NHS
Wirral Community
NHS Foundation Trust

Quality Report 2016/17

for you, with you

Contents

Part 1: Introduction

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

Wirral Community NHS Foundation Trust provides high quality primary, community 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 healthcare services, seeing and treating people right through their lives both at home and close to home. We have an excellent clinical reputation employing over 1,500 members of staff, 90% of who are in patient-facing roles. Our workforce represents over 70% of the costs of the organisation, and are our most important and valued resource.

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, prisons 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 finances. This is driving the growth in provision of community health services ensuring we play a vital part in enabling people to live more healthy, active and independent lives, reducing unnecessary hospital admissions.

Quality Report

Statement on quality from the Chief Executive and declaration

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

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

During 2016/17 there were many examples of where we continued to provide excellent standards of clinical care, including the achievement of our Commissioning for Quality and Innovations (CQUIN) schemes.

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

Our staff continue to develop innovations that are transforming community health 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 deliver care efficiently and working with our staff to embed technological solutions that give us more time to provide care to patients.

During 2016/17 we have been working closely with Wirral Council colleagues to review how together, we can improve community health and social care to older people and adults across Wirral in a seamless and integrated way.

As of result of this work, on 1 June 2017 the trust will formally begin to provide integrated health and social care assessment services for patients and service users in their local communities. This demonstrates the trust's commitment to transforming public services responding to the needs of the communities we serve.

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

I confirm on behalf of the Trust Board that, to the best of my knowledge and belief, the information contained in the Quality Report represents our performance in 2016/17 and our priorities for continuously improving quality in 2017/18.

Karen Howell

Chief Executive

Staff awards and publications at a glance

2016 – 2017

April 2016

Maria A Hughes, Tissue Viability Lead Specialist Nurse and Queens Nurse, successfully published an article regarding wound infections in the British Journal of Nursing.

May 2016

The trust was represented at the finals of the RCN innovation awards on 6 May 2016, in the community nursing award. The trust's Community Nursing team had introduced new ways of working to support delivery of intravenous (I.V) antibiotics quickly, safely and effectively in the most comfortable environment for patients – their own home.

June 2016

Two Wirral Heart Support staff presented at the Innovation and excellence in Cardiac Services conference on 12 October 2016. The conference was chaired by Kingston University London and St George's, University of London and was held at the Royal College of Physicians in London.

July 2016

Our Cheshire East team successfully achieved UNICEF Baby friendly status.

Two staff were shortlisted in the Nursing Times Awards 2016. Maria Hughes from the Tissue Viability Service was shortlisted for Nurse of the Year award, and Caroline Golder from Wirral Heart Support service was shortlisted for Rising Star award.

August 2016

The Wirral Heart Support service had two poster abstracts accepted for the British Association for Cardiovascular Prevention and Rehabilitation Annual Conference 2016 'Applying Evidence to Practice,' which took place on Thursday 6 and Friday 7 October 2016 in Cardiff.

Lisa Knight, Medicines Governance Pharmacist, was asked to present at the Primary and Community Care Pharmacy Network Professional Development Day 2016 on Antimicrobial stewardship in the community.

Ewen Sim, Medical Director was invited by the University of Chester to present to the University of Warwick, in support of the development of a medical school in Chester.

September 2016

Nicola Williams, Wirral Heart Support Team Manager was one of three exceptional clinical leaders shortlisted for the Foundation of Nursing Studies' Sue Pembrey Award 2016: Celebrating Nurse Leadership.

October 2016

The trust had a poster presentation accepted for the RCN Centenary Conference in London on 22 and 23 November 2016, regarding our nursing transformation programme.

November 2016

The trust had two members of staff shortlisted in the NHS North West Leadership Recognition Awards 2016 in the category of living the NHS values - Helen Hackett Advanced Community Dietitian Diabetes and Heart disease, and Claire Wedge, Head of Governance and Patient Safety.

Ewen Sim, Medical Director was awarded the title of Visiting Professor by the University of Chester.

December 2016

Maria Hughes, Tissue Viability Lead Specialist Nurse had an article on Total Barrier Protection: protecting skin and budgets using a structured moisture damage treatment strategy published in Wounds UK.

Sarah Jones, Community Nursing team leader at West Kirby, and Claire Wedge, Head of Governance and Patient Safety were awarded leadership scholarships by the Florence Nightingale Foundation.

January 2017

The Cheshire East 0–19 service were accepted to present at a Public Health England – Health visitors and school nurse networking and learning event – 'Protecting and promoting the health and wellbeing of children and families' in Birmingham.

February 2017

Maria Hughes, lead nurse in tissue viability, had an article published by RCNI in which she discusses what makes a good practitioner. In the article Maria says*: "I am lucky because I work for an organisation that encourages innovation, which has enabled me to improve patient care through different initiatives."*

March 2017

The trust was represented at the British Journal of nursing awards 2017 on 10 March by Deborah Ollerhead who was shortlisted for the Continence Nurse of the Year award.

Jennifer Hannay, Senior Exercise Physiologist at Wirral Heart Support was nominated for the British Heart Foundation Rising Star Award.

2.1 Priorities for improvement and statements of assurance from the board

Progress made during 2016 – 2017

During 2016/17 the trust developed three priorities aligned to the recognised pillars of quality, as follows:

Patient Safety	Patient Experience	Clinical Effectiveness
We will deliver harm free care measured by a reduction in avoidable grade 3 & 4 pressure ulcers acquired during our care from 16 per year to 12 and moving towards zero within three years.	We will maintain a Friends and Family Test Score of 90%.	We will deliver sustainable models of care measured by 90% achievement of clinically led improvement projects completed in agreed timescales.
We will reduce the number of missed medication incidents occurring during our care from 15 to 10 or less.	We will present a patient story at each trust board meeting.	We will provide staff with access to high quality service specific training programmes with a measured improvement in staff experience in the 2016 staff survey.
We will demonstrate our culture of learning from clinical incidents by improving our rating in the 'learning from mistakes league' moving from good to outstanding.	We will improve access to community services by developing a centralised clinical triage for all community nursing and Integrated Care Co-ordination Hub (ICCH) referrals.	We will lead community focussed research by participating in a portfolio research project led by the National Institute for Health Research.

Patient Safety: We protect people from avoidable harm

Progress made during 2016/17

Priority 1: Pressure ulcers

We will deliver harm free care measured by a reduction in avoidable grade 3 & 4 pressure ulcers acquired during our care from 16 per year to 12 and moving towards zero within three years.

This priority was not achieved during 2016/17.

During 2016/17 we have continued to promote the reporting of pressure ulcers throughout all clinical services. As a result there has been an increase in the number of pressure ulcers reported, which has provided extensive opportunity for learning and continuous improvement to maximise delivery of safe patient care.

Following educational sessions and awareness raising, a total of 82 community acquired or community deteriorated pressure ulcers graded 3 and above were reported during 2016/17 meeting the criteria for in-depth review and investigation; of these, 28 were classified as avoidable.

All reported community acquired pressure ulcers of grade 3 and above have been reviewed at the trust's Pressure Ulcer Multi-Disciplinary review group during 2016/17. Outcomes and identified learning from each review is submitted to Wirral Clinical Commissioning Group (CCG), in accordance with our clinical governance assurance framework. Pressure ulcer prevention remains an organisational priority.

Priority 2: Medication incidents

We will reduce the number of missed medication incidents occurring during our care from 15 to 10 or less.

This priority was not achieved during 2016/17.

During 2016/17 there has been a significant focus regarding the administration of medications and identification of improvements to reduce the total number of missed medications to patients in receipt of our services.

As a learning organisation, all staff are continually encouraged and supported to report missed medication incidents to directly inform our medication quality improvement plan. As a result of this promotional work with frontline staff, medication incident reporting has increased, with a total number of 22 missed medication incidents being reported throughout the trust during 2016/17.

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

Priority 3: Incident reporting

We will demonstrate our culture of learning from clinical incidents by improving our rating in the learning from mistakes league moving from good to outstanding.

The first learning from mistakes league was published in March 2016, providing a league table identifying levels of openness and transparency within NHS organisations. In 2016 the trust was rated as having a 'good' culture of learning, and appeared in the top 25 trusts nationally for transparency. NHS Improvement has not repeated the league table for 2017, and therefore it is not possible to directly report on this priority.

The culture of incident reporting has remained a high priority for the trust throughout the 2016/17 period, and a recent quality spot check audit conducted by Mersey Internal Audit Agency (MIAA) focusing on the trust's incident reporting culture, resulted in a rating of significant assurance.

Patient Experience

Progress made during 2016/17

Priority 1: Friends and Family Test Score

We will maintain a Friends and Family Test Score of 90%.

This priority was successfully achieved during 2016/17.

Although there was variation across months, the Friends and Family Test (FFT) results from 2016/17 show that on average 90% of patients would recommend Wirral Community NHS Foundation Trust services. The trust received 5811 responses to the FFT question.

Priority 2: Patient Stories

We will present a patient story at each Trust Board meeting.

This priority was successfully achieved during 2016/17.

The trust shares a different patient story at each Board meeting, which is held bi-monthly, to show services through the eyes of our patients and their families.

The Trust Board heard six patient stories during 2016/17 with stories focusing on the following areas; Specialist Palliative Care Team, Sexual Health, MSK Physiotherapy, Community Discharge Liaison/Community Nursing, Continence and Wheelchair Services.

Priority 3: Improving access to services

We will improve access to community services by developing a centralised clinical triage for all community nursing and Integrated Care Co-ordination Hub (ICCH) referrals.

This priority was successfully achieved during 2016/17.

The development of a centralised clinical triage process for all community nursing and ICCH referrals has been established, and will be fully implemented during May 2017. This will improve access to services by simplifying processes and providing a single, centralised point of contact for patients, family members, carers and professionals.

Clinical Effectiveness

Progress made during 2016/17

Priority 1: Quality improvement

We will deliver sustainable models of care measured by 90% achievement of clinically led improvement projects completed in agreed timescales.

This priority was successfully achieved during 2016/17.

The trust's quality improvement programme supports and builds on our culture of continuous quality improvement to deliver outstanding patient care. The trust promotes an integrated multidimensional approach to encourage staff to make quality improvements arising from:

- clinical audit to initiate new change ideas
- improvement ideas from lessons learnt following incidents or complaints
- quality improvements following investment in innovation
- implementation of new NICE Guidance or research

During 2016/17 eight clinical quality improvements were completed within agreed timescales.

Priority 2: Staff training

We will provide staff with access to high quality service specific training programmes with a measured improvement in staff experience in the 2016 staff survey.

This priority was successfully achieved during 2016/17.

All staff employed by the trust have access to service specific training delivered in line with Health Education England's national core skills framework. During the 2016 National NHS staff survey, staff experience of training rose from 4.00 to 4.03.

Priority 3: Research

We will lead community focussed research by participating in a portfolio research project led by the National Institute for Health Research (NIHR).

This priority was successfully achieved during 2016/17.

During 2016/17 the trust continued to work collaboratively with the Clinical Research Network (CRN): North West Coast to build its research capability. This successfully resulted in the participation of a portfolio research project led by the National Institute for Health Research during the quarter 4 period.

For further information regarding progress with our 2016/17 priorities, please see part 3 of this report.

Priorities for improvement

2017 – 2018

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

This includes information relating to incidents, concerns, compliments, complaints, claims and MP enquiries. This is in addition to information shared with the trust by local provider organisations and commissioners. All information received is recorded centrally on the trust's patient safety reporting system, Datix. This enables information to be shared securely with relevant staff as required, enhancing prompt communication across the organisation, and demonstrating a responsive well-led culture of learning from experience.

Monthly trend analysis is submitted to the Clinical Governance Assurance Group, and the Quality and Governance Committee, which is a sub-board committee. The process is progressive and responsive, and supports prompt identification of areas for continuous quality improvement. As a result of this process, three organisational clinical improvement priority areas have been identified for the 2017/18 period these are as follows:

- Pressure ulcer prevention
- Medication incidents
- Early recognition of the deteriorating patient (including sepsis)

These priorities have been integrated into the trust's operational plan and our quality delivery strategy.

Quality improvement action plans have been developed in relation to each clinical area, and are reviewed, monitored and updated by the trust's Clinical Quality Improvement group. The patient safety priority goals for 2017/18 have been developed in consultation with this group, and following engagement with frontline clinical staff.

In addition to this, the 2017/18 quality goals have been subjected to an additional consultation and approval process with Non-Executive Directors, Divisional Managers, Senior and Executive Leadership teams, Trust Board and the Council of Governors.

Summary: Quality Improvement Plan

2017/18

Priority	Quality Improvement plan
Pressure Ulcers	Attendance at the North West Pressure Ulcer Group led by NHS England, supported by Advancing Quality Alliance (AQuA) and implementation of local improvement plan.
Missed medication incidents	Implementation of transformation project to reduce the number of missed medications.
Sepsis	Participation in the AQuA Sepsis Improvement Programme and development of plan to embed learning.
Recognising the deteriorating patient	Implementation of transformation project to improve recognition of deteriorating patients.
National clinical audits	Participation in all relevant national audits.
Sustainable staffing	Participation in national project targeted at safe caseloads for community nurses. Implementation of improvement plan to reduce reliance on agency staffing and increase availability of bank staff.
Learning from incidents	Review of processes relating to Mortality Review and Serious Incident Investigation and implementation of improvement plan.
Anti-microbial resistance (AMR)	Implementation of organisational AMR strategy and participation in system-wide improvement project.
Infection prevention and control	Implementation of IPC strategy and systems leadership to support improved outcomes across the community.
Falls	Review of avoidable falls and implementation of improvement plan.
Patient experience	Review of our patient experience strategy and implementation of refreshed delivery plan.
National CQUINs	Implementation of delivery plan associated with all milestones set out in the national CQUIN indicator specifications 2017-19.
7 day care model	Improving access through the system review of the provision of urgent care and implementing the integrated single point of access with central triage and a single referral process.

Patient Safety

Priorities for improvement 2017/18

Priority 1: Pressure Ulcers

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

Why have we chosen this priority?

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

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

During 2016/17 the trust made significant progress in engaging with staff to promote the reporting of community acquired grade 3, 4 and unstageable pressure ulcers. This resulted in enhancing the pressure ulcer review and investigation process, ensuring a multi-disciplinary approach to enhancing holistic care provision.

Our quality improvement plan supports delivery of our three year pressure ulcer prevention and improvement programme which forms part of the trust's sign up to safety plan. Our ambition continues to be moving towards a position of zero avoidable pressure ulcers.

How will we monitor, measure and report this priority?

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

- Pressure Ulcer Multi-Disciplinary Group
- Divisional Governance Groups
- Clinical Quality Improvement Group
- Clinical Governance Assurance Group
- Quality and Governance Committee
- Trust Board

Priority 2: Medication incidents

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

Why have we chosen this priority?

During 2016/17 the trust made significant progress with medication incident trend analysis, which supported the identification of several quality improvements to reduce the occurrence of missed medication incidents. The trust will now move towards embedding the identified quality improvements across the organisation, strengthening our safety culture with the aim of improving patient safety by the continued delivery of high quality, safe, timely care.

As a learning organisation the trust is committed to reporting the progress and impact of the identified quality improvements, openly and transparently. This area remains a clinical quality improvement priority for the organisation, and therefore continues to be a quality goal for the 2017/18 period.

How will we monitor, measure and report this priority?

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

- Divisional Governance Groups
- Clinical Quality Improvement Group
- Clinical Governance Assurance Group
- Quality and Governance Committee
- Trust Board

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

Priority 3: Early recognition of sepsis

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

Why have we chosen this priority?

Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death especially if not recognised early and treated promptly. The NEWS provides a standardised, consistent scoring system to support assessment of acute illness and to identify actions to be taken to support safe patient care.

Use of the NEWS supports clinical staff with improving early recognition of deteriorating patients and those at risk of sepsis, supporting diagnosis and intervention. This priority will enhance patient safety and the delivery of harm free care across the health economy by implementing a systematic approach for early identification of sepsis.

The priority has been identified by Trust Board from a review of available local data intelligence and in response to the publication of National Institute for Health and Care Excellence (NICE) Clinical guidance - Sepsis: recognition, diagnosis and early management (NG51) July, 2016.

How will we monitor, measure and report this priority?

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

- Divisional Governance Groups
- Clinical Quality Improvement Group
- Clinical Governance Assurance Group
- Quality and Governance Committee
- Trust Board

The priority will be monitored using the trust's patient safety incident reporting system, Datix, and will be reported on a monthly basis to the Quality and Governance Committee via the trust's quality dashboard. Reporting of more detailed information will be provided to committee on a quarterly basis via the quarterly quality strategy assurance report. Data will also be submitted monthly to each clinical divisional governance group.

Patient Experience

Priorities for improvement 2017/18

Priority 1: Access to services

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

Why have we chosen this priority?

Tele-health will enhance the support that we give to care homes, providing them with support and guidance to choose the correct pathway for their patients. Evidence suggests that as a health economy, conveyance to A&E from care homes is high and those patients that are assessed quickly and sent back home is significant.

The remit of tele-health is to reduce this unnecessary journey for the patient, which will improve patient experience while reducing pressure on the need for ambulance conveyance.

How will we monitor, measure and report this priority?

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

- Divisional Governance Groups
- Clinical Quality Improvement Group
- Clinical Governance Assurance Group
- Quality and Governance Committee
- Trust Board

The monitoring, measuring and reporting of this priority is currently under review.

Priority 2: Patient Engagement

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

Why have we chosen this priority?

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

To further strengthen this culture, and to ensure that patients, service users and carers are actively involved in the design, development and monitoring of services, two patient/service user engagement events will be conducted by each service during 2017/18. This approach will support the existing patient experience work embedded throughout the organisation and will also move the trust towards an enhanced level of engagement, resulting in clear outcomes and improvements from the patient/service user perspective.

How will we monitor, measure and report this priority?

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

- Clinical Governance Assurance Group
- Patient Engagement Group
- Quality and Governance Committee

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

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

Priority 3: Always Events

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

Why have we chosen this priority?

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

Conducting a review of a clinical pathway or intervention using the IHI Always Event toolkit, will strengthen the voice of our patients and service users. This supports a proactive transition from a sole focus of “what is the matter?” to also include an inquiry into “what matters to you?”

The IHI Always Events framework will provide the trust with a robust, evidence based strategy that supports working in partnership with patients and service users. As a result, we will be able to better identify, develop and deliver reliable, high quality, safe clinical services that maximise experience and improve outcomes.

How will we monitor, measure and report this priority?

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

- Clinical Governance Assurance Group
- Patient Engagement Group
- Quality and Governance Committee

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

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

Clinical Effectiveness

Priorities for improvement 2017/18

Priority 1: Staff training

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

Why have we chosen this priority?

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

Mandatory training is compulsory training that is determined essential by the organisation for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines. Mandatory training was an organisation priority for the 2016/17 period, however, the goal set was not achieved. As a result, this will remain a quality goal for 2017/18, demonstrating the trust's commitment to continuous improvement.

How will we monitor, measure and report this priority?

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

- Divisional Governance Groups
- Clinical Governance Assurance Group
- Education and Workforce Committee

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

Priority 2: Quality improvement

We will embed a quality improvement infrastructure throughout all divisions.

Why have we chosen this priority?

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

Our goal is to build practical improvement capability based on the science of improvement into every level of the organisation.

This approach will ensure that the trust delivers excellent patient care through an engaged and informed workforce equipped with the knowledge, improvement skills and techniques to deliver transformational change.

How will we monitor, measure and report this priority?

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

- Divisional Governance Groups
- Clinical Governance Assurance Group
- Quality and Governance Committee

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

Priority 3: Clinical audit and innovation

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

Why have we chosen this priority?

The trust recognises that clinical audit, quality improvement and innovation are central to being a well-led, responsive organisation that is progressive and dynamic in its approach, aiming to continually improve the level of clinical service delivery.

Clinical audit also helps staff and patients find out if the healthcare being provided is in line with standards, when their service is doing well, and where there could be improvements through innovation.

Through analysis of data and identification of clinical risks, each division will be able to use quality improvement tools and techniques to deliver innovative responsive solutions to continuously improve delivery of care.

How will we monitor, measure and report this priority?

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

- Divisional Governance Groups
- Clinical Governance Assurance Group
- Quality and Governance Committee
- Audit Committee
- Trust Board

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

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

Implementing Duty of Candour

Open, honest communication with patients who have been involved in a patient safety incident is central to the trust's transparent culture of learning from experience. This principle supports adherence to the contractual duty of candour regulation for all NHS providers. The contractual obligation means that NHS organisations are required to inform patients or carers if their safety has been compromised resulting in an incident causing moderate or severe harm, or for any incidents resulting in death.

An appropriate investigation must be conducted following the incident, to ensure that lessons are learned to increase patient safety and ensure continuous quality improvement. An explanation regarding actions to be taken to prevent re-occurrence must also be communicated to patients, families and their carers.
The trust has conducted several actions to ensure that staff are supported to fully implement the duty of candour across all clinical services. This has included:

- amendment to our patient safety incident reporting system Datix, to prompt an alert regarding the duty of candour when incidents resulting in moderate harm or above are reported

- staff training in the use of Datix to ensure they are supported with documenting their discussions with patients / carers on the Datix patient safety system, and understand the use of the Situation, Background, Assessment and Recommendation (SBAR) Tool to support an initial investigation into the patient safety incident, which is fully recorded on Datix

- inclusion of the duty of candour in the trust's Human Factors training

- procedure for Being Open is aligned to the principles of the duty of candour, providing clear support and guidance for staff

Compliance with the duty of candour is reported monthly to our commissioners. There have not been any breaches reported during the 2016/17 period.

Further developments to engage patients in the duty of candour and learning arising from investigations are planned for 2017/18 to enhance our culture as a learning organisation.

Sign up to Safety Campaign

Wirral Community NHS Foundation Trust is committed to delivering high quality, safe patient care, free from harm.

As part of this commitment, the trust has developed a patient safety improvement plan to support implementation of the national initiative of Sign up to Safety. The vision behind this initiative is for the whole NHS to become the safest healthcare system in the world, aiming to deliver harm free care for every patient every time. This means taking all the activities and programmes that each NHS organisation undertakes and aligning them with a single common purpose. Sign up to Safety has an ambition of halving avoidable harm in the NHS and saving 6,000 lives as a result.

The trust's patient safety improvement plan has been based on the five pledges outlined in the Sign up to Safety Campaign:

1. Put safety first
2. Continually learn
3. Honesty
4. Collaborate
5. Support

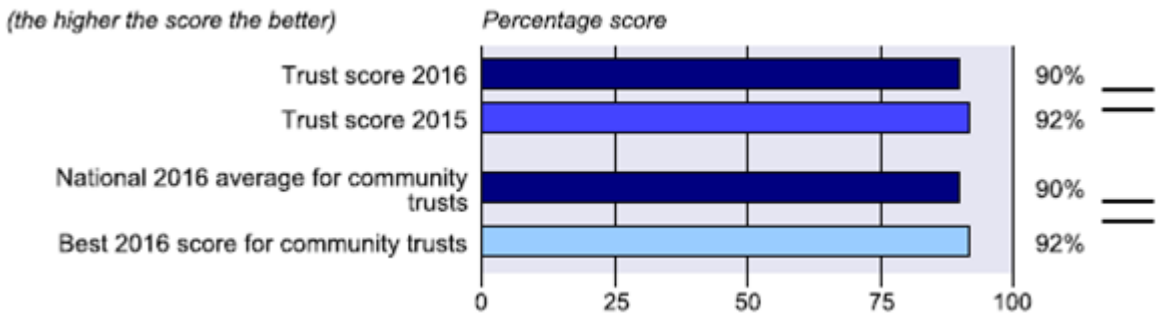
As a trust we endeavor to continually listen to our patients, service users, carers and staff, learning from what they say when things go wrong, and taking responsive action to continually improve patient safety.

Our Sign up to Safety plan will be refreshed during 2017/18 to ensure alignment to the trust's new quality goals and clinical quality improvement priorities. Implementation of the plan will be supported by quality leads across all divisions.

NHS Staff Survey Results

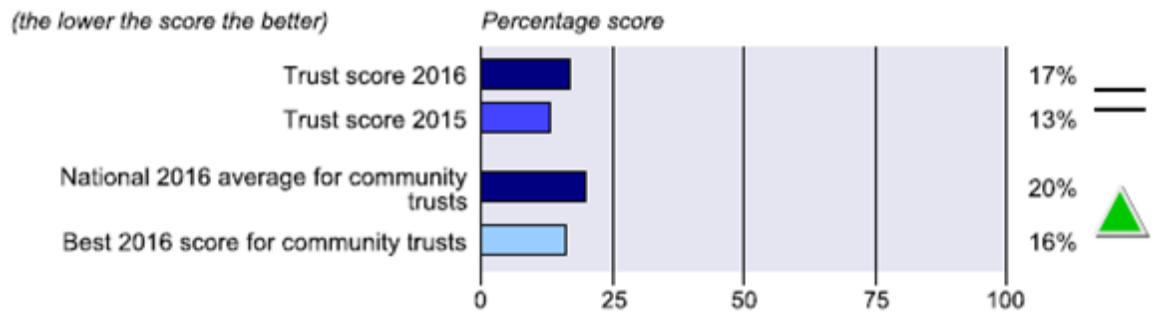
Wirral Community NHS Foundation trust actively promotes completion of the NHS Staff Survey across the organisation. During the 2016/17 survey, 699 staff completed the survey, providing a response rate of 52%. This is an average response rate for NHS community trusts in England, and compares with a trust response rate of 41% for 2015/16.

KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



Whilst the trust's score for staff believing the organisation provides equal opportunities for career progression and promotion has fallen, the results mirror the national position for other Community Trusts. The nature of organisational change in the preceding 12 months and resultant numbers of staff put at risk across different services is likely to have impacted upon this factor. On the other Equality and Diversity staff survey measure which looks at the percentage of staff experiencing discrimination at work in the last 12 months, this figure had improved and the trust achieved the best Community Trust score.

KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



The trust were disappointed to see a 4% increase in this score over the last 12 months which reflects the National Survey results. Reporting of such occurrences had also reduced within the trust. Whilst the survey results declared the percentage increase in these events as not statistically significant, the trust will continue to actively support staff to report any experiences of harassment, bullying or abuse, to ensure appropriate support and action can be taken.

CQC Ratings Grid

The CQC inspected the trust as part of the comprehensive Wave 2 pilot community health services inspection programme during 2014.

The Wave 2 inspection model for community health services is a specialist, expert and risk-based approach to inspection. The aim of this testing phase is to produce a better understanding of quality across a wider range and greater number of services, and to better understand how well quality is managed. The CQC carried out announced visits to the trust on 2, 3 and 4 September 2014. They also visited the trust unannounced out of hours on 3 September 2014.

The CQC visited health centres, dental clinics and Walk-in Centres and went on home visits with community nursing, health visitors and palliative care specialist nurses. During the visits they held focus groups with a range of staff who worked within the trust including nurses, therapists and healthcare assistants. They talked with people who use trust services and observed how people were being cared for and talked with carers and/or family members, and reviewed care or treatment records.

The overall rating awarded to the trust in 2014 was:

Overall rating for community health services at this provider	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

The detailed rating for each service inspected was:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Adult Services	Requires Improvement	Good	Good	Good	Good	Good
Children's Services	Good	Good	Good	Good	Requires Improvement	Good
Dental Services	Good	Good	Good	Good	Good	Good
End of Life Care	Good	Good	Good	Good	Good	Good
Urgent Care	Good	Good	Good	Requires Improvement	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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

- There was good evidence of multi-disciplinary working in adult community services.
- The sexual health team were innovative and proactive in their efforts to engage young people and encourage appropriate health tests.
- The Family Nurse Partnership were proactive in including teenage fathers in preparing them for caring for their child. Initiatives included men's groups and a football team which were used as means of initial engagement and enabling peer support for young fathers.
- The trust provided a specialist speech and language service for children with dysfluency (stammer) and this is not a standard provision for community trusts.
- Dental care provided was high quality, person centred, individualised and based on evidence based guidelines, across all services, in particular at the Leasowe clinic.
- The End of Life Care Team had developed their own nutrition assessment to support community patients.

The CQC made several recommendations for implementation within the trust to further improve service provision. This included actions to address the three areas that required improvement. A robust action plan was developed and monitored by Trust Board, and fully implemented within agreed timescales.

CQC Themed Inspection: 2016/17

During 2016/17 there was one CQC themed inspection regarding safeguarding in Cheshire East; the 0-19 service participated in the inspection. CQC findings received an overall rating of 'Good'.

Findings from the inspection included:

- Quality assurance of all reports from the health visiting and school nursing service submitted for child protection meetings by the Safeguarding team was cited by the inspectors as good practice, and they commented on seeing evidence of effective and robust one-to-one safeguarding supervision.

- Location of "footprint hubs" and co-location of health visitors and school nurses around children's centers in Cheshire East was seen as effective in facilitating day to day communication with other services who are supporting vulnerable families. It also enables health practitioners to act as conduits to early help.

- Each GP practice in the Eastern Cheshire and South Cheshire CCG areas has a named, link health visitor.

- Health visitors in Cheshire East are linked to local domestic abuse refuge premises and undertake regular drop-in sessions.

- The health visiting service, including the family nurse partnership, routinely and actively engage with child protection processes.

Following the inspection, the CQC made several recommendations across the system, highlighting areas that would benefit from further review and action planning.

A robust action plan is in progress and is being monitored by Trust Board and the safeguarding strategic group; with all actions scheduled for completion within agreed timeframes. In addition to this, a quarterly safeguarding report is submitted to the Quality and Governance Committee.

2.2 Statements of assurance from the Board

Review of services

1. During 2016/17, Wirral Community NHS Foundation Trust provided and/or sub-contracted 34 relevant health services.

    1.1. 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.

    1.2. The income generated by the relevant health services reviewed in 2016/17 represents 97.3% of the total income generated from the provision of relevant health services by Wirral Community NHS Foundation Trust for 2016/17.

Participation in clinical audit

National clinical audit

2. During 2016/17, there were no national clinical audits and national confidential enquiries that covered relevant health services that Wirral Community NHS Foundation Trust provides.

2.1. – 2.6 are not applicable to the trust.

The table below shows the national clinical audits that Wirral Community NHS Foundation Trust reviewed for eligibility to participate in during 2016/17:

Title	Eligible for participation
6th National Audit Project of the Royal College of Anaesthetists	No
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	No
Adult Asthma	No
Adult Bronchiectasis Audit	No
Adult Cardiac Surgery	No
Adult Community Acquired Pneumonia	No
ANS and BSCN standards for intraoperative monitoring (IOM) for Spinal Deformity Surgery	No
Asthma (paediatric and adults) care in emergency departments	No

Bowel Cancer (NBOCAP)	No
Cardiac Rhythm Management (CRM)	No
Case Mix Programme (CMP)	No
Child Health Clinical Outcome Review Programme	No
Chronic Kidney Disease in primary care	No
Congenital Heart Disease (CHD)	No
Consultant Sign-off (Emergency Departments)	No
Coronary Angioplasty / National Audit of Percutaneous Coronary Interventions (PCI)	No
Cystectomy Audit	No
Diabetes (Paediatric) (NPDA)	No
Early Intervention in Psychosis	No
Elective Surgery (National PROMs Programme)	No
Emergency Use of Oxygen	No
End of Life Care Audit: Dying in Hospital	No
Endocrine and Thyroid National Audit	No
Falls and Fragility Fractures Audit Programme (FFFAP)	No
Fitting Child (care in emergency departments)	No
Head and Neck Cancer Audit	No
Inflammatory Bowel Disease (IBD) Programme	No
Learning Disability Mortality Review Programme (LeDeR)	No
Major Trauma Audit	No
Maternal, Newborn and Infant Clinical Outcome Review Programme	No
Medical and Surgical Clinical Outcome Review Programme	No
Mental Health Clinical Outcome Review Programme	No
National Audit of Dementia	No
National Audit of Intermediate Care	No

National Audit of management of Intra-abdominal sepsis	No
National Audit of Pulmonary Hypertension	No
National Cardiac Arrest Audit (NCAA)	No
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	No
National Comparative Audit of Blood Transfusion programme	No
National Complicated Diverticulitis Audit (CAD)	No
National Diabetes Audit – Adults	No
National Emergency Laparotomy Audit (NELA)	No
National Heart Failure Audit	No
National Joint Registry (NJR)	No
National Lung Cancer Audit (NLCA)	No
National Neurosurgical Audit Programme	No
National Ophthalmology Audit	No
National Prostate Cancer Audit	No
National Vascular Registry	No
Neonatal Intensive and Special Care (NNAP)	No
Nephrectomy Audit	No
Non-Invasive Ventilation – Adults	No
Oesophago-gastric Cancer (NAOGC)	No
Paediatric Asthma	No
Paediatric Bronchiectasis	No
Paediatric Intensive Care (PICANet)	No
Paediatric Pneumonia	No
Percutaneous Nephrolithotomy (PCNL)	No
Pleural Procedure	No
Prescribing Observatory for Mental Health (POMH-UK)	No
Radical Prostatectomy Audit	No
Renal Replacement Therapy (Renal Registry)	No

Rheumatoid and Early Inflammatory Arthritis	No
Sentinel Stroke National Audit Programme (SSNAP)	No
Severe Sepsis and Septic Shock – care in emergency departments	No
Smoking Cessation	No
Society for Acute Medicine's Benchmarking Audit (SAMBA) – annual since 2012	No
Specialist rehabilitation for patients with complex needs	No
Stress Urinary Incontinence Audit	No
UK Cystic Fibrosis Registry	No
UK Parkinson's Audit	No

2.7 – 2.8 Local Clinical Audits

The reports of 24 local clinical audits were reviewed by the provider in 2016/17 and Wirral Community NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Division	Service	Audit Title	Action required to improve the quality of healthcare	Progress RAG rating
Adult and Community Division	Community Nursing	End of Life Care Assessment and Management	Following the audit the following areas were identified for improvement: • Pain assessed and recorded at each visit • Symptom score recorded • Patient assessed using the Pressure Ulcer and Nutritional Risk Assessment	
	Community Nursing	Compliance with Mental Capacity Act Guidance	The findings of the audit highlighted the need to improve the number of patients with a personalised care plan	
	Community Nursing	Pressure Ulcer Management	As a result of the audit the following areas were identified as areas for improvement: • Evidence of a Malnutrition Universal Screening tool completed within first patient contact • Dementia patients have a pain scale completed	

	Rehabilitation at Home Service	Compliance with NICE Guidance: Parkinson's Disease	Following the audit the following areas were identified for improvement: • Balance assessment • Assessment of aerobic capacity • Advice regarding movement initiation	
	Integrated Specialist Palliative Care Team (ISPCT)	Compliance with NICE Guidance: Management of Breathlessness in Palliative Care Re-audit from 2015/2016	Improvements are required for the following: • Description of non-pharmacological interventions recommended or documented not required • Evidence of benzodiazepines or corticosteroid use or documented not required	
	Integrated Specialist Palliative Care Team (ISPCT)	Evaluate the effectiveness of ISPCT holistic intervention in palliative patients	No areas for improvement were identified	
	Parkinson's Service	Audit of Falls Risk Assessment Tool (FRAT)	No areas for improvement were identified following the audit	
Children and Wellbeing Division	0-19 Service	Vitamin D: increasing supplement use in at risk groups	Following the audit the following areas were identified as areas for improvement: • Women identified as breastfeeding were given advice to take Vitamin D supplements • Women to be given verbal advice and information antenatally about Vitamin D supplementation	
	0-19 Service	Review of packages of care for children with complex needs and disabilities	Evidence needs to be documented that a multidisciplinary meeting had taken place, if no social worker was involved, as appropriate	

	Paediatric Speech and Language Therapy	Quality of the assessment and follow up for children under 7 years who have speech sound difficulties	The findings of the audit highlighted the need to improve the following: • Child had clear speech sound goals documented • Evidence that the child's history of language development was considered	
	Sexual Health Wirral	Progestogen-only injectable contraception Re-audit from 2015/2016	Improvements are required for the following: • Health professional to ensure that women who request Progestogen only injectable contraception are up to date with cervical cytology screening and, if relevant, complete the HPV vaccination programme	
	Paediatric nutrition and dietetics	Breast fed babies referred for faltering growth	As a result of the audit the following areas were identified as areas for improvement: • Identification of faltering growth from infant growth records • Infant had their weight recorded on assessment	
Urgent and Primary Care Division	Walk-in-Centres	Management of Otitis Media in children under 5 years	Improvements are required for the following: • Evidence of the correct drug prescribed or rationale for treatment given (or no treatment required) • Evidence of previous history of otitis media	
	GPOOHs	Care of Dying Adults in the last days of life	Following the audit the following areas were identified as areas for improvement: • Evidence of a care plan, or advance statement • Patients level of hydration assessed • Recording of anticipatory prescribing	
	Dental Service	Compliance with guidance regarding completion of the Tooth Extraction Surgical Safety Checklist	No areas for improvement were identified	

	DVT Service	Management of patients with positive diagnosis of DVT	Evidence is required that patients commenced on DOAC were given an alert card and advised to carry the card at all times	
Clinical Effectiveness / NICE Guidance / Patient Safety	All clinical services	Record Keeping	Improvements are required for the following paper records: • Time of entry recorded in the 24 hour clock • Records contain the signature of the practitioner • Abbreviations, if used, are contained within an agreed abbreviation list, if an abbreviation has been used, not on an agreed list, it should be written out in full at the beginning of each individual entry, or abbreviation printed on each page Improvements are required for the following paper records: • Abbreviations, if used, are contained within an agreed abbreviation 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	
	Podiatry / Ophthalmology / Dental and Sexual Health Wirral	Consent	No areas for improvement were identified	
	Community Nursing and Rehabilitation at Home	Personalised Care Planning	No areas for improvement were identified	
	Community Nursing	Learning Disability	Following the audit, improvement was required to ensure the patient was involved in shared decision making, as appropriate	

	Nutrition and Dietetics / Community Nursing	Falls Risk Assessment Tool (FRAT)	For patients known to have had a fall, improvement is required to ensure a personalised risk management/care plan is in place For patients known to be at risk of a fall improvement is required to ensure a personalised risk management/care plan is in place if the patient had more than 3 positive responses	
	All Clinical Services	Supervision (clinical, safeguarding and preceptorship)	Improvement for clinical supervision is to ensure clinical supervision is monitored at appraisal There are no improvements required for safeguarding children supervision Improvement required for preceptorship is to ensure all new starters are given a preceptorship handbook	

Participation in clinical research

3. The number of patients receiving relevant health services provided or sub-contracted by Wirral Community NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was zero.

   Whilst the trust did commence recruitment to a NIHR research study during 2016/17, the study focussed on recruitment of healthy volunteers.

Commissioning for Quality and Innovation Payment Framework (CQUIN)

4 – 4.2 (a) A proportion of Wirral Community NHS Foundation Trust's income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between the trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health service, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016/17 and for the following 12-month period are available electronically at www.wirralct.nhs.uk

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

- 2015/16: £1,110m
- 2016/17: £1,042m

Care Quality Commission Registration

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

The Care Quality Commission has not taken enforcement action against Wirral Community NHS Foundation Trust during 2016/17.

6-6.1 Removed from the legislation by the 2011 amendments.

7-7.1 Wirral Community NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2016/17: Safeguarding in Cheshire East, 0-19 service. The trust intends to take the following action to address the conclusions or requirements reported by the CQC:

- Improve information sharing between the 0-19 service and GPs in relation to children and young people where there are safeguarding concerns. A Named linked practitioner for each practice has been identified. This model is being developed in partnership with GPs.
- Ensure all health practitioners in the 0-19 service can evidence a copy of a social care referral form in child's records when making referrals to Children's Social Care.
- Ensure that a copy of the completed referral form is sent to the Safeguarding children's team to be quality assured. SystmOne adapted to allow for Safeguarding team to Quality Assure safeguarding referrals to social care. **Action completed QA implemented**
- Safeguarding service to be informed by practitioners when they have been allocated a child/young person where there are safeguarding concerns – Introduction of a waiting list on SystmOne to enable practitioners to notify specialist nurses of newly assigned safeguarding cases. **Action completed and being implemented**
- Ensure school nursing staff have received update training in supporting young people with their emotional well-being. The safeguarding service are currently scoping training opportunities for School Nurses. **Training provider identified by end of Q3 - Action completed - with training currently being planned**

Wirral Community NHS Foundation Trust has made the following progress by 31 March 2017 in taking such action as highlighted above.

Secondary Uses Service

8-8.1 Wirral Community NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

- Not applicable for admitted patient care;
- Not applicable for outpatient care; and
- 99.60% 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
- 92.40% for accident and emergency

Information Governance toolkit attainment level

9. Wirral Community NHS Foundation Trust's information Governance Assessment Report overall score for 2016/17 was 76% and was graded green. An audit of the trust's I.G. toolkit conducted by Mersey Internal Audit Agency during 2016/17 provided a rating of significant assurance.

Payment by Results clinical coding audit / Data Quality

10.1 Wirral Community NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by NHS Improvement.

2.3 Reporting against core indicators

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

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

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

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

- The trust has an open, honest and transparent culture of learning from experience, and actively promote the reporting of patient safety incidents.
- Staff are encouraged to report all incidents to maximise learning, ensuring a culture of continuous quality improvement. This benefits services directly provided by the trust, and broader system wide learning across the health and social care economy.

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

- using the trust's Sign up to Safety plan for 2017/18 to further promote incident reporting
- enhancing the mechanisms for disseminating learning from patient safety incidents across the organisation, ensuring a consistent approach, to maximise learning at every opportunity

Part 3: Other Information

Performance in 2016/17

3.1 Quality of care provided by Wirral Community NHS Foundation Trust

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

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

Quality Strategy themes

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

- putting people at the heart of quality
- advancing quality
- measuring quality
- balancing quality and cost

The trust is committed to nurturing a strong safety culture underpinned by our five sign up to safety pledges. Priorities for action during 2016/17 included:

- Put safety first – embed daily safety huddles across our integrated care co-ordination teams
- Continually learn – strengthen existing patient safety learning structures by identifying transferable learning and ensuring robust communication across clinical divisions
- Honesty – involve patient, families and their carers in root cause analysis investigations, providing evidence of organisational learning at every opportunity
- Collaborate – develop a framework to support system wide patient safety learning in partnership with local health and social care providers
- Support – implement 'leadership for all' programme, providing all staff with development opportunities that will enhance patient safety

When patient safety incidents occur, they are managed in an open transparent manner, in accordance with the Duty of Candour, ensuring a culture of continuous improvement as a result of learning from experience.

Patient Safety: We protect people from avoidable harm

Progress made during 2016 – 2017

Pressure ulcers

During 2016/17 we have continued to promote the reporting of pressure ulcers throughout all clinical services. Training in the recognition of patients at risk of pressure ulcer development has been provided to all front line clinical staff in accordance with NICE Guidance CG179.

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

During quarter 4 of 2016/17 a human factors and appreciative inquiry workshop was delivered to the pressure ulcer champions, supporting the delivery of evidence based practice.
Working in partnership with front line staff, key areas for improvements have been highlighted. This enables the trust to ensure that staff have the right skills, competency and tools, to support the delivery of high quality safe patient care.

Actions taken to improve the quality of care in relation to pressure ulcer prevention include:

- Dissemination of pressure ulcer grading criteria to all community nursing and therapy staff to support ease of reference and access when mobile working
- Review and update of the trust's Pressure Ulcer information leaflet to enable patients/carers to work in partnership with front line staff in the prevention of pressure ulcers
- Pressure ulcer prevention training has been included in the mandatory training matrix for all clinical staff across the trust
- All clinical services have been included in the 2017/18 pressure ulcer prevention audit to ensure patients who are at risk, are highlighted and referred at the first point of contact

- The procedure for the prevention and management of pressure ulcers has been updated with a greater emphasis on prevention and management of risk. This standard is applicable to all clinical staff working throughout the trust.
- Shared care plans have been updated which enables community nursing staff to work collaboratively with our partners in reducing the risk of pressure ulcers.

Medication incidents

During 2016/17 the importance of avoiding missed medication incidents remained a priority for the trust.

Whilst the quality goal was not achieved, the Community Nursing service actively participated in improvement measures including:

- Learning from the investigations of missed medication incidents was incorporated into an updated procedure used within the service to verify medication visits had occurred.
- Learning has been circulated to all community nurses via the monthly Medicines Management Bulletins.
- Mandatory Insulin e-learning has been introduced for completion annually by all relevant staff.
- Face to face insulin training has been provided to community nurses, facilitated by a diabetic specialist nurse.

Incident reporting

The trust is committed to the continued development of a high performing safety culture, where all staff feel confident to report patient safety incidents as an integral part of an open, honest transparent culture of learning.

During 2016/17 the trust proactively selected incident reporting as part of its annual audit programme with Mersey Internal Audit Agency. The audit resulted in a rating of significant assurance confirming that the trust has robust processes in place for the reporting of incidents, and clear mechanisms for disseminating learning to staff across the organisation.

The audit highlighted that during onsite discussions, it was clear that staff recognised that dissemination and discussion of 'lessons learnt' were essential in the provision of safe, service user care to encourage quality improvement and reflective practice. The auditor also observed during onsite visits with community nurses, that there was a positive culture of

incident reporting, and learning from patient safety incidents was incorporated into the daily clinical handover process.

In addition to this, in partnership with AQuA: (Advancing Quality Alliance), the trust has introduced a safety cultural tool within Dental and Community Nursing services to identify opportunities to learn from incident reporting to maximise patient safety. The impact of the cultural tool has been further strengthened by the delivery of human factors and appreciative inquiry safety workshops within these clinical services with frontline staff.
During the 2016 National NHS Staff Survey the trust scored above the national average for community trusts for the four key findings relating to errors and incidents:

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month (the lower the score the better)
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Confidence and security in reporting unsafe clinical practice

2016 NHS Staff Survey Key Finding:	Average score for Community Trusts	Wirral Community NHS Foundation Trust
KF 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	20% (the lower the score the better)	19%
KF 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	92% (the higher the score the better)	93%
KF 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.79 (the higher the score the better)	3.81
KF 31. Confidence and security in reporting unsafe clinical practice	3.76 (the higher the score the better)	3.83

Patient Experience

Progress made during 2016 – 2017

Friends and Family Test Score

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

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

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

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

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

Month/Year	% of those who would recommend our services for care or treatment	Number of responses
April 2016	84	394
May 2016	93	283
June 2016	86	704
July 2016	90	379
August 2016	91	313
September 2016	88	404
October 2016	92	493
November 2016	91	417
December 2016	88	433
January 2017	91	557
February 2017	90	588
March 2017	93	846

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

Patient Stories

At the start of the trust's bi-monthly Board meetings the Board hear and discuss an account of someone's experiences regarding their health care – referred to as a 'patient story'. Patient stories are one tool used by the trust to understand patient experience. Patient stories demonstrate what the organisation is doing well and where improvements could be made.

The Board heard six patient stories during 2016/17. The stories focused on the following services; Specialist Palliative Care Team, Sexual Health, MSK Physiotherapy, Community Discharge Liaison/Community Nursing, Continence and Wheelchair Service.

Patient stories demonstrate that trust staff are caring, and that they deliver high quality, responsive, safe and effective care. The comments below from patient stories recorded by the trust between 2016 /17 demonstrate this:

'After Rachel finished I was referred on to a physio called Chris who was also excellent… gave me more exercises to do… made me work a bit harder which I wasn't pleased with really but it did actually help a lot… saw Chris for I think three appointments and then I was discharged…'

'They really look after me they did you know…kept her out of hospital and it's thanks to them that she is here now home and since she's been home she's been very well looked after yeah yeah…and they are caring people they are yeah and its genuine it's not false not put on…no it really is…genuine concern…they're marvellous really looked after us…it's just that reassurance of having somebody there at the end of the phone line that you can contact if you've got any concerns about your disease…'

'The Macmillan nurse… she's brilliant you couldn't fault her in any way what so ever…above all he trusts her…'

'She's so reassuring…the way she talks and the way she explains things to you…also the district nurses… they're very very good they're all now on board… they all now seem there for me…'

Improving access to services

Quality improvement lies at the heart of Centralised Clinical Triage (CCT). CCT will become an integral part of our Single Integrated Gateway, and has been designed to fulfil a 'gatekeeper' function, acting on behalf of our Community Nurses to improve referrals and hospital discharges.

Work has been on-going since September 2016 to develop and implement CCT. Several core components have constituted the developmental phase:

Firstly, engagement with staff has been central to the development of CCT. We have continuously engaged with the Integrated Discharge Team (IDT), who have been relocated to St Catherine's Health Centre to fulfil the centralised triage function. We undertook a process of formal consultation with staff over their change of base, and the implementation of a change in working hours. Through this consultation process staff were able to raise concerns, and were provided with assurances and support. As part of the consultation, staff were involved in shaping and designing the service, including reviewing the pathways, designing a rota, and organising a pilot of CCT at Arrowe Park.

Secondly, we have used data and intelligence to inform the development of this service. Information around the volume of referrals received by Single Point of Access, and the amount of complex cases received by IDT staff has supported the need for a centralised triage function, to enable the effective management of these cases.

The final development phase involved utilising data to determine sufficient staffing levels, to ensure that the service could provide a high-quality triage function. We have now identified and secured additional staff to support timely discharges from the hospital. However, as CCT expands to take on all referrals from community nursing, additional staff will be required.

Clinical Effectiveness

Progress made during 2016/17

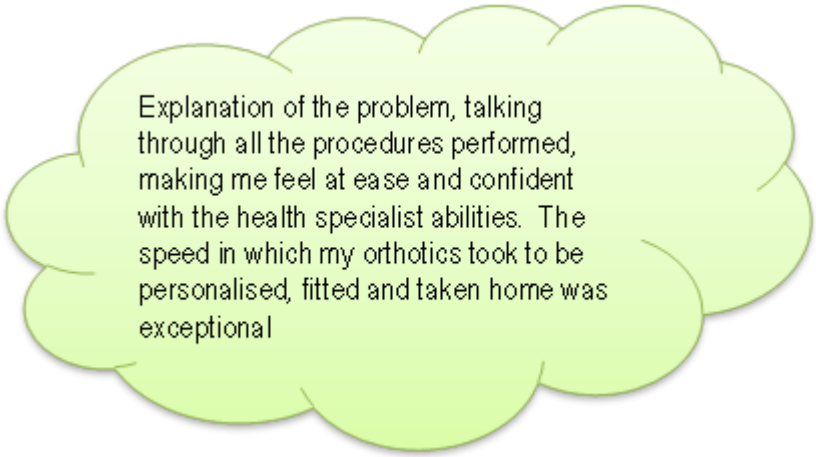
Quality Improvement

During 2016/17, services within the trust undertook a range of quality improvements using the **Plan, Do, Study, Act** cycle to improve patient safety, patient experience and clinical effectiveness.
Key achievements include:

1. **Intermediate Care Service** – The service provides a multi-disciplinary approach by physiotherapists and occupational therapists alongside social workers, nurses, care staff and GP cover to provide rehabilitation following an acute episode of ill health or hospital admission. The service piloted the Barthel (modified) Index of Activities of Daily Living which is an outcome bases assessment tool used to measure therapeutic outcomes and demonstrate the change in the level of patient's independence. The pilot was to demonstrate the effectiveness of clinical intervention for patients using the Barthel Index of Activities of Daily Living, measured on admission and discharge.
    - 77% of the overall patient scores had improved when measured on discharge
    - 77% of patients showed an improvement in at least one therapeutic outcome measure during their whole episode of care

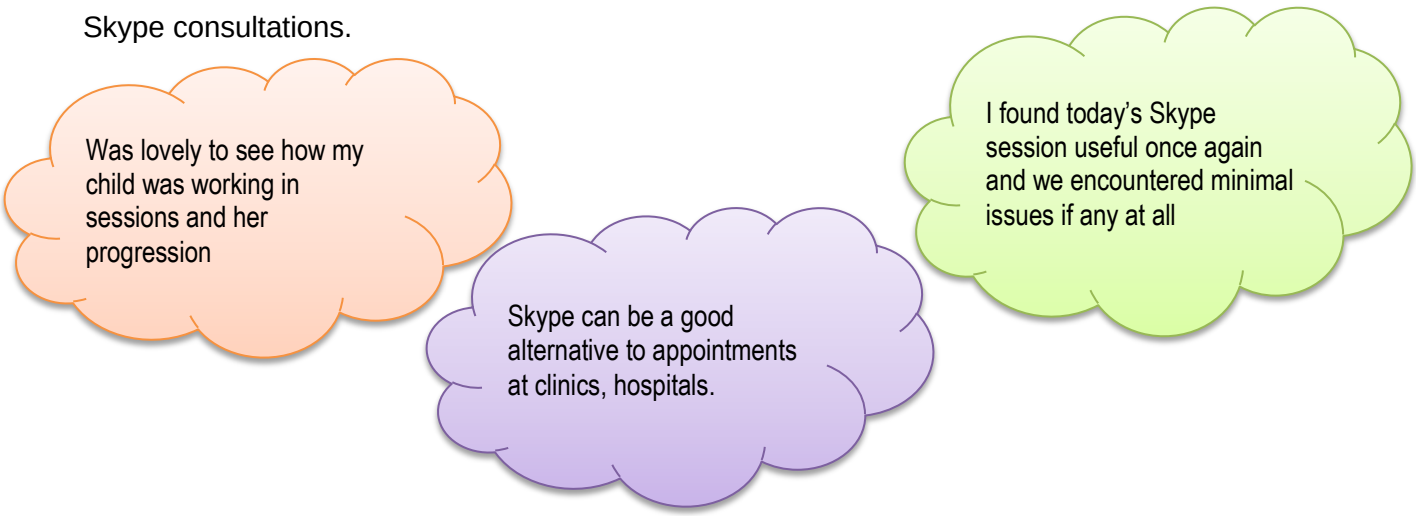
2. **Podiatry** – The service specialises in providing assessments and treatments that are focused on relieving symptoms and pain, improving function, preventing disease and improving the independence and well-being of both adults and children. Biomechanics (including gait analysis and the provision of prescriptive insoles) undertook a quality improvement using the PodotechElftman Dynamic Pressure analysis system. This was to reduce the risk factors in patients with Type ll Diabetes by identifying and reducing peak plantar pressures. The technology is portable, quick and easy to use and provides reliable data of vertical pressure on the foot. Patients were able to view the results of their examinations and the graphics produced were used to educate the patients by demonstrating their risk levels.
    - 80% of patients had a demonstrable reduction in peak plantar pressures for their right foot
    - 60% of patients had a demonstrable reduction in peak plantar pressures for their left foot

Patient feedback:



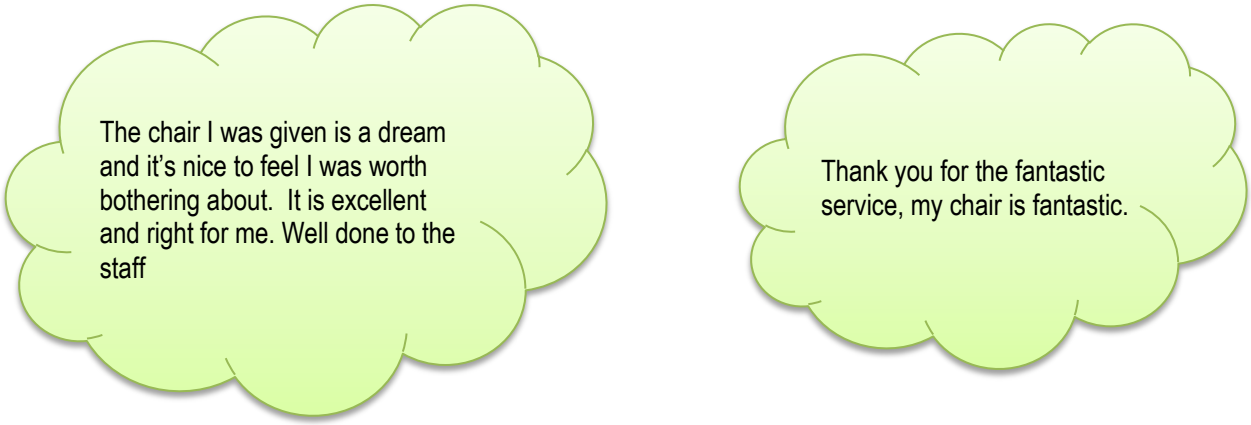
3. **Speech and Language Therapy Service** – The speech and language therapy service assesses and treats people of all ages who have speech, language and communication difficulties and have difficulties feeding, chewing or swallowing. The quality improvement undertaken by the service was for children and families who receive speech and language therapy within the paediatric hearing impairment caseload either within the home or school environment. The aim of most of the child sessions was for the parent to be able to observe and take part in a therapy session happening at school through the use of Skype. Using Skype offered greater flexibility to patients and staff.
    - 100% of clients felt that using Skype had a positive impact on their care or involvement with their child
    - 100% of clients were happy to continue to have Skype consultations
    - One parent was able to have an evening session with her child which enabled her to participate. The flexibility was appreciated as she works during the day
    - Parents of children attending the Hearing Support base were offered observation sessions that ordinarily would not have happened

The comments below were received from parents or adult clients who were involved in the Skype consultations.



4. **Wheelchair Service** – The service assesses and supplies standard and bespoke wheelchairs, special seating and pressure distribution cushions for adults and children with long-term mobility problems. The aim of the quality improvement was to assess the impact of implementing a new pathway for powered wheelchair provision for patients who met the criteria.
    - The average number of working days from patient referral to handover of wheelchair reduced from 221 days to 133 days
    - The average number of face to face contacts reduced from 3 to 2.5 per patient
    - A cost saving was made through a change in contract for the provision of a consultant

The following patient feedback was received:



5. **Adult Continence Service** – The Continence service supports and treats adults and children with urinary and bowel symptoms and incontinence. Long term catheterisation carries a significant risk of symptomatic urinary tract infections. Between 43% and 56% of urinary tract infections are associated with an indwelling urethral catheter. The quality improvement undertaken by the service aimed to reduce catheter associated urinary tract infections to promote patient safety and improve quality of care.
    - there was a 75% reduction in the use of dipstick catheter specimens of urine to diagnose infection over a period of 4 months
    - four out of the 10 patients had a successful trial without catheter and one patient now performs intermittent self-catheterisation
    - 12 continence champions who provide advice and expertise to other staff members have been recruited across the trust

CQUINS

Performance in 2016/17

During 2016/17 the trust participated in the following CQUINs:

National Integration CQUIN: End of Life Care Pathways

Multi-disciplinary and multi-agency monthly meetings of cases to identify causes of patients not dying at their preferred place of care and to develop suitable action plans to support people to die at their preferred place of care.

National Person Centred Care CQUIN: Motivational Interviewing

There were three parts to this indicator:

1. Percentage of identified staff that completed training

2. Percentage of patients in the agreed cohorts who have had a Care Plan developed utilising Motivational Interviewing techniques

3. Percentage improvement in staff reporting confidence in completion of care plans which use motivational interviewing techniques

Local CQUIN: Transition

For system wide collaboration between Wirral University Teaching Hospital NHS Foundation Trust, Wirral Community NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust, to work together to develop and agree a seamless process for the transition of young people between children's health and adult health.

We have submitted all required information to our commissioners, demonstrating full compliance with the 2016/17 CQUINs.

Quality Statements: We value and listen to our staff

Performance in 2016/17

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

The trust's quality goal in 2016/17 was to achieve 90% uptake in mandatory training for all staff. The subjects included within the quality goal include:

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

We have enhanced our system for monitoring compliance over the last 12 months. 96% of staff completed their Information Governance training within the reporting period, and we aim to replicate this level of attainment for all areas of mandatory training.

Through the introduction of our staff wellbeing plan 2016/17 we will achieve 4.0% staff sickness levels or below.

During 2016/17 there were some significant challenges in relation to managing attendance with high levels of long term absences impacting upon our ability to achieve the 4.0% target in year. The 2016/17 rate overall was 5.2%, and following implementation of a trust wide action plan there have been recent reductions towards year end, with absence levels of 4.2% and 4.1% in the last two months.

We will reduce the percentage of staff reporting that they work extra hours to the national average or below as measured by the national staff survey.

Overall our staff survey results were extremely positive with better than average scores for staff engagement. The results of the 2016 staff survey showed a 3% reduction in staff working extra hours compared against the trusts 2015 results. This was just above the 2016 national staff survey results for community trusts. The trust developed an action aimed at improving this position with a focus on ensuring that any transformational change

management programmes would include a capacity and demand analysis to support staff to manage their workloads.

We will support staff wellbeing by increasing the level of staff satisfaction in flexible working options measured by the 2016 staff survey.

The results from the staff survey for 2016 were disappointing given that the trust was unable to show an increase in the levels of staff satisfaction in flexible working despite having a flexible working policy in place and a range of flexible working arrangements available to staff.

The results showed a reduction of 3% from the 2015 figures and this is believed to be related to the number of organisational changes that have occurred during this period which have raised regular questions from staff relating to flexible working during consultations. We will continue to promote the Work Life Balance policy and the benefits of flexible working to managers and to raise awareness of the range of flexible working patterns that are available to staff.

We will implement our recruitment strategy, delivering four recruitment open days throughout the year.

The organisation held a number of successful recruitment open day events over the last 12 months to achieve this action. A number of different approaches to the events were taken looking at the target audience, times of day and whether to interview on the day or at later dates.

The events were supported by managers from across the organisation representing their services alongside corporate and external partners to provide a joined up approach. The assistance of Wirral Metropolitan College and national recruitment literature helped significantly in providing access to different learning opportunities around careers in health.

At least 30 substantive and bank workers were recruited across both health professional and support roles. Other opportunities were also explored including attending a Royal College of Nursing two day recruitment event and Manchester University Speech and Language course to attract applicants.

We will implement our Leadership for All programme with 98% of staff undertaking talent conversations during the appraisal process.

We were successful in achieving over 98% appraisal including talent conversations to support staff development which meets the trust target. Following completion of talent conversations, divisional talent development reviews have taken place. Information from these have fed into a trust wide talent mapping review. This has provided an opportunity to review future business critical roles for the trust linked to the delivery of our strategic goals, workforce plans and learning and development resources.

Learning from Incident Reporting

Performance in 2016 – 2017

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

To facilitate learning from incident and near miss reporting, the trust has a robust framework embedded throughout the organisation evidencing a commitment and proven ability to effectively manage and demonstrate sustained learning from incidents reported by staff.

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, and ensuring that investigation is focused on learning and improving. This is achieved by ensuring that all staff throughout the organisation report incidents and patient safety incidents via the trust's incident reporting system, Datix.

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

Communication to enhance patient safety and learning across the wider health and social care economy is achieved via established internal and external escalation pathways to all relevant partner organisations, including hospital trusts, clinical commissioning groups and the local authority.

During 2016/17, the trust introduced weekly 'Patient Safety Soundbites' to disseminate learning resulting from thematic trend analysis from a range of data sources, including incidents, concerns and complaints, and incident investigations. Learning is summarised via a one page bulletin, which is delivered to staff each week by service leads and team leaders. Patient safety learning has included all of the trust's clinical quality improvement areas. Feedback from staff on this approach has been very positive.

Never Event Incident Reporting

Performance in 2016 – 2017

During 2016/17 the trust reported one never event incident under the surgical never event criteria, relating to a wrong tooth extraction.

In accordance with trust policy and national guidance, all appropriate external reporting was conducted within the documented timeframes from the date of incident reporting via the trust's patient safety incident reporting system, Datix. This included reporting to NHS Improvement, NHS England, Care Quality Commission, Wirral Clinical Commissioning Group and Health Education England – North West Office. The incident was fully investigated via Root Cause Analysis (RCA) methodology by the trust's Governance and Dental Services.

The patient was fully informed of the RCA investigation, and a meeting was offered to review the findings and the learning identified from the investigation process, and actions implemented by the trust to prevent re-occurrence.

The trust commissioned specialist support to ensure an in-depth review of areas relating to human factors and culture could be fully explored. This allowed the trust to maximise learning to enhance patient safety whilst supporting staff.

The RCA investigation resulted in the development of a robust action plan with dental staff to optimise ownership whilst ensuring strong visible clinical leadership. The developed plan was aligned to the trust's transformation priority areas: Culture, People and Structure and included the following key quality improvements.

Culture

The delivery of a human factors* workshop by specialist external support was commissioned to support further understanding of the incident by the dental service. This approach reinforces the principle that patient safety is the role of all staff members.

The workshop resulted in the development of a quality improvement action plan based on the principles of human factors to support staff and patient safety across the dental service.

*Human Factors is the scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data and methods to design in order to optimise human well-being and overall system performance.

People

Amendments and enhancement to the tooth extraction surgical safety checklist were conducted to maximise safety whilst ensuring consistent implementation to support holistic, safe dental care.

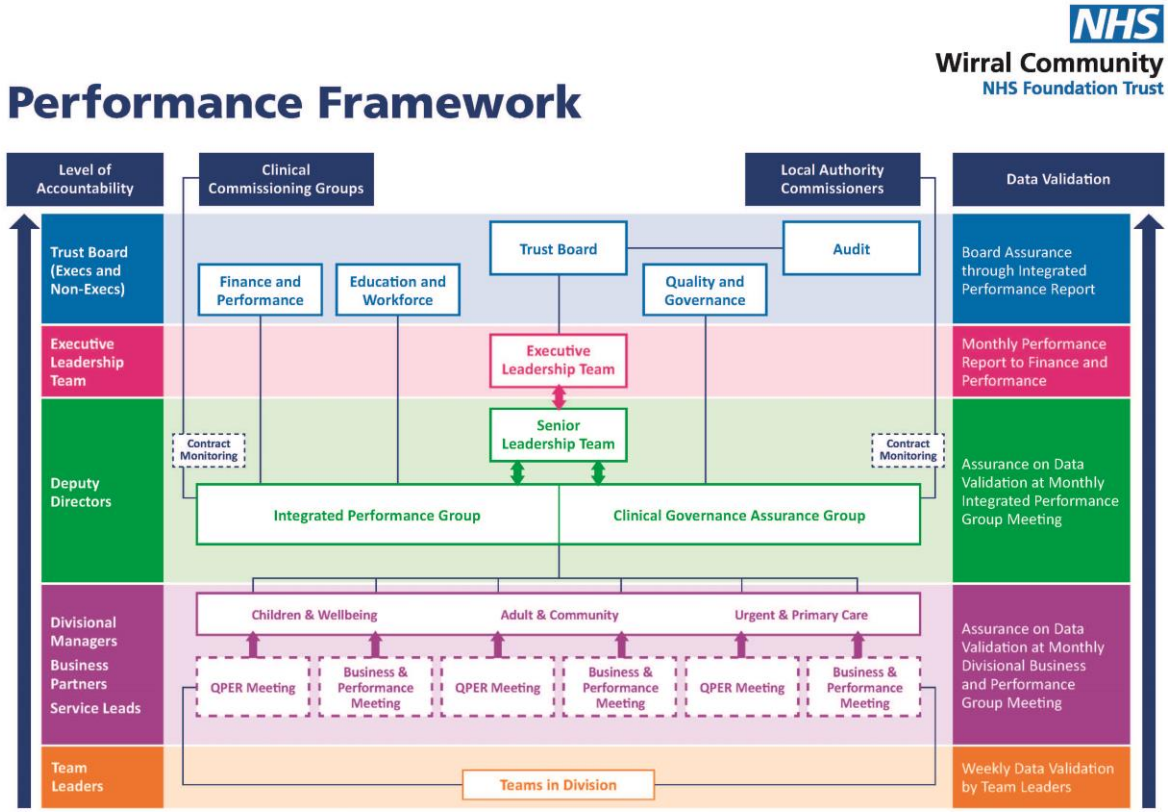
Structure

A review of clinical documentation within the Dental Service was conducted in partnership with dental staff.

The developed action plan has been fully completed within the documented timeframes and fully reported both internally and externally in accordance with national guidance.

Quality Governance Assurance Framework

During 2016/17 we further strengthened our clinical quality assurance framework, providing clear lines of responsibility and accountability to the Trust Board. The framework is detailed below:



Transformation Programme

Performance in 2016 -2017

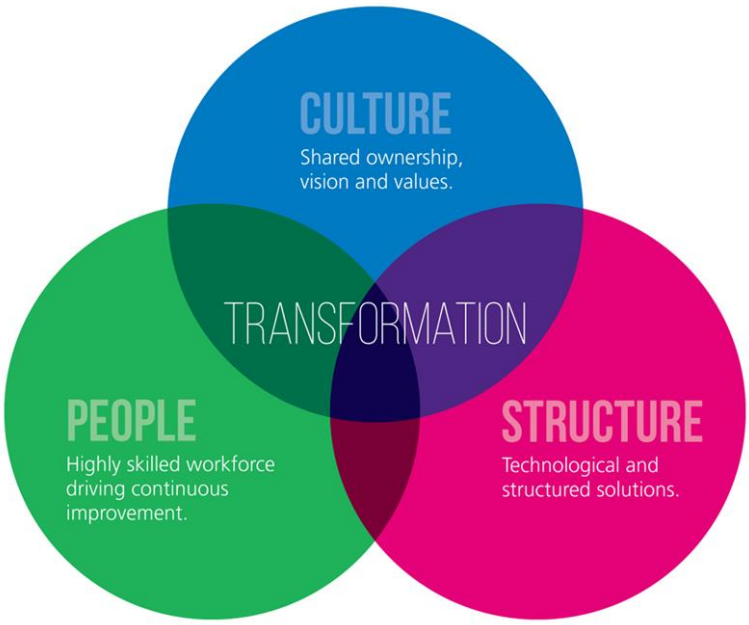
The vision for better and more sustainable care by 2020 rests on community-based models of care that are coordinated around people's needs.

To ensure trust clinical services develop in a way that supports this vision, the trust has introduced a major transformation programme '***Transforming Care Together***'.

The programme is ensuring our clinical services:

- are more integrated and person centred
- help people to remain living at home at times of vulnerability
- are aligned to commissioning intentions
- achieve improvements in quality alongside financial savings and efficiencies whilst still delivering the same high standard of care

To support the transformation programme, a bespoke model has been produced to demonstrate the three core elements required to deliver transformational change:



Key outcomes across each of the elements of the transformation programme include:

- transforming models of care
- transforming the workforce model
- transforming systems which support clinical care delivery
- transforming partnerships to deliver integrated, person centred care

Clinical reference groups have been established to co-design and test improvement ideas based on a shared purpose as well as providing scrutiny and oversight to the project.

The trust recognises that the key to success is for the programme to be driven by staff who are passionate about delivering a shared vision.

The transformation programme was presented via poster presentation at the RCN International Centenary Conference held in London, during November 2016.

Strategic Objectives

2017/18

The Trust Board has considered the Five Year Forward View (sustainability and transformation plans) and our role in shaping the future of health and social care. It has set new organisational objectives for the coming year that will ensure we continue to deliver outstanding quality care, whilst supporting staff and maintaining our strong financial position.

The new objectives will support us to remain central to providing out-of-hospital care across Wirral and Cheshire.

Our vision remains - To be the outstanding provider of high quality, integrated care to the communities we serve.

Our new strategic objectives fall under three themes – The three Ps:

♥ Our Patients and Community			
Objective	To be an outstanding trust, providing the highest levels of safe and person-centred care.		
Goals	We will deliver outstanding, safe care every time.	We will provide more person-centred care.	We will improve services through integration and better coordination.
I will...	**be outstanding.**	**listen to patients and encourage feedback.**	**work smarter with internal and external colleagues.**

♥ Our People			
Objective	To value and involve skilled and caring staff, liberated to innovate and improve services.		
Goals	We will improve staff engagement.	We will advance staff wellbeing.	We will enhance staff development.
I will...	**listen and get involved.**	**invest in my wellbeing.**	**look for ways to develop myself.**

Our Performance

Objective	To maintain financial sustainability and support our local system.		
Goals	We will grow community services across Wirral, Cheshire and Merseyside.	We will increase efficiency of corporate and clinical services.	We will deliver against contracts and financial requirements.
I will...	**promote my service.**	**suggest ways to make my service more efficient.**	**understand my service targets and help achieve them.**

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 2016/17 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 trusts.

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

	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%	N/A

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

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

Annex 1:

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

Statement from Wirral Clinical Commissioning Group

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

Patient safety: It is disappointing that the Trust did not achieve their target in the reduction of avoidable grade 3 and 4 pressure sores. The CCG acknowledges the amount of focus the organisation has placed on this priority and the work that has been undertaken and supports this remaining a priority for 2017/18.

We note that there has been a 'never event' reported in 2016/17. This was due to wrong site surgery. Whilst disappointing that this was the second incident of this nature within a two year period, we commend the approach that the trust undertook in the commissioning support from an external expert to lead a workshop on human factors as part of the investigation. Through the contract monitoring process we are assured that all recommendations have been actioned.

Due to the non-achievement of the missed medications target, the CCG supports the trusts intention for this to remain a priority for 2017/18.

Patient experience: The Trust has maintained the challenging 2016/17 target of 90 % for Friends and Family Test and the CCG has used some of the patient stories at its own the Governing Body meetings. The CCG commends the Trust in its work in relation to patient experience.

Clinical Effectiveness: the Trust is to be commended on the work that has been undertaken in relation to the large improvement programme in 2016/17. Although there have been no national clinical audits or national confidential enquiries that were applicable to the trust in 2016/17. It is pleasing to see that 24 clinical audits were undertaken and as a result of these plans have been implemented to improve quality.

It is disappointing to note that the staff sickness levels are at 5.2% which is an increase on last year's performance and above the national average. We acknowledge that the trust will strive to improve this, and it remains an objective for 2017/18 and this will be monitored by the CCG throughout the contracting year.

Looking forward in 2017/18, the CCG can confirm that the priorities for improving quality that have been identified by the Trust are priorities for the CCG including:

Patient Safety

- Pressure Ulcers

- Missed medications
- Sepsis

Patient experience

- Access to services
- Patient engagement
- Always events

Clinical Effectiveness

- Staff training
- Quality Improvement
- Clinical Effectiveness and Innovation

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 2016/17. 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

Chair

Wirral CCG

Quality Account Commentary

for Wirral Community NHS Foundation Trust

provided by Healthwatch Wirral CIC

May 2017

Healthwatch Wirral (HW) would like to thank Wirral Community NHS Foundation Trust for the opportunity to comment on the Quality Account for 2016/17. HW established a sub group of volunteers and staff who read, discuss and produce a commentary for the Quality Account. The HW Quality Account sub group met on Friday 5th May 2017 to compile this response.

Priorities for 2017/18

The 3 priorities were noted. HW were pleased that the Trust developed the priorities in partnership with the Trust's Clinical Quality Improvement Group and frontline clinical staff and that quality improvement action plans have been developed in relation to each clinical area.

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

Review of Performance in 2016/17

It was positive to note that:-

- The Trust had successful achievements in their Commissioning for Quality and Innovations (CQUIN) schemes and Quality objectives.
- The Trust have successfully achieved all goals in Patient Experience and Clinical Effectiveness
- The Friends and Family score exceeded the Trust's target for the year.
- The Trust continues to present patient stories to the Board to enable them to understand patient experience and evaluate whet the organisation is doing well and what could be improved.
- The Trust has engaged with staff in the development of Centralised Clinical Triage.
- The Speech and Language Therapy Service is utilizing technology such as Skype to enable parents to observe and take part with their children in therapy sessions at school.
- The culture of incident reporting has remained a high priority for the Trust resulting in a rating of significant assurance from a quality spot check conducted by Mersey Internal Audit Agency.
- The Trust performed well in the Local Clinical Audits

It was disappointing to read that:-

- The Trust had not achieved its targets in Patient Safety Priorities, Pressure Ulcers and Medication Incidents. The Trust has changed its reporting system which has resulted in an increase in reporting incidents. It is gratifying to know that pressure ulcers have been reviewed by the Trust's Pressure Ulcer Multidisciplinary Group and medication incidents have been reviewed by the Medicines Governance Pharmacy Team and frontline staff.

Both remain a priority for the Trust and Healthwatch look forward to receiving updates on their progress throughout 2017 to 2018.

- The Trust had one never event during the year, however, it was reassuring to hear that the incident was fully investigated and a robust action plan with dental staff was put in place.
- The staff satisfaction survey results were disappointing. The Trust believed this was due to organisational changes during the year and they will continue to promote the Worklife Balance Policy.
- The Trust were not given the opportunity to participate in the National Clinical Audits due to lack of eligibility.

HW has enjoyed working alongside the Community Trust as it recognises the value in our relationship and has utilised the functions, duties and powers of HW to provide challenge and assurances. 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.
"Healthwatch would like to add their congratulations to the Trust on obtaining Foundation Trust status."

Karen Prior

Healthwatch Wirral Chief Officer

On behalf of Healthwatch Wirral

Statement from Wirral Metropolitan Borough Council

18th May 2017

Commentary on the draft Quality Account, 2016/17
Wirral Community Trust

During the 2016/17 municipal year, the People Overview & Scrutiny Committee undertook the health scrutiny function at Wirral Council. The Committee established a Panel of Members (the Health and Care Performance Panel) to undertake on-going scrutiny of performance issues relating to the health and care sector. Members of the Panel met on 10th May 2017 to consider the draft Quality Account and received a verbal presentation on the contents of the document. Members would like to thank Wirral Community Trust for the opportunity to comment on the draft Quality Account 2016/17. Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

Overview
Members note the inclusion of details of staff awards and publications in the 2016/17 Quality Account and congratulate the Trust and its staff on these achievements.

Progress on 2016/17 Priorities for Improvement
Although concerned that two patient safety priorities, to reduce pressure ulcers and missed medication incidents were not met in 2016/17, Members are reassured that the Trust has included these priorities among the 2017/18 priorities for improvement.

Patient Experience Priority for Improvement 2017/18: Access to services
Members welcome plans to introduce the Tele-health service to provide clinical expertise and enhance support and guidance given to care home staff. It is hoped that this priority will achieve its stated goal of reducing unnecessary visits to A&E from care homes, enhancing the patient experience and reducing pressure on ambulance services. Members look forward to receiving an update in next year's Quality Account.

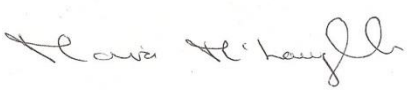
Other Comments

Culture of learning from incidents
Members welcome the Trust's work to embed a culture of openness and transparency throughout the organisation to support learning from incidents. This is demonstrated by the work to introduce a cultural safety tool in partnership with Advancing Quality Alliance and the use of the Datix incident reporting tool. Members are encouraged by the positive staff response to the weekly circulation of the 'Patient Safety Sound bites' bulletin to disseminate learning from incidents.

Speech and Language Therapy Service
Members are impressed by the introduction of Skype therapy sessions for children in the school and home environment. The flexibility of this approach, allowing parents to observe and take part in sessions is viewed positively by Members, who note the excellent patient and parent feedback reported. Members are encouraged by this innovative approach to providing therapy and would be interested to see how this method of therapy delivery is expanded to other services in future.

Integration of Health and Care Services
As the integration of health and care services develops through the Transforming Care Together programme it will be important to be able to demonstrate that true integration of service delivery takes place and provides person-centred care. As Accountable Care arrangements are further developed, an appropriate governance framework will be required to enable closer partnership working, including a suitable approach to the sharing of risk.

I hope that these comments are useful



Councillor Moira McLaughlin
Former Chair, Health and Care Performance Panel and
Former Chair, Families and Wellbeing Policy & Performance Committee

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 2016/17 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 2016 to 30 May 2017
    - papers relating to quality reported to the board over the period 1 April 2016 to 30 May 2017
    - feedback from commissioners dated 30/05/2017
    - feedback from governors dates 18/04/2017
    - feedback from local Healthwatch organisations dated 05/05/2017
    - feedback from Overview and Scrutiny Committee dated 18/05/2017
    - the trust's Quarter 4 complaints report dated 19/04/2017
    - the national staff survey 07/03/2017
    - the Head of Internal Audit's annual opinion of the trust's control environment dated 19/04/2017
    - CQC inspection report dated 18/11/2014

- 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

30 May 2017  Chairman

30 May 2017  Chief Executive

Annex 3:

Independent Auditor's Limited Assurance Report

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

We have been engaged by the Board of Governors of Wirral Community NHS Foundation Trust to perform an independent limited assurance engagement in respect of Wirral Community NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and additional supporting guidance in the 'Detailed requirements for quality reports for foundation trusts 2016/17' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period selected from the subset of mandated indicators. The testing of this indicator was mandated by NHS Improvement as first in a prescribed order of preference;
- Number of avoidable community acquired grade 3, 4 (EPUAP) and unstageable pressure ulcers in 2016/17. The testing of this indicator was mandated by NHS Improvement as it was an indicator included within the Quality Report.

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

Respective responsibilities of the directors and Practitioner

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 2016/17' and supporting guidance 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 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; 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 2016/17' and

supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' 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:

- Board minutes for the period 01/06/2016 to 30/05/17
- papers relating to quality reported to the Board over the period 01/04/2016 to 30/05/2017.
- feedback from Commissioners dated 31/05/2017;
- feedback from Governors dated 18/04/2017
- feedback from local Healthwatch organisations dated 05/05/2017;
- feedback from Overview and Scrutiny Committee dated 10/05/2017;
- the Trust's Quarter 4 complaints report 19/04/2017
- the national staff survey dated 07/03/2017;
- the Care Quality Commission inspection report dated 18/04/2014;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 19/04/2017.

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

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

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 Board of Governors of Wirral Community NHS Foundation Trust as a body, to assist the Board of Governors in reporting Wirral Community NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Board 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 Board of Governors as a body, and Wirral Community NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other

than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- 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 indicators tested back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

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 2016/17' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Wirral Community NHS Foundation Trust.

Our audit work on the financial statements of Wirral Community NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Wirral Community NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Wirral Community NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Wirral Community NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Wirral Community NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Wirral Community NHS Foundation Trust] and Wirral Community NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- 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 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

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31 May 2017