NHS

Wirral Community

NHS Foundation Trust

QUALITY REPORT 2018/19

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Part 1: Introduction

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

This Quality Report covers the period April 2018 to March 2019 and during this period we have been inspected by the Care Quality Commission (CQC) as part of their routine inspection timetable. All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. Quality Reports aim to increase public accountability and drive quality improvements within NHS organisations.

Wirral Community NHS Foundation Trust provides high quality primary and 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 is 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 healthier, more active and independent lives, reducing unnecessary hospital admissions.

Karen Howell
Chief Executive
22 May 2019

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.

We aim to be 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, adults and children across Wirral and Cheshire East in a seamless and integrated way.

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 2018/2019 and our priorities for continuously improving quality in 2019/2020.

Staff awards at a glance

2018 – 2019

The Trust has an annual HEART Awards ceremony that recognises the fantastic achievements and commitment of our staff. The winners from 2018 were:

Exceptional Care – Infant Feeding and Paediatric Dietetic Team

The team has developed a weekly multi-disciplinary Lactation Clinic providing exceptional and accessible specialist care to vulnerable breastfed babies and their families.

Following a comprehensive assessment, a care plan is developed allowing families to be reviewed by the most relevant practitioner and supported so they are able to feed their baby in the way they want to. This means they are less likely to give up. This has contributed to meeting targets for increasing breastfeeding rates at 6-8 weeks. They have also developed the UK's only Donor Breast Milk in the Community service, supporting breastfed babies who are struggling to grow.

Promoting Equality and Diversity – Judy Fairbairn

Within the Sexual Health Service, Judy has shown a unique quality for building and maintaining relationships with vulnerable people who can be hard to reach, making sure they are informed about the sexual health support available to them.

She works with a broad spectrum of organisations across Wirral including Tomorrow's Women Wirral, connecting with sex workers in Birkenhead to give advice and help keep them safe. As a result, the Urgent and Primary Care Division is now working with Tomorrow's Women Wirral to set up a health clinic at their centre to reach those women who won't normally access healthcare.

Innovation – Joe Clark

With incredible determination and commitment, Joe is a man on a mission to make the Trust more environmentally friendly and an example of excellence in sustainability.

Over the past two years, his work on writing and implementing a sustainable management plan has led to the Trust being one of only a few in the country to achieve and retain a highly acclaimed environmental accreditation. As a result of the framework single-handedly set up by Joe, the Trust has achieved a significant reduction in gas, electric and water usage, and already exceeded 2020 NHS targets to reduce carbon dioxide emissions.

Excellence in Partnership – Wallasey 0-19 Team

Wallasey 0-19 Team has established, maintained and developed high standards working in partnership with schools, GPs, the Children's Centre and social care across the area. This has led to easier access to 0-19 and allowed it to develop its own services, supporting projects which focus on what matters most to local families.

Staff get involved in a litter pick as part of the 'Love Where You Live' project and helped to set up a clothes bank with Seacombe Children's Centre, providing warm clothes over winter. Successes have included free vitamins for mums-to-be, better access to health advice and support for asylum seeker families, all of which have supported strong partnership links, improved Key Performance Indicators (KPI), improvements in care and very positive Family and Friends Test feedback.

Quality Improvement – Caroline Jones and Linda Taylor

Rising to a complex challenge, Caroline and Linda have educated, supported and campaigned to raise awareness and recognition of Sepsis among Community Nursing, Social Care colleagues, Therapists, Specialist Nursing Services, the general public and the voluntary sector.

They have hosted public events at Eastham Clinic and St Catherine's Health Centre, delivered Sepsis training to around 400 community nursing staff and provided informal teaching sessions to social care staff, Age UK, and others – with excellent feedback – in addition to their day-to-day duties.

Caroline and Linda's work has been vital in supporting staff to understand the increasing risk of Sepsis among patients.

Outstanding Achievement – Mick Blease

With a trademark positive attitude, Mick stepped up to take on additional duties to support Trust colleagues during a challenging time for another team. Mick provided health and safety expertise as well as general cover and combined this with continuing to fulfil his normal duties.

Mick combines authority with great competence and reliability. He always goes the extra mile (or two) in supporting colleagues.

In 2018 he also played a key role in resuscitating a man in St Catherine's Health Centre, coming to his aid, taking control of the situation and operating the defibrillator to revive him and save his life.

Volunteer of the Year – Alan Morris

Working one day a week in the Technology department, Alan cycles to St Catherine's Health Centre – but it's not just on his bike he goes the extra mile!

Often researching ideas in his own time, Alan has developed a system to monitor IT support call queues and phone queues for the support desk. His design uses wall-mounted screens to display call status for different teams. It creates an alert if a priority one call is logged, enabling the IT team to respond immediately. If the Trust had outsourced the system it would have cost thousands of pounds.

Alan is enthusiastic, innovative and always goes the extra mile. His colleagues say it is a privilege to work with him.

Inspirational Leadership – Tracy Orr

Tracy has succeeded in reigniting the passion and dedication of a team which, after a period of restructure, was struggling.

From day one she made it her mission to meet and listen to everyone, from receptionists to senior clinical managers, to find out what the challenges were and what could be done to tackle them.

Never afraid to speak up, she pledged to restore the team, encouraging every member and believing in them. Investing in staff and resources, and creating clearer pathways, she updated staff on all developments and made sure everyone felt involved by inviting suggestions and answering every question and concern.

Chair and Chief Executive's Award

This year there were two Chair and Chief Executive's Awards to recognise the extraordinary efforts of an individual or team which has had a significant and positive impact on our service users, staff or local people.

Flu Team - Our flu team has done exceptional work on this year's flu campaign and we are proud of what we have achieved. We vaccinated 77.5 % of front-line staff and throughout the campaign we were in the top three Community Trusts in England for flu vaccine uptake.

The flu team's enthusiasm drove a high uptake in the first six weeks, this year the team's tenacity and hard-hitting messages kept momentum going and we achieved the 75% Commissioning for Quality and Innovation (CQUIN) target by end of November 2018.

The team continually drove the campaign forward each week, agreeing actions and reviewing vaccination figures. Everyone shared the same goal and supported one another, regardless of

whether they were clinical or corporate. All ideas were welcomed which helped to uphold an engaging campaign.

Mick Blease, Ashley Zepeda and Adele Whitgrave

These three non-clinical members of staff successfully resuscitated an elderly gentleman who collapsed in the Café of St Catherine's Health Centre and through their actions brought him back to life. The gentleman suddenly fell to the floor, Adele went over to him and realised he wasn't breathing. She called to Ashley who was having her lunch to help her. Ashely did the compressions while Adele did mouth to mouth. Mick arrived with the defibrillator and the gentleman was 'shocked' three times. The paramedics arrived and took him to hospital where he fully recovered. They later found out that it was his birthday.

The three non-clinical staff used their knowledge and skills from their mandatory training to support the member of the public

The staff were shortlisted for the Unsung Hero Awards.

People's Heart Award – West Kirby Community Nurses

West Kirby Community Nursing team was nominated by a patient, who, after six weeks of care, says she was sorry to say goodbye when it was time for her to be discharged.

She describes them as 'true angels', always showing tremendous skill, a positive attitude to work and respect towards patients. Never complaining but saying how much they love their job, they find time to greet patients with a smile and a chat, and treat everyone with kindness, no matter how busy.

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

Progress made during 2018 – 2019

Progress made during 2018 – 2019

Annually, the Trust identifies three quality goals aligned to the recognised pillars of quality:

- Patient Safety
- Patient Experience
- Clinical Effectiveness

Quality goals are subjected to a consultation and approval process with external partners as well as senior leaders, Trust Board and our Council of Governors.

Patient Safety	Patient Experience	Clinical Effectiveness
We will move towards a target of zero avoidable pressure ulcers in 2 years	We will take a lead role in co-designing the Frailty pathway in Wirral	We will achieve 90% uptake in mandatory training for all staff
We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis	We will undertake 6 patient and service user shadowing events across all clinical services	We will increase the number of qualified improvement practitioners in our staff group to 50
We will improve our response times for social care assessments across all neighbourhood teams	We will embed the Always Events framework undertaking a minimum of 4 in-depth projects	We will facilitate quarterly Quality Improvement forums

Our Patient Safety Priorities for 2018/19 were:

Quality Ambition: There will be no avoidable injury or harm to people from the health and care they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times
Quality Goal
We will move towards a target of zero avoidable pressure ulcers in 2 years
We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis
We will improve our response times for social care assessments across all neighbourhood teams

The improvement interventions that will enable us to reach our ambitions are:

- Establish a clinical network group
- Establish a clinical quality group to support improvements in wound management
- Embed NEWS reviews within all relevant interventions across the organisation
- Establish integrated neighbourhood teams which wrap care around individuals

Our Patient Experience Priorities for 2018/19 were:

Quality Ambition: Mutually beneficial partnerships between people, their families and those delivering health and care services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making.
Quality Goal
We will take a lead role in co-designing the Frailty pathway in Wirral
We will undertake 6 patient and service user shadowing events across all clinical divisions
We will embed the Always Events framework undertaking a minimum of 4 in-depth projects

The improvement interventions that will enable us to reach our ambitions are:

- Embed standard requirements for clinical / professional quality leads within health and care services, including leadership for service user engagement and co-design
- Develop a quality dashboard in the Trust Information gateway to support monitoring of progress against person centred care goals
- Introduce a series of Patient Reported Outcome Measures (PROMS)

Our Clinical Effectiveness Priorities for 2018/19 were:

Quality Ambition: The most appropriate treatments, intervention, support and services will be provided at the right time close to home and wasteful or harmful variation will be eradicated
Quality Goal
We will achieve 90% uptake in mandatory training for all staff
We will increase the number of qualified improvement practitioners in our staff group to 50
We will facilitate Quarterly Quality Improvement Forums

The improvement interventions that will enable us to reach our ambitions are:

- Implement monthly protected learning time for all services
- Commission training to enable us to reach our target of 50 quality improvement practitioners
- Establish quarterly quality forums

Patient Safety: We protect people from avoidable harm

Progress made during 2018/19

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

This priority was successfully achieved during 2018/2019

This priority is a new two year target, 2018/2019 being the first year

Reducing the development of avoidable community acquired grade/category 3, 4 and unstageable pressure ulcers is a strategic priority to evidence the delivery of high quality, safe, harm free care.

2018/2019 is the first year of the Trust's new pressure ulcer improvement programme, aiming to move towards zero avoidable pressure ulcers acquired during care within a 2 year period.

The quality goal and improvement plan was reviewed at the commencement of the 2018/19 period and re-launched using learning resulting from the 2017/2018 pressure ulcer investigations, supported by the Trust's Pressure Ulcer Multi-Disciplinary Review meetings.

During 2017/18, there were 33 unavoidable community acquired grade 3, 4 or unstageable pressure ulcers. During 2018/19, there were 15 avoidable community acquired grade 3,4 or unstageable pressure ulcers, this equates to a 55% reduction.

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

For further information regarding our pressure ulcer improvement work, please see page 66.

Priority 2: Sepsis

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

This priority was successfully achieved during 2018/2019

As part of our improvement work we audited a selection of records for patients identified as being at risk of sepsis.

We achieved 100% completion of the National Early Warning Score for patients at risk of sepsis during their episode of care.

Improvements have been achieved via several initiatives, including the addition of the Sepsis Toolkit to the patient's electronic health care record system across the Trust. This can be accessed via a quick access button on the toolbar of the patient's electronic health record.

The 'suspected sepsis' box was launched in August 2018 and is now available for use across Social Care, Sexual Health and Adult and Community electronic health care records. The 'suspected sepsis' box is auditable via a read code.

The National Early Warning Score Version 2 (NEWS2) was launched across the Trust in January 2019 and templates are available on patient electronic health record.

Triangulation of data will continue following implementation of NEWS2

Priority 3: Adult Social Care

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

This priority is a two year target, 2018/2019 being the first year.

Promoting wellbeing and supporting people to be independent, is at the heart of our services. We recognise the importance of ensuring local residents can access a new assessment in a timely and proportionate manner. This priority will ensure that our assessments are strength based, person centered, and focus on supporting individuals to access community based assets and services.

During the first year of this quality goal, we have reduced allocation times, and increased the number of new assessments that have been undertaken with local residents. This work will continue through 2019/20 with progress being reported monthly to the Standards Assurance Framework for Excellence (SAFE) Steering Group, and to the Trust Oversight and Management Board.

Patient Experience

Progress made during 2018/19

Priority 1: Frailty

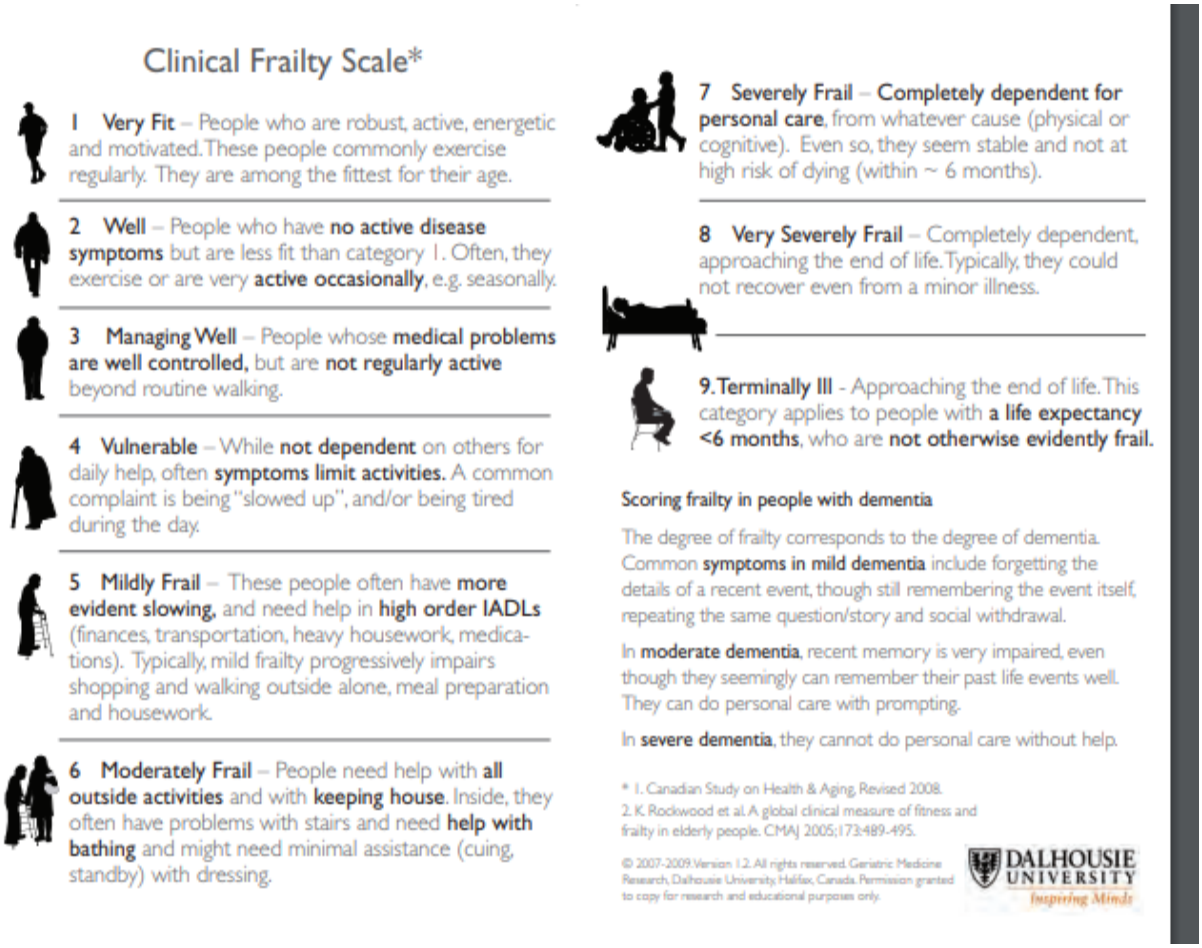
We will take a lead role in co-designing the Frailty pathway in Wirral

This priority was successfully achieved during 2018/2019

A task and finish group was set up during 2018/2019 in order to co-produce a frailty pathway.

The pathway was developed with multi-disciplinary professionals, providing an aide memoire for any professional within the Trust to signpost/refer frail people to relevant services. This pathway will be further developed across the whole health economy on Wirral.

The Frailty Scale adopted by the Trust is the Rockwood Frailty Scale which has been added to the patient electronic health record (SystmOne)



Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging. Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

DALHOUSIE UNIVERSITY *Inspiring Minds*

Priority 2: Engagement Events

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

This priority was successfully achieved during 2018/2019

The Five Year Forward View (2014) states that more could be done to involve people in their own health and care, to involve communities and the voluntary sector in improving health and wellbeing and to coordinate and personalise care.

Involving people in decisions about their health and care will improve health and wellbeing, improve the quality of care and ensure people make informed use of available care resources

Two services from each Clinical Division undertook a patient shadow – Urgent and Primary Care Division, Integrated Children's Division and Adult and Community Division

Priority 3: Always Events

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

This priority was successfully achieved during 2018/2019

Always Events are co-designed with patient, families and carers to ensure changes are happening in areas which really matter to them. .

Always Events are aspects of care experience that are so important to patients, service users and carers that health care providers must perform them consistently for every patient, every time.

Four services across the Trust undertook an Always Event and action plans were completed.

Always Events

Service	Always Event Aim Statement	Outcome
Adult Social Care: Short Term Assessment and Reablement (STAR) Service	By March 31st 2019 we will improve communication for Short Term Assessment and Reablement (STAR) service users regarding non-residential finances.	This aim statement was achieved.
Integrated Children's Division	By March 31st 2019 we will improve our services to ensure our communities know who we are and how to access the service. Posters with photographs of staff will be displayed in school entrances and outside health clinics to ensure service users know who is in clinic / school and their job roles.	This aim statement was achieved.
Community Nursing	By March 31st 2019 we will implement a patient information leaflet for patients to provide them with information and contact details of the named nurse responsible for their care.	This aim statement was achieved.
Urgent and Primary Care: Walk-in-Centres	By March 31st 2019 we will ensure we always inform patients on arrival of what to expect at the Walk-in-Centres	This aim statement was achieved.

Clinical Effectiveness

Progress made during 2018/19

Priority 1: Mandatory Training

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

This priority was successfully achieved during 2018/2019

The subjects included in the quality goal are either face to face or e-learning and include:

- General Data Protection Regulations
- Risk, Patient Safety and Human Factors
- Equality, Diversity and Human Rights
- Basic Life Support
- Preventing Radicalisation
- Infection, Prevention and Control

At the end of March 2019, Trust compliance with statutory and mandatory training was 93.27% for eligible staff groups.

Additionally, 97% of staff completed their General Data Protection Regulations (GDPR) training within the reporting period, exceeding the National GDPR Toolkit requirement of 95%

Priority 2: Quality Improvement

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

This priority was successfully achieved during 2018/19.

A key enabler to us achieving our ambitions is the embedding of a quality improvement infrastructure across the organisation. In partnership with the Advancing Quality Alliance (AQuA), staff had the opportunity to develop their skills to become improvement practitioners and advanced improvement practitioners.

The Trust now has over 50 staff who are qualified improvement practitioners who are our ambassadors for transformation and change and will lead larger scale improvement projects.

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 2018/2019 staff across all Divisions were supported to attend external quality improvement events, supporting our quality improvement infrastructure.

Priority 3: Quality Improvement Forums

We will facilitate quarterly quality improvement forums

This priority was successfully achieved during 2018/2019

The Trust is committed to ensuring continuous quality improvements are embedded to improve the quality of services we provide. One of the Trust Quality Goals for 2018/2019 was to undertake Quarterly Quality Improvement Forums to promote creative thinking and by being innovative in the way we work to implement effective new ideas to help us work more effectively. This approach is an integral part of building a culture of improvement to improve patient experience of care and deliver cost effective clinical care.

NHS Staff Survey

Staff Survey Results

2018/2019 was the eighth survey since the trust was established in 2011 and the 16th 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

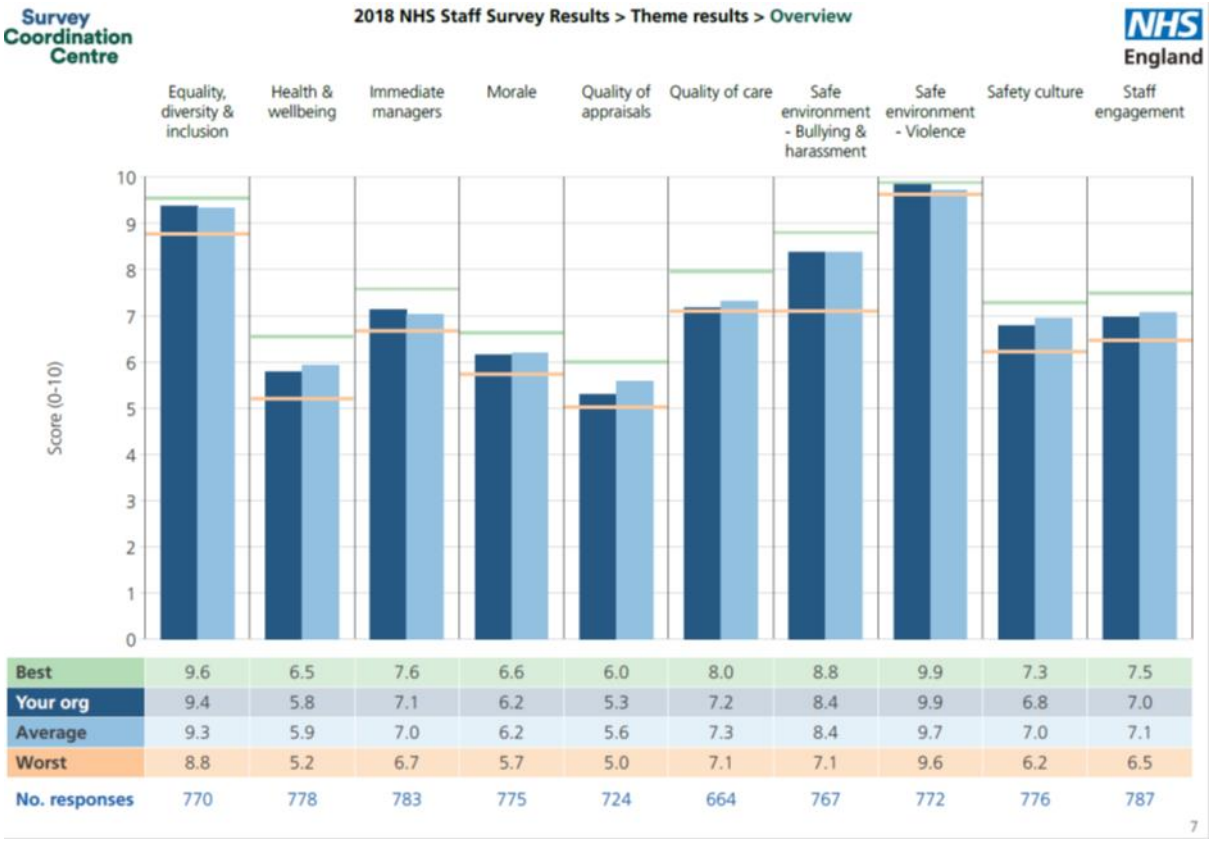
This was the fourth year the trust used a combined method of paper based and electronic surveys. 1578 staff received the survey which was an increase on the previous year reflecting the transfer into the organisation of adult social care staff. The overall final response rate was 50% which was higher than the NHS average (46%).

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 action plan is also reported to the Education and Workforce Committee.

Response Rate				
	2017	**2018**		**Trust improvement/ deterioration**
	Trust	**Trust**	**Benchmarking group (community average)**	
Response rate	49%	50%	53%	Increase in response rate by 1%

There have been significant changes in the reporting process and the survey has been split into 10 themes:



We improved our performance in 5 themes, and maintained performance in 4.

We showed above average performance in 3 themes, average in 1 and below average in 5.

Future priorities and targets

In response to the learning obtained from the staff survey results each Division has developed a staff survey improvement action plan focussing on the following areas:

- Quality of Appraisals – although in 2018 our records showed 98% of staff received an appraisal the Staff Survey score regarding quality was below average. Therefore actions have been identified to improve the quality of appraisals during 2019 for example revising training and planning appraisals in teams.

- Improving the health and wellbeing of staff – the staff survey scores were below average and showed the biggest gap between the Trust's performance and the best performing trusts taking part in the survey. Divisions have developed plans to improve this and trust wide actions have been identified.

- Safety Culture – in particular this will focus on the action of improving feedback to staff following incidents. The results were below average in relation to confidence that actions will be taken to reduce incidents and that reporters receive quality feedback. Actions will be taken to improve this feedback mechanism and demonstrate improvements to practice.

- Staff Engagement – improving the levels of involvement by local actions within teams and at Trust wide level, being clear during any communications regarding involvement from staff during initiatives and campaigns.

The improvement action plans have been aligned to the People Strategy Delivery Plans for 2019/20, to ensure that they are incorporated into the trusts wider strategy for engagement and wellbeing.

Priorities for improvement

2019 – 2020

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.

Trend analysis is submitted to the Quality and Safety Committee bi-monthly, 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 Trust's 2019/2020 quality goals.

In addition to this, the 2019/2020 quality goals have been subjected to an additional consultation and approval process with Non-Executive Directors, Divisional Managers, Senior and Executive Leadership Team, Standard Assurance Framework for Excellent (SAFE) group, Quality and Safety Committee, Trust Board and the Council of Governors.

Summary: Quality Improvement Plan

2019/20

Priority	Quality Improvement Plan
Pressure ulcers	Attendance at the Cheshire and Merseyside pressure ulcer steering group and the NHS Improvement pressure ulcer collaborative. Identified as a Quality Goal for 2019/2020. The trust was successfully chosen to be a part of a national pilot site in the reduction of pressure ulcers by National Health Service Improvement (NHSI). The Improvement Plan includes changes to Datix incident reporting system. All pressure ulcers reported from the beginning of April 2019 will be coded to enable data to be analysed, looking for themes and trends. Following data analysis a further improvement plan will be developed based on findings.
Adult Social Care Assessment Response Times	We have developed a quality goal to ensure the continuous improvement and sustainability of assessment response time within our Adult Social Care Service to maximise service user safety and experience. The Trust has developed an internal standard of 28 days for an assessment. Progress is reported monthly to the Standards Assurance Framework for Excellence Steering Group and to the Trust Oversight and Management Board.
Sepsis and recognising the deteriorating patient	To support the Trusts on-going work in relation to Identifying the Deteriorating Patient, the National Early Warning Score (NEWS2)/Paediatric Early Warning Score (PEWS) and Sepsis Toolkits has been fully launched across the Trust. Completion of the NEWS2 and Sepsis training has been rolled out across the trust and we continue to work collaboratively with our secondary care colleagues to identify opportunities for improvement. Shared system-wide learning and triangulation of data is conducted to support measurement of patient outcomes.

Gram negative blood stream infections	The Trust recognises that preventing Health Care Associated Gram Negative Bloodstream Infections requires a whole health economy approach. The Cheshire and Merseyside Healthcare Provider Forum aims to reduce infection rates, improve patient experience and monitor local surveillance activity, to compare findings and develop local action plans.
Learning from deaths	Trust Board recognises that effective implementation of the Learning from deaths framework (National Quality Board, March 2017), is an integral component of the Trust's learning culture, driving continuous quality improvement to support the delivery of high quality sustainable services to patients and service users. Learning from deaths is reviewed at the Trust's monthly mortality review group which is chaired by the Executive Medical Director who is responsible for the learning from deaths agenda. Minutes from this meeting are submitted to relevant sub-committees and committees and are submitted directly to Trust board, before being displayed on the Trust public website. The system and processes in place have been reviewed by our external auditor who received substantial assurance that Trust statutory obligations were being met. Action plans are in place to improve trust wide learning and incident reporting. The Trust continues to work with our system partners to devise systems whereby Learning from Deaths can take place in a consistent way across all major health and social care providers.
Learning from National investigations	The Trust actively responds and incorporates learning from national investigations into strategies, polices and staff training. In response to the Gosport Independent panel, the Trust continually reviews its mechanisms for receiving feedback from patients, service users families and carers, in addition to patient safety concerns raised by staff. This further enhances our open, transparent culture of learning. National learning is shared in the safeguarding quarterly report and implemented throughout the Trust to ensure evidence of best practice. Recent learning includes the Spicer report which reviewed Operation Sanctuary the

	investigation into sexual abuse of children and vulnerable adults in Newcastle. Learning has been incorporated into an action plan implemented across the 0-19 and safeguarding services within the Trust. Actions include: • Flagging of all children discussed at Multi agency child exploitation meetings in both sexual health and SystmOne • Sharing information across services of young people at risk • Monitor the number of Child Sexual Exploitation (CSE) victims attending sexual health and sharing this with Wirral Safeguarding Children's Board (WSCB) • Update safeguarding adults training to include CSE • Training staff in the difference between learning disability and learning difficulties
Sustainable staffing	The Trust is an active member of the Cheshire and Merseyside workforce development group. Services have implemented improvement plans to reduce reliance on agency staffing and increasing availability of bank staff. Flexible models of working are being developed across the Trust utilising new clinical roles including Nursing Associates.
Learning from incidents	Review of processes relating to mortality review and Serious Incident investigation and implementation of improvement plan. We have reviewed our processes for incident and serious incident reporting, and are developing a robust staff engagement plan to ensure learning from incidents is maximised at every opportunity. To support this, we are increasing the training available for Root Cause Analysis (RCA) investigations, developing a Serious Incident /RCA panel to determine level of investigation, review the quality of the report and approve resulting action plans. Incident reporting rates, trends and learning themes are reported to our Oversight and Management Board and the Trust's sub-Board Quality and Safety Committee. To ensure prompt identification of learning, the Quality and Governance Service have introduced weekly safety huddles

	to ensure prompt escalation to the Director of Nursing and Medical Director. This supports an appropriate timely response and escalation as required.
Anti-microbial resistance (AMR)	Implementation of organisational AMR strategy and participation in Sustainable and Transformation Partnership (PSTP) improvement project.
Infection prevention and control	Implementation of Infection Prevention and Control (IPC) strategy and systems leadership to support improved outcomes across the community.
Palliative care re-design	Wirral System working together to create an innovative End of Life Pathway, focusing on outcomes and improving the experience of patients and bereaved carers and families.
Patient experience	Patient experience has been identified across NHS England as a vital element of patient care, enabling service users to direct us through feedback, involvement and engagement to providing care that is not only clinically outstanding but provides a holistic approach to patient wellbeing whilst they are in our care. Good care is linked to positive outcomes for the patient and is also associated with high levels of staff satisfaction. Our patients are at the heart of everything that we do. The Trust is currently reviewing our patient and service user experience strategy and implementation of a refreshed delivery plan.

Patient Safety

Priorities for improvement 2019/20

Priority 1: Pressure Ulcers

We will reduce avoidable pressure ulcers by one third based on 2018/19 performance, with an ambition to achieve zero

Why have we chosen this priority?

This is a Trust new two year quality goal with 2019/2020 being the second year.

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.

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 bi-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 Quality Performance Experience sand Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

Priority 2:

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

Why have we chosen this priority?

This is a Trust two year quality goal

The Trust has responsibility for providing a number of adult social care statutory services including assessments 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 neighbourhood 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 (bi-monthly to the Quality and Safety Committee) to the following groups which provides assurance to the Trust's Quality and Safety Committee

- Divisional Quality Performance Experience sand Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Meeting
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

Priority 3:

Increase reported incidents by 10% or more above the 2018/2019 levels

Why have we chosen this priority?

Organisational learning is at the heart of the Trust's risk management approach and the reporting of all incidents is a key factor to provide assurance that all incidents are being reported to sustain and develop a safety culture.

The Trust recognises that incident reporting is more likely to take place in an organisation where there is a well-developed safety culture and strong leadership. We are therefore committed to nurturing a strong safety culture underpinned by the promotion of incident reporting.

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:

- Divisional Quality Performance Experience sand Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

Patient Experience

Priorities for improvement 2019/20

Priority 1:

We will carry out 12 shadowing events; to look and listen what happens along a person's care pathway, to see what is working well and what needs to improve

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 individual's 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 12 patient and service user shadowing events across all divisions during 2019/2020, to continually 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:

- Divisional Quality Performance Experience sand Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

Priority 2:

The organisation will maximise the Trust's Your Voice Group to embed a consistent approach to service user engagement and feedback across all services

Why have we chosen this priority?

The Your Voice terms of reference confirm that the purpose of the group is to improve the experience of patients and services users receiving care and support from the Trust, and to support the Trust in effective membership engagement. The members of the Your Voice group includes public governors and public members with a shared commitment to identify and maximise opportunities for the Trust to seek feedback and input on the redesign of services and key projects. The group meets at least quarterly to discuss patient experience feedback, to hear from and share insight with Trust services on redesign, and to support the Trust's public governors in discharging their duty to represent the views of the membership and public.

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 Quality Performance Experience sand Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

Priority 3:

We will undertake four co-produced Always Events with patients and service users to learn from person-centred perspectives

Why have we chosen this priority?

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engage groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:

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 Quality Performance Experience sand Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

Clinical Effectiveness

Priorities for improvement 2019/20

Priority 1:

We will develop a QI network to evaluate impact of quality improvements undertaken across the Trust

Why have we chosen this priority?

The Trust is committed to ensuring continuous quality improvements are embedded to improve the quality of services we provide.

During 2019/20 we will further develop our QI network to ensure effective evaluation of the impact of our quality improvements. In particular, we will focus on the impact of QI programmes on patient outcomes, ensuring continuous quality improvement delivered at the frontline by our frontline staff.

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 Quality Performance Experience sand Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

Priority 2:

We will implement a consistent framework for clinical and managerial supervision across the Trust, strengthening support mechanisms to staff

Why have we chosen this priority?

The Trust has a supervision policy that covers clinical and professional supervision.

The CQC states that staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.

Currently some services do not have a consistent framework for collating regularity of supervision for staff. This quality goal will ensure a consistent approach to the monitoring and documenting of supervision across all services.

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 Quality Performance Experience sand Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

Priority 3:

We will implement a validated Patient Reported Outcome Measure for palliative patients to improve the quality of their end of life care

Why have we chosen this priority?

More and more people are living with a chronic disease near the end of their life. Palliative care needs are therefore increasing and are also becoming more complex because due to the range of illnesses patients are suffering from.

Outcome measures have a major role to play in improving the quality, efficiency and availability of palliative care. Measuring changes in a patient's health over time, and finding out the reasons for those changes can help service providers focus on learning and improving the quality of service.

Patient Reported Outcome Measures (PROMs) are tools that can effectively be used in palliative care to assess and monitor care. PROMs put the patient at the centre of care and focus on what matters to them.

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 Quality Performance Experience sand Risk (QPER) Group
- Standards Assurance Framework for Excellence (SAFE) Group
- Oversight and Management Board
- Quality and Safety Committee
- Trust Board

2.2 Statements of assurance from the Board

Review of services

During 2018 / 2019, 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 2018 / 2019 represents 92% of the total income generated from the provision of relevant health services by Wirral Community NHS Foundation Trust for 2018 / 2019.

Participation in clinical audit

National Clinical Audit

2. During 2018/19, 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% of national clinical audits and 0% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

2.2 The national clinical audits and national confidential enquires that Wirral Community NHS Foundation Trust was eligible to participate in during 2018/19 is as follows:

- National Audit for Cardiac Rehabilitation

2.3 The national clinical audits and national confidential enquiries that Wirral Community NHS Foundation Trust participated in during 2018/19 is as follows:

- National Audit for Cardiac Rehabilitation

2.4 The national clinical audits and national confidential enquiries that Wirral Community NHS Foundation Trust participated in, and for which data collection was completed during 01 April 2018 – 31 March 2019, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

National Clinical Audit	Number of cases submitted (%) of the number of registered cases
National Audit for Cardiac Rehabilitation	100%

2.5 – 2.6

These sections are not applicable to the Trust, as there have been zero national clinical audit reports published during the reporting period in which the Trust has participated.

2.7– 2.8 Local Clinical Audits

The reports of 43 local clinical audits were reviewed by the provider in 2018/2019 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	Rehabilitation at Home	Compliance with National Institute for Health and Care Excellence (NICE) guidance for Prevention and Management of Pressure Ulcers	As a result of the audit, the following areas were identified for improvement: • Identify and document pressure ulcer risk at first initial face to face visit • The seating needs of people at risk of developing a pressure ulcer who are sitting for prolonged periods of time are considered	
	Community Nursing	Compliance with NICE guidance and Trust policy for Management of End of Life Care	As a result of the audit, the following areas were identified for improvement: • Symptom score to be recorded on initial assessment • Insight score to be recorded on initial assessment • Patient pain assessed and to be recorded at each visit on Patient and Carer Assessment • Do Not Attempt Cardio-Pulmonary Resuscitation Form is to be present in patient record • Patient to be offered their	A re-audit will be undertaken in 2019/2020 to allow time for changes to documentation and electronic patient record

			Preferred Priorities of Care documentation or rationale documented	
	Community Nursing / Dental / Urgent and Primary Care	Mental Capacity Assessment Training Needs Analysis (TNA)	A Mental Capacity Assessment Training Needs Analysis was undertaken to gauge staff's knowledge and skills relating to mental capacity assessments. The outcome of the TNA will inform future training needs.	
	Community Nursing	Compliance with Trust Policy for the Management of Leg Ulcers	As a result of the audit, the following areas were identified for improvement: • Allergy history (including no allergies)to be recorded • Past medical history to be recorded • Length of wound to be recorded at initial presentation • Width of wound to be recorded at initial presentation • Clinical signs of infection to be recorded, including no clinical signs of infection • Pain assessed at each visit and documented	A further audit will be undertaken in Q1 2019/20 to allow time for changes to electronic templates to be embedded into practice
	Community Nursing	Quality of Risk Assessments and Screening Tools	As a result of the audit, the following areas were identified for improvement: • A falls risk assessment to be undertaken • National Early Warning Score (NEWS) undertaken at initial visit (repeated at every visit for patients): ➢ With a pressure	

			ulcer grade 3 or 4 ➢ Current infection ➢ Acutely unwell ➢ Long term catheters (at catheter change) ➢ Administration of IV antibiotics	
	Community Nursing	Compliance with Trust Policy for the Care and Management of Deteriorating Patients	Following the audit there were no areas requiring improvement	
	Community Cardiology	Optimisation of cardiac medications across patients attending cardiovascular and heart failure rehabilitation	As a result of the audit, the following areas were identified for improvement: • Appropriate action to be taken for any blood pressure and / or heart rate suitable for medical optimisation (if required) • Appropriate assessment and / or follow up inclusive of Heart Failure Specialist Nurse, Laboratory, further rehabilitation input undertaken • Patient file to be reviewed on completion of cardiovascular and heart failure rehabilitation programme to identify optimisations of medications and further review if required	
	Bladder and Bowel Service	Compliance with Guidance for Stoma	Following the audit, only one area for improvement was identified:	

		patients (12 months post-surgery)	• Evidence of reassessment of size of stoma to be recorded	
	Dietetics	Compliance with NICE guidance for Obesity Identification, Assessment and Management	Following the audit there were no areas requiring improvement	
	Integrated Specialist Palliative Care Team (ISPCT)	Integrated Specialist Palliative Care Outcome Scale (IPOS)	Feedback from the clinicians who used the IPOS found this assisted them to focus their attention to provide a patient centred approach. This gives the patient the opportunity to approach subjects at their own pace and when they are ready to. The data shows the effects of ISPCT involvement increases with multiple visits.	
Integrated Children's Division	Special Schools	Compliance with Trust Policy for the care and Management of Deteriorating Patients	Following the audit there were no areas requiring improvement	
	Special Schools	Compliance with Trust Clinical Protocol for the Administration of liquidised diet via gastrostomy buttons for children	Following the audit there were no areas requiring improvement	
	Children Looked After	New health assessment for Children Looked After	Following the audit there were no areas requiring improvement	

	Continence	Compliance with NICE guidance for constipation in children	As a result of the audit, the following areas were identified for improvement: • The parent / carer to be advised regarding adequate fluid / fibre intake • Child starting laxative treatment, parent should receive written information about laxatives • Bowel record chart to be offered to parent / carer to complete	
Urgent and Primary Care Division	Walk-in-Centres	Compliance Trust Policy for the care and management of deteriorating Children	Following the audit there were no areas requiring improvement	
	Walk-in-Centres	Compliance with NICE Guidance: Urinary tract infection in under 16s: Diagnosis and management	As a result of the audit, the following areas were identified for improvement: • Practitioner to record whether the child had a history of renal problems or Urinary Tract Infection • Sample to be sent for microbiology as per NICE guidelines and recorded	
	GP Out of Hours	Compliance Trust Policy for the Care and Management of Deteriorating Patients	Following the results of the audit, the following areas were identified for improvement: • Evidence that the physiological parameter cap refill time was recorded in the notes (if required) • Evidence a Paediatric Early	

			Warning Score (PEWS) was completed	
	Minor Injuries Unit	Compliance with NICE Guidance for adult patients with a head injury	As a result of the audit, the following areas were identified for improvement: • Record any history of visual disturbance • Alcohol or drug intake to be recorded • Did patient feel unwell prior to fall to be recorded e.g. chest pain	
	Ophthalmology	Compliance with NICE Guidance for the management of patients with Glaucoma	Following the audit, only one area for improvement was identified: • Allergy status of patient to be documented (including no allergies)	
	Sexual Health	Quality of Risk Assessments and Screening Tools	Following the audit, only one area for improvement was identified • Evidence of other relevant medical history – allergy check not always ticked	
	Social Care	Ensuring Principles of Making Safeguarding Personal (MSP)	As a result of the MSP audit the following areas were identified for improvement: • At the referral stage, we expand our feedback processes to incorporate enhanced outcome requirements for individuals; and we improve our feedback mechanisms to safeguarding	

			referrers • We continue to enhance our recording and delivery of outcomes for individuals within the safeguarding process	
Clinical Effectiveness / NICE Guidance / Patient Safety	All clinical services / adult social care	Clinical and Social Care Supervision Audit including Preceptorship	Following the results of the audit, the following areas were identified for improvement: **Clinical Supervision:** • Staff to attend a minimum of 3 clinical supervision sessions per year • Clinical staff to have a signed clinical supervision contract **Social Care Supervision:** • Social care staff to keep a written record for each supervision session • Newly qualified social workers to have a supervision session weekly in their first six weeks of employment **Preceptorship:** • New starters who have preceptorship to have a preceptorship contract	

	All clinical services	Record Keeping	As a result of the audit, the following areas were identified for improvement: **Paper Records:** • Record to be free from blank spaces **Electronic Records:** • Are abbreviations, if used, contained within an agreed abbreviations list (if an abbreviation has been used, but 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)	
Medicines Management – Patient Group Direction (PGD) Audit	Community Nursing	Audit of Patient Group Directions (PGDs)used within the service	As a result of the audit, the following areas were identified for improvement: • There was insufficient evidence to demonstrate all staff always had a personal copy of the latest version of the PGD they are working under available for reference at the time of the consultation • There was insufficient evidence to demonstrate all staff working under the PGD signed the latest version of that PGD • There was insufficient evidence to demonstrate that all staff working under	

			the PGD had been signed off by their senior clinician/manager as competent to work under that PGD • There was insufficient evidence to demonstrate that all staff have completed the necessary training and continuing professional development specified in the PGD/s they are authorised to work under	
	Community Cardiology	Audit of PGDs used within the service	Following the audit there were no areas requiring improvement	
	Bladder and Bowel Service	Audit of PGDs used within the Service	Following the audit, only one area for improvement was identified: • There needs to be an up-to-date record within the service of all staff who have attended specific PGD training	
	Adult Speech and Language Therapy	Audit of PGDs used within the service	Following the audit there were no areas requiring improvement	
	0-19 Health Visiting	Audit of PGDs used within the service	As a result of the audit, the following areas were identified for improvement: • An up to date list to be held within the service of all staff authorised to work under each PGD in use • There is an up-to-date record within	

			the service of all staff who have attended the specific PGD training	
	Wirral Special School Nursing	Audit of PGD used within the service	Following the audit, only one area for improvement was identified: • All staff working under the PGD to be signed off by their senior clinician/manager as competent to work under that PGD	
	0-19 Cheshire East School Nursing	Audit of PGDs used within the service	As a result of the audit, the following areas were identified for improvement: • An up-to-date list needs to be held within the service, of all staff authorised to work under each PGD in use • An up-to-date record is required within the service of all staff who have attended the specific PGD training	
	0-19 Cheshire East Styal Prison	Audit of PGDs used within the service	Following the audit there were no areas requiring improvement	
	Walk-in-Centre / Minor Injuries Unit	Audit of PGDs used within the service	As a result of the audit, the following areas were identified for improvement: • An up to date list to be held within the service of all staff authorised to work under each PGD in use • All staff to complete the necessary training and continuing	

			professional development specified in the PGD(s) they are authorised to work under	
	DVT Service	Audit of PGDs used within the service	Following the audit there were no areas requiring improvement	
	Sexual Health	Audit of PGDs used within the service	As a result of the audit, the following areas were identified for improvement: • All staff must complete the necessary training and continuing professional development specified in the PGD/s they are authorised to work under • The service must maintain an up to date record within the service of all staff who have attended the specific PGD training	
Medicines Management - Safe handling of prescription forms (management V300/ V150/ V100)	Community Nursing	A Trust Pharmacy Technician conducted a sample audit and visited two community nursing teams	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group.	
	Community Cardiology	A Trust Pharmacy Technician visited the Community Cardiology Service	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines	

			Governance Group.	
	Family Nurse Partnership (FNP)	A Trust Pharmacy Technician visited the FNP service	Following the audit there were no areas requiring improvement	
	Walk-in-Centre Victoria Central Health Centre	A Trust Pharmacy Technician visited 1 Walk-in Centre	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group	
	Walk-in-Centre Eastham Clinic	A Trust Pharmacy Technician visited 1 Walk-in Centre	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group.	
	Ophthalmology	A Trust Pharmacy Technician visited Ophthalmology service	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group	
	Dental Service	A Trust Pharmacy Technician visited 1 Community Dental Service	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group.	
	Sexual Health	A Trust Pharmacy Technician	A re-audit will not be conducted for each non-compliant	

		visited Sexual Health Service	standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group.	
	GP Out or Hours	A Trust Pharmacy Technician visited the GP Out of Hours service,	A re-audit will not be conducted for each non-compliant standard as a service specific action plan has been developed. Compliance with the action plan will be monitored via the Medicines Governance Group.	

Participation in Clinical Research

3 The number of patients receiving relevant health services provided or sub-contracted by Wirral Community NHS Foundation Trust in 2018/19 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 income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Wirral Community NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2018/19 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 2016/17, 2017/18 and 2018/19 was as follows:

- 2016/17: £1.042m
- 2017/18: £1.039m
- 2018/19: £1.000m

Care Quality Commission Registration

5 5.1 Wirral Community NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration is 'Requires Improvement'. Wirral Community NHS Foundation Trust has no conditions on registration and the Care Quality Commission has not taken enforcement action against the Trust during 2018/19.

7 7.1 Wirral Community NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The detailed rating for each service inspected was:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement → ← Jul 2018	Good → ← Jul 2018	Good → ← Jul 2018	Good → ← Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018
Community health services for children and young people	Good → ← Jul 2018	Good → ← Jul 2018	Good → ← Jul 2018	Good → ← Jul 2018	Requires improvement → ← Jul 2018	Good → ← Jul 2018
Community end of life care	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014
Community dental services	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014
Urgent care	Requires improvement ↓ Jul 2018	Good → ← Jul 2018	Good → ← Jul 2018	Good ↑ Jul 2018	Good → ← Jul 2018	Good → ← Jul 2018
Sexual Health	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Arrowe Park Hospital GP Out of Hours Service	Good Jul 2018	Good Jun 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Victoria Central GP Out of Hours Service	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Overall*	Requires improvement ↓ Jul 2018	Good → ← Jul 2018	Good → ← Jul 2018	Good → ← Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018

Core Services rated overall as Good:

- Community health services for children and young people
- Urgent Care
- GPOOHs

Core Services rated overall as Requires Improvement:

- Community health services for adults
- Sexual Health

Overall organisational ratings for the five key lines of enquiry were as follows:

Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires Improvement

During their inspection the CQC identified several areas of good practice across the organisation:

Community health services for children and young people

- Throughout the service, staff were caring and passionate about providing good quality services to children, young people and families. Staff spoke with enthusiasm about their roles and specialities and demonstrated dedication to improvement and innovation.
- The service planned care effectively with external providers to create and implement care plans which were individualised and took into account the specific needs of individuals.
- Leaders and senior managers within the service engaged with staff in order to shape and improve services. This led to the implementation of bespoke services which better met the needs of the local population and improved morale among staff who felt their opinions were listened to.

Community health services for adults

- The service provided care and treatment based on national guidance. There were processes in place to ensure that guidance was promptly reviewed, disseminated and embedded.
- The effectiveness of care and treatment was monitored regularly and reported to the Trust board. Services were involved in the annual clinical audit programme. Audit results and patient outcome monitoring were compared with other services to drive improvements.
- Staff worked collaboratively with local acute trust, GPs and the local authority to deliver effective care and treatment to support people to live healthier lives and manage their own conditions.

Urgent Care

- Staff were caring and passionate about providing good quality services to people using the urgent care services. Staff spoke with enthusiasm about their roles and demonstrated dedication to providing timely and effective care.
- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards and best practice. We saw that clinical guidelines followed national guidelines and clinical practice was monitored for compliance and consistency.
- There were effective governance structure in place and a systematic approach to monitoring reporting and improving the quality of care.

Community Sexual Health

- Staff were caring and passionate about providing good quality services to people using the sexual health service. Staff spoke with enthusiasm about their roles and demonstrated dedication to providing effective care.
- Staff were able to describe the relevant national guidance and local procedures.
- There were systems in place to record incidents and staff we spoke to were aware of reporting incidents and how to report them. Managers investigated incidents and provided feedback to staff through team meetings.

Areas for Improvement

Following the CQC inspection, the Trust was set a number of 'Must do' and 'Should do' actions to assure compliance with CQC regulations.

The Trust had 100 'Must do' actions and 114 'Should do' actions.

All 'Must do' actions have been fully completed and sustainability of improvements tested.

Implementation of Standards Assurance Framework for Excellence (SAFE)

The CQC inspection provided the Trust with an excellent opportunity to review how we evidence the excellent care we provide to our local communities.

During 2018/19 the Trust implemented an enhanced clinical governance system to ensure consistent delivery of quality standards. Our new system is supported by a new online tool SAFE which helps teams to assess themselves against CQC standards. The system provides services with a single, online portal to store, access and present information about the care they deliver. It provides assurance in relation to quality and safety from service level to Board.

Since January 2019, over 150 members of the Organisation have been SAFE trained. Teams have completed a CQC self-assessment against the CQC 5 domains – Safe, Well-Led, Effective, Caring and Responsive.

The system has been positively evaluated by staff and has enabled sharing of good practice across teams.

In addition to clinical services, corporate services also complete a Well-Led self-assessment using the NHS-I framework. This provides the opportunity to showcase best practice and track quality improvements.

Secondary User Service

8 8.1 Wirral Community NHS Foundation Trust submitted records during 2018/2019 to the Secondary User 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 care

Data Security and Protection Toolkit Attainment Level

9 Wirral Community NHS Foundation Trust's Data Security and Protection Toolkit was submitted on 31 March 2019. Evidence was provided for 100/100 mandatory evidence items. An audit of the Trust's Toolkit conducted by Mersey Internal Audit Agency during 2018/2018 provided a rating of substantial 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 2018/19 by NHS Improvement.

Learning from Deaths

27.1 During 2018/19, 26 of Wirral Community NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 5 in first quarter
- 8 in the second quarter
- 8 in the third quarter
- 5 in the fourth quarter

27.2 By 31 March 2019, 26 case record reviews and 6 investigations have been carried out in relation to 26 of the deaths included in item 27.1.

In 6 cases 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:

- 5 in the first quarter
- 8 in the second quarter
- 8 in the third quarter
- 5 in the fourth quarter

27.3 0 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.

The Trust's Datix incident reporting system is aligned to the Learning from deaths policy to ensure prompt communication to the Medical Director, Deputy Director of Nursing and Chief Operating Officer for all 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 continue to closely monitor the impact of implementing a system-wide approach to learning from deaths during 2019/20.

27.7 0 case record reviews and 0 investigations completed after 01 April 2018 which related to deaths which took place before the start of the reporting period.

27.8 0 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 0 representing 0% of the patient deaths during 2018/19 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 of death
2018/19	4045	50 (1.24%)
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 action to improve this number, and so the quality of its services:

- Quality Goal for 2019/2020 is to 'Increase reported incidents by 10% or more above the 2018/2019 levels

Part 3: Other Information

Performance in 2018/19

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 on 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
- Outstanding Safe Care Every Time
- Effective Care Every Time

Always Events

Adult Social Care:

Aim Statement: To improving communication for patient's regarding finances.

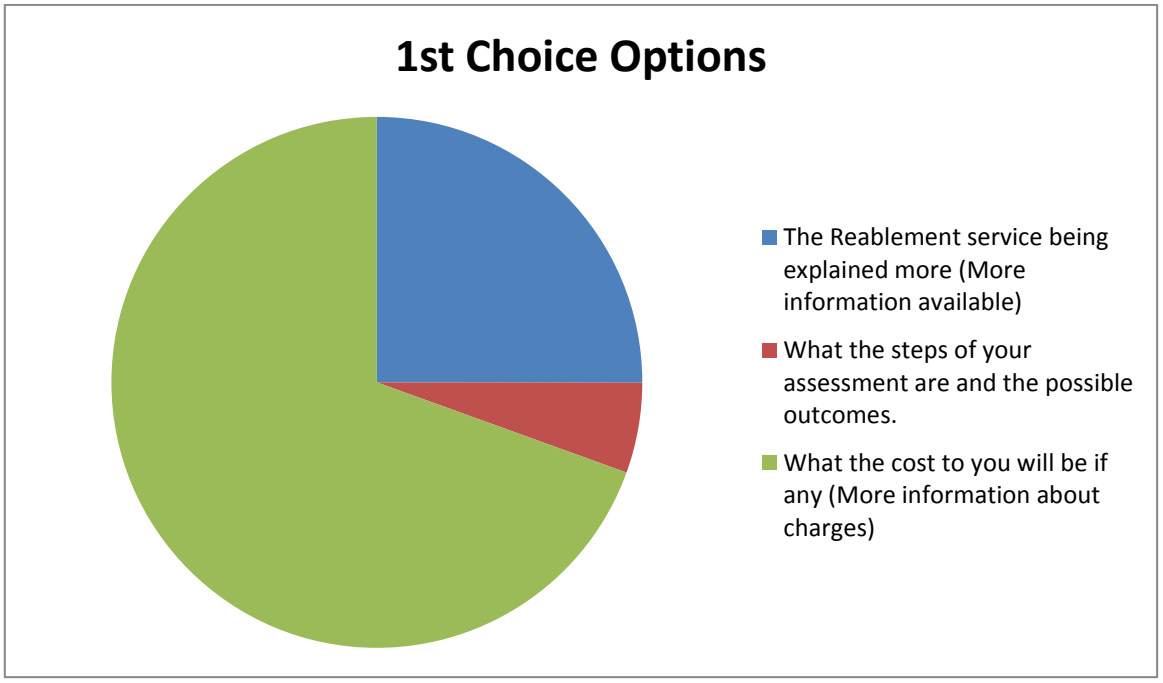
The Wirral Short Term Assessment and Reablement (STAR) Service is aimed at people aged 18 or over who live in Wirral, who may have been in hospital as an in-patient or be living in their own home. They will have been assessed as needing the service by a social care worker or an occupational therapist from the hospital or intermediate care services. STAR looks at what patients used to do and finds ways to enable them to become more independent.

The service is provided for one to three weeks but may continue for a maximum of six weeks depending on their progress. The service is provided by health professionals and social care workers who will assess patients in their own home to get a clearer idea of their needs and help them regain their independence.

There is no charge for this service during their assessment period, however following their assessment if they require on-going support they may, following a financial assessment, have to contribute towards the cost.

This is where communication needs to be clearer for the patient to understand this process.

Following a 2 week Plan, Do, Study, Act (PDSA) cycle the following responses were received from new patients on STAR



The outcome of the PDSA cycle showed that patients do need clearer information about the financial impact of on-going services.

The financial fact sheet has been updated and staff can now share the fact sheets with every patient that comes in to the service. This will enable patients, their next of kin and carers to make informed choices about their care and have a clearer understanding of the possible charges to them for on-going support after STAR; this will help reduce the amount of complaints received regarding finances after STAR.

Walk-in-Centres

Aim Statement: By 31 March 2019 we will ensure we always inform patients / carers on arrival of what to expect at the Walk-in-Centres

Patients / carers will often complain they are not informed on arrival at the Walk-in-Centre of waiting times or what services are offered and will complain that patients who arrive at the centre after them are often seen before them.

Reception staff will always give patients / carers a laminated sheet informing them that a number of services take place within the building and patients arriving after them may be seen before them. The laminated sheet will always be wiped clean between patients.

In the future we are expecting a pop up stand informing patients of what to expect and a screen saver on the waiting room showing key messages.

0 – 19 Health and Wellbeing Service

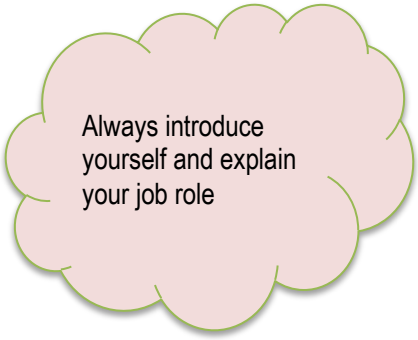
Aim Statement: By 31 March 2019 we will improve our services to ensure our communities know who we are and how to access the service.

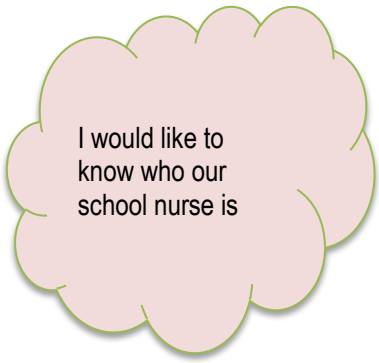
The service undertook engagement surveys with parents / carers and also with young people.

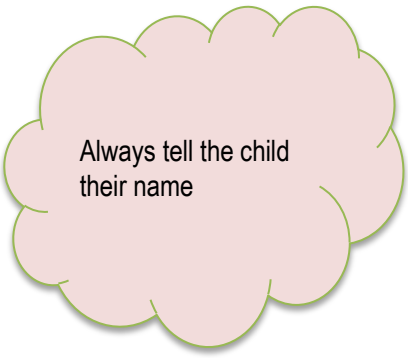
Parent / Carer's feedback about experience of using the service:

Posters with photographs of staff will be displayed in school entrances and outside health clinics to ensure service users know who is in clinic / school and their job roles.

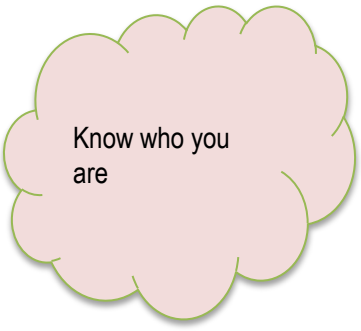
Parent / Carer's feedback, what should always happen to ensure you have a positive experience of our service:







Young people feedback about what should always happen to ensure you have a positive experience of our service:



Community Nursing

Aim Statement: To develop an information leaflet for patients which provides details of staff caring for them and services available to assist the patient in remaining healthy in their own home

The community nursing service had an awareness that improving patients and service user experience of care and treatment, leads to optimal enhanced outcomes. The services needed to find out from patients what would make a difference to the care they received from community nursing.

A brief questionnaire was designed for patients which gave 3 choices and patients were asked to either rank them in order or name their top priority.

The questions on the form were:

What do you feel is so important that it should always happen when you have contact with community nurses?

1. They should provide an information leaflet with their contact details and useful information
2. They should always introduce themselves
3. Advise me of other services available that could support me at home

What mattered most to patients was that staff introduced themselves at each visit. Secondly patients would like further information in a leaflet. Based on the feedback it was felt a leaflet could be produced which included:

- the name of the community nursing team and their contact details
- supporting services

Service Innovation

The Trust has an innovation fund which was established in 2014/2015 and was designed to support and introduce service transformation opportunities, driven by a culture of staff engagement and ownership.

A robust process for staff innovation applications has been developed and the projects must set out an innovative approach that makes a significant contribution to the evidence base for delivering high quality care.

All innovation proposals must meet the essential requirements of the scheme and address at least three of the specific CQC themes.

Two innovation applications were approved during 2018/2019

Children's Speech and Language Therapy

The service are committed to providing highest quality, evidence based care that has positive outcomes for both children and their families. The Hanen programme provides a proven teaching methodology and coaching framework for effectively engaging parents in their child's early language intervention. The service use strategies with children to develop their language skills for 30 minutes a week but wanted to empower parents to develop their child's skills all the time.

The aim of their innovation was to:

- Increase the amount of therapists trained in ***'It Takes Two to Talk'® - The Hanen Program®*** for parents of children with language delays within the department to enable programmes to be offered where there is an identified need
- Empower parents to support their child's language development at home.

The innovation project will continue into 2019/2020

0-19 Service Senior Health and Wellbeing Advisor

The senior health and wellbeing advisor is committed to provide quality physical activity sessions for children and young people who are above a healthy weight and who may not like traditional forms of exercise. By using an external coach, the service can signpost clients to the session at no cost to the Trust. The effectiveness of the activity sessions will be evaluated to demonstrate its impact and reported back to service leads.

The aim of the innovation was to:

- Deliver two exercise sessions a week for a younger vs older age group
- To monitor the impact of the sessions on emotional health and wellbeing measures, improve BMI (Body Mass Index) and attendance rates

The innovation project will continue into 2019 / 2020

Individual staff / teams / services who were nominated for external awards during 2018 / 2019

- Teletriage Team shortlisted in the Innovation Category in the North West Coast Research and Innovation Awards 2019

- David Williamson-Draper shortlisted as Trainee Nursing Associate of the Year in the Student Nursing Times Awards 2019

- Mick Blease, Adele Whitgreave, Ashley Zepeda were shortlisted for an Unsung Hero Award for their life-saving CPR

- Emma Taylor – Regional Winner of MP Parliamentary Awards

- Procurement team for their Highly Commended NHS Supplier Engagement aware at the NHS in the North Excellence in Supply Awards 2018

Pressure Ulcer Quality Improvements

A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to medical or other device), resulting from sustained pressure, including pressure associated with shear. The damage can be presented as intact category/grade 1 or as an open ulcer which is categorised by the depth or characteristics of the wound bed which can indicate the severity.

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

The Trust has an aspiration to move towards a target of zero avoidable pressure ulcers attributed within the community in two years; 2018-19 was the first year of this improvement programme. To support our ambitions, the Trust were successful in being selected to participate in the NHS Improvement Pressure Ulcer Collaborative Programme. This programme has supported national networking opportunities and provided advanced quality improvement training for participants.

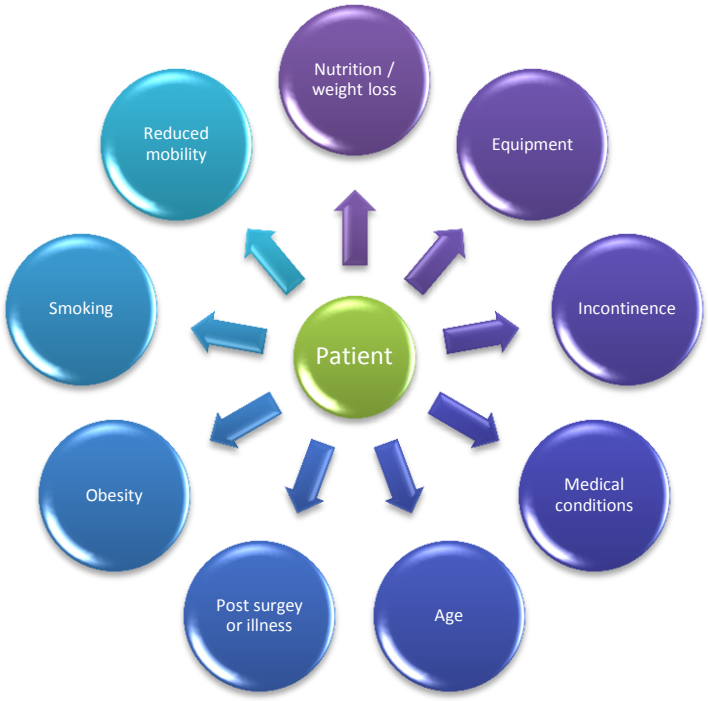
The outcome of the first year of our pressure ulcer improvement programme has been a 55% reduction in the number of avoidable category 3, 4 and unstageable community acquired pressure ulcers. This outcome is slightly ahead of expected performance and demonstrates the successful impact of our improvement programme.

We are committed to reducing this further and aspire to move toward zero avoidable pressure ulcers from the end of 2019-20.

The reduction in avoidable pressure ulcers during 2018-19 was achieved through collaborative working across teams and with social care and patients/carers. This work has been enhanced by having a Tissue Viability Nurse (TVN) link in each team, to support colleagues in the management of patients who are deemed at risk of pressure ulcer development. In addition, the TVN link nurses have a vital role in working with patients/carers and providers to support a self-management model of care.

The wrap around care offered to patients includes increasing patients' knowledge of pressure ulcers, understanding early warning signs and triggers for pressure ulcer development, and implementing proactive measure to minimise risk of developing a pressure ulcer. This model of patient and carer empowerment in partnership with nursing teams has supported our improvement model and delivered improved outcomes to patients.

To support this model of care delivery, the service always considers the whole needs of the patient including the types of risks that can increase the likelihood of a patient developing a pressure ulcer; these are as follows:



This approach has been incorporated into an information leaflet for patients and careers, which has been fully supported by the Trust's 'Your Voice', which provides a valuable mechanism for engaging and consulting with members of the public regarding the readability of our literature, to achieve maximum impact.

The introduction of monthly meetings for our Tissue Viability Link Nurses has provided a forum to discuss clinical care of ulcers, in addition to identifying themes and trends in the development of ulcers across the patient population. Guest speakers for example dieticians, attend the meeting to share specialist knowledge of areas relating to pressure ulcer prevention and treatment.

Using quality improvement methodology, an enhanced analysis of data on pressure ulcers has also been conducted throughout the year to maximise learning opportunities, informing actions to continuously improve quality of care and patient outcomes.

Sepsis Quality Improvements

Sepsis arises when the body's response to any infection injures its own tissues and organs. If not recognised early and managed promptly, it can lead to septic shock, multiple organ failure and death (WHO 2019). Sepsis is a serious complication of infection, a life-threatening condition arising when the body's abnormal, or 'dysregulated' immune response to an infection causes organs to start failing.

Sepsis can be triggered by any infection, but most commonly it occurs in response to bacterial infections of the lungs, urinary tract, abdominal organs or skin and soft tissues. If recognised early, outcomes are excellent. Left unchecked, the person is likely to spiral to multi-organ failure, septic shock and death. It is estimated that, every year, sepsis costs the NHS £2 billion and claims the lives of at least 52,000 people (UK Sepsis Trust 2017).

Following the successful introduction of sepsis mandatory sepsis training in 2017/18, Sepsis Awareness has been successfully delivered across all divisions during 2018/19 focusing on the use of Sepsis Toolkits for clinical and non-clinical staff and the introduction of the new National Early Warning Score NEWS2. The training has been delivered by senior community matrons and divisional sepsis leads.

The local joint Sepsis CQUIN 2018-19 with our secondary care colleagues has facilitated collaborative working to develop a sepsis pathway across community and secondary care and National Early Warning Score NEWS2. This supports following the patients' journey across trust to provide an opportunity for improvement and triangulation of data which will support future measurement of patient outcomes providing opportunities for shared learning across the Wirral health economy.

The Trust went live with NEWS2 across the trust in January 2019 to promote patient safety and continuity of acuity scores across the health economy with our secondary care colleagues at Wirral University Teaching Hospital NHS Foundation Trust (WUTH) and the North West Ambulance Service. This system-wide approach to quality improvement will continue throughout 2019/20.

This quality improvement work has been very positively received by staff, with many people sharing personal and professional experiences of Sepsis. Staff report that the additional knowledge and skills has supported them to recognise early deterioration and has had a positive impact across the Wirral health economy and the wider public health agenda on patient outcomes.

Learning from Incident Reporting

Performance in 2018 – 2019

The Trust is 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.

Shared learning is communicated using a variety of methods, which can include:

- Shared learning by listening to patient stories and learning from patient experience
- Shared learning with the relevant teams to promote continuous quality improvements
- Reporting learning to commissioners as part of the quality contract monitoring
- Significant clinical incidents may be shared via the patient safety bulletin
- Significant medication incidents are shared via the Medicines Management bulletin
- Local procedures and policies are updated when significant learning needs to be incorporated for all staff to promote harm free care and to promote staff safety

Never Events

During the 2018 – 2019 reporting period the Trust had zero never events.

Clinical Effectiveness

Progress made during 2018 – 2019

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 a range of questions. When combined with the 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 the total number of responses:

Month / Year	% of those who would recommend our services for care or treatment	Total Number of responses
April 2018	98	535
May 2018	97	379
June 2018	97	269
July 2018	93	453
August 2018	93	328
September 2018	93	449
October 2018	93	262
November 2018	96	435
December 2018	96	431
January 2019	95	199
February 2019	94	685
March 2019	98	374

Quality Improvements

During 2018/2019, services within the Trust undertook a range of quality improvements using the Model for Improvement Plan, Do, Study, Act (PDSA) cycle to improve patient safety, patient experience and clinical effectiveness.

Key achievements include:

1. Community Nursing

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

Quality Improvement: To support patients with Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) causes 115,000 emergency admissions and 24,000 deaths per year, 16,000 of these deaths occur within 90 days of admission (NHS England, 2014). An estimated 1.2 million people are living with diagnosed COPD. In terms of diagnosed cases, this makes COPD the second most common lung disease in the UK after asthma (British Lung Foundation, 2018).

Goal One: To audit patients following the introduction of the nebuliser pathway which supports the optimisation of inhalers

- Following an audit of 12 patients, 100% of patients with respiratory care plans were no longer required
- 75% of patients were discharged from the caseload

Goal Two: To provide education sessions for staff

Education sessions were delivered at community nursing bases. Content focussed on:

- Inhaler devices
- Pulmonary rehabilitation

Goal Three: To obtain staff feedback from education sessions (nebuliser pathway)

Results showed an increased level of confidence for:

- Completion of nebuliser care plans/template
- When to step up for community matron support
- Maintaining nebuliser machine/frequency of review
- Optimisation of inhalers
- Long term management

Goal Four: To review the management of COPD Policy

- An amendment to the policy was added to reflect changes in practice

Goal Five: Introduction of an inhaler tick box to patient electronic health record (SystmOne) / Introduction of a pulmonary rehabilitation tick box and referral process on SystmOne

- Referral form added to SystmOne

Goal Six: To undertake an audit against NICE standards relating to Pulmonary Rehabilitation (PR) referrals / inhaler checks

- **205%** increase in the number of PR referrals completed
- **2261%** increase in the number of inhaler technique documented

Goal Seven: To hold a COPD public engagement event in November 2018 in collaboration with the COPD and Oxygen Team at Wirral University Teaching Hospital (WUTH)

- An event was held on 18 November 2018 to support COPD day
- A questionnaire is completed by 51 attendees

Goal Eight: To review respiratory care plans on community nursing case load for patients with COPD – to ensure optimisation of inhalers, signposting for example, pulmonary rehabilitation of patients and provide a self-management plan required

- An audit was undertaken and results showed a reduction of 38 care plans

World COPD Day

Thursday 15 November 2018

Do you have COPD, care for or know someone who has COPD?

Visit St. Catherine's Health Centre for our COPD awareness event where you can talk to specialist healthcare professionals about:

- living with COPD
- information, advice and education
- local support services
- quitting smoking

Talk to specialist healthcare professionals from:

- Wirral Community NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- ABL Health (stop smoking support)
- Age UK

St. Catherine's Health Centre
Derby Road
Birkenhead CH42 0LQ
Thursday 15 November 2018
10.00am - 4.00pm

Supported by the British Lung Foundation.

In partnership:
Wirral Community NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust

2. Community Nursing and North West Ambulance Service

Quality Improvement – To reduce inappropriate hospital admissions for patients with complex long term conditions

NHS England: Long term conditions (LTCs) are one of the biggest issues facing health and care today, but people living with LTCs are being supported to maintain a good quality of life. About 26 million people in England have at least one LTC; 10 million have two or more.

LTCs account for:

- 70% of all hospital bed days
- 70% of health and care spend
- 50% of emergency bed days for over 75s

Goal One: To identify patients with a long term condition to be added to the ERISS (ambulance electronic) system

- A process was developed to identify patients with a long term condition who are a high users of secondary care

Goal Two: To provide training to Multi-Disciplinary Team (MDT) Co-Ordinators to enable access to input into the ERISS system

- Training was provided to four MDT Co-Ordinators to enable them to input details of identified patients

Goal Three: Agree information sharing between North West Ambulance Service (NWAS) and Wirral Community NHS Foundation Trust

- A Data Protection Impact Assessment (DPIAs) was introduced to help identify and reduce the privacy risks of the project and are a mandated requirement for all high risk processing
- A DPIA is a process that will help Wirral Community NHS Foundation Trust ensure all projects are carried out with the best interests of our patients, service users and staff members

Goal Four: To liaise with SystmOne Support to agree read codes for patients identified for inputting on ERISS

- Read codes were agreed with IT Support for patients identified for inputting onto the ERISS system
- An icon has been identified for SystmOne for patients who are included on the ERISS System

Goal Five: Single Point of Access (SPA) to support communication with the paramedic attending the patient to enable them to liaise with the duty community matron

- A meeting took place with the Single Point of Access Manager to arrange the referral process from the paramedic at the patient's home to the duty matron within one of the four hubs

3. Community Children's Dietetic Service

Quality Improvement – Evaluation of group education sessions to support and empower families to manage Cow's Milk Protein Allergy

The Nutrition and Dietetics Service provides expert advice about nutrition, how the body uses nutrients and the relationship between nutrition, health and disease.

The NHS North West Paediatric Allergy Group (NWPAG) comprises all paediatric allergy centres across the north west of England. The group has signed up to the Future Hospital Programme which was established by the Royal College of Physicians in response to the Future Hospital Commission report, where recommendations are based on the very best of our hospital services, taking examples of existing innovation and patient-centred service to develop a comprehensive model of care.

The NWPAG group has identified that providing patient centred group education sessions for children and families on how to manage children who have been diagnosed with mild / moderate delayed cow's milk protein allergy.
The aim of the Quality Improvement was to introduce and evaluate interactive group education sessions as an alternative forum to educate families on how to manage children who have been diagnosed with mild / moderate delayed cow's milk protein allergy.

Goal One: To reduce clinic waiting times through the provision of group sessions

The impact of group sessions alone on waiting times could not be measured due to the presence of too many confounding factors over which we have no control such as the number of incoming referrals and the number of clinics run

Instead a measure of how many clinic slots were freed up for use for other patients by running group sessions was assessed. Implementation of the new pathway and group sessions successfully resulted in freeing up 435 clinic slots over the 14 month period studied.

Goal Two: To improve efficiency through better use of dietetic time (Band 6 and 7 staff)

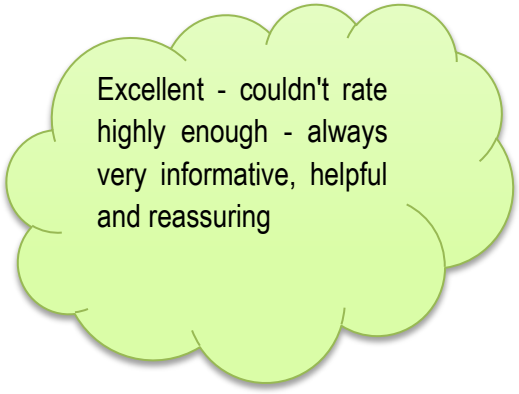
Implementation of the new pathway and group sessions successfully resulted in freeing up 197 hours of dietetic time over the 14 month period studied.

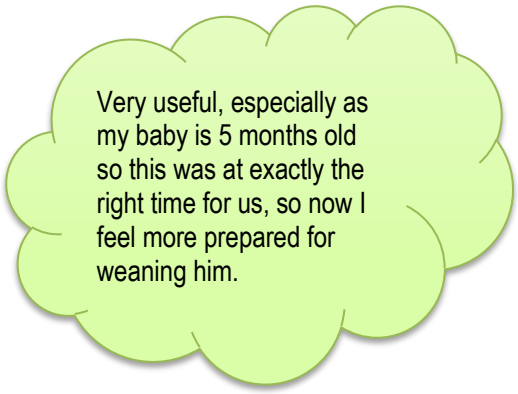
Goal Three: To evaluate new group session with the aim of improving patient experience through more time and in-depth information

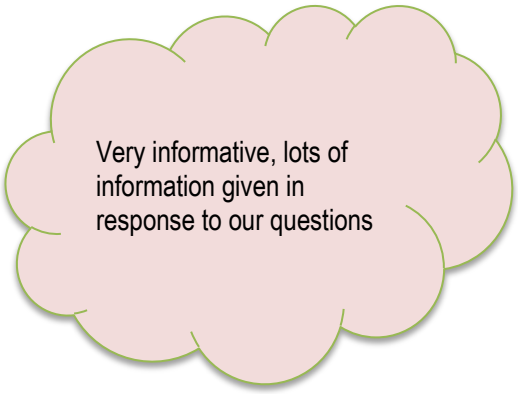
Patient experience was highly rated with 95-97% respectively rating the 2 group session as excellent and 3-5% rating them as good.

- **100%** of parents felt more confident providing a milk free weaning diet to their children following the Milk Free Weaning group session.

- **99%** of parents felt more confident re-introducing milk back into their child's diet following the Milk Ladder group session







Goal Four: To measure cost of do not attend (DNA) rates

Although the DNA rate remained high, this was comparable to clinic DNA's across the service and as all group sessions had attendance there was no wasted patient facing time.

This resulted in projected cost savings of up to £854 from missed face to face clinical appointments.

4. Walk-in-Centre

Quality Improvement – Chlamydia testing in conditions where it is clinically appropriate

Across Wirral, there are three nurse-led walk-in centres which provide treatment for minor ailments.

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious health consequences, opportunistic screening remains an essential element of good quality sexual health services for young adults.

Aim: To improve the number of patients within the target group (patients aged between 15-24) that are offered chlamydia testing.

Goal One: To amend SystmOne template to ensure use during consultation

- The setting for the template was amended in September 2018 to ensure the pop-up appears for eligible patients only

Goal Two: To measure the number of patients attending each walk-in-centre within target group from April – September 2018

- A total of 1,531 tests were offered during a 9 month period, an average of 170 per month

5. Wirral and West Cheshire Wheelchair Service

Quality Improvement – The effectiveness of changing entry level standard wheelchairs provided

The Wheelchair Service assesses and supplies standard and bespoke wheelchairs, special seating and pressure distribution cushions for adults and children with long-term mobility problems.

Aim: To improve the effectiveness of the entry level wheelchair provided by the Wheelchair Service, by reviewing the model/manufacturer used.

Goal One: To ascertain the risk benefits identified relating to modifications and supply of accessories

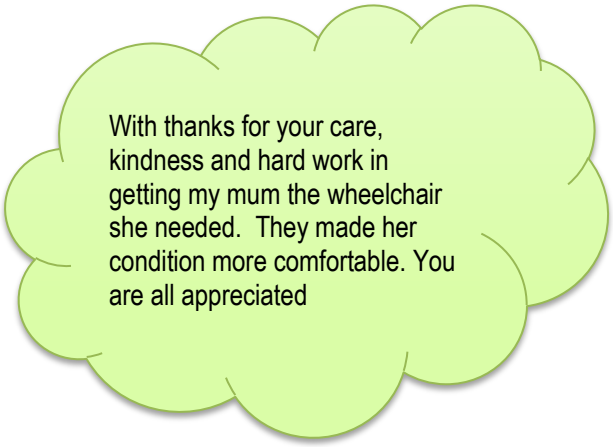
- **42%** (5/12) of wheelchairs would have required modifications
- **42%** (5/12) of wheelchairs would have had to have an additional accessory not supplied by the manufacturer of Ben

Goal Two: To ascertain the clinical benefits for user / carer

- **42%** (5/12) evidenced a clinical benefit to the user / carer in relation to posture, safety or access
- **33%** (4/12) of service users / carers would have had to have an alternative model wheelchair supplied

Goal Three: To provide costing reductions following provision of new wheelchairs

The total cost saving achieved for the 12 service users: **£959.30**
The comments below were provided by service users / carers who had used the wheelchair service and left feedback on the patient experience feedback forms:



6. Children's Speech and Language Therapy Service

Quality Improvement - To standardise the report writing process to improve communication with families for children with speech, language and communication needs

The children's Speech and Language Therapy team support children and young people aged 0-25 with a range of speech, language and communication needs. When children are seen for an assessment or review of their speech, language and communication skills, a report is completed to provide parent/carers and other agencies involved with information about the assessment results, recommendations and care plan.

The quality improvement was initiated due to:

- A number of incidents and concerns raised relating to the quality of the written communication to parents/carers
- A need to streamline reports within sub teams to maximise use of time

Goal One: To have a set of standard report templates for each clinical team, that are used for certain clinical pathways

- A **50% reduction** has been achieved and the service now has 16 report templates. The new reports are being used in community clinics for under 5's, mainstream primary and secondary school, early years complex needs and special schools.

Goal Two: To ascertain if Royal College of Speech and Language Therapists (RCSLT) have published guidance relating to report writing (content and distribution)

RCSLT have published guidance on report writing in keeping with Health and Care Professions Council standards, General Data Protection Regulation and Data Protection Act 2018 UK

Goal Three: To establish time and cost savings for standard review and full assessment reports

- An average of 10 minutes can be saved per standard review report
- An average of 15 minutes can be saved per full assessment report
- 6 hours 40 minutes can be saved per month for standard review reports, per staff member
- 10 hours can be saved per month for full assessment reports, per staff member

Goal Four: To gather staff and patient experience feedback following use of the new report templates

- Positive feedback was received from staff and patients following the use of the new template reports

Staff feedback

The new reports are quicker to complete and help me be more concise

Easier to write, quicker to complete

Feedback from Special Educational Needs Co-ordinators

The new report style contained the information that we needed. We know that we can call our therapist if we need any more information

Clear and quick to read. We are mostly interested in the conclusion and next steps which our newer reports have included

Feedback from Parent

My report was clear and had lots of ideas and strategies to help us help patient with his communication

7. Nurse Practitioner for Older People

Quality Improvement – Implementations of 'Forget me not' stickers for Dementia patients

To promote the use of the 'forget me not' sticker in the home to enable staff and external agencies to recognise when somebody has dementia. To record on SystmOne the dementia icon for patients with a history of dementia.

Aim: Increase the number of dementia patients on the caseload to have a 'forget me not' sticker on door and icon on SystmOne

Goal One: To monitor number of dementia icons completed on SystmOne

- 83% of patients with a history of dementia read code on SystmOne have the dementia icon on their patient record

Goal Two: To monitor the use of the 'forget me not' sticker in the home

- 275 stickers have been displayed in patient's own home or care home

Goal Three: To promote Dementia Action Week – 21st May 2018

- A stand was displayed at St Catherine's Health Centre on Wednesday 23rd May 2018. Information and advice was provided to patients and carers by a Nurse Practitioner for Older People

Goal Four: To develop a pack (patient support for carers) which provide information on support available

- A pack which provides patient support information for carers has been collated and distributed to patients with dementia

8. Adult Speech and Language Therapy

Quality Improvement – Introducing electronic communications link with Nursing Homes (Local Authority)

The adult community speech and language therapy team main communication with nursing home for reports is via the postal system. To improve the efficiency and timeliness of report distribution, a quality improvement was undertaken to introduce electronic report sharing. This maintains confidentiality for patients through the use of NHS email. The new process also provides a cost saving for the Trust in the reduction of administration time, postage and stationary costs.

Aim: To be able to send patient reports / letters to nursing homes electronically and securely, rather than by post.

Goal One: To set up local authority nursing homes with an NHS.net email account

- From September 2018 local authority nursing homes were searchable in the address book on the patient electronic record system to enable letters to be sent securely via nhs.net
- In November 2018, a mail screenshot was sent to the nursing homes via post to inform them of the new process

Goal Two: To audit the number of documents sent via the post

- A total of 71 reports were distributed in one month via post, this equates to 852 reports per annum

Goal Three: To calculate the cost saving of postage

- A total of £374.88 could be saved based on 12 months of report distribution via second class postage

The new process also provides a reduction for the service in:

- Printing costs
- Paper and envelopes
- Administrative time

CQUINS

Performance in 2018/19

During 2018 / 19 the Trust participated in the following CQUINS:

National CQUINS

Improving Staff Health and Wellbeing:

There were three parts to this indicator:

1a. Improvement of health and wellbeing of NHS staff – Not achieved

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

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

Improving the assessment of wounds (2nd year of CQUIN):

The CQUIN aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment – Partially Achieved

Personalised Care and Support Planning:

The aim of this CQUIN is to embed personalised care and support planning for people with long-term conditions – Fully Achieved

Sepsis:

Implementation of Sepsis pathway with Wirral University Teaching Hospital – achieved – Fully Achieved

Developing Neighbourhood Care

Wirral Community NHS Foundation Trust is a key partner within Wirral's health and care system and the Healthy Wirral programme. Wirral and Cheshire East both sit within Health & Care Partnership for Cheshire & Merseyside. The three priorities for Cheshire & Merseyside are:

- Delivering care more efficiently
- Improving the quality of care
- Improving the health and care of the population

During 2019/2020 the Trust, in partnership with Healthy Wirral Partners, will continue to develop place-based care, which means health and social care being provided by a functionally integrated primary-community care team. The importance of this work has been reinforced by the publication of the national NHS Long Term Plan and the new GP Contract Framework (January 2019). These describe a clear expectation that these teams – working within Primary Care Networks (currently known locally as Neighbourhoods) – covering populations of 30-50,000 people. Wirral Community NHS Foundation Trust staff are already members of Wirral's 9 Neighbourhood Leadership Teams, formed in July 2018 to take forward the development of their Neighbourhoods. During 2019 / 20, Wirral Community NHS Foundation Trust will work with partners to develop improved models of multidisciplinary working across Wirral, enabling care to be better co-ordinated around people's needs, and identifying best practice that can be shared across the borough. Wirral Community NHS Foundation Trust will also continue to work with partners across the Care Market to improve services for local residents and carers through initiatives such as through the trusted assessor programme.

Wirral Community NHS Foundation Trust will increase its focus on long term conditions management and proactive identification of people at risk, working with general practice as part of integrated Neighbourhood teams. This is likely to reduce the trend in unplanned admissions to hospital. Promoting independence, wellbeing, community based support solutions remain pivotal to health and social care services within Wirral Community NHS Foundation Trust.

Developing a plan for a primary-community workforce that increases the numbers of people skilled in holistic care planning, frailty and long term conditions management, alongside increasing numbers of other staff (e.g. first line physiotherapists) in neighbourhoods is a key target for 2019/2020.

Also key to effective place-based care, Wirral Community NHS Foundation Trust is playing a lead role in further development of Wirral's Single Point of Access, which is delivered by the Trust, and is a partner in the ongoing development of the peninsula's urgent care system, particularly given its provision of GP Out of Hours, Walk in Centres and Rapid Community Response teams.

Freedom to Speak Up

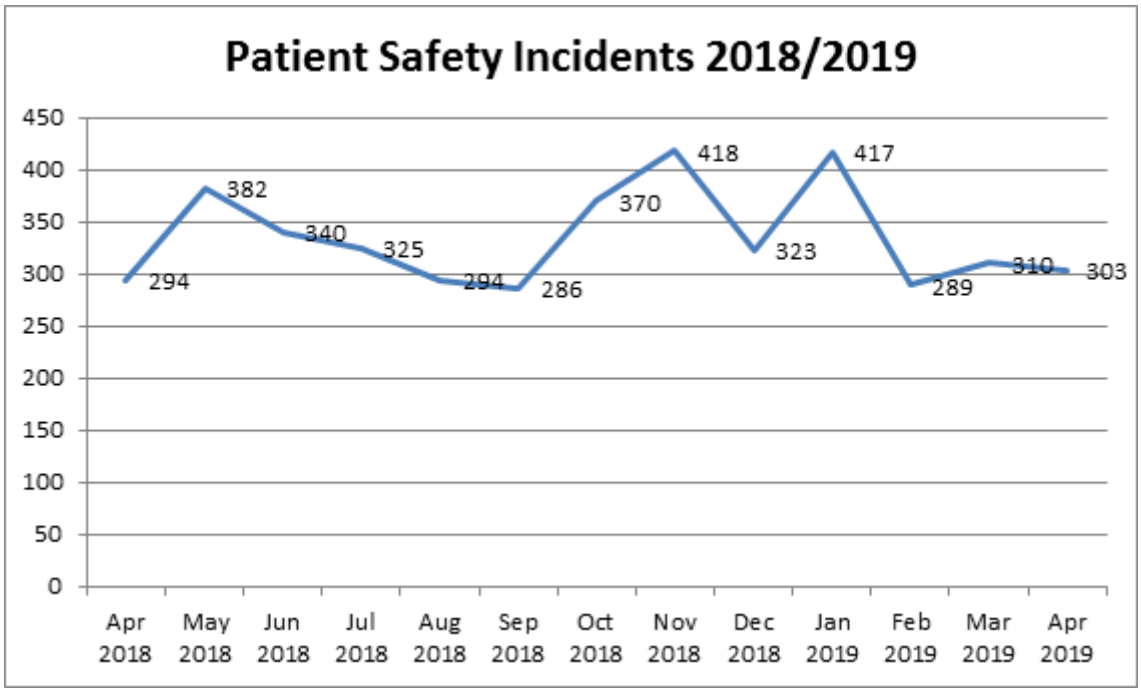
Since June 2017 the Trust has had a bespoke system to log Freedom to Speak Up concerns built into Datix. This is separate from the incident reporting system to allow for anonymous reporting and to restrict access rights to only the Freedom to Speak Up Team due to confidentiality

There is a separate section on the staff zone to access the reporting form as well as additional information on reporting concerns, who the FTSU team are, who the champions are and what to expect in the way of feedback. There are 63 champions across all services in the Trust to support the speaking up process. The champions meet on a quarterly basis to share experience and learning. The Freedom to Speak Up Team meet bi monthly to discuss concerns raised, actions taken and learning.

The national target is for feedback to be provided to reporters within 10 working days. If there are actions following the concern the target is for all actions to be completed within 28 working days. If the concern has not been raised anonymously feedback is provided either face to face, over the telephone, in a letter or in an e-mail. If the feedback has been provided in time and the method of feedback is recorded within the Datix record.

Once a concern is closed the reporter is sent a questionnaire. This asks protective characteristic questions, to ensure all reporters are being treated in the same way, and also asks the question how likely are you to speak up again? The responses to the questionnaire are also recorded in the Datix record.

Patient Safety Incidents 1 April 2018 – 31 March 2019



Patient Safety Incidents Severe Harm or Death as an Actual Degree of Harm

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Severe	1	1	0	5	2	2	1	3	3	5	1	0	24
Death	3	1	1	3	2	3	2	1	5	4	0	1	26
Total	4	2	1	8	4	5	3	4	8	9	1	1	50

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:

	18/19	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%	100%	N/A

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

	18/19	17/18	16/17	15/16	14/15
A&E Maximum waiting time of four hours from arrival to admission/transfer/discharge	99.77%	99.19%	99.16%	99.57%	99.72%

Annex 1:

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

Wirral Community Health and Care NHS Foundation Trust Quality Account 2018/19

Statement from Wirral Metropolitan Borough Council

The Adult Care and Health Overview & Scrutiny Committee are responsible for the discharge of the health scrutiny function at Wirral Council. The Committee established a task and finish group in May 2019 in order to review the Quality Account of the Wirral Community Health and Care NHS Foundation Trust for 2018/19 and were grateful for the opportunity to comment on the draft report.

Members welcome the progress that the Trust has made on its priorities for 2018/19, with apparent improvements in all key areas of quality indicators. Members note that objectives set within the parameters of patient safety, patient experience and clinical effectiveness all show clear advancement on last year's performance and appreciate that there has been an emphasis on tangible developments throughout the year. Members are particularly pleased to note the 55% reduction in avoidable pressure ulcers, the improvement in social care assessment response times (despite increased assessment numbers) and the 90% target for mandatory staff training reached - we look forward to this continued trajectory of improvement throughout 2019/20.

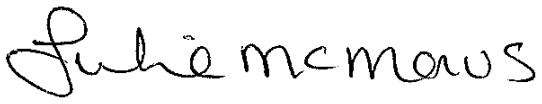
Members commend the Trust on its 'Forget Me Not' sticker campaign – a cost effective yet high impact programme for dementia patients which has gained momentum in the last year. It is heartening to see deserved recognition given to those responsible for the conception of the programme, and the involvement of frontline staff in idea gathering.

The innovative approach the Trust has taken in order to boost community services is also welcomed – notably the development of the UK's only community Donor Breast Milk facility, supporting breastfed babies who are struggling to grow, and providing specialist care. In addition, Members are pleased to note that not only has the 'Always Events' framework been embedded, but that the Trust have gained national recognition through promotion of the programme via social media channels. This shows the benefit of good social engagement and digital communication to publicise the positive work of staff and volunteers within health and care.

It is clear that there is a direct correlation between the satisfaction of staff and the quality of patient care, and although Members are adequately assured that the Trust places the needs of its staff in high regard, there are notable areas of feedback from the Trust's 'NHS Staff Survey' in 2018/19 that require development. Members would expect to see improvements in next year's staff survey results around enhanced health and wellbeing of staff and continued development of communication and engagement on a Trust-wide level, given the areas of focus within the Quality Account to address these shortcomings.

In July 2018, Members were disappointed to be notified that following inspection, the Care Quality Commission had awarded the Trust a 'Requires Improvement' rating. Since then, the Committee have been keen to have an oversight of the Trust's improvement strategy and action plans. Members note that positive improvements have been made in this area and look forward to seeing the outcomes of these developments result in an improved rating following the next inspection of the Trust.

The Adult Care and Health Overview & Scrutiny Committee look forward to continued partnership working with the Trust during the forthcoming year and note its priorities for 2019/20.



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

Quality Account Commentary
for Wirral Community NHS Foundation Trust
provided by Healthwatch Wirral CIC
May 2019

Healthwatch Wirral (HW) would like to thank Wirral Community NHS Trust for the opportunity to comment on the Quality Account for 2018/19

Priorities for 2019/20

The account detailed these in a comprehensive Quality Improvement Plan with clear rationale for choosing each priority.

We look forward to receiving quarterly reviews on progress against these priorities.

Review of Performance in 2018/19

It was noted:-

- **Pressure Ulcers** –There was a 55% improvement in the first year of the new 2 year priority towards a target of zero avoidable pressure ulcers. The Trust reported that they are committed to ensuring a sustained reduction in the development of avoidable pressure ulcers. Healthwatch look forward to hearing how confident the Trust are that they will achieve this target in the second year.
- **Patient Experience –** The 3 goals detailed on page 10 are all inputs not outcomes and do not appear to measure any improvement.
- **Frailty** - The Frailty Pathway has been developed.
- **Sepsis** – The Sepsis Toolkit has been added to patient's electronic healthcare system across the Trust and the 'suspected sepsis' box is available for use widely. Healthwatch look forward to learning how the Trust will share their performance with us and what impact the faster Social Care assessments are making.
- **Never Events** - Zero 'Never Events" were reported during the year.
- **Engagement Events, Always Events, Mandatory Training, Quality Improvement and Forum** targets set by the Trust were successfully achieved

Annual Staff Survey

It was noted that the Trust performed below average in 5 themes, Health and Wellbeing, Quality of Appraisals, Quality of Care, Safety Culture and Staff Engagement.
Although the staff survey response rate improved from the previous year Healthwatch would be interested to see if the significant changes that have been made in the reporting process, actions planned around appraisals, staff engagement, health and wellbeing of staff and safety culture improves the results in 2019.

CQC Inspection

The Trust were rated 'Requires Improvement' in 2 of the 5 key lines of enquiry and in 2 services. However, it was reassuring to see that the Trust had completed the actions set by CQC and the sustainability of improvements had been tested.

Friends and Family Test

It is commendable that the Trust continues to achieve high scores throughout the year in patients recommending their services for care and treatment to family and friends.

Reporting against Core Indicators – Safety Incidents reported

The Trust declares that it has an open, honest and transparent culture of learning from experience and that staff are encouraged to report all incidents to ensure continuous quality improvement. Healthwatch would value learning more about how this is achieved.

Local Clinical Audits

Healthwatch noted the audits and actions undertaken by the Trust and look forward to hearing about their progress**.**

CQUINS

The CQUINS that the Trust participated in during 2018/19 were noted. It was reported that in the 'Improving Staff Health and Wellbeing' CQUIN part 1, 'Improvement of health and wellbeing of NHS staff' was not achieved.
Healthwatch look forward to learning how the Trust will address this.

Quality Improvements

Healthwatch noted the range of quality improvements undertaken by services and congratulate the Trust for their key achievements.

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

Statement from Wirral Health and Care Commissioning

Wirral Health and Care Commissioning (WHACC) are 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 to 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. WHACC acknowledges the amount of focus the organisation has placed on this priority; however it is unclear from the report what the level of progress has been made during the year. WHACC continues to support this priority for 2019/20 and will monitoring progress closely through the quality contract meetings.

Patient experience: It is pleasing to see that the frailty pathway has been redesigned in 2018/19. This will ensure that patients are assessed consistently and then are able to sign posted accordingly.

WHACC welcomes the approach the Trust has adopted in relation to engagement events and quality improvement. It is important that these experiences are shared and used to improve care and quality in service design and delivery.

Clinical Effectiveness: Audit is a method of measuring care that has been delivered against a set of agreed standards based on local and/or national best practice. WHCC welcomes the number of audits that have been undertaken by the Trust in 2018/19, forty six which is an increase from last year and welcomes the re-audits in End of Life Care and community nursing

The trust has seen an increase by 1% in the response rate and the scoring of the 2018 NHS staff survey in comparison to last year. There has been a difference in reporting in 2018 and therefore WHACC are unable to draw comparisons from 2017. As the NHS facing another challenging year, good staff engagement and well-being is critical to delivering high quality care and service transformation.

The trust is to be congratulated on their achievement of 90% mandatory training for staff and also the uptake of flu vaccinations at 77%.

Looking forward in 2019/20 Wirral Health and Care Commissioning 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 quality account gives a high profile to continuous quality improvements in Wirral Community Trust and the monitoring of the priorities for 2018/19. 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.

Sue Wells

Wirral Health and Care Commissioning

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 2018/19 and supporting guidance

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

- board minutes and papers for the period 1 April 2018 to 31 May 2019
- papers relating to quality reported to the board over the period 1 April 2018 to 31 May 2019
- feedback from commissioners dated 14/05/2019
- feedback from governors dated 15/05/19
- feedback from local Healthwatch organisations dated 15/05/2019
- feedback from Overview and Scrutiny Committee dated 13/05/2019
- the trust's Quarter 4 complaints report dated 10/05/2019
- the national staff survey 18/04/2019
- the Head of Internal Audit's annual opinion of the trust's control environment dated 22/05/2019
- CQC inspection report dated 06/07/2018

- 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 2019	Professor Michael Brown, Chairman	
May 2019	Karen Howell, Chief Executive	

Annex 3:

Independent Auditor's Limited Assurance Report

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

We have been engaged by the council of governors of Wirral Community NHS Foundation Trust (renamed by an amendment to the Foundation Trust constitution to Wirral Community Health and Care NHS Foundation Trust on 1 April 2019) ("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 2019 (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 03/05/2019. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019 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 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- **Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.**
- **Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.**

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 2018/19' 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 2018/19', which is supported by NHS Improvement's Detailed Requirements for quality reports 2018/19;
- the quality report is not consistent in all material respects with the sources specified in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19' 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 2018/19' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2018/19' 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 2018/19'. These are:

- Board minutes for the period April 2018 to May 2019
- Papers relating to quality reported to the Board over the period April 2018 to May 2019
- feedback from commissioners, dated 14/05/2019
- feedback from governors, dated 15/05/2019
- feedback from local Healthwatch organisations, dated 15/05/2019
- feedback from Overview and Scrutiny Committee dated 13/05/2019
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated quarterly throughout the year, final quarter dated 10/05/2019
- the latest national patient survey, dated 2018
- the latest national staff survey, dated 2019
- Care Quality Commission inspection, dated 06/07/2018
- the Head of Internal Audit's annual opinion over the trust's control environment, dated 22/05/2019.

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 Hospital NHS Foundation Trust NHS Foundation Trust as a body, to assist the Council of Governors in reporting Wirral Community Hospital 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 2019, 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 Hospital 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 2018/19' 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 2018/19' 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 Hospital 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 2019:

- 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 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 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 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 2018) issued by NHS Improvement.

Ernst & Young

Manchester

23 May 2019

Notes:

1. The maintenance and integrity of the Wirral Community Hospital 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.