

Lancashire
Care NHS
Foundation
Trust

Quality Account 2016/17





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Part 1: Statement on Quality from the Chief Executive of the Organisation

Lancashire Care NHS Foundation Trust is a health and wellbeing organisation providing a holistic service that is able to meet a wide range of health needs. The Quality Account is our annual report about the quality of services we delivered for the period April 2016 to March 2017 and in addition to this, we set out our priorities for improving quality over the coming year from April 2017 to March 2018.

We have a duty to publish a Quality Account and we welcome this as a valuable opportunity to help raise awareness of our work. In conjunction with our Annual Report, this Quality Account will give you an overview of the work we do, the range of our activities and current performance. In addition we are hosting our first Quality Improvement conference which will inform the development of “Our Quality Story”. This will be shared in a variety of public friendly styles and will complement the Quality Account. As in previous years a summary of the Quality Account will be included in the summer 2017 edition of our VOICE news publication which is our newsletter developed with and for people who use services, families and carers and is available on our website.



This year we have undertaken a refresh of the Trust Strategy in the context of significant changes affecting the health and social care environment, both at national and local levels, including the requirement for the local health and care economy to develop a system-wide Sustainability and Transformation Plan (STP). The refresh continues to uphold that Quality is our number one priority with Our Vision articulating what the Quality led Strategy will achieve by 2019 through the delivery of the three quality outcomes as reflected in this visual. I am delighted that the Care Quality Commission (CQC), as part of our Good rating, recognised how Our Vision is understood with staff across the organisation reflecting how they contribute to achieving the outcomes.

As Chief Executive I am proud of our achievements to date and, with the Board, have committed to building on our successes and driving further improvements underpinned by quality improvement methodology with the aspiration of being recognised as a national leader in Quality Improvement.

At Lancashire Care NHS Foundation Trust we are proactively managing the financial pressures faced by many NHS organisations. In doing this we continue to maintain our primary goal of maintaining the focus on delivering quality services and being open and honest about any challenges to this. We want our Quality Account to be part of our evolving conversation with the people we serve about what quality means and about how we must work together to deliver quality across the organisation. In offering you an overview of our approach to quality, we invite your scrutiny, debate, reflection and feedback.

The Council of Governors and Lancashire Care NHS Foundation Trust Board have approved this Quality Account which covers the full range of services we provide. To the best of our knowledge the information contained in this account is accurate. We hope that this Quality Account gives you a clear picture of how important quality improvement, safety and the experiences of the people who use our services together with the experiences of our staff are to us at Lancashire Care NHS Foundation Trust.

Heather L. Tierney-Moore

Professor Heather-Tierney Moore Chief Executive





Part 2: Priorities for Improvement and Statements of Assurance from the Board

2.1) Priorities for Improvement - Forward Looking 2017/18

This section of the Quality Account is the ‘forward looking’ section. It describes the quality improvements that Lancashire Care NHS Foundation Trust plans to make over the next year. This section explains why the Trust priorities have been chosen, how they will be implemented, monitored and reported.

Quality is about giving people treatments that work (effectiveness), making sure that they have a good experience of care (caring and responsive), protecting them from harm (safety), with services that are well led.

Each quality improvement priority links with one of the domains of quality and they are part of our Quality Plan.

We will:

- Achieve harm free care with a particular improvement focus on reducing pressure ulcers and violence
- Support and enable quality improvement everyday using our model for improvement.
- Use the learning from serious incidents and feedback to improve care
- Co-design improvements with people who use our services, carers and families truly understanding what matters to them.



Lancashire Care NHS Foundation Trust’s quality priorities are consistent with the aims of the Lancashire and South Cumbria Sustainability and Transformation Plan.

An external independent review of governance processes in 2016/17 was a completed and reflected a clear structure and connectivity from Networks to the Board.

During 2016/17 an organisational reset was commenced that will see a move from four to three Networks. The three new Networks will be: Community and Well-being, Mental Health and Children and Young Peoples Wellbeing with services aligned appropriately. The reset will enable the organisation to be fit for purpose for the future, be sustainable and effective. This has been informed by the views of staff and people who use services collated during ‘Big Engage’ sessions, utilising the findings from our work with Professor West at the King’s Fund, and feedback from stakeholders, including commissioners and the CQC. The reset will enable us to work in a place based way, to better respond to the needs of the population and work collaboratively with partners to achieve the best outcomes for people. The redesign of the organisation is giving the opportunity to strengthen professional leadership across Nursing, Psychology and the Allied Health Professions with this to be fully implemented and embedded across 2017/18.



A Being Open Policy has been in place for several years and has been updated to take into account the statutory Duty of Candour. This policy sets out the approach taken to being open with people who use services, their relatives and carers when things go wrong and includes the formal process to comply with the Duty of Candour. Examples of fulfilling the Duty of Candour are shared with commissioners on a monthly basis. The recent CQC inspection of the Trust found good overall compliance with the Duty of Candour requirements.

In September 2016 a dedicated Investigations and Learning Team was established. This team undertakes all serious incident investigations within Lancashire Care NHS Foundation Trust. The team consists of eight Investigations and Learning Specialists reporting to the Head of Investigations and Learning along with administrative support. The team is independent of clinical services and aims to produce impartial and transparent investigation reports with the objective of improving the quality of investigations. The team has produced a leaflet for people affected by a serious incident that explains the process and has procedures in place to ensure that everyone involved in a serious incident investigation receives a copy of the final anonymised report. The team provide post-investigation debriefings for the clinical team and for people who have used services, their carers and families.

Feedback mechanisms have been put in place for anyone involved in an investigation to leave feedback about their experience. This is collected by the Head of Investigations and Learning and used to help improve experience of being involved in an investigation. The team are also undertaking a Level 7 Post Graduate Certificate in Serious Incident Investigation with the University of Central Lancashire.

A charter describes the approach the team is taking to serious incident investigations and sets out clear principles which govern the way the team operates:

Principle 1	We are all human and we all make mistakes.
Principle 2	All members of staff have the right not to be unfairly penalised for making an honest mistake.
Principle 3	All members of staff have a responsibility to learn from the mistakes they make.
Principle 4	An investigation should identify the factors that created the circumstances in which an incident occurred, or a member of staff made a mistake they would not normally make, and support them to learn from it.
Principle 5	Staff who report concerns or self-report errors are essential to preventing harm and improving patient safety and must be supported, encouraged and protected.
Principle 6	Serious incident investigations are separate from any disciplinary processes and confidential information provided to Serious Incident investigations will not be used for other purposes.
Principle 7	Team members will operate with openness, transparency, honesty and integrity at all times.



The model of *Dare to Share, Time to Shine* events has continued throughout the year to support sharing the learning in addition to our *Blue Light* and *Green Light* safety alerts.

Since the publication and associated recommendations made in the Mazars Report which looked into the deaths of people with a learning disability or mental health problem at Southern Health NHS Foundation Trust four categories are now used to record deaths:

- a) Expected death from natural causes
- b) Unexpected death from natural causes
- c) Expected death from unnatural causes
- d) Unexpected death from unnatural causes

These classification help inform the decision whether or not to investigate a death. Where it is decided no investigation is required beyond the initial 72 Hour Investigation Report the rationale is recorded.

Further plans are due to be implemented from April 2017 that will see the establishment of a Serious Incident Learning Review Panel, to be chaired by a Non-Executive Director and attended by the Medical Director, the Director of Nursing and Quality, the Associate Director of Safety and Quality Governance, the Head of Investigations and Learning and representatives from the Lead Commissioners. This plan will add further scrutiny and support to the development of recommendations.

Lancashire Care NHS Foundation Trust is registered and regulated by the CQC for a range of health and care services. The Responsible Individual registered with the CQC is the Executive Director of Nursing and Quality.

The CQC re-inspected Lancashire Care NHS Foundation Trust during September 2016, with the main inspection week taking place during 12-16 September 2016. This followed the first comprehensive CQC inspection in April 2015. The inspection process included a significant level of data collection and analysis by the CQC, interviews with senior managers and clinicians, focus groups with a range of front line staff and stakeholders, and on-site inspection visits across the Trust.

A summary of the CQC activity during the inspection is listed below:

- Attended 34 meetings including team meetings, multidisciplinary meetings, handovers and therapy groups
- Carried out 17 home visits
- Looked at a range of clinical and management records
- Looked at 24 staff records
- Met with 538 employees
- Met with 169 people who use services who shared their views and experiences of the core services we visited
- Observed how people were being cared for
- Reviewed 439 care records



- Spoke with 30 carers or relatives of people who use the service
- Visited all 39 in-patient wards
- Held a number of focus groups and interviews with senior leaders.

The rating given by the CQC following the re-inspection is Good.

The CQC have commented on a number of key areas of good practice, including:

- Good evidence of ward-to-Board connection
- Good embedding of the Vision and Values
- Effective use of quality information to drive improvement
- Good systems for learning lessons and the duty of candour
- Compliance with same sex accommodation standards
- Clinical areas are clean and well maintained, with staff following good infection control practice
- Care plans and risk assessments were of good quality
- Improvements in training as a result of the Quality Academy
- Established systems to support administration and governance of mental health law
- Improved systems for responding to maintenance issues
- Clear process for escalating risks with good understanding of key risks
- The majority of staff reported that they felt valued.

The CQC specifically highlighted as good practice that:

- Arrangements for children and young people transitioning to adult mental health services had improved.
- The development of a specific sexual health training module focusing on the needs of lesbian, gay, bisexual and transsexual people.
- The Guild Lodge secure mental health service had established a gardening project within the hospital grounds called “grow your own”. The project was available to local schools and community groups as well as people at Guild Lodge.
- Staff had developed practical guides to treatment pathways for people within early intervention services which had been published as good practice.
- The care home support service team had reduced unnecessary admissions to hospital by implemented a ‘hydration kit’ for which they had been nominated for a national award.
- The development of a ‘safer wandering scheme’ and protocol for people with dementia in partnership with the police.

Areas for improvement were identified including:

- Community mental health service for adults – lack of ongoing capacity assessments for those under Community Treatment Orders and high demand for services.
- Community mental health service for children and young people – lack of completed clinical risk assessments prior to a new tool being implemented.



- Community health services for children and young people – lack of robust safeguarding supervision arrangements.
- Acute mental health wards and PICUs – staffing challenges and demand for services.
- Community health services for learning disability and autism – lack of compliance with core skills and gaps in provision of commissioned psychiatry cover.

Lancashire Care NHS Foundation Trust's [report](#) is available on the CQC website.

CQC's updated ratings for Trust mental health services are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Requires Improvement	Good	Good	Good	Good	Good
Forensic inpatient / secure wards	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Requires Improvement	Good	Good	Good	Good
Mental health crisis services and health based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires Improvement	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Community mental health services for people with a learning disability or autism	Good	Requires Improvement	Good	Good	Good	Good



CQC's updated ratings for community health services are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Community health services for children, young people and families	Requires Improvement	Good	Good	Good	Good	Good
Community health inpatient services	Good	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Community sexual health services	Good	Good	Good	Good	Good	Good

Updated ratings for Lancashire Care NHS Foundation Trust overall:

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

Following publication of the reports, a Quality Summit was held on 21 February 2017 where the CQC presented their findings to commissioners, regulators and stakeholders. Lancashire Care NHS Foundation Trust presented the outline of its improvement plan in relation to the identified areas.

The Quality Plan 2017/18 encompasses all the CQC identified improvements. The plan reflects the organisational quality improvement approach and is a key driver in delivering our quality improvement / sign up to safety priorities. Each area for improvement has an individual plan, with clear timescales for completion. This is reported through the governance structures to Quality Committee and the Board.

During 2016/17 Lancashire Care NHS Foundation Trust has undertaken a refresh of the Quality led Strategy in the context of significant changes affecting the health and social care environment, both at national and local levels, including the requirement for the local health and care economy to develop a system-wide Sustainability and Transformation Plan (STP).

The refresh continues to uphold that Quality is our number one priority with Our Vision articulating what





the Quality led Strategy will achieve by 2019 through the delivery of the three quality outcomes as reflected in this visual.

Underpinning this delivery is the Quality Plan for 2017/18 which has been co-produced with all Support Services teams with the aim of each team articulating through their quality plan goals and actions the ways in which they support the Networks and clinical teams to achieve the three quality outcomes and deliver high quality care, in the right place at the right time for people who use our services.

Fundamental to the success of the Quality Plan is the continuation of the work to ensure a culture of continuous improvement using our Quality Improvement Framework (QIF) methodology and quality improvement tools. Learning from the organisations that have developed a national reputation for being the best Lancashire Care NHS Foundation Trust will drive our commitment to Quality Improvement (QI) with the aspiration of being recognised as a national QI leader.

In 2017/18 we will build on our QI learning programme in partnership with the Advancing Quality Alliance (AQuA) as part of The Building Blocks to Effective Continuous Quality Improvement across an organisation (Dr Peter Chamberlain ©). Not everyone needs to be expert in this approach, but everyone should understand the principles with QI leads driving, coaching and working to sustain improvement work. The principle of co-designing quality improvement initiatives involving people who use services, families and carers together with our staff is the foundation of our approach to quality improvement.

NHS Trust Boards take full responsibility for the quality of care provided, taking collective responsibility for nursing and care staffing capacity and capability. In Lancashire Care NHS Foundation Trust safer staffing monthly briefings / assurance are presented to the Quality and Safety Sub-Committee highlighting any key areas of risk and actions to mitigate these with six monthly detailed reports presented to the Quality Committee.

During 2016/17 Lancashire Care NHS Foundation Trust has refocused the work on safe staffing to ensure the link between staffing and quality and safety is understood by everyone. The development of a comprehensive quality dashboard is supporting this. The use of the dashboard has increased at every level of the organisation and the ward managers and Matrons are using their own data to provide analysis and to inform improvement. The use of the Hurst Tool for calculating staffing levels continues across inpatient services and the Deputy Director of Nursing and Heads of Nursing are involved in national work to further develop this tool for specific areas of specialist care and for community services. This will enable greater analysis of acuity and activity which in turn will give more appropriate calculations of staffing levels across all areas. In addition Lancashire Care NHS Foundation Trust is embracing the introduction of the Nurse Associate and apprenticeship schemes to support building the future workforce.

Engaged and content employees are directly linked to the quality of care and compassion, so it is really important that we get this right to ensure that joy is fostered at work to avoid burnout (Ham Berwick and Dixon 2016)

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Improving-quality-Kings-Fund-February-2016.pdf.



To support this Lancashire Care NHS Foundation Trust has developed a 'People Plan' during 2016/17 and work has been undertaken to lay the foundations on which to build over the next 3 years.

Lancashire Care NHS Foundation Trust has a number of key quality work streams focused on providing quality assurance and evidence of continuous quality improvement. Four of these quality priorities are reflected below. Progress against the priorities for 2016/17 is included in part 3.0.

Priority 1	People who deliver and support the delivery of services are motivated, engaged and proud of the service they provide
Domain	Effectiveness
Rationale	Learning, candour and accountability CQC 2016 Improving quality in the English NHS 2016
Target	We will use the learning from serious incidents and feedback to improve care taking a quality improvement approach to driving this learning. We will demonstrate the impact of this approach through: seclusion and end of life care, focused quality improvements
How progress will be monitored	Improvement aims and quality improvement tools to be applied will be reflected in the associated QI plans
How progress will be reported	To be reported through the Promoting Health Preventing Harm group to the Quality and Safety subcommittee on a quarterly basis.
Priority 2	People who use our services are at the heart of everything we do: all teams will seek the views of service users and carers to inform quality improvements
Domain	Experience of care (caring and responsive)
Rationale	Department of Health - The NHS Friends and Family Test (FFT) implementation The Always Events® Toolkit - Institute for Health Improvement and NHS England 2016 '
Target	We will co-design improvements with people who use our services, carers and families truly understanding what matters to them. The Always Event © quality improvement tool will continue to be used together with the Sit and See© approach. We will: Demonstrate spread and sustainability of the Always Events co-designed in 17/18. Introduce five always events programmes Complete a minimum of ten Sit and See© observations
How progress will be monitored	Evidence of Always Event plans, measures and outcomes Evidence of 'sit and see'© observations.
How progress will be reported	To be reported through the Promoting Health Preventing Harm group to the Quality and Safety subcommittee on a quarterly basis.



Priority 3	People who use our services are at the heart of everything we do: care will be safe and harm free
Domain	Safety
Rationale	Harm Free Care (HFC) quality initiatives Commissioning for Quality and Innovation (CQUIN) Quality plan Goals Department of Health - Positive and Proactive Care: reducing the need for restrictive interventions
Target	No avoidable pressure ulcers will be acquired in our care React to red will be in place Harm from violence will reduce by 10% each year Daily safety huddles will be embedded in inpatient settings
How progress will be monitored	Improvement aims and quality improvement tools to be applied will be reflected in the associated QI plans
How progress will be reported	To be reported through the Promoting Health Preventing Harm group to the Quality and Safety subcommittee on a quarterly basis.
Priority 4	A quality focused culture is embedded across the organisation: services are well led and we are all working together to always be the best we can be
Domain	Well-led
Rationale	Good Governance Handbook 2015 Monitor Well-led framework for governance reviews: 2015 Building a Culture of Improvement at East London NHS Foundation Trust: Institute of Healthcare Improvement (IHI) 2016 Improving Quality in the English NHS: A strategy for action: The King's Fund, 2016
Target	We will support and enable quality improvement everyday using our model for improvement. We will design and implement a 'bite-size' quality improvement learning option in partnership with AQUA and we will demonstrate implementation during the year. To showcase the quality improvement activity within the organization we will hold an Annual Quality Improvement Conference.
How progress will be monitored	Evidence of development of the 'bite size' learning option Evidence of progressive implementation of the 'bite size' programme Evidence QI conference development plans and conference outcome.
How progress will be reported	To be reported through the Promoting Health Preventing Harm group to the Quality and Safety subcommittee on a quarterly basis.



2.2) Statements of Assurance from the Board

This section of the Quality Account is governed by regulations which require the content to include statements in a specified format; this allows the reader to compare statements for different Trusts. These statements serve to offer assurance to the public that Lancashire Care NHS Foundation Trust is performing to essential standards, providing high quality care, measuring clinical processes and involved in initiatives to improve quality.

Review of Services Participation in Clinical Audits

During 2016/17 Lancashire Care NHS Foundation Trust provided three types of NHS services (mental health and learning disability services, community services and specialist services). Lancashire Care NHS Foundation Trust has reviewed all the data available to them on the quality of care in these three NHS services via the quality schedule of the NHS standard contract and through the reconciliation of Commissioning for Quality and Innovation scheme (CQUIN).

The income generated by the NHS services reviewed in 2016/17 represents 100% of the total income generated from the provision of NHS services by Lancashire Care NHS Foundation Trust for 2016/17.

Participation in Clinical Audits

The reports of six national clinical audits were reviewed by the provider in 2016/17 and Lancashire Care NHS Foundation Trust intends to take the following actions to improve quality and healthcare provided.

- The reports of the national clinical audits that Lancashire Care NHS Foundation Trust participated in in 2016/17 will be reviewed and acted upon when published.

The report of one national confidential enquiry was reviewed by the provider in 2016/17 and Lancashire Care NHS Foundation Trust intends to take the following actions to improve quality and healthcare provided.

- The reports of the national confidential enquiry that Lancashire Care NHS Foundation Trust participated in in 2016/17 will be reviewed and acted upon when published

During that period Lancashire Care NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Lancashire Care NHS Foundation Trust was eligible to participate in during 2016/17 are:

- National Audit of Stroke
- National Chronic Obstructive Pulmonary Disease (COPD) audit
- National Rheumatology Audit
- National Audit of Intermediate Services
- National Diabetes Audit, Foot care Audit
- UK Parkinson's Audit



The national clinical audits and national confidential enquiries that Lancashire Care NHS Foundation Trust participated in, and for which data collection was completed during 2016/17, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit	Participation	% of cases submitted/update
National Audit of Stroke	Yes	2016/17 audit completed. Audit ongoing
National COPD audit	Yes	2016/17 audit complete
National Audit of Rheumatology	Yes	2014/15 results published and circulated. Audit has been put on hold <i>and will be recommissioned in 2017</i>
National Audit of Intermediate Services	Yes	Complete
National Diabetes Audit, Foot care Audit	Yes	The National Diabetes Programme have recently published figures detailing results from 2014-2016. A Lancashire Care Foundation Trust response is in development. Data collection is ongoing for 2017
UK Parkinson's Audit	Yes	Complete
MAS	Yes	Complete

Name of National Confidential Enquiry	Participation	% Cases Submitted
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Yes	Suicide 100% Homicide 100%

Lancashire Care NHS Foundation Trust is committed to ensuring that each network has a robust network priority programme as described below:

- Network priority audits are identified through each Network's Quality and Safety Sub Committee and in discussion with the Clinical Audit Team and Medical Director
- Progress in respect of the clinical audit programme is reported to the Quality and Safety subcommittee on a quarterly basis
- Each Network has included at least one audit focussed on the Mental Health Act or Mental Capacity Act in its programme where appropriate
- Other audits may be selected based on new services/clinical practices or areas identified as requiring improvement, risk or serious incidents may also trigger inclusion within the priority audit programme
- Each Network identifies 8 Network priority clinical audits
- The Clinical Audit team is committed to supporting clinicians who carry out clinical audit by providing advice and assistance from appropriately trained and experienced clinical audit staff, and advice and training in clinical audit processes and practice



The reports of 34 local clinical audits were reviewed by the provider in 2016/17 and Lancashire Care NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided with examples being:

- To continue to develop the local clinical audit plans
- For local clinical audit findings to inform continuous quality improvements

The examples of clinical audits below have been selected from each Network demonstrating the spread of services provided by Lancashire Care NHS Foundation Trust and the areas for improvement for 2017/18.

Adult Community: Pressure Ulcers re-audit: (93% compliance)

The overall compliance is 93% which is an increase from 85% in the initial audit, based on a NICE quality standard. The re-audit was carried out within Integrated Neighbourhood Teams and inpatient wards. Both services demonstrated significant improvement in providing advice to people on the benefits and frequency of repositioning. With the Integrated Neighbourhood Team also ensuring people had information regarding how to prevent pressure ulcers.

Some variation in practice was noted within Older Adult inpatient wards and action is currently being undertaken to make the required improvement.

Adult Community: Mental Capacity Act (57% compliance)

This is the first time the documentation of mental capacity has been audited within the Integrated Nursing Teams. It identifies the high quality documentation recorded in some areas. Following the audit the services have developed documentation to add nursing staff at each district nurse visit.

Children and Families: Domestic Abuse re-audit (89% compliance)

The original baseline audit was carried out for teams within the Universal service line and achieved 60% compliance. The re-audit achieved 89% compliance. These improvements directly link to the comprehensive work that has been done to embed routine enquiry into domestic abuse with the establishment of a special interest group to share best practice and use evidence-based research to improve outcomes.

Children and Families: Psychological care of HIV patients re-audit (93% compliance)

This project was undertaken within the Sexual Health service line, specifically for patients attending the specialist HIV clinic at Royal Preston hospital. The original baseline audit achieved 72% and showed that all patients with any concerns identified after screening had access to more comprehensive psychological and cognitive assessments. However, screening of patients was not always recorded. New care plans are now in place to facilitate accurate recording and consequently, the re-audit was able to evidence excellent practice.



Specialist Services: My Shared Pathway re-audit (79% Compliance)

My Shared pathway (MSP) is part of the National Secure Services Quality, Innovation, Productivity and Prevention (QIPP) Programme. It is a recovery approach which looks to identify the outcomes a person hopes to achieve.

The overall compliance for the re-audit is 79% which demonstrates a significant increase in compliance from the original audit which achieved 60%. There have been significant improvements in the people's understanding of their 'My Shared Pathway'. A key contribution to this has been the design and display of personalised My Shared Pathway summary sheets which are displayed in the person's bedroom.

Specialist Services: Violence & Aggression re-audit (71% Compliance)

The Violence & Aggression NICE Guideline (NG 10) was originally audited in 2015/16. This audit only achieved 30% compliance and demonstrated the need for improvements in all areas. A robust action plan has been actioned and the re-audit has now revealed a compliance level of 71%. Significant improvements have been generated around care plans with 100% of service users now having a violence reduction plan compared to 75% in the initial audit. This demonstrates an improvement of quality in patient safety and experience. Other areas of improvement include giving service users the opportunity to complete advance statements about the use of restrictive interventions. Further improvements are required regarding the recording of debriefs following incidents of violence and aggression. This has been addressed in the audit action plan by additional training and communication to staff.

Adult Mental Health: Quality of Nursing Shift Handover (86% compliance)

This project aimed to seek assurance that the quality of the nursing handover is consistent and of a high standard across all adult mental health wards to ensure safe and effective practice. Several aspects of excellent practice were observed and have subsequently been shared across the network to drive further improvements.

Adult Mental Health: Quality of Risk Assessment (57% compliance)

The audit has highlighted that the quality of risk assessment tools within the Adult Mental Health network needs further improvement. The enhanced risk assessments reviewed found evidence (78%) of some very detailed and well-presented risk assessments differentiating between current and historical risks with comprehensive clinical risk formulations and detailed risk management plans. However, there was also evidence which indicated very poor quality of risk descriptions within the relevant risk domains, risk formulation and management plans. The audit found that risk assessments needed to be tailored to the risks and less generic and this will inform the planned improvement.

Participation in Clinical Research

The number of patients receiving relevant health services provided or subcontracted by Lancashire Care NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 1247. Additional information about Research & Development in Lancashire Care NHS Foundation Trust can be found in the Effectiveness section of part 3 (see page 38 for more details)



Goals Agreed with Commissioners

Use of the CQUIN Payment Framework

A proportion of Lancashire Care NHS Foundation Trust income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between Lancashire Care NHS Foundation Trust, CCG and NHS England commissioners through the Commissioning for Quality and Innovation payment framework. The amount of income in 2016/17 conditional upon achieving quality improvement and innovation goals in Lancashire Care NHS Foundation Trust is expected to be £5.9m. In 2015/16 this value was £6.3m.

Further details of the agreed goals for 2016/17 and for the following 12 month period are available electronically at: <http://www.england.nhs.uk/nhs-standard-contract>. Examples included in the 2016/17 contract; staff health & wellbeing, physical health & frailty. The national guidance for 2017/18 includes staff health & wellbeing, physical health and preventing ill health by risky behaviours. There will be no local schemes agreed in 2017/18. National schemes will equate to 1.5% of the total 2.5% CQUIN funding available with 0.5% linked to the Trust achieving its' agreed financial position with NHS improvement and 0.5% linked to participation with STP plans.

Statements from the Care Quality Commission (CQC)

Lancashire Care NHS Foundation Trust is required to register with the CQC and its current registration status is 'registered'. Lancashire Care NHS Foundation Trust does not have any conditions placed on its registration.

In September 2016, the CQC undertook its re-inspection of Lancashire Care NHS Foundation Trust under the new inspection format and assigned an overall rating of good. This inspection report included 7 requirements notices that resulted in a comprehensive improvement plan. Lancashire Care NHS Foundation Trust has used this inspection as a learning opportunity, providing a clear focus upon which to make the necessary improvements. In addition the CQC have undertaken inspection visits to HMP Wymott and HMP Liverpool. These inspection reports included 3 requirement notices and comprehensive improvement plans have been developed. An additional CQC inspection visit to HMP Garth was undertaken early in 2017 and the final report is awaited.

On the basis that not all actions relating to the requirement notices have been completed, Lancashire Care NHS Foundation Trust is not fully compliant with the registration requirements of the CQC.

Lancashire Care NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.



Data Quality

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

Lancashire Care NHS Foundation Trust has taken the following actions to improve data quality during 2016/17

- Organisation wide rollout of The 'Working Day Model' (WDM) – The WDM for reporting is now embedded providing a trust wide process and controls for submission, validation and sign off of data prior to submission of NHS Improvement indicators, contractual performance measures and local Key Performance indicators (KPIs). This provides a level of assurance to the Board around the accuracy, timeliness and consistency of data as part of the Board Assurance Framework.
- Introduced Kitemarking for all NHS Improvement indicators - The Kitemark provides visual assurance for five quadrants of data quality with red indicating non-compliance and green compliant. This has been delivered for all NHS Improvement indicators.
- Improved monitoring of performance indicators - Where measures are not meeting expected performance, improvement trajectories and plans are now created with services.
- Implemented Clinical Commissioning Group (CCG) reporting for all measures - Lancashire Care NHS Foundation Trust has created a new reporting hierarchy in the data warehouse to enable all KPIs to be viewed at CCG level. .
- Completed a full data dictionary of the Lancashire Care NHS Trusts data warehouse - A data dictionary of Trusts data Warehouse has been completed. It includes meaning, relationships, origin, usage and format of data items within the new data warehouse, providing improved assurance.
- Audited all Standard Operating Procedures for NHS Improvement indicators - A Performance SOP Audit has been completed for all NHS Improvement indicators. The audit reviewed national and local definitions to ensure Lancashire Care NHS Foundation Trust fully compliant in its interpretation. All data collection, extraction and validation have been tested and details of these processes are now included in the new SOPs.
- Rolled out Quality and Performance Report (QPR) - Lancashire Care NHS Foundation Trust successfully launched the QPR in April 2016. The QPR blends data from multiple data sources such as activity, finance, workforce and risk into one single report allowing improved triangulation of information and scrutiny of services.

These actions continue to be strengthened and embedded as reflected in the actions associated with the core indicators in section 2.3.



NHS Number and General Medical Practice Code Validity

Lancashire Care NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES)

Record Type	Area	Target	15/16 Outcome	16/17 Outcome	16/17 National average	Targets Achieved
Patients Valid NHS Number	Admitted Patient Care	50%	99.8%	99.6%	99.3%	Yes
	Outpatient Care	50%	99.9%	99.9%	99.5%	Yes
Patients Valid General Practitioner	Admitted Patient Care	50%	100%	100%	99.9%	Yes
Registration Code	Outpatient Care	95%	100%	100%	99.8%	Yes
Source: SUS Data Quality Dashboard			Data is governed by Standard National Definitions			

This data includes all Lancashire Care NHS Foundation Trust inpatient facilities (e.g. mental health wards, Longridge Community Hospital) and outpatient clinics (e.g. Rheumatology). Lancashire Care NHS Foundation Trust continues to perform well against these metrics.

Lancashire Care NHS Foundation Trust considers that this data is as described for the following reasons:

- This data has been taken from the NHS Digital website, SUS Data Quality Dashboard
- Lancashire Care NHS Foundation Trust was not identified as one of the top twenty-five performing Trusts.
- Lancashire Care NHS Foundation Trust was not identified as one of the Trusts with a lower performance than the National Average.
- Lancashire Care NHS Foundation Trust falls within the upper-range when compared with other similar NHS Trusts.

Information Governance Toolkit Attainment Levels

Lancashire Care NHS Foundation Trust Information Governance Assessment Report score overall score for 2016/17 was 80% and was graded **green** (satisfactory).



Clinical Coding Error Rate:

Lancashire Care NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission. Lancashire Care NHS Foundation Trust did participate in the Information Governance Toolkit Audit in March 2017. This audit looks at the accuracy of diagnosis and procedure coding recording for all inpatient episodes. The results should not be extrapolated further than the actual sample audited.

CODING FIELD	Information Governance Requirement 514 Level 2 Target	Information Governance Requirement 514 Level 3 Target	Level Achieved 2015 -2016	Level Achieved 2016-2017
Primary diagnosis	>=85%	>=90%	97%	92%
Secondary diagnosis	>=75%	>=80%	95.4%	93.2%
Primary procedure	>=85%	>=90%	100%	0*
Secondary procedure	>=75%	>=80%	100%	0*

*0% level achieved 2016-17 as of the episodes audited none contained any procedural coding

Source: SUS Data Quality Dashboard

Data is governed by Standard National Definitions

Lancashire Care NHS Foundation Trust considers that this data is as described for the following reasons:

- The audit was completed by Mersey Internal Audit Agency, an agency that are approved by NHS Digital
- Lancashire Care NHS Foundation Trust information reflects Electroconvulsive therapy (ECT) procedures only, which are limited in number

The overall accuracy of clinical coding is achieving level 3 in the Information Governance Toolkit (Requirement 514). As a result of these findings the assurance level provided in respect of clinical coding and underlying processes was:

High Assurance

Lancashire Care NHS Foundation Trust is taking the following actions to further improve the percentage and so the quality of its services in relation to Clinical Coding:

- Continuing to support teams to record clinical coding accurately to support the continued high standard of the coding function.



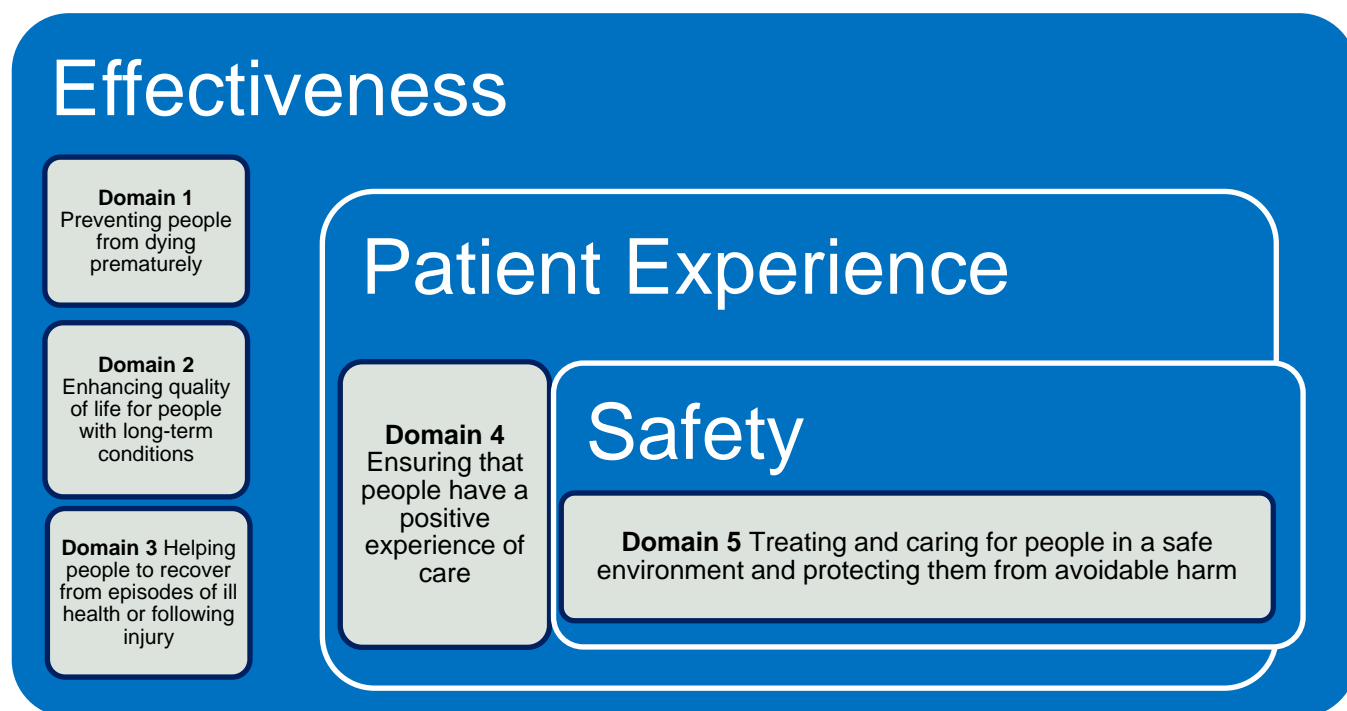
2.3) Reporting against core indicators

This section of the document contains the mandatory indicators as set by the Department of Health and NHS Improvement. A detailed definition of the mandated indicators in line with Quality Accounts Data Dictionary 2015/16 can be found in Appendix 1. For Lancashire Care NHS Foundation Trust this includes indicators relevant to all trusts, all trusts providing mental health services and all trusts providing community services.

Lancashire Care NHS Foundation Trust includes the national average for each of the mandated indicators where available and if Lancashire Care NHS Foundation Trust is in the highest and lowest range this is declared.

The indicators are linked to the five domains of the NHS Outcomes Framework and the quality domains of safety, experience and effectiveness.

NHS Outcomes Framework and Quality Domains





Domain 1: Preventing people from dying prematurely							
Domain 2: Enhancing quality of life for people with long conditions							
Indicator	Target	15/16 Outcome	15/16 England average	Targets Achieved	16/17 Outcome	16/17 England average	16/17 Targets Achieved
0Patients on Care Programme Approach who are followed up within seven days of discharge from psychiatric inpatient care (MR01)	95%	96.7%	96.98%	Yes	97.09%	Not available at time of publication	Achieved
					Reported		
					95.49%		
					Refreshed		
Admissions to inpatients services for which the Crisis Resolution Home Treatment Team acted as a gatekeeper (MR07)	95%	96.4%	97.7%	Yes	98.45%	Not available at time of publication	Achieved
Data source: LCFT internal information system (eCPA and IPM). NHSI standard definitions					Data is governed by		

Care Programme Approach Seven Day Follow Up

Lancashire Care NHS Foundation Trust achieved compliance in 2016/17. The target for this measure is 95% and the Trust achieved 97.09%.

Following the annual Standard Operating Procedures audit in June 2016 the method for extracting the denominator was revised in August 2016 and reporting adjusted from this point accordingly. As a result the trust has supplied two figures, the first is what the trust has reported reflecting the change to the Standard Operating Procedures from August onwards. The second represents the full year position had the new logic been applied from April 2016.

Lancashire Care NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is reported from our local system to the Health and Social Care Information Centre.
- Robust Standard Operating Procedures are in place for this measure.
- Processes and procedures relating to the delivery of this indicator are agreed, reported and monitored for this measure via the Business Development and Delivery Subcommittee
- Data is validated prior to submission.
- All data submissions use a single data source.



Lancashire Care NHS Foundation Trust is taking the following actions to maintain the percentage and so the quality of its services in relation to people using our services on the Care Programme Approach who are followed up within seven days of discharge from psychiatric inpatient care by:

- Undertaking regular data quality reviews – These are undertaken using the validation process locally, Network and function wide, to ensure data quality at all levels.
- Continuing the enhancements of internal Standard Operating Procedures - which include a flow diagram for managing discharges, end to end process and prioritisation processes.
- Ensuring all people about to be discharged have a confirmed follow up appointment with date, time, venue and name of the practitioner who will see them.
- Ensuring that where a person is thought to be unlikely to engage, Lancashire Care NHS Foundation Trust will negotiate a telephone follow-up and record this as part of the follow up plan
- Ensuring if a person is arrested, Lancashire Care NHS Foundation Trust will liaise with the Criminal Justice Liaison service and try to secure information to support follow up. If the person is in custody Lancashire Care NHS Foundation Trust will request follow up by the Prison Mental Health In-reach team.
- Facilitating a pre discharge meeting with people to secure better engagement and higher potential for attendance at scheduled meetings.
- Ensuring robust reporting of whether a person is on the Care Programme Approach or not, which enables validation within the Networks.
- Daily monitoring - Access to Monitor Dashboard allows teams to monitor all people due for 7 day Follow up.
- Continuing the monthly Operational Delivery group with Chief Operating Officer, Network Heads of Operations, Head of Delivery and Head of Performance ensure high level focus on 7 day follow up.

Crisis Resolution

The Trust was compliant for Q3 of 2016/17. The target for the measure is 95% and the Trust achieved 99.50%.

Lancashire Care NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is reported from our local system to the Health and Social Care Information Centre.
- Robust Standard Operating Procedures (SOP's) are in place for this measure.
- Processes and procedures relating to the delivery of this indicator are agreed, reported and monitored for this measure via the Business Development and Delivery Subcommittee
- Data is validated prior to submission.
- All data submissions use a single data source.



Lancashire Care NHS Foundation Trust is undertaking the following actions to maintain the percentage and so the quality of its services in relation to Admissions to inpatients services for which the Crisis Resolution Home Treatment Team act as a gatekeeper:

- Undertaking regular data quality reviews to be undertaken using the validation process locally, Network and function wide, to ensure data quality at all levels.
- Undertaking regular audits of Standard Operating Procedures in particular whenever National Guidance is updated.
- Ensuring that this data is available in Lancashire Care NHS Foundation Trust’s performance systems and is regularly monitored, both at service and executive level, enabling ownership, self-monitoring and improvement.
- Ensuring that crisis teams are to be reminded on the correct procedure to follow to accurately record gatekeeping on Lancashire Care’s clinical systems.

Domain 1: Preventing people from dying prematurely Domain 2: Enhancing quality of life for people with long conditions				
Indicator	Target	15/16 Outcome	16.17 Outcome	16/17 Targets achieved
Patients on Care Programme Approach who have a formal follow-up within 12 months (MR02)	95%	96.4%	97.20%	Yes
Data source: LCFT internal information system (eCPA and IPM). standard definitions		Data is governed by		
No national average percentage benchmark is published for this indicator by NHS England				

Patients on Care Programme Approach who have a formal follow-up within 12 months

The Trust was compliant for 2016/17. The target for this measure is 95% and the Trust achieved 97.20%.

Lancashire Care NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is reported from our local system to the Health and Social Care Information Centre.
- Robust Standard Operating Procedures are in place for this measure.
- Processes and procedures relating to the delivery of this indicator are agreed, reported and monitored for this measure via the Business Development and Delivery Subcommittee
- Data is validated prior to submission.
- All data submissions use a single data source.

Lancashire Care NHS Foundation Trust is undertaking the following actions to maintain this percentage and so the quality of its services, by:

- Undertaking regular data quality reviews to be undertaken using the validation process locally, Network and function wide, to ensure data quality at all levels.
- Continuing the development of internal Standard Operating Procedures which include a flow diagram for managing discharges, end to end process and prioritisation processes.



- Ensuring that this data is available in Lancashire Care NHS Foundation Trust's performance systems and is regularly monitored, both at service and executive level, enabling ownership, self-monitoring and improvement.
- Ensuring robust reporting of whether a person is on the Care Programme Approach or not, which enables validation within the Networks.
- Ensuring access to the Monitor Dashboard allowing teams to monitor and validate all people due for 12 month follow up.
- Holding weekly meetings to allow all people coming up for their Care Programme Approach review to be appointed within timescales.

Domain 2: Enhancing quality of life for people with long conditions				
Indicator	Target	15/16 Outcome	16/17 Outcome	16/17 Targets Achieved
Minimising mental health delayed transfers of care (MR03)	<=7.5%	7.1%	3.47%	Yes
Meeting commitment to serve new psychosis cases by early intervention teams (MR04)	95%	134.6%	112.3%	Yes
			Only reported for Q1	
2 week wait for Treatment for Early intervention in Psychosis Programme (MR13)	50.00%		76.43%	Yes
Data source: LCFT internal information system (eCPA and IPM).			Data is governed by standard definitions	

Minimising mental health delayed transfers of care:

The Trust was compliant for 2016/17. The target for this measure is < 7.5% and the Trust achieved 3.47%.

Meeting commitment to serve new psychosis cases by early intervention team:

The Trust was compliant for of 2016/17. The target for this measure is 95% and the Trust achieved 112.3%. As of July 2016 this measure is no longer reported NHS Improvement as it has now been superseded by 2 week wait for Treatment for Early intervention in Psychosis Programme (MR13). 2016/17 is complaint with the new measure, achieving 76.43% against a 50% target.

Lancashire Care NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is reported from our local system to the Health and Social Care Information Centre.
- Robust Standard Operating Procedures are in place for this measure.
- Processes and procedures relating to the delivery of this indicator are agreed, reported and monitored for this measure via the Business Development and Delivery Subcommittee



- Data is validated prior to submission.
- All data submissions use a single data source.
- In relation to minimising mental health delayed transfers of care, through the year, coding of “medically fit” on the case note as well as on the patient information system has resulted in more accurate reporting as well as increases in reports of delayed discharges, including those people receiving inpatient care outside of Lancashire Care NHS Foundation Trust.
- The target relating to meeting the commitment to serve new psychosis cases by early intervention teams refers to 95% of the commissioned caseload. More than the commissioned caseload was seen by the Early Intervention Team, which resulted in the target being exceeded.

Lancashire Care NHS Foundation Trust is undertaking the following actions to minimise mental health delayed transfers of care by:

- Continuing the development of internal Standard Operating Procedures which include a flow diagram for managing discharges, end to end process and prioritisation processes.
- Ensuring consistency in recording of data.
- Ensuring Ward Managers and Modern Matrons correctly input the “medically fit” date based on the Monitor definitions. Focus includes both current delays, and better/earlier planning for complex delays.
- Developing better information on current delays and performance tracking for operational staff.
- Continuing the monthly Operational Delivery group with Chief Operating Officer, Network Heads of Operations, Head of Delivery and Head of Performance to ensure high level focus on Delayed Transfers of Care.
- Undertaking weekly telephone conference calls with commissioners to discuss people whose transfer of care is delayed to facilitate discharge. The impact of people’s transfer of care being delayed is shared with commissioners in the form of the number of additional bed days involved.
- Continuing the development of key performance indicators to support discharge co-ordinators. Internal; key performance indicators have been developed supporting actions to expedite discharges. These key performance indicators are discussed weekly and shared with managers to enable proactive interventions.



**Domain 2: Enhancing quality of life for people with long term conditions
Increasing Access to Psychological Therapies (IAPT)**

The % of people who are moving to recovery as a proportion of those who have completed a course of psychological treatment	Target	15/16 Outcome	Variance between 15/16 and Target		16/17 Outcome	Variance between 16/17 and Target	
NHS Blackburn with Darwen CCG	50.0%	37.7%	↓	-12.3%	51.47%	↑	+1.47%
NHS East Lancashire CCG	50.0%	39.2%	↓	-10.8%	53.72%	↑	+3.72%
NHS Chorley and South Ribble CCG	50.0%	42.2%	↓	-7.8%	56.98%	↑	+6.98%
NHS Greater Preston CCG	50.0%	36.9%	↓	-13.1%	46.29%	↓	-3.71%
NHS West Lancashire CCG	50.0%	41.9%	↓	-8.1%	51.70%	↑	+1.70%
NHS Fylde & Wyre CCG	50.0%	37.0%	↓	-13%	58.89%	↑	+8.89%
NHS Lancashire North CCG	50.0%	34.3%	↓	-15.7%	47.64%	↓	-2.36%
NHS St Helen's CCG	50.0%	33.7%	↓	-16.3%	47.48%	↓	-2.52%

Data source: LCFT Information Systems using standard definitions

This indicator identifies the percentage of people who are moving to recovery as a proportion of those who have completed a course of psychological treatment.

Lancashire Care NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is reported from our local system to the Health and Social Care Information Centre.
- Data is validated prior to submission.
- All data submissions use a single data source.
- There is no data reported for Blackpool as primary care mental health services are provided by the Acute Trust in Blackpool.
- St Helen's CCG – IAPT service moved to Lancashire Care NHS Foundation Trust November 2015

Lancashire Care NHS Foundation Trust is undertaking the following actions to improve this percentage, and so the quality of its services, by:

- Undertaking monthly reviews at internal Minds Matter performance group reporting in to Network Performance Meeting chaired by the Deputy Clinical Director with support from the Network Director.



- Developing service led plans on reducing waits
- Embedding clinical supervision focusing on ensuring that:
 - Step up care happens when required
 - The most appropriate treatment path is taken
 - The number of treatments is extended if indicated
- Continuing staff training and development focused on improving recovery
- Continuing to share clear written guidance with staff around reporting.
- Monitoring dropout rates to identify are there patterns which can be influenced.
- Checking data quality combined with feedback to staff where errors have been made requiring correction.
- Ensuring robustness of current data systems

Domain 2: Enhancing quality of life for people with long conditions					
Domain 3: Helping people to recover from episodes of ill health or following injury					
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways					
Indicator	Target	15/16 Targets Achieved	15/16 Outcome	16/17 Outcome	16/17 Targets Achieved
MR05 – Referral to treatment time (RTT) - Consultant Led (Completed Pathway)	95.0%	Yes	98.9%	96.56%	Yes
MR06 - RTT - Consultant Led (Incomplete Pathway)	92.0%	Yes	99.7%	97.10%	Yes
MR14 – RTT – IAPT 6 Weeks	75.0%	N/A	N/A	91.36%	Yes
MR15 – RTT – IAPT 18 Weeks	95.0%	N/A	N/A	99.15%	Yes

Data source: LCFT Information Systems using standard definitions
 This measure only applies to the Lancashire Care NHS Foundation Trust provided consultant led rheumatology service. The national benchmarks included here cover all acute consultant led activity. For this reason it is felt the average does not provide a good benchmark for the organisation.

Referral to treatment time – Completed:

The Trust was compliant for 2016/17. The target for this measure is 95% and the Trust achieved 96.56%.

Referral to treatment time – Incomplete:

The Trust was compliant for 2016/17. The target for this measure is 92% and the Trust achieved 97.10%.

Referral to treatment time – IAPT 6 Weeks

The Trust was compliant for 2016/17. The target for this measure is 75% and the Trust achieved 91.36%.

Referral to treatment time – IAPT 18 Weeks

The Trust was compliant for 2016/17. The target for this measure is 95% and the Trust achieved 99.15%.

Lancashire Care NHS Foundation Trust considers that this data is as described for the following reasons:



- The data is reported from our local system to the Health and Social Care Information Centre.
- Robust Standard Operating Procedures are in place for this measure.
- Processes and procedures relating to the delivery of this indicator are agreed, reported and monitored for this measure via the Business Development and Delivery Subcommittee
- Data is validated prior to submission.
- All data submissions use a single data source.

Lancashire Care NHS Foundation Trust is undertaking the following actions to maintain this percentage, and so the quality of its services, by:

- Undertaking regular data quality reviews undertaken using the validation process locally, Network and function wide, to ensure data quality at all levels.
- Continuing the development of internal Standard Operating Procedures which include a flow diagram for managing discharges, end to end process and prioritisation processes.
- Ensuring that this data is available in Lancashire Care NHS Foundation Trust's performance systems and is regularly monitored, both at service and executive level, enabling ownership, self-monitoring and improvement.
- Continuing to adhere to the Standard Operating Procedures for both complete and incomplete RTT pathways to maintain and improve access to services ensuring a reduction in clinical risk and improvement in people's experiences.
- Continuing the monthly Operational Delivery group with Chief Operating Officer, Network Heads of Operations, Head of Delivery and Head of Performance to ensure high level of focus on 18 week RTT.

28 day readmission rate

28 day readmissions rate			
Indicator	Target	16/17 Outcome	16/17 Targets Achieved
28 day re-admission rate	8.7%	7.7%	Yes
Data source: LCFT Information Systems using standard definitions Includes Patients 0-15, 16 and over			

The target for this measure is less than 8.7% and the Trust achieved 7.7%.

Lancashire Care NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is reported from our local system to the Health and Social Care Information Centre.
- Robust Standard Operating Procedures are in place for this measure.
- Processes and procedures relating to the delivery of this indicator are agreed, reported and monitored for this measure via the Business Development and Delivery Subcommittee
- Data is validated prior to submission.
- All data submissions use a single data source.



Lancashire Care NHS Foundation Trust is undertaking the following actions to maintain this percentage, and so the quality of its services, by:

- Undertaking regular data quality reviews undertaken using the validation process locally, Network and function wide, to ensure data quality at all levels.
- Ensuring that this data is available in Lancashire Care NHS Foundation Trust’s performance systems and is regularly monitored, both at service and executive level, enabling ownership, self-monitoring and improvement.
- Continuing the monthly Operational Delivery group with Chief Operating Officer, Network Heads of Operations, Head of Delivery and Head of Performance to ensure high level of focus on the 28 day readmission rate.

Risk Assessment Framework / Single Oversight Framework

Risk Assessment				
Indicator	Target	15/16 Outcome	16/17 Outcome	16/17 Targets Achieved
Data completeness: Identifiers (MR08)	97.0%	99.6%	99.61%%	Yes
Data completeness: Outcomes (MR09)	50.0%	84.8%	81.63%%	Yes
Data source: LCFT internal Monitor compliance dashboard				

Data completeness – Identifiers:

The Trust was compliant for 2016/17. The target for this measure is 97% and the Trust achieved 99.61%.


Data completeness – Outcomes:

The Trust was compliant for 2016/17. The target for this measure is 50% and the Trust achieved 81.63%.

Lancashire Care NHS Foundation Trust continues to perform well against these indicators and will continue to undertake regular data quality reviews.



Domain 4: Ensuring that people have a positive experience of care

Indicator	2015 Outcome	2016 Outcome	National Average 2016	Comparison to National Average	Comparison to organisational average
Patients experience of community mental health services with regard to a patients experience of contact with a health or social care worker during the reporting period	8.0	7.5	n/a	Performing about the same as other trusts =	-0.5 

Date Source: National Community Mental Health Survey CQC website Data is governed by standard definitions
<http://www.cqc.org.uk/provider/RW5/survey/6#undefined>

Lancashire Care NHS Foundation Trust considers that the Community Mental Health survey data is as described for the following reasons:

- This data has been taken from the national survey data
- Lancashire Care NHS Foundation Trust falls within the mid-range when compared with other similar NHS Trusts.
- The Community Mental Health Survey rated Lancashire Care NHS Foundation Trust as “The same as other Trusts” for the 10 sections (health and social care workers, organising care, planning care, reviewing care, changes in who people see, crisis care, treatments, support and wellbeing, overall views of care and services and overall experience)
- Lancashire Care NHS Foundation Trust performed about the same as other Trusts in all but one question where the Trust performed better than most other Trusts
 - Changes in people you see: Q19 relates to continuity of care for those who the people they see for their care changed in the last 12 months, that their care stayed the same or got better.

Lancashire Care NHS Foundation Trust is taking the following actions to continue the programme of improvement:




- Using the results to inform network Quality Improvement Framework (QIF) plans. A Quality Improvement thinking space was facilitated by Picker Europe in September 2016 with network colleagues, Experts by Experience and the Quality Team. Two main themes were identified as QIF opportunities:
 - A perception that people using services did not always feel that professionals understood and therefore, took account adequately, of the issues that were important to them.
 - Professionals need to communicate in a more effective way, part of that is about listening more and taking account of the wishes and views of those using the service.
- Co-designing quality improvements with people using our services and staff with and testing these in two community settings using the Always Event® methodology.



Peoples experiences of inpatient services

Lancashire Care NHS Foundation Trust has chosen not to participate in the voluntary Inpatient Mental Health Survey this year as we are able to gain feedback form people across our inpatient settings through the real time feedback system. Work is underway to both maximise the feedback via the Friends and Family test survey and to expand on this with bespoke questions co-designed with people who use our services.

Domain 4: Ensuring that people have a positive experience of care

Indicator	2015 Outcome	2016 Outcome	National average for combined mental health/ learning disabilities and community Trusts	Comparison to National Average for combined mental health/ learning disabilities and community Trusts
% of staff employed by Lancashire Care NHS Foundation Trust, who: ' if a friend or relative needed treatment, I would be happy with the standard of care provided by Lancashire Care NHS Foundation Trust'	67%	63%	66%	
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	20%	17%	21%	
Percentage believing that trust provides equal opportunities for career progression or promotion	90%	88%	88%	

Date Source: National NHS Staff Survey Co-ordination Centre

Data is governed by standard definitions

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2016_RW5_full.pdf

Lancashire Care NHS Foundation Trust considers that this data is as described for the following reason:

- The data has been taken from the 2016 national staff survey

Lancashire Care NHS Foundation Trust is taking the following actions to improve this percentage, and so the quality of its services, by:

- Supporting the ongoing work of the People Plan (see page 51 for more details)
- Adding questions to the staff friends and family test in order to provide information on levels of engagement throughout the year. This will be used to inform improvements in 2017/18.



- Supporting line managers in further developing skills in relation to managing conflict and working relationships. Further work to be undertaken to develop an internal organisational wide mediation scheme in order to resolve workplace conflict at the earliest possible opportunity.
- Continuing to develop initiatives to support equal opportunities for career progression or promotion, these include:
 - Work currently underway to improve the reporting around training and development opportunities which will enable accurate publication of figures about staff uptake of training and development by demographic group
 - Equality Impact Assessments take place for organisational change activity
 - Targeted advertising of Black, Minority Ethnic (BME) specific leadership programmes for staff at band 5 and above. This has resulted in a number of applications for the NHS Leadership Academy programmes
 - Sharing the stories of BME staff members at all levels in the organisation and this will include some experiences of development and promotion
 - Programmes of support targeted at staff with Dyslexia and other learning difficulties has potential to improve the equality of opportunity for career advancement

Certification against requirements regarding access to healthcare for people with a learning disability

This is reported on a quarterly basis to the Health Equalities Group (HEG - a sub-group of the Quality and Safety subcommittee), to ensure compliance with the six criteria reflected in the Monitor Risk Assessment Framework. Quarterly reports have noted compliance against the requirements and this has been reported to NHS Improvement during 2016/17 as part of the quarterly return. The HEG will continue to coordinate and oversee service improvements where opportunities for development have been identified.

Safety Incidents:

Indicator	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm								
	01 April 2015 – 30 September 2015			01 October 2015 – 31 March 2016			01 April 2016 – 30 September 2016		
	LCFT	National Average	Comparison to National Average (median)	LCFT	National Average	Comparison to National Average (median)	LCFT	National Average	Comparison to National Average (median)
Rate of patient safety incidents	54.51	38.62	↑	57.42	37.54	↑	59.18	42.45	↑
Percentage resulting in severe harm	0.2	0.3	↓	0.4	0.3	↑	0.6	0.3	↑
Percentage resulting in death	0.1	0.7	↓	0.1	0.8	↓	0.1	0.8	↓

Data Source: National Reporting and Learning System *Data is governed by standard definitions*



Lancashire Care NHS Foundation Trust considers that this data is as described for the following reasons:

- The data has been taken from the National Reporting and Learning System (NRLS)
- The latest data available from the NRLS reports is for 1 April 2016 to September 2016
- Data reports are made available six months in arrears
- NRLS¹ encourage high reporting of safety incidents. “Scrupulous reporting and analysis of safety related incidents, particularly incidents resulting in no or low harm, provides an opportunity to reduce the risk of future incidents. Research shows that organisations which report more usually have a stronger learning culture where patient safety is a high priority. Through high reporting the whole of the NHS can learn from the experiences of individual organisations”
- The reporting rate is higher than average which represents a maturing safety culture. The incident reporting data is reviewed alongside a six monthly report of serious incidents and a quarterly report of all incidents both of which are shared with commissioners
- Due to the judgemental nature of this indicator it is difficult to be certain that all incidents are identified and reported and that all incidents are classified consistently within the organisation and nationally. One individual’s view of what constitutes severe harm can differ from another’s substantially. Lancashire Care NHS Foundation Trust aims to ensure all our staff are aware of and comply with internal policies on incident reporting and standardisation in clinical judgements
- The period to period comparison highlights a decrease in the actual number of deaths which is also reflected in our serious incident reporting data through the STEIS system and for the last reporting period a slightly higher than average rate of severe harm which has been explored and is attributed to improved reporting of pressure ulcers through our improvement work in that domain
- Further details of patient safety incidents and reporting of serious incidents can be found in the Safety section of this document.

Lancashire Care NHS Foundation Trust is taking the following actions to improve its incident reporting and management framework:

- Implementing the updated incident policy and process in light of changes to the national Serious Incident Framework published by NHS England
- Embedding the dedicated Investigations and Learning Team who undertake serious incident investigations and inform the development of improvement actions
- Continuing development of the Datix quality governance system
- Continuing to develop team level dashboards within the Datix quality governance system to provide real-time information to front line managers on safety performance with coaching and training for service and team managers
- Reviewing relevant national reports to identify any relevant learning
- Continuing to deliver a number of *Dare to Share* and *Time to Shine* events to promote learning from incidents.

¹ NRLS Frequently asked questions (FAQs) about the data <https://report.nrls.nhs.uk/nrlsreporting/>



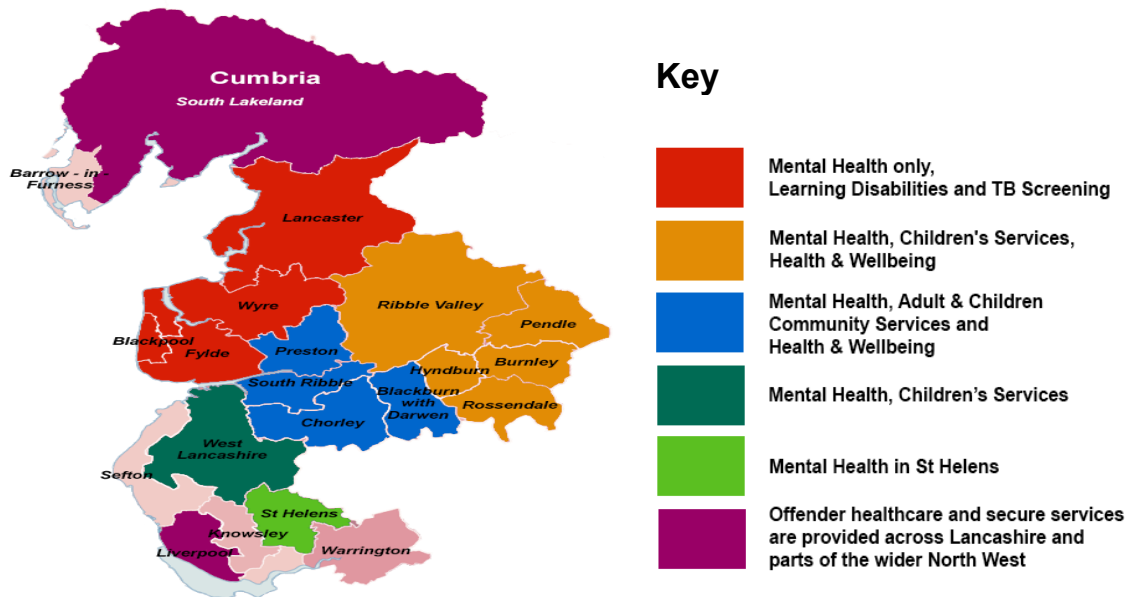
Part 3: Review of Quality Performance 2016/17

This section of the document reports on the quality performance across Lancashire Care NHS Foundation Trust in the past year. Quality is reported using a combination of measurable indicators and best practice examples from our services.

Overview of Services Provided

Lancashire Care NHS Foundation Trust provides health and wellbeing services for a population of around 1.4 million people. The organisation covers the whole of the county and employs around 7,000 members of staff across more than 400 sites. Lancashire Care NHS Foundation Trust also has some provision outside of the county.

Lancashire Care NHS Foundation Trust geographical map of service provision.



Lancashire Care NHS Foundation Trust geographical footprint map

A range of clinical services are currently delivered through four Networks as in the table below. This is not an exhaustive list but gives a flavour of the services provided. A comprehensive list can be found at <http://www.lancashirecare.nhs.uk/services>

Adult Community	Specialist Services	Adult Mental Health	Children and Families
<ul style="list-style-type: none"> District Nursing Treatment Rooms Longridge Hospital Rapid Assessment Occupational Therapy Physiotherapy Speech and Language Therapy Podiatry 	<ul style="list-style-type: none"> Criminal Justice liaison Service Forensic Community Mental Health Team Forensic In-Reach Team Low Secure Inpatient Units 	<ul style="list-style-type: none"> Mindsmatters Community Mental Health Teams (CMHT) Access and Treatment Teams (ATT) Clinical Treatment 	<ul style="list-style-type: none"> Child and Adolescent Mental Health Services (includes inpatient, community and learning disability services) Children and Family Psychological Services



Adult Community	Specialist Services	Adult Mental Health	Children and Families
<ul style="list-style-type: none"> • Rheumatology • Health Improvement • Stop Smoking Services • Diabetes • DESMOND (Diabetes Education programme) • Stroke and Rehabilitation • Cardiorespiratory Services • Adult Learning Disabilities • Dental Services • Dietetics • IV therapy (BwD) • CHES-Care Home Effective Support Services • Community Matrons • Complex case management • Tissue Viability 	<ul style="list-style-type: none"> • Medium Secure Inpatient Units • Step Down • Health and Justice services including physical health, mental health and substance misuse services within prisons 	<p>Team</p> <ul style="list-style-type: none"> • Personality Disorder Managed Clinical Network (PDMCN) • Psychoses and Bipolar Psychological Care Network (PBPCN) • Acute Therapy Service (ATS) • Lancashire Traumatic Stress Service (LTSS) • Mental Health Response Service (MHRS) • Crisis Support Unit • Adult Mental Health Inpatient Care • Eating Disorder Services • Mental Health Liaison Teams • Restart Social Inclusion and Day Services • Specialist Psychological Interventions • Supported accommodation and group homes • Veterans Mental Health • Community Older Adult Mental Health Teams • Older Adult Mental Health Wards • Memory Assessment Services • Inpatient Dementia beds 	<ul style="list-style-type: none"> • Children’s Integrated Therapy and Nursing Services • Complex Packages of Care • Early Intervention for Psychosis Service • Health Visiting and School Nursing • Immunisation and Vaccination Services • Family Nurse Partnership • Sexual Health Services
<p>Support Services includes the following functions: Nursing and Quality, Human Resources, Finance, Performance, Medicines Management, Transformation and Innovation, Research and Development, Clinical Audit, Communication and Engagement.</p>			



In part 3 we will report against the quality priorities for 2016/17.



Effectiveness

This section of the document explains the effectiveness of treatment or care provided by services. This is demonstrated using clinical measures or people’s feedback, this may also include people’s wellbeing and ability to live independent lives.

Other quality indicators relating to the domain of effectiveness have been reported in section 2.3 and include:

- Patients on Care Programme Approach (CPA) who are followed up within seven days of discharge from psychiatric inpatient care
- Admissions to inpatient services for which the Crisis Resolution Home Treatment Team acted as a gatekeeper
- Patients on Care Programme Approach (CPA) who have a formal review within 12 months
- Minimising mental health delayed transfers of care
- Meeting commitment to serve new psychosis cases by early intervention teams (reported until the end of quarter 1)
- Two week wait for Treatment for Early intervention in Psychosis Programme
- Increasing access to psychological therapies – the percentage of people who are moving to recovery as a proportion of those who have completed a course of psychological treatment
- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways
- Risk assessment framework and Single Oversight Framework

Quality Priority 1 - People who deliver and support the delivery of services are motivated, engaged and proud of the service they provide

Target	Progress
<ul style="list-style-type: none"> • The quality improvement framework will be implemented by all teams reflecting the use of quality improvement methodologies and enablers. • Quality improvements are driven by quality challenges from serious incident and complaint investigations, CQC MHA visits, feedback from people who use services, quality assurance visits with 5 improvement aims established and testing begun each quarter. 	<div style="text-align: center;">  </div> <p>The QIF roll out continues across additional teams. A bite size quality improvement learning package is being developed for 2017/18 to enable more team engagement.</p> <div style="text-align: center;">  </div>



Quality Improvement

The Quality Improvement Framework (QIF) programme, informed by the Q initiative (an initiative, led by the Health Foundation and supported and co-funded by NHS England, connecting people skilled in improvement across the UK), and AQUA, is enabling and empowering teams across the organisation to generate, design and test improvement ideas. The Quality Improvement Framework methodology is informing the development of the responses to the recommendations following the CQC inspection in September. Examples include:

Introducing Safety Huddles	Developing and testing daily safety huddles in inpatient settings
Co-designing best principles and systems to support seclusion	Developing and testing a new therapeutic model to the use of seclusion in inpatient mental health settings.
Co-designing best principles and systems to support rehabilitation	Developing and testing a new therapy and nursing model on the community hospital ward.
Co-designing innovative approaches to clinical supervision and personal development reviews.	Developing and testing a new supervision and personal development review model.
Developing new approaches to Core Skills training.	To test a range of accessible ways for people to achieve competencies in Core Skills to ensure the provision of safe, effective services.

The outcomes of these initiatives will be reported in 2017/18.

Additional examples include:

Developing volunteering in Lancashire Care	To expand the volunteering portfolio of roles to support person centred care and self-management a celebration event and thinking space will be held with volunteers on 28 th January 2017 to inform the QIF
'Sit and See'© observations	<p>Testing the 'sit and see'© approach. Fifteen people have been trained to undertake "sit and see" observations. Sit and see is a simple observation tool that has been developed, to capture and record the smallest things that make the biggest difference to people's care, kindness and compassion to inform quality improvements.</p> <p>During quarter 4 the sit and see approach was tested in seven reception areas across the organisation. Real time verbal feedback was given following each observation which was really welcomed by the reception staff who valued the recognition of</p>



	<p>the important part they play.</p> <p>A visual poster style report has been developed for teams to display their feedback including how they have responded to suggestions for improvement.</p>
Developing professional standards	To establish clear local professional standards and competencies for Nurses and Allied Health Professionals.
Dining Buddy Volunteering role	Dining Buddies are volunteers who provide extra support during mealtimes and help complete menus and diet/fluid charts. Dining buddies provide companionship and help make mealtimes a more enjoyable and sociable experience.
Wellbeing and Mental Health Helpline	To strengthen and streamline the helpline systems and processes
Safe Wards programme	To implement the evidence based model to ensure that everyone works together to keep people as safe as possible across all inpatient mental health wards.
The spread of the successful district nurse triage QIF in central to all district nurse teams	Ensuring people receive timely access to expert advice and support.
Development of a one stop shop for nail surgery	Timely intervention, better outcomes and experiences for people using the services
Development of a web page for families using the Children's Integrated Therapies and Nursing service	Providing easily accessible information for families

The QIF programme is driving innovative ideas with positive impacts for people who use our services bringing Our Vision to life. The range of quality improvements will be showcased at Lancashire Care NHS Foundation Trust's Quality Improvement Conference on 12th May 2017, to which members of the Board, Council of Governors and commissioners have been invited to attend.

Research and Development

Lancashire Care NHS Foundation Trust is dedicated to improving the health of people who use our services, their carers and stakeholders by providing its staff with the most current research findings in the country and by continuing to actively take part and lead high quality research. Lancashire Care NHS Foundation Trust supports the Research & Development Department to work closely with clinicians along with internal and external researchers to develop and deliver a range of research studies. The department ensures that all regulatory requirements are met in relation to NHS research governance and the conduct of clinical trials.

A number of collaborative projects with local Universities have facilitated researchers at different stages of their research careers (from novice to post doctorate study) to develop their research skills further. The Trust has also participated in more industry clinical trials than previous years.



The Research and Development Department have built upon the close partnership working with Lancashire Teaching Hospitals NHS Foundation Trust and Lancaster University to develop a shared Clinical Research Facility (CRF). The CRF is within a Lancashire Care building but based upon the Lancashire Teaching Hospital's Royal Preston site. The CRF partnership has secured £750,000 of National Institute for Health Research funding to deliver further experimental medicine research there. This enables both Trusts to increase their participation in complex clinical trials.

Outcomes:

- Participation in clinical research demonstrates Lancashire Care NHS Foundation Trust is committed to improving the quality of care offered and to contributing to wider health improvement
- Clinical staff are informed and aware of the latest treatment possibilities and active participation in research supports successful outcomes for people
- Lancashire Care NHS Foundation Trust's Research and Development team have set up the national ROSHNI-2 trial – a study of a group intervention for postnatal depression with mothers of a South Asian origin – as well as the research evaluation of the Routine Enquiry about Adversity in Childhood (REACH) programme. This has enhanced the organisation's profile as leader in research.
- More participants have been recruited to interventional studies, i.e. those having a direct impact upon the types of treatment they receive.
- The portfolio of research projects has increased in 2016/17, with participation in a higher number and wider range of studies.
- Research in rheumatology has continued to develop rapidly with three new industry commercial trials in set-up.



Patient Experience

This section of the document aims to demonstrate the experience of people who are using or have used our services.




Lancashire Care NHS Foundation Trust utilises a number of ways in which to receive feedback and welcomes it in all forms. These include the Community Mental Health Survey and real time data collection including the Friends and Family test and hearing feedback from complaints and compliments.

Other quality indicators relating to the domain of experience have been reported in section 2.3 and include:

- Community Mental Health Service National Survey Results.
- The percentage of staff employed by Lancashire Care NHS Foundation Trust, who would recommend Lancashire Care NHS Foundation Trust as a provider of care to their family or friends
- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
- Percentage believing that trust provides equal opportunities for career progression or promotion

Lancashire Care NHS Foundation Trust values the contribution of people who use our services to inform continuous quality improvements at an individual service level and at a strategic level and this is reflected in Our Vision, Quality Plan and People Plan with “people at the heart of everything we do”

Quality Priority 2 - People who use our services are at the heart of everything we do: all teams will seek the views of service users and carers to inform quality improvements

Target	Progress
<ul style="list-style-type: none"> • All teams will use information feedback from people who use their services to inform quality improvements and will share feedback in the form of ‘you said we did’ messages. • Lancashire Care NHS Foundation Trust will identify ‘always events’ to be implemented in line with the ‘always events plan’ across the organisation. • On completion of the Always Events pilot with the Learning Disability Service as part of the National Programme Always Events will be co-produced with 4 clinical teams encompassing a focus on care plans being the best they can be. 	<div style="text-align: center;">  To build upon this work in 2017/18   7 Always Events are in progress and will continue into 2017/18 </div>



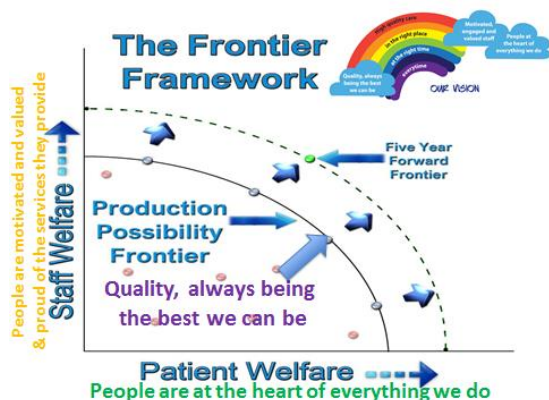
Hearing feedback

Lancashire Care NHS Foundation Trust welcomes and actively encourages feedback from people who use our services and carers and shares this information with the clinical teams to support quality improvement.

Feedback in the form of complaints:

Examples of improvements include:

- Continuing to embed the opportunity to address feedback in the form of complaints quickly and appropriately using a rapid resolution process. This is resulting in fewer people being dissatisfied with their responses and a correlation can be seen between the increased use of the rapid resolution opportunity and the decreasing rate of complaint responses needing to be reviewed or complaints needing to be reopened. This is reflective of the findings of the Clywd Hart Report.
- A case management approach has been tested to support a person centred approach to complaints handling and management. The approach is having a positive impact for both people who have shared feedback in the form of a complaint and the person investigating the complaint and developing a response. Implementation of this approach will be spread in 2017/18 with process, balancing and outcome measure in place.
- Lancashire Care NHS Foundation Trust has been successful in an application to participate in a national pilot with NHS England called the Frontier Framework.



The pilot is looking at improving quality by focusing on the experiences of people who use services and people who provide and support service provision. We believe that The Frontier Framework will support the achievement of Our Vision, the Quality Plan, and People Plan, and believe the Production Possibility Frontier (PPF) relates to our outcome - to always be the best that we can be. Testing of this approach began in January 2017 and will continue into 2017/18.



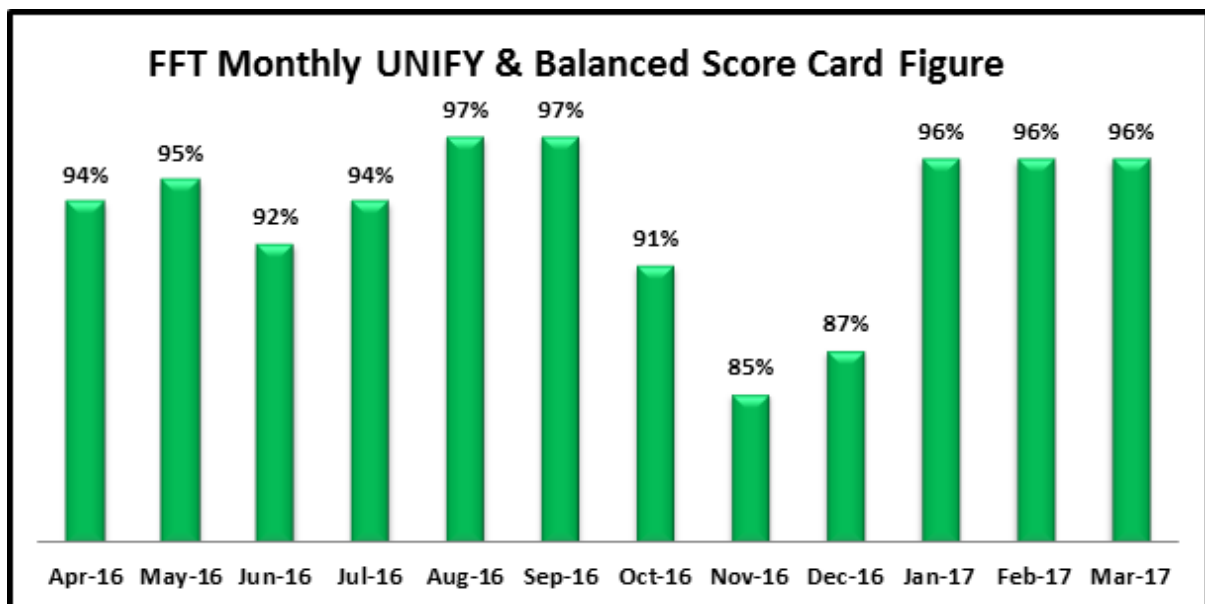
Real Time feedback and the Friends and Family Test (FFT)

Lancashire Care NHS Foundation Trust has been collecting FFT feedback in line with the national guidelines since January 2015, with services asking the question either at the point of discharge, at a point in the care pathway or quarterly. Alternatively a person can choose to give feedback at any time through Lancashire Care NHS Foundation Trust’s website

<https://www.lancashirecare.nhs.uk/How-We-Are-Doing> In addition to the FFT question people are asked four questions in relation to involvement in care planning, courtesy and respect, access to staff, and confidence in future treatment by the team. Two free text questions are also asked giving people the opportunity to feedback on the best aspect of care and ideas for improvement. The feedback received is welcomed as an opportunity to celebrate success and inform team quality improvement plans.

All feedback is collated in a single software package which enables team to Board level reporting. The FFT question is included in the monthly Balance Score Card report. The Unify national reporting timetable requires lock down of the data at a given point in the month, and this position is reflected on the Balance Score Card. However, as all feedback is valued, returns received after this date are subsequently inputted to enable teams to utilise the information to inform quality improvements. The Friends and Family test returns are uploaded to the national reporting system in line with requirements, reported to the Board and Commissioners, and are displayed on Lancashire Care NHS Foundation Trust’s website <https://www.lancashirecare.nhs.uk/How-We-Are-Doing>

The monthly FFT figure of those extremely likely / likely to recommend services is:



Work has progressed with children and young people across the year to enable them to access and respond to the FFT questions themselves. This has impacted on the FFT positive percentage as there has been an increase in the number of ‘don’t know’ responses. This has been identified as a quality improvement opportunity to co-design and test different approaches to hear feedback from children and young people whilst continuing to meet the mandated requirements.



You said.....
.....We did Feedback a few examples

Service	You said...	We did...
CITNS	The option to 'opt in' to select an appointment time is not effective as out of school hour appointments were not available.	The clinic schedule has been revised and after school appointment times are now available.
Sexual Health under 25 services	People requested testing and treatment for sexually transmitted infections at the same visit as they attend for their contraception.	All contraception staff have been increasing their competencies and skills and now asymptomatic screening for Chlamydia, Gonorrhoea, HIV and syphilis can be offered at every venue and we are starting to offer symptomatic testing at central clinics. This will be rolled out to other sites over the next few months.
Dental - Ringway	The directions for one of our dental sites on the website sent you somewhere else and resulted in you being late for your appointment	We have now included the postcode for Sat-Nav users on our website and on the appointment letters

Involving people in co-designing 'Always Events'

Lancashire Care NHS Foundation Trust are proud to be part of the national Always Event (AE) pilot which was funded as part of the Compassion in Practice Strategy by NHS England working in partnership with Picker (Europe) and the Institute for Healthcare Improvement (IHI) - Always Events® is registered trademark and 'owned' by IHI.

Always Events (AEs) are defined as those aspects of the care experience that should always occur when people and family members interact with healthcare professionals and the health care delivery system. IHI's Always Events framework provides a strategy to help health care providers identify, develop, and achieve reliability in a person- and family-centered approach to improve individual's experiences of care. An Always Event is a clear, action-oriented, and pervasive practice or set of behaviours that:

- Provides a foundation for partnering with people and their families
- Ensures optimal experience and improved outcomes
- Provides a common platform for all that demonstrates a continuing commitment to person and family centred care



The opportunity to be part of the national pilot was timely as Lancashire Care NHS Foundation Trust had committed to developing AEs as part of Our Vision and Quality Plan. The pilot enabled us to access the support and guidance from experts and raise the profile of the importance of involving people who use services, families and carers in understanding their experiences and what will these experiences be better.

Lancashire Care continues to participate in the national Always Event pilot with NHS England, Institute for Health Care Improvement and Picker Europe

During 2016/17 Lancashire Care NHS Foundation Trust have continued to support the national roll out of the Always Event Programme and have shared experiences and learning at the National Patient Safety Congress in July with NHS England, and at a National Always Event Summit in London in November with NHS England, NHS Improvement, IHI and Picker Europe.

During 2016/17 more teams have engaged in co-designing Always Events with people who use services, families and carers. The national pilot continues to expand and in January 2017 a number of new Trusts will join the pilot. As part of their commitment to the pilot, and to support teams to engage and implement their Always Event, coaching telephone calls with NHS England, the IHI and Picker Europe are being facilitated. This invitation has been extended to all our wave 2 teams. All engaged teams have committed to the calls and provide regular update reports as part of the national pilot.

Wave	Always Event Team	Focus of the QI
Initial Wave	BwD ALD – “I’ll always be supported in moving on in care”	Transitions
Wave 2	Lancaster ALD	
Wave 2	East ALD	Transitions
Wave 2	Guild – “My voice always matters”	Hearing Feedback/Communication
Wave 2	Wordsworth Ward	Involvement of family and carers/Communication
Wave 2	CITINS Ashton	Transitions
Wave 2	HMP Liverpool	Hearing Feedback/Communication
Wave 2	Community Mental Health (feedback from national survey – 2 Always Events)	Collaborative Care Planning & Communication



All engaged Always Event Teams will showcase their co-design at the Quality Improvement Conference in May 2017. Lancashire Care NHS Foundation Trust is committed to the rollout of the Always Events in line with Our Vision and Quality Plan. In addition the Head of Quality Improvement and Experience is working with the IHI as a faculty member to support the national roll out.

Mixed-sex Accommodation Breaches

During the Care Quality Commission (CQC) inspection of the Lancashire Care NHS Foundation Trust in April 2015, it was identified that a ward breached the same sex accommodation standards. This ward provided a mix sex environment for dementia patients. Immediate action was taken to ensure the ward became compliant with mixed sex accommodation standards and this was validated by an internal quality assurance visit and an external quality assurance visit by our lead commissioner for mental health services. As part of a longer-term plan to improve the quality of the environment, the ward itself was relocated from Burnley to Blackburn in Autumn of 2016 providing an improved care environment that fully meets the mixed sex accommodation standards.

Lancashire Care NHS Foundation Trust is compliant with the Government's requirement to eliminate mixed sex accommodation, except when it is in the person's overall best interest, or reflects their personal choice. If Lancashire Care NHS Foundation Trust should fall short of the required standard it will report it to the Department of Health and Commissioners. Lancashire Care NHS Foundation Trust's declaration of compliance is located on the website: <http://www.lancashirecare.nhs.uk/privacy-and-dignity-single-sex-accomodation>



Safety

This section of the document shows the measures Lancashire Care NHS Foundation Trust is taking to reduce harm to people who use services and staff.

Other quality indicators relating to the domain of safety have been reported in section 2.3 and include:

- Rate of patient safety incidents
- Percentage resulting in severe harm
- Percentage resulting in death

Quality Priority 3 - People who use our services are at the heart of everything we do: care will be safe and harm free

Target	Progress
<ul style="list-style-type: none"> • Implementation of Mental Health Harm Free Care Programme across inpatient mental health Services. • Implementation of the reducing restrictive practices programme in line with the Lancashire Care NHS Foundation Trust's plan. • Implementation of harm free quality improvement initiatives to achieve the sign up to safety plan with a focus on: violence reduction, falls prevention, skin care/pressure ulcer prevention, medication omissions, self-harm. 	<div style="text-align: center;">  <p>Quality improvements to continue into 2017/18</p> </div>

Lancashire Care NHS Foundation Trust's aspiration is to achieve harm free care. To support this agenda a new interactive forum has been established which will:

- Collectively explore the story the data is telling using a range of data presentations.
- Enable clinical teams in person or via skype to share any quality improvement initiatives and any challenges

This new approach will be tested during 2017/18.

The table below demonstrates the number of people surveyed as part of the physical health safety thermometer during 2016/17 across Lancashire Care NHS Foundation Trust and the percentage of people who are measured as harm free.



Monthly Harm Free Care Data for 2016/17												
Month	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of teams submitting	42	43	43	43	42	43	42	43	42	41	41	41
Number of patients surveyed	1,115	1,164	1,159	1,029	1,117	1,014	1,016	1,020	1,085	1,252	1,099	1,158
%Harm Free reported on BSC	93%	92%	95%	96%	94%	94%	94%	93%	94%	95%	95%	93%
<i>Data Source: LCFT Master Safety Thermometer Dashboard Report</i>												

The Harm Free Care^[1] initiative focuses on thinking about complications for people using services, aiming as far as is possible for the absence of all four harms for each and every person. The initiative supports best practice and quality improvement across physical health care focused community services, Longridge community hospitals, physical and mental healthcare services in secure settings, mental health inpatient and community services for people over 65 and learning disability community services for people over 65. The Harm Free Care programme relates to all applicable clinical teams whether these harm factors are a key part of the teams role or form part of an increased awareness / holistic assessment of factors which may be impacting on a person's health and well-being and as such their clinical presentation.

Fluctuations in the number of teams submitting data reflects the closure and opening of some wards, amalgamations of teams and that some teams provide nil returns some months. As can be seen from the data the 95% harm free care aspirational national target has been achieved on 4 of the 12 months reported.

Between April–September 2013 baseline data for pressure ulcers was established and an improvement target has been agreed with commissioners. This relates to the median position of 5% and the maintenance of this position across five consecutive months in subsequent years. Lancashire Care Foundation Trust has achieved this for 11 consecutive months from April 2016 – February 2017. In March 2017 this rose to 5.27% and the data is currently being reviewed to understand the reason for this.

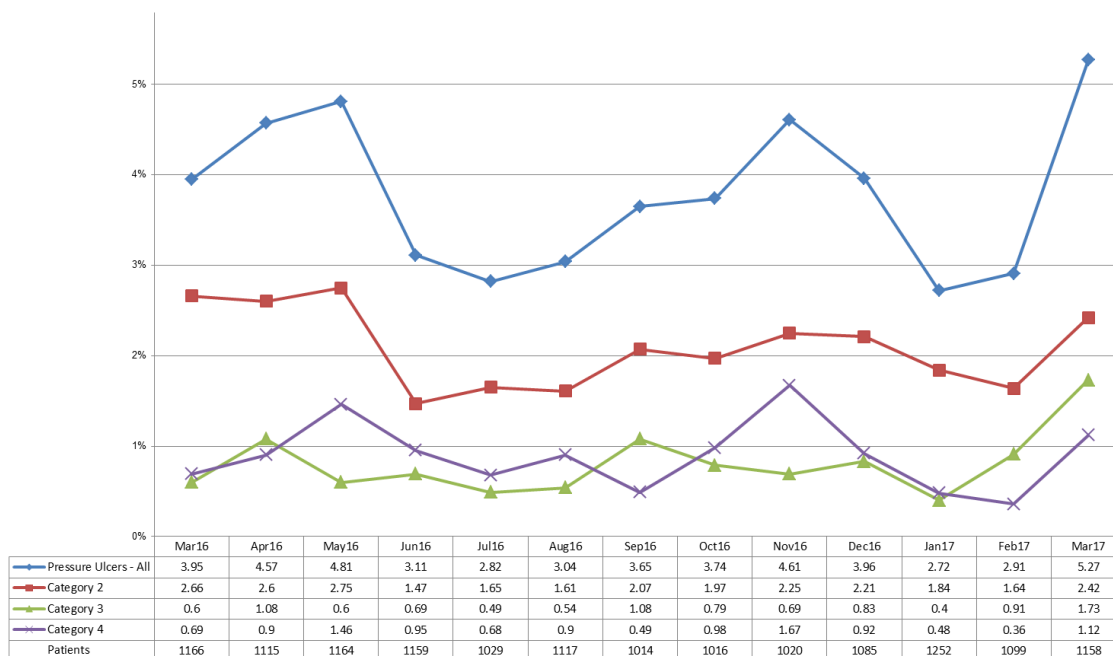
^[1] <http://harmfreecare.org/>



The chart below reflects the point prevalence of all pressure ulceration as monitored by the Safety Thermometer

Pressure Ulcers - All: patients with an old or new pressure ulcer

LANCASHIRE CARE NHS FOUNDATION TRUST, All Wards, All Settings, All Services, All Ages, All Sexes



Lancashire Care NHS Foundation Trust continues to investigate all incidents where pressure ulcers are acquired in our care and lessons learnt are shared widely within the organisation. Quality improvement work continues with case studies relating to people who have developed pressure ulcers that could potentially have been avoided even though all care was in place being presented to inform learning.

Mental health harm free care programme

The Mental Health Safety Thermometer is a national tool that has been designed to measure commonly occurring harms in people that engage with mental health services. It is a point of care survey that is carried out on one day per month which supports improvements in care and experience, prompts actions by healthcare staff and integrates measurement for improvement into daily routines.

It enables teams to measure harm and the proportion of people that are 'harm free' from self-harm, psychological safety, violence and aggression, omissions of medication and restraint. The aspirational target is *'Organisationally Lancashire Care will achieve 90% Harm Free Care for inpatient mental health wards by March 2017'*. This target has not been achieved however, Lancashire Care NHS Foundation Trust is committed to promoting health and preventing harm and as such has set a challenging aspirational target and quality improvement work will continue to ensure successful achievement. Individual wards are being supported to identify their local quality improvement aim to support this, using quality improvement methodologies as part of the Quality Improvement Framework (QIF) programme utilising the 'Safe Wards' approach.



The Mental Health Harm Free Care percentages for 2016/17 can be seen below:

Monthly Harm Free Care Data for 2016/17												
Month	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of teams submitting	38	38	38	38	38	38	39	40	40	40	40	39
Number of patients surveyed	479	478	488	479	474	467	471	488	477	495	479	466
% Harm Free as per HSCIC definition (without medicines omissions)	80%	80%	77%	82%	82%	83%	81%	82%	83%	86%	84%	85%
Reported on Balance Score Card	80%	80%	77%	82%	82%	83%	81%	82%	83%	86%	84%	85%

Data Source: LCFT submissions to HSCIC Mental Health Safety Thermometer
https://www.safetythermometer.nhs.uk/index.php?option=com_content&view=article&id=4&Itemid=109 and LCFT Balance Score Card

Reducing Restrictive Practices

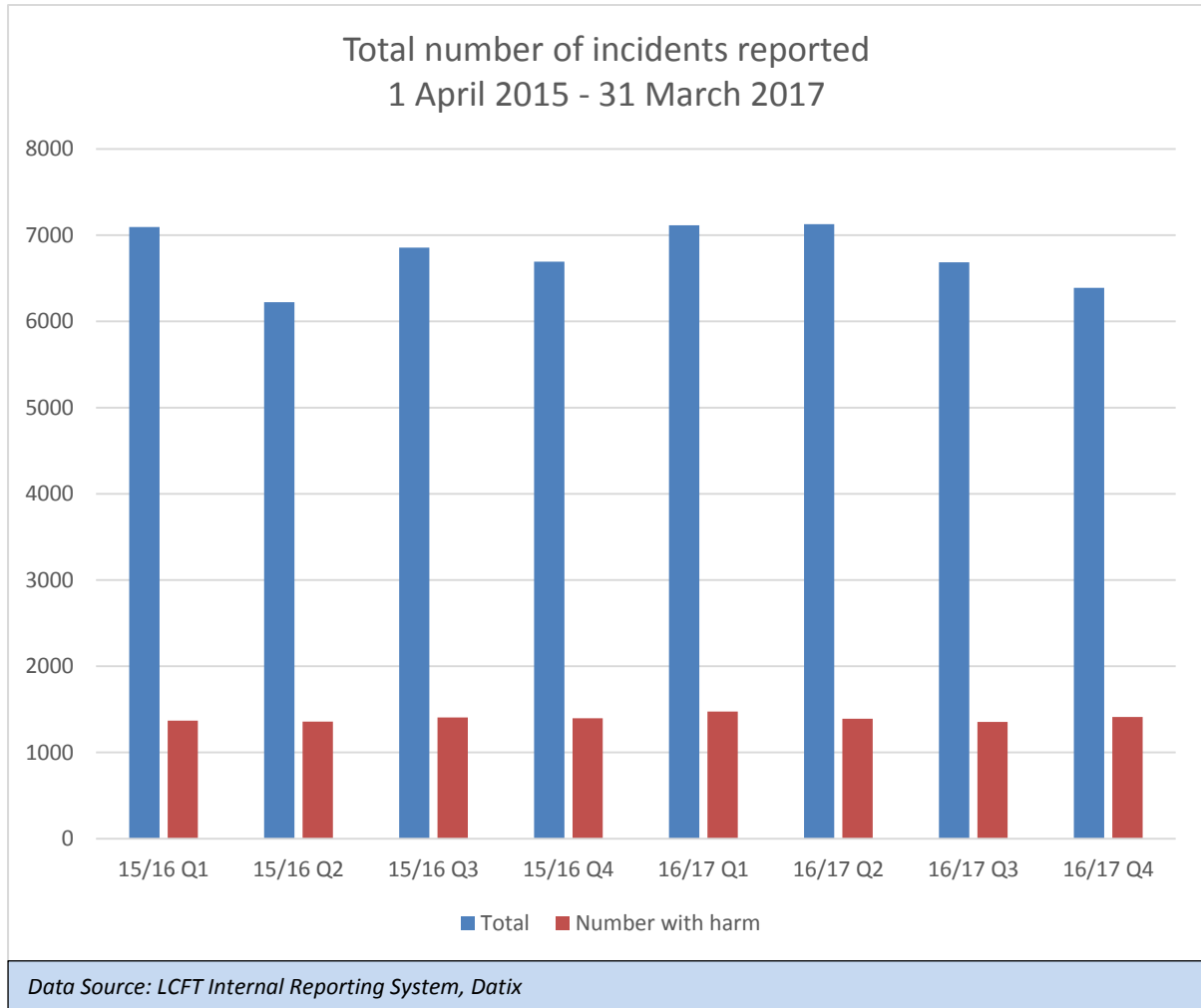
Lancashire Care NHS Foundation Trust has continued its reducing restrictive practices programme and this was transitioned into everyday clinical practice in 2016. The monitoring and assurance of continued improvements is through the Clinical Risk and Restrictive Practice Steering Group. The programme had delivered a number of improvements over the two year period including:

- Elimination of prone restraint from clinical practice.
- Improvements in the content and approach to violence reduction and restraint training.
- Enhancements to seclusion rooms and extra care areas.
- Revised policies and procedures for restrictive practices, violence reduction, observations in mental health services and seclusion.



Reporting of Incidents

The chart below shows the number of incidents throughout 2015/16 and 2016/17. The number of incidents reported with harm includes all incidents where the result reported included allergic reaction, ill-health, injury or death.

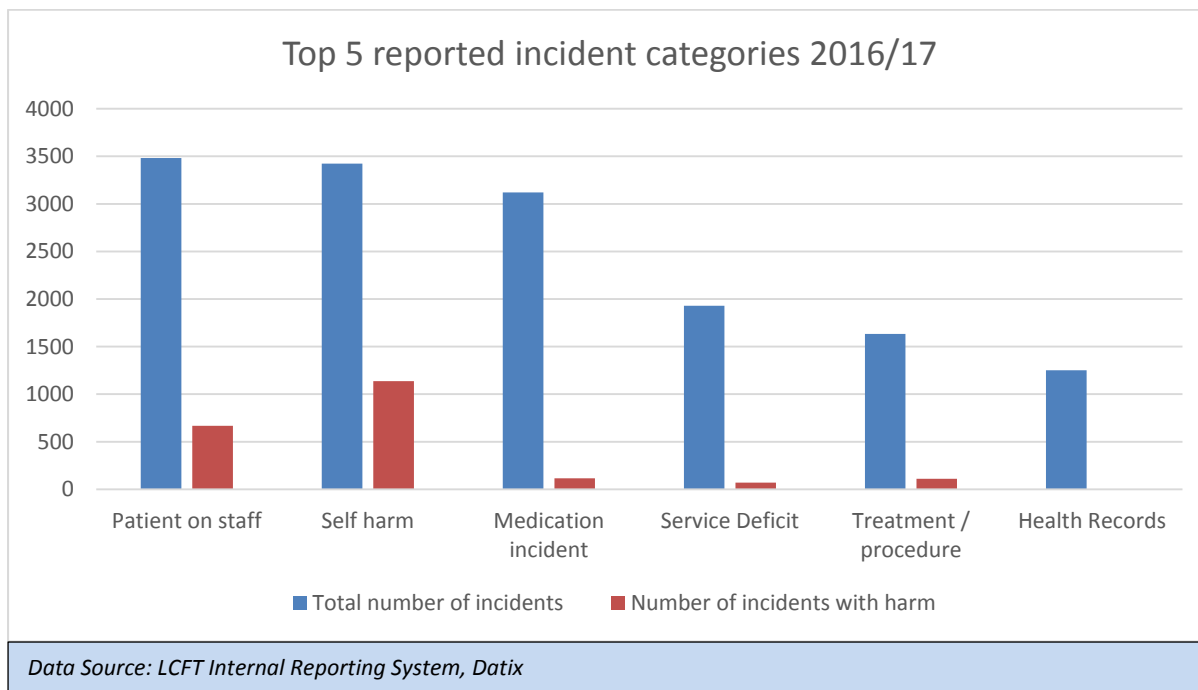


The chart above shows a consistent pattern of incident reporting which demonstrates the continued reporting culture.



Top 5 Reported Safety Incidents (Patient Safety and Staff Safety)

The top 5 reported patient safety incidents are shown in the table below:

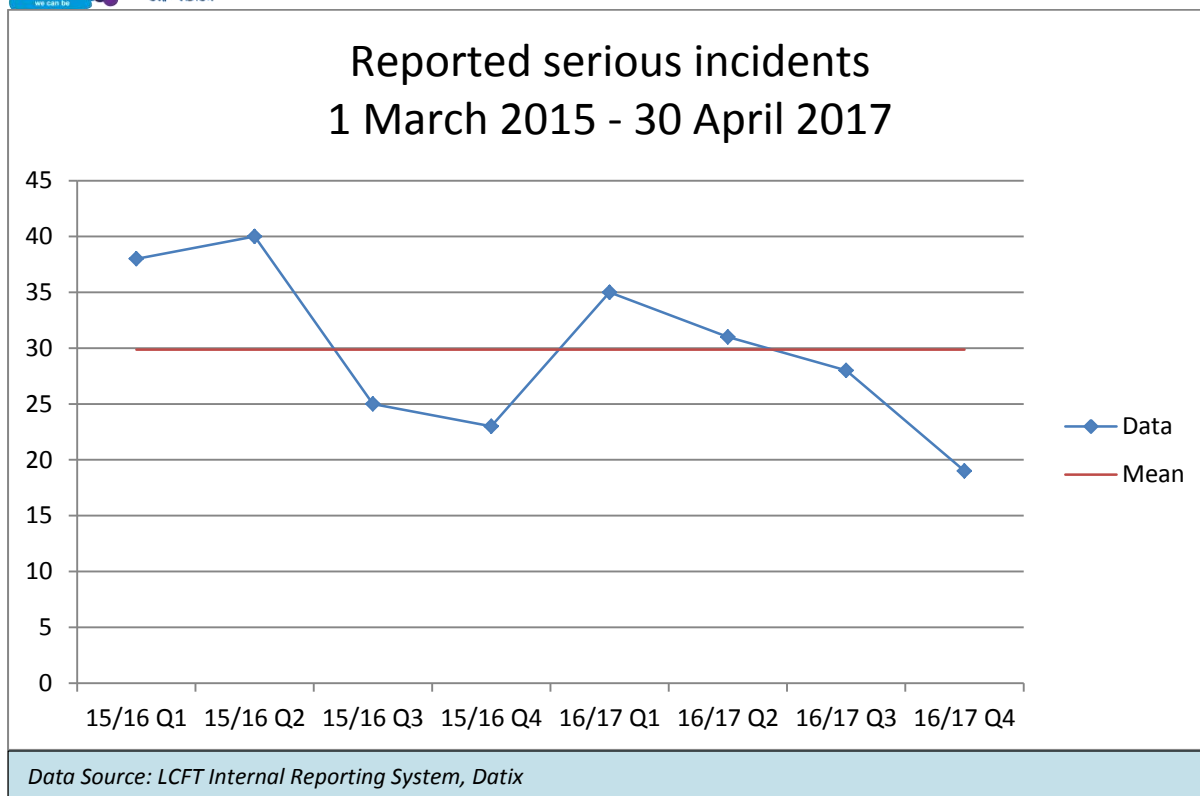


The categories of incident identified are actively monitored through various thematic analysis and reports. Within the context of being a mental health provider, the categories of self-harm, medication and violence are expected and remain as key quality priorities. Improvement work is ongoing in all areas. The category of service deficit includes a variety of sub-categories including staffing related incidents. The category of treatment/procedure is also broad and includes a range of sub-categories including cancellations and access delays.

Serious Incidents

Serious incidents describe incidents which relate to NHS services or care provided resulting in serious harm or unexpected death of people who use services, staff, visitors or members of the public; situations which prevent the organisations ability to deliver a service; allegations of abuse; adverse media coverage or public concern. All serious incidents are subject to a post incident review investigation which includes the development of recommendations and quality improvements.

The number of serious incidents occurring is reported to the Board on a monthly basis and to the Quality and Safety Sub-committee and Quality Committee of the Board on a six monthly basis through a thematic report prepared by the Medical Director and Associate Director of Safety and Quality Governance. A continued downward trend of serious incidents has been seen year on year. The following chart is part of the report mentioned above showing a long term view of serious incidents.



Mandatory Training

Mandatory Training						
Indicator	2015/16 Target	2015/16 Outcome	2015/16 Target Achievement	2016/17 Target	2016/17	2016/17 Target Achievement At month 12
Staff Mandatory Training	85%	76.16%	x	85%	90.68%	✓

Data Source: LCFT Internal System (Quality Academy)

Lancashire Care NHS Foundation Trust has taken the following actions to achieve and maintain this percentage, and so the quality of its services, by;

- Ensuring that all Core Skills (mandatory) training is streamlined and delivered effectively via innovative methods to engage with staff and provide Core Skill assurance in line with national and legal requirements. The Quality Academy is supporting the organisation to deliver the plans in a timely and effective way whilst ensuring staff are receiving a positive training experience. Training opportunities are being reviewed on an ongoing basis by the Quality Academy to ensure that there is availability of the following:




- Flexible timings / central venues and bespoke training
- Blended approach to learning
- Additional trainers

- Course availability and compliance reports are made available to the Networks on a weekly basis to enable the networks to future plan for core skills training requirements.
- Core Skills Training Passport: Lancashire Care is working closely with the North West Streamlining Programme Team to enable data to be shared with other aligned organisations regarding training of staff moving to and from other partner aligned organisations thus avoiding potential duplication whilst providing an assurance of quality of prior training.
- Induction is offered as standard on the first day of employment to ensure staff, are appropriately introduced to the organisation. Enabling induction to take place on an employee’s first day of work ensures that all staff are welcomed and introduced to the vision and values of Lancashire Care NHS Foundation Trust. The new induction schedule contains Core Skill training to ensuring that staff are fully prepared for their roles.

Well – Led

This section of the document aims to demonstrate how we know our care is well-led providing assurance of the delivery of high-quality care for people, supporting learning and innovation whilst promoting an open and fair culture.

Quality Priority 4 - A quality focused culture is embedded across the organisation: services are well led and we are all working together to always be the best we can be

Target	Progress
<ul style="list-style-type: none"> ● We are recognised as an organisation that provides outstanding experiences and achieves excellence in safe and effective care with no Care Quality Commission (CQC) enforcement actions. ● Internal Quality Assurance Visits will be driven by intelligence from quality surveillance and a revised Quality SEEL tool for Networks and Support services will be launched 	 <p>To continue to develop quality surveillance to inform quality improvements</p>

Lancashire Care NHS Foundation Trust’s approach to quality surveillance enables team to Board assurance. The system called the Quality SEEL has been refreshed during 2016 to provide real time quality dashboards for each team with aggregated quality surveillance reports at Network and Trust levels. The quality surveillance system will continue to develop further integrating additional quality measures and indicators.



The People Plan



Lancashire Care NHS Foundation Trust continues to work hard to successfully embed values to ensure the delivery of high quality care: Teamwork, Compassion, Integrity, Respect, Excellence, Accountability.

These values are the foundation stones for everything Lancashire Care NHS Foundation Trust does and the behaviours of each and every member of staff.

Lancashire Care NHS Foundation Trust recognises the relationship between positive staff experience and the positive impact this has for people using services. In particular we have embraced the research by Borrill and West et al which demonstrates that well led, highly engaged, appropriately trained and developed staff working in effective teams reduces both mortality and morbidity.

During 2016, Lancashire Care NHS Foundation developed a comprehensive 'People Plan' (Organisational Development Plan). The plan was finalised at the end of the summer 2016 and the 'foundation year' activity of the plan is being delivered in 2016 and early 2017. From April 2017 to March 2018 (year one of the plan) the plan sets out an ambitious set of actions in each of the six areas of the plan.

The plan has the following high level 'domains' of focus and activity:





The People Plan actions will build on our current activity and continue to increase our levels of staff engagement. The activity has been grouped as below and the progress in the foundation year is described under each domain:

1. Ensuring People have a clear shared vision and shared values

Continuing to communicate Our Vision and supporting strategic narrative, based on high quality compassionate care

A snapshot of foundation year activity:

There was a fantastic response to the internal communications survey with over 500 responses. The feedback will be discussed at local People Groups and team meetings, with a view to re-launching our communications, engagement and feedback channels from Spring 2017, including new opportunities for colleagues' views to be heard; local team news to be shared more widely across Networks; and new ways of connecting colleagues to other teams. A thank you card was launched featuring a design by a member of staff, who won the competition to design the card, to recognise colleagues for a job well done and a healthy attitude.

2. Ensuring People have clear plans, objectives and tasks

Ensuring that individual objectives are aligned with Our Vision and flow through the organisation.

A snapshot of foundation year activity:

One of our networks has taken up the offer of an away day for every team. The Organisational Development team has so far delivered around 20 such full day workshops, each resulting in a vision for the team, agreed behaviours, an action plan and much more.

3. Ensuring People are well supported and well managed

Continuing to manage people in a supportive and compassionate manner; ensuring best Human Resources management practice is in place. Engaging people through appreciative and authentic conversations giving a true voice to employees, allowing influence and contribution and a greater emphasis to the health and wellbeing of the people.

A snapshot of foundation year activity:

Human Resources have introduced values-based recruitment and reviewed recruitment documents, for example to include the organization's values. The Equality and Diversity team are embedding diversity and inclusion work into everyday activity including a values-based recruitment toolkit, participating in the Allied Health Professionals research network and celebrating inclusive practice.

4. Providing learning, development and training for people

Ensuring that high quality learning, education and development activities are available, especially ensuring line managers have the skills to deliver great people management and continuing to develop people to confidently use quality improvement methodologies and a range of enablers building on the Appreciative Leadership learning.

A snapshot of foundation year activity:



Much progress has been made in Information Technology training and delivery, including Health Informatics drop-in sessions and clinical shadowing to better understand the business and how people work in different teams. The Quality Academy is working to ensure that our on-boarding and inductions prepare new colleagues to understand the structure, services and values. The Compliance and Assurance team launched KnowLA (Knowledge and Legal Advice Centre) in March 2017: this is a place on Trustnet to share internal knowledge and legal advice across teams and networks, helping people access the information that they need at the touch of a button.

5. Ensuring People are working well in teams

Ensuring teams have shared objectives and work together regularly reviewing their performance.

A snapshot of foundation year activity:

Property Services have embraced the People Plan and it has become integral to everyday operations, with two Cultural Ambassadors who champion the People Plan. More Team Talks are being delivered through live streaming from senior leaders utilising Skype.

6. Developing People Leaders and People Managers

Continuing to develop a culture of leadership by enabling the collective actions of formal and informal leaders to act together and drive organisational success.

A snapshot of foundation year activity:

The leadership competencies that we expect every leader to demonstrate have been refreshed to better reflect our values, we have developed ways of identifying talent in leadership and management at all levels and we have promoted coaching as a way of people getting support and development

Staff Engagement

Engage Events

The Chief Executive's Engage events take place each quarter for 300 leaders to provide an update on the current priorities, progress against them and to enable attendees to feedback their thoughts to the Executive team. The events are led by the Chief Executive and time for networking and questions from the floor are built into each event. A similar event is held on a biannual basis for Aspiring Leaders to support their development and engagement in the future plans and from January 2017 the decision has been made to bring the two events together on selected dates. This will increase networking and development opportunities for aspirant leaders and also achieve efficiencies in terms of cost and time.

Health and Wellbeing

Lancashire Care NHS Foundation Trust recognises that the health and wellbeing of its people is vital to drive the delivery of high quality care. Lancashire Care NHS Foundation Trust is a Mindful Employer and has a Health and Wellbeing programme in place to ensure that wellbeing is integral to the employment experience, with one of our quality outcomes stating 'People are at the heart of everything we do'.



Our Quality Plan outlines the commitment of Lancashire Care NHS Foundation Trust achieving the Workplace Wellbeing Charter and this work commenced in December 2016. Partnership working with Lancashire Sport has been established to support the generation of workplace physical activity initiatives. A Workplace Challenge online resource promoted a Walk to Rio! Challenge in August 2016. Other activity includes 'Back to Netball' taster sessions, funding for run leader training, table tennis resources and support to skill up Champions around coaching and activating others.

Activity includes the development and dissemination of an organisational Statement of Intent for Physical Activity, 'Time for Change' sign up, organisational pledge and action planning, and wider network engagement. The commitment to identify Health and Wellbeing Champions in all networks and incrementally increase from 60 to 160 has been achieved. Health and Wellbeing Champions continue receiving monthly newsletters and promotional information, more recently the focus has been on people across the organisation showcasing their activity and support for each other. Three Health and Wellbeing Fairs took place in November 2016 which were predominantly planned and delivered by Champions, these Fairs were well attended and well received.

Health and Wellbeing is a golden thread that runs throughout our People Plan, and more specifically within Domain 3 'Managing People effectively so they feel well supported with improved health and wellbeing'. Collaborative working is in place with those involved in implementation of the plan to ensure Health and Wellbeing is considered and that the plan supports the views of our people as collated from the Big Engage events in 2016.



Awards/Achievements

Lancashire Care NHS Foundation Trust is proud of the awards received and achievements made over the last year, below are examples:

Specialist Services



Soapy Suds, a car wash and valeting business based at Guild Lodge in Preston and led by people living at Guild Lodge, was a winner at the National Service User Awards held on 27 April 2016 at Silverstone Race Course.

The National Service User Awards celebrate the various service user led initiatives and achievements within a secure care setting. This year Soapy Suds were winners of the 'Community, Social or Vocational Initiative'. This was set up by service users at Guild Lodge supported by the Service User and Carer Lead and Occupational Therapy staff.



National awards ceremony

The project provided people the opportunity to gain skills and experience in business; from the financial side to customer service and all about how to run a business.

People living at Guild Lodge were also finalists in the 'Breaking Down Barriers' category for a workshop aimed at fourth year medical students which provides perspective from people living at Guild Lodge regarding their care to help the interaction and highlight the importance of developing good listening skills and a person centre approach.

Children and Families



The Blackburn with Darwen Health Visiting Service won an accreditation award from UNICEF Baby Friendly Initiative (BFI) designation committee.

The UNICEF Baby Friendly Initiative was introduced to the UK in 1995 and is based on a global accreditation programme of UNICEF and the World Health Organisation.

The Baby Friendly Initiative is designed to support breastfeeding and parent infant relationships. Working with public services the aim is to improve standards of care.



The Blackburn with Darwen Health Visiting Service maintained their excellent history of results and percentages. The Infant Feeding Coordinator reported that 'the assessors could not fault'. With the assessors reflecting how well embedded BFI standards are in Blackburn with Darwen. The assessor said that the joint working between Health Visiting and Children Centre's illustrated 'a very cohesive area'. The assessor also commented 'you don't realise how good you are in Blackburn with Darwen, outstanding'.



The Contraception and Sexual Health Service was a winner at the Lancashire Lesbian, Gay, Bisexual and Transgender (LGBT) Quality Mark.

The Lancashire LGBT Quality Mark is part of a quality assurance programme for service providers first introduced in 2015. The programme is designed to assist service providers to measure how well the needs of LGBT people using services, volunteers and staff are being met, whilst also reducing barriers.

Adult Mental Health

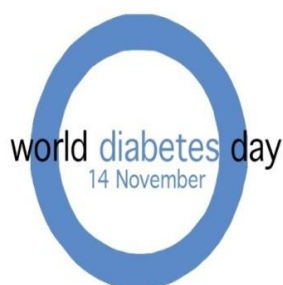
One of our Professors won the Royal College Psychiatrists Researcher of the year at the Royal College of Psychiatrists Awards ceremony in 2016.

This award recognises the critically important role that clinical academics play in conducting scientific research that improves the understanding of, and treatment and care of people with, mental illness.



Receiving the award ceremony

Adult Community



Lancashire Care NHS Foundation Trust's Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) team won in the Innovation Award and Educator Award categories of the Celebrating DESMOND Annual Awards Programme, on World Diabetes Day. The awards are a national initiative that celebrates good practice in the delivery of DESMOND and the positive contributions to people with Type 2 diabetes.



The Diabetes Educator innovation award



Educator of the Year



Blackburn with Darwen Always Event



Penguin Teamwork Award

Winners of the October Academy of Fabulous Staff Penguin Teamwork Award

<http://fabnhsstuff.net/2016/10/25/october-award-winners-congratulations/>

<http://fabnhsstuff.net/2016/09/14/always-events-co-designing-improvements-together/>

Shortlisted for the national 2016 Penguin Teamwork award and received a scroll acknowledging their great work at a national event in London in November 2016.

Highly Commended Positive Practice Experience Award 13th October 2016



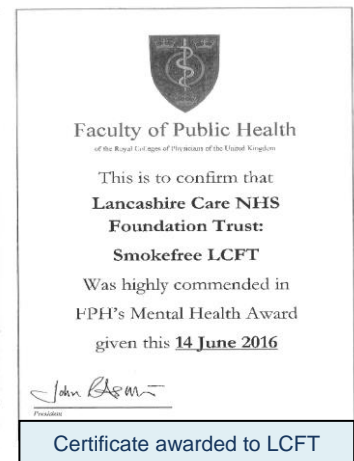
Highly Commended by the Positive Practice Collaborative



Support Services

Public mental health is a priority for the Faculty of Public Health (FPH), and to help share good practice, FPH launched a new Public Mental Health Award 2016.

Lancashire Care NHS Foundation Trust was highly commended by the Faculty of Public Health for its continuing work around Smokefree.



Certificate awarded to LCFT

Lancashire Care NHS Foundation Trust implemented a nicotine management policy across all health services in January 2015. This was prompted by NICE guidance PH48 which advocates smoking cessation, temporary abstinence from smoking and smokefree policies in all secondary care settings.



The Innovation Programme Manager, won the Innovation Scout, Silver Award in December 2016. The Innovation Agency has a crucial role in the spread and adoption of innovation across the region

and the criteria for winning this award included:

- Adoption of innovation and spread to more than one department or organisation
- Partnership working with other companies or public bodies on



Proudly displaying his certificate



innovations

- Sharing stories of innovation success on platforms out with their own organisation
- Added project/innovation to the Innovation Agency innovation exchange for adoption



Lancashire Care NHS Foundation Trust's Clinical Systems IT Training Team were awarded Informatics Skills Development Network (ISDN) North West Team of the Year at the North West Connect Conference in September 2016.

The National Education & Training standards were re-launched by NHS Digital in the summer of 2014 and Lancashire Care Foundation Trust achieved Gold Training Service Accreditation and became a top three IT Training Team nationally.

The team demonstrated teamwork and excellence to achieve Gold accreditation. This led to the mainstreaming of best practice across the delivery of training from needs assessment, administrative process improvement, to high quality training delivery and assessment. The team apply real challenge to other areas of Health Informatics to ensure that they are focussed on the clinical services and what is good for our staff and our service users



Clinical Systems IT Training Team at the North West Conference

Staff Awards 2017

Over 350 members of staff attended this year's Staff Awards Ceremony at the Dunkenhalgh Hotel in Accrington to celebrate the past year's successes and achievements.

Congratulations to all of the teams and individuals who received award and well done to everyone who received a nomination!

TEAMWORK

Front Line Team of the Year Award. This team also won the Chief Executive's Award for Excellence!



Winner – The Acute Therapy Service (Central and North) was nominated for the work that they do to prevent acute inpatient admission to mental health wards. Despite the high risk nature of the job, the staff promote a calm and relaxing atmosphere where compassionate care and respect is at the heart of care delivery. The service has helped to change people's lives and left a positive impact on them.



Highly Commended – The Fylde Coast Memory Assessment Service offers assessment, pre-diagnostic counselling, diagnosis, treatment and after care for all patients and carers living with dementia. The service has a track record of working with partners on initiatives and is the highest recruiter of patients living with dementia in research within the Trust. The service strives to keep the patient at the centre of everything it does and has been described as a real credit to the Trust.



Support Team of the Year Award



Winner – The EPMA Project Team has successfully rolled out the electronic prescribing and medicines administration system across the Trust’s inpatient units. Described as dynamic, the team has worked tirelessly to deliver the project on time, training healthcare professionals from the Trust’s Medical Director through to Healthcare Support Workers. The success of this project was also acknowledged by the CQC during its recent inspection.

Highly Commended – The Clinical Systems IT Training Team has shown consistent support in empowering clinical teams to maximise the use of technology. It was through their hard work that the Trust secured Gold accreditation in NHS Digital’s National Education and Training Standards in 2016. This was achieved through a constant drive to improve standards, streamline processes and ensure quality is at the heart of the Trust’s learning experience. The team has achieved and maintained a 100 percent satisfaction rate when deploying clinical systems training over the last 12 months.



COMPASSION

Service User and Carer Involvement Award



Winner – The CAMHS Central Lancashire Learning Disabilities Team has exhibited immense compassion through a group that it runs for parents and carers who have primary-school aged children with a disability or autism. The group, called Riding the Rapids, lasts for 10 weeks and is always well attended with lots of interesting activities. The feedback the team receives is phenomenal with parents sharing their experiences on how the course has made a difference to them, how they are now able to positively manage their children and about the support and care they receive from staff.

Highly Commended – As a senior member of the Assessment and Treatment Team, this person’s hard work has left a huge impression on her colleagues. Despite happily taking on roles that can be stressful such as being on-call, she consistently exhibits calmness in her work and communicates in an excellent manner with professionals, agencies, patients and relatives. Her colleagues also note how she always provides a high level of support to all of her team and embodies quality at all times.



Compassionate Care Award



Winner – As an important member of staff on Calder Ward, the winner has a track record of interacting with service users in a positive and compassionate



way, developing good therapeutic relationships along the way. This was especially the case in her interactions with a challenging service user with complex needs. Despite being assaulted by the service user, she demonstrated outstanding compassionate care. She has also led on implementing the least restrictive interventions and assisting in the education of other team members to make Calder Ward a more compassionate and caring environment.

There were two Highly Commended in this category – When a young man who was suffering a mental health crisis had his bike stolen from outside West Strand House on his 21st birthday while seeing a member of the Preston Home Treatment Team, the team exhibited exceptional care, compassion and excellence by donating money to buy him a new bike, a birthday cake and some small gifts. This gesture, though small, meant a lot to this young man, and shows how this team went that extra mile to make a difference to a service user in his road to recovery.



The Bryon Psychiatric Intensive Care Unit (PICU) Ward Team showed extreme compassionate care that made a huge difference to the life of a Romanian service user who had been trafficked into the country, was extremely mentally unwell and spoke no English. In spite of the woman presenting an extreme challenge, the PICU team were able to provide her with support to improve her mental health. The lady was eventually handed over to the care of health professionals in her home country. However, on her last day on the unit, she realised the dangerous situation

she had been in, how unwell she had been and that she would be forever grateful and never forget what they did for her.

ACCOUNTABILITY

Partnership Working Award



Winner – STEADY On! provides key messages on falls prevention, self-care tips, advice and signposting into relevant services. During the 12 months that the Steady On! project has been in place since October 2015, the team has exceeded the key performance indicators set by its commissioner, Lancashire County Council, and developed a track record of building rapport with other organisations. The team's proactive approach in marketing the project and visiting organisations in person has helped to engage and build positive relationships and help spread the STEADY On! message.

Highly Commended – This person has impressed his colleagues in forming strong partnerships with local businesses and organisations to secure donations in goods and services worth £7,000 to develop and run an allotment for the Open Door Centre in Colne that started off with very little financial backing. Using his own initiative, powers of persuasion, persistence and negotiating skills, his hard work has led to a sustainable and stable project providing somewhere where local people can learn and enjoy gardening helping to alleviate mental health issues, promote healthy eating, tackle social isolation, provide individuals with skills, improve quality of life and enable vulnerable individuals to develop their full potential.



RESPECT

Patient Quality Award



Winner – The Learning Disability Complex Needs Service has constantly delivered high quality care. Evidence gathered from the



Sheffield Learning Disability Outcome Measure (SLDOM), NICE guidance benchmarks, and audit and service user evaluations have all been positive about both the quality and the impact of the service. People who use services and their families benefit from a team with clinical expertise, experience, relevant qualifications and specialisms. This high performance has driven forward practice and is clearly related to the appropriate combination of professionals.

Highly Commended – This person has exemplified Trust values in her work to embed the nicotine management policy in the Adult Mental Health network. She has passionately, positively and persistently worked to deliver excellent services for service users in all aspects of her work and has strived to describe and demonstrate to colleagues how a smokefree hospital supports excellent care for service users. She uses her experience as a nurse to show how supporting a person with a nicotine addiction can be done respectfully and compassionately, and has spent lots of time listening to concerns from staff and service users and then responding respectfully and compassionately to find joint solutions to challenges.



INTEGRITY

Emerging Leader Award



Winner – This person is passionate and committed to nursing and the care of her service users. Her colleagues say she absolutely oozes all the elements you would expect in an emerging leader. She is committed, kind and compassionate, and acts openly, honestly and with integrity at all times. She is massively energised and energising, demonstrates passion and commitment to developing and progressing nursing and the services we provide to achieve excellence. She is also the driving force behind the emerging #lcfnightingales, a key player in the Network Health and Wellbeing events and a Schwarz round facilitator.

Highly Commended– This person is a committed and enthusiastic team leader who works in a way that ensures excellent outcomes for service users whilst supporting and valuing the staff on the ward. She has a very approachable management style which allows staff to discuss concerns in an open, informal way. She is extremely competent and understands her ward's vision and has excellent clinical skills, something that her teams says allows them to feel supported and secure. She also has an 'open door' supervision approach that allows staff to request supervision as and when required.



Unsung Hero Award



Winner – This person continues to work full time in her role despite having a terminal diagnosis. Her commitment to her work despite the severity of her illness goes above and beyond the call of duty. She has worked for the Trust for a long time and has always upheld the Trust values. Colleagues describe her as an inspiration, a font of knowledge, empathetic and compassionate to the core. She is currently raising funds through her charity work and is selfless in this. Her values represent everything that is good within a caring profession. Her colleagues say she is truly an unsung hero and deserves recognition from her peers and employers.

Highly Commended – This person has worked for local mental health services for over 35 years and remains as motivated and driven as ever.





She never fails to deliver excellent quality care, going above and beyond her role to ensure service users have the best possible outcome. She is professional and incredibly human in her approach to others. This includes accompanying people to appointments that they would not attend if she did not, arriving at work early or staying late to facilitate this. Feedback from service users that work with her is that they feel very valued and cared about.

EXCELLENCE

People’s Choice Award



Winner – This person from the District Nursing Team was voted in by members of the public for the People’s Choice Award. As a community practice teacher and Team Leader, Tracey is an excellent role model for district nursing. She exhibits passion and gives her fullest to the staff she manages and the student practitioners undertaking the specialist practitioner course in district nursing (degree course). In addition to her role as Team Leader, she gives up her free time as well as work time to ensure student practitioners get a quality placement and enhanced learning environment.

Highly Commended – The Bronte Ward, situated in the Dementia Unit at The Harbour in Blackpool, has made a huge impact on service users and their families with families of loved ones at the ward touched by the compassion, attention to detail and professionalism shown by everyone on the ward. The daughter of one service user felt that staff on the ward reacted beyond their expectations and treated her mother with love, dignity and respect. “What I saw within the Bronte team was an inspirational, dedicated, skilful and caring group of people, doing something that was more than just a job for them,” she wrote.



Innovation Award



Winner – In the face of significant challenges and increased caseload, these people from the Speech and Language Therapy section of the Children’s Integrated Therapy and Nursing Services (CITNS) Greater Preston introduced a few innovative changes that made some astounding results, positively impacting the lives of children with impaired speech and their families. Their work has benefitted services users, their families and the clinical team. As a result of the changes, the positive feedback from families has been overwhelming with clinics buzzing with energy and enthusiasm.

Highly Commended – Driven by a vision to empower care staff to identify and help patients who are at risk of dehydration, the Specialist Practitioner for Care Homes at the Trust, developed a practical piece of resource, the hydration tool kit that has made a huge difference to elderly residents in care homes. Through the kit, she has been instrumental in care homes proactively supporting their residents’ hydration needs. One care home manager said that the toolkit has reduced urinary tract infections and hospital admissions and that her care staff are more engaged in supporting residents with their hydration needs. She is now sharing her work across the Trust.





Annex: Statements from Healthwatch, Overview and Scrutiny Committees and Clinical Commissioning Groups

Healthwatch (Lancashire)

Thank you for inviting Healthwatch Lancashire to comment on your Quality Account. Whilst we are grateful for the opportunity to do so, we have some difficulty in responding to such a huge document, especially when we are asked to do the same for all the NHS Trusts in our area.

At the same time, we appreciate that the content is to a large extent dictated by the requirements of the NHS nationally. As we did last year we would make a plea that a much shorter version be made available for stakeholders (which we think would be of value for others too) which would highlight the key points in an easy-to-read manner. This is indispensable if there is to be any reality to your stated desire to obtain feedback from us.

We would like to congratulate the Trust on its award of a 'Good' rating from the Care Quality Commission, and we have noted, through our attendance at the Quality Summit, the commitment of the Trust to continuous improvement. Such an award is testament to the great work by Trust staff, and excellent leadership, even in the context of tightening finances and the national workforce problem.

We note that there are still areas that require improvement, especially in the field of Community Mental Health, and we hope these will be given special attention in the near future.

We are pleased to note the steps the Trust is taking to 'refresh' and 'reorganise' its work in light of the Lancashire and South Cumbria Transformation Plans.

We would like to raise a specific point about the Friends and Family Test. We have some hesitation about how reliable such a Test is, especially in the mental health context, where friends and family may be so relieved to (at last) get their loved one into a place where they can be treated, that the Test may be as much about gauging that relief as assessing the quality of treatment. Our experience suggests that conversation with an independent person rather than filling in forms is more likely to elicit what people really think.

Although the question of dealing with serious incidents is highly complex, and we have confidence that the Trust treats them with equal seriousness, a particular case has been drawn to our attention by a member of the public which we have passed on to the Trust, where we must record our unease about whether appropriate care was available.

Finally, we would wish to state that if the process of consulting stakeholders is genuinely intended it surely must be the case that the Trust would not just receive our comments, but find some way of responding to them.

We hope we can assist the Trust in enabling patients and service users in experiencing the best care possible

Sheralee Turner-Birchall, Chief Executive
Mike Wedgeworth, Chairman
Healthwatch Lancashire, 26/04/2017



Overview and Scrutiny Committees

Blackburn with Darwen Borough Council

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2017-18.

Blackpool Council

Blackpool Health Scrutiny Committee

Blackpool Health Scrutiny Committee welcomed the opportunity to comment on the Lancashire Care Foundation Trust's (LCFT) Quality Accounts (QA) which Members found interesting to read albeit quite long and wordy. The Committee recognises the importance of involving the public and other stakeholders in helping promote health improvement through delivering safe, quality clinical services which involve patients ('patient experience').

Due to the General Election Purdah, it is not possible to comment specifically on the QA content in terms of quality, progress etc but general comments are provided on report format (readability etc).

1. The Committee recognised that whilst Francis advocated QAs as an important improvement format, Scrutiny has to balance priorities against what are long reports. An executive summary (in so far as this is possible) would be welcome for Scrutiny and particularly the public.
 - Listing key priorities, exceptional performance highlights (poor but also very good practice) linking to the improvement plan, proposed major improvements / plans, i.e. highlighting shortfalls, trends and proposed actions (detailed statistics in appendices).
 - How the public/patients have been involved throughout the year, e.g. not too clear to what extent patients (as opposed to health staff / researchers) had been involved in helping design the 'Always Events' framework of what patients should always expect.
 - Page one - version control - refers to which each version has been shared with whom. Healthwatch Lancashire are mentioned but otherwise no reference to patients etc. Healthwatch Blackpool should have been consulted although the two Healthwatch bodies now have a shared Chief Executive so should hopefully be able to respond appropriately.
 - Within Part Two is a reference to organisational 'resets' (not explained simply as a restructure) which also refers to engagement with all groups expect patients/public. Part Two also refers to all support services being involved with developing the Quality Plan 2017-2018 which is good but there is no reference to patient/public involvement.



- The QA includes feedback from Scrutiny, commissioners and Healthwatch bodies there is no feedback section for the public.
- There also needs to be consistency with terminology within the QA, e.g. Monitor the economic regulator of NHS foundation trusts is referred to but then later there are references to its successor body NHS Improvement without an explanatory link between the two given. Perhaps the glossary and key terms could be at the start of the QA and also be fully informative, e.g. RAG is explained as 'Red', 'Amber', 'Green' (RAG) ratings but this might be meaningless to some readers.
- It is recognised that the LCFT has to complete its QA using NHS Improvement's template so it would be welcome if NHS Improvement took on board Scrutiny feedback in developing a simpler QA format. Scrutiny also recognises the challenge of having to produce the QA within 30 days of the end of the financial year for comment meaning that first circulated drafts for comment will contain less information than evolving drafts. Again feedback for NHS Improvement to consider.

An executive summary was also requested in the 2016 response.

2. LCFT works with patients with mental health / learning difficulties so a QA with pictures and language that patients can easily follow would be welcome, e.g. more of the 'you said, we did' style bubbles used in the QA. The priority headings in Part Two (black text on dark blue shading) may be difficult for some people to read and some other sections (light green on yellow). The priority tables themselves are relatively digestible. However, the QA - as a whole - has a slightly (inevitably) corporate, performance slant to it suitable for executive management and inspectorates.
 - Part Two refers to 'networks' but does not explain these are simply clinical services grouped together as four networks (Adult Community, Specialist Services, Adult Mental Health, Children and Families). A services structure chart outlining key service areas may be useful. Timelines outlining 'vision' targets would be simpler to follow than long paragraphs. The circular 'quality' diagram used is a good simple, effective approach as is the 'principles' table for learning from serious incidents and also the 'People Plan' hexagon later on in the QA. However, the numerous lists of tables and sections in Part 2.3 may be difficult for many people to follow easily although not all the tables/sections are too long.
 - Perhaps some of the more detailed information could be grouped together as separate appendices should someone want to review in detail.
3. LCFT covers a wide county. The QA needs to be easy to follow and relevant to Scrutiny and the public so making them as concise as possible is necessary. Furthermore the QA needs to be structured so that it cover services (which it does) but also importantly, localised.



- LCFT's key sites need to be specifically listed alongside the services provided and performance for each, e.g. in Blackpool, Scrutiny and the public need to be able to comment on The Harbour.
- It is not possible for Scrutiny let alone the public to comment on the QA as a whole covering Lancashire. Ideally there would be locality specific chapters although it is accepted that pragmatic, practical approaches need to be adopted. However, the proposed approach of listing locality alongside service area should be easy to do.
- The locality/service area colour map is quite useful as is the table of main services for the four networks.

A local approach was also requested in 2016.

4. The QA submitted by Blackpool Teaching Hospitals is well structured (bite-size for each service area) albeit still long, worth looking at for potential public friendly formats.

Although Purdah has limited comments on this occasion, it is good that the LCFT has not limited the number of comments allowed. Scrutiny has also welcomed the opportunities for regular in-year engagement with the LCFT which Scrutiny has appreciated as a more effective real-time approach to assurance / health improvement than simply an annual report. It may be useful to provide a link to minutes of meetings held during 2015 and 2016 where improvement has been sought at The Harbour. The progress item on 26 April 2017 was deferred but the report provides a trail to current progress and links to Scrutiny comments from previous meetings.

<http://democracy.blackpool.gov.uk/ieListDocuments.aspx?CId=139&MIId=4503>.

The Committee also hopes to make use of the QA information to help inform its next meeting concerning The Harbour.

On a general point, Members hoped staff are fully supported in their roles including good support networks to turn to. This is important in terms of staff being fully able to support vulnerable people and keep staff illness and turnover to a minimum. Members will be reviewing the deferred staff survey item (for The Harbour) at their next meeting.

The Committee looks forward to continuing to work constructively with LCFT for the benefit of patients.

Sandip Mahajan, on behalf of the Blackpool Health Scrutiny Committee

Lancashire County Council

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2017-18.



Clinical Commissioning Group (CCG)

NHS Blackburn with Darwen Clinical Commissioning Group Blackburn with Darwen and East Lancashire Clinical Commissioning Groups (CCGs) welcome the opportunity to comment on the 2016/17 Quality Account for Lancashire Care Foundation Trust (LCFT). The Quality Account provides a detailed report of the Trust's achievements and challenges throughout 2016/17 and LCFT has demonstrated its continued commitment to making improvements to quality and safety.

Quality Priorities for 2016/17

Within the 2015/16 Quality Account the Trust identified four quality improvement priorities for 2016/17.

1. People who deliver and support the delivery of services are motivated, engaged and proud of the service they provide
2. People who use our services are at the heart of everything we do: all teams will seek the views of service users and carers to inform quality improvements
3. People who use our services are at the heart of everything we do: care will be safe and harm free
4. A quality focussed culture is embedded across the organisation: services are well-led and we are all working together to always be the best we can be

It is acknowledged that the Trust have undertaken a number of wide ranging initiatives and strategy developments to support these priorities throughout 2016/17. In particular, the CCGs recognise the progression of the Quality Improvement Framework, which the CCGs have again supported in 2016/17 via a local Commissioning for Quality and Innovation (CQUIN) scheme, and welcome the Trust's aspiration of being recognised as a national leader in Quality Improvement.

The Trust's organisational reset, establishment of a central investigation team, development of its People Plan and Always Events programme are also welcomed and the CCGs are keen to support the advancement of these initiatives in 2017/18. The CCGs would welcome specific, measurable, attainable, relevant and time-bound process, outcome and balancing measures in future to evidence that these initiatives deliver against the improvement priorities outlined within the Quality Account.

Indicators and CQUIN 2016/17

Although Month 12 and Quarter 4 CQUIN information was not available at the time of receiving the 2016/17 Quality Account, the CCGs commend LCFT on the current (Month 11) year-to-date achievement of all national quality indicators, as well as the progress made to date against the 3 local CQUIN schemes included within the contract for 2016/17. The achievement of the three new national Mental Health referral-to-treatment targets introduced in 2016/17 relating to Early Intervention Psychosis (EIS) and Increasing Access to Psychological Therapies (IAPT) is particularly recognised.

The CCGs also commend LCFT on the result of its Care Quality Commission (CQC) re-inspection in September 2016, following which the Trust received a formal rating of Good. The CCGs are committed to working with the Trust to address the outstanding areas for improvement highlighted by the CQC, particularly around the domain of Safety, which was rated as Requires Improvement. The CCGs look forward to receiving the Trust's Quality Plan for 2017/18 which is expected to outline the specific details of this work.



The CCGs are aware that LCFT continues to encourage the receipt of patient feedback via national surveys, the Trust's real time feedback system, Patient-led assessments of the care environment (PLACE), the Friends and Family Test (FFT), and complaints and compliments via the Hearing Feedback Team. The Trust's development of a person centred approach to complaint handling is commended and the CCGs are pleased to note the increase in the proportion of complaints being handled via the Trust's Rapid Review Process and a subsequent decline in follow-up complaint letters being received from service users. The CCGs have also noted that the Trust has not reported any mixed sex accommodation breaches in year and that the Trust's FFT recommended rate has remained above 85% since April 2016. The CCGs would however welcome the inclusion of compliance against national complaint response timescales within the Quality Account.

Relating to patient safety the CCGs are pleased to recognise that LCFT was rated in year as having "good levels of openness and transparency", ranking 23rd out of 230 NHS Trusts in NHS Improvement's Learning From Mistakes League. LCFT's commitment to the Harm Free Care agenda is also welcomed, in particular the Trust's commitment to violence and suicide reduction, and eliminating prone restraint from clinical practice. The CCGs are concerned to note however, the increased percentage of incidents resulting in severe harm and supports the Trust's efforts to ensure that a consistent approach to grading incidents is reinforced via the Trust's policy. The CCGs also acknowledge the improvement in Mandatory Training compliance across the year, from 76.16% in 2015/16 to 89%, as at Month 10 in 2016/17, which was also recognised by the CQC. It is also recognised that the Trust has not reported any cases of Clostridium Difficile or Methicillin-resistant Staphylococcus aureus (MRSA) infections, or Never Events in 2016/17. Furthermore the CCGs are pleased to note that the Trust has reviewed its Being Open policy to take into account the statutory Duty of Candour and the CCGs are committed to continuing to support LCFT to ensure that the Trust is compliant with the regulatory requirements of the Duty of Candour.

LCFT has participated in 100% of National Clinical Audits and 100% of National Confidential Enquiries and this is a clear indication of an organisation with a commitment to delivery of evidence based safe care.

The reduction in the number of Out of Area Treatments (OATs) and the associated success of the innovative admission avoidance schemes implemented over the course of the year is also recognised and the CCGs would welcome the inclusion of this area of work within the Quality Account. The marked improvement seen in 2016/17 in take up of the flu vaccination amongst front-line staff is also worthy of highlighting, with 81.5% of front line Mental Health staff vaccinated in 2016/17.

Priorities for 2017/18

The CCGs support the clear priorities set out for 2017/18 within the Quality Account. Having worked closely with the Trust on the quality agenda throughout 2016/17, the CCGs look forward to continuing to work with LCFT over the coming year to ensure that the services commissioned are of a high quality standard and provide safe, effective and person centred care.

Malcolm Ridgway Medical Director BwD CCG

Mrs Jackie Hanson Deputy Chief Officer Chief Nurse and Director of Quality East Lancashire CCG



NHS Chorley and South Ribble Clinical Commissioning Group

Chorley and South Ribble CCG (CCG) welcomes the opportunity to review the Community Contract Element of the Quality Account for Lancashire care NHS Foundation Trust (LCFT) for 2016/17.

The CCG congratulates LCFT in the achievement of their “good” Care Quality Commission (CQC) rating, following the CQC Inspection in September 2016. The CCG also recognises that there are still challenges ahead, specifically the provision of safe and effective community health services for adults being areas from the CQC report that require improvement. The Trust has developed improvement plans and will share these with the CCG. The CCG is pleased to acknowledge the proposed improvement plans with the proviso that actions relating to the remaining areas for improvement should have some defined timescales for implementation. The CCG will continue to work in partnership with the Trust in order to ensure the implementation of the CQC recommendations. This will be monitored through the LCFT Joint Mental Health and Community Quality and Performance meetings which the CCG feels has been a positive development throughout 2016/17.

There are a number of commendable quality initiatives which the Trust has implemented, including the establishment in 2016 of a dedicated Investigation and Learning Team. The CCG welcomes LCFT prioritising learning from serious incidents being used to improve patient care. Other commendable quality initiatives include the continuation of Schwartz Rounds, Dare to Share and Time to Shine events, and the ongoing development and use of the Quality SEEL system (Quality, Safety, Experience, Effectiveness and Leadership). The CCG also recognises the wide range of quality improvement initiatives that are being planned, including safety huddles, co-designing of systems, and the development of the Safe Ward programme. These, as well as having received a number of local and national awards for good practice, are evidence of an organisation that is seeking to put quality and innovation at the heart of service provision.

Harm free care is at the heart of quality service provision. A reduction in pressure ulcers has been achieved in 2016/17. The CCG would expect that this reduction is sustained and continued improvements made. It is encouraging to see that there will be a particular focus on reducing pressure ulcers in 2017/18. The CCG would like to thank the Trust for the support they have given, and continue to give, to the health economy wide React to Red pressure ulcer reduction initiative.

Workforce issues, in particular; peripheral workforce reliance, sickness absence, vacancy rate, turnover rate, appraisal performance and induction within 3 months of starting, have been and remain a significant challenge. Of particular concern is the impact of vacancies on the functioning of the Integrated Neighbourhood Teams. The CCG notes the plans the Trust has put in place to try to address this which includes ongoing recruitment campaigns, and in particular, the introduction of the Nursing Associate role and involvement in the apprenticeship scheme which offers the opportunity to build the future workforce.

Mandatory and statutory training compliance remains an area of concern, especially in basic life support. The CCG recognises the effort to improve core skills training through their



Quality Academy and the significant improvements that have been made in this area. The CCG would expect that this improvement is sustained and built upon in the coming year.

The Trust has failed to achieve the Referral To Treatment (RTT) 18 week 92% target for the Children's Integrated Therapy and nursing Services (CITNS) Occupational Therapy (OT) (all commissioners) from April 2016. However, it should be noted that performance has improved since October 2016 and the Trust was compliant in January. The Trust has failed to achieve the 92% target for CITNS Speech and Language Therapy (SALT) (all commissioners) throughout 2016/17. Performance has shown an increasing trend and the target was achieved in November, however, a reduction has been seen in the preceding months. It should be noted that 92% is a local target agreed between CCG and Provider. This is not a national constitutional measure. The Trust updates the CCG in terms of plans to improve performance at the monthly LCFT Joint Mental Health and Community Quality and Performance Meetings. The Trust has highlighted issues around staffing, in particular, staff vacancies and maternity leave. The CCG recognises the work the Trust has done and continues to do in order to try to improve the waiting times and to reduce the impact on the children waiting. The CCG has requested additional assurances that we will continue to see an improving and sustainable position going forward.

The Trust recognises the importance of the staff experience in the provision of high quality care and has developed a People Plan aimed at improving staff engagement, development and satisfaction. This, alongside the already well developed staff engagement and health and wellbeing Commissioning for Quality and Innovation (CQUIN) schemes, should aid staff retention and recruitment. However, the CCG notes the worsening areas in the 2016 National staff survey and would expect the Trust to do an action plan to improve this position.

The CCG welcomes the efforts being made by the Trust to improve the patient experience through obtaining feedback and responding accordingly, and that a priority for improvement is to co-design improvements with people who use their services, carers and families in order to understand what matters to them.

The CCG looks forward to working with the Trust over the coming year to realise the planned quality outcomes.

Jan Ledward

Chief Officer

Amendments Made to Initial Draft Quality Account Following Feedback from Stakeholders

Lancashire Care NHS Foundation Trust welcomes the positive feedback and ideas for improvement we have received on the format and content of the Quality Account this year. All comments received have been reviewed with, where possible, immediate additions and updates to the narrative made. Examples include: Providing clarification that in conjunction with our Annual Report, the Quality Account will give an overview of the work we do, the range of our activities and current performance and that in addition we are hosting our first Quality Improvement conference in May 2017 which will inform the development of "Our Quality Story". This will be shared in a variety of public friendly styles and will complement



the Quality Account. As in previous years a summary of the Quality Account will be included in the summer 2017 edition of our VOICE news publication which is our newsletter developed with and for people who use services, families and carers and is available on our website. Review has been made of the Hearing Feedback section in part 3 to ensure that it provides an overview of a variety of ways in which we hear about people's experiences and involve people in co-designing quality improvements across the organisation.

The remaining comments will be considered as part of the review process in 2017/18. Lancashire Care NHS Foundation Trust welcomes the invitations to work collaboratively with stakeholders during 2017/2018 to provide feedback on the quality priorities and the development of the 2017/2018 Quality Account.

External Audit Statement

Independent Auditor's Report to the Council of Governors of Lancashire Care NHS Foundation Trust on the Quality Report

Statement of Directors' Responsibilities in Respect of 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 content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2016 to 30/05/17
 - papers relating to Quality reported to the board over the period April 2016 to 30/05/17
 - feedback from commissioners dated 28/04/17 and 05/05/16
 - feedback from governors dated 09/03/17
 - feedback from local Healthwatch organisations dated 27/04/17
 - feedback from Overview and Scrutiny Committee dated 03/05/17
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, date May 2017
 - the 2016 national community mental health patient survey
 - the 2016 national staff survey
 - the Head of Internal Audit's annual opinion over the trust's control environment dated 30/05/2017
 - CQC Inspection Report dated January 2017



- the Quality Report presents 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

Chair

30 May 2017

Chief Executive



Appendix 1: Mandated Indicator Definitions in accordance with the Quality Accounts Data Dictionary 2015/16.

7 day follow-ups

Aim:	
To reduce the overall rate of death by suicide through effective support arrangements for all those with mental ill health.	
Definition:	
Numerator	The number of people under adult mental illness specialties on CPA who were followed up (either by face-to-face contact or by phone discussion) within seven days of discharge from psychiatric inpatient care
Denominator	The total number of people under adult mental illness specialties on CPA, who were discharged from psychiatric inpatient care.

CPA review within 12 months

Aim:	
To ensure that the CPA review takes place at least once a year.	
Definition:	
Numerator	The number of adults in the denominator who have had at least one formal review in the last 12 months.
Denominator	The total number of adults who have received secondary mental health services and who had been on CPA for at least 12 months at the end of the reporting period.

Mental Health Delayed Transfer of Care

Aim:	
To ensure patients are not delayed when they are medically fit. Delayed discharges are a significant factor with negative consequences for the effectiveness and quality of care received by service users in psychiatric inpatient wards. They also contribute to significant additional direct and indirect costs of inpatient care.	
Definition:	
Numerator	The number of non-acute patients (aged 18 and over on admission) per day under consultant and non-consultant-led care whose transfer of care was delayed during the quarter. For example, one patient delayed for five days counts as five.
Denominator	The total number of occupied bed days (consultant-led and non-consultant-led) during the quarter. Delayed transfers of care attributable to social care services are included.

EIS in place for New Psychosis Cases

Aim:	
Meeting the commitment to support the identification of new psychosis cases in young people by early intervention teams.	
Definition:	
Numerator	At the census date all those who have been diagnosed and been accepted



	into the Psychosis group since the start of the year.
Denominator	At the census date the number that should have been accepted into the Psychosis group according to the plan.

RTT – Consultant-led (Completed Pathway)

Aim:	
To ensure that people who need it are able to access services quickly reducing clinical risk and improve patient experience.	
Definition:	
Numerator	Number of patients on a consultant-led pathway (admitted and non-admitted) waiting under 18 weeks where the clock has been stopped.
Denominator	Total number of patients on a consultant-led pathway (admitted and non-admitted) waiting where the clock has been stopped.

RTT – Consultant-led (Incomplete Pathway)

Aim:	
To ensure that people who need it are able to access services quickly reducing clinical risk and improve patient experience.	
Definition:	
Numerator	Number of patients (admitted and non-admitted) waiting under 18 weeks where the clock is still ticking.
Denominator	Total number of patients (admitted and non-admitted) waiting where the clock is still ticking.

IP Access to Crisis Resolution Home Treatment

Aim:	
To admit people to hospital only when they need to be.	
Definition:	
Numerator	The number of admissions to the Trust's acute wards that were gate kept by the crisis resolution home treatment teams.
Denominator	The number of admissions to the Trust's acute wards.

MH Data Completeness – Identifiers

Aim:	
To ensure that demographic identification data recorded about a patient within the electronic record system is complete.	
Definition:	
Numerator	Count of valid entries for each data item: <ul style="list-style-type: none"> •NHS number •Date of birth •Postcode (normal residence) •Current gender



	<ul style="list-style-type: none"> •Registered General Medical Practice Org. code •Commissioner Org. code)
Denominator	Total number of (all) entries.

MH Data Completeness – Outcomes

Definition for Employment Status:	
Numerator	The number of adults in the denominator whose employment status is known at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting, in a financial year.
Definition for Accommodation Status:	
Numerator	The number of adults in the denominator whose accommodation status (i.e., settled or non-settled accommodation) is known at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.
Definition for HoNOS Assessment:	
Numerator	The number of adults in the denominator who have had at least one HoNOS assessment in the past 12 months.
Denominator for all:	The total number of adults (aged 18-69) who have received secondary mental health services and who were on the CPA at any point during the reported quarter.



Appendix 2: Glossary Abbreviations

AQuA	Advancing Quality Alliance – NHS health and care quality improvement organisation
CCG	Clinical Commissioning Group – play a major role in achieving good health outcomes for the communities they serve
CQC	Care Quality Commission – An independent regulator of all health and social care services in England
CYP IAPT	Children & Young People Increasing Access to Psychological Therapies Programme – primary function to improve the psychological wellbeing of children and young people
FFT	Friends and Family Test – introduced to help service providers and commissioners understand whether their patients are happy with the service provided.
GP	General Practitioner
GPV	Good Practice Visit – a visit to a team/service to celebrate the good practice and quality improvements guided by a conversation around the content of their team information board
HES	Hospital Episode Statistics - a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.
HMP	Her Majesty's Prison
HSCIC	NHS Digital – the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care
IAPT	Increasing Access to Psychological Therapies
IHI	Institute for Healthcare Improvement (IHI) – IHI works with health systems to improve quality, safety and value in healthcare
KPMG	Management Consultants – a team of expert practitioners supporting Lancashire Care NHS Foundation Trust in the development of this year's Quality Account
NCISH	National Confidential Inquiry into Suicide and Homicide – the Inquiry produces a wide range of national reports, projects and papers providing health professionals evidence and practical suggestions to effectively implement change
NICE	National Institute for Health and Care Excellence (NICE) – provides national guidance and advice to improve health and social care
NRLS	National Reporting and Learning System National – a central database of patient safety incident reports
PDSA	Plan-Do-Study-Act methodology – is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a process
PICU	Psychiatric Intensive Care Unit – a ward that creates a safe and controlled environment to look after acutely disturbed psychiatric patients
QA	Quality Assurance (visit programme) – provides assurance that particular actions have been completed following external inspection and a means by which commissioners could seek assurance that services were compliant with CQC regulations/standards
QI	Quality Improvement - systematic and continuous actions that lead to measurable improvements
QIA	Quality Impact Assessment – a tool used to identify a potential impact of our policies, services and functions on our patients and staff
QIF	Quality Improvement Framework – a framework for delivery of initiatives that will ultimately result in quality improvements for our patients and staff
Quality SEEL	Quality, Safety, Experience, Effectiveness and Leadership – an internal visual dashboard demonstrating key performance indicators; complaints, compliments, incidents and risks
RAG	Red Amber Green rating – a simple colour coding of the status of an action or step in a process.
RTT	Referral to Treatment – your waiting time starts from the point the hospital or service receives your referral letter
R & D	Research and Development



SPOA	Single Point of Access – provides a first point of contact for people wishing to access Lancashire Care NHS Foundation Trust services
SOP	Standard Operating Procedure – is a documented process in place to ensure services are delivered consistently every time
SUS	Secondary Uses Service – supplies accurate and consistent data to enable the NHS to plan, analyse and enhance performance
TIB	Team Information Board (TIB) – provides the facility for teams to support their conversations about quality, identifying areas of good practice and quality improvements which can be built on
UCLAN	University of Central Lancashire
VTE	Venous Thromboembolism – a blood clot that forms within a vein



Key Terms

A Being Open Policy	To promote an open culture of communication between staff, and people who use services and/or their relatives or carers.
Accreditation	A recognised scheme of approval for services
Always Events	Are defined as “those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system.” Lancashire Care are developing Always Events across all services.
Commissioners	The people who buy or fund our services to meet the needs of patients.
CQUIN	CQUIN means Commissioning for Quality and Innovation. A proportion of the income we receive from commissioners depends on achieving agreed quality improvement and innovation goals.
Dare to Share Event	The Dare to Share is a reflection of lessons learnt and how the service, team or individual have and continue to implement improvements in practice
Datix	Software package used to record incidents, complaints and risks.
Dear David	A system introduced in 2014 to enable all employees to raise concerns and good practice with the Chair of Lancashire Care NHS Foundation Trust (anonymously if they so wish)
Domains	The scope or areas which are included within a subject area.
Duty of Candour	Being honest and truthful when telling people if something goes wrong with their care and why, apologising and explaining what will be done to stop this happening again.
Engage Events	To provide an update on Trust’s current priorities, progress against these priorities and enable attendees to feedback their thoughts.
Freedom to Speak Up	An independent review into creating an open and honest reporting culture in the NHS.
Good Practice Visit	An opportunity for clinical teams to talk with Executives, Non-Executive Directors and Governors about how they utilise their team information board within their clinical setting and to share how the information contained provides a picture of quality, continuous improvement and potential risks.
Harm Free Care	A national programme which measures “harms” to a patient whilst in the care of NHS services. The harms include: pressure ulcers, falls and urinary infections (in patients with a catheter).
“Huddle”	Informal team meeting held around a team information board.
Health and Social Care Information Centre	England’s national source of health and social care information. They collect data, analyse it and convert it into useful information. This helps providers improve their services and supports academics, researchers, regulators and policy makers in their work.
King’s Fund	The King’s Fund is an English health charity that shapes health and social care policy and practice, providing NHS leadership development.
NHS Family and Friends Test (FFT)	The FFT is one of the ways we collect feedback from people who use our services. The FFT question asks how likely someone is to recommend the team / service / ward. This question is then followed by some follow up questions which will give the clinical team an indication of the reason for someone’s response to the FFT question which they can then use to inform quality improvements. From January 2015 data has to be reported nationally.
NHS improvement	NHS Improvement brings together Monitor and NHS Trust Development Authority as the combined regulator of NHS Trusts
People Plan	A plan to increase staff engagement and improve staff experience.
Our Vision & Quality plan 2015-2019	Is the central plan for Lancashire Care NHS Foundation Trust which puts the experiences who use services at the heart of everything the organisation does, striving to provide “ <i>High quality care, in the right place, at the right time, every time</i> ” .



Quality	Quality is about giving people treatments that work (effectiveness), making sure that they have a good experience of care (patient experience), protecting them from harm (safety) with services that are well led (well-led)
Quality Academy	Supports the development of a highly skilled competent workforce, who appreciate and understand how and what they do in their everyday role contributes to the provision of a quality service and strive for excellence.
Quality Improvement Board	A Board, led by NHS England, where Lancashire Care NHS Foundation trust will report assurance on progress of actions following CQC inspection in April 2015. Lancashire Care NHS Foundation Trust will work through the Quality Improvement Board to drive and influence system wide quality improvement.
Quality Improvement Framework	A systematic approach to capturing and evidencing quality improvements.
Quality Pioneers	Staff/teams leading on progressive quality improvements to achieve 'excellence' in clinical areas.
Quality SEEL	Lancashire Care NHS Foundation Trust's internal self-assessment framework which enables leaders to review the Essential Standards of Quality and Safety.
Raising Concerns Guardian	Guardians have a key role in helping to raise the profile of raising concerns, providing confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
Risk Register	A document that records risk to achievement of an objective, service or project and identifies the actions in place to reduce the likelihood of the risk.
SharePoint	Microsoft SharePoint is the web application used to manage the intranet site. This allows staff across the Trust to access documents and information.
Sign up to Safety Campaign	Sign up to Safety is a national initiative to help NHS organisations and their staff achieve their safety aspirations and care for people in the safest way possible.
Team Information Board	Team information boards support conversations by teams about the quality of care delivered. Teams meet around the board regularly to review quality and performance and agree actions to deliver improvements.
Well-led Framework	Supports Lancashire Care NHS Foundation Trust internal governance processes.