhance concentration and reduce obesity
   E – Enjoy – we need to do more of what makes us 'feel good'
   H – Healthy – being physically healthy has a direct link to being emotionally healthy
   A – Achieve – recognising achievements makes us feel good
   P – Positive – it is important to concentrate on what makes a 'good day' rather than a 'bad day'
   P – Praise – everyone is good at something
   Y – You – it is important to be encouraged to be yourself#

   Goal One: To pilot the use of the BE HAPPY tool

   - The tool was piloted at 4 secondary schools in Cheshire East

   Goal Two: To undertake a baseline assessment (moods and feeling questionnaire) then repeat following use of the BE HAPPY tool

100% of children thought the tool was easy to understand

93% of children thought the tool helped them to feel better

93% of children thought the tool gave them new ideas to use

Goal Three: To conduct a staff evaluation in the form of a staff story to measure the successfulness of the tool

- A staff story was presented to the Board in January 2018

2. Community Nursing (Project led by Community Matron)

The community nursing service delivers seamless 24-hour community nursing responding to planned and unplanned needs 365 days a year. Community Nurses proactively assess needs, plan care, implement care plans and review outcomes for all patients referred and accepted into service.

The aim of the quality improvement was to improve the management of patients with Chronic Obstructive Pulmonary Disease (COPD) to enable them to receive a diagnosis earlier so that they can benefit from treatments to reduce symptoms, to improve their quality of life and keep them healthy for longer

Goal One: To develop a pathway for patients with COPD who require nebuliser therapy

- A long term and acute nebuliser referral pathway was developed by a Senior Community Matron and presented at the Clinical Effectiveness Group and approved in December 2017

Goal Two: To audit a sample of patients on the community nursing caseload who required nebuliser treatment for acute intervention, long term management and palliative care

- 35% of patients were discharged from the community nursing caseload and nebuliser returned to Mediquip
- A reduction of 28.4 hours community nursing time (over one week) was achieved following appropriate assessment and discontinuation of the nebuliser treatment.
- Following review by senior community matron, 77% of patients had a self-management plan post intervention compared to 18% pre

3. Sexual Health Wirral

Sexual Health Wirral provides free and confidential contraception and sexual health services for people living in Wirral. The walk-in and wait and appointment only clinics provide STI & HIV testing, treatment for STI infections and several methods of contraception. Some of the services offered are more specialised and require an appointment in advance. The service is confidential and non-judgmental and for people of all ages, ethnicities, genders and sexualities.

A new interactive website was launched in April 2017 following comprehensive patient and public involvement. The website acts as a platform for the digital front door providing:

- Advice pages
- Self-triage and symptom checker pathways
- Signposting to other specialised services
- Details of partner pharmacies who can provide brief sexual health intervention at weekends and evening – such as emergency contraception and condoms
- Sexually Transmitted Infection postal kits can be requested confidentially using an online self-assessment tool

The aim of the quality improvement was to introduce an interactive website with the intention of reducing attendances at clinics, keeping slots free for those who are vulnerable or with a clear clinical need.

Goal One: To develop a digital pathway and self-triage that identifies behaviours and risk to establish the best action

- An interactive pathway was created and launched in April 2017 to signpost patients to the correct information or service

Goal Two: To measure the website analytics and activity to establish reasons for improvement and development

- The average number of hits per month was 4,898
- The average number of new visitors per month was 58 and 39 returning

Goal Three: To signpost people aged 16 and over to STI postal testing kits if asymptomatic and monitor usage

- 1,642 kits were requested over a 6 month period
- The average number of kits requested by females a month was 192
- The average number of kits requested by males a month was 82

4. DVT Service / Walk-in Centres / GP Out of Hours

The Deep Vein Thrombosis (DVT) and Anticoagulation service is a community based, nurse led assessment and treatment service which provides a range of services including:

- DVT assessment and treatment services
- Support for early discharge for patients diagnosed with pulmonary embolism
- Initiation of anticoagulation for patients with atrial fibrillation

Nurse-led walk-in centres across Wirral provide treatment for minor ailments. They provide assessment, treatment and advice for minor injuries and illnesses including:
- infection and rashes
- minor cuts and wounds – wound care and dressings
- sore throats and earache

GP Out of Hours provides urgent medical care to Wirral patients who cannot wait for their surgery to reopen. The service may offer advice over the phone or offer the patient an appointment to see a doctor. The service also offers a GP home visiting service for those patients who are housebound or unable to attend a clinic

The quality improvement undertaken by the services was to implement a new pathway into the Walk-in Centres / GP Out of Hours to prevent hospital admissions outside the working hours of the DVT service

Key Achievements:

Goal One: To develop a patient pathway for walk-in centre / out of hours clinicians to follow to prevent hospital admission

- A patient pathway has been developed which will prevent hospital admissions

Goal Two: To review Patient Group Direction (PGD) for Enoxaparin to reflect national guidance

- The patient group direction was approved and ratified at the Medicines Management Group meeting in December 2017

Goal Three: To train clinical staff from Urgent and Primary Care in DVT assessment, management and first initiation of Enoxaparin treatment

- As of January 2018 over 50% of clinical staff have been trained in DVT assessment management and first initiation of Enoxaparin treatment

Goal Four: To adapt a patient information leaflet and re-introduce for patients

- An adapted patient information leaflet was ratified at the Medicines Management Group meeting in January 2018 and Clinical Effectiveness Group in February 2018

5. Specialised Dental Service

We provide vital access to dental care for patients referred to us by dental colleagues and other healthcare providers as well as providing core services to the most vulnerable groups in Wirral who find it difficult to access services elsewhere.

Our highly experienced dentists and dental nurses have a wide range of experience in the treatment of patients of all ages who require more specialised dental care than could be provided by other primary or secondary dental providers.

This includes patients with:

- Learning, sensory or physical disability
- Complex medical conditions
- Dental phobia and anxiety who cannot be treated by any other means and may require dental rehabilitation / desensitization

In addition, we provide more specialised services such as sedation, general anaesthesia and domiciliary assessments and advice for patients referred by their regular dentist or other agencies.

The aim of the quality improvement undertaken by the service was to reduce the risk of a wrong site dental procedure

Goal One: Implement Situation, Background, Assessment and Recommendations (SBAR) as a communication tool between dentist and nurse, before each patient

- From April 2017 dentists use the SBAR structure to verbally communicate relevant information to the dental nurse before each patient enters the surgery

Goal Two: Repeat Safety Culture Tool Survey for all staff across all sites

The comments below were received by staff who repeated the Safety Culture Tool

I have found generally since past instances, safety culture has much improved in the service

I think we have made vast improvements in the last year regarding patient safety, communication and overall patient care

We provide a safe and excellent service to our patients

Goal Three: Structure and record daily morning team briefings and link these with messages from previous day
- From April 2017, the daily morning team briefs have been carried out in a more structured way and recorded to ensure the communication is disseminated to all staff

Goal Four: Standardised approach to completion of the World Health Organisation (WHO) extraction checklist
- From February 2017, the responsibility for leading on the completion of the checklist has been given to the dental nurse, this is to ensure ownership by both parties

Goal Five: Stop use of paper day lists in the surgery by use of 'dual screen' on computers showing appointment book, patient record and radiograph (where applicable) on the same screen
- The dental software package allows the use of 'dual screen' whereby the real time appointment book and radiographs can be displayed on the screen at the same time as the patient records

Goal Six: To audit late arrivals and related outcome for patients who attend the dental service to establish if changes in appointment system are required
- Only 3% (1/36) of patients audited had to rebook their appointment

CQUINS

Performance in 2017/18

During 2017/18 the trust participated in the following CQUINs:

Improving staff health and wellbeing:

There were three parts to this indicator:

1a. Improvement of health and wellbeing of NHS staff

1b. Healthy food for NHS staff, visitors and patients

1c. Improving the Uptake of Flu Vaccinations for Front Line Clinical Staff

Supporting proactive and safe discharge:

Increasing the proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission.

Improving the assessment of wounds:

This CQUIN aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment.

Personalised care and support planning:

This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long-term conditions.

Learning from Incident Reporting

Performance in 2017 – 2018

We are committed to delivering high quality, clinical care free from avoidable harm, ensuring patient safety. When patient safety incidents do occur, they are managed in an open and transparent manner, in accordance with the Duty of Candour, ensuring a culture of continuous improvement as a result of learning from experience.

During 2017/18 we have further developed our learning from incidents and complaints dissemination mechanisms, via trust wide roll-out of our Safety Soundbite one page bulletin, delivered to staff via service leads and team leaders.

Feedback from staff on this approach continues to be very positive, and as an integrated organisation, now incorporates learning from adult social care.

The trust utilises a Root Cause Analysis (RCA) approach to incident investigation for significant, high risk rated incidents causing patient harm. Learning from moderate risk rated incidents is achieved via a Situation, Background, Assessment and Recommendation (SBAR) investigation. All RCA and SBAR investigations result in the development of an action plan involving staff which evidences how the trust ensures appropriate quality improvement actions are implemented to minimise the likelihood of incident reoccurrence.

Never Events

During the 2017/18 reporting period the trust had zero never events.

Adult social care integration

In June 2017, the trust began providing statutory adult social care services on behalf of Wirral Council. With the clear aim of providing the right care, in the right place at the right time, ensuring that Wirral residents are able to be as independent as possible, accessing health and care services when required. Two hundred and twenty social care staff, including social workers, therapists and reablement officers formally transferred to the trust.

Wirral people said that they wanted an improved and more fully integrated Health and Social Care Service; they want to tell their story once; and to receive a properly coordinated response to their care and support needs. Integration of our health and social care services has made it possible for services to be developed more effectively to meet the needs of local people. With social care and health care staff working in one organisation, it has been possible to stream line assessment processes, reduce duplication of multiple professional involvement and develop a single point of access to information and services

The Trust now has delegated statutory responsibility for a number of key areas including assessment and support planning, leading & investigating safeguarding concerns and arranging a wide range of support including access to community support services, domiciliary care, direct payments and residential or nursing care.

Integration has provided opportunities for improved coordination and more effective outcomes for individuals and carers across a number of key services. This includes hospital discharge, admission prevention, and support for those with long term needs as part of our integrated care coordination hubs, rapid community response, occupational therapy and reablement. Integration has strengthened our multi-disciplinary approach both internally and with key partners such as the voluntary and third sector, enabling a more coordinated offer for Wirral residents.

Health and Social Care Integration – milestones
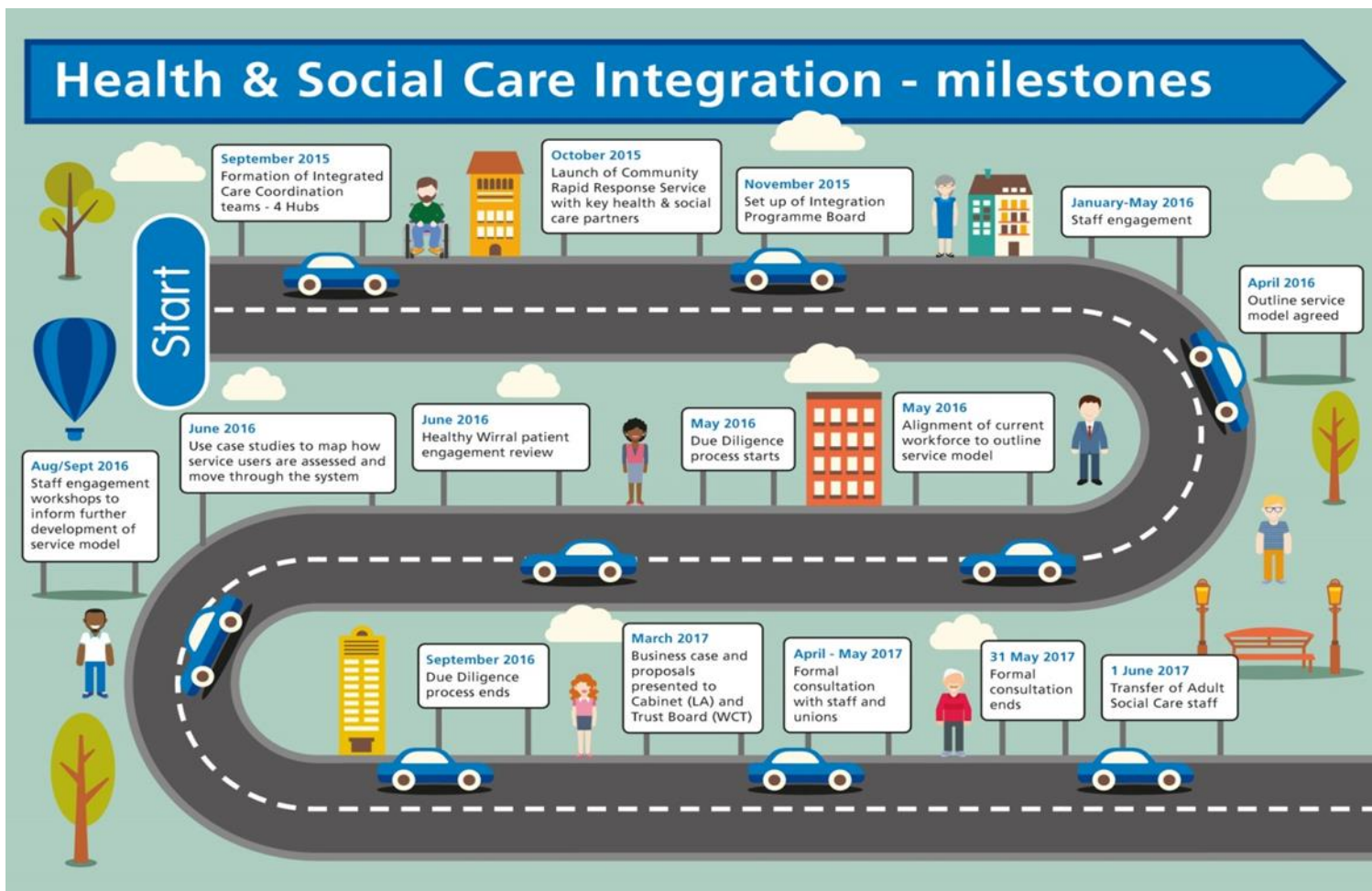
Developing Neighbourhood Care

In Wirral, the Healthy Wirral Partners have described an asset-based population health model with many services provided and coordinated within 9 Neighbourhoods, each of up to ca. 50,000 people. The Neighbourhoods are based around geographical groupings of GP practices and formed by aligning existing community-facing services with these practices to develop integrated Neighbourhood teams. They will include mental health, social care providers and the Voluntary, Community and Faith sector, closely supported by secondary care teams, reducing complexity and improving people's experience of care.
Improving coordination between all members of the health and care system at a local level will mean better care for those with complex, ongoing needs. It will also enable proactive identification of people at risk of ill health, helping them stay well and maintain independence and quality of life. This will reduce system pressures caused by reactive, episodic management whilst providing more efficient and person-centred 'joined-up' care.

Over the coming year, by starting to align our services with GP practices and Neighbourhoods, we aim to create better links between people and services at a local level to:

- help people improve their quality of life with less reliance on statutory services

- reduce health inequalities

- use risk-based analysis of individual and wider population health to inform provision of proactive, well-coordinated support and care

- enable health and care professionals to work better together

- better understand communities and their assets

We will support the development of Neighbourhood leadership teams that will take responsibility for coordinating services and improving health in their area, balancing more local decision making and developing local services to meet specific community needs with use of best practice and reduction of unwarranted variation so that people across Wirral receive the same high standard of care.

As well as developing integrated teams, we will start to proactively work with partners to identify priority pathways, using data-driven analysis and evidence to inform revision and creation of new services, including:

- Implementation of better integrated, multidisciplinary care at practice level for people with current complex needs

- Identifying and implementing a model of case finding and support to prevent people at risk of greater ill health

We will also focus on promoting health and wellbeing so that staff are consistent in using every contact to support people to live healthier lives, and are encouraged to be more healthy themselves.

3.2 Performance against relevant indicators and thresholds in the Risk Assessment and Single Oversight Frameworks

In accordance with the quality report for foundation trusts 2017/18 guidance, the following indicators appear in both the Risk Assessment Framework and the Single Oversight Framework, and have been identified as being applicable to the trust.

Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway:

	17/18	16/17	15/16	14/15
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	100%	100%	100%	N/A

A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge:

	17/18	16/17	15/16	14/15
A&E Maximum waiting time of four hours from arrival to admission/transfer/discharge	99.19%	99.16%	99.57%	99.72%

Annex 1:

Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

NHS Wirral Clinical Commissioning Group

Statement from NHS Wirral Clinical Commissioning Group

NHS Wirral CCG is committed to commissioning high quality services from Wirral Community NHS Foundation Trust. We take very seriously our responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened and acted upon.

Patient safety: The reduction of unavoidable grade 3 and 4 pressure sores is now in the second year of its improvement journey. The CCG acknowledges the amount of focus the organisation has placed on this priority; however it is unclear from the report if expected progress has been made. NHS Wirral continues to support this priority for 2018/19 and will be monitoring progress closely through the contract meetings.

It is pleasing to note the achievement of the missed medications target as this was not achieved in 2016/17; the CCG supports the trusts intention for this to remain a priority for 2018/19.

Teletriage has been a priority for the health and social care system in 2017/18 and therefore the introduction of this system in 2017/18 has been welcomed. A full evaluation of the project is required to assess the success and any learning from this project.

It is acknowledged that there have been some areas of improvement in mandatory training; however this remains a challenge for the trust. There needs to be consistency across all divisions within the organisation and across all subjects to ensure that staff remain safe while delivering care. NHS Wirral have noted that Information Governance training remains at 96% as per the previous year and has not been replicated across other subjects as was the ambition

Patient experience/engagement: NHS Wirral CCG welcomes the approach the Trust has adopted in relation to engagement events, and has used some of the patient stories at its own Governing Body meetings in 2017/18. It is important that these experiences are shared and used to improve care and quality in service design and delivery as the staff survey indicates deterioration in scoring.

NHS Wirral CCG is disappointed to note the deterioration in both the response rate and the scoring of the 2017 NHS staff survey in comparison to last year and the benchmarking

group, in particular the staff satisfaction with resourcing and support. The NHS is facing another challenging year, good staff engagement and well-being is critical to delivering high quality care and service transformation.

Clinical Effectiveness: the Trust is to be commended on the work that has been undertaken in relation to local clinical audits in 2017/18. Thirty one audits have been undertaken which was an increase from 2016/17 and as a result of these audits actions have been implemented to improve quality. It is pleasing to see that the trust has undertaken a national clinical audit relating to Parkinson's disease.

Looking forward in 2018/19, NHS Wirral CCG can confirm that the priorities for improving quality that have been agreed by the Trust have been identified as national or local priorities.

We believe that this account gives a high priority to continuous quality improvements in Wirral Community NHS Foundation Trust and the monitoring thereof for 2017/18.

NHS Wirral Clinical Commissioning Group looks forward to continuing to work in partnership with the Trust to assure the quality of services commissioned over the forthcoming year.

Dr. Sue Wells

Chair
NHS Wirral CCG

Quality Account Commentary

for Wirral Community NHS Foundation Trust

provided by Healthwatch Wirral CIC

May 2018

Healthwatch Wirral (HW) would like to thank Wirral Community NHS Trust for the opportunity to comment on the Quality Account for 2017/18.

Priorities for 2018/19

The account detailed these in a comprehensive Quality Improvement Plan with clear rationale for choosing each priority.
HW were pleased that the Trust developed the priorities in partnership with the Trust's Clinical Quality Improvement Group and frontline clinical staff and that quality improvement action plans have been developed in relation to each clinical area.
We look forward to receiving quarterly reviews on progress against these priorities.

Review of Performance in 2017/18

It was positive to note that:

- The Trust had implemented the Pressure Ulcer Improvement Programme and that the total number of avoidable grade 3, 4 and unstageable pressure ulcers reported had reduced from 23 in quarter 1 and 2 to 10 in quarter 3 and 4.
- The Trust is committed to ensuring that a sustained reduction in the development of avoidable pressure ulcers is achieved.
- The priority for a 10% reduction in the rate of missed medication incidents per 1000 patients was achieved.
- 95% completion of the National Early Warning Score for patients at risk of sepsis was achieved.
- Telehealth has been introduced within clinical services with the Teletriage project being successful in avoiding admissions of older people to A&E.
- The Trust engaged with service users and the public in order to learn from patient's experience.
- The Trust used the Institute for Healthcare Improvement Always Events toolkit to identify develop and achieve reliability in person and family centred care delivery processes.

- The Trust agreed and delivered a clinical audit, quality improvement and innovation programme based upon identified areas of clinical risk.
- The GP Out of Hours service achieved an overall rating of 'Good' after the Care Quality Commission inspection.
- Friends and Family test- the Trust achieved high scores throughout the year in patients recommending their services for care and treatment to family and friends.
- Feedback from people accessing the 0-19 Service drop in clinics has been good.
- Zero 'Never Events' were reported during the year.

It was disappointing to read that:

- The Trust did not achieve 90% uptake in mandatory training for staff therefore this will be maintained as a quality goal for 2018/19 period.
- A number of key findings in the staff survey had deteriorated compared to 2016. Healthwatch look forward to hearing how the Trust wide action plan will address these issues.

Healthwatch noted the clinical audits undertaken during the year and look forward to hearing about the progress of any action required for improvement.
Healthwatch look forward to receiving reviews on the progression of Adult Social Care integration and Neighbourhood Care developments.

HW appreciates the opportunity to comment on the report as a "critical friend" and we look forward to working with the Trust to support the implementation of the Quality Account and strategic plans.

Karen Prior

Healthwatch Wirral Chief Officer

On behalf of Healthwatch Wirral

WIRRAL

Statement from Wirral Metropolitan Borough Council

15th May 2018

Commentary on the draft Quality Account, 2017/18
Wirral Community Trust

The Adult Care and Health Overview & Scrutiny Committee undertake the health scrutiny function at Wirral Council. The Committee has established a task & finish group of Members to consider the draft Quality Accounts presented by relevant health partners. Members of the Panel met on 9th May 2018 to consider the draft Quality Account and received a verbal presentation on the contents of the document. Members would like to thank Wirral Community Trust for the opportunity to comment on the Quality Account 2017/18. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

Overview
Although concerned that two priorities, relating to the reduction of pressure ulcers and increasing the uptake of mandatory training, were not met in 2017/18, Members are reassured that the Trust has included these priorities among the 2018/19 priorities for improvement.

Progress on 2017/18 Priorities for Improvement
Patient Safety - Priority 1: Pressure ulcers
Members note that the total number of avoidable grade 3, 4 and unstageable pressure ulcers is greater (33) in 2018/19 than the 28 which were recorded in 2017/18. However, the progress recorded by the Trust in reducing from 23 in the first half–year to 10 in the second half-year is noted and members look forward to this improved trajectory continuing in the future.

Patient Experience - Priority 1: Tele-health
Members welcome the progress that has been made under the tele-health priority. In particular, Members appreciate the enhanced support and guidance given to care home staff which has resulted in avoiding 87 admissions of older adults to Accident & Emergency during the month of November 2017 alone.

Clinical Effectiveness - Priority 1: Mandatory training
Although the Trust aimed to achieve 90% uptake in mandatory training for all staff, a return of 84% was actually achieved across eligible staff groups. Members, therefore, welcome the decision to continue to promote this priority during 2018/19 and look forward to this area being given greater emphasis.

Priorities for Improvement 2018/19

<u>Patient Safety – Priority 3: Adult Social Care</u>

The progress which has taken place during the last year regarding the integration of health and social care for older people is appreciated. Members look forward to further benefits being realised for service users in the future. Although no specific targets are detailed, the introduction of a priority to improve the response times for social care assessments across all neighbourhood teams is welcomed.

<u>Patient Experience – Priority 1: Frailty pathway</u>

Members warmly welcome the interesting initiative of developing a frailty pathway in Wirral which will support proactive care. However, questions remain over the detail of how the pathway will be developed as an effective tool and how success will be monitored. Members, therefore, would welcome further feedback in due course.

Other Comments

'Forget Me Not' initiative

The development of the 'Forget Me Not' campaign to more easily identify individuals that are experiencing memory problems due to dementia is applauded as is the enhanced partnership working which has developed alongside this initiative.

GP Out of Hours Care Quality Commission (CQC) inspection

During Quarter 4 of 2017/18 the CQC inspected the GP Out of Hours service, which is provided by Wirral Community Trust. Members welcome the outcome of the inspection which provided an overall rating of 'Good'.

Never Events

The occurrence of no Never Events during 2017/18 is welcomed.

Walk-in Centres

Members note that the draft Quality Account does not mention the temporary closure / reduced opening hours of Eastham Walk-in Centre which continued for several months in 2017/18. It is considered that this partial withdrawal in provision led to a lessening in the quality of services available to local residents during that period.

I hope that these comments are useful

Julie McManus

Councillor Julie McManus
Chair, Adult Care and Health Overview & Scrutiny Committee
Wirral Borough Council

Annex 2:

Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements), and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

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

The content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance

The source of the Quality Report is not inconsistent with internal and external sources of information including:

- o board minutes and papers for the period 1 April 2017 to 30 May 2018

- o papers relating to quality reported to the board over the period 1 April 2017 to 30 May 2018

- o feedback from commissioners dated 25/05/2018

- o feedback from governors dated 12/03/2018 and 16/05/2018

- o feedback from local Healthwatch organisations dated 23/05/2018

- o feedback from Overview and Scrutiny Committee dated 15/05/2018

- o the trust's Quarter 4 complaints report dated 18/04/2018

- o the national staff survey 28/03/2018

- o the Head of Internal Audit's annual opinion of the trust's control environment dated 18/04/2018

- o CQC inspection report dated 19/04/2018 (GP Out of Hours)

- the Quality Report represents a balanced picture of the NHS foundation trust's performance over the period covered

- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

May 2018   Professor Michael Brown, Chairman

May 2018   Karen Howell, Chief Executive

Annex 3:

Independent Auditor's Limited Assurance Report

Independent Practitioner's Limited Assurance Report to the Board of Governors of Wirral Community NHS Foundation Trust on the Quality Report

Independent auditor's report to the council of governors of Wirral Community NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Wirral Community NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of Wirral Community NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

This report is made solely to the Trust's Council of Governors, as a body, in accordance with our engagement letter dated 26/04/2018. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018 to enable the Council of Governors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed.

Our work has been undertaken so that we might report to the Council of Governors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

► **Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway.**

► **Number of avoidable community acquired grade 3, 4 (EPUAP) and unstageable pressure ulcers in 2017/18.**

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and Ernst & Young LLP

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2017/18' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:
- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2017/18' , which is supported by NHS Improvement's Detailed Requirements for quality reports 2017/18;

- the quality report is not consistent in all material respects with the sources specified in detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18' and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2017/18'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18'. These are:

- **Board minutes for the period April 2017 to May 2018**
- **Papers relating to quality reported to the Board over the period April 2017 to May 2018**
- **feedback from commissioners, dated 25/05/2018**
- **feedback from governors, dated 14/02/2018**
- **feedback from local Healthwatch organisations, dated 23/05/2018**
- **feedback from Overview and Scrutiny Committee dated 15/05/2018**
- **the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated quarterly throughout 2017/18**
- **the latest national staff survey, dated 28/03/2018**
- **Care Quality Commission inspection, dated 19/04/2018**
- **the Head of Internal Audit's annual opinion over the trust's control environment, dated 18/04/2018 and**

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Wirral Community NHS Foundation Trust NHS Foundation Trust as a body, to assist the Council of Governors in reporting Wirral Community NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Wirral Community NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included, but were not limited to:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' to the categories reported in the Quality Report.
- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Wirral Community NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement
- the Quality Report is not consistent in all material respects with the sources specified, and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual

2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement .

Ernst & Young
Manchester
25 May 2018

Notes:

1.   The maintenance and integrity of the Wirral Community NHS Foundation Trust's web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.

2.   Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.