



TEAMWORK

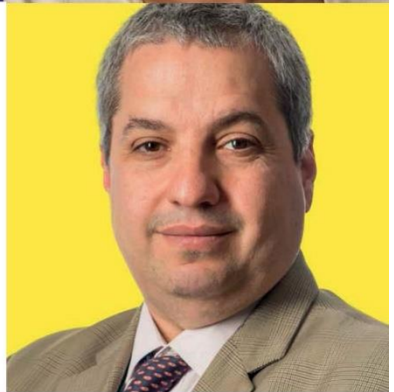


COMPASSION



RESPECT

**QUALITY ACCOUNT
2018/19**



ACCOUNTABILITY



EXCELLENCE



INTEGRITY




PEOPLE AT THE HEART

[#PEOPLEATTHEHEART](#)

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PART 1

1.1 Welcome and Introduction to the Quality Account

We welcome the opportunity to outline how we have performed over the course of 2018/19. The Quality Account outlines the good work that has been undertaken, progress made in improving the quality of our services and identifies the areas for improvement that will be the key focus for the Trust during 2019/20.

Lancashire Care NHS Foundation Trust provides health and wellbeing services for a population of around 1.5 million people. The services provided include community nursing, health visiting and a range of therapy services including physiotherapy, podiatry and speech and language therapy. Wellbeing services provided include smoking cessation and healthy lifestyle services. The Trust specialises in secure, inpatient and community mental health services. Lancashire Care NHS Foundation Trust covers the whole of the county and employs around 7,000 members of staff across more than 400 sites, working with a multitude of partners.

Our main hospital sites are:

- The Harbour, Blackpool
- The Orchard, Lancaster
- Hillview/Pendleview at the Royal Blackburn Hospital
- Chorley inpatient service and Ribblesmere perinatal facility at Chorley Hospital
- Scarisbrick Unit, Ormskirk Hospital
- The Cove, Heysham
- Guild Lodge, Preston
- Longridge Community Hospital, Longridge

Quality statement

1.2 Statement on Quality from the Chief Executive

I am delighted to have taken up the position of Chief Executive Officer at Lancashire Care on 1st April 2019. I am pleased to introduce the 2018/2019 quality account for Lancashire Care Foundation Trust. This report provides us with an opportunity to highlight some of the main developments to our services and the improvements we have made to our services over the past year across Lancashire Care, whilst also reporting on how we have performed against key national and locally determined clinical standards, waiting times and our key quality improvement priorities.

The last 12 months have been, without doubt, the most challenging period in recent years as along with the rest of Lancashire, the Trust has seen unprecedented demand within our urgent care services. This means the high numbers of patients requiring treatment and hospital admission has led to significant pressures across our services and affected the wider health system. Because of the pressures we have seen an increase in out of area placements and patients waiting long hours for inpatient admission which is not acceptable to us.

We have an improvement plan in place and we are working as a system and the Lancashire and South Cumbria Integrated Care System have commissioned an independent system wide review of mental health services. Our priority is to support staff and patients and keep services running safely to ensure patients receive good safe treatment in a timely manner.

Our physical community health services have been supporting more patients at home and we continue to work with our partners to make transfers to care homes and other settings as rapid as possible.

The Trust has previously made the difficult decision to withdraw from the provision of prison healthcare services. This culminated in the planned divestment from HMP Liverpool at the beginning of the year as the last remaining prison service. I would like to thank staff that have transferred to the new provider for their care and resilience through this difficult time.

Sadly, this year we were also unsuccessful in retaining our 0-19 public health services commissioned by Lancashire County Council (School Nursing and Health Visiting). I wish all the staff that are transferring to the new provider on the 1 April success for the future and I'm encouraged that their experience and knowledge will still be supporting the children and families of Lancashire.

I am amazed by the resilience of our staff and their strong desire to achieve high quality care for all our patients and users of our services. Although I recognise the system pressures have affected staff morale, recruitment and retention, which is reflected in the recent staff survey. Our staff are our greatest asset and next year we will focus on staff wellbeing, attracting and retaining staff. Our plans are to support staff with continued development, identifying talent to enable succession planning, whilst creating a supported flexible workforce that can adapt to the ever-changing environment.

The views of our patients, service users and staff are very important to us. We will be continually seeking to engage and receive feedback through a number of methods, including surveys, patient and staff stories; all of which provide us with vital information and views on how we can improve services further.

In year, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) was commissioned to undertake a review of the current adult mental health urgent care pathway across Lancashire. The outcome of the review will support the Trust to make improvements and shape its future models of care.

Looking ahead, 2019/20 will be just as challenging from both a financial perspective and in terms of increasing demand for our services and national shortfalls in workforce supply. The challenges we have experienced have been significant, but next year we will be embarking on a programme of transformation across all our services. Ensuring we make the changes needed to consistently deliver services that meet the standards people who use or rely on them quite rightly expect and deserve.

Next year will see us embark on a journey to become an organisation with a culture of continuous improvement. The foundation will be service users, carers, staff and key partners working together. We want to improve outcomes and experiences for all people who use our services, and improve the quality of the care we provide. This programme will support every staff member, service and team to learn and use continuous quality improvement methodology in partnership with people with lived experience of our services.

Finally, I am pleased to confirm that the Board of Directors has reviewed this 2018/19 Quality Account and confirm that it is an accurate and fair reflection of our performance. I hope that this Quality Account provides you with a clear picture of how important quality improvement, safety and service user and carer experience are to us at Lancashire Care. On behalf of the Board, I want to thank all staff for their continued contribution.

Professor Heather Tierney Moore retired from service on 31 March 2019, as Chief Executive Officer, and due to the timings, was the accountable officer for the review of 2018/19.

Mrs Caroline Donovan commenced in post as the Chief Executive Officer from 1 April 2019 and was therefore the accountable officer thereafter.



Caroline Donovan
Chief Executive
23 May 2019

1.3 Quality Focus during 2018/19

New or significantly revised services

CAMHS/THRIVE

The Trust is working with all providers and commissioners across Lancashire and South Cumbria Children as part of the Young People's Emotional Wellbeing and Mental Health to redesign children's mental health services.

The Children and Adolescent Mental Health Services (CAMHS) re-design covers all NHS funded mental health services for children and young people from birth up to the age of 19 across Lancashire and South Cumbria.

This is an extensive programme of work planned around each of the six key priorities:

- Access - Ensuring CYP and their families can access help when they need it
- Crisis - Improving care for children and young people experiencing an emotional or mental health crisis
- Care for the most vulnerable - Improving care for children and young people who are most vulnerable, including Children Looked After and on the Edge of Care and all those who experience trauma, abuse and neglect
- Resilience - Building resilience, prevention and intervening early when problems emerge
- Workforce - Training and development of the workforce
- Engagement - Understanding CYP and families' needs and views and working with partners across the whole system

The re-designed services will reflect the THRIVE model, support the delivery of the 35% access targets and allow CAMHS to take referrals from birth up to the age of 18 with continued support up to the age of 19, as needed.

The Cove

The Trust responded to issues at the Cove raised by the CQC inspection, Quality Network for Inpatient CAMHS (QNIC) peer view and NHSE quality visits and has worked in conjunction with young people that use the service to introduce a number of positive changes. The work has included focusing on staff and young person engagement and increasing staff training, centred on violence reduction. The Trust has also introduced meaningful activities for service users, including exercise, eco-therapy and activities in the community.

Improvements have been made within the environment comprising of a full redecoration of the site. Improvements include the feature of young people's artwork and murals, clearly defined uses for rooms with names chosen by the young people and transformation of the outside space.

Perinatal Mental Health Services

The Trust was awarded the contract to build and develop a new perinatal mental health mother and baby unit and associated perinatal clinical services for Lancashire and Cumbria. The eight bedded unit opened in Chorley in November 2018 to facilitate the treatment of women suffering from severe perinatal illness such as postpartum psychosis, bipolar disorder, postnatal

depression or anxiety. The unit provides an outreach service in Lancashire and Cumbria to help facilitate a smooth and timely discharge from the unit as well as working with home treatment teams to help support women vulnerable to admission in the community if it is safe to do so.

The Trust uses various therapeutic activities with service users, their babies and their families, and since opening, the unit has been at 80-100% bed occupancy. Additionally, the Trust has a short stay house adjacent to the perinatal unit to enable families of residents to be close to them to further enable the progression of health improvement. The accommodation is offered free of charge and typically for a period of two nights.

[The Integrated Musculoskeletal \(MSK\) service](#)

The Central Lancashire Moving Well Service became live in August 2018 and is a new integrated musculoskeletal (MSK) service inclusive of Rheumatology, MSK, Pain, Chronic Fatigue and Community Physiotherapy teams to improve patient outcomes and experience. Since mobilisation the service has received approximately 15,000 referrals.

The service has been commissioned by Greater Preston CCG and Chorley and South Ribble CCG and is delivered in partnership with Lancashire Teaching Hospitals NHS Trust and Ascenti, an independent provider of physiotherapy and MSK services. The service works in partnership with Ramsey Health Care and Bespoke Health Care who provide diagnostic services.

Key focuses for the service are:

- Prevention
- Early intervention
- A holistic approach to patient needs

The integrated ethos of the service has realised benefits for patients through its multi-disciplinary approach, which reduces the need for numerous referrals and therefore streamlines and improves the patient journey. The service continues to build relationships with third sector organisations to further evolve the model and incorporate these partners into patient pathways; this will offer patients with long term conditions ongoing support following discharge and encourage self-management. The service works closely with Primary Care to offer education and support to clinicians and clinical leads from the service have attended GP education sessions and plan to attend further educational events and Peer Groups during 2019.

[Our Partnerships](#)

[ADHD Services](#)

Leading Excellence with ADHD in Primary Care (LEAP) is the new model for adult ADHD services which has been delivered across the seven participating Lancashire CCGs. The new LEAP model will demonstrate innovative working by the Trust and provide improved standards of care through a more holistic approach. This will lead to better use of capacity across the system. LEAP will increase the numbers of GPs with enhanced skills to deliver lifelong ADHD care through the systematic use of Lancashire wellbeing services for adult ADHD patients and by bringing care closer to home by increasing the services delivered in local clinics.

MyPlace

MyPlace is an innovative partnership between Lancashire Care and Lancashire Wildlife Trust funded by the Big Lottery Fund, which encourages young people aged 13-24 years old to explore the environment by offering opportunities to participate in eco-therapy based activities. Ecotherapy is a wide range of activities which are closely aligned to the recognised '5 ways to wellbeing':

- Connect with others
- Be more active
- Take notice
- Keep learning
- Give to others

The project enables young people to develop new skills, increase their self-esteem, build resilience and improve their own self-confidence. The total number of referrals this year is 104. The activities undertaken at MyPlace are being adopted at the Trust with a variety of activities now taking place at The Cove including: mindfulness, clearing the raised beds, creating bird feeders, planting sensory plants, creating a bug hotel and painting plant beds. MyPlace ecotherapy activities also take place at the Trust's inpatient unit the Harbour.

The Trust completed a six week programme of ecotherapy at Mayfield School in Chorley which is a Special Education Needs School.

Change Talks

Change Talks we have supported and employed an individual to deliver. This is a programme delivered throughout Lancashire schools and colleges, with a key aim to develop more resilient young people. The basis of the offer is a 6 week programme educating young people about positive coping strategies to help with their mental health.

The vision of Change Talks is to work alongside primary mental health workers and Lancashire emotional health in schools to deliver a 'whole school approach service'. Change Talks has a six week programme which has certain themes which will be delivered to the pupils. Whilst this six week programme is being delivered, the primary mental health workers and Lancashire emotional health in schools will deliver the education to the pupil's parents and teachers. This will be in line with the same themes as the Change Talks programme on a fortnightly basis. The aim is to deliver this for 3 years to a year 9 group and then year 10 and 11 following this positive education we can develop well-being ambassadors.

Richmond Fellowship

Working in partnership with Richmond Fellowship in providing effective support to people who are experiencing a crisis through a range of occupational and social therapeutic approaches, a further crisis house in Burnley. Oak House offers people living with mental health conditions a discreet place of sanctuary during times of need. They work closely with each individual guest to give them the tools and coping mechanisms they need to support their ongoing mental health recovery.

24/7 Home Treatment Team

The model for 24/7 Home Treatment Teams (24/7 HTT) is mandated in the NHS Five Year

Forward View for mental health. The Trusts 24/7 HTT model has been co-produced by clinical and operational leads to improve clinical staffing capacity and build relationships with third sector providers. The approach, once fully operational across all localities, intends to reduce demand for inpatient beds and shorten the length of stay for patients wherever possible.

The service is currently being piloted in Blackpool, Fylde and Wyre and East Lancashire to test sustainability and alignment with system requirements, which once successful, will be replicated across all areas.

AQuA

Across 2018/19, the Trust has been working in partnership with AQuA to undertake a deep dive review of the system's current personality disorder pathway to understand the current barriers and enablers of flow. A series of stakeholder engagement and quality improvement events have taken place complimented by lived experience sessions with service users, families and carers, to support the development of the newly improved pathway. The programme will be initiated through a phased approach to support flow with full implementation to be delivered during 2019/20.

CORE 24

CORE 24 aims to ensure that all mental health liaison services more effectively manage and meet demand, are fully compliant with the CORE 24 standard and will deliver NICE approved interventions that are fully integrated into a wider system of care and support for people who use Trust services. The Mental Health Liaison Teams (MHLT) deliver an integrated offer across the urgent care pathway via a 24 hour service that operates across an entire hospital. The Trust continues to work towards complete implementation of CORE 24 in all mental health liaison services.

The CORE 24 mental health liaison services act as a single point of contact for all patients and will be delivered from four sites:

- University Hospitals of Morecambe Bay, at Royal Lancaster Infirmary
- East Lancashire Teaching Hospitals, at Royal Blackburn Hospital
- Blackpool Teaching Hospitals, at Blackpool Victoria Hospital
- Lancashire Teaching Hospitals, at Royal Preston

The Mental Health Helpline

A key recommendation within the Five Year Forward View for mental health is to ensure access to a suicide prevention strategy. Jointly with Lancashire County Council (LCC) the Trust, in particular the Trust's Medical Director, is a key partner within the Suicide Prevention Oversight Group, whilst also providing Lancashire's dedicated Wellbeing and Mental Health Helpline. The Helpline provides emotional support for those experiencing low mood or distress and provides useful information for loved ones.

Developments of Services Involving Other Local Initiatives and Services

The Trust works hard to work with local services, agencies and the public to develop services that are fit for purpose and beneficial to the public. Throughout 2018/19, the Trust has participated in the following developments to provide better services to meet the local needs:

Psynergy Project - Blackpool

The Psynergy Team is a pilot scheme made up of various agencies that work together to attend incidents ensuring the most suitable professional leads the triage of the incident, with the ultimate aim of reducing demand on emergency services through appropriate triage. The pilot has been operational in Blackpool since 01 December 2018 and is funded through winter resilience monies and consists of an Emergency Care Practitioner, Paramedic, Police Officer and a qualified Mental Health Worker.

The Psynergy Team intervention was established following increased levels of mental health related incidents that the Trust was not skilled or qualified to support, placing additional demand on already stretched emergency services. A series of multi-agency key performance indicators have been developed to support the work and will be monitored to support the maintenance of the scheme beyond the pilot stage.

The Recovery College and Recovery Vehicle

Lancashire Care has embraced the concept of recovery which enables a sound guide for developing the culture and practices within the service. Recovery, as defined by people who use services, refers to an individual's experience of understanding, managing and overcoming their health challenges so that they can live the life they want to lead. Through adopting the principles, the Trust has developed a number of programmes to support with the work. During 2018/19, the Trust has focussed on integration, co-production, partnerships and community development.

In January 2019, the Trust launched a virtual recovery college model to empower people with mental health problems to become experts in their own recovery. The Recovery College provides a range of courses and workshops to enable service users, carers and members of staff to develop their skills, understand mental health, identify goals and support their access to opportunity.

The Trust works in partnership with Lancashire Adult Learning, My Place and Beacon Counselling and other third party providers that have established courses available that can be delivered within the Recovery College.

In order to engage with staff, partners and the public and raise awareness of mental health, Lancashire Care have purchased a recovery vehicle 'HARRI' which will be used as a mobile health resource to offer health promotion, advice and activities. HARRI will support the Lancashire Recovery College and will enable individuals to book on the wellbeing courses from the bus, with the support of our warm welcoming team members.

Calico Group – detoxification services

To provide in-reach services to Blackpool Fylde and Wyre until March 2020, the Trust is working in partnership with the ICS and the Calico Group, a third sector provider who will be covering:

- detoxification services in an inpatient setting
- drug and alcohol support workers and
- peer support workers

Through the development of formalised peer support roles, people with lived experience of mental health problems are trained and employed to support others.

Team Awards

The Trust's hard working teams have received national recognition for their work in a number of areas:

- The Burnley and Pendle speech and language therapy team were nominated for the Healthier Communities NHS70 Parliamentary Awards by Andrew Stephenson MP
- The RCNi Learning Disability Nursing Award was awarded to Tracey Hartley-Smith for bridging a gap in services for children with learning disabilities and autism in North Lancashire and developing a service that has led to positive outcomes for families and recognition from stakeholders
- The RCNi Queen Nursing Award was presented to Kathryn Woods
- The Patient Safety Award at the National Pharmacy Technician's ceremony was presented to Jane Astley
- At the ENEI awards the Trust was shortlisted in 3 categories and won for 'Community Impact'
- At Healthcare Financial Management Association (HFMA) North West Branch Awards 2018, the Finance Department won the 'Best Place to Work' category
- The Trust was shortlisted for the Nursing Times Workforce Awards in the 'Best Recruitment Experience' category
- Dr Gareth Thomas won North West Trainer of the Year at the RCPsych Awards 2018
- Dr Muhammed Naeem was awarded CESR evaluator of the year at the RCPsych Awards 2018
- Three services were shortlisted at the national Positive Practice Awards 2018 with the Rapid Improvement and Intervention Team winning in the category of 'older adult functional mental health services'
- The Ministry of Defence Armed Forces Covenant Employer Recognition Scheme's Silver Award 2018 was presented to the Trust
- The Community Pain service won at the Good Help Awards for 'good help practice'
- The Trust won the 'Improving Working Lives' category at the Allocate Awards 2018
- The Trust made the shortlist for the Excellence in Diversity Awards
- The DESMOND Team in Central Lancashire won at the Celebrating DESMOND Annual Awards Programme 2018 in 'Team of the Year'
- Alongside Richmond Fellowship, the Trust is shortlisted for a HSJ Partnership Award for 'best not for profit working in partnership in the NHS' for the services it jointly provides to support people in crisis
- Dr Yousaf Iqbal, consultant, was awarded supervisor of the year for the day to day supervision he oversees and development of academic training

Consultation with Local Groups and Organisations, including the Overview and Scrutiny Committees of Local Authorities Covering the Membership Areas

The Trust has positive relationships with the main health scrutiny committees and health watch across the Trust localities. The Trust attends overview and scrutiny committee meetings when requested to present updates on the Trust plans and make specific presentations on any proposed changes to services.

Any Other Public and Patient Involvement Activities

The development of the recently opened inpatient and community perinatal services was

contributed to through a targeted virtual group which included mothers with lived experience, members of the public and staff.

In Southport and Formby, patient engagement activity has given the Trust the opportunity to listen to service user's experience.

The Trust has agreed a model for future working with Healthwatch Sefton based on identifying a specific service and deploying a service manager to provide patients with real time updates of service provision to improve the patient relationship and shortening the time to respond to questions

A seclusion group has been established attended by individuals with lived experience of seclusion, families and carers of people with lived experiences and multi-professional stakeholders from clinical settings in the Trust. The aim of the group is to inform changes to process and practice in relation to seclusion.

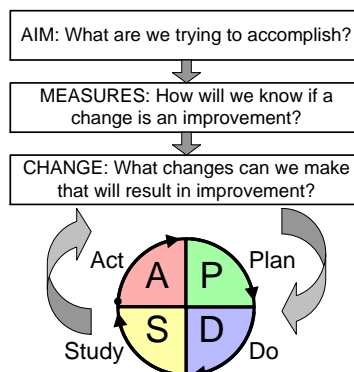
Developing Services and Improving Patient Care

During 2018/19 the Trust took key steps to strengthen and support the principle that taking a quality improvement approach is 'the way we do things' moving towards an improvement culture and system. An initial step has been the alignment of expertise in:

- Bringing together performance and business intelligence to support providing and presenting data to drive and measure improvements
- New innovation and digital technology in healthcare
- Transformation in the organisation encompassing large scale project planning, design and management, responding to tender opportunities and during mobilisation/de-mobilisation
- Quality improvement expertise underpinning transformation and change looking at what matters most and discovering solutions co-produced and co-designed with those closest to the work to achieve measured, owned, sustainable change
- Strategic planning to support:
 - aligning the organisation's goals with the improvement efforts of frontline staff with people across the organisation engaging with the vision and quality outcomes
 - Embedding quality improvement principles in large scale change programmes and mainstream business objectives giving consideration to the impact on social value.

Work continues to spread and embed the quality improvement methodology and a range of quality improvement tools. The quality improvement methodology reflects the Institute for Health Care Improvement's model for improvement.

The model for improvement Our quality improvement framework



QI tools/enablers include: Always events toolkit, Lean principles, 4d appreciative inquiry, driver diagram, 'fishbone' cause and effect diagram

Investing in improvement capability is supporting and empowering staff to take daily actions to improve daily operations. During 2018/19, the Trust launched a Bite Size learning module developed in partnership with the Advancing Quality Alliance (AQuA) supporting the principle that improvement is everyone's job and everyone has an awareness of the approach to improvement. The aim going forward is to work with both AQuA and NHSI to build capability at scale through their tiered learning programmes.

The quality improvement principles and teams will continue to be empowered and supported to use data and listen to feedback from service users, their families, carers and staff to further inform quality improvement. The Trust adopts the principle of listening to and understanding people's experiences and co-designing quality improvement initiatives involving people who use services, families and carers. Together with our staff, this is the foundation of our approach to quality improvement.

Falls management and prevention to ensure that people using our services are safe from falling

The Trust has worked hard during 2018/19 to ensure that staff have best practice guidance for managing fall prevention and following any fall incidents. This is reflected in the refresh of the fall policy and related protocols.

The Trust Falls Group considers the 'Right Care Pathways guidance' from NHS right care, Public Health England and the National Osteoporosis society. The guidance provides a set of resources that will support the Trust in focussing its improvement efforts into falls prevention and management. The group also reviews data in relation to falls investigations and data trends to consider any spikes in reported incidents.

Increased Physiotherapy establishments at the Harbour, Blackpool has enabled concentrated work to prevent and manage falls with a focus on the impact of zonal observation on falls' risk mitigation. Learning has spread to inpatient wards to support prevention across the organisation.

The following improvements have also been made:

- Training for staff from the 'Steady on' service
- Increased access to Physiotherapy and Occupational therapy assessments.

- Use of Zonal approach in inpatient accommodation
- Trust Falls champions identified.

Falls week was celebrated by teams in October 2018 with a variety of promotional activities including falls' awareness, self-management and access to services.

Performance against Key Health Care Targets

The Trust's Quality and Performance Report provides comprehensive information on the Trust's performance in terms of the provision of quality services. This includes performance against the mandated core indicators as set by the Department of Health and NHS Improvement and the four quality priorities informed by themes from serious incidents and complaints, feedback from staff, engagement with people who use services and stakeholders.

Service Improvements Following Feedback and Care Quality Commission Reports

A key principle of the Trust's vision is to listen to feedback in order to learn and improve quality as well as celebrate success and good practice. The Friends & Family Test is a key function to understand how patients experience Trust services. People can also provide feedback at any time via the Trust website. Feedback has consistently reported high levels of satisfaction and recommendation and the Trust has considered accessible ways for people to do so including the use of technology and supported feedback through volunteers for hard to reach groups. An accessible form has been specifically designed for people with a learning disability.

The opportunity to feedback is offered to all and people are asked about their experiences in relation to involvement in care planning, courtesy and respect, access to staff, confidence in future treatment by the team, the best aspects of care and ideas for improvement. Teams are supported to use a 'you said we did' approach to demonstrate improvements made following specific feedback. Further information about how the Trust has used feedback to drive improvements can be found in the Trust's Quality Account.

The Trust has a robust system for the receipt of inspection reports, development of improvement plans and tracking of action delivery for all CQC inspections including Mental Health Act Monitoring Visits. The same process is applied to the Quality Assurance Visits undertaken jointly with lead commissioners and Enter and View Visits from Healthwatch.

Improvements in Patient and Carer Information

The Trust continues to work closely with service users, families and carers to improve experiences and to ensure that feedback is heard, people are involved in their care and that they are always well informed, which includes working with partner organisations to support carers.

The Trust signed up to the Triangle of Care Programme in 2018 and has progress self-assessments in inpatient mental health wards, secure services and crisis teams. This has been in collaboration with carer organisations and the wider carer community who have joined the self-assessments and delivered carer awareness sessions to our staff. Improvement outcomes have been:

- Enhanced carer information
- Referral for carer care plans
- Inclusion in decision making and
- Improved staff awareness

The Trust is embedding carer champions within its services.

The Trust's external website includes a range of information about services complemented by a range of advice and information leaflets and the Trust has a refreshed feedback leaflet which was co-produced with service users. The website is currently under further review to ensure the public have the most accessible information about our services and how to give us feedback. Following the Trust's successful Quality Improvement Conference in 2018 the event is now embedded in the annual calendar with the Trust hosting a second conference in June 2019 based around recovery and resilience.

Information on Complaints' Handling

The Trust remains committed to hearing about the experiences of people using services and those close to them. The successful rollout of case management over the past year in the Mental Health network has seen a significant improvement in compliance whilst maintaining and improving the quality of the reviews and responses. This has resulted in fewer cases being reopened and fewer cases going to the Parliamentary and Health Service Ombudsmen. Compliance has now increased to an average of 87% from 57%.

The Trust has now tested and rolled out a co-designed leaflet for people with learning difficulties (LD) which is currently being used in Learning Disability services with a plan to make the leaflet more widely accessible to people with learning difficulties accessing other services. Additionally, a refreshed training package has been rolled out to support staff reviewing feedback which underpins the Trust's aim to support staff to provide fair, balanced and compassionate reviews and responses.

A range of reporting and assurance tools are being tested across the Trust to ensure that teams and senior leaders have insight into what is being understood from the feedback. These include weekly bulletins and comprehensive 'Experience Reports' which provide an overview of all the activity undertaken by the experience team on a quarterly basis. The Trust also provides information and narrative for the Quality Performance Report on a monthly basis.

The table below details the number of compliments, complaints and comments received during the year, highlighting that there has been a reduction in the number of complaints over the past twelve months.

	2018/19	2017/18
Number of Compliments	7,965	8,190
Number of Complaints	1,146	1,554
Number of Comments	71	65
Enquiries from General Practitioners	12	10
Enquiries from Members of Parliament	136	106

Top themes arising from complaints were:

- Access to treatment or drugs (378)
- Communications (270)
- Clinical Treatment (181)
- Appointment including delays and cancellations (151)

The Trust continues to analyse the above themes to inform quality and service improvements working closely with clinical teams and the quality improvement team.

1.4 Looking back at 2018/19 Priorities

Quality Priority 1 – Supporting staff morale, wellbeing and resilience

We are the regional host of the NHS Leadership Academy's Mary Seacole leadership programme. To date 41 new and emerging leaders within the organisation are currently undertaking the programme within LCFT.

We have co-produced and launched a pilot to support the development of our band 7 clinical leaders and to date we have 24.

We have approximately 133 members who we encourage to get involved, have their say and make a difference to how local healthcare services are provided.

We have more than 60 volunteers who are passionate about working in our services and are available to help patients, staff and visitors.

We have employed 23 peer support workers and are developing our peer support programme to be rolled out across the Trust.

Work experience

To date we have facilitated 118 days of work experience in 20 different teams as below:

Team	No of Work experience students	No of work experience days
Change Talks Children & Young People	1	2
Chorley Admin Hub	1	10
Communications Team	1	1
Community Rehab Team	1	10
Dental Admin Team St Peters	1	5
Dietetics	1	5
Diversity & Equality HR	1	5
E-Rostering - HR	2	37
Finance	2	6
Home Treatment Team - Leyland	1	5
HR	1	1
Medical Education	4	19
Minds Matter - Preston	1	2
Physiotherapy	1	5
Psychology	1	5
Total	20	118

Apprentices

We have employed 85 new apprentices in addition to supporting 82 staff to enrol onto internal apprentices throughout the Trust.

Type of Apprenticeship	Start
Business admin L2	12
Pharmacy level 2	1
IT Applications L2	1
Business admin L3	13
Health and Social Care L3	4
Assistant Accountant Level 3	4
Business admin L4	15
Project Management L4	11
ILM L5	15
CIPD L5	5
Nurse Associates L5	67
Accounting and Taxation professional L7	1
Senior Leader L7	17
IT Specialist Masters level 7	1
Total	167

Response to Hate Crime

In response to incidents of hate crime that occurred at Guild Lodge we have worked with the police to support staff, take the appropriate action and enable staff to feel safe in the workplace.

A series of events have been held with staff to understand the triggers of workplace stress and explore mechanisms that can be utilised to enable staff to feel supported.

Flu achievement

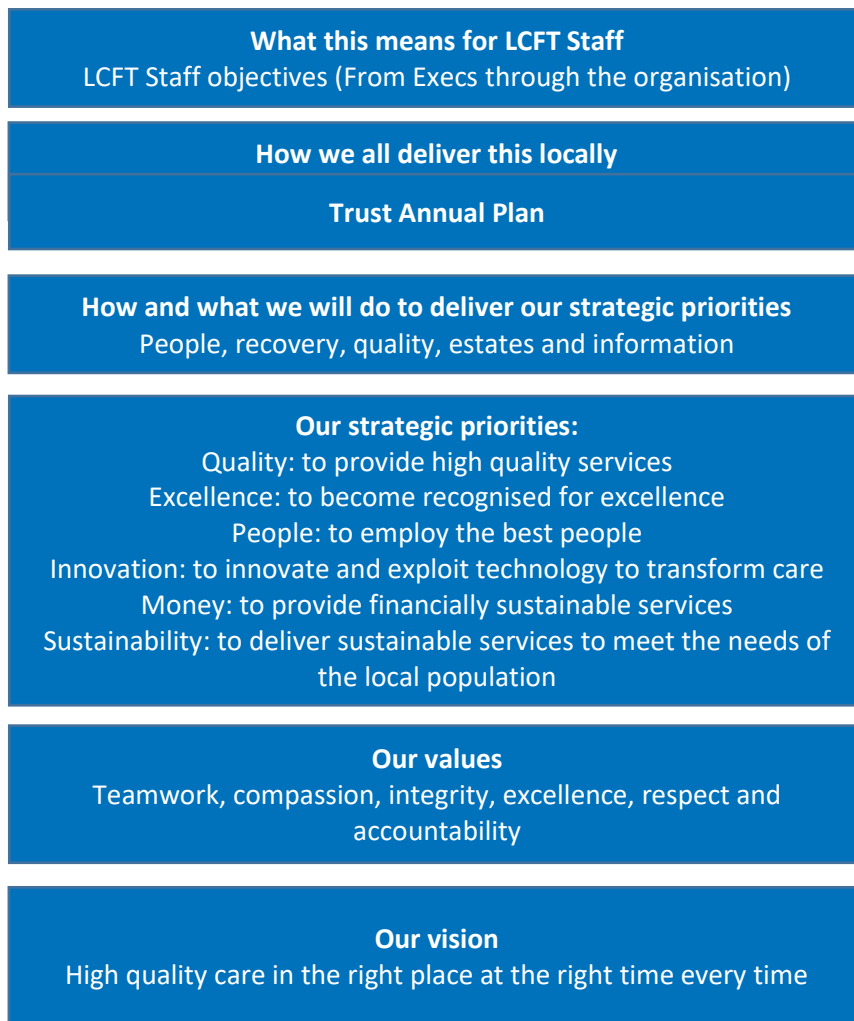
We successfully achieved the national mandated CQUIN for flu vaccinations with 77% of our staff being vaccinated.

People at the Heart Campaign

Our people at the heart campaign connects what staff are telling us and our responses and links them to trust values. This also led to the introduction of revised best practice visits and a value theme of the month programme being delivered.

Staff engagement events were also held to encourage teams to develop initiatives. Further information on the People at the Heart Campaign can be found in the Annual Report.

How it all fits together



Quality Priority 2 – Co-design improvements with people who use our services, carers and families truly understanding what matters to them

Recovery and Resilience

The Recovery Team have engaged in a strategic partnership with University of Central Lancashire to develop a coherent collaboration approach. There are three strands so far, each of which will potentially have sub-projects and QI projects which are:

- Research and Evaluation of the Recovery model within Lancashire. Nationally the literature is sparse, and this allows an opportunity for the Trust to act as a vanguard, there is also evidence that by having research embedded from early in the Recovery process this will provide an innovative perspective of Recovery approaches from inception through to full delivery.
- Student participation – There are opportunities for University of Central Lancashire students to undertake placements within the Recovery College to develop and lead on course delivery and service improvement. There is also an opportunity to develop a student offer for Recovery which will align the organisations to be responsive to future grants from the Office for Students which would align to this type of innovative approach.
- The development of a pathway to education approach – Students at the Recovery College have a coherent and consistent pathway to enter LCFT as volunteers, progress on to Peer Workers, and to access FE and HE education opportunities through such functions as the Apprenticeship levy funded options. There is also interest in educational pathway advice, which would showcase the opportunities for individuals without accredited qualifications to enter nursing, social work and even medicine through Accreditation of Prior Learning, which could be established through work at, and study within the Recovery College.
- Central Lancashire Moving Well Service seeks to improve outcomes for people who have problems with their muscles or joints with a focus on prevention and early intervention. The Trust has established a User/Partnership Reference group - Central Lancashire Moving Well Alliance, which includes a number of Third Sector partners and service users who have supported the setting up of the service and who now meet bi-monthly. The group members are consulted on the service progression and are helping to impact change within the service including supporting pathways in and out of the service and engaging in partnership work to ensure a patient centred approach.

Attention deficit hyperactivity disorder (ADHD)

The Trust has recently been assessing how its Adult ADHD Service operates and in September 2018 a Patient Champions meeting took place with the aim of understanding more about the experiences of adult ADHD patients in Lancashire. One of their main suggestions that came from the Champions was the additional support that they would like to access including non-medical social support. The LCFT Recovery team are going to work in partnership to support the Champions to potentially set up support groups across Lancashire.

Whittingham Lives

'Whittingham Lives' is a two year, multi-faceted arts and heritage project aimed at researching, exploring and celebrating the culture and legacy of Whittingham Asylum in Preston, from its

beginnings in the 1850s until its closure in 1995 and demolition in 2016. The project is based on a programme of arts and heritage events which are being held in and around Preston. It is for users of mental health services, former patients, artists, musicians, writers and members of the public. Its central aim is to change public attitudes towards mental illness. Along with the Archives Service of Lancashire County Council and the School of Health, University of Central Lancashire, the Trust is a major partner in the project which receives the majority of its funding from the Heritage Lottery Fund and the Arts Council. Guild Lodge is built on the grounds formerly occupied by the Whittingham Asylum and Lancashire Care formally owns the Asylum records which are housed at the Archives Service.

Cumbria and Lancashire Mother and Baby Unit

We co-produced the Cumbria and Lancashire mother and baby unit's operational policy with mums with lived experience, taking into account patients' journeys and what would have made a difference. This is now a formal document that is clear, precise and readable by anyone using or working on the unit.

NHS Lancashire Care
NHS Foundation Trust

**Cumbria and Lancashire
Mother and Baby Unit (Ribblemere)
and Outreach Service**

The service is for women who are pregnant or have had a baby in the past year and are unwell with a serious mental illness that is having a significant impact on their safety, functioning or interaction with their infant or at high risk of becoming unwell. We also offer preconception counselling.

Ribblemere is an 8 bedded unit that can admit mums and their infants up to 12 months old, as well as up to 2 women in the last trimester of pregnancy. We will work closely with maternity services, as well as other mental health services, offering consultation and advice. The outreach CPNs will joint work with women's care coordinators for women who are unwell, vulnerable to admission for their mental illness.

Women can expect a multidisciplinary mental health birth plan before 32 weeks gestation.

Women and their loved ones will be able to visit Ribblemere during pregnancy and there is also an online tour of Ribblemere that anyone can access.

We know that it is a very difficult time for mums and their loved ones if they become unwell with a mental illness at anytime, and particularly in the perinatal period. Some mums can be supported at home with the input of the outreach CPNs and home treatment teams, but we know that admission to a Mother and Baby Unit (MBU) means that mums recover quicker.

If anyone has concerns about the mental health of a mum, they are encouraged to phone the unit and talk with the staff. The MBU staff will discuss whether admission sounds like the right plan for the woman and will ask the referrer to complete an electronic referral form, if not already been done, then the mum will

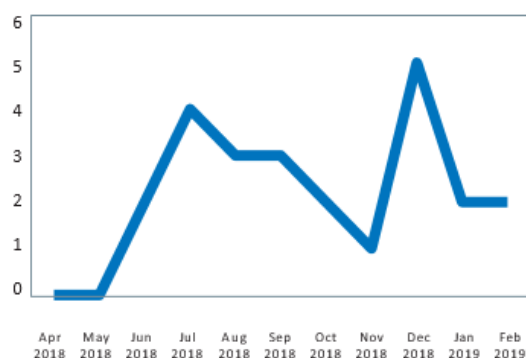
Supporting Health and Wellbeing

Quality Priority 3 – Supporting safe care

Pressure Ulcers

We continue to embed the significant improvement in the prevention of avoidable pressure ulcers and the delivery of high quality skin care. A review of pressure ulcer prevention and management guidance has been completed to ensure that practice within LCFT across all disciplines will be reflective of updated NHSE standards. The in-house training offer has been reviewed based on feedback from a staff survey with both online and face to face training being offered

Grade 3 and Grade 4 Pressure Ulcers from Potential Lapses in care



Rapid Tranquillisations

The Pharmacy team is working with clinical teams to support consistent monitoring and recording of physical observations following the administration of Rapid Tranquillisations. Quality improvements progressed include:

- Development of a flow chart which is available via a hyperlink on the electronic prescription chart detailing monitoring requirements and prompts for administering Nurses and Prescribers on the electronic prescribing system, have improved compliance with national standards around monitoring patients after receipt of RT, compared with data collected as part of a baseline audit.
- Facilitating focus groups on all of the inpatient units with the view of informing staff of national standards and of the available resources to support staff when required to administer and monitor such patients.

Following our CQC inspection, we have been undertaking a key safety improvement which means the Pharmacy team are now working more effectively with clinical teams to support consistent monitoring and recording of physical observations following the administration of Rapid Tranquillisations Quality improvements.

The 'Positive and Safe' programme

The Trust has developed and tested a new programme aimed at addressing culture and climate on inpatient units with the aim of changing clinical practice thereby reducing violence and aggression and use of restrictive practices. The 'Positive and Safe' programme has been tested successfully at The Cove. Feedback from participants included:

- 'It's really changed attitudes'.

- “Have learnt the emphasis of restraint being a last resort and many times not necessary”.

The programme has been implemented of the new perinatal mental health inpatient unit with the next roll out phase to progress across the female treatment wards, older adult mental health wards and The Orchard and take place February – July 2019

Violence Reduction

The Safety and Security team has worked increasingly with Lancashire Police over the last year to further build relationships between the mental health units and the police responding to these units when required. The work has included the Violence Reduction team attending the ‘use of force’ training that the police receive. This has enabled the team to cascade information to staff on the wards regarding what to expect from the police if they are called.

Lancashire Constabulary have recently trained 45 officers to be mental health champions. This means that on each shift within each police division across Lancashire there will be an officer who has an extended knowledge of mental health issues. Work is underway with Lancashire Police to identify named link officers for each of the inpatient sites.

Prone Restraint

The Trust removed intentional use of prone restraint from its practice and training in 2015 and we continue to work towards reducing the use of all restraint. During the year we have developed a new violence and restrictive practice reduction training programme and violence reduction specialist nurses support clinical teams with managing violence and reducing restraint and restrictive practices. All incidents of prone restraint are reviewed by the Safety Department and learning is used to support practice improvements.

No. of Incidents - Prone restraint



Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2019 2019 2019

Quality Priority 4 – Building continuous improvement capability and celebrating successes

The Board of Directors and senior leaders have committed to the development of a culture of continuous improvement and the creation of an organisation which is continually learning and developing. The creation of the Director of Strategic Developments role has been introduced in year which has brought together the Trust's Transformation Advisory Service (TAS), Quality Improvement Team (QI), Performance and Business Intelligence teams, Communication and Engagement and Strategy and Business Planning.

We have already started to build our capacity and capability to achieve these ambitions which will continue into 2019/2020. There will be sustained leadership from the Executives and senior management teams to embed improvement activity as part of the 'day job' rather than an optional extra. This will build commitment from staff, volunteers, leaders and managers to fully embrace improvement principles and concepts.

Our systematic approach to CI has supported the delivery of the Trust's vision, values and strategy. We will continue to build on this and our approach to CI will be fully aligned and integrated to others enabling strategies within the Trust such as the People Plan and Workforce and Organisational Development Strategy. It will actively support delivery of the Trust's Network and Corporate business plans and will also enable the delivery of improvements to increase efficiency and effectiveness. We will work with external partners to support this strategy and ensure coherence of the Trust's approach across the wider healthcare system.

Our achievements in year include:

- Engagement with staff and volunteers about Continuous Improvement and how it might be used to empower them to make changes and use their innovative ideas to improve working lives and patient experience
- An increased focus on the Trust objectives is informed and developed by colleagues across the service.
- Sign up to Safety (putting safety first) continually learning, being honest, collaborating and being supportive) developing a just culture including training at Board and team level on human factors.
- Collaborative working and education with the key partners to build capability and expertise from within the organisation including Innovation agency, Uclan and Accrington and Rossendale College.
- Launch of a 'Soup' event to allow colleagues from across the organisation to submit and fund ideas for improvement.
- Annual Continuous Improvement conference for staff to showcase opportunities.
- Partnership with Implementing Recovery through Organisational Change (ImROC) supporting us with our recovery and resilience.

Pressure ulcers:

Pressure Ulcers are often a harm that is acquired in care that is avoidable. Lancashire Care continues to investigate all incidents where pressure ulcers are acquired in our care and lessons learnt are shared widely within the organisation. A number of quality improvement projects to improve pressure ulcer care have been undertaken during 2018/19 and will continue into 2019/20.

The associated overarching quality improvement aim is: 'We will continue the significant improvement in the prevention of avoidable pressure ulcers and the delivery of high quality skin care.

The Trust has adopted several tools to support its work including the safety cross, the daily safety huddle and the safety senate approach. The tools and approaches support the collation and escalation of data and improves communication across teams to ensure key messages are shared.

The safety senate approach aims to ensure that 100% grade 3 and grade 4 pressure ulcers are reviewed by pressure ulcer specialists to determine whether a pressure ulcer acquired by a person in our care was avoidable or unavoidable. The safety senate is fully established and embedded and enables a robust review of all cases.

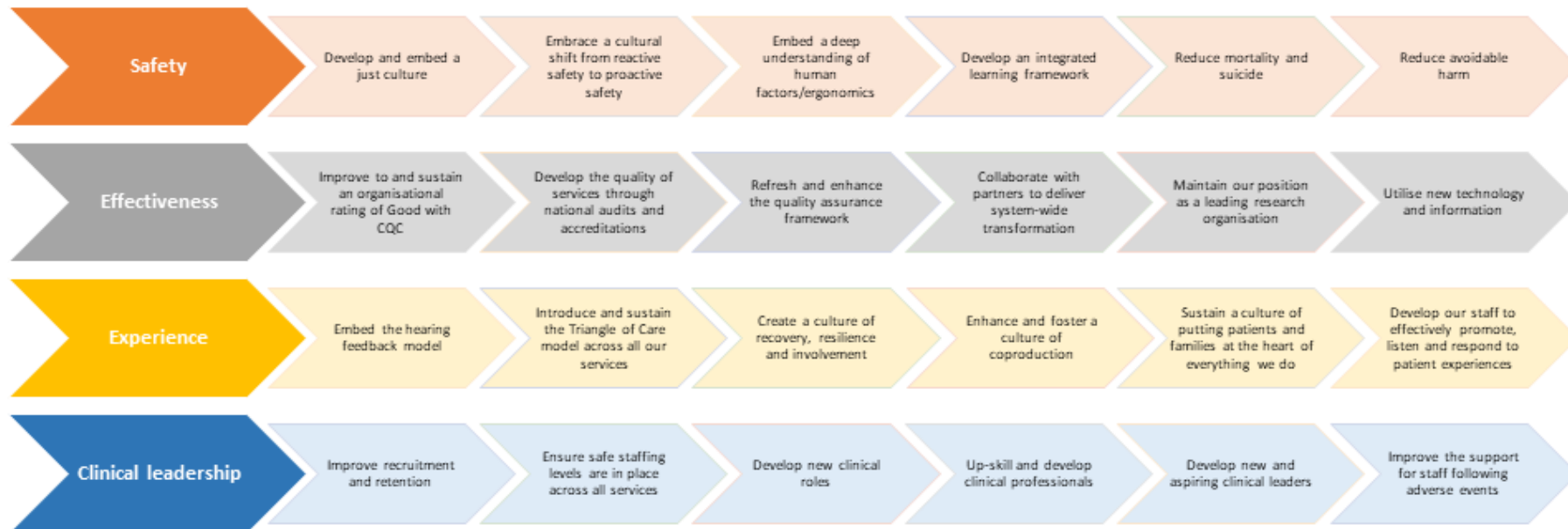
A review of pressure ulcer prevention and management guidance has been completed to ensure that practice within Lancashire Care is reflective of live NHSE standards.

PART 2

2.1 Quality priorities for improvement in 2019/20

In this section we describe our quality priorities for the coming year, the rationale for selecting them and how they will be measured.

The Trust has organised its approach to quality around three domains, as set out by Lord Darzi in his review *High Quality Care for All*. Underpinning these three domains is clinical professional leadership. The quality priorities for 2019/20 have been developed using the same approach.



The new Quality Plan which sets out the priority areas for improvement based on safety, people's experiences of services, effectiveness and leadership across 2019 to 2022. Following approval of the Trusts' Quality Plan in February 2019, detailed plans are being developed for each improvement priority by the end of June 2019 and these will be available in the Trusts' Quality Plan.

The quality priorities reflected in the Quality Account will help us to achieve these long term goals.

The priorities build on those from last year and take into account feedback from:

- Internal reporting known as quality surveillance including people telling us about not feeling safe, concerns about incidents of violence, an increase in reporting of occurrences of pressure ulcers, a continuing need to focus on falls management and prevention.
- National messages about person centred approaches, shared decision making and focusing care 'what matters to me' and a focus on recovery, building resilience and wellbeing/living well
- The national staff survey telling us about the experiences of staff
- National messages about the importance of co-designing quality improvements with people who use services, families, carers and staff.
- Organisations who are rated as outstanding and their message that quality improvement is everyone's business and that building improvement skills is key.

We will:

- Support staff to proactively manage risk in a positive way, learning when things go wrong and acknowledging when things go well
- Continue to strengthen and build on a range of quality improvements to ensure that the care we deliver achieves good personalised outcomes underpinned by the best available evidence.
- Continue to co-design improvements with people who use our services, carers and families truly understanding what matters to them.
- Further strengthen and build on the range of roles and partnerships to support the delivery of high quality care in the right place at the right time. Build quality improvement skills across the organisation.

Reporting

The performance against each of the priorities will be reported within the Quality and Performance Report through the quality governance structure and through to the Trust Board. A six monthly Quality Plan report will also be provided to the People and Quality Committee outlining progress of the improvement priorities.

PRIORITY 1 – SAFETY

What do we want to achieve?

The Trust is committed to keeping patients, staff and the public safe from avoidable harm and to safeguard them from abuse. Our approach to safety is based around proactively managing risk in a positive way with a deep commitment to learn when things go wrong, and when things go well. Our priorities are aspirational, all underpinned by detailed programme plans with an identified senior responsible officer and improvement measures

What will we do?

- Develop and embed a just culture across the Trust which embraces fairness, integrity, learning, trust and accountability. Our just culture will be co-produced with our workforce, patients, their families, carers and stakeholders and will be based on the principle of a restorative just culture pioneered by Professor Sidney Dekker.
- Embrace a cultural shift from reactive safety to proactive safety using Safety - I to Safety - II thinking advocated by Professor Erik Hollnagel where we become a highly resilient organisation, focusing our safety efforts on not just what went wrong but also near misses and the things that go right.
- Embed a deep understanding of human factors/ergonomics into our approach to safety ensuring that we design systems and processes to be as safe as possible.
- Develop an integrated learning framework that supports effective safety learning across services, professions, and the Trust and which demonstrates that safety learning has resulted in improved safety practices.
- Reduce mortality and suicide, including preventing inpatient suicides, through close working with partners across the Integrated Care System.
- Reduce avoidable harm to patients and staff through specific safety programmes on violence and restrictive practice reduction, pressure ulcer prevention, medication error reduction, and physical healthcare in mental health services.

How the priority will be monitored/measured?

Following approval of the Trust's Quality Plan in February 2019, detailed plans are being developed for each improvement priority by the end of June 2019. In addition to these specific measures, we will monitor the overall impact of our safety improvement priorities through measures within the monthly Quality and Performance Report, quarterly Safety Report and our annual Staff Survey.

PRIORITY 2 – EFFECTIVENESS

What do we want to achieve?

The Trust is committed to delivering effective care, treatment and support to our patients and their families and carers which achieve good, personalised outcomes and which are underpinned by the best available evidence.

Our priorities are aspirational, all underpinned by detailed programme plans with an identified senior responsible officer and improvement measures

What will we do?

- Improve to and sustain an organisational rating of Good with the Care Quality Commission (CQC), whilst building on services already good and supporting them on their journey to becoming Outstanding.
- Develop the quality of services through national audits and accreditations recognising the benefit that validated national schemes provide for structured assurance and improvement, and the confidence it gives to our patients, their families and carers and our stakeholders.
- Refresh and enhance the quality assurance framework which provides a Team-to-Board assurance framework for quality offering robust and reliable assurance, a platform for improvement and a measure of success for teams to be proud of.
- Collaborate with partners to deliver system-wide transformation, improving access to services, ensuring they remain sustainable, and delivering greater impact of measurable quality outcomes.
- Maintain our position as a leading research organisation which supports our continued quality improvement and access to the best available evidence based practice.
- Utilise new technology and information to improve the quality and efficiency of services, including the deployment of a new patient records system and a new risk management system.

How the priority will be monitored/measured?

Following approval of the Quality Plan in February, detailed plans are being developed for each improvement priority by the end of June 2019. In addition to these specific measures, we will monitor the overall impact of our effectiveness improvement priorities through measures within the monthly Quality and Performance Report, quarterly Clinical Audit Report, quarterly Research and Development Report, and CQC inspection findings.

PRIORITY 3 – EXPERIENCE

What do we want to achieve?

The Trust is committed to treating all our patients, their families and carers with compassion, kindness, dignity and respect and we are committed to seeking out and responding to feedback on how we are performing. Our priorities are aspirational, all underpinned by detailed programme plans with an identified senior responsible officer and improvement measures.

What will we do?

- Embed the hearing feedback model of actively seeing out feedback, using person-centred approaches to respond to that feedback and using feedback to inform quality improvement.
- Introduce and sustain the Triangle of Care model across all our services building on the therapeutic alliance between patient, their carer and their clinician based on engagement, information sharing and support.
- Create a culture of recovery, resilience and involvement which reduces dependency on services, promotes independence and personalised choices and which recognises the value of peer support.
- Enhance and foster a culture of co-production which sees patients, families, carers and staff as equal partners in the development and delivery of services.
- Sustain the culture of putting patients, their individual needs and those of their families and carers at the heart of everything we do through listening and learning, seeking to adapt our systems, processes and behaviours in order to put patients first.
- Develop our staff at all levels to effectively promote, listen and respond to the experiences of our patients, families and carers, each staff member having a core responsibility to deliver positive patient experience.

How the priority will be monitored/measured?

Following approval of the Quality Plan in February, detailed plans are being developed for each improvement priority by the end of June 2019. In addition to these specific measures, we will monitor the overall impact of our experience improvement priorities through measures within the monthly Quality and Performance Report, quarterly Experience Report, and our Friends and Family Test.

PRIORITY 4 – PROFESSIONAL AND CLINICAL LEADERSHIP

What do we want to achieve?

The development and leadership of our clinical workforce is a specific quality priority for the Trust and is seen as a key enabler to support the achievement of the quality priorities for Safety, Effectiveness and Experience. The Quality Plan sits alongside the People Plan recognising the link between the two areas and the following priorities are shared jointly across both plans; however the specific delivery plans sit under the People Plan.

What will we do?

- Improve recruitment and retention across all clinical disciplines, creating an employer of choice where staff feel engaged and valued.
- Ensure safe staffing levels are in place across all services and putting in place measures to monitor and report on this, and to take action when services need support.
- Develop new clinical roles to meet changing service and patient needs, making best use of opportunities to expand the workforce.
- Up-skill and develop clinical professionals making the best use of the available workforce and supporting our clinicians to work in increasingly complex health systems and deal with increasingly complex and diverse health conditions.
- Develop new and aspiring clinical leaders through development programmes and coaching who will grow to be the senior clinical leaders of tomorrow, and who already have great impact on the quality of services.
- Improve the support for staff following adverse events, working with our joint staff side partners to support staff psychological safety, health and wellbeing, in recognition that the roles undertaken by our workforce are demanding.

How the priority will be monitored/measured?

Following approval of the Quality Plan in February, detailed plans are being developed for each improvement priority by the end of June 2018. In addition to these specific measures, we will monitor the overall impact of our clinical leadership improvement priorities through measures within the monthly Quality and Performance Report, monthly Safe Staffing report, our quarterly Staff Friends and Family Test and our annual Staff Survey.

2.2 Statements of assurance from the Board

During 2018/19 Lancashire Care NHS Foundation Trust provided and or subcontracted 111 relevant health services

The Lancashire Care NHS Foundation Trust has reviewed all the data available to them on the quality of care in 111 of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 90% of the total income generated from the provision of relevant health services by Lancashire Care NHS Foundation Trust for 2018/19.

2.2.1 Participation in Clinical Audits

During 2018/19, 17 National audits and two national confidential enquiries covered relevant health services that Lancashire Care provides.

During that period, Lancashire Care 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 were eligible to participate in during 2018/19 were as follows:

- National audit of Inpatient Falls
- National Audit of Emergency contraception
- National Diabetes Foot Care-audit – Adults
- National Audit of Psychosis
- National audit of Psychosis – Early Intervention in Psychosis
- National Chronic Obstructive Pulmonary Disease (COPD) audit programme
- National Audit of Care at the end of Life
- National Audit of Intermediate Care (NAIC)
- National Audit of Anxiety and Depression
- National Audit of Anxiety and Depression – Psychological Therapies spotlight
- Sentinel Stroke National Audit programme (SSNAP)
- National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis
- POMH-Prescribing Valproate for bipolar disorder (use of sodium valproate) re-audit (15b)
- POMH-Rapid Tranquillisation (16b)
- POMH - Prescribing Clozapine (18a)
- POMH - Monitoring of patients prescribed Lithium (7f)
- POMH - Assessment of the side effects of depot antipsychotics (6d)

The national clinical audits and national confidential enquiries that Lancashire Care participated in, and for which data collection was completed during 2018/19 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.

Audit name	Cases submitted	Cases required	%
National audit of Inpatient Falls	All eligible patients	All patients: 30	100%
National Audit of Emergency contraception	All eligible patients	All patients:36	100%
National Audit of Psychosis	All eligible patients	All patients :300	100%
National audit of Psychosis – Early Intervention in Psychosis	All eligible patients	All patients :215	100%
National Chronic Obstructive Pulmonary Disease (COPD) audit programme	Sample provided:92	*	Blackburn 87% Central Lancs 85%
National Audit of Care at the end of Life	All eligible patients	All patients:7	100%
National Audit of Intermediate Care (NAIC)	Organisation information only required		
National Audit of Anxiety and Depression	All eligible patients	All patients:100	100%
National Audit of Anxiety and Depression – Psychological Therapies spotlight	All eligible patients	All patients:30	100%
Sentinel Stroke National Audit programme (SSNAP)	All eligible patients	All patients:339	100%
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis	All eligible patients	All patients:205	100%
POMH-Prescribing Valproate for bipolar (15)	All eligible patients	All patients:121	100%
POMH - Prescribing Clozapine (18a)	All eligible patients within East Lancs Community care and Treatment Teams	All patients:240	100%
POMH - Monitoring of patients prescribed Lithium (7f)	All patients prescribed Lithium	All patients: 255	100%
POMH - Assessment of the side effects of depot antipsychotics (6d)	Sample provided: 134 from each locality within LCFT	*	*
POMH-Rapid Tranquillisation (16b)	Sample provided: 114 from the following wards: Stephenson Calder Stockbeck Churchill	*	*
National Diabetes Foot Care-audit - Adults	Sample provided:195	-	-

**sampling agreed locally by each project team*

Improvement actions

The reports of nine national clinical audits were reviewed by the provider in 2018/19 and Lancashire Care NHS intends to take the following actions to improve the quality of health care provided:

- Increased participation in the National Diabetic Footcare Audit to enable all diabetes foot care services to measure their performance against NICE clinical guidelines and peer units.
- Participation in the national Quality Improvement collaborative for Diabetes to improve links with primary care providers to minimise delay in patients receiving treating from a specialised team.
- Continue to support the National COPD audit to demonstrate compliance with national guidance
- The report for the National audit of End of Life Care has been reviewed for local implementation
- Following the National audit of Psychosis a Physical Health Steering group was established to have oversight of key priorities within the Trust relating to physical health
- Following the POMH Rapid Tranquilisation audit, a coordinated programme of quality improvement indicators have been agreed which are reported each month through the steering group and a further clinical audit will be undertaken in 2019/20 to demonstrate the sustainability of these actions.

The reports of 16 local clinical audits were reviewed by the provider in 2018/19 and Lancashire Care intends to take the following actions to improve the quality of healthcare provided:

- Revised documentation to support accurate Mental Capacity recording for Allied Health Professionals
- Specific guidance for district nursing staff relating to Mental Capacity Act
- Training provided by Safeguarding Specialist Practitioner relating to Mental Capacity Act
- A new pressure ulcer prevention and management care plan has also been produced
- Personal AWOL folders on all inpatients wards have been updated
- A revised Gatekeeping Procedure to provide further guidance to staff
- Sexual Health contraception template amended
- A traffic light system introduced within CAMHS to aid access to restricted items

2.2.2 Research

Lancashire Care NHS Foundation Trust continues to recognise the value of a research active culture as a key component in supporting the Trust's aspirations to continuously improve care, innovate and promote best practice. Increasingly, it is being demonstrated that there is an association between engagement in research and improvements in healthcare performance. The Trust's Research and Development department seek out new opportunities for our clinical services, their employees and service users to participate in, and develop, research studies.

1,658 LCFT patients were recruited during 2018/19 to participate in research approved by the Research Ethics Committee.

The Trust has continued to deliver complex clinical trials through our partnership facility, NIHR Lancashire Clinical Research Facility. The Trust has also continued its close work with its academic partners to develop more major funding applications, particularly for research into mental health interventions, including work with Lancaster University, the University of Manchester and the University of Liverpool.

The Trust has been working with NIHR as an exemplar in the 'Embedding Research in Care' project and in March 2019, the Trust was confirmed as 'number one' in England for the work they participated in around the Dementia Challenge objectives.

Outcomes:

- Participation in clinical research demonstrates that 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.
- In the last two published years, 2016/17 and 2017/18, LCFT came first and second in the NIHR League Table of volume of research conducted within NHS Care Trusts.
- More participants have been recruited to interventional studies, i.e. those having a direct impact upon the types of treatment they receive, than any other Trust in the North West Coast region, in 2018/19.
- Lancashire Care was awarded an NIHR grant to conduct a feasibility trial of Eye Movement Desensitisation and Reprocessing therapy for patients with early psychosis.

2.2.3 CQUIN

A proportion of Lancashire Care NHS Foundation Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals (CQUIN) agreed between Lancashire Care NHS Foundation Trust, CCG and NHS England commissioners through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at

www.england.nhs.uk/publication/commissioning-for-quality-and-innovation-cquin-guidance-for-2017-2019/

NHS England published a two year CQUIN for 2017– 2019. There has been a move from the development of local CQUIN programmes to all of the CQUIN requirements being nationally led. National schemes will equate to 1.5% of the total 2.5% CQUIN funding available with 1% linked to participation with STP plans.

In 2018/19 the total CQUIN scheme value was £6.3m. This was an increase from the monitory total of £6m in 2017/18.

At the time of reporting the Trust was on track to fully achieve all but three of the programmes for 2018/19. Quality improvement initiatives will continue and be strengthened in the coming year. For 2019/20 the CQUIN schemes represent 1.25% of the contract value and will be worth in the region of c.£3.2m.

2.2.4 Care Quality Commission (CQC)

Lancashire Care NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current status is registered. The Responsible Individual registered with the CQC is the Executive Director of Nursing and Quality. The Trust does not have any conditions placed on its registration. However, it should be noted that, on the basis that not all actions relating to the Requirement Notice, issued following the last inspection, have been fully completed at the time of this report, the Trust is not fully compliant with the registration requirements of the CQC.

Following the review, the Trust received an overall rating of 'Requires Improvement' specifically in the domains of safe, effective and well-led as reflected below:

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Requires improvement →← May 2018	Good ↑ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Good ↑ May 2018
Mental health	Requires improvement →← May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Good ↔ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018
Overall trust	Requires improvement →← May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Good ↔ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018

The results below also highlight the Trust's self-assessment in March 2019.

Ratings			
Are services safe?	CQC inspection May 18	Requires Improvement	●
	Self-assessment Mar 19	Good	●
Are services effective?	CQC inspection May 18	Requires Improvement	●
	Self-assessment Mar 19	Good	●
Are services caring?	CQC inspection May 18	Good	●
	Self-assessment Mar 19	Good	●
Are services responsive?	CQC inspection May 18	Good	●
	Self-assessment Mar 19	Good	●
Are services well-led?	CQC inspection May 18	Requires Improvement	●
	Self-assessment Mar 19	Good	●

Below is a list of the five sites inspected by the CQC in 2018/19:

- Acute wards for adults of working age and psychiatric intensive care units.
- Forensic inpatient/secure wards.
- Child and adolescent mental health wards (The Cove in Morecambe).
- Mental health crisis services and health based places of safety.
- Community health inpatient services (Longridge Community Hospital).

The Trust provides a further ten core or additional services which were not inspected during the review.

The ratings for each core service are reflected in the table.

The trust was pleased to be rated good overall in the domains of caring and responsive.

The CQC considered that:

- The Trust’s visons and values were embedded across the Trust
- Board members had good oversight and understanding of the key priorities, risks and challenges faced by the Trust and actions in place to mitigate these.
- We had a robust and realistic strategy for achieving the priorities and developing good quality, sustainable care which had been developed with external stakeholders.

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Child and adolescent mental health wards	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Community health inpatient services	Good	Good	Good	Good	Good	Good
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 mental health services for people with learning disabilities or autism	Good	Requires improvement	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Requires improvement	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Not rated	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Sexual health services	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good

quality, sustainable care which had been developed with external stakeholders.

- Our cost improvement plans did not compromise patient care.
- People using services were generally positive about the care and treatment they received from our staff.
- Despite the challenges our staff remained committed and motivated to providing the best care possible and improving services for people.
- Our staff felt supported by their immediate and local senior managers and matrons.

The Trust’s Board agreed a comprehensive quality improvement plan in response to these ratings, with all senior operational and clinical leaders and managers delivering on local and network initiatives. Improvement actions took three themes, with critical actions forming the planned improvement work and the measures for monitoring achievement clearly identified.

These themes are identified with information about the achievement of improvement actions to date under each.

The latest inspection report, can be viewed on the CQC web site at: <http://www.cqc.org.uk/provider/RW5>.

1. Supporting and empowering clinical leaders

Engagement and compliance with mandatory training, appraisal and clinical supervision has been much improved. There is a revised policy and new reporting system for supervision, a restated approach to appraisal and clarification of training requirements.

We exceeded the 80% Trust target for mandatory training and appraisal by the end of quarter 4. Supervision trajectories continue to be improving toward the same target.

Senior clinical specialists, matrons and nursing team leaders have participated in structured reviews to more effectively define their clinical and front line activities in support of role development and visible leadership. Updated job descriptions and operational guidance are now in place.

We have reviewed all inpatient staffing establishments in line with the nationally recognised model and the Board have supported the recommendations from the Hurst Review which will be to fund £3m to increase staffing levels by up to 82 qualified and 17 unqualified WTE. More information in relation to the Hurst Review can be found in the Annual Governance Statement.

2. Strengthening the clinical service at The Cove

Patient engagement in their own care planning has been improved with the introduction of personalised 'pen portraits' for all young people, with broadened access to therapeutic activities and education throughout weekdays and extended across weekends. Links have been established with Heysham College and Active Lancashire which enhance opportunities to engage in local community activities too.

The Trust responded to a national data request from the Care Quality Commission (CQC) in relation to restrictive practices at its young people's inpatient unit, The Cove. This was part of the CQC's national review into restrictive practices. The Trust has worked extensively at The Cove and across all inpatient services to reduce restrictive practices and regularly audits this. The Trust also submitted a significant data response to the CQC as part of the annual Provider Information Request as part of its pre-inspection process.

There have been refurbishments to improve the living environment at The Cove, including a full overhaul of catering facilities and a changed approach to menu design which now actively involves young people with the chef.

3. Improving the mental health crisis pathway

We have developed and implemented a revised approach to violence reduction: our 'Positive and Safe' training programme for clinical staff. This is further supported by refreshed guidance and checklists for nursing handovers, new Safety and Security guidance and procedures, a new Lessons Learned bulletin and a revised Safety Alerts process.

Our 136 Suites and Mental Health Decision Units have been refurbished where necessary, as the result of environmental audits, with marked improvements to facilities and appearance.

We continue to work towards improving access to urgent care and have worked with the Integrated Care System (ICS) Board to develop a system-wide Mental Health Improvement Plan with actions for both the Trust and system partners. Further detail on the Trust's Mental Health Improvement Plan can be found in the Annual Report.

The Trust's Board agreed a comprehensive quality improvement plan in response to these ratings, with all senior operational and clinical leaders and managers delivering on local and network initiatives.

The latest inspection report can be viewed on the CQC website.

Lancashire Care NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2018/2019. The Trust monitors the issue of national guidance by the CQC through a process known as the Quality and Safety Digest which ensures the relevant lead receives the information and updates on the actions then intend to take, which is overseen by the relevant governance sub-committee.

2.2.5 Secondary Uses Service (SUS)

Lancashire Care NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. It should be noted that NHS digital have recently migrated the SUS data quality dashboard to a new website and Lancashire Care NHS Foundation Trust is unable to access the end of year position. This is a national issue and resolution is awaited.

Record Type	Area	Target	2017/18 Outcome	2018/19 at November 2018	2018/19 Outcome	2018/19 National average	Targets achieved (at the end of Q3)
Patients Valid NHS Number	Admitted Patient Care	50%	99.6%	99.8%	No data available as yet	99.4%	Yes
Patients Valid NHS Number	Outpatient Care	50%	99.9%	99.2%	No data available as yet	99.9%	Yes
Patients Valid General Practitioner	Admitted Patient Care	50%	100%	99.8%	No data available as yet	99.6%	Yes
Registration Code	Outpatient Care	95%	100%	98.9%	No data available as yet	99.8%	Yes

2.2.6 Information Governance

Lancashire Care NHS Foundation Trust Data Security and Protection Toolkit score for 2018/19 was 100% all 'Standards Met'. More information on Information Governance can be found in the Annual Governance Statement.

2.2.7 Clinical coding

Lancashire Care NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission. Lancashire Care NHS Foundation Trust did participate in the Data Security and Protection Toolkit Audit in January 2019. The Audit was undertaken by Mersey Internal Audit Agency (MIAA) and looked at the accuracy of diagnosis and procedure coding recording for all inpatient episodes. The results are very high and as such a level of HIGH assurance has been given. 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 2016-2017	Level Achieved 2017-2018 not finalised
Primary diagnosis	Admitted Patient Care	50%	99.4%	Yes
Secondary diagnosis	Outpatient Care	50%	99.9%	Yes
Primary procedure	Admitted Patient Care	50%	99.6%	Yes
Secondary procedure	Outpatient Care	95%	99.8%	Yes

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 and other minor procedures which are limited in number.

As a result of these findings the assurance level provided in respect of clinical coding and underlying processes was: High Assurance.

2.2.8 Data quality

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 and Non-Clinical Recording:

- Continuing to support teams to record clinical and non-clinical data accurately to support the continued high standard of all clinical and non-clinical information reporting and also the clinical coding function.
- Deployment of a new ePR and standardised clinical record keeping processes, alongside development of data quality reports, will continue to support the improvement of data quality.

PART 3

Other information

3.1 Learning from Death

Deaths are reviewed through two processes: the serious incident (SI) process and the structured case judgement (SCJ) process. The SI process determines whether a death was predictable and/or preventable. The SCJ process determines whether a death was due to a problem in care. Neither of these terms are legal terms or formal causes of death.

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 serious incident investigation which includes the development of recommendations and quality improvements.

In addition to internal structured case judgement reviews, the Trust is engaged in the externally led LeDeR (Learning Disability Mortality Review) programme and the Child Death Overview Panel (CDOP) mortality review process. Lancashire Care NHS Foundation Trust published its Learning from Deaths Procedure ahead of the nationally set deadlines. This is available online at: www.lancashirecare.nhs.uk/learning-from-deaths

Lancashire Care NHS Foundation the Trust publishes mortality data in the quarterly Safety Report and the monthly Quality Report to the Board. This is available online at: www.lancashirecare.nhs.uk/Board-Meetings

During 2018/19 666 of patients died, based on the reporting criteria below. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 159 in the first quarter
- 159 in the second quarter
- 180 in the third quarter
- 168 in the fourth quarter

The reporting criteria for deaths is:

- All deaths of mental health service patients, or those discharged in the previous six months. The exception to this is deaths in the Memory Assessment Service which are recorded as routine until the first medication review, and thereafter only if there is an actual or potential failure or omission in healthcare services.
- All deaths of learning disability service patients, or those discharged in the previous six months.
- All child deaths in universal services.
- All child deaths in community inpatient services.
- Deaths of community health service patients if there is an actual or potential failure or omission in healthcare services or any death that occurs in a community health hospital.

During 2018/19 4 case record reviews and 44 serious incident investigations have been carried out in relation to 48 deaths included above. A serious incident investigation is a more in depth review than a case record review and includes a full

review of the care and treatment provided by the Trust. LeDeR reviews and CDOP reviews are in addition to this. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 8 in the first quarter
- 12 in the second quarter
- 15 in the third quarter
- 13 in the fourth quarter

0 case record review and 45 investigations completed after 31 March 2018 which related to deaths which took place before the start of the reporting period.

There is no nationally agreed definition for mental health services or community health services of which deaths were due to a problem in care. As such, we have not reported on this basis in this year. We reviewed the guidance issued from the Royal College of Psychiatrists in November 2018 and we have amended our process and review tool accordingly and will include this data for the forthcoming year. We do acknowledge that one death (occurring in 2017) was contributed to by deficits in healthcare quality. This occurred at our service at HMP Garth and is detailed below. The Trust has recruited a dedicated Mortality Review Practitioner and as a result it is anticipated that the Trust will increase the number of structured case judgements during the forthcoming year. Following consideration by the Audit Committee, the scheme of sampling for structured case judgement reviews will be reviewed and strengthened.

Improvement actions

The Trust has identified a number of themes from our learning from death reviews including clinical risk assessment, care planning, record keeping and dual diagnosis. In response, we have developed a new clinical risk assessment training programme for staff.

The following improvement actions have been undertaken during 18/19 following lessons learnt from death and serious incidents:

- The clinical risk assessment training will improve the confidence of staff in completing assessments.

The following improvement actions will continue to be made during 19/20 following lessons learnt from death and serious incidents:

- We are implementing a new electronic patient record system which will improve record keeping and care planning. We have been working with substance misuse service providers to develop a multi-agency protocol supported by information sharing agreements and locality joint meetings.

Other actions are still being implemented and it is too early to assess the impact however we believe the new electronic patient record system in particular will significantly improve access to clinical information across our services.

HMP Garth

The Trust provided healthcare services into HMP Garth until 31 March 2017, when all staff and services transferred to a new provider. On 11 January 2017, a prisoner sadly died and the pathologist determined the cause of death as peritonitis caused by a perforated duodenal ulcer. The inquest and independent expert review identified significant failures in healthcare provision. A narrative verdict of death by natural causes contributed to by neglect was therefore issued. A lessons learnt exercise has been undertaken and improvements made

include:

- Inquests were co-ordinated by the Specialist Services Network directly – all inquests are now coordinated by the Trust Safety Department which includes a Trust Solicitor and two (legally trained) Paralegals;
- The Specialist Services Network held all the inquest information locally – all data is now on Datix as a single inquest repository;
- The Specialist Services Network instructed their own solicitors directly - all healthcare law solicitor requests now go through the Trust Safety Department which includes a Trust Solicitor and two (legally trained) Paralegals;
- The Specialist Services Network appointed their own Serious Incident Investigation Leads - there is now a dedicated investigation team in place in the Safety Department;
- The Specialist Services Network approved their own Serious Incident Investigation Reports –this is now the role of the Associate Director of Safety and the Weekly Safety Summit (attended by the Medical Director and Nursing and Quality Director);
- The Specialist Services Network received all external serious incident reviews direct into the Network - all external reviews are dealt with by the Safety Department and go to Weekly Safety Summit;
- The Trust has introduced a Weekly Safety Summit (attended by the Medical Director, Nursing and Quality Director, Associate Director of Safety and Clinical Directors) to review all incidents occurred during the week to identify concerns and ensure appropriate level of investigation, to review and approve completed serious incident investigation reports and to monitor inquest activity;
- The Network structures have been changed. There is now improved operational management and clinical leadership (for example, Heads of Nursing/Lead Nurses, none of which were in place at the time);
- Organisation of the Quality Directorate around Safe, Effective and Experience has allowed better support and more targeted oversight of quality (this came into effect in summer 2018);
- eRostering has been implemented. This allows us to monitor staffing better and provide reporting on safe staffing to the Board
- RiO is in the process of being implemented. This is a new clinical record system that will be the primary system used across the Trust. Previously, prison healthcare services operated on separate and restricted systems.
- A leadership development programme for clinical leaders is underway. This will support them to become more effective and confident clinical leaders
- Safety reporting and oversight has been strengthened. This includes a daily review of every serious incident, a Weekly Safety Summit and a Quarterly Safety Report.

3.2 Freedom to Speak Up

Lancashire Care NHS Foundation Trust is committed to creating an open and honest culture, which is just and dedicated to learning and continuous improvement. The Trust believes that staff feeling able and safe to Speak Up when things are wrong is essential to achieving this. The Trust Board fully commits itself to supporting staff to Speak Up, listening to staff when they Speak Up, and to taking action when they do to learn and improve. The Trust is also committed to ensuring that no person suffers detriment for Speaking Up.

Our Freedom to Speak up Vision is based on five principles:

- All staff feel confident to Speak Up and know how to do so;

- All staff feel safe to Speak Up;
- All concerns are fully considered and reviewed;
- Speaking Up makes a difference – we listen, learn and improve;
- Concerns are well received, welcomed and thanked at all levels.

The Trust has put in place a number of ways in which staff can speak up, including:

- The Freedom to Speak Up Guardian;
- A network of local Freedom to Speak Up Ambassadors;
- An online system allowing staff to raise a concern in total anonymity, and which allows the Freedom to Speak up Guardian to have an anonymous dialogue with the staff member.

An executive director lead has oversight of the Speak Up process, supported by a non-executive director lead. At present, these are the Director of Nursing and Quality and Trust Chair.

A summary of all concerns raised is included in the Chair’s Report to the Trust Board monthly and the Freedom to Speak up Guardian presents a quarterly detailed report to the Quality Committee.

3.3 Rota Gaps

On Call rotas	1 April 2018	31 March 2019
1 st On Call rota Gaps following Trainee allocations via HEE	25% unfilled	17% unfilled
1 st On Call rota Gaps remaining unfilled following LCFT recruitment initiatives	6% unfilled	1% unfilled
2 nd On Call rota Gaps following Trainee allocations via HEE	74% unfilled	85% unfilled
2 nd On Call rota Gaps remaining unfilled following LCFT recruitment initiatives	22% unfilled	7% unfilled

Improvement initiatives to reduce rota gaps

- Rolling recruitment to Trust Grade doctors and proactively setting interview panels on a regular basis
- Utilising alternative media for overseas interviews.
- Collaborative working with the Royal College to recruit International Training Fellows. The Trust successfully recruited 3 doctors in August 18.

- Implementation of a Bespoke Development Programme for Lancashire Care SAS doctors including support around CESR to raise the profile of Lancashire Care and the standard of training and education.
- Continuous working of the Trust's Medical Human Resources Team to identify solutions for Associate Medical Directors to support measures to prevent and cover rota gaps.
- Engagement with the Trust's Trainees to establish plans and where ST positions have not been secured, arranging interviews for other posts. This supports these doctors in gaining experience and competencies to enable them to continue with higher training on securing the appropriate qualification.

The above initiatives, implemented over the past 12-18 months have resulted in significant reduction in rota gaps.

The Director of Medical Education has recently received positive feedback from the Associate Dean at HEENW in relation to LCFT's Self-Assessment Report (SAR). The SAR document is a new annual requirement for Trusts that deliver placements for learner activities across all professions.

This has included the development of CESR Achievement Posts (CAP) in Old Age Psychiatry, which have been highly sought after by candidates and successfully recruited to.

3.4 Reporting Against Core Indicators

This section of the document contains the mandatory indicators as set by the Department of Health and NHS Improvement. 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.

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

This 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. Data is validated prior to reporting and submission and data submissions is from a single data source.

Care Programme Approach Seven Day Follow Up

Indicator	Target	2017/18 Outcome	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19 England Average	2018/19 Target Outcome Achieved
Patients on Care Programme Approach who are followed up within seven days of discharge from psychiatric inpatient care (MR01)	95%	97.2%	97.7%	95.9%	95.2%	95.9%	Not available at time of publication	Yes (96.2%)

Lancashire Care NHS Foundation Trust considers that the performance is as described because of the following:

Performance is monitored locally via the Trust's Information Portal which is updated daily, in addition reports are issued to clinicians to alert them to patients requiring follow up. This indicator is also published monthly via an internal dashboard, which is incorporated into the Quality and Performance Report and reported to Business Development and Delivery sub-committee. It is also discussed at local management and team meetings. LCFT monitors this measure closely and initiates actions to improve this percentage if it declines. This includes identifying strategies to proactively mitigate risk of non- engagement for patients who are deemed at risk of being difficult to engage post-discharge.

NB. The measure 'Admissions to inpatients services for which the Crisis Resolution Home Treatment Team acted as a gatekeeper (MR07)' has been removed in line with its removal from the Single Oversight Framework.

Minimising mental health delayed transfers of care

Lancashire Care NHS Foundation Trust considers that the performance is as described because of the following:

Performance is monitored monthly via an internal dashboard, which is incorporated into the Quality and Performance Report and reported to Business Development and Delivery sub-committee. It is also monitored and managed at patient level by operational teams. We are continuing the development of internal Standard Operating Procedures to ensure consistency with National DToC guidance (refreshed in November 2018). Operational processes for recording are being enhanced to support the clinical teams.

Indicator	Target 17/18	17/18 outcome	Target 18/19	Q1 18/19 outcome	Q2 18/19 outcome	Q3 18/19 outcome	Q4 18/19 outcome	18/19 targets achieved
Minimising mental health delayed transfers of care (MR03)	<=7.5%	2.53%	<=7.5%	1.42%	1.44%	1.26%	0.63%	Yes (1.17%)

2 week wait for Treatment for Early intervention in Psychosis Programme

Lancashire Care NHS Foundation Trust considers that the performance is as described because of the following:

Performance is monitored daily the operational management team and it is reported monthly through the Trust's performance framework. Performance is incorporated into the Quality and Performance Report which is reported to Business Development and Delivery sub-committee. Lancashire Care NHS Foundation Trust is undertaking the following actions to minimise EIP 2 week waits by: Daily pathway management calls are in place to ensure that all service user pathways are tracked to monitor timely appointments. Guidance has been produced for the receiving teams including single point of access, crisis and mental health liaison teams to support earlier identification of psychosis. Support has also been secured from the NHSI Intensive Support Team (IST) to review opportunities for improvement of the EIS pathway for patients, including an improvement in the delivery against the NICE concordant pathway. The recommendations identified within the report will be the focus of quality improvement work in EIP during 2019/20.

Indicator	Target 17/18	17/18 outcome	Target 18/19	Q1 18/19 outcome	Q2 18/19 outcome	Q3 18/19 outcome	Q4 18/19 outcome	18/19 targets achieved
2 week wait for treatment for Early Intervention in Psychosis Programme (MR13)	50.0%	26.2%	53.0%	56.6%	51.4%	50.5%	55.2%	Yes (53.33%)

Improving Access to Psychological Therapy

Indicator	Target	17/18 targets achieved	17/18 outcome	Q1 18/19 outcome	Q2 18/19 outcome	Q3 18/19 outcome	Q4 18/19 outcome	18/19 targets achieved
The % of people who are moving to recovery as a proportion of those who have completed a course of psychological treatment	50.0%	Yes	53.8%	55.8%	52.4%	51.7%	52.1%	Yes (52.9%)

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. There is no data reported for Blackpool as primary care mental health services are provided by the Acute Trust in Blackpool. St Helens CCG: IAPT service moved to Lancashire Care NHS Foundation Trust November 2015.

Lancashire Care NHS Foundation Trust considers that the performance is as described because of the following:

Performance is monitored monthly via an internal dashboard, which is incorporated into the Quality and Performance Report and reported to Business Development and Delivery sub-committee. Lancashire Care NHS Foundation Trust is continuing the following actions to maintain and improve this position: Through clinical supervision there is a focus on ensuring that the most appropriate treatment path is taken to achieve recovery. This process identifies areas for staff training and development to enhance our treatment offer for achieving recovery. In addition, service plans are in place to reduce waiting times to enable patients to access treatment that will enable timely recovery.

Referral to treatment time: Consultant Led (Completed Pathway)
Consultant Led (Incomplete Pathway)
IAPT 6 Weeks
IAPT 18 Weeks

Indicator	Target	17/18 targets achieved	17/18 outcome	Q1 18/19 outcome	Q2 18/19 outcome	Q3 18/19 outcome	Q4 18/19 outcome	18/19 targets achieved
MR05 – Referral to treatment time (RTT) - Consultant Led (Completed Pathway)	95.0%	Yes	99.9%	99.5%	99.0%	98.2%	97.7%	Yes (98.0%)
MR06 - RTT - Consultant Led (Incomplete Pathway)	92.0%	Yes	99.8%	99.3%	99.4%	98.5%	97.5%	Yes (98.2%)
MR14 – RTT – IAPT 6 Weeks	75.0%	Yes	94.4%	94.2%	95.0%	95.9%	96.0%	Yes (95.3%)
MR15 – RTT – IAPT 18 Weeks	95.0%	Yes	99.4%	99.4%	99.3%	99.2%	99.4%	Yes (99.3%)

Data source: LCFT Information Systems using standard definitions

Lancashire Care NHS Foundation Trust considers that the performance is as described because of the following:

Performance is monitored locally via the Trust's Information Portal (or for the case of IAPT via the IAPTUS system reports) which enables teams to track patients who are on the RTT pathway. Clinicians are alerted to patients requiring treatment on the pathway to enable allocation of appointments in line with clinical urgency and priority order on the RTT pathway. This indicator is also published monthly via an internal dashboard, which is incorporated into the Quality and Performance Report and reported to Business Development and Delivery sub-committee. It is also discussed at local management and team meetings. LCFT monitors this measure closely and instigates actions to improve this percentage if it declines and will continue to do so through the coming year to maintain compliance.

28 day re-admission rate

Indicator	Target	17/18 Outcome	17/18 Targets Achieved	18/19 outcome		18/19 targets achieved
28 day re-admission rate	<8.7%	9.1%	No	0 - 15	N/A	Yes
				Over 16	8.68%	
				Total	8.68%	

The Trust adopts the target of <8.7% for 28 day re-admission rates as set by our Lead Commissioner and based on national practice. The Trust was compliant for 2018/19.

Lancashire Care NHS Foundation Trust considers that the performance is as described because of the following:

- 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:

- 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.

The 28 day indicator is included above as required by the Quality Accounts requirements. Lancashire Care report internally and nationally on the 30 and 90 day readmissions indicator in line with national guidance.

Indicator	Target	17/18 outcome	17/18 targets achieved	Q1 18/19 outcome	Q2 18/19 outcome	Q3 18/19 outcome	Q4 18/19 outcome	18/19 targets achieved
30 day re-admission rate	<8.7%	9.24%	No	10.53%	8.24%	8.29%	5.55%	Yes (8.15%)
90 day readmission rate	<15%	16.13%	No	17.02%	15.57%	12.97%	10.91%	Yes (14.12%)

Data source: LCFT Information Systems using standard definitions

Lancashire Care NHS Foundation Trust considers that the performance is as described because of the following:

Performance is monitored monthly and is reported as part of the Trust's Quality and Performance Report. The patients readmitted either at 30 days post discharge are clinically reviewed to identify causative themes. A theme identified in 2018/19 instigated a review of the personality disorder pathway which was performed by AQuA, the recommendations of which will be implemented in 2019/20.

Data completeness: Identifiers

Data completeness: Outcomes

Indicator	Target	17/18 outcome	Q1 18/19 outcome	Q2 18/19 outcome	Q3 18/19 outcome	Q4 18/19 outcome	18/19 targets achieved
Data completeness: Identifiers (MR08)	97.0%	99.47%	N/A	N/A	N/A	N/A	Not reported.
Data completeness: Outcomes (MR09)	50.0%	82.29%	N/A	N/A	N/A	N/A	Not reported.
Data Quality Maturity Index (DQMI) Dataset Score (MR17) self-assessments	95.0%	N/A	98.4%	98.5%	98.4%	98.4%	Yes (98.4%)

Data source: LCFT internal Monitor compliance dashboard

The Trust was compliant for 2017/18. This is no longer an NHS Improvement reported indicator due to an update in the Single Oversight Framework (SOF). This measure has been superseded by the DQMI Dataset Score (MR17).

Data Quality Maturity Index (DQMI) Dataset Score

This measure was introduced into reporting in April 2018 in line with the Single Oversight Framework. This is a score collated from overall compliance against completeness of data items within the mental health dataset. Lancashire Care NHS Foundation Trust considers that the performance is as described because of the following: Performance is monitored monthly and is reported as part of the Trust Quality and Performance Report. Data Quality reports are issued to operational teams on a monthly basis to enable performance against the individual

scores within the DQMI to be improved through targeted action at the level of data input. Additional DQ reports will be developed in 2019/20 to support the widening of the DQMI.

Admissions to adult facilities

Indicator	17/18 outcome	Q1 18/19 outcome	Q2 18/19 outcome	Q3 18/19 outcome	Q4 18/19 outcome	18/19 targets achieved
Admissions to adult facilities of patients under 16 years old	0	0	0	0	0	Yes (0)
Data source: LCFT Information Systems using standard definitions						

Lancashire Care NHS Foundation Trust considers that the performance is as described because of the following:

The Trust operates a bed management hub to ensure patients access inpatient care in the most clinically and age appropriate facilities. This is supported by a policy for our Children's Inpatient service which sets out the escalation processes should a children's bed not be available.

Inappropriate out of area placements (OAP) for adult mental health services

Indicator	18/19 Target	Q1 18/19 outcome	Q2 18/19 outcome	Q3 18/19 outcome	Q4 18/19 outcome	18/19 targets achieved
Total no of Adult Mental Health (AMH) Inappropriate OAPs occupied bed days (OBDs) (MR16)	8,537	2,845	3,617	5,125	5,514	No (17,101)
Data source: LCFT internal data source using standard definitions						

Lancashire Care NHS Foundation Trust considers that the performance is as described because of the following:

We are experiencing increased demand for mental health beds across Lancashire, and this along with the current lack of provision for LD and Rehab placements is creating a challenge with patient flow and resulting in the use of OAPs above trajectory. Additional private capacity has been purchased within Lancashire and although bed day use through this contract contributes to the overall OAPs used, it has enabled the Trust to reduce the number of patients sent out of area for care whilst LD provision is mobilised. In response to recent capacity challenges resulting from increased demand, system wide initiatives are underway:

- A comprehensive system wide MH improvement plan
- A system wide urgent care pathway review commissioned by the Lancashire & South Cumbria Integrated Care System (ICS)

The number of OAPs are monitored daily through provision of a daily situation report which is distributed to LCFT senior leaders (including Executive Directors) and to system partners. The wider system pressures contributing to OAPs are discussed on daily on operational system-wide teleconference calls. In addition, OAPs are reported through the Trust performance

framework and through the Quality and Performance Report to Business Development and Delivery Sub-committee.

Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

- a) Inpatient wards
- b) Early intervention in psychosis services
- c) Community mental health services (people on care programme approach)

Reporting for this indicator relates to The National Audit of Psychosis (NCAP) which is one of the largest national audit programmes in Mental Health. It is the second round of the National audit of Schizophrenia which was undertaken in 2011. It has been confirmed that LCFT submitted 100% of all required data, of which only 27% of participating trusts were able to do so. The organisation has not received the national report. Once the national report has been published an internal report will be drafted and shared accordingly

Patient experience

Indicator	2017 Outcome	2018 Outcome	National Average 2018	Comparison to National 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	6.9	6.9	N/A	N/A

Data source: National Community Mental Health Survey CQC website Data is governed by standard definitions.

www.cqc.org.uk/provider/RW5/survey/6#undefined

Lancashire Care NHS Foundation Trust uses the Community Mental Health survey data to understand what people think of healthcare services provided by the trust. A total of 850 service users were sent the questionnaire.194 returned, giving a response rate of 24.1% (22%in 2017).

- This data has been taken from the national survey data published by the CQC in November 2018 relating to people’s experience of care between September and December 2017.
- 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 11 sections (health and social care workers, organising care, planning care, reviewing care, changes in who people see, crisis care, medicines, 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 questions.

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

- Using the results to inform network Quality Improvement plans. A thinking space was facilitated in November 2018. 5 key themes identified as opportunities for improvement.
- Contact with services – Progression of Always Event Timely communication CMHTs.
- Involvement in decision making – Progression of Shared Decision Making.
- Clarity of information – Continued focus on provision of accessible information (leaflets, care plans).
- Patient centred care and treatment – Robust delivery of clinical/professional supervision in place to drive up standards and focus on care. Preceptorship programme developed for graduate band 5 staff.
- Communicating changes to care delivery – Progression of Always Event® – we will always support you when there are changes in the care we give you, in our Learning Disability Service. Learning from this to be shared.

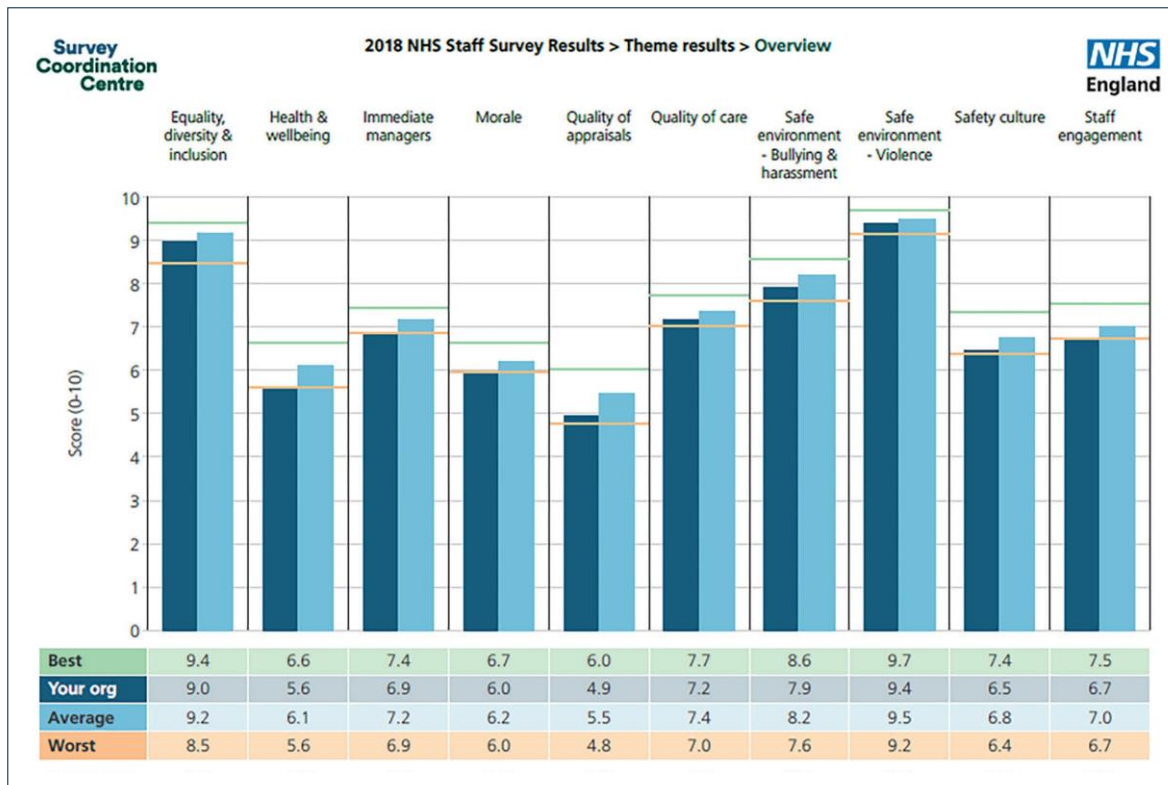
Staff survey

Indicator	2016 outcome	2017 outcome	2018 outcome	National 2018 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, who: 'if a friend or relative needed treatment, I would be happy with the standard of care provided by Lancashire Care'	63%	59%	57%	67%	-10%

*Date Source: National NHS Staff Survey Co-ordination Centre Data is governed by standard definitions
<http://nhsstaffsurveys2018.com/sections/39>*

The overall annual staff survey results for 2018 indicate a marginal improvement when compared to 2017 which demonstrates that progress is being made; particularly improvements have been observed in areas targeted for priority in response to the 2017 staff survey results. This has been achieved through a range of activity at the Trust, Network and Service level that has been tracked through the People Plan Delivery Group.

In relation to the indicator above, the percentage of staff who would be happy with the standard of care provided by the Trust is 10% worse than the national average for a mental health, learning disability and community trust. The work the Trust is undertaking to improve this score can be seen in the Annual Report.



The National Survey Coordination Centre has established 10 themes in the Annual Staff Survey Results.

It is clear that the organisation has further work to do and a number of opportunities have been identified to make significant headway with the workforce satisfaction and their engagement in the 2019/20 period.

A review of the questions linked to these themes has highlighted three key areas of focus for the next 2 month period as follows:

- Wellbeing
- Management
- Leadership

Staff satisfaction and engagement is inextricably linked to the desired outcome of our 'People at the Heart' plan. The Staff Survey actions will continue to be overseen by the People Plan Delivery Group with Executive leadership and the improvement plans for 2019/20 will continue to be managed by this group and monitored through the People sub-committee, with progress being ultimately reported to Quality Committee.

Lancashire Care NHS Foundation Trust has work planned to take place following the actions in line with the People Plan to improve this percentage, and so the quality of its services, by:

- Extension of visibility visits, back to the floor, meet the team with a focus on transforming feedback into action at a local level through empowerment
- Coaching culture development/coaching skills
- Appraisal quality improvement project
- Appraisal skills programmes
- Leadership behaviour audit
- Wellbeing themed roadshows and wellbeing engagement event
- Clinical leadership programmes
- Leadership and Management development

- Race Equality Project
- Disability Project
- Workforce planning
- Expansions of student numbers and TNAs/Nurse Apprenticeships introduction
- Retention/Preceptorship/Sickness Absence Projects

Safety Incidents

	01 April 17 to 01 September 17	01 October 17 to 21 March 18	01 April 18 to 01 September 18
Indicator	Trust	Trust	Trust
Rate of patient safety incidents	63.25	73.03	73.84
% age Severe harm	1.56	1.85	1.99
% age resulting in death	1.46	2.11	1.70

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:

This data has been taken from the National Reporting and Learning System (NRLS). The latest data available from the NRLS is for 01 April 2018 to 30 September 2018. Data reports are made available six months in arrears. The NRLS data is reviewed internally alongside a quarterly Safety Report which is shared with our commissioners. Variation across national reporting makes comparisons unreliable. The Trust has engaged with the work of the national patient safety team leading on the replacement of the NRLS and STEIS systems. At the time of writing, the Trust was undertaking validation of submitted NRLS data due to identified discrepancies and it is likely that updated data will be sent to the NRLS.

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:

- New quality surveillance dashboards were rolled out to all teams enabling access to live information with drill down and reporting functionality.
- Introduction of a new Serious Incident Learning Panel to scrutinise and challenge improvement plans following serious incidents, chaired by a non- executive director and attended by senior leaders, clinical directors and lead commissioners.
- Continued implementation and embedding of a dedicated serious incident investigation and learning team whose team members are completing postgraduate qualifications in investigation skills.

Annex

4.1 Engagement with and statements from partners

Lancashire Care NHS Foundation Trust remains committed to working with a range of partners and has continued to engage in year.

In line with the Department of Health Guidance we also produced a draft Quality Account and shared this with key partners as follows: NHS Blackburn with Darwen Clinical Commissioning Group, NHS Chorley and South Ribble Clinical Commissioning Group Local Commissioners, Local Authority Overview and Scrutiny Committees and Healthwatch Lancashire.

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

- Healthwatch (Lancashire)
- Overview and Scrutiny Committees
- Blackburn with Darwen Borough Council
- Blackpool Council
- Blackpool Adult Social Care and Health Scrutiny Committee
- Lancashire County Council
- Sefton Council
- Clinical Commissioning Groups (CCG)
- NHS Blackburn with Darwen Clinical Commissioning Group
- NHS Chorley and South Ribble Clinical Commissioning Group

Statement from Lancashire County Council OSC

The Lancashire Health Scrutiny function welcomes the opportunity to comment on the Lancashire Care Foundation Trust's Quality Accounts for 2018/19. Whilst members recognise the breadth of information the Trust is required to reference, it was felt that the draft Quality Account supplied could have used more visual aids to present the information rather than a reliance on narrative throughout. From the perspective of the general public, members felt it was a lengthy document and could be difficult to interpret. It would therefore be in favour of the production of a document, or easy read document that summarised the main content and findings of the Quality Account with the focus on patients and the public as the key audience.

The Lancashire Health Scrutiny function welcomes the Trust's pledge to become an organisation with a culture of continuous improvement and notes it will receive support from the Advancing Quality Alliance (AQuA) and Northumberland Tyne and Wear NHS Trust – rated outstanding by the Care Quality Commission (CQC). It was felt that comparator data between the Trust and Northumberland Tyne and Wear NHS Trust at this stage of the process would have been advantageous, particularly when the opportunity arises to reflect on the Quality Account for 2019/20.

Members noted the former Chief Executive's recognition of system pressures affecting staff morale which had been reflected in the Trust's recent staff survey. However, no meaningful detail was provided on the findings of the survey for members and therefore the public to gauge where concerns had been raised. In addition to this members noted a lack of reference to any review or actions taken by the Trust following the Freedom to Speak Up Review and more recently the conclusions of the Gosport Inquiry in that the voices of patients, families and whistleblowers must be heard. The Lancashire Health Scrutiny function would welcome the opportunity to liaise with the Trust's new Chief Executive on their vision for the organisation.

The Lancashire Health Scrutiny function would welcome early involvement with the planning process for the production of the Trust's 2019/20 Quality Account.

[Statement from Chorley and South Ribble CCG](#)

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 2018/19.

The Care Quality Commission (CQC) inspected LCFT in January and February 2018, this included the community services delivered from Longridge Hospital. Whilst the inspection raised concerns in a number of areas within mental health services, the CCG were pleased to note Longridge Hospital demonstrated improvements in two domains, resulting in a rating of 'good' in all domains. The CCG has worked alongside the lead commissioner for mental health services and LCFT to maintain oversight of ongoing improvements.

It was disappointing to note that the remaining community services were not inspected by the CQC in early 2018, however the CCG has worked collaboratively with LCFT to ensure assurance is demonstrable against areas highlighted for improvement during the CQC inspection in 2016. The CCG continues to be active partners at the Quality Oversight Committee where the CQC improvement plans are monitored. Mandatory and statutory training compliance were highlighted during the last inspection as an area for improvement. The CCG is pleased to note that compliance against mandatory training, appraisals, and supervision for community services have improved significantly. The CCG recognises that the Trust has consistently achieved the 18 week Referral to Treatment

(RTT) target and has achieved an average of 98.40% over the year. However, it should be noted there have been challenges meeting the Allied Health Professional RTT performance targets within the Children's Integrated Therapies and Nursing Teams. The CCG is working collaboratively with the Trust to reduce these waiting times.

During 2018-19, LCFT mobilised the integrated musculoskeletal service. The aim of this service is to improve the health of people with muscle and joint problems, focusing on prevention and early intervention. Shared decision making is pivotal to this service, giving patients ownership of their care pathway with improved health outcomes. Whilst it is disappointing to note that a number of key performance indicators have not been

achieved for this service, the CCG is currently working with the Trust to improve performance during 2019-20.

Pressure ulcers remain the most common type of serious incident reported by LCFT, however the Trust is clearly committed to improving performance in this area. This has resulted in the development of the Safety Senate, the continued roll out of the React to Red initiative and the re-establishment of the health economy wide pressure ulcer reduction group. The Deputy Director of Nursing is also developing a pressure ulcer prevention safety improvement plan in partnership with the CCG Chief Nurse. The CCG would also like to acknowledge the continued support that LCFT has given to the regulated care home sector.

The CCG continues to work with LCFT to develop a collaborative approach to quality assurance visits. In 2018-19 there have been quality assurance visits to the podiatry service and the district nursing service. These visits have identified many areas of good practice, however, they have also identified the challenges faced by staff along with some areas for improvement noted. During 2019-20, the CCG has undertaken visits to the district nursing (out of hours service), and the Children's Integrated Therapy Nursing Service.

It is positive to note that a number of quality initiatives have been implemented throughout 2018-19, including improvements that have been instigated as a result of the Serious Incident Learning Panel. Furthermore, the CCG is pleased to note the continuation and further development of quality initiatives such as Good Practice Visits, Schwartz Rounds, Dare to Share, Time to Shine and Always Events.

Whilst the NHS Staff Survey completed in 2018 demonstrated improvements in a number of areas, the survey results also indicated further improvement is required. Staff reporting feeling unwell as a result of work related stress was noted to be 47.7%. Additionally, fewer than half of staff reported that they are able to meet all of their conflicting demands, (please note this is reflective of the pressure felt by staff nationally, as the best performing organisation scored less than 50%). The CCG recognises that there has been an increase in demand for services and that staffing rates remain challenging. However, it is important to ensure that this situation is effectively managed in order to ensure that staffing levels are safe and that care is good.

The CCG would like to acknowledge that the Trust has highlighted three key areas of focus for staff wellbeing for the year ahead; these are Wellbeing, Management and Leadership. LCFT has also developed a communications plan to ensure that there is alignment to the internal People at the Heart strategy. The CCG looks forward to seeing the outcomes of this programme of work.

Despite these challenges the CCG is pleased to note that services and individual staff have received and / or been nominated for a number of local and national awards. These awards are evidence that the organisation continues to be proactive in seeking to put quality and innovation at the heart of service provision.

During 2018-19 LCFT participated in 4 national CQUIN schemes, and 1 local scheme:

- Staff Health and Wellbeing

- Preventing ill health by risky behaviours (alcohol and tobacco)
- Improving the assessment of wounds
- Personalised care and support planning
- Home-first (local scheme)

The CCG acknowledges that the national schemes have been challenging, however, it is positive to note the work that has been undertaken throughout 2018-19. It is anticipated that the Trust will achieve all of the schemes, with the exception of the staff health and wellbeing scheme (which is linked to the outcome of the national NHS Staff Survey).

The CCG welcomes the continued efforts by LCFT to improve patient experience through obtaining feedback and responding accordingly. The CCG recognises that a key priority for LCFT is to co-design improvements with people who use their services, along with their carers and families. The CCG would like to acknowledge LCFT's commitment to adopt the Triangle of Care (ToC), which is a therapeutic partnership between carers, people who use services and professionals. When a Trust joins the ToC scheme, they are committing to changing the culture of their organisation to one that is carer inclusive and supportive. Community services are scheduled to be included in year 3 of this programme. Notably, the Trust has also commissioned third party organisations to undertake carer awareness training for staff.

The CCG would like to acknowledge that the Northumberland, Tyne and Wear (NTW) review of LCFT services has now been concluded. Recommendations from this review will be enacted during 2019-20 and the CCG looks forward to the further improvements that will take place as a result of this.

The CCG looks forward to working with the Trust during 2019-20 to achieve the requirements of the nationally mandated Integrated Care Partnership (ICP). In order to support this development, the CCG plans to introduce ICP Contract Review Meetings to facilitate a collaborative approach to health care. The CCG remains committed to working together to realise the planned quality outcomes and continuous improvement in care for the local population aligned to the key drivers of the NHS Long Term Plan.

[Statement from Blackpool Adult Social Care and Health Scrutiny Committee](#)

The Blackpool Adult Social Care and Health Scrutiny Committee welcomes the opportunity to comment on the Lancashire Care NHS Foundation Trust Quality Account for 2018/2019. Over the past year the Committee has raised a number of serious concerns with the Trust regarding the quality of care provided to patients, the safeguarding incidents at The Harbour facility, the participation of LCFT colleagues in meetings and the need to improve community mental health service provision for the residents of Blackpool, amongst other issues. Whether these wide ranging concerns are reflected accurately within the detail of the quality account could be questioned. Although, there appears to have been some improvement in the engagement of LCFT with partners, Members of the Committee would like to see this continue to improve, with LCFT leading the way in consulting with the community sector and liaising with other NHS providers, Public Health and Adult Social Services in order to make system wide improvements. It has been suggested that the current provision of mental health

services in Blackpool and indeed Lancashire is out of date and needs to be refreshed to reflect current need and demand.

What is of utmost importance to the Committee is the safety and wellbeing of patients in The Harbour and in the community and it has been concerning to hear that friends and family of patients have had grave concerns over the past year and beyond, which they have chosen to share with the Committee and with individual Councillors. Words such as 'chaos' and 'crisis' have been used to describe The Harbour and there have been a number of serious incidents over the past year reported in the local press which have affected confidence in the Trust and raised continued questions regarding the welfare of both patients and staff.

Looking forward to 2019/2020, the Committee will be seeking assurances from LCFT and commissioners that the safety of patients and staff continues to be prioritised and that visible improvements can be seen in the quality of care provided to patients through a reduction in the number of serious safeguarding incidents and a noticeable improvement in the views of service provision put forward by partner agencies, patients and their friends and family.

[Statement from Healthwatch Lancashire](#)

Part 1 - This statement from the newly appointed Chief Executive Officer (CEO) sets the tone for the whole document, acknowledging the challenges over the preceding 12 months and the consequential adverse impacts on a number of services describing this as 'unacceptable'.

We welcome the improvement plan now in place and the commission by the Lancashire and South Cumbria Integrated Care System to independently undertake a system-wide review of mental health services. The commitment to become an organisation of continuous improvement by utilising co-operation of services users, carers, staff and key partners to improve outcomes is particularly noteworthy and we also welcome the future work with the Advance Quality Alliance and Northumberland Tyne and Wear NHS Trust, particularly the latter as a provider of similar services rated by the CQC as Good/Outstanding.

We would single out the CAMHS Redesign as a good example of partnership working we are witnessing currently and would urge the Trust to take advantage of the experience and expertise built up in the four local HW organisations, called HW Together, across the Lancashire and South Cumbria footprint of coproduction techniques. We would like to encourage the Trust to work with us to maximise the benefits of involving people and meet their own aspirations as referenced above.

2018-19 Priorities and 2019-20 Priorities - We are encouraged by the work that has been undertaken and the direction to develop a learning culture within the Trust to foster continual improvement. In particular the acknowledgement by the CEO of the important role of staff within the Trust is reflected in Quality Priority 1 2018-19 which identifies some successes and underpins much of the culture-shift ambition we note within the Priorities for 2019-20 which we support as described.

There are some notable successes reported in specific areas during 2018-19 (1.5) and we hope these methodologies can be further developed and implemented more widely.

In accordance with the current NHS reporting requirements and mandatory quality indicators requiring inclusion in the Quality Account the Trust appears to have fulfilled this requirement.

We do however note that additional consideration (2) of the NHS Improvement letter 17th December 2018 Quality accounts: reporting arrangements 2019/19, ahead of legislation requested Trusts to provide details of ways that staff can speak up (including whistle-blowers) and how they ensure such staff do not suffer detriment as a result. Not wishing to detract from the aspirational tenor of the Report we would suggest a section explaining the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment with the Trust as an enhancement which would further support the drive to increase recruitment, retention and morale of staff.

Suggestions for additional content 2019-20 - We would like to see more comparative data or 'benchmarking' using a range of indicators common to other Trusts e.g. Northumberland Tyne and Wear. This would help ourselves and members of the public see where services are performing well and less well, identify improvement measures and demonstrate 'direction of travel'.

Summary - Overall, we would say that this is a well-balanced document in that it acknowledges areas of improvement needed and the remedial measures being taken to address these. The emphasis on culture change, increased involvement of the public, staff and partner organisations to develop continuous improvement is integral to the document. We welcome, and would like to find ways of supporting, this in practice.

[Statement from Sefton Council Overview and Scrutiny Committee](#)

As Chair of Sefton Council's Overview and Scrutiny Committee (Adult Social Care and Health), I am writing to submit a commentary on your Quality Account for 2018/19, although I appreciate that I have probably missed the deadline.

Members of the Committee met informally on 10 May 2019 to consider your draft Quality Account, together with representatives from Healthwatch Sefton and from the local Sefton CCGs. We welcomed the opportunity to comment on your Quality Account and I have outlined the main comments raised in the paragraphs below.

The following representatives attended from your Trust to provide a presentation on the Quality Account and to respond to our questions on it:

- Tracy Cookscowen, Clinical Director for the Community and Wellbeing Network
- Anne Allison, Associate Director of Quality and Experience; and
- Shannon Higginbotham, Audit and Governance Manager.

We had chosen to comment on the Trust's draft Quality Account, insofar as it relates to community health services in the north of the Borough, as we were aware that the Trust took over as the Provider only comparatively recently.

We received a presentation from the Trust representatives outlining the following:-

- Quality Account Requirements;
- Stakeholder Feedback;
- Our Quality Priorities for 2018/19;
- Quality Focus During 2018/19;
- Building on our Quality Focus for 2019/20;
- Our Quality Priorities for 2019 to 2022;
- Safe – What do we want to achieve?;
- Effectiveness - What do we want to achieve?;
- Experience - What do we want to achieve?; and
- Clinical and Professional Leadership - What do we want to achieve?

We were provided with an overview of the services provided by the Trust and heard that it is integral to Southport Hospital and works in partnership with the Hospice.

Regarding the Trust's workforce, we were advised that the results of the most recent staff survey have not been as good as they could be and that there is low staff morale due to staff shortages and on-going work with complex cases. We were advised that investment in training has taken place in the Southport and Formby area which covers some 250 staff. There is a re-design of services, particularly within district nursing. We were also advised about the "big dig" underway at the Curzon Road site, Southport, with a view to providing a pleasant environment for staff to sit during their breaks.

We asked whether there were any common themes arising from the staff survey and were advised that time restraints and the pressure felt by staff to do their job well affect morale. We understand that support from supervisors and managers has now improved. Occasional intimidation from service users is another factor, particularly for receptionists, and improvements have now been undertaken to protect the workforce. We also heard that recruitment is an issue nationally as there are insufficient nurses, therapists, etc. and that training is also dropping nationally. The aging workforce is an issue and initiatives for retired workers to return to work part-time, in order to retain an experienced workforce, is important. A development pathway for staff is needed in order to retain staff within the NHS.

We asked what other Trusts do to improve morale and we heard about initiatives such as simple rewards systems and there was acknowledgement that communication is key.

In respect of patient experience, we were told that people with poor experience were now working with the Trust to share their experience, in order for the Trust to learn from this.

We also heard about falls prevention; medication safety; quality improvement capability; internal reporting; and collaboration with partners. It was acknowledged that

a lot of improvement ideas to achieve a whole system approach often fail due to the complexity of the NHS system.

One of our Healthwatch representatives asked about liaison with Mersey Care NHS Foundation Trust and we heard about overlap work with Mersey Care and IAPT services, in order to benefit service users with mental health needs.

The Healthwatch representative also suggested the Trust accesses research undertaken by Liverpool John Moores University regarding falls and the representatives indicated that discussions within the Trust would take place regarding this.

Our CCG representative asked about the patient experience within Southport and Formby and were advised that the national approach of “sit and see” had been undertaken but had not worked as well as it could. Shadowing experiences had now been applied to the Southport and Formby area.

Our Healthwatch representatives also asked about podiatry and we were advised that podiatry has big waiting lists, a single point of access having been introduced at the Trust, as users were having difficulty making contact. We heard that the nail cutting part of the service is unusual, in terms of Southport and Formby, as NHS staff are usually freed up to undertake more complex procedures, although the third sector is used for nail cutting. We were conscious that nail cutting is important in terms of preventing in-grown toenails, social isolation, etc.

I do appreciate that we have missed the deadline for formal responses to the Trust’s draft quality Account, although we very much appreciated the opportunity to scrutinise your draft Quality Account for 2018/19 and I thought that you might appreciate some formal feedback. We were very grateful for the attendance at our meeting by Trust representatives. I do hope you find these comments, together with the suggestions raised at the meeting, useful.

[Statement from Blackburn with Darwen and East Lancashire CCG](#)

Blackburn with Darwen and East Lancashire Clinical Commissioning Groups (CCGs) welcome the opportunity to comment on the draft 2018/19 Quality Account for Lancashire Care Foundation Trust (LCFT).

At the time of writing, the most recent inspection rating by the Care Quality Commission (CQC) was published in May 2018, where LCFT received an overall rating of ‘Requires Improvement’. The CCGs are aware that the CQC have now commenced their inspection with the ‘Well Led’ inspection commencing in June 2019. In order to support the Trust in preparation for the impending inspection the CCGs have carried out quality visits where good practice was observed and fed back to the Trust, alongside areas of concern.

Quality Priorities for 2018/19 - In the previous Quality Account, the Trust identified four quality improvement priorities for 2018/19, and it is acknowledged that the Trust has undertaken a number of initiatives and developments to support these priorities.

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

The CCGs commend the Trust on their pilot to support the development of Band 7 clinical leaders and acknowledge the Trust as regional host of the Mary Seacole Leadership Programme. The CCGs note the marginal improvement of the 2018 Staff Survey results and recognise that there is further work required. The CCGs will continue to support LCFT with the identified actions and welcome updates via the ongoing People at the Heart campaign.

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.

The CCGs are pleased to note a number of projects engaging patients and patient champions to support service and quality improvements, particularly in services such as ADHD where there are long waiting times to access the service.

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

The CCGs welcome the focus on rapid tranquilisation and improvements within the monitoring and recording of physical health observations, and will continue to support the Trust with this in line with CQC recommendations following the most recent visit. The CCGs are also pleased to note the development of the 'Positive and Safe' programme and violence reduction work.

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.

The CCGs note that this priority did not progress during 2018/19 since its proposal in the 2017/18 Quality Account, particularly with the rating of the CQC Well Led review as 'requires improvement'. The CCGs will continue to support the Trust in embedding a quality focused culture.

Indicators and CQUIN 2018/19 - At the time of receiving the 2018/19 Quality Account, the number of relevant health services provided or subcontracted by LCFT was not completed in the draft however, the CCGs are aware of all services provided and subcontracted by LCFT as advised in the NHS standard contract.

The CCGs are pleased to note that LCFT participated in all national clinical audits and national confidential inquiries for which they were eligible.

At the time of writing, the CCGs had reconciled all but 3 areas of the current CQUIN with further information to be provided in early June 2019. LCFT advise that NHS Digital have recently migrated the SUS data quality dashboard to a new website and they are unable to access the end of year position. Information provided at Quarter 3 demonstrates the SUS targets have been achieved.

LCFT report in the draft Quality Account, that all standards relating to the Information Governance Data Security and Protection Toolkit for 2018/19 were met. Due to internal reporting, the CCGs are aware of two areas where the standard was not met, and the CCGs will support LCFT with implementing the improvement plan around these actions.

The CCGs note the improvement actions undertaken following the lessons learnt from serious incidents and learning from deaths reviews. The CCGs welcome the development of multi-agency protocols supported by information sharing agreements and locality joint meetings.

The CCG is pleased to note that the number of service users experiencing a first episode of psychosis who were treated within 2 weeks from referral achieved the target at Trust level in quarter 4 2018/19. It is pleasing to note the support from NHS Improvement Intensive Support Team and the recommendations to further improve the quality of this service.

In response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts to report annually on staff who speak up. The CCGs acknowledge the implementation of the Freedom to Speak Up programme within LCFT and would welcome an update in the draft Quality Account as to how the Trust ensures that those staff who speak up do not suffer any detriment.

Core Quality Account indicators have been reported in the draft Quality Account and the CCGs are pleased to note that LCFT have achieved the targets within the following indicators;

- 95% of patients on Care Programme Approach who are followed up within seven days of discharge from psychiatric inpatient care
- Improving Access to Psychological Therapies (IAPT) 6 week Referral to Treatment (RTT)
- IAPT 18 week RTT
- Proportion of people completing treatment who move to recovery (IAPT)
- No admissions to adult facilities of patients under 16 years old

The CCGs note the measure for 'percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper' has been removed from the draft account and LCFT advise this is in line with its removal from the Single Oversight Framework. The 28 day re-admission data was also unavailable at the time of writing.

The most recent patient safety incident data taken from the National Reporting and Learning System (NRLS) demonstrates an increase in the rate of patient safety incidents at LCFT following a steady increase over the previous 18 months. LCFT advise that a validation exercise is being undertaken as the Trust has been over reporting against the incident criteria. The CCGs support the openness of incident reporting and are pleased to note that despite an increase in reporting, the percentage resulting in death has decreased.

Information pertaining to Cardio-metabolic assessment and treatment for people with psychosis was not available in the draft Quality Account. LCFT advise they are awaiting the national report, following which an internal report will be drafted and shared.

Inappropriate Out of Area Placements remain high above the threshold throughout 2018/19. The CCGs acknowledge the increased demand for mental health beds across Lancashire and will continue to work with LCFT and other partners to work through these challenges.

The CCGs are aware that LCFT continues to encourage the receipt of patient feedback via national surveys, the Trust's real time feedback system, the Friends and Family Test (FFT), and complaints and compliments via the Hearing Feedback Team.

Priorities for 2019/20

The CCGs support the priorities set out for 2019/20 within the Quality Account and welcomes the continued development of detailed improvement plans and monitoring of progress against these priorities in the monthly Quality and Performance Report presented to the LCFT Board.

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, patient centred care.

4.2 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. The feedback and ideas for improvement are acknowledged below:

Collective feedback:

A number of stakeholders have made reference to the NHS staff survey findings and areas requiring improvement. Whilst this is not specifically a requirement of the Quality Account, readers will be proactively directed to other year-end documents such as the Annual Report where topics such as staff health & wellbeing are covered.

[Statement from Lancashire County Council Overview & Scrutiny Committee](#)

The feedback about the presentation of the Quality Account using more visual aids to present the information rather than a reliance on narrative throughout will be reflected in Quality Account for 2019/20. An easy-read version of the Quality Account is currently under development and will be published.

The outcome of the Northumberland Tyne and Wear FT review will support continuous improvements in 2019/20 and will be reflected in the 2019/20 Quality Account.

[Statement from Chorley and South Ribble CCG](#)

The positive feedback in relation to the good CQC rating received by Longridge Community Hospital and the improved mandatory training compliance position is appreciated. As noted we will continue to work in partnership to support the reduction in waiting times in AHP and children's integrated therapies and nursing teams and to achieve the key performance indicators in the integrated musculoskeletal service. Additional detail, as requested, in relation to the pressure ulcer focused quality improvement initiatives has been added to the Quality Account in section 2.

We will continue to work collaboratively to progress the Quality Assurance visit programme and welcome continued commissioner involvement in quality improvement focused initiatives including Good practice visits, Time to shine events, Always events and the Triangle of Care programme. We look forward to working together to achieve the requirements of the nationally mandated Integrated Care Partnership.

[Statement from Blackpool Adult Social Care and Health Scrutiny Committee.](#)

The challenges presented in relation to both inpatient and community mental health services are acknowledged and we will strengthen engagement with partners in the coming year particularly in relation to delivering improvements and shaping new models of care as reflected in outcome of the Northumberland Tyne and Wear FT review.

[Statement from Healthwatch Lancashire](#)

The opportunity to work with Healthwatch is welcomed. Recognition of the work progressed to develop a learning culture is appreciated and we will continue to build on this work across the priorities in the coming year. We will ensure that the continuous improvement work supporting a culture where the raising of concerns is supported and encouraged through the Freedom to Speak Up route is detailed in the 2019/20 Quality Account. The outcome of the Northumberland Tyne and Wear FT review and associated improvement plan will support the continuous improvement journey.

[Statement from Sefton Council Overview and Scrutiny Committee](#)

The feedback shared recognising the involvement of the people with lived experiences in improvement initiatives is welcomed and will continue to be strengthened. As noted we continue to work to improve access to Podiatry in Southport and Formby with alternative models of service provision being explored. The helpful signposting to Liverpool John Moore's University research evidence regarding falls has been shared

with the specialist team who have a number of quality improvement initiatives in progress.

Statement from Blackburn with Darwen and East Lancashire CCG

The positive feedback in relation to the impact of the 2018/19 Quality Priorities is welcomed and we will continue to build on this work. Work to develop a quality focused culture which supports continuous learning and improvement is reflected across the improvement priorities for 2019/20.

We will ensure that the continuous improvement work supporting a culture where the raising of concerns is supported and encouraged through the Freedom to Speak Up route is detailed in the 2019/20 Quality Account.

As noted we continue to work to support an open reporting culture as reflected in incident reporting. The validation exercise in relation to reporting through the National Reporting and Learning System has been undertaken and the outcome will be shared through in year reporting.

Lancashire Care NHS Foundation Trust welcomes the invitations to work collaboratively with stakeholders to provide feedback on the quality priorities and the development of the 2019/20 Quality Account.

4.3 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 2018/19* and supporting guidance *Detailed requirements for quality reports 2018/19*
- 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 2018 to 23 May 2019
 - Papers relating to Quality reported to the Board over the period April 2018 to 23 May 2019
 - Feedback from commissioners dated 10 May 2019, 14 May 2019 and 22 May 2019
 - Feedback from Governors dated 19 February 2019
 - Feedback from local Healthwatch organisations dated 15 May 2019
 - Feedback from Overview and Scrutiny Committee dated 14 May 2019 and 20 May 2019
 - The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 2019
 - The 2018 National Community Mental Health Survey
 - The 2018 National Staff Survey
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 16 May 2019
 - CQC Inspection Report dated 23 May 2018
- 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.
- 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

23 May 2019
David Eva
Trust Chair



23 May 2019
Caroline Donovan
Chief Executive

