NHS
Lancashire Care
NHS Foundation Trust

Lancashire Care NHS Foundation Trust

Quality Account 2017/18

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

Lancashire Care NHS Foundation Trust is a health and wellbeing organisation providing a holistic service that is able to meet a wide range of health needs. The Quality Account is our annual report about the quality of services we delivered for the period April 2017 to March 2018 and in addition to this, we set out our priorities for improving quality over the coming year from April 2018 to March 2019.

We have a duty to publish a Quality Account and we welcome this as a valuable opportunity to help raise awareness of our work. In conjunction with our Annual Report, this Quality Account will give you an overview of the work we do, the range of our activities and current performance. Following our successful Quality Improvement conference in 2017 we are hosting a second conference in May 2018. The conference will support the development of an interactive web based 'Quality Story' which will complement the Quality Account providing an easily accessible summary.

Following a refresh of the Trust Strategy last year, we continue to pursue our ambition to deliver high quality, sustainable services to the people we serve. Our partners from other NHS providers and commissioners, local government and the voluntary sector, have united behind a common purpose of transforming services. This is driven by a shared desire to improve the quality, outcomes and experience for people who use our services, and is being delivered through the Lancashire and South Cumbria Sustainability and Transformation Partnership. Our strategic ambitions continue to uphold that quality is our number one priority with our Vision articulating what the Quality led Strategy will achieve by 2022 through the delivery of the three quality outcomes as reflected in this visual.

I am disappointed with the findings of the CQC inspection which reflects a deterioration in ratings primarily relating to mental health services and aggregates to the wider organisation. The findings reflect issues that we had already identified through our own internal processes and escalated to the CQC. A contributory factor is the significant pressure and challenges that exist at a system level-by which is having an impact on the operational delivery of our mental health services. This resulted in the Trust initiating a major incident in March and as a result we have secured the support of our health economy partners to progress a joint action plan to address some of the root causes.

The CQC acknowledged that the Board "had good oversight and understanding of the key priorities, risks and challenges faced by the organisation and had identified actions to mitigate these" and that "all staff demonstrated a positive culture of being open and honest." The CQC also saw evidence that we are a caring and responsive organisation and assigned a rating of good for these domains. Improvement plans are already in place across the areas identified. I will continue, together with the Board, to drive further improvements underpinned by the quality improvement methodology with the continuing aspiration of being recognised as a national leader in Quality Improvement. We are proactively managing the financial and staffing pressures faced by many NHS organisations. We want our Quality Account to be part of our evolving conversation with the people we serve about what quality means and about how we must work together to deliver quality across the organisation. In offering you an overview of our approach to quality, we invite your scrutiny, debate, reflection and feedback.

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

Professor Heather Tierney-Moore OBE
Chief Executive
25 May 2018

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

2.1) Priorities for Improvement - Forward Looking 2018/19

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

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

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

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

- 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.
- 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 and in response to the World Health Organisations global medication safety challenge.
- 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 enjoy their work
- Continue to co-design improvements with people who use our services, carers and families truly understanding what matters to them.
- Continue to strengthen and build on a range of quality improvements to ensure that the care we deliver keeps people safe from harm.
- Build quality improvement skills across the organisation.

Following a refresh of the Trust Strategy last year, we continue to pursue our ambition to deliver high quality, sustainable services to the people we serve. Our partners from other NHS providers and commissioners, local government and the voluntary sector, have united behind a common purpose of transforming services. This is driven by a shared desire to improve the quality, outcomes and experience for people who use our services, and is being delivered through the Lancashire and South Cumbria Sustainability and Transformation Partnership. Our strategic ambitions continue to uphold that quality is our number one priority with our Vision articulating what the Quality led Strategy will achieve by 2022 through the delivery of the three quality outcomes as reflected in this visual.

Underpinning the strategy is a Quality Plan. The Quality Plan for 2017/18 set out the priority areas for improvement work across the year with 16 key priority areas for Trust wide improvement. The priorities were identified through a range of sources including the findings of the CQC inspection undertaken during September 2016, our quality surveillance and learning from serious incidents and feedback shared in the form of complaints, and ideas for improvement. Progress in respect of the priorities is reflected in in the quality improvement tool Life QI enabling quality improvement activity to be tracked and the impact measured. The Quality Plan is being refreshed for 2018/19 to further strengthen a focus on supporting and tackling particularly important issues and will reflect the priorities highlighted here in the Quality Account.

Fundamental to the success of the Quality Plan is the continuation and embedding of the work to ensure a culture of continuous improvement using our Quality Improvement methodology and quality improvement tools. The Quality Improvement methodology reflects the Institute for Health Care Improvement's model for improvement. High performing organizations have gradually and intentionally worked towards embedding a culture of continuous improvement. The move to a set of key quality improvement priorities reflected in the quality plan have emerged from common themes emerging from the frontline projects and identifying issues of strategic importance for the Trust. This is enabling a more systematic approach to QI and creating greater readiness for system wide change

Quality Improvement: The Quality Improvement methodology and menu of tools will be spread across every area of work in both our clinical and support services and this will be underpinned by learning programmes. During 2017/18 we have built on our learning programme in partnership with the Advancing Quality Alliance (AQuA) developing a 'Bite Size' learning module as the foundation of the learning portfolio which is supporting people across the organisation to have appropriate levels of knowledge and skill. Not everyone needs to be expert in this approach, but everyone should understand the principles with QI leads driving, coaching and working to sustain improvement work. Teams will continue to be empowered and supported to be curious about how they are doing, using data and listening to feedback from people who use our services, their families, carers and staff to inform continuous quality improvement. The principle of co-designing quality improvement initiatives involving people who use services, families and carers together with our staff is the foundation of our approach to quality improvement.

To ensure that the voices of people who use services and those close to them are heard a number quality improvements about the ways in which we listen and respond to people sharing their experiences of care with us.

Over the past twelve months the Hearing Feedback Team has piloted and tested a 'case management approach' which facilitates a person centred, timely and supportive process for people who wish to feed back about services. This development has improved compliance with timeframes and complainant satisfaction with their response and will continue to be implemented and embedded across the organisation during 2018/19.

Having reviewed the real time feedback returns it was evident that feedback from children and young people was lacking. In response a new survey has been developed involving children and young people and is aligned with global developments in harnessing human rights to improve quality of care. The survey is called 'We Hear You'. There are two versions, one for primary school age children and another for older young people. The new surveys will be launched early in 2018/19. The feedback received will be used to identify things that are done well, and those requiring further exploration and improvement. Information about how feedback has been used to drive improvements can be found in section 3.

Engaged and content employees are directly linked to the quality of care and compassion, so it is really important that we get this right to ensure that joy is fostered at work to avoid burnout. The 'People Plan' developed during 2016/17 continues to promote and strengthen this with further detail about the work across 2017/18 at page 266. The fact that the recent national staff survey results from the survey undertaken in Autumn 2017 and published in March 2018 were so disappointing has resulted in a review of each aspect of the plan with many improvement initiatives informed during 2017/18 to be strengthened and embedded in 2018/19.

Engaged employees feel more motivated, have a greater sense of purpose and meaning in their work, report higher levels of involvement, are more likely to recommend the Trust as a place to work and receive care and, enjoy better health and wellbeing. Levels of engagement are directly linked to the quality of care and compassion, with engagement levels impacting on sickness absence and agency usage. It remains hugely important that we focus on transformational engagement, to ensure that joy is fostered at work to avoid burnout (Ham, Berwick and Dixon 2016)

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

To support this key enabler of quality, Lancashire Care NHS Foundation Trust developed a 'People Plan' in 2016/17 following large scale engagement. Whilst the foundations were laid in 2017/18, work to develop more momentum at a team level remains the focus in a social age. The resultant plan demonstrates a renewed commitment to do what we say we will through demonstrating our shared values, developing leaders at all levels and by engaging and activating teams.

'The People Plan Delivery Group's aim is explore, develop and share ways we can create the conditions for people to be able to give their best, find joy and meaning in their work and look after their health and wellbeing.'

Across the organisation there are examples of quality improvement which is supporting staff to be the best they can be, for example:

- Universal services for Children and Young People have undertaken a quality initiative to introduce a new model of supervision which has been implemented across teams, receiving positive feedback around the level of support and scrutiny provided.
- Mental Health inpatient areas have introduced a daily safety huddle to monitor clinical pressures and allocate staff to ensure a balance on safety and quality of care can be maintained. It also allows staff an opportunity to predict and escalate any areas of need as well as supporting peer review.

Lancashire Care NHS Foundation Trust is committed to developing a skilled and resilient workforce. During 2017/18 a number of initiatives have been implemented to improve recruitment and retention, for example:

- A new recruitment software system, known as Trac, has been implemented which streamlines the process shortening the time taken to recruit the right people.
- Clinical networks have attended a number of recruitment fairs and the Mental Health network have jointly funded a clinical lecturer post at the University of Central Lancashire to increase the connection with the university and improve relationships with students and newly qualified nurses.
- Support for new starters has been strengthened with the launch of a fortnightly preceptorship group to help newly qualified staff consolidate their practice, receive peer support and open a formal communication channel to the matrons.
- Nursing leadership has been strengthened across the organisation with the introduction of an enhanced model of professional leadership. In addition to the improved monitoring and scrutiny of safer staffing that this provides, these leaders are driving positive improvements for staff and people who use our services.

Since August 2017 there has been a reduction in the use of Bank and Agency staff however some areas continue to require significant numbers of temporary staff. The Executive Director of Nursing and Quality has held focussed sessions with these teams which has provided an opportunity to develop a shared understanding of any specific issues and the sharing of potential solutions.

New and different opportunities are emerging for staff and people who use services in the coming year:

- The Myplace ecotherapy partnership established in 2017 with Lancashire wildlife Trust has grown to include the establishing of a number of Myplace ecotherapy hubs in Preston, Chorley, Nelson, Blackburn, Rossendale and Hyndburn. The hubs are chosen for their accessibility for young people with good transport links. This means that the young people are able to undertake Myplace ecotherapy activities which benefit themselves and their local communities. Myplace ecotherapy will be 'piloted' at our CAMHS tier 4 inpatient unit at The Cove in Heysham in 2018/19.

- Lancashire Care Foundation Trust is working with the Implementing recovery through organisational change programme (ImROC) to create a culture and context

in which people can recover: to provide interventions that enable people to take back control of their lives, to believe in the potential of everyone we work with so that they too can feel hopeful about their futures. We are looking at facilitating access to opportunities so that people really can live the lives they want to lead. We have developed initially a number of key work streams focusing on:

- Changing relationships: Changing the nature of day to day interactions and the quality of experience of people using the service and those who are close to them.
- Ensuring organisational commitment and changing culture: moving from traditional 'user involvement' to co-production
- Establishing a Recovery College with partners

A three year plan is being developed to support a focus on recovery focused services including peer support workers, developing our Recovery college offer with partners, people who use services, family members and friends aiming to enable people to live more fulfilling, inclusive and independent lives

- Lancashire Care NHS Foundation Trust will be working with partners to deliver a new service that will help improve the health of people with rheumatic and musculoskeletal disorders in central Lancashire with a focus on prevention and early intervention. The Integrated Musculoskeletal (IMSK) Service has been commissioned by Greater Preston Clinical Commissioning Group and Chorley & South Ribble Clinical Commissioning Group. The service seeks to improve outcomes and experience, reduce variation for people who have problems with their muscles or joints using guidance, education and new technology, and includes teams that will be able to deal with community physiotherapy, rheumatology, musculoskeletal issues, chronic fatigue and persistent pain. We will deliver the service in partnership with Lancashire Teaching Hospitals NHS Trust, Ascenti, an independent provider of physiotherapy services, and Trainer Rx, an online rehabilitation and recovery program that enables people with musculoskeletal injuries to understand their condition and how to manage it.

- Lancashire Care NHS Foundation Trust has been successful in securing additional funding for continuation of the Test Bed programme for a further 12 months. The initial Test Bed programme was a combination of innovative technologies and practices aimed at supporting people aged 55 and over living with long term conditions such as heart failure and chronic obstructive pulmonary disease (COPD) and/or people with a mild to moderate dementia diagnosis to remain well in the community and avoid unnecessary hospital admissions. This new way of providing care is designed to help older people to monitor their own health conditions at home using technology and with the support of local care teams. We have hosted one of the most successful programmes nationally. The additional funding allows us to further evaluate and widen and extend the programme to support technology within the discharge process, working with the local GP federations and GP localities creating a technology hub to support monitoring for housebound people. Also it will allow remote monitoring and supporting self-care and management

- Lancashire Care NHS Foundation Trust has been successful in a tender to provide a new Mother and Baby Units for Lancashire and Cumbria which will allow women to stay with their babies while receiving the specialist care they need. It is planned to open in August 2018 and is an 8 bedded facility which will be based in Chorley. The unit will provide in-patient support for women and their babies with the most complex and severe needs who require hospital care, who are experiencing severe mental health crisis including very serious conditions like post-partum psychosis. We have also commissioned Action on Postpartum Psychosis (APP) the only NHS organisation nationally to commission Peer Support as part of our service offer connecting women and families throughout the UK to recovered volunteers, via: an online peer support forum; one to one email support; meeting a volunteer programme (Skype and in person); social groups and creative workshops. They have also supported us in developing information for women who have experienced PP and their families, co-produced by women, families, specialist clinicians and leading academic experts. They will also provide training to our frontline health professionals in PP and Managing SMI in pregnancy, co-produced and co-delivered by academics, clinicians and women with lived experience.

- We have established a network of mums with lived experience who have been key in designing the service and the unit and held several successful events for staff and service users across Lancashire and Cumbria.

- In addition to this LCFT have been successful and have received full funding for a specialist community perinatal mental health teams across Lancashire and South Cumbria which will provide psychiatric and psychological assessments and care for women with complex or severe mental health problems during the perinatal period. They can also provide pre-conception advice for women with a current or past severe mental illness who are planning a pregnancy. The teams will be made up of doctors, nurses, social workers, psychologists, psychiatrists, occupational therapists, nursery nurses and administrative staff, who all work together to provide a comprehensive service to mums, depending on what their individual needs are.

- A Service Development Improvement Plan was shared by commissioners in 2015 asking the Tier 4 service to explore the opportunity to bring together the in-patient services for children and young people with mental health needs that were operating from two separate sites known as The Platform and the Junction. The services were brought together in May 2017 at the Cove in Heysham. The move involved two teams with differing cultures coming together as well as changes to the model of care. A quality improvement plan has been developed this year which will continue into 2018/19 encompassing changes to the environment to support it being better fit for purpose and a number of quality improvement initiatives which are being co-designed with young people, families, carers and staff.

- The Rigby Suite is located at Royal Preston Hospital. The facility supports young people under the age of 19, who come in to contact with the police and have been detained under Section 136 of the Mental Health Act. It supports young people suffering with mental health difficulties by providing a place of safety and de-escalation for a period up to 24 hours.

The unit allows staff to conduct a full assessment of any mental health needs and will support signposting on to appropriate services following the assessment including an inpatient admission or community mental health services where required. The Rigby Suite includes a variety of different professionals including Approved Mental Health Professionals, Clinicians and the Police.

- Lancashire Care Foundation Trust is working with commissioners and primary care to deliver a mental health care model that bridges primary and secondary care services working with local GP practices seeking to improve adult care pathways through integration and implementation of a locality focussed model. This work includes partners in the Local Authority and voluntary and charitable organisations. A key objective of this work that commenced in January 2018 is to support people needing mental health support to receive the best service to meet their needs.

- Lancashire Care NHS Foundation Trust have developed Mental Health Decision Units (MHDU) across three acute sites: Blackburn, Blackpool and Preston to support people in getting the right care in the right place. The units offer a more suitable environment for a person with a mental health condition who had previously presented at A&E. In addition further work is underway to enable the units to link effectively with Home Treatment Teams and Acute Therapy Services for people with mental health challenges and to offer support to staff and people using the services and to work to ensure that people using in-patient services have more robust support packages in place before returning home.

- National guidance for mental health rehabilitation is clear about the pathway requirements for an effective system. A key element of this is having an Integrated Discharge Team who take responsibility for managing the whole care pathway, improving experiences and outcomes for people. The model will allow all referrals for rehabilitation placements to go through a single point of access and be assessed for suitability into a range of locally commissioned rehabilitation services; this is led by the Integrated Discharge team who will provide the assessments to support this identified discharge pathway. The initial pilot project has been extended and a business case is in development.

- Lancashire Care NHS Foundation Trust has commissioned the National mental health charity Richmond Fellowship, part of Recovery Focus, to provide two crisis houses in Lancashire to provide support to people experiencing a mental health crisis. This will provide short term placements for people experiencing a mental health crisis as an alternative to hospital admission. The crisis service provides short term placements of up to seven days with referrals coming through our home treatment team. The crisis houses give a quiet place of tranquillity within the community where people have the freedom to manage their own schedule, cook for themselves and access the community as they would were they in their own home.

People are supported by staff to co-design support plans mechanisms to manage their mental health following their stay.

- Following the Mental Health 5 Year Forward View in February 2016 NHS England established a transformation fund to improve urgent & emergency liaison Mental Health services for adults in acute hospitals. The aim is to have a core 24 (24 hours, 7 days a week) service by 2021 which provides accessible and timely care for all, people experiencing a mental health crisis that meets their needs. The Core 24 Mental Health liaison services act as a single point of contact for people (aged 16 or over) in hospital with a diagnosed or suspected mental health condition. The liaison services are delivered from four acute 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 Hospital

- The Mental Health Access Line supports the NHS111/999 services by providing mental health triage, advice and onward referral. The MHAL hub is based at NWAS, Broughton. The call centre diverts callers to appropriate services as well as providing advice to professionals who are in contact with people presenting with a possible mental health crisis. An Integrated virtual mental health hub (MHAL) has been developed and offers;
    - A virtual environment of mental health practitioners providing enhanced clinical triage to patients and advice/guidance to Service users and/or Clinicians, Paramedics and Police when appropriate
    - Integrated direct booking to enable access to appropriate services in an effective and efficient way
    - Close organisational partnerships to manage effective outcomes.
    - An improved experience for people
    - Parity of esteem for NHS111/999 for Service Users with Mental Health which parallels support offered to those with physical illness.

- Lancashire County Council (LCC) recently led a successful submitted a bid to strengthen local government delivery of the Armed Covenant in partnership with Lancashire Care NHS Foundation Trust, other Lancashire NHS organisations and the College for Military Veterans and Emergency Services at UCLan. Delivery of the Covenant at a local level is expected to encourage local communities to support the armed forces community in their area, promote understanding and awareness among the public and work to uphold the promise set out in the Covenant to give them a fair deal. Work is now underway to develop a core infrastructure across Lancashire to coordinate existing provision, identify and share best practice to embed delivery of the Covenant into everyday activity and ensure, at a minimum, a standard offer across every council area in Lancashire.

- In addition to enhancing community services, work has also progressed in year to complete a 10 year programme to improve inpatient mental health facilities. This has

involved co-locating all mental health beds onto 4 purpose designed units in the 4 localities of Lancashire. Work is currently progressing on the re-development of Hillview at Royal Blackburn Hospital to provide an improved inpatient service for Pennine Lancashire. Extensive refurbishment work is also on-going at Chorley Hospital to provide an inpatient service for Central Lancashire. A specialist perinatal unit is also being developed on the site to provide care and treatment for new mums who require mental health support. Lancashire Care was one of four providers to be chosen from across the country to provide one of these new, important facilities. All of these new services will become operational during 2018.

- Following successful mobilisation of Southport and Formby Community Services in May 2017 significant transformation has continued with benefits for people across the community service provision. Subcontracting arrangements with Queenscourt Hospice have enabled the continuation of palliative care services across Southport and Formby. Lancashire Care NHS Foundation Trust continues to work in partnership with Healthwatch Sefton to enable the engagement with people who use services and with various groups and organisations in Southport and Formby to listen to the stories that they have about services. For example: during the Flu clinics, which took place in December 2017 in various locations, staff and Healthwatch colleagues were able to gather stories from a number of people and provide answers and solutions via service managers on issues relating to podiatry, continence and wheelchair services.

- A partnership with Sefton Community Voluntary Services/ Brighter Living Partnership has been developed. Two cohorts of a care coordination pilot have been completed and have worked in partnership with six GP practices in Southport. A number of people have benefited from the holistic approach employed with signposting given to various agencies including Social Services and Citizens Advice. Strategies employed by the CVS navigators has provided people with strategies to improve general Health and Wellbeing and increased social interaction. As part of the pilot Community Matrons, District Nurses and Falls Team have also referred people from their caseloads into the CVS. Employing an effective way of continuing to support people whilst enabling the teams to focus on people who need their expertise.

- Learning from previous experiences of transferring services a robust standard operating procedure based on the recommendations and areas of good practice has been developed. The healthcare service at HMP Liverpool transfers to a new provider on 01 April 2018. Supporting staff is of particular importance in period of change and having this procedure helped in supporting the smooth transfer of staff and a comprehensive and effective handover.

- Lancashire Care NHS Foundation Trust have engaged the services of Disabled Go, a not for profit organisation who have produced detailed access guides for all the Trust's core properties. The access guides look at access and disability from lots of different perspectives, not just mobility impairment but also learning disability, sensory impairment, dementia and mental health. Guides are published on www.disabledgo.com but also integrated into the Trust's website making it easy for

staff and patients and their families to access the information and enable them to plan their visit, lowering the anxiety and challenges of visiting somewhere. The guides include lots of information on, for example, public transport to the building, accessible car parking, whether a hearing loop is available and the type of accessible toilets. In conjunction with the access guides, Disabled Go also provide the Trust with a recommendations matrix of any improvements which could be made in the building to improve the accessibility. This informs the Trust's capital plan and where funds should be prioritised. Disabled Go's services are retained for 5 years which guarantees they are available for advice during any refurbishments of existing buildings or new buildings and developments, ensuring accessibility requirements are incorporated. Guides are going live in April and their usage and impact will be evaluated in 2018/19.

Being open and honest with people when things go wrong: Lancashire Care NHS Foundation Trust is committed to being open and honest with people when things go wrong. This includes people who use services, their families and carers, staff, our commissioners, regulators and stakeholders and all other people directly affected by incidents. A Being Open Policy has been in place for several years and has been updated to reflect the introduction of the investigations and learning team. This policy sets out the approach taken to being open with people who use services, their relatives and carers when things go wrong and includes the formal process to comply with the Duty of Candour. Examples of fulfilling the Duty of Candour are shared with commissioners on a monthly basis.

Lancashire Care NHS Foundation Trusts dedicated Investigations and Learning Team continues to undertake all serious incident investigations. There are been a notable increase in the quality of serious incident investigations from 2016 to date. This includes improved engagement with people who use services, families, carers, staff and others affected by serious incidents. As reflected in the effectiveness quality improvement priority for the coming year the organisation aims to strengthen the application of the quality improvement methodology to support the achievement of measureable and sustainable improvements in relation to serious incident themes including: carers being involved as key partners in care, staff working in and people receiving services in our inpatient settings feeling safe and there being consistency in seclusion practice. The outcome of the quality improvements will be shared at the annual Quality Improvement conference and in year through the Dare to Share, Time to Shine model.

The way in which deaths recorded by the organisation reflects the recommendations made and resulting framework from the Mazars Report which looked into the deaths of people with a learning disability or mental health problem at Southern Health NHS Foundation Trust.

Four categories are used:

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

These classification help inform the decision whether or not to investigate a death.

Where it is decided no investigation is required beyond the initial 72 Hour Investigation Report the rationale is recorded.

From April 2017 Serious Incident Learning Review Panel has been in place chaired by a Non-Executive Director and attended by the Medical Director, the Director of Nursing and Quality, the Associate Director of Safety and Quality Governance, the Head of Investigations and Learning and representatives from the Lead Commissioners. The purpose of the Serious Incident Learning Panel (SILP) is to receive and scrutinise completed serious incident investigation reports and to receive and scrutinise improvement plans developed by Networks and Support Services in response to investigation findings. As noted above work will continue across the coming year to strengthen the application of the quality improvement methodology to support the achievement of measureable and sustainable improvements.

Lancashire Care NHS Foundation Trust reported a medication incident during the year which, following discussions with commissioners and subject to the full investigation being completed, was deemed as a possible Never Event. This related to an overdose of methotrexate for non-cancer treatment. No harm was caused to the patient affected however the Trust acknowledges the seriousness of the incident and the potential for learning and quality improvement. A full investigation was commissioned and has been completed. The learning from that investigation now forms an improvement plan. The Trust is now clear, based on the investigation and the NHS Improvement national guidance, that this incident does not meet the criteria for a Never Event and we have asked our commissioners to reclassify this (a decision that will take place after publication of this report).

Care Quality Commission inspections:

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

The CQC have undertaken three inspections during the last year:

- The first concerned an inspection of health and justice services delivered at HMP Liverpool in September 2017. This inspection was conducted jointly with HM Inspectorate of Prisons who concurrently inspected the prison establishment. The CQC do not issue ratings for prison healthcare services. Two requirement notices were issued to identify improvements to quality including complaints handling, prison engagement, supervision and appraisals. The Trust was already aware of these issues and improvements plans were in place, details of which were provided to the CQC.
- The CQC undertook an unannounced focused inspection of mental health crisis services and health based places of safety in December 2017. The inspection specifically focused on the application of Section 136 of the Mental Health Act. A Requirement notice was issued to highlight areas for improvement. The Trust was already aware of the issues which related to lapses of Section 136, and was working with commissioners and stakeholders to improve capacity and flow through acute

mental health services. The Trust submitted a provider action statement in response to the report findings.

- The Trust was inspected during January and February of 2018. This planned inspection was part of the rolling programme of inspections by the regulator and consisted of a focused inspection of core services and a well-led inspection. Five of our 15 core services were inspected:
  - Community inpatient services
  - Child and adolescent mental health wards
  - Forensic/secure wards
  - Acute mental health wards and psychiatric intensive care units for adults
  - Mental health crisis services and health based places of safety

The rating assigned to the Trust is requires improvement:

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 full ratings for each core service, and the latest inspection report, can be viewed on the CQC web site at: http://www.cqc.org.uk/provider/RW5. The CQC's new process means that they do not re-visit all services that were previously inspected. Of Lancashire Care NHS Foundation Trusts fifteen core services four are rated as requires improvement which includes the ratings from the last visit when all services were inspected.

Lancashire Care NHS Foundation Trust is disappointed at the deterioration in ratings, which primarily relates to mental health services and aggregates to the wider Trust, and considers that this reflects the significant pressure and challenges encountered by those services. All issues identified by the CQC were known to the Trust and improvement plans are in place. We understand the overall ratings at Trust level reflect an aggregation of service ratings but acknowledge the CQC findings from the well led inspection that the Board "had good oversight and understanding of the key priorities, risks and challenges faced by the trust and had identified actions to mitigate these" and that "all staff demonstrated a positive culture of being open and honest."

The Trust is clear on its commitment to quality and will use the findings of the inspection to make the required improvements in line with the quality plan and our quality led strategy.

Key quality work streams: Lancashire Care NHS Foundation Trust has a number of key quality work streams focused on providing quality assurance and evidence of continuous quality improvement. Four of these quality priorities are reflected below. The selection of

these has been informed by themes from serious incidents and complaints, feedback from staff, engagement with people who use services and stakeholders. These priorities both build upon the work undertaken in 2017/18 and strengthen the focus on staff experience and wellbeing. Progress against the priorities for 2017/18 is included in part 3.0.

Priority 1	People who deliver and support the delivery of services are motivated, engaged and proud of the service they provide
Domain	Effectiveness
Rationale	Feedback from staff through different avenues, including the annual staff survey, has highlighted the need to improve the experience of staff working across Lancashire Care NHS Foundation Trust. There is a wave of interest internationally in ensuring joy in work. Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.
Target	**Staff will enjoy working in LCFT.** **Five teams from across the organisation will work to address the issue of staff satisfaction and morale by running improvement projects. The five teams will represent some of the different type of work environments in the organisation supported by an OD lead and a QI lead** **We will:** • **Ask staff what matters to you?** • **What gets in the way of what matters? What gets in the way of a good day?** • **Co-design improvement ideas** • **Identify linked initiatives** • **Test the ideas** • **Measure the impact using the QI approach**
How progress will be monitored	Improvement aims and quality improvement tools to be applied will be reflected in the associated QI plans in the Life QI system
How progress will be reported	To be reported to the Quality and Safety subcommittee on a quarterly basis.
Priority 2	**People who use our services are at the heart of everything we do: all teams will seek the views of service users and carers to inform quality improvements**
Domain	Experience of care (caring and responsive)
Rationale	Department of Health - The NHS Friends and Family Test (FFT) implementation The Always Events® Toolkit - Institute for Health Improvement and NHS England 2016 '
Target	**We will co-design improvements with people who use our services, carers and families truly understanding what matters to them.** • **The Always Event © quality improvement tool will continue to be used. We will: Demonstrate spread and sustainability of the Always Events co-designed in 18/19. Introduce a**

	further five always events programmes • **Complete registration with the Triangle of Care and the required self-assessment on inpatient ward and with Crisis teams within 12 months. With clear team level quality improvement plans in place** • **Complete a minimum of ten care and compassion observations**
How progress will be monitored	Evidence of Always Event plans, measures and outcomes Registration with Triangle of Care and self-assessments informing team level quality improvement plans Evidence of care and compassion observation reports. Improvement aims and quality improvement tools to be applied will be reflected in the associated QI plans in the Life QI system
How progress will be reported	To be reported through to the Quality and Safety subcommittee on a quarterly basis.
Priority 3	**People who use our services are at the heart of everything we do: care will be safe and harm free**
Domain	Safety
Rationale	Harm Free Care (HFC) quality initiatives Commissioning for Quality and Innovation (CQUIN) Quality plan Goals Department of Health - Positive and Proactive Care: reducing the need for restrictive interventions
Target	**The implementation of quality improvement projects to strengthen and support:** • **reducing the level of violence by March 2019 so that all patients feel safe on our wards and all staff feel safe at work by implementing the new Trust wide violence reduction programme** • **pressure ulcer management and prevention to ensure that people using our services are safe from pressure ulcer damage** • **falls management and prevention to ensure that people using our services are safe from falling** • **keeping people safe from suicide in our mental health in-patient settings** • **staff understanding and enquiring about the presence of domestic abuse in day to day practice with risks appropriately responded to.** • **improving the standards of medication safety for people in our care**
How progress will be monitored	Improvement aims and quality improvement tools to be applied will be reflected in the associated QI plans
How progress will be reported	To be reported through to the Quality and Safety subcommittee on a quarterly basis.

Priority 4	A quality focused culture is embedded across the organisation: services are well led and we are all working together to always be the best we can be
Domain	Well-led
Rationale	Good Governance Handbook 2015 Monitor Well-led framework for governance reviews: 2015 Building a Culture of Improvement at East London NHS Foundation Trust: Institute of Healthcare Improvement (IHI) 2016 Improving Quality in the English NHS: A strategy for action: The King's Fund, 2016
Target	**To build capability and capacity for quality improvement from team to Board:** • **To work with AQuA to develop and implement a quality improvement development programme for the Board** • **750 people to have undertaken "bitesize QI" training** • **Establishment of "QI clinics" to support and embed the quality improvement methodology with all teams** • **To showcase the quality improvement activity within the organization we will hold an Annual Quality Improvement Conference.** • **To maintain a rating of good at each annual well led review by the CQC**
How progress will be monitored	Evidence of a Board development programme Evidence of 750 people having undertaken the 'bitesize' learning option A programme of QI clinics delivered across the year Evidence QI conference development plans and conference outcome.
How progress will be reported	To be reported through the Quality and Safety subcommittee on a quarterly basis.

2.2) Statements of Assurance from the Board

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

Review of Services

During 2017/18 Lancashire Care NHS Foundation Trust provided three types of NHS services (mental health and learning disability services, community services and specialist services). Lancashire Care NHS Foundation Trust has reviewed all the data available to them on the quality of care in these three NHS services via the quality schedule of the NHS standard contract and through the reconciliation of Commissioning for Quality and Innovation scheme (CQUIN).

The income generated by the NHS services reviewed in 2017/18 represents 90% of the total income generated from the provision of NHS services by Lancashire Care NHS Foundation Trust for 2017/18, with a loss of £593,625.

Participation in Clinical Audits
Clinical Audit Priority Programme

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

- Network priority audits are identified through each Network's Quality and Safety Sub Committee and in discussion with the Clinical Audit Team and Medical Director
- Progress in respect of the clinical audit programme is reported to the Quality and Safety subcommittee on a quarterly basis
- Each Network has included at least one audit focussed on the Mental Health Act or Mental Capacity Act in its programme where appropriate
- Other audits may be selected based on new services/clinical practices or areas identified as requiring improvement, risk or serious incidents may also trigger inclusion within the priority audit programme
- Each Network identifies 8 Network priority clinical audits
- Lancashire Care NHS Foundation Trust supports the view that whilst clinical audit plays an important role in providing assurances about the quality of services, the prime responsibility for auditing clinical care lies with the clinicians who provide that care
- The Clinical Audit team is committed to supporting clinicians who carry out clinical audit by providing advice and assistance from appropriately trained and experienced clinical audit staff, and advice and training in clinical audit processes and practice
- The Clinical Audit Team share audit findings with the Quality Improvement Team to inform the need for quality improvement projects to be progressed

Clinical Audit within Lancashire Care

Prior to the start of each financial year, the Trust agrees an appropriate Clinical Audit Priority Programme and associated project teams. Each network is responsible for ensuring that their audit programme takes account of non-adherence to clinical standards and potential gaps in compliance. This programme should meet the Trust's corporate requirements for assurance, but owned by clinical services.

Assurance matrix for Clinical Audit 2017/18

Compliant	80%-100%	Local action plan to be developed if required by the network
Partially Compliant	45%-79%	Action plan to be developed and tracked through Audit Committee. To include a re-audit of standards of partial and non-compliance
Non-Compliant	0%-44%	

Methodology of Clinical Audit within Lancashire Care:
Network Priority Clinical Audit Programme

There are three stages of clinical audit for the network audit programme. Once the networks have agreed their new programme for the forthcoming financial year, a baseline clinical audit is undertaken looking at the most critical, evidence -based standards for the topic. Where the baseline audit does not reach 80% a re-audit of those standards is undertaken to ensure that appropriate action has been taken following the baseline. Where the re-audit has not

demonstrated a significant improvement, a deep dive is initiated. This is a more intense piece of work is undertaken by the Medical Director, Head of Clinical Audit and the Associate Director of Quality Improvement and Experience. This is to ensure the correct support is given to the services to improve the quality of care delivered. Actions from this are tracked through the Quality & Safety Sub Committee.

Examples of network priority clinical audits:

In quarter one the Mental Health Network audited compliance with the Mental Health Act, Consent to Treatment within Guild Lodge. The audit compliance was 32%. Following significant work within the service and re-education of staff the re-audit demonstrated a compliance of 94%.

Within the Community & Wellbeing Network an audit was undertaken reviewing compliance relating to pressure damage. This took place within Southport and Formby and demonstrated that there was a need to streamline documentation across all teams and a new care plan template was needed. Following the re-audit a compliance of 72% has been achieved. Although this audit did not achieve full compliance (80%) the network acknowledge that further work is needed during 2018/19. A quality improvement programme has been developed looking at pressure ulcers which is being led by the Head of Nursing for the network.

National Clinical Audit Programme

The reports of five national clinical audits were reviewed by the provider in 2017/18 and Lancashire Care NHS Foundation Trust intends to take appropriate actions to improve quality and healthcare provided.

Participation in mandatory national audits is a priority for the Trust, followed by appropriate National audits

Currently participation is selected through a number of means including Horizon Scanning and intelligence around predictable audit cycles by professional and specialist groups (i.e. Royal College of Psychiatrists).

Methodologies are preset for national audits. Therefore the robust methodology the organisation attributes to each network priority audit cannot always apply.

The reports of the national confidential enquiry that Lancashire Care NHS Foundation Trust participated in in 2017/18 will be reviewed and acted upon when published

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

The national clinical audits and national confidential enquiries that Lancashire Care NHS Foundation Trust was eligible to participate in during 2017/18 are:

- National Audit of Stroke
- National Chronic Obstructive Pulmonary Disease (COPD) audit
- National Audit of Inpatients Falls
- National Diabetes Audit, Foot care Audit
- National Diabetic Audit (Secondary Care and Insulin pump clinics)
- UK Parkinson's Audit
- National Audit of Anxiety & depression
- National Audit of Psychosis
- National Audit of Inpatient Falls
- POMH UK Audit programme

The national clinical audits and national confidential enquiries that Lancashire Care NHS Foundation Trust participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit Programme 2017/18

National Audit	Participation	% of cases submitted/update
National Audit of Stroke	Yes	2017/18 audit completed. Audit ongoing
National Chronic Obstructive Pulmonary Disease (COPD) audit	Yes	2017/18 audit completed. Awaiting report
National Audit of Inpatients Falls	Yes	2017/18 complete and internal report presented to Audit Committee in April 2018
National Diabetes Audit, Foot care Audit	Yes	2017/18 audit completed. Audit ongoing
National Diabetic Audit (Secondary Care and Insulin pump clinics)	Yes	2017/18 audit completed. Awaiting report
UK Parkinson's Audit	Yes	2017/18 audit completed. Audit ongoing
National Audit of Anxiety & Depression	Yes	Audit ongoing
National Audit of Psychosis	Yes	2017/18 audit completed. Awaiting report
National Audit of Inpatient Falls	Yes	2017/18 audit completed. Awaiting report
POMH UK Audit programme	Yes	Audit programme ongoing

Examples of national clinical audit

National Audit of Inpatient Falls

This audit was undertaken in Longridge Community Hospital as prescribed by the methodology. There were seven key standards within the audit and LCFT performed higher than the national average in five of these indicators. Four of these standards achieved a compliance of 100%. The overall compliance of 69% reflects the two standards that did not perform as well. A quality improvement project us underway and reported in the Life QI system with the impact of the falls prevention and management initiatives will be shared at the Quality Improvement conference in May 2018.

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

Participation in Clinical Research

The number of patients receiving relevant health services provided or subcontracted by Lancashire Care NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 1654. Additional information about Research & Development in Lancashire Care NHS Foundation Trust can be found in the Effectiveness section of part 3 (see page 247 more details)

Goals Agreed with Commissioners

Use of the CQUIN Payment Framework

A proportion of Lancashire Care NHS Foundation Trust income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Lancashire Care NHS Foundation Trust, CCG and NHS England commissioners through the Commissioning for Quality and Innovation payment framework. The amount of income in 2017/18 conditional upon achieving quality improvement and innovation goals in Lancashire Care NHS Foundation Trust is expected to be £3.9m with an additional £1m linked to full provider engagement & commitment to the STP process and another £1m linked to achieving 2016/17 contract total set by NHS Improvement. In 2016/17 the total CQUIN scheme value was £6m.

CQUINs are quality improvement and innovation goals. 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 0.5% linked to the Trust achieving its' agreed financial position with NHS improvement and 0.5% linked to participation with STP plans.

The table below reflects the CQUIN programme areas:

NHS Staff Health and Wellbeing
Proactive and safe discharge
Children and Young person mental health transition
Wound Care
Physical Heath for people with severe mental illness
Improving services for people with mental health needs who present to A&E
Personalised Care and support planning
Preventing ill health by risky behaviours – alcohol and tobacco

At the time of reporting the Trust was on track to achieve all but two of the programmes for 2017/18. The measures of success which proved a challenge this year were:

- Those relating to improving staff health and wellbeing with the measure for an element of this CQUIN relating to the staff survey outcomes.
- The outcome of the National Psychosis audit as a key measure in reflecting physical health care and treatment for people with severe mental illness.

Quality improvement initiatives will continue and be strengthened in the coming year. Further details of the agreed goals for 2017 – 2019 is available at:
https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19

For 2018/19 the CQUIN schemes represent 1.5% of the contract value and are worth in the region of £4m, with an additional 1% which is linked to full provider engagement & commitment to the STP process. The total CQUIN available for 2018/19 is £6.2m.

Statements from the 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. Lancashire Care NHS Foundation Trust does not have any conditions placed on its registration. The CQC has taken enforcement action against Lancashire Care NHS Foundation Trust during 2017/18. This enforcement action is in the form of Requirement Notices that were issued following inspection visits. A Requirement Notice is used by the CQC when a provider is in breach of a regulation, but people using the service are not at immediate risk of harm, and requires the provider to develop an action plan.

Lancashire Care NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2017/2018. 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.

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

Lancashire Care NHS Foundation Trust has taken the following actions to improve data quality during 2017/18

- A 2-year systems alignment project is near completion, which has mapped clinical, finance, Human Resources and risk source systems. This work will allow data to be triangulated and enhance Lancashire Care NHS Foundation Trusts ability analyse its services.
- A web application for data submission has been developed in 17/18 and is due for launch early in 2018/19. The web application replaces an intensive manual process whereby raw data is sent out to clinical networks for validation, collated, and published in multiple reports. This web application will help improve the timeliness of the existing process by alerting staff of validation tasks they must complete, and provide a clear electronic audit trail of changes made to raw data and manual overrides.
- Completion of data migration and implementation plan for Lancashire Care NHS Foundation Trust's new Electronic Patient Record System (EPR). This will ensure data transitioned to the new EPR system has been cleansed, and improve the quality of reporting.

- Data quality issues and causes that have affected the Early Intervention in Psychosis (EIS) indicator have been identified. Learning will be applied as Lancashire Care NHS Foundation Trust reviews other standard operating procedures over the course of 2018/19.
- Enhancements have been made to Lancashire Care NHS Trust's Quality and Performance Report. New measures have been added in particular a data quality maturity index. This has been taken from the 5 Year Forward View for mental health and although no target has yet been set Lancashire Care NHS Foundation Trust.

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

NHS Number and General Medical Practice Code Validity
Lancashire Care NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES)

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	16/17 Outcome	17/18 Q3	17/18 Outcome	17/18 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
	Outpatient Care	50%	99.9%	**100%**	No data available as yet	99.9%	Yes
Patients Valid General Practitioner	Admitted Patient Care	50%	100%	**100%**	No data available as yet	99.5%	Yes
Registration Code	Outpatient Care	95%	100%	**100%**	No data available as yet	99.8%	Yes

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

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

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

Information Governance Toolkit Attainment Levels

Lancashire Care NHS Foundation Trust Information Governance Assessment Report score overall score for 2017/18 was 80% and was graded green (satisfactory).

Clinical Coding Error Rate:

Lancashire Care NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission. Lancashire Care NHS Foundation Trust did participate in the Information Governance Toolkit Audit in January 2018. 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	>=85%	>=90%	92%	100%
Secondary diagnosis	>=75%	>=80%	93.2%	90.11%
Primary procedure	>=85%	>=90%	0*	100%
Secondary procedure	>=75%	>=80%	0*	100%

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

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

High Assurance

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

- Continuing to support teams to record clinical coding accurately to support the continued high standard of the coding function.
- Deployment of a new ePR and standardised clinical record keeping processes will continue to support the clinical coding function.

Learning from deaths:

The following deaths are reported on the Datix integrated quality governance management system:

- All deaths of mental health service patients, or those discharged in the previous six months. These will be STEIS reported as a Serious Incident if there is an actual or potential failure or omission in healthcare services. 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. These will be STEIS reported as a Serious Incident if there is an actual or potential failure or omission in healthcare services.
- All deaths of offender health service patients. These are STEIS reported as a Serious Incident regardless of circumstance.
- All child deaths in universal services. These will be STEIS reported as a Serious Incident if there is an actual or potential failure or omission in healthcare 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. These are STEIS reported as a Serious Incident if there is an actual or potential failure or omission in healthcare services.

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.

In addition to internal structured case judgement reviews, Lancashire Care NHS Foundation Trust is engaged in the externally led LeDeR (Learning Disability Mortality Review) programme and the Child Death Overview Panel 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 Quality Report to the Board (produced monthly and available on the web site at: https://www.lancashirecare.nhs.uk/Board-Meetings).

During 2017/18 690 of patients died, based on the reporting criteria above. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 147 in the first quarter
- 151 in the second quarter
- 196 in the third quarter
- 196 in the fourth quarter

9 case record reviews and 70 investigations have been carried out in relation to the deaths included above. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 25 in the first quarter
- 22 in the second quarter
- 16 in the third quarter
- 16 in the fourth quarter

There is no nationally agreed definition for mental health services or community health services of which deaths were due to a problem in care. National guidance in this area is awaited.

Lancashire Care NHS Foundation Trust produces a quarterly serious incident and mortality report which is reviewed by both the Quality Committee and Quality and Safety Subcommittee, as well as being shared with lead commissioners. This, alongside the monthly Serious Incident Learning Panel, allows the trust to identify themes or trends which inform quality improvement plans.

2.3) Reporting against core indicators

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

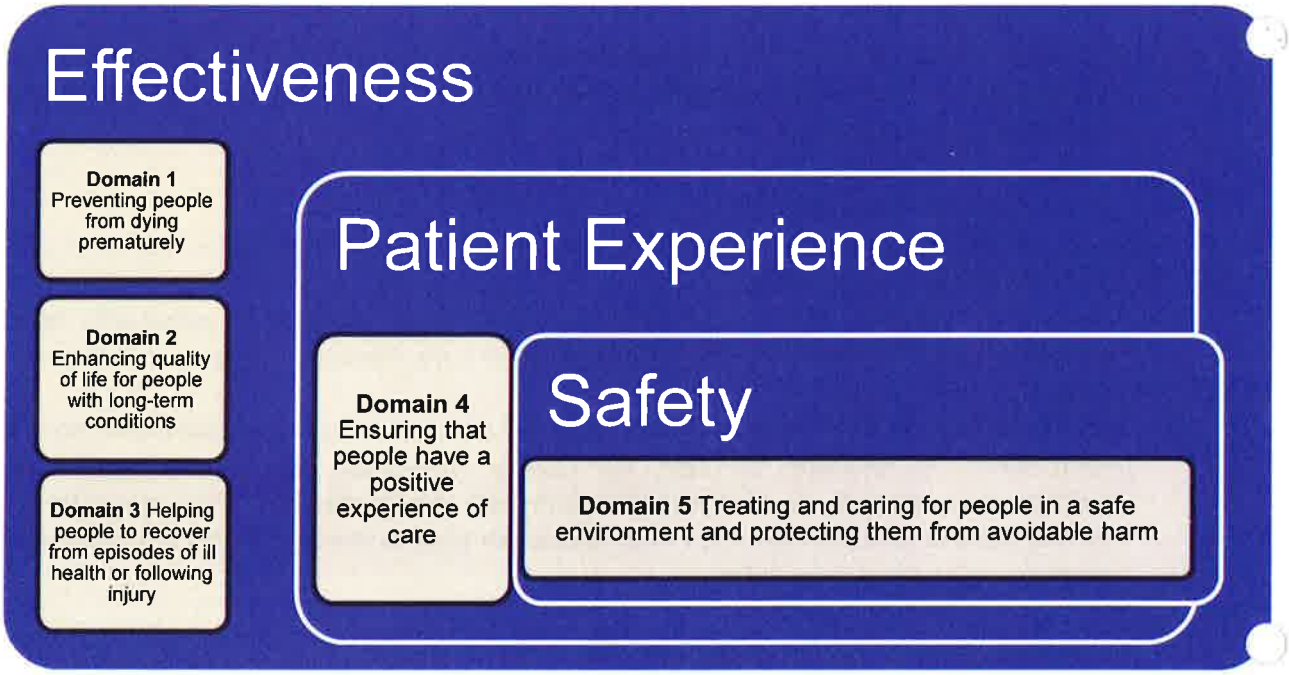
Lancashire Care NHS Foundation Trust includes the national average for each of the mandated indicators where available and if Lancashire Care NHS Foundation Trust is in the highest and lowest range this is declared.

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

NHS Outcomes Framework and Quality Domains

The following new indicators have been added following publication of guidance in January 2018:

- 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)
- Admissions to adult facilities of patients under 16 years old
- Inappropriate out-of-area placements for adult mental health services



Effectiveness

Domain 1: Preventing people from dying prematurely Domain 2: Enhancing quality of life for people with long conditions					
Indicator	**Target**	**16/17 Outcome**	**17/18 Outcome**	**17/18 England average**	**17/18 Targets Achieved**
Patients on Care Programme Approach who are followed up within seven days of discharge from psychiatric inpatient care (MR01)	95%	97.09% Reported 95.49% Refreshed	97.2%	Not available at time of publication	Yes
Admissions to inpatients services for which the Crisis Resolution Home Treatment Team acted as a gatekeeper (MR07)	95%	98.45%	99.9%	Not available at time of publication	Yes
Data source: LCFT internal information system (eCPA and IPM). Data is governed by NHSI standard definitions					

Care Programme Approach Seven Day Follow Up

Lancashire Care NHS Foundation Trust achieved compliance in 2017/18. The target for this measure is 95% and the Trust achieved 97.2% for 2017/18.

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

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

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

- Undertaking regular data quality reviews – These are undertaken using the validation process locally, Network and function wide, to ensure data quality at all levels.

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

Crisis Resolution

The Trust was compliant for 2017/18. The target for the measure is 95% and the Trust achieved 99.9% for 2017/18.

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

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

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

- Undertaking regular data quality reviews to be undertaken using the validation process locally, Network and function wide, to ensure data quality at all levels.
- Undertaking regular audits of Standard Operating Procedures in particular whenever National Guidance is updated.

- Ensuring that this data is available in Lancashire Care NHS Foundation Trust's performance systems and is regularly monitored, both at service and executive level, enabling ownership, self-monitoring and improvement.
- Ensuring that crisis teams are to be reminded on the correct procedure to follow to accurately record gatekeeping on Lancashire Care's clinical systems.

Domain 1: Preventing people from dying prematurely Domain 2: Enhancing quality of life for people with long conditions				
Indicator	Target	16/17 Outcome	17/18 Outcome	17/18 Targets achieved
Patients on Care Programme Approach who have a formal follow-up within 12 months (MR02)	95%	97.2%	96.7%	Yes
Data source: LCFT internal information system (eCPA and IPM). Data is governed by standard definitions No national average percentage benchmark is published for this indicator by NHS England				

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

The Trust was compliant for 2017/18. The target for this measure is 95% and the Trust achieved 96.7% for 2017/18.

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

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

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

- Undertaking regular data quality reviews to be undertaken using the validation process locally, Network and function wide, to ensure data quality at all levels.
- Continuing the development of internal Standard Operating Procedures which include a flow diagram for managing discharges, end to end process and prioritisation processes.
- Ensuring that this data is available in Lancashire Care NHS Foundation Trust's performance systems and is regularly monitored, both at service and executive level, enabling ownership, self-monitoring and improvement.
- Ensuring robust reporting of whether a person is on the Care Programme Approach or not, which enables validation within the Networks.

- Ensuring access to the Monitor Dashboard allowing teams to monitor and validate all people due for 12 month follow up.
    - Holding weekly meetings to allow all people coming up for their Care Programme Approach review to be appointed within timescales.

Domain 2: Enhancing quality of life for people with long conditions				
Indicator	Target	16/17 Outcome	17/18 Outcome	17/18 Targets Achieved
Minimising mental health delayed transfers of care (MR03)	<=7.5%	3.47%	2.53%	Yes
2 week wait for Treatment for Early intervention in Psychosis Programme (MR13)	50.00%	76.43%	26.2%	No
Data source: LCFT internal information system (eCPA and IPM). Data is governed by standard definitions				

Minimising mental health delayed transfers of care:

The Trust was compliant for 2017/18. The target for this measure is <7.5% and the Trust achieved 2.53% for 2017/18.

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

- The data is reported from our local system to the Health and Social Care Information Centre.
- Robust Standard Operating Procedures are in place for this measure.
- Processes and procedures relating to the delivery of this indicator are agreed, reported and monitored for this measure via the Business Development and Delivery Subcommittee
- Data is validated prior to submission.
- All data submissions use a single data source.
- In relation to minimising mental health delayed transfers of care through the year, coding of "medically fit" on the case note as well as on the patient information system has resulted in more accurate reporting as well as increases in reports of delayed discharges, including those people receiving inpatient care outside of Lancashire Care NHS Foundation Trust.

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

- Continuing the development of internal Standard Operating Procedures which include a flow diagram for managing discharges, end to end process and prioritisation processes.
- Ensuring consistency in recording of data.

- Ensuring Ward Managers and Modern Matrons correctly input the "medically fit" date based on the Monitor definitions. Focus includes both current delays, and better/earlier planning for complex delays.
- Developing better information on current delays and performance tracking for operational staff.
- Continuing the monthly QPR QA with Head of Business Intelligence, Deputy Network Heads of Operations and Head of Performance to ensure high level focus on Delayed Transfers of Care.
- Undertaking weekly telephone conference calls with commissioners to discuss people whose transfer of care is delayed to facilitate discharge. The impact of people's transfer of care being delayed is shared with commissioners in the form of the number of additional bed days involved.
- Continuing the development of key performance indicators to support discharge co-ordinators. Internal; key performance indicators have been developed supporting actions to expedite discharges. These key performance indicators are discussed weekly and shared with managers to enable proactive interventions.

2 week wait for Treatment for Early intervention in Psychosis Programme:

Lancashire Care NHS Foundation Trust was not compliant for 2017/18. The target for this measure is 50% and the Trust achieved 26.2% for 2017/18.

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

- The data has been revalidated and systems and processes aligned to new reporting logic
- The Standard Operating Procedure has been updated and validated with clear instruction on how data should be recorded and reported
- Daily SITREPs discuss and validate patients on the pathway to ensure accurate recording and reporting of data.
- Data is validated prior to any submissions

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

- Ensuring consistency in recording of data through daily SITREPs
- Clinical reference group meet weekly to discuss complex patients to ensure accuracy of data
- Service to accept direct referrals, in addition to receiving from Single Point of Access (SPA), speeding up the assessment and possible treatment time.
- Waiting list coordinator appointed to support the service with through put of patients
- Standardisation of practice across teams

It is encouraging to note that the 50% target was achieved in the final quarter of the year.

Lancashire Care have validated the 17-18 outturn in line with the refresh of the trusts interpretation of the national guidance for the indicator. The 16-17 outturn of 76% is based on the previous data collection method and the Trust is currently completing refresh of the 16-17 outturn based on the new guidance.

Domain 2: Enhancing quality of life for people with long term conditions Increasing Access to Psychological Therapies (IAPT)							
The % of people who are moving to recovery as a proportion of those who have completed a course of psychological treatment	Target	16/17 Outcome	Variance between 16/17 and Target		17/18 Outcome	Variance between 17/18 and Target	
NHS Blackburn with Darwen CCG	50.0%	51.47%	↑	+1.47%	54.1%	↑	+4.1%
NHS East Lancashire CCG	50.0%	53.72%	↑	+3.72%	54.8%	↑	+4.8%
NHS Chorley and South Ribble CCG	50.0%	56.98%	↑	+6.98%	59%	↑	+9%
NHS Greater Preston CCG	50.0%	46.29%	↓	-3.71%	50.4%	↑	+04%
NHS West Lancashire CCG	50.0%	51.70%	↑	+1.70%	56.3%	↑	+6.3%
NHS Fylde & Wyre CCG	50.0%	58.89%	↑	+8.89%	52.9%	↑	+2.9%
NHS Morecambe Bay CCG	50.0%	47.64%	↓	-2.36%	52.6%	↑	+2.6%
NHS St Helen's CCG	50.0%	47.48%	↓	-2.52%	50.6%	↑	+0.6%
Data source: LCFT Information Systems using standard definitions							

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

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

- The data is reported from our local system to the Health and Social Care Information Centre.
- Data is validated prior to submission.
- All data submissions use a single data source.

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

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

Domain 2: Enhancing quality of life for people with long conditions
Domain 3: Helping people to recover from episodes of ill health or following injury
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways

Indicator	Target	16/17 Targets Achieved	16/17 Outcome	17/18 Outcome	17/18 Targets Achieved
MR05 – Referral to treatment time (RTT) - Consultant Led (Completed Pathway)	95.0%	Yes	96.56%	99.9%	Yes
MR06 - RTT - Consultant Led (Incomplete Pathway)	92.0%	Yes	97.10%	99.8%	Yes
MR14 – RTT – IAPT 6 Weeks	75.0%	Yes	91.36%	94.4%	Yes
MR15 – RTT – IAPT 18 Weeks	95.0%	Yes	99.15%	99.4%	Yes

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

Referral to treatment time – Completed:
The Trust was compliant for 2017/18. The target for this measure is 95% and the Trust achieved 99.9% for 2017/18.

Referral to treatment time – Incomplete:
The Trust was compliant for 2017/18. The target for this measure is 92% and the Trust achieved 99.8% for 2017/18.

Referral to treatment time – IAPT 6 Weeks
The Trust was compliant for 2017/18. The target for this measure is 75% and the Trust achieved 94.4% for 2017/18.

Referral to treatment time – IAPT 18 Weeks
The Trust was compliant for 2017/18. The target for this measure is 95% and the Trust achieved 99.4% for 2017/18.

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

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

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

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

28 day readmission rate

Indicator	Target	16/17 Outcome	16/17 Targets Achieved	17/18 Outcome		17/18 Targets Achieved
28 day re-admission rate	<8.7%	7.7%	Yes	0 - 15 Over 16 Total	0% 7.7% 7.7%	Yes

The Trust was compliant for 2017/18. The target for this measure is less than 8.7% and the Trust achieved 7.7% 2017/18.

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

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

Lancashire Care NHS Foundation Trust is undertaking the following actions:

- 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 day readmissions indicator in line with national guidance.

Indicator	Target	16/17 Outcome	16/17 Targets Achieved	17/18 Outcome		17/18 Targets Achieved
30 day re-admission rate	<8.7%	7.7%	Yes	0 - 15 Over 16 Total	0% 9.24% 9.24%	No

Risk Assessment Framework / Single Oversight Framework

Risk Assessment				
Indicator	**Target**	**16/17 Outcome**	**17/18 Outcome**	**17/18 Targets Achieved**
Data completeness: Identifiers (MR08)	97.0%	99.61%	99.47%	Yes
Data completeness: Outcomes (MR09)	50.0%	81.63%	82.29%	Yes
Data source: LCFT internal Monitor compliance dashboard				

Data completeness: Identifiers:
The Trust was compliant for 2017/18. The target for this measure is 97% and the Trust achieved 99.47% for 2017/18.

Data completeness: Outcomes:
The Trust was compliant for 2017/18. The target for this measure is 50% and the Trust achieved 82.290% for 2017/18.

Admissions to adult facilities of patients under 16 years old

	17/18 Outcome
Admissions to adult facilities of patients under 16 years old	0

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

- The data is reported from our local system to the Health and Social Care Information Centre.
- Data is validated prior to submission.
- All data submissions use a single data source.

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

Trust Total	Jan-18	Feb-18	Mar-18
Total no of Inappropriate OAPs OBDs	617	397	499

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

- Undertaking regular data quality reviews undertaken using the validation process locally, Network and function wide, to ensure data quality at all levels.
- Robust Standard Operating Procedures are in place for this measure.
- Performance and data derived from National OAPs data set submission

Lancashire Care has reported the submitted outturn for quarter 4 2017/18 in line with the Quality Accounts requirements. As this is a new indicator, it was reported for collection purposes only for 2017/18, and targets for 18/19 are not set until the 2018/19 financial year.

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

Domain 4: Ensuring that people have a positive experience of care							
Indicator	2016 Outcome	2017 Outcome	National Average 2017	Comparison to National Average		Comparison to organisational average	
Patients experience of community mental health services with regard to a patients experience of contact with a health or social care worker during the reporting period	7.5	6.9	n/a	Performing about the same as other trusts	=	-0.6	↓
Date Source: National Community Mental Health Survey CQC website Data is governed by standard definitions ***http://www.cqc.org.uk/provider/RW5/survey/6#undefined***							

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

- This data has been taken from the national survey data published by the CQC in November 2017 relating to people's experience of care between September – December 2016
- Lancashire Care NHS Foundation Trust falls within the mid-range when compared with other similar NHS Trusts.
- The Community Mental Health Survey rated Lancashire Care NHS Foundation Trust as "The same as other Trusts" for the 10 sections (health and social care workers, organising care, planning care, reviewing care, changes in who people see, crisis care, treatments, support and wellbeing, overall views of care and services and overall experience)
- Lancashire Care NHS Foundation Trust performed about the same as other Trusts in all 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 Framework (QIF) plans. A Quality Improvement thinking space was facilitated in October 2017. Two themes were identified as QIF opportunities:
  - Care Planning – a quality improvement using the Always Event® approach has begun and vision statement written: "My care plan is always about me and what matters to me, is timely / up to date and promotes my recovery and health and well-being
  - Communication - a quality improvement using the Always Event® approach has begun with a thinking space session involving staff and people who use services.

More information about these quality improvement initiatives can be found from page 201.

Domain 4: Ensuring that people have a positive experience of care				
Indicator	2016 Outcome	2017 Outcome	National 2017 average for combined mental health/ learning disabilities and community Trusts	Comparison to National Average for combined mental health/ learning disabilities and community Trusts
% of staff employed by Lancashire Care NHS Foundation Trust, who: ' if a friend or relative needed treatment, I would be happy with the standard of care provided by Lancashire Care NHS Foundation Trust'	63%	59%	69%	↓
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	17%	16%	15%	↓
Percentage believing that trust provides equal opportunities for career progression or promotion	88%	80%	85%	↓

Date Source: National NHS Staff Survey Co-ordination Centre *Data is governed by standard definitions*

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2017_RW5_full.pdf

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

- The data has been taken from the 2017 national staff survey;
- Overall workforce key performance data demonstrates that progress to address the staff survey action plan (which is part of the overall People Plan) has disappointingly not led to sustained improvements in staff engagement scores and needs to be explored to understand why this is the case;
- Sickness absence, temporary staff usage, medical recruitment challenges and recruitment and retention hotspots are linked to reported levels of engagement and there have been particular pressures in year;
- Organisational change including the organisational reset, new nursing and quality structures take time to bed in and require additional leadership development support.

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

- Supporting the ongoing work of the revised People Plan e.g.:
  - Engaging more broadly with our workforce at a network level;
  - Developing leadership at all levels;
  - Coaching culture – coaching skills, coaching and mentoring offer;
  - Greater emphasis on teams, team development and plans;
  - Greater visibility of leaders including wider 'Back to the Floor';

- Continuing to develop initiatives to support equal opportunities for career progression or promotion, these include:
  - Untapped Talent project designed to gain insight into the lived experiences of black, Asian and minority ethnic (BAME) employees and understand their needs in relation to progression and development
  - Improved reporting around training and development opportunities which enables accurate publication of figures about staff uptake by demographic group – for example, this shows that BAME employees are proportionally more likely to access non-mandatory training and continuous professional development than white colleagues
  - Proactive review of recruitment and organisational change activity which has resulted in more representative imagery and language in marketing materials, recruitment advertising and documentation
  - Promotion of Raising Concerns processes and Health and Wellbeing initiatives via Trust Equality and Diversity Champions, in order to help develop a culture in which all employees can thrive
  - Programmes of support targeted at staff with Dyslexia and other neurodiversity or learning difficulties have potential to improve the equality of opportunity for career advancement

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

This is reported on a twice yearly basis to Quality and Safety subcommittee, to ensure compliance with the six criteria reflected in the Monitor Risk Assessment Framework. Reports have noted compliance against the requirements and improvement actions designed to exceed these minimum standards. The Quality and Safety subcommittee will continue to oversee Trust wide service improvements where opportunities for development have been identified.

Safety Incidents:

	Domain 6: Treating and caring for people in a safe environment and protecting them from avoidable harm								
	01 October 2015 – 31 March 2016			01 April 2016 – 30 September 2016			01 October 2016 – 31 March 2017		
Indicator	LCFT	National Average	Comparison to National Average (median)	LCFT	National Average	Comparison to National Average (median)	LCFT	National Average	Comparison to National Average (median)
Rate of patient safety incidents	57.42	37.54	↑	59.18	42.45	↑	53.72	44.33	↑
Percentage resulting in severe harm	0.4	0.3	↑	0.6	0.3	↑	1.5	0.3	↑
Percentage resulting in death	0.1	0.8	↓	0.1	0.8	↓	0.7	0.8	↓
Data Source: National Reporting and Learning System							*Data is governed by standard definitions*		

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

- The data has been taken from the National Reporting and Learning System (NRLS)
- The latest data available from the NRLS reports is for 01 October 2016 to 31 March 2017
- Data reports are made available six months in arrears
- NRLS[1] encourage high reporting of safety incidents. "Scrupulous reporting and analysis of safety related incidents, particularly incidents resulting in no or low harm, provides an opportunity to reduce the risk of future incidents. Research shows that organisations which report more usually have a stronger learning culture where patient safety is a high priority. Through high reporting the whole of the NHS can learn from the experiences of individual organisations"
- The reporting rate is higher than average which represents a maturing safety culture. The incident reporting data is reviewed alongside a quarterly report of serious incidents and a quarterly report of all incidents both of which are shared with commissioners
- Due to the judgemental nature of this indicator it is difficult to be certain that all incidents are identified and reported and that all incidents are classified consistently within the organisation and nationally. One individual's view of what constitutes severe harm can differ from another's substantially. Lancashire Care NHS Foundation Trust aims to ensure all our staff are aware of and comply with internal policies on incident reporting and standardisation in clinical judgements
- Variation across national reporting makes comparisons unreliable and the Trust has engaged with the work of the national patient safety team leading on the replacement of the NRLS and STEIS

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

- 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 pans 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

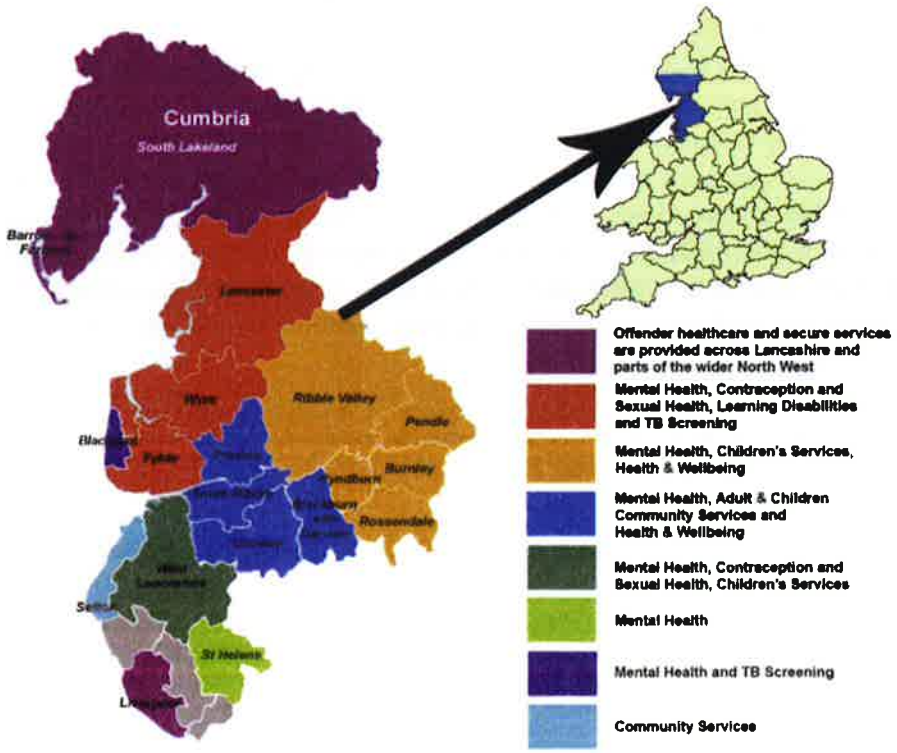
Part 3: Review of Quality Performance 2017/18

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

Overview of Services Provided

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

Lancashire Care NHS Foundation Trust geographical map of service provision as @ August 2017



Lancashire Care NHS Foundation Trust geographical footprint map

During the year three new Networks have been established: Community and Well-being, Mental Health and Children and Young Peoples Wellbeing with services aligned appropriately. This reset was informed by the views of staff and people who use services collated during 'Big Engage' sessions, utilising the findings from our work with Professor West at the King's Fund, and feedback from stakeholders, including commissioners and the CQC. The reset is enabling us to work in a place based way, to better respond to the needs of the population and work collaboratively with partners to achieve the best outcomes for people. The redesign of the organisation gave an opportunity to strengthen professional leadership across Nursing, Psychology and the Allied Health Professions which has been implemented and will continue to be embedded across 2018/19.

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

Mental Health	Children & Young People's	Community and Wellbeing
• Criminal Justice liaison Service • Forensic Community Mental Health Team • Forensic Outreach Service • Low Secure Inpatient Units • Medium Secure Inpatient Units • Step Down • Health and Justice services including physical health, mental health and substance misuse services within prisons • Community Mental Health Teams (CMHT) • Access and Treatment Teams (ATT) • Clinical Treatment Team • Personality Disorder Managed Clinical Network (PDMCN) • Acute Therapy Service (ATS) • Lancashire Traumatic Stress Service (LTSS) • Mental Health Response Service (MHRS) • Mental Health Decision Unit • Adult Mental Health Inpatient Care • Mental Health Liaison Teams • Restart Social Inclusion and Day	• Psychoses and Bipolar Psychological Care Network (PBPCN) • Eating Disorder Services • Children and Family Psychological Services • Children's Integrated Therapy and Nursing Services • Complex Packages of Care • Early Intervention for Psychosis Service • Health Visiting and School Nursing • Sexual Health Services • Parenting Team – New Team Added • Infant Feeding Team – New Team Added • Immunisation and Vaccination Service now with another provider	• Child and Adolescent Mental Health Services (includes inpatient, community and learning disability services for children) • Mindsmatters • District Nursing • Treatment Rooms • Longridge Hospital • Rapid Assessment • Occupational Therapy • Physiotherapy • Speech and Language Therapy • Podiatry • Rheumatology • Health Improvement • Stop Smoking Services • Diabetes • DESMOND (Diabetes Education programme) • Stroke and Rehabilitation • Cardiorespiratory Services • Adult Learning Disabilities • Dental Services • Dietetics • IV therapy (BwD) • CHESS-Care Home Effective Support Services • Community Matrons

Mental Health	Children & Young People's	Community and Wellbeing
Services • Specialist Psychological Interventions • Supported accommodation and group homes • Veterans Mental Health • Community Older Adult Mental Health Teams • Older Adult Mental Health Wards • Memory Assessment Services • Inpatient Dementia beds • Community Living Skills Mental Health Team	• Family Nurse Partnership now decommissioned	• Complex case management • Tissue Viability • Pain Management (Southport) • Blue badge and Wheelchair Services (Southport)
Support Services includes the following functions: Nursing and Quality, Human Resources, Finance, Performance, Medicines Management, Transformation and Innovation Research and Development, Clinical Audit, Communication and Engagement		

In part 3 we will report against the quality priorities for 2017/18.
Several of the quality improvement updates below include driver diagrams. A driver diagram gives a visual description and illustration of how and why a desired change is needed. It gives a way of systematically setting out aspects of an improvement project so they can be discussed and agreed on collaboratively by the project team. The Life QI quality improvement reporting system enables teams to create their driver diagrams online.

Effectiveness

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

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

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

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways
- Risk assessment framework and Single Oversight Framework

New indicators have been added following publication of guidance in January 2018:

- 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)

- Admissions to adult facilities of patients under 16 years old
- Inappropriate out-of-area placements for adult mental health services

Quality Priority 1 - People who deliver and support the delivery of services are motivated, engaged and proud of the service they provide	
Target	**Progress**
We will use the learning from serious incidents and feedback to improve care taking a quality improvement approach to driving this learning. We will demonstrate the impact of this approach through: seclusion and end of life care, focused quality improvements	

The Quality Plan 2017/18 reflects priority areas to ensure that there is a focus on delivering quality improvements using the Quality Improvement Framework methodology. The quality improvements below are all part of the Quality Plan and reported through the Life QI system.

End of Life Care:

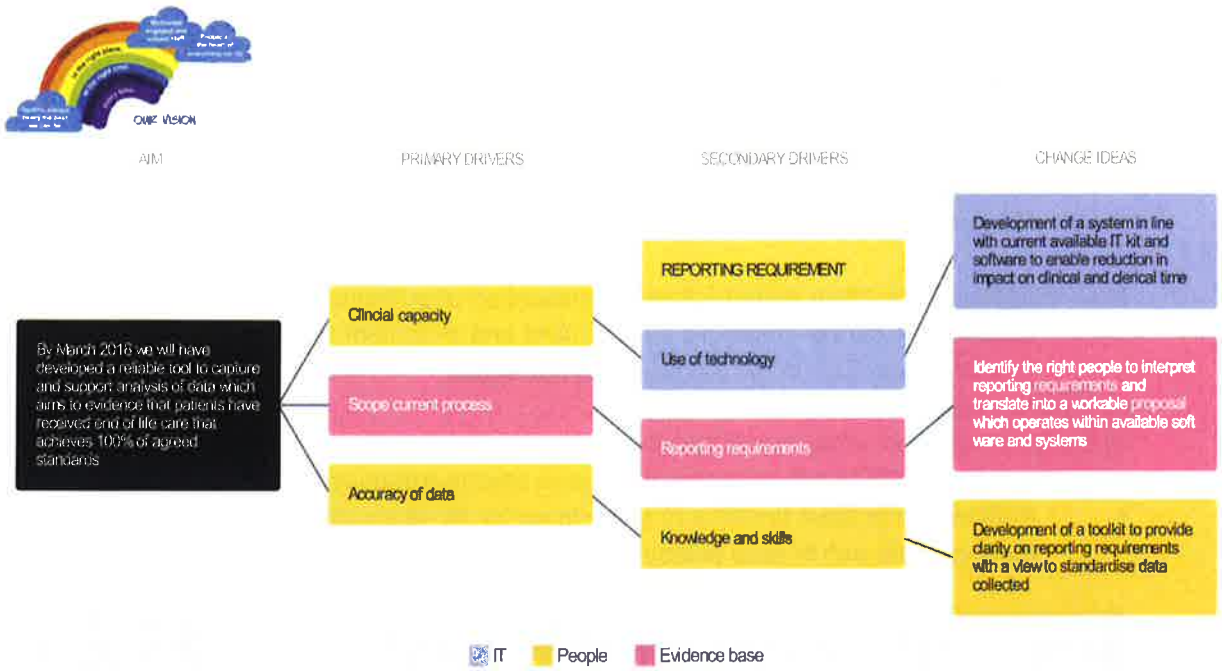
Feedback received in the form of complaints and from the CQC regulatory inspection in 2016 in relation to end of life care has informed this quality improvement initiative with the overarching aim being that:

100% of people who have chosen a preferred place of death will have end of life care in their preferred place where this practically possible and safe having a care plan developed with the person their family/ carers which includes pain relief and comfort measures. Progress towards this aim is monitored by the end of life steering group.

Two associated quality improvement projects have begun this year and will continue into 2018/19 these are:

People receive end of life care that meets best practice standards:

The driver diagram below translates the high level aim into a set of underpinning goals enabling the team to reflect and understand the changes to be tested.



Update of the impact of this initiative will be presented at the Quality Improvement conference in May 2018.

We only get one chance – hearing from family and friends

End of life care is an integral element of care delivered by our community teams and also within in patient units.

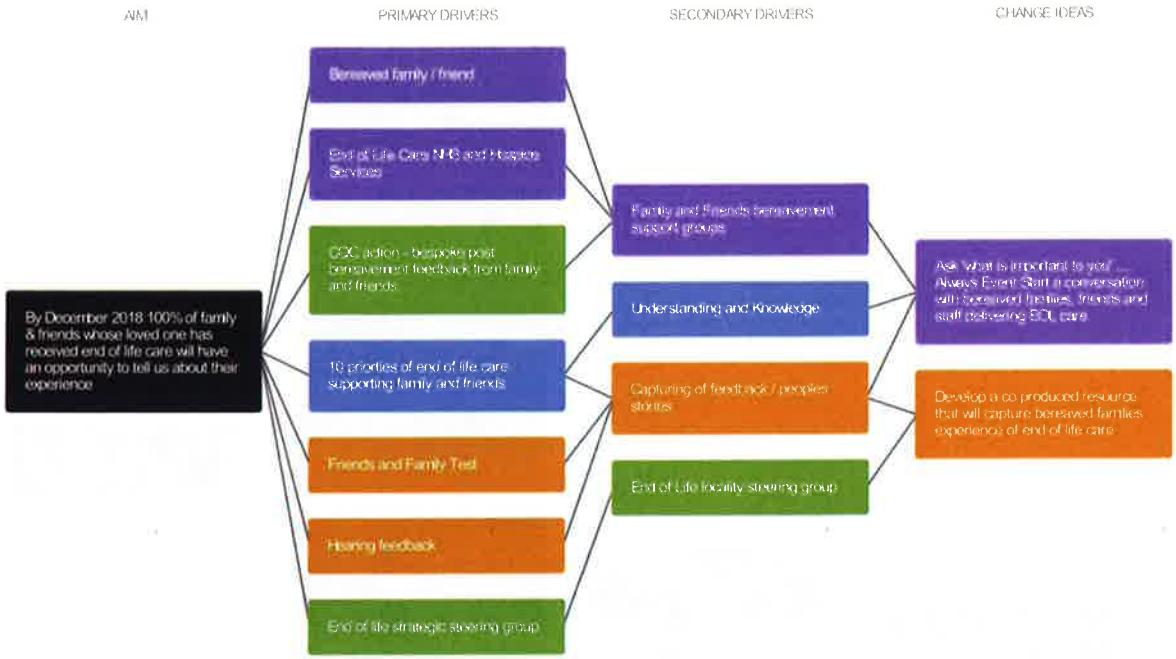
'We only get once chance, help us get it right first time, giving you memories you and your family can treasure'

This quality improvement project supports our overarching end of life care and regulatory requirements through introducing and developing a reliable communication and engagement tool that will support analysis of data, aims to evidence what people say when they experience a close death and raise the quality of care at end of life for others.

To Date we do collect Friends and Family feedback however we do not evidence this specifically for End of Life Care. The project will deliver a bespoke 'Always Event' that will start a conversation to explore appropriate questions to develop a co-produced resource that will capture bereaved families experience of End of Life Care. Meetings have taken place with End of Life nursing and therapy staff, hospice care partners and family /friend members and a co design group is now in place. A pilot site is being identified within one of our End of

Life services to test out the co-produced questionnaire and recording and reporting process through the Meridian data system.

The quality improvement project will continue into 2018/19.



Seclusion:

Recommendations from Serious incident investigations, feedback and received in the form of complaints and from the CQC regulatory inspection in 2016 in relation to seclusion practice have informed this quality improvement initiative with the overarching aim being that:

"We will drive improvement and consistency in seclusion practice across all mental health services, ensuring compliance with the Mental Health Act Code of Practice by March 2019".

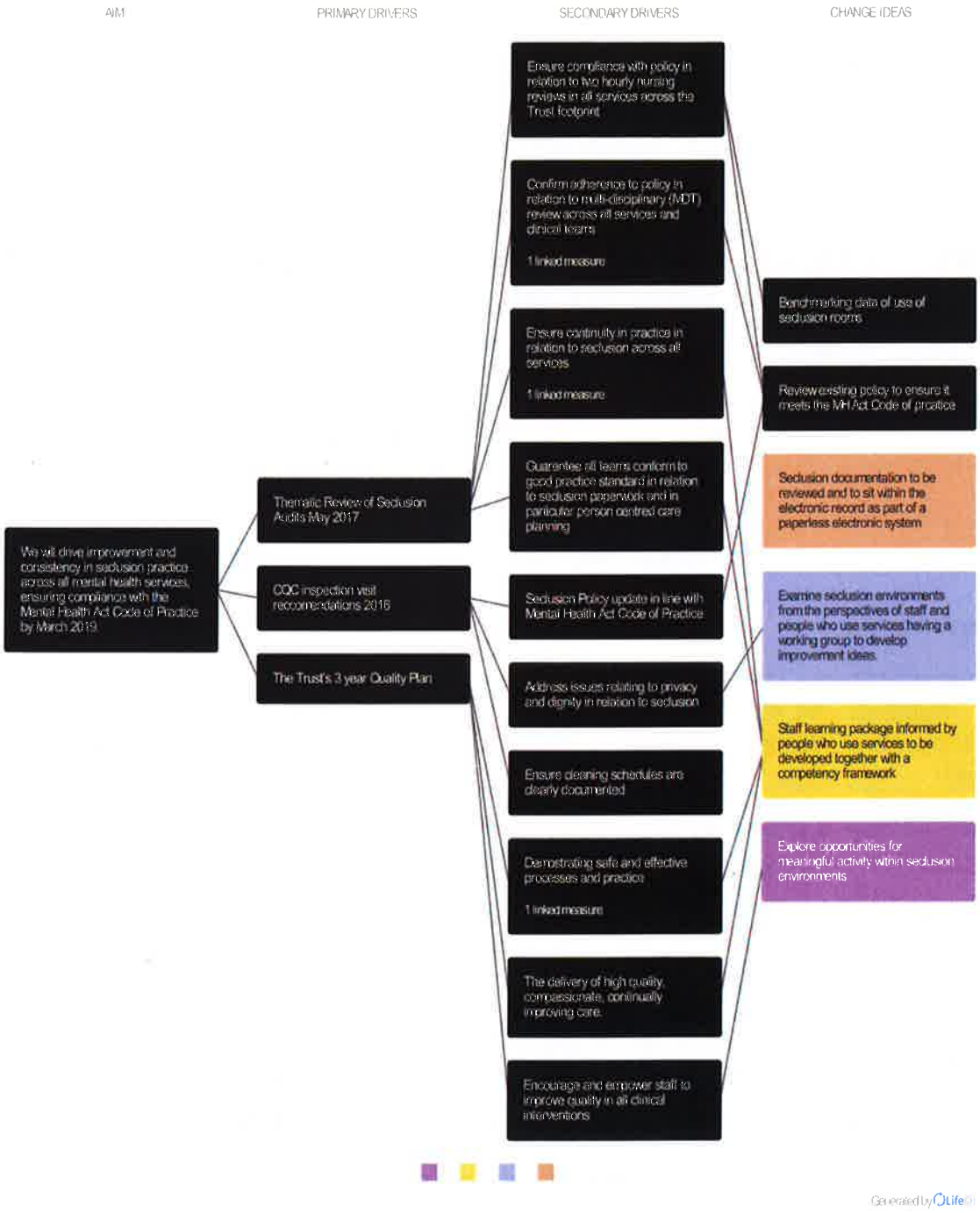
The Seclusion steering group and associated working groups involve people who have lived experiences of seclusion, families and carers who have lived experiences and multi-professional stakeholders from clinical settings within the Trust.

The driver diagram below translates the high level aim into a set of underpinning goals enabling the team to reflect and understand the changes to be tested.

Four work streams have commenced which will continue across 2018/19:

- Improving seclusion documentation and supporting readiness for the new electronic system
- Therapeutic engagement in seclusion
- Improving seclusion environments – involving capturing examples of the current range of environments on film to inform and support changes needed

- Review of the staff learning programme - involving the co-design and implementation of a questionnaire for staff in relation to their understanding of seclusion.



Research and Development

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

A number of collaborative projects with local Universities have facilitated researchers at different stages of their research careers (from novice to post doctorate study) to develop their research skills further. The Trust has also continued to participate in industry clinical trials, delivered within NIHR Lancashire Clinical Research Facility (CRF). The CRF is a partnership facility between Lancashire Care, Lancashire Teaching Hospital and Lancaster University. It had its official opening ceremony in November 2017.

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
- Lancashire Care NHS Foundation Trust was confirmed as the Care Trust with the highest volume of research in this year's National Institute for Health Research league tables.
- More participants have again been recruited to interventional studies, i.e. those having a direct impact upon the types of treatment they receive.
- Lancashire Care was the highest recruiting NHS site for the REACT study, developed with partners at Lancaster University, trialling an online toolkit for relatives (or close friends) of people with psychosis or bipolar disorder

Patient Experience

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

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

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

- Community Mental Health Service National Survey Results.

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

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

Quality Priority 2 - People who use our services are at the heart of everything we do: all teams will seek the views of service users and carers to inform quality improvements	
Target	**Progress**
We will co-design improvements with people who use our services, carers and families truly understanding what matters to them. • **Demonstrate spread and sustainability of the Always Events co-designed in 17/18.** • **Introduce five always events programmes** • **Complete a minimum of ten Sit and See© observations**	To build upon this work in 2017/18 6 Always Events are in progress and will continue into 2018/19 6 Sit and See observations undertaken in 2017/18 in ward environments

Involving people in co-designing 'Always Events'

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

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

Lancashire Care continues to participate in the national Always Event pilot with NHS England, Institute for Health Care Improvement and Picker Europe. In addition the Head of Quality Improvement and Experience is working with NHS England and the IHI as a faculty member to support the national roll out.

The initial Always Event quality improvement work involving the learning Disability Team in Blackburn with the vision being 'I will always be supported in moving on in care'. The outcomes of this Always Event are now embedded into day to day practice within the team. The learning is being spread to teams in Lancaster:

1. Lancaster Learning disability team Trigger = Experience Based Co-design and spread of the Always Event in Blackburn with Darwen resulting from feedback from people who use services.

The team wanted to develop an evaluation method which would capture the diversity of the population the service works with in an inclusive and meaningful way and listen to the first hand experiences of those who use and deliver the service. To do this the service used an Experience-based Co-design (EBCD) approach which enables staff and service users to collaboratively design and evaluate services. The team engaged with roughly 40-50 people with Learning disabilities / their carers over the course of the work, with people meeting together to share experiences / co-design solutions. The Always Event Vision Statement: "We will always let you know about us and how we can support you". Following launch of the Always Event statement the service has implemented the use of contact cards and an information sheet. Improvements have continued to be made to both of these initiatives across the year and embedding will continue in 2018/19

2. Children's Integrated Therapy and Nursing (CITNS) Team. Trigger = feedback from families

Families of young children with complex needs are often asked to attend lots of appointments and feedback that this is not co-ordinated as well as it could be. It has been found that children who have had long stays in hospital are often offered the most appointments due to their complex needs. Some of the local NHS teams want to work in partnership with families to improve how appointments are offered.

The CITNS team are working with the Community Paediatricians in Preston to review how they work together particularly looking at times when children can be seen by more than one professional either at the same time or in appointments at the same venue one after the other. They also want to support families in feeling that they have an increased voice in getting their child's needs met in a way that is manageable for their family.

Interviews with families and attendance at parent forums identified the following themes about what matters to families:

- Being listened to and heard
- Being included and involve
- Being taken seriously
- Child centred goals
- Following through on what you say you will do

Always Event vision statement: We will always be included, involved and communicated with, in partnership with the Child Development Team on our journey through services, to meet our child's needs.

Change ideas to being tested include:

- Re-designed discharge planning meeting
- Support worker identified for families to meet with them before the discharge planning meeting, prepare them and support them in the meeting to voice what matters to them as a family.
- Joint appointments

Achievements to date include:

- The Early Years meeting has been reviewed and restructured and is much more effective
- There is a planned schedule of feedback meetings where families are given a diagnosis for their child. This now happens with the paediatrician and the appropriate therapist
- Clinical Room availability to accommodate coordinated clinic appointments has been identified at Ashton Health Centre
- After Diagnosis Leaflet redesigned – we are in the process of obtaining family feedback and it has been identified that families would like this information earlier. A leaflet is being designed that can be given to families at the start of the assessment process
- Effective ongoing engagement with people who use services
- One child has attended a joint appointment with the Paediatrician and Occupational Therapist with a successful outcome for the family and professionals
- Two further joint appointments have been scheduled for a child with physical disabilities and a child with autistic spectrum disorder

3. Preston Community Mental Health Team (CMHT) Trigger = community mental health survey findings

Over the last few months the Preston West CMHT have invited Experts by Experience to regular meetings to develop a Care Plan which they would identify a person's needs and goals, which is written in a user friendly way. Practitioners have also been asked about their experiences regarding what a Care Plan needs to include for services. With this information a new Care Plan has been co-designed and is being tested wit small number of people. The reason why this Care Plan has been so well received is because it is goal orientated. It is a fluid document that will constantly change as goals are achieved, and it recognises the hard work people have put in towards there recovery pathway. It allows individuals and the team to determine who is responsible for each action and identifies longer term goals. It promotes a culture of change, transparency and highlights that the service is time limited but that people's goals can continue even when they are discharged from the CMHT. The Always Event Vision statement is: "My care plan is always about me and what matters to me, is timely/up to date and promotes my recovery and health and well-being". Feedback from two people who use services said they've found the new care plan more person centred and their goals were achievable. Staff fed back that the new care plan took longer to complete but very productive and puts people users in control of their own recovery.

Preston CHMT has now circulated the new care plan to other community teams for feedback. A\ person with lived experience is to attend a team meeting to talk to staff about how the new care plan made him feel more in control. The Co-design team will meet in April to design a feedback survey to gain feedback from people who use services and staff.

4. Burnley and Pendle CMHT Trigger = community mental health survey findings Communication was identified as a quality improvement after the 2016 Community Mental Health Survey. A thinking space in February 2018 explored what is important to people who use services and those close to them regarding communication, to define specific aspects of the care experience that should always occur, through co-design. At the thinking space people were positive about the care and support received from the team but identified some areas for improvement including the challenge of people having to share their story with various clinicians, a lack of information regarding the available services and support, and how to contact these. Change ideas included the development of an information leaflet, a 'credit card' with contact numbers and working with the CRISIS team to identify the best way to support people out of hours. Further co-design meetings are planned to develop the vision statement, aim and change ideas to test.

5. Guild - "My voice always matters". Trigger = quality surveillance data reflecting limited feedback for people using the services at Guild and low number of complaints.

Post boxes enabling feedback to be shared in confidence directly with the Hearing Feedback Team within the secure environment are now in place and being tested. The team are currently exploring the use of iPads for surveying people about their experiences, to develop pathways, designed by people using services. Further stickers have been developed to promote access to hearing feedback. There has been the introduction of a dedicated case officer who is working with people who use services to develop effective pathways. Plans are now in place to develop volunteer roles to support people where they might otherwise be heard. Excellent relationships are developing between the case officer and the staff evidenced by 100% of cases being responded to within agreed timeframes. The co-design team presented their progress to NHS England when they visited the service 30th Nov. The co-designed team showcased their achievements and how they were making a difference through "My Voice Always Matters".

6. Hearing Feedback:

The Trust continually strives to ensure that the voices of people who use services and those close to them are heard. Over the past twelve months the Trust Hearing Feedback Team has piloted and tested a number of quality improvements in the way in which we listen and respond to people sharing their experiences of care with us. These include a 'case management approach' which facilitates a person centred, timely and supportive process for people who wish to feed back about services. This development has improved compliance with timeframes and complainant satisfaction with the response. In addition we have been looking to widen access and are currently testing a co-designed leaflet / form with people using the learning disabilities services. Further development has also been undertaken on the programme of development for staff undertaking reviews into feedback and this will be tested in the coming months.

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 'Hearing Feedback for Quality Improvement' report is developed on a quarterly basis providing a wide range of information on people's views about the Trust. This is allowing better informed decisions to be made based on a wider range of data. The report is shared with the Hearing Feedback Steering Group which includes senior network representation, Quality & Safety Sub-Committee and with lead commissioners as part of contract performance discussions.

The Sit and See programme / Care and Compassion in practice

During 2017/18 Sit and See observations were undertaken in 6 ward environments and this was presented to the commissioning Joint mental Health and Community Performance and Quality meeting in December 2017. A review of the tool and its use in Lancashire Care NHS Foundation Trust's varied environments has been undertaken and a decision made to develop a simple observation tool which aligns with the organisations vision, quality commitments and values, and the principle of '15 steps'. An observation using this new approach was undertaken in February 2018, as the first Plan- Do-Study-Act test of change. The next test of change is planned with people from support services receiving the revised training and observing care using the new paperwork and reporting this back to the team.

Mixed-sex Accommodation Breaches

Lancashire Care NHS Foundation Trust is compliant with the Government's requirement to eliminate mixed sex accommodation, except when it is in the person's overall best interest, or reflects their personal choice. If Lancashire Care NHS Foundation Trust should fall short of the required standard it will report it to the Department of Health and Commissioners. Lancashire Care NHS Foundation Trust's declaration of compliance is located on the website: http://www.lancashirecare.nhs.uk/privacy-and-dignity-single-sex-accomodation. The Trust continually improves its estate and all new build estate works ensure that patients have access to single en-suite rooms.

Safety

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

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

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

Quality Priority 3 - People who use our services are at the heart of everything we do: care will be safe and harm free	
Target	**Progress**
• No avoidable pressure ulcers will be acquired in our care	C Ongoing to build upon this work in 2018/19
• React to red will be in place	✓
• Harm from violence will reduce by 10% each year	C Ongoing to build upon this work in 2018/19
• Daily safety huddles will be embedded in inpatient settings	C Ongoing to build upon this work in 2018/19

Harm Free Care

Lancashire Care NHS Foundation Trust's aspiration is to achieve harm free care. To support this agenda a new interactive forum has been tested in 2017/18 to:

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

The table below demonstrates the number of people surveyed as part of the physical health safety thermometer during 2017/18 across Lancashire Care NHS Foundation Trust and the percentage of people who are measured as harm free.

Monthly Harm Free Care Data for 2017/18												
Month	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Number of teams submitting	39	44	44	44	43	45	47	47	47	49	53	53
Number of patients surveyed	1,159	1,332	1,459	1,410	1,409	1,296	1,323	1,324	1,398	1,366	1,307	1381
%Harm Free reported on BSC	94%	96%	94%	94%	95%	96%	96%	97%	95%	94%	98%	96%
Data Source: LCFT Master Safety Thermometer Dashboard Report												

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

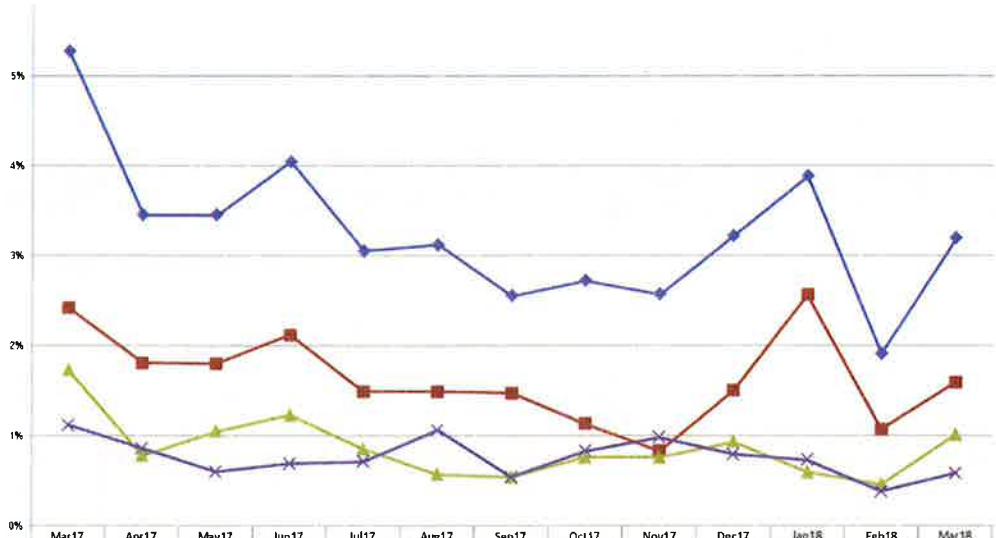
Fluctuations in the number of teams submitting data reflects the closure and opening of some wards, amalgamations of teams and that some teams provide nil returns some months. As can be seen from the data the 95% harm free care aspirational national target has been achieved on 8 of the 12 months reported.

Between April–September 2013 baseline data for pressure ulcers was established and an improvement target has been agreed with commissioners. This relates to the median position of 5% and the maintenance of this position across five consecutive months in subsequent years. Lancashire Care Foundation Trust has achieved this for 12 consecutive months from April 2017– March 2018.

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

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

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



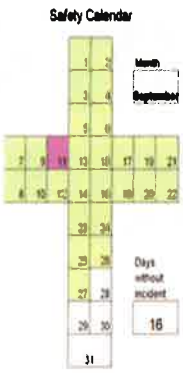
	Mar17	Apr17	May17	Jun17	Jul17	Aug17	Sep17	Oct17	Nov17	Dec17	Jan18	Feb18	Mar18
Pressure Ulcers - All	5.27	3.45	3.45	4.04	3.05	3.12	2.55	2.72	2.57	3.22	3.88	1.91	3.19
Category 2	2.42	1.81	1.8	2.12	1.49	1.49	1.47	1.13	0.83	1.5	2.56	1.07	1.59
Category 3	1.73	0.78	1.05	1.23	0.85	0.57	0.54	0.76	0.76	0.93	0.59	0.46	1.01
Category 4	1.12	0.86	0.6	0.69	0.71	1.06	0.54	0.83	0.98	0.79	0.73	0.38	0.58
Patients	1158	1159	1332	1459	1410	1409	1296	1323	1324	1398	1366	1307	1381

[1] http://harmfreecare.org/

Pressure Ulcers are often a harm that is acquired in care that is avoidable. Lancashire Care NHS Foundation Trust continues to investigate all incidents where pressure ulcers are acquired in our care and lessons learnt are shared widely within the organisation. Quality improvement work continues with case studies relating to people who have developed pressure ulcers that could potentially have been avoided even though all care was in place being presented to inform learning. A number of quality improvement projects have progressed this year and will continue into 2018/19. 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. This priority supports our 3-year Quality Plan and the aim of zero preventable pressure ulcers in our care by 2020'. A number of projects are supporting the achievement of this aim, examples include:

The Safety Cross

The safety cross is a simple data collection tool. It is basically a one-month colour-coded calendar that notes daily safety measure incidents. Each number on the cross represents the day and date for that month to enable staff to differentiate safety incidents – coloured in red, from incident-free days – coloured in green. This means the team can focus on timely solutions that are within their sphere of influence.



Monthly data is plotted and displayed for patients, staff and visitors to view. Regular multidisciplinary team meetings review the data trends and discuss and agree on solutions for improvement.

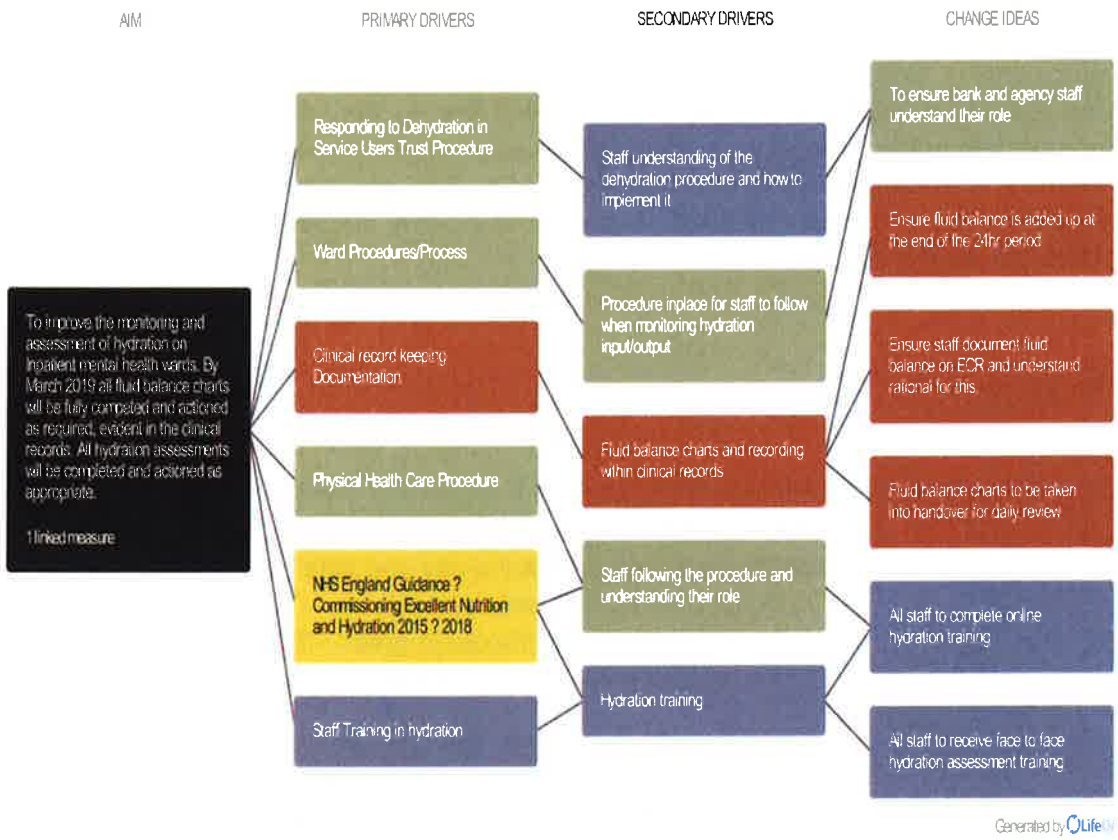
All community teams have a safety cross in place and the use of the safety cross reporting system is promoting awareness of the importance of preventing harms due to pressure ulcers.

The importance of hydration:

We need to maintain a healthy level of body water content by regularly drinking enough to replace the natural water loss filtered by the kidneys, in the form of essential healthy urine production to remove waste products. Insufficient water leads to dehydration, which is the underlying cause of many common conditions including pressure ulcers. The quality improvement aims is:

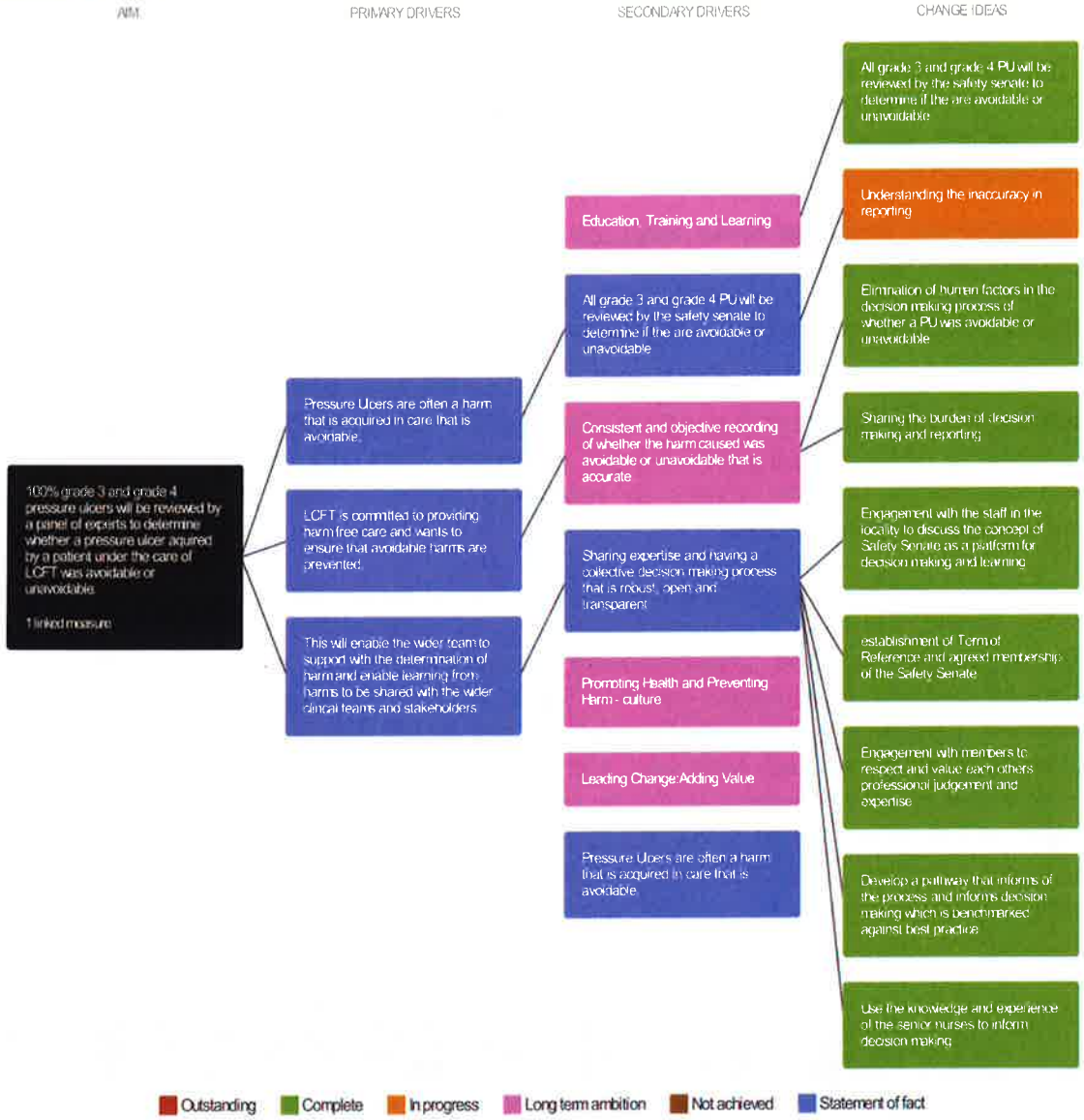
To improve the monitoring and assessment of hydration on Inpatient mental health wards. By March 2019 all fluid balance charts will be fully competed and actioned as required, evident in the clinical records. All hydration assessments will be completed and actioned as appropriate.

The driver diagram below reflects colour coded change ideas all of which have begun this year and will continue to be rolled out into 2018/19 with improvement impact measures in place.



A safety senate model:

This approach aims to ensure that 100% grade 3 and grade 4 pressure ulcers will be reviewed by a panel of experts to determine whether a pressure ulcer acquired by a person in our care was avoidable or unavoidable. The driver diagram below translates this aim into a set of underpinning goals enabling the team to reflect and understand the changes to be tested. The model has been tested with team in the Pennine locality and will be rolled out in 22018/19.



Driver Descriptions

Consistent and objective recording of whether the harm caused was avoidable or unavoidable that is accurate: This will enable transparency of recording and enable thematic analysis of learning to take place

All grade 3 and grade 4 PU will be reviewed by the safety senate to determine if the are avoidable or unavoidable : This will be a panel of nursing experts including a Lead Nurse, DN Team Leader and TVN.

Leading Change:Adding Value: This work addresses the key areas identified in the CNO report: 1. Health and Wellbeing - enabling a greater focus on pressure ulcer prevention 2. Care and Quality - the health needs of our patients will be unmet unless re refocus on harm free care, addressing variations in the delivery of quality of care 3. Gunfing and efficiency - if there is a focus on preventative care rather than restorative the use of resources can be refocussed on those patients needing it the most

Promoting Health and Preventing Harm - culture: To embed a zero tolerance to avoidable harms to patients under the care of LCFT

Education, Training and Learning: Through the development of the safety senate model this will enable thematic analysis of cause of harms patients which will subsequently enable any training or development requires to be target dependeant on the themes identified.

Generated by QLife

React to Red

The **React to Red** programme is progressing well with quality improvement measures in place. This programme is currently supported by the lead community commissioner

A daily safety huddle

The daily safety huddle improves communication between team members to ensure all priority patients are reviewed and discussed and key messages are shared. Matrons across the inpatient setting are supporting ward managers to embed the daily Huddles and this will continue into 2018/19

Update of the impact of these initiatives will be presented at the Quality Improvement conference in May 2018.

Mental health harm free care programme

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

It enables teams to measure harm and the proportion of people that are 'harm free' from self-harm, psychological safety, violence and aggression, omissions of medication and restraint. The aspirational target is '*Organisationally Lancashire Care will achieve 90% Harm Free Care for inpatient mental health wards by March 2017". This* target has not been achieved however, Lancashire Care NHS Foundation Trust is committed to promoting health and preventing harm and as such has set a challenging aspirational target and quality improvement work will continue to ensure successful achievement. In addition to the Quality Improvement work outlined below in relation to reducing violence and reducing restrictive practices individual wards are being supported to identify their local quality improvement aims to support the achievement of harm free care and these will be further developed in 2018/19 as reflected in the priorities from page 211.

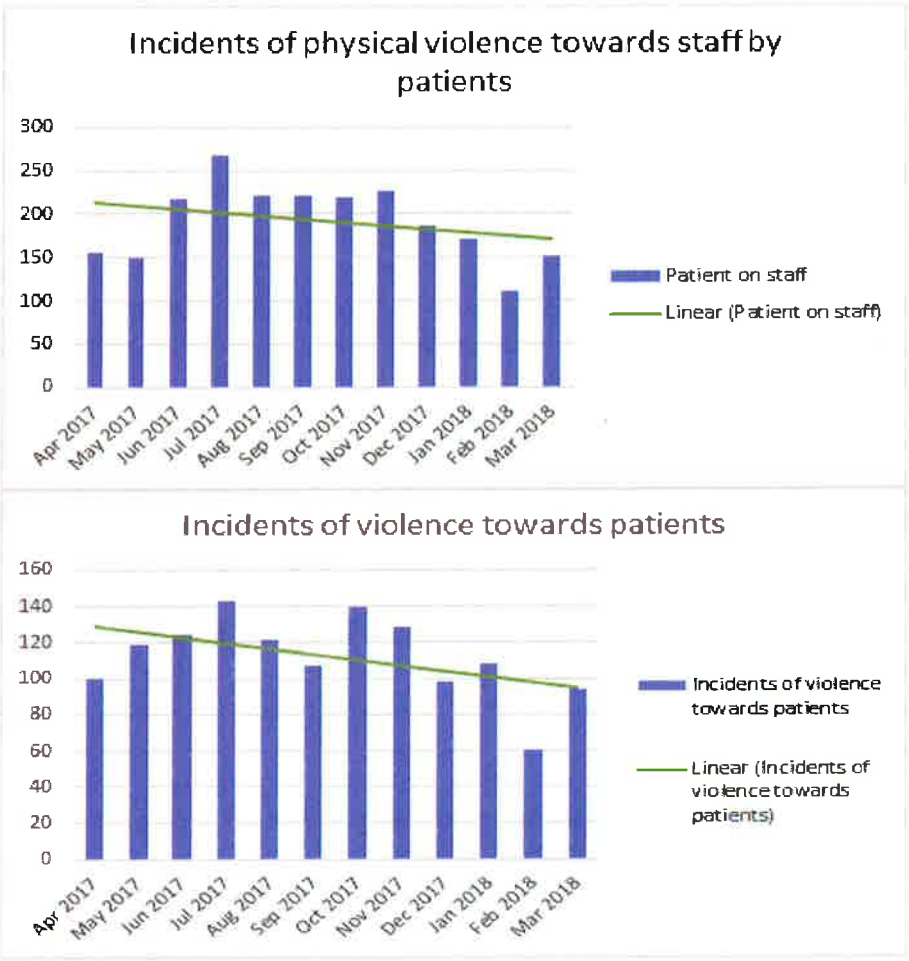
The Mental Health Harm Free Care percentages for 2017/18 can be seen below:

Monthly Harm Free Care Data for 2017/18												
Month	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Number of teams submitting	39	38	38	38	38	38	38	389	38	38	38	38
Number of patients surveyed	478	479	480	481	475	458	473	474	469	451	465	454
% Harm Free as per HSCIC definition (without medicines omissions)	83%	83%	84%	81%	80%	84%	80%	83%	81%	79%	84%	83%
Reported on Balance Score Card / Quality Tile	83%	83%	84%	81%	80%	84%	80%	83%	81%	79%	84%	83%

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

Violence Reduction:

The number of reported incidents of violence towards staff and patients are starting to reduce.



Reducing violence is one of Lancashire Care NHS Foundation Trust's priorities in the Quality Plan. The associated overarching aim statement with this Quality Priority is agreed as: To reduce the levels of violence by March 2019 so that all patients feel safe on our wards and all staff feel safe at work.

The driver diagram for this project reflects seven different change ideas including:

- Exploring with ward staff, nursing professional leads and the violence reduction team different approaches to personal care on the older adult wards which appears to be a hotspot in violence related to personal care.

- A new model of violence reduction training has been developed and is being tested at the Cove. Very positive feedback received from the team
  "Enjoyable and excellent way to develop new skills as a group, I feel invigorated with passion. It's really changed attitudes"
  We have also been testing out the approach with staff and service users and received positive feedback.
- A trauma informed model using a debriefing and demobilisation has been developed by a Consultant Psychologist and tested in East Lancashire inpatient and community teams with positive results e.g. staff reporting this approach has reduced sickness/absence and supported them to remain in work. An organisation wide implementation plan is being developed.

Reducing Restrictive Practices

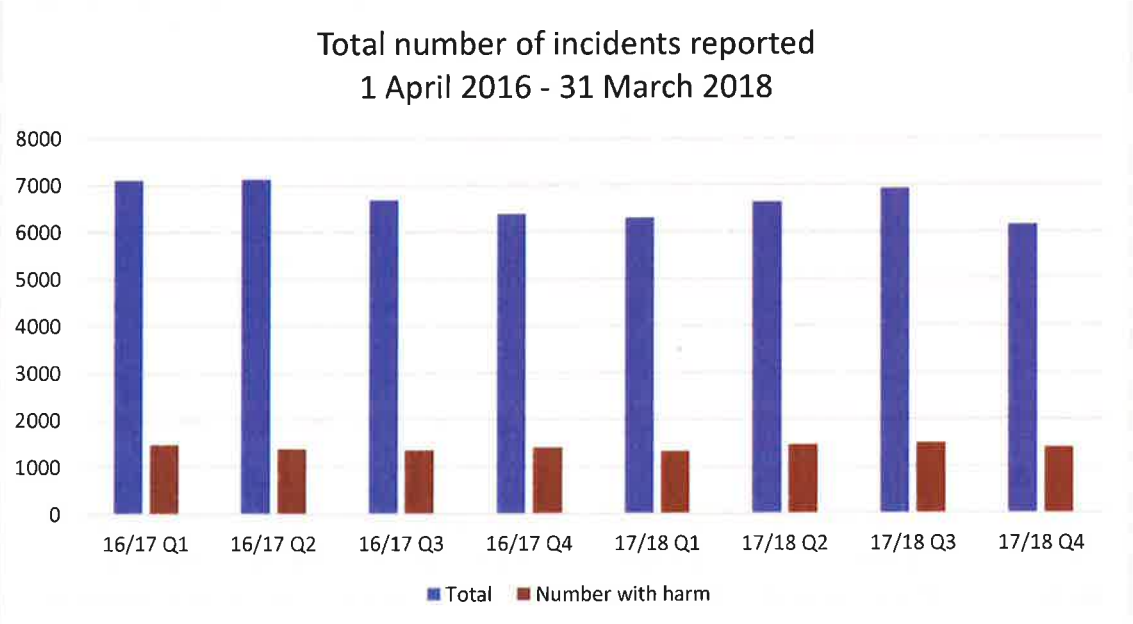
Lancashire Care NHS Foundation Trust has continued its reducing restrictive practices programme and this was transitioned into everyday clinical practice in 2017/18. The monitoring and assurance of continued improvements is through the Clinical Risk and Restrictive Practice Steering Group. The programme had delivered a number of improvements over the two year period including:

- Improvements in the content and approach to violence reduction and restraint training.
- Completion of risk assessments for all restraint techniques used and consultation about the approach completed
- Enhancements to seclusion rooms and extra care areas.
- Testing of zonal observations on the older adult mental health wards. This has also led to a reduction in incidents of violence.
- Training for Dental staff about using least restrictive practices and revision of techniques used

The overall number of reported incidents of restraint is showing an overall downward trend for the year consistent with the trend for incidents of violence.

Reporting of Incidents

The chart below shows the number of incidents throughout 2016/17 and 2017/18. The number of incidents reported with harm includes all incidents where the result reported included allergic reaction, ill-health, injury or death.

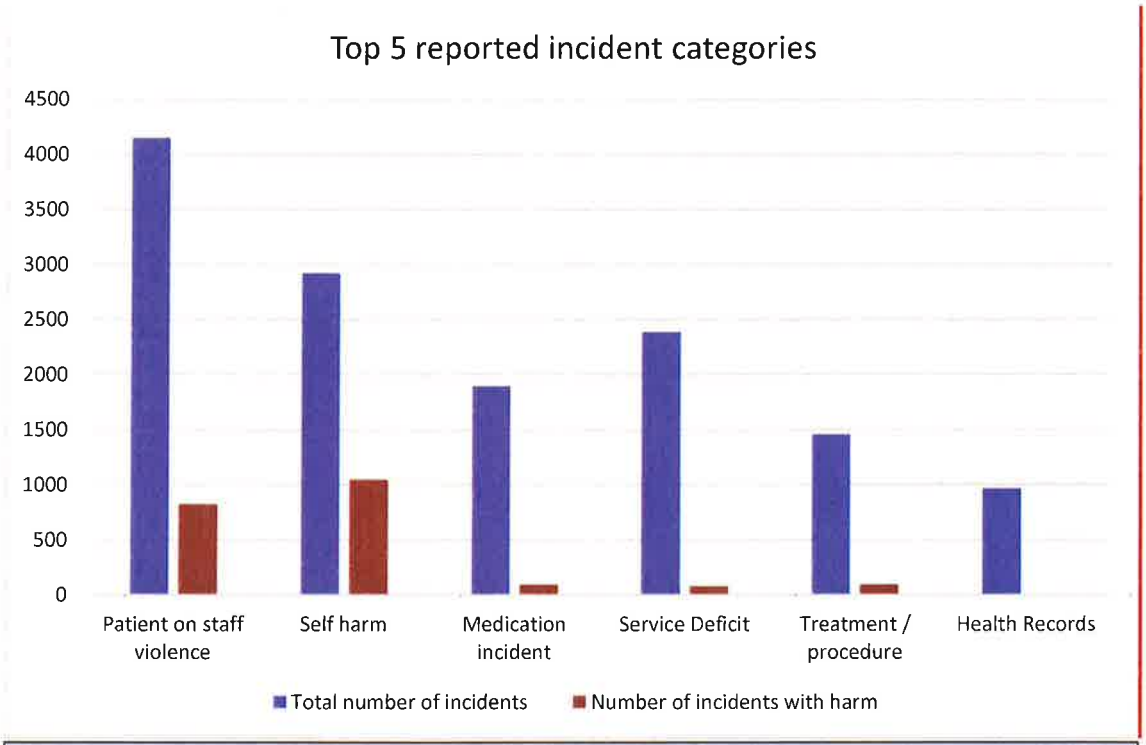


Data Source: LCFT Internal Reporting System, Datix

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

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

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

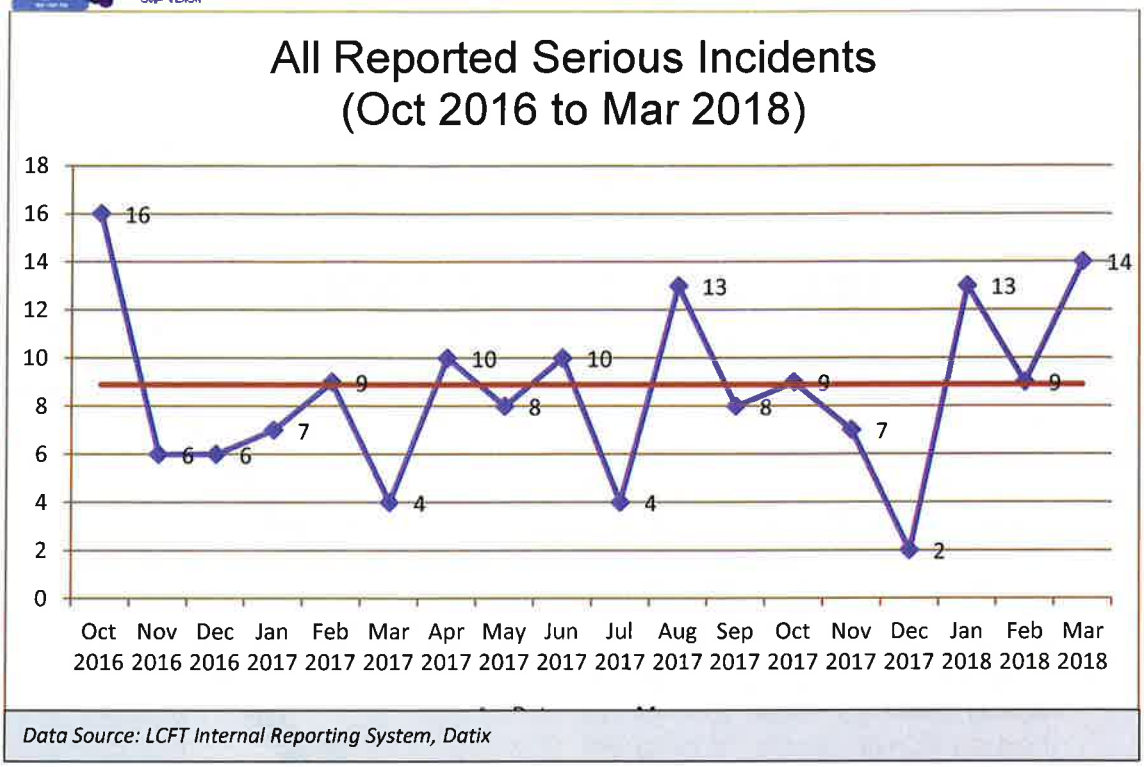


Data Source: LCFT Internal Reporting System, Datix

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

Serious Incidents

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



Data Source: LCFT Internal Reporting System, Datix

Mandatory Training

Mandatory Training						
Indicator	2016/17 Target	2016/17 Outcome	2016/17 Target Achievement	2017/18 Target	2017/18	2017/18 Target Achievement
Staff Mandatory Training	**85%**	**90.68%**	√	**85%**	**92.11%**	√
Data Source: LCFT Internal System (Quality Academy)						

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

- New training modules have been released to replace existing classroom training sessions.
- The reporting of core skills has seen significant investment with the development of new reports and a pilot to integrate training data within the health roster system. This was one of the areas of improvement noted by the CQC during the re-inspection.

Well – Led

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

Quality Priority 4 - A quality focused culture is embedded across the organisation: services are well led and we are all working together to always be the best we can be	
Target	**Progress**
• We will support and enable quality improvement everyday using our model for improvement. We will design and implement a 'bite-size' quality improvement learning option in partnership with AQUA and we will demonstrate implementation during the year. • To showcase the quality improvement activity within the organization we will hold an Annual Quality Improvement Conference.	 

Bite-Size' quality improvement learning option

The Quality Improvement team is working in partnership with AQUA to develop a 'Bite-Size' quality improvement learning option. The Bite Size option is foundation of quality improvement learning as part of a tiered model:

Level of QI expertise
Strategic/ Expert (Q member or equivalent)
Advanced – QI coach and mentor (AQUA Advanced Practitioner or equivalent)
Intermediate – QI enabler (AQUA Introduction to QI / online programme)
Basic – QI supporter (Bitesize QI podcast)

Testing of the Bite Size learning programme has been completed. Feedback demonstrated an increased awareness and understanding of the underpinning principals of Quality Improvement, and how these can be applied in practice. The 'Bite size' programme will be launched in March 2018.

Quality Improvement Conference

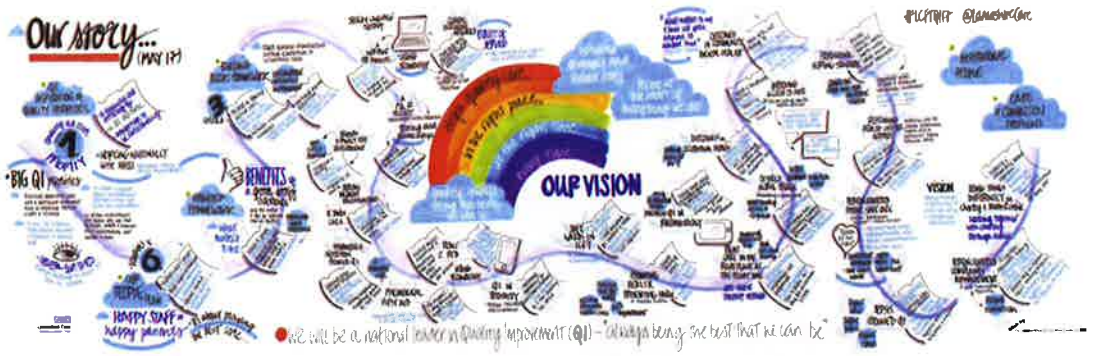
Lancashire Care NHS Foundation Trust's first Quality Improvement Conference held on 12 May 2017 of our QI journey and offered a fantastic opportunity for teams to showcase their improvement work. We were joined on the day by colleagues from NHS England, AQUA, N-Compass NW and lead Commissioners. Vanessa Randle also joined us capturing an overview of the whole day with a live visual graphic (see below). This will be hosted as a story board on the new Quality Improvement internet page which is in development.

The programme for the conference was developed to ensure that all colleagues across the Trust had an opportunity to bring to life their QI initiatives in a variety of formats through presentations, posters and/or table top displays. 160 delegates attended the day, including LCFT staff, commissioners, and other partners, with 23 teams sharing their quality improvements through presentations and 40 posters and displays. Feedback from the day was very positive, with people valuing the opportunity to hear about other people's quality improvements and network with colleagues.

The quality improvements shared at the conference informed the development of 'Our Quality Story which is available via the link below:

Our Quality Story - an overview of Quality Improvement in LCFT 2017

http://www.itfx-dev.co.uk/lancashirecare/pageslide/



Comments from the event:

Having the opportunity to see what quality improvements are taking place in other areas in LCFT, sharing good practice, I have already seen something that would be of value to my area of work and this is now one of my PDR objectives

The high standard of presentations, the clear focus on quality and improvement. Synergies between work within networks and opportunities for skill sharing / knowledge transfer

The ideas we received from our poster and how to move things forward. We also were inspired to look at how we can formalise the data we do collect and have invited research team members to our next meeting

As a representative of a commissioning organisation we are often focused on areas of under-performance and it was great to be able to spend time focusing on some of the great work underway in the trust for a change

The People Plan

At Lancashire Care NHS Foundation Trust we work hard to embed our values of Teamwork, Compassion, Integrity, Respect, Excellence and Accountability to ensure the delivery of high quality care.

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

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

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

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

We continue to build on the work done in the foundation year of The People Plan and have placed 'wellbeing' at the heart. We have secured executive sponsorship for each domain of the People Plan and are in the process of initially scoping out what this means in terms of

what is possible, what is a high impact priority etc.. The delivery group is refocused on a number of priorities that have been crowdsourced. The 'Tricider' is now closed and the top 5 choices have been agreed with Task and Finish groups forming to drive them forward. We have sharpened the focus of each domain and our activity over the past twelve months is as follows:

1. **Shared vision and values**

   This domain is about the development of a values based behaviour framework; alignment of objectives and motivations at an individual, team and organisational level; and, communicating in ways that really develop connections and meaning.

   - A coaching programme has been developed and cohort 2 is well underway with a formal launch planned utilising a digital platform.
   - Coaching offer launched with a Twitter Chat and a Sharepoint site
   - The Organisational Development (OD) Team has refreshed the corporate induction element to ensure the content is based around quality as our number one priority and the values Each director has a video slot on the session discussing their remit and the OD Team then facilitates a conversation around that content, bringing in quality and the values The team has also weaved the vision and values into all of their programmes to help bring them to life for teams
   - All teams are supported to organise an away day for their teams and the OD Team facilitate these and create an overall vision, action plans and agreed behaviours for the teams based on what they have heard about the work that the team does throughout the day
   - An induction took place recently for teams joining us from Southport and Formby and this was underpinned by the values as a way of introducing the team to our approach at Lancashire Care NHS Foundation Trust.
   - The Mental Health Network has introduced 'Ask Leon and Lisa' as a channel for staff to ask questions about something they may be worried about or something they want to find out more about and their own engagement survey.
   - The Community Wellbeing (CWB) Network has introduced a certificate of appreciation (in addition to Shining Star of the Quarter) which is given out each month with some chocolates to individuals who have gone the extra mile
   - The CWB Network Newsletter now includes people's stories as a focal point for what the network is all about

2. **Planning for success**

   This domain represents a commitment to accelerating QI through greater engagement and team development; targeted support and alignment of support services; and, creating the conditions for greater innovation, collaboration and resilience.

   - 79% of staff have had their Performance Development Review (PDR) conversations and the system is designed to facilitate conversations around the shared objectives (Staff Survey 2017.)

- The Life QI system is now available for all of the Trust's Quality Improvement Projects to be saved and managed; it will play a key part in our journey to embed Quality Improvement across the organisation and in achieving our quality outcomes, in particular 'Always being the best that we can be'
- The OD Team often looks at roles within teams to help bring clarity and understanding They also formulate high level objectives and an action plan using a 4D (Discover, Dream, Design, Destiny) approach to help teams achieve them
- HR data is used to focus on development and improvements such as staff sickness, PDRs and a full workforce report is provided to support the networks to understand this for their teams
- The OD Team works with teams specifically to look at the work they do to help them be clear about their role, responsibilities and accountability

3. Enabling and supporting wellbeing

This domain focuses on promoting physical health and mental wellbeing; strong partnership working and supporting staff through change; and, developing people-centred processes built on trust and a just and learning culture.

- Shining Stars has been introduced to recognise staff who go the extra distance to make a difference and as a way of thanking your colleagues People who have been recognised are now selected as Employees of the Quarter
- Guild Lodge have been focussing on health and wellbeing and have established a group of staff who champion this approach and encourage others There is a group table tennis competition, sunflower growers, season fayres for summer and Christmas
- Health and Wellbeing now features at induction so that staff know how important it is and resilience sessions are on offer for staff (OD)
- The Mindsmatter Service has been delivering sessions to help teams manage and deal with stress
- The untapped talent project was launched to understand the experiences of BAME staff in the Trust An action plan has since been shared with the Exec Team and Staff Side and will be implemented soon
- A Health and Safety Risk Assessment site has been developed on Trustnet to help staff to undertake regular and consistent assessments
- Coaching sessions have been taking place for managers on sickness absence and how to manage this effectively and support staff
- Care Group Managers have been doing a piece of work to recognise wards with low bank workers and sickness

4. Inclusive learning and development

This domain is concerned with access to lifelong learning as individuals, teams and citizens; promote a culture of self and team development and sharing learning from successes and failure; and, inclusive career pathways and talent management.

- The Trust offers apprenticeships to support the development needs of existing staff and to support new staff to learn whilst gaining employment skills and as a route into a career path at the Trust (Accrington graduates)
- Improved preceptorships in secure mental health services
- Through our occupational therapy teams, service users have been supported to gain new skills by working in the café at The Harbour, manning the shop and taking part in recognised training courses
- Health Informatics launched a training portal called 'traineasy' for all staff to access for their training needs
- The OD Team coordinated a programme of onboarding sessions for all senior managers in the clinical networks following the organisations reset
- The OD Team has lead on introducing a coaching culture into the organisation A cohort has been recruited and the team is currently organising training and supporting their development ready for the programme launch in 2018
- The Quality Academy has launched a Quality Improvement programme to address the system for reporting training compliance against a competency based training needs analysis for the whole of the organisation

5. Developing leaders at all levels

This domain focuses on the development of compassionate and inclusive leadership; strengthening connections and collaboration via communities of practice; and, the measurement and review of leadership style and impact.

- The OD Team delivers Leading For High Performance 2 day workshops supporting people leaders and people managers
- The CWB Network SMT have been visiting teams to increase visibility and help staff feel connected to the network and organisation
- The OD Team is leading the localisation of the Mary Seacole Programme for South Cumbria and Lancashire which will launch in 2018 and will support new managers or people who aspire to be in a leadership position at the Trust
- A programme for clinical leaders will be launched in early 2018 aimed at those with line management of wards/ community teams with a focus on self-reflection, action learning and peer support
- Coaching and mentoring will be formally launched and coaches will be upskilled as trainers to deliver coaching skills courses for leaders and managers
- Leadership: 'Our People' was the focus for the most recent Engage session with exercises to get people to think about the behaviours they admired in their own leaders and how their own behaviours impacted others. We will use the intelligence we got from the session to frame the work we will do on, for example, the Leadership Behaviour Framework
- Leadership: We have commissioned an external provider (Impact Consulting) to work with our Board who will undertake a 360 development review. This is linked to the

feedback from staff survey and the need for values based leadership to be role modelled and led from the top

- Leadership: The North West Leadership Academy has sent out further Comms around Mary Seacole localistation for our STP footprint. We have lots of interest internally however there has not been as much from other organisations. Some have their own internal training already, but we now have the requisite number of facilitators pledged to be able to do this so are pushing on all fronts to try and make this happen. There continues to be good levels of interest internally and there is growing interest in the Pennine Lancashire footprint

6. Unleashing the power of teams

This domain is aimed at the development of team based #PeoplePlans reflecting on team priorities for wellbeing and quality; team coaching to ensure we develop 'real teams' that can self-organise; and, the development of team resilience so we can adapt, collaborate and use teams as assets as we drive collectively for wellbeing.

- Team development sessions have taken place across the networks as well as a programme of 'Leading for High Performance' for team leaders using evidence based tools and positive psychology to build engagement and increased agency for change
- The OD Team worked with staff and Chorley Council to ensure that the teams were integrated and worked well together as part of one new wellbeing service for the area
- Lots of teams have implemented creative meetings such as 'lunch and learns' to share skills and knowledge across their team in an informal setting and breakfast or walking meetings
- Guidance to support staff to build a more inclusive team has been developed
- Teams are supported to hold huddles and take part in weekly leadership Skype calls

We have also looked into an alternative provider for the Staff Survey and are awaiting a decision on which provider to use next year so that we can be far more responsive and also provide 'pulse checks' throughout the year which our commissioners are very keen on. An Action Plan has been agreed to achieve an increased response rate in staff survey.

7. Shared vision and values

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Staff Engagement

Engage Events

The Chief Executive's engage events take place each quarter for existing leaders and aspirant leaders are invited to join the event on a bi-annual basis. The forum provides an update on the current priorities, progress against them and it also serves to enable attendees to feedback their thoughts to the Executive team. The events are led by the Chief Executive with input from the wider Executive Team and time for networking and questions from the floor are built into each event. The theme for each event is directed by the organisation's strategy and includes an update from the wider health economy in relation to involvement in the Sustainability and Transformation Partnership for Lancashire & South Cumbria.

Health and Wellbeing

Lancashire Care NHS Foundation Trust continues to recognise that the health and wellbeing of its people is essential in supporting the delivery of high quality care. Our Health and Wellbeing programme ensure that wellbeing is integral to the employment experience, with one of our quality outcomes stating 'People are at the heart of everything we do'.

Our Quality Plan outlines the commitment of Lancashire Care NHS Foundation Trust achieving the Workplace Wellbeing Charter, good progress has been made and it is envisaged that accreditation will take place in 2018. Additionally, the People Plan recognises health and wellbeing as a golden thread and its collaborative implementation remains a key focus.

The commitment to identify Health and Wellbeing Champions in our Networks and across Support Services has seen numbers increase to over 350. These Champions continue to receive monthly newsletters and promotional information, more recently the focus has been supporting mental wellbeing with mental health days and campaigns such as 'Time to talk' generating activity and promotion. A Statement of Intent for Healthy Eating has been developed and disseminated; a Champions Forum focusing on this is planned.

Engagement and input to Network People and Leadership meetings continues to raise the importance of health and wellbeing, generate activity and assurance reporting. Work to achieve the National Staff Health and Wellbeing CQUIN 2017/18 is supported by a plan of activity with progress and impact reported quarterly. Our annual Trust Health and Wellbeing Survey was completed by 1333 participants (over 20% of the workforce). Findings were similar to previous years and respondents made helpful suggestions around improvements that could be made. These are currently being analysed further and where feasible will be incorporated into future planning. The first Lancashire 'Time to Talk about Wellbeing at Work' conference took place on 8th February 2018. This partnership event with Lancashire MIND celebrated best practice and provided opportunities for networking. Feedback was very positive. Finally, links with the Central University of Lancashire will support a photography student project considering 'A good day at work' with images featuring in our NHS70 celebrations.

Awards/Achievements

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

Children and Young People

A member of the Crew won the Volunteer of the Year award at the National Positive Practice in Mental Awards ceremony in December 2017.

The volunteer has been heavily involved in supporting the work of recruiting and selecting the best staff to work with young people and families. She is an asset to The Crew and has continued to support this work,

whilst at the same time at College training to be an actor.

"She shows such dedication and commitment as a volunteer with The Crew and is passionate about the standards of care we all aim to achieve, especially around improving the quality of food provision in inpatient CAMHS"

Community Health and Well Being

The Diabetes specialist nurses (DSN), diabetes specialist dietitian and diabetes consultant have worked with CCG, Primary care staff and LCFT staff to develop an integrated diabetes model. This was nominated at the 2017 NHS England - CCG

The introduction of a new model for diabetes care was introduced by the Diabetes Service in partnership with Lancashire Teaching Hospitals NHS Foundation Trust, Greater Preston CCG, Chorley and South Ribble CCG and primary care colleagues

The model has consisted of reducing the numbers of hospital consultant appointments by upskilling practice nurses and GPs in primary care to enable them to monitor for more complex Type 2 diabetes patients. The model also sees the specialist team further develop services such as increasing the insulin pump service, transitional and young person clinics and antenatal and diabetes foot clinics.

An Adult Community Physiotherapist won the CSP Annual Representative Conference CSP Steward of the Year 2017. The Award ceremony took place in March 2018 and the Physiotherapist who is a CSP steward at Lancashire Care was recognised for supporting a member of the society through a particularly challenging time.

Mental Health

The Trust's Mental Health Network and Finance Department won the Innovation Award at the HFMA National Healthcare Finance Awards in December 2017.

They were recognised for their engagement between departments and system partners to grow an understanding of a complex problem. The alternative

models to bed admissions were extremely successful from a financial and non-financial (best for patients) perspective. These alternatives saved the Trust £8.9m on OAP costs. The panel noted the significant financial benefits achieved in collaboration with stakeholders and excellent support throughout from the finance team.

Support Services

The Risk and Assurance team were finalists at both the HSJ awards and the iNetwork – Connected Procurement and Commissioning Award with their Knowledge Legal and Advice Centre (KnowLA) work.

Following the Carter review the Trust looked at ways to reduce costs and increase efficiency in legal expenditure. The introduction of KnowLA aims to reduce unnecessary repetition of spend on legal advice. The ambition of sharing knowledge and best practice speeding up solutions to legal issues, freeing clinicians' and managers' time, as access to information and advice needed is at the touch of a button.

An in-house virtual learning community for Mental Health Pharmacists have been nominated in March this year for the HSJ Value Awards in Education and Training.

The in-house pharmacy education program will share the wealth of knowledge accrued by senior mental health pharmacists with a geographically disparate group of junior pharmacists. This online virtual learning environment (VLE) promotes an online resource repository with the main aim of this project to drive continued improvements in patient experience and care, through the exchange of knowledge and ideas between clinical mental health pharmacists.

Lancashire Clinical Research Facility was nominated at the North West Coast Research and Innovation Awards in March this year for its outstanding achievement in offering the population of Lancashire greater access to research opportunities. The partnership facility has gained NIHR funding and expanded its portfolio of complex clinical trials in a variety of conditions.

The WRaPT (Workforce Repository and Planning Tool) team were highly commended at the HSJ Partnership Awards in March 2018 for their partnership working with GE Healthcare to deliver workforce planning solutions across health and social care. The WRaPT team is commissioned by Health

Education England and currently hosted by Lancashire Care NHS Foundation Trust to primarily work across the North West, however our reach is broad and we are involved in several projects across the country. The team brings together expertise from multiple backgrounds i.e. clinical, analytical, project management and workforce planning to deliver effective solutions based on each organisation's needs / requirements.

STAFF AWARDS 2018

Around 300 members of staff attended this year's Staff Awards Ceremony which took place on Friday 23 March at the Village Hotel in Blackpool to celebrate the past year's successes and achievements.

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

Awards were presented in the following categories with congratulations to all winners and highly commended entrants:

- Compassion Quality Improvement Award
- Compassionate Care and Kindness Award

- Teamwork Frontline Team of the Year
- Teamwork Support Team of the Year
- Accountability Partnership Working Award
- Respect Improving Patient Experience Award
- Living the Values Award
- Excellence Research and Innovation Award
- Integrity Emerging Leader Award
- Amazing Care Award
- Shining Star of the Year
- Overall Award for Excellence

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

Healthwatch (Lancashire)

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain and ongoing dialogue throughout 2018/19.

Healthwatch Sefton

Healthwatch Sefton would like to thank the Trust for the opportunity to comment on the draft Quality Account 2017 – 18 (early draft 1b). As per the regulations, Healthwatch Sefton was not sent a copy of the draft account direct. Consequently, we have not had the full 30 days to review the account and draft this commentary. We attended a session (25/04/18) with members from the Sefton MBC Overview & Scrutiny Committee (Adult Social Care & Health) where we had a presentation of key points within the account and were able to share comments and questions. Although not within the Quality Account, within the presentation it was cited that 'a partnership with the Sefton CVS has been developed. Two cohorts of a care coordination pilot have been completed and have worked in partnership with six practices in Southport. In checking this locally with Sefton CVS, if included within the final version of the account we would like to see it worded as 'A partnership with Sefton CVS/ Brighter Living Partnership has been developed. Two cohorts of a care coordination pilot have been completed and have worked in partnership with six GP practices in Southport."

We have worked with the trust from May 2017 when they took over the provision of community services for Southport and Formby and we welcomed the acknowledgement of this on page 208 of the account. It was disappointing however to see no examples or references to the work we have undertaken with the Trust. For example, supporting engagement with local residents to gather feedback on the Podiatry service. We have also been able to share contact details of local groups to support the trusts wider engagement across Southport & Formby.

We also have regular attendance from the Trust at our Southport & Formby Community Champion Network meetings. In addition, we were able to promote the vacancies of public governors and it was great to see that two of our community members were voted in as governors.

It was pleasing to see that the Trust invest in a public friendly version of the account, publishing a 'Quality Story, and we would welcome an invitation to the conference which is being planned.

In reviewing the information relating to the outcomes from clinical audits the need to ensure there is a consistent approach to the correct diagnosis of pressure ulcers within podiatry (71% compliance) was noted. It is great to see that the trust considers this as a key quality priority and that it will remain a priority for 2018/19.

A key focus of our work is to capture and share patient feedback and therefore domain 4: Ensuring that people have a positive experience of care is important for us to consider. We note that this was not fully achieved but acknowledge the plan for the next 12 months to

improve this area. We would welcome work in this domain to also include plans for Southport and Formby community services.

We are aware that the Trust provides a wide range of services and in reviewing the account felt that more information could have been included on the mobilisation of community services. We have asked if the priorities for 2017/18 could indicate which services the priorities will cover. This will help the reader in knowing what priorities have been set for Southport & Formby services.

It would have been great to have read about the outcomes of Patient Led Assessments of the Care Environment (PLACE) within the account.
In terms of readability, although there will be a summary version, the account which is a public document could improve to help lay readers understand the content. For example the use of symbols for more than '>' and less than '<' are used throughout the document and percentages are provided without any reference to the number this relates to. A review of readability from a lay perspective would help to improve this document.

In working with the Trust over the next 12 months, we have a draft report which will be shared with the Trust on the continence service which is delivered across Sefton and we will look to review services at Ainsdale Centre for Health & Well Being as we have reviews on our feedback centre which have showed an emerging trend which relates to problems in contacting community services within the centre.

Healthwatch Sefton will continue to work in partnership with the Trust to support the on-going work to improve the overall care and services provided.

Diane Blair
Healthwatch Manager

Overview and Scrutiny Committees

Blackburn with Darwen Borough Council

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2018/19.

Blackpool Council
Blackpool Adult Social Care and Health Scrutiny Committee

Blackpool Adult Social Care and Health Scrutiny Committee welcomed the opportunity to comment on the Lancashire Care Foundation Trust's (LCFT) Quality Accounts (QA) which Members found interesting to read albeit quite long and wordy. This point was made last year so whilst recognising that the Trust has to follow a somewhat prescriptive supply of information, it would be innovative and helpful if a short executive summary could be included. Members did note that the Trust is proposing to involve people in developing an

interactive web-based 'Quality Story' which may equate to an executive summary. Whilst this is welcomed an 'ordinary' executive summary may still prove useful.

The Committee recognises the importance of involving the public and other stakeholders in helping promote health improvement through delivering safe and quality clinical services which involve patients ('patient experience').

Members have limited specific comments on the QA content in terms of quality, progress etc. as such performance issues are considered in-year rather than waiting for the QA so general comments are provided on report format (readability etc).

However, Members were pleased that LCFT had secured an overall improved 'good' rating from the Care Quality Commission albeit improvement was still needed in some key areas such as 'safety' so it is hoped effective progress has been made with your Quality Plan. Members understand that the Trust is planning to develop a long-term improvement plan for sustained improvements which go beyond the Commission's recommendations which is welcomed. Members also noted that national and local funding, dependent on making improvements, has been secured.

Please find below a summary of key points Members would like to raise:
1. LCFT works with patients, who have complex difficulties, so a QA with pictures and language that patients can easily follow would be welcome, e.g. 'you said, we did'. Members did welcome the new initiatives to encourage and capture people's feedback including younger people, including the 'we hear you' survey and team, and also the work with voluntary sector disability representatives to produce disability and accessibility guides. The addition of a services structure chart outlining key service areas may be useful.

2. LCFT covers a wide county. The QA needs to be easy to follow and relevant to Scrutiny Committees and the public so making them as concise as possible is necessary. Furthermore the QA needs to be structured so that it covers localised services.
There is limited explanatory reference to clinical commissioning groups and any other commissioners of the Trust's services. This would be helpful also as service users should be involved in the planning and commissioning of services.

Members have welcomed the opportunities for regular in-year engagement with the LCFT which Scrutiny has appreciated as a more effective real-time approach to assurance and health improvement than an annual report.

The Committee also hopes to make use of the QA information to help inform future meetings concerning The Harbour and/or other relevant LCFT services.
On a general point, Members hope staff are fully supported in their roles including good networks to turn to. This is important in terms of staff being fully able to support vulnerable people and keep staff illness and turnover to a minimum. It is understood that there are recruitment issues at LCFT but Members hope that any impact on services for patients has been mitigated against.

Members are aware that some countywide services provided by the Trust may be, or are now being, delivered by other providers so it is important that the Trust plans effectively for

any potential change to ensure that sustainable services are maintained and any handover/transition is smooth not impacting on service users.

Members welcome the Trust's offer to meet and discuss progress with priorities for the current year, 2018-2019, and will consider whether there is scope to include this within the Committee's work programme. An opportunity to visit The Harbour and better understand the working/care environment has also been expressed as of interest to Members.

Finally, the Committee wishes to thank the Trust's staff, management and volunteers for their efforts and looks forward to continuing to work constructively with LCFT for the benefit of patients.

Councillor Jim Hobson (Chairman), on behalf of the Blackpool Adult Social Care and Health Scrutiny Committee

Lancashire County Council
Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2018/19.

Sefton Council
Members of the Committee met informally on 25 April 2018 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:-

- Anne Allison, Associate Director of Quality and Experience; and
- Carmel Jones, Lead Nurse for Southport and Formby Locality.

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 comparatively recently.

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

- Explanation of the Quality Account;
- What it must contain;
- "Our quality story";
- Quality improvement priorities 2017/18;
- Priorities for improvement 2018/19; and
- Specific information on Southport and Formby community services.

We asked questions and commented on "react to red"; the 5 always events; harm from violence; levels of reporting from staff and any over-riding issues; safeguarding; training of staff; learning from deaths; serious incidents; the importance of compliments to staff; learning from complaints; feedback from users; audit results and baseline figures; and percentages regarding the effectiveness of patient safety.

I reported that Aintree University Hospital NHS Foundation Trust requests feedback from patients after a month of discharge as some users are fearful of complaining when they are within the system.

We discussed the experience of staff previously employed by Southport and Ormskirk Hospital NHS Trust, who had been transferred to your Trust when it took over as the Provider. We raised the importance of gaining their trust and of bringing teams together, in order to create a feeling of "belonging" within them.

The representative from the Sefton CCGs considered that the Quality Account was light in terms of illustrating activity for patients in Southport and Formby.

On a similar point, the Healthwatch Manager raised issues in relation to illustrating the impact on Southport and Formby services and felt that more was required within "Priorities for 2018/19" on reviewing services in Southport and Formby, in order to illustrate to the reader which services affected Southport and Formby residents. We were advised that narrative could be added to reflect this.

Healthwatch drew attention to the "Priorities for Improvement – Looking Forward 2018/19" and to the five teams from across the organisation that will work to address the issue of staff satisfaction and morale by running improvements projects. It was considered that it would be useful to include a breakdown of the teams, and suggestions in relation to this aspect were made.

We also considered that some of the percentages, symbols and information yet to be included within the document did not really contribute to making it user-friendly for the reader, although we do appreciate that much of the information required is mandatory content.

The CCG representative considered that the Quality Account appeared to be still focussed primarily on Lancashire and drew attention to the fact that Southport and Formby Community Services fits within the wider services provided by Cheshire and Merseyside and that the footprint should be strengthened. He considered that it was important to set the context as the focus has now shifted.

We discussed the Formby Clinic in Phillips Lane and our concerns regarding the possible removal of the treatment room, reminding Trust representatives that any potential closure could be deemed to be a substantive change. We were advised that there were no plans to withdraw services from Formby Clinic, rather that consideration is being given to the treatment rooms in terms of best practice. I advised that the Trust should communicate better the positive work being undertaken there and I provided a leaflet outlining some of the services there.

We very much appreciated the opportunity to scrutinise your draft Quality Account for 2017/18 and were grateful for attendance at our meeting by Trust representatives. I hope you find these comments, together with the suggestions raised at the meeting, useful.

Councillor Catie Page

Chair of Sefton Council's Overview and Scrutiny Committee (Adult Social Care and Health)

Clinical Commissioning Groups (CCG)
NHS Blackburn with Darwen Clinical Commissioning Group

Blackburn with Darwen and East Lancashire Clinical Commissioning Groups (CCGs) welcome the opportunity to comment on the draft 2017/18 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 January 2017, where LCFT received an overall rating of 'Good'. The CCGs are aware that the CQC has recently inspected services at LCFT and the inspection report is currently with the Trust for factual accuracy.

On 4th and 5th December 2017, the CQC visited the Mental Health Crisis Services and health based places of safety (136 suites) and an inspection report was published on 20th February 2018. LCFT have shared detail on the findings of the report which identified that patients admitted to the 136 suites were unlawfully detained beyond the legal timeframe for their detention and mental capacity assessments were not always formally recorded. Patients were not always given their rights under the Mental Health Act in line with the code of practice guidance. An action plan has been submitted to the CQC and shared with the CCGs who are committed to working with the Trust to address any outstanding areas for improvement highlighted by the CQC. However, it is the expectation of the CCGs that this is a key action in the overall CQC plan going forward

Quality Priorities for 2017/18

Within the 2016/17 Quality Account the Trust identified four quality improvement priorities for 2017/18.

1. People who deliver and support the delivery of services are motivated, engaged and proud of the service they provide
2. People who use our services are at the heart of everything we do: all teams will seek the views of service users and carers to inform quality improvements
3. People who use our services are at the heart of everything we do: care will be safe and harm free
4. A quality 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

It is acknowledged that the Trust has undertaken a number of initiatives and strategy developments to further support these priorities throughout 2017/18, and will continue to develop these quality improvement initiatives into 2018/19. These include learning from serious incidents and feedback, to improve care and drive quality improvement. The CCGs welcome the invitation to sit on the monthly LCFT Serious Incident Learning Panel (SILP) and support its on-going development to ensure lessons are learned from incidents within the Trust.

The CCGs support the introduction of the Life QI system, a quality improvement tool, which is available for all LCFT staff members to propose, plan, monitor and review areas of quality improvement. The Trust's development of its Always Events programme is commended and the CCGs are keen to support the advancement of these initiatives in 2018/19.

The CCGs recognise the hard work and commitment of staff and congratulate them on their HSJ award nominations and recognition of staff achievements through the LCFT Staff awards, which is well deserved.

Mental Health Harm Free Care data has been presented in the draft Quality Account which demonstrates non-achievement of the aspirational target set by LCFT to achieve 90% harm free care. Achievement is reported as 83% and the CCGs would welcome narrative to support areas of non-compliance and actions being taken to improve this position.

The CCGs are pleased to see a decrease in violence related incidents reported from November 2017 but note the increase on this position for March 2018. The CCGs are committed to working with the Trust in reviewing hotspot areas and levels of harm and welcome review of the outcomes relating to the impact of the new model violence reduction training, currently being piloted at the Cove.

Ongoing improvements in reducing restrictive practice is acknowledged by the CCGs and we look forward to working with the Trust to analyse outcomes as a result of quality improvement initiatives.

Indicators and CQUIN 2017/18

At the time of receiving the 2017/18 Quality Account, the Month 12 Quality and Quarter 4 CQUIN information was not documented in the account, however, the CCGs understand, following review of Quarter 4 requirements submitted directly to the CCGs, that LCFT have achieved 7 of the 9 national quality indicators mandated in the NHS Standard Contract. Duty of Candour requirements and the Early Intervention Psychosis (EIP) indicator have seen challenges in delivery and the CCGs continue to support LCFT in achieving compliance of these indicators.

The CCGs commend LCFT on the work undertaken which focuses on the Early Intervention in Psychosis (EIP) programmes following identification of underperformance and reporting issues during the 2017/18 contract year. The CCGs were delighted to note that recovery of the EIP indicator was achieved at Trust level in March 2018, and anticipates that through the hard work of the team, this position will be sustained.

LCFT have reported a number of challenges with data collection throughout the 2017/18 contract year which has impacted on review and reconciliation of quality indicators and performance data. The CCGs are pleased to note that a number of these challenges have been rectified, however due to data collection mechanisms, challenges remain in some areas; in particular, the unscheduled care data where collation is a manual collection, and in areas where interrogation and reporting templates are not standardised in the IT software. The CCGs welcome the roll out of the new IT system, which commenced in February 2018, and a programme for implementation across services is planned.

Core Quality Account indicators have been reported in the draft Quality Account and the CCGs are pleased to note that LCFT are on track to achieve compliance with the following indicators;

- 95% of patients on Care Programme Approach who are followed up within seven days of discharge from psychiatric inpatient care
- 95% of admissions to inpatient services for which the Crisis Resolution Home Treatment Team acted as a gatekeeper.

The CCGs note the deterioration in the score with regard to 'patient's experience of community mental health services' in 2017. Although this performance score of 6.9 is in line with the national average, it is disappointing to note the deterioration from the 2016 score of 7.5 and the CCGs are pleased to see this being addressed through the Always Event approach.

The most recent patient safety incident data taken from the National Reporting and Learning System (NRLS), for the period 1st October 2016 – 31st March 2017, demonstrates a reduction in the rate of patient safety incidents at LCFT following a steady increase over the previous 18 months. However, this remains above the national average rate, which LCFT advise is due to a maturing safety culture where staff are encouraged to report incidents when they arise. The CCGs support the openness of incident reporting and would expect to see an increase in reported incidents of no or low level harm.

The CCGs are concerned to note the percentage of patient safety incidents resulting in severe harm has increased consistently during the last 18 months of published NRLS data to 1.5%, from 0.2% during the 1st April 2015 – 30th September 2015 period. This is compared against a national average of 0.3%. LCFT also report that the percentage of patient safety incidents resulting in death has increased from a maintained position of 0.1%, to 0.7% during the most recently published data period. This remains slightly below the national average of 0.8%.The CCGs will work with the Trust to understand and address the underlying factors contributing to this increase.

The CCGs note the partial update provided in the draft Quality Account in relation to the mandatory disclosure requirements relating to 'Learning from Deaths'. Therefore the CCGs are unable to comment on the entirety of this element of the Quality Account but will continue to support LCFT with this requirement.

At the time of writing, progress against the cardio-metabolic assessment and treatment for people with psychosis has been submitted to the National Audit of Psychosis and the national report is awaited. Information has been submitted to CCGs in relation to the national CQUIN indicators. And performance has been submitted for a cohort of service users, however does not cover the early intervention in psychosis services cohort. The requirements of the CQUIN were partially met in relation to the inpatient wards cohort but are being fully met for the community mental health services cohort.

Inappropriate Out of Area Placements data has been included for January – March 2018, of 1513 occupied bed days. The CCGs note the target of 1395 occupied bed days for Quarter 1

2018/19 and will continue to support LCFT in implementing schemes to reduce out of area placements.

The CCGs would welcome an update on performance relating to 'admissions to adult facilities of patient under 16 years old'. As this indicator was not available for review in the draft report, the CCGs are not able to comment on this indicator.

The CCG is pleased to note achievement of the percentage of people moving to recovery as a proportion of those who have completed a course of psychological treatment for Pennine Lancashire CCGs at Quarter 3, and supports the actions taken to improve the recovery rates. Referral to treatment targets for service users entering treatment within 6 weeks and 18 weeks have also been achieved.

LCFT have advised of an error in the draft Quality Account regulations relating to readmissions within 28 days of discharge. Patient split was documented as ages 0-14 and 15+; this has been amended to ages 0-15 and 16+. The CCG are unable to comment on this data as LCFT are currently updating this to reflect the changes.

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. The CCG commends the introduction of the Sit and See programme during 2017/18 and has invited LCFT to share updates on the programme through the monthly Quality and Performance Meetings.

LCFT has participated in 100% of National Clinical Audits and 100% of National Confidential Enquiries.

Priorities for 2018/19

The CCGs support the priorities set out for 2018/19 within the Quality Account and welcomes the continued development of quality improvements, with particular reference to supporting staff to feel motivated, engaged and proud of the service they provide, addressing a number of issues highlighted in the 2017 NHS Staff Survey.

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.

Dr Malcolm Ridgway

Clinical Director for Quality and Effectiveness Deputy Chief Officer Blackburn with Darwen CCG

Mrs Jackie Hanson Chief Nurse and Director of Quality

NHS Chorley and South Ribble Clinical Commissioning Group

Chorley and South Ribble Clinical Commissioning Group (CCG) welcomes the opportunity to review the community contract element of the Quality Account for Lancashire Care NHS Foundation Trust (LCFT) for 2017/18.

Following the Care Quality Commission (CQC) inspection in September 2016, the CCG and LCFT recognised that improvements were still required, specifically in relation to the provision of safe and effective community health services. Throughout 2017/18 the CCG has worked in partnership with LCFT in order to ensure the delivery of the CQC recommendations. The 'well led' CQC inspection took place in January and February 2018 and the release of the published report is expected at the end of May 2018.

The CCG has worked with LCFT to develop a collaborative and systematic approach when undertaking contractual quality assurance visits to ensure the alignment of priorities and reduce the burden on services. In 2017/18 there have been three quality assurance visits to the Care Home Effective Support Service (CHESS), the Children's Integrated Therapy and Nursing Services (CITNS) and the Treatment Room at Blackburn with Darwen. These visits have identified many areas of good practice, but have also identified the challenges faced by staff along with some areas for improvement.

Unfortunately, a Never Event has been reported in 2017-18 which involved a medication incident. The CCG recognise that LCFT implemented immediate actions in response to this event in order to ensure patient safety. The CCG looks forward to receiving the final report in response to this event.

It is positive to note a number of quality initiatives which the Trust has implemented throughout 2017/18, including improvements that have been instigated as a result of the Serious Incident Learning Panel. This has enabled a collaborative and proactive approach to enhance learning from serious incidents.

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.

Delivery of the Harm Free Care agenda is at the heart of quality service provision for LCFT. Although they have not met their aspirational reduction targets for both grade 3 and grade 4 pressure ulcers, the CCG recognise that reducing the prevalence of pressure ulcers remains a priority for LCFT. Their focus on continuous improvement has resulted in the development of the Safety Senate and the continued roll out of the React to Red initiative in partnership with key stakeholders across the health economy. The CCG would like to thank LCFT for their outstanding contribution and support with this initiative.

Workforce issues remain a significant challenge. Of particular concern is the impact of this on the smaller services. The CCG acknowledges the plans LCFT has put in place to try to address these challenges and continues to work with, and support, the Trust in identifying services which may be affected in the future. This will ensure that support is in place for staff and that patient safety maintains a priority.

Mandatory and statutory training compliance remains an area of concern. However, the CCG recognises the significant improvements that have been made in this area and look forward to further improvements in 2018-19 to ensure the sustainability of this improving position.

The CCG and LCFT were disappointed that the results of the NHS Staff Survey indicated a deteriorating position and that there are many areas for improvement. However, the CCG has been informed that the community element of the staff survey has not deteriorated as much as the overall survey would indicate. The CCG also acknowledges that LCFT recognises the importance of staff experience in the provision of high quality care and that a People Plan has been developed in order to improve staff engagement, development and satisfaction.
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 of an organisation that continues to be proactive in seeking to put quality and innovation at the heart of service provision.

During 17/18 LCFT participated in 5 national CQUIN schemes:-

- Staff Health and Wellbeing.
- Preventing ill health by risky behaviours (alcohol and tobacco).
- Improving the assessment of wounds.
- Personalised care and support planning.
- Supporting proactive and safe discharge.

The CCG acknowledges the national schemes have been challenging, however, it is positive to note the work that has been undertaken. At quarter 3 reconciliation LCFT had fully achieved 4 out of the 5 schemes, with a partial achievement of the remaining scheme.
During 18/19, LCFT will continue to participate in the national schemes. It is positive to note that LCFT wish to continue to support safe discharge for local patients and have agreed a local CQUIN scheme to continue this work.

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, their carers and families in order to understand what matters to them.

The CCG looks forward to working with the Trust during 2018-19 in order to achieve the requirements of the nationally mandated Integrated Care Partnership. The CCG remains committed to working together to realise the planned quality outcomes and continuous improvement in care for the local population.

Denis Gizzi
Chief Officer

Amendments Made to Initial Draft Quality Account Following Feedback from Stakeholders

Lancashire Care NHS Foundation Trust welcomes the positive feedback and ideas for improvement we have received on the format and content of the Quality Account this year. All comments received have been reviewed with, where possible, immediate additions and updates to the narrative made. Examples include:

The narrative section which support the quality improvements associated with the Harm Free Care goals has been reordered to more clearly illustrate the improvements underway.

The performance relating to 'admissions to adult facilities of patient under 16 years old' is now included. In addition the data relating to readmissions of children and young people within 30 days has been reviewed, updated and validated.

Additional narrative has been added in part 2 to acknowledge the examples of partnership work in Southport and Formby.

Providing clarification that in conjunction with our Annual Report, the Quality Account gives an overview of the work we do, the range of our activities and current performance and that in addition we are hosting our second Quality Improvement conference in May 2018 which will inform the development of "Our Quality Story". This will be shared in a variety of public friendly styles and will complement the Quality Account.

The remaining comments will be considered as part of the review process in 2018/19. 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 2018/2019 Quality Account.

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

Statement of Directors' Responsibilities in Respect of the Quality Report

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

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2017 to 25/05/18
  - papers relating to Quality reported to the board over the period April 2017 to 25/05/18
  - feedback from commissioners dated 02/05/18 and 03/05/18
  - feedback from local Healthwatch organisations dated 30/04/18
  - feedback from Overview and Scrutiny Committee dated 30/04/18 and 02/05/18
  - feedback from governors dated 13/02/18
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, date May 2018
  - the 2017 national community mental health patient survey
  - the 2017 national staff survey
  - the Head of Internal Audit's annual opinion over the trust's control environment dated 25/05/2018
  - CQC Inspection Report dated 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 and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

25 May 2018 Date.....Chair

25 May 2018 Date.....Chief Executive

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

7 day follow-ups

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

CPA review within 12 months

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

Mental Health Delayed Transfer of Care

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

EIS in place for New Psychosis Cases

Aim:	
Meeting the commitment to support the identification of new psychosis cases in young people by early intervention teams.	
Definition:	
Numerator	At the census date all those who have been diagnosed and been accepted into the Psychosis group since the start of the year.
Denominator	At the census date the number that should have been accepted into the Psychosis group according to the plan.

RTT – Consultant-led (Completed Pathway)

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

RTT – Consultant-led (Incomplete Pathway)

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

IP Access to Crisis Resolution Home Treatment

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

MH Data Completeness – Identifiers

Aim:	
To ensure that demographic identification data recorded about a patient within the electronic record system is complete.	
Definition:	
Numerator	Count of valid entries for each data item: •NHS number •Date of birth •Postcode (normal residence) •Current gender •Registered General Medical Practice Org. code •Commissioner Org. code)
Denominator	Total number of (all) entries.

MH Data Completeness – Outcomes

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

Admissions to adult facilities of patients under 16 years old

Aim:	
Increase in the number of young people accessing children's mental health services by 35% compared to 16/17 baseline	
Definition:	
Numerator	Total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period.
Denominator	Estimated total number of individual children and young people aged under 18 with a diagnosable mental health condition.

Inappropriate out-of-area placements for adult mental health services

Aim:
Achievement of trajectory which reduces Inappropriate OAPs to 0 by April 2021
Definition:
The total number of inappropriate mental health OAPS (OBDs) in the reporting month

Appendix 2: Glossary
Abbreviations

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

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

Key Terms

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

	Development Authority as the combined regulator of NHS Trusts
People Plan	A plan to increase staff engagement and improve staff experience.
Our Vision & Quality plan 2015-2019	Is the central plan for Lancashire Care NHS Foundation Trust which puts the experiences who use services at the heart of everything the organisation does, striving to provide "*High quality care, in the right place, at the right time, every time*" .
Quality	Quality is about giving people treatments that work (effectiveness), making sure that they have a good experience of care (patient experience), protecting them from harm (safety) with services that are well led (well-led)
Quality Academy	Supports the development of a highly skilled competent workforce, who appreciate and understand how and what they do in their everyday role contributes to the provision of a quality service and strive for excellence.
Quality Improvement Board	A Board, led by NHS England, where Lancashire Care NHS Foundation trust will report assurance on progress of actions following CQC inspection in April 2015. Lancashire Care NHS Foundation Trust will work through the Quality Improvement Board to drive and influence system wide quality improvement.
Quality Improvement Framework	A systematic approach to capturing and evidencing quality improvements.
Quality Pioneers	Staff/teams leading on progressive quality improvements to achieve 'excellence' in clinical areas.
Raising Concerns Guardian	Guardians have a key role in helping to raise the profile of raising concerns, providing confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
Risk Register	A document that records risk to achievement of an objective, service or project and identifies the actions in place to reduce the likelihood of the risk.
SharePoint	Microsoft SharePoint is the web application used to manage the intranet site. This allows staff across the Trust to access documents and information.
Sign up to Safety Campaign	Sign up to Safety is a national initiative to help NHS organisations and their staff achieve their safety aspirations and care for people in the safest way possible.
Trac Systems?	Trac Systems provide online software, Trac that can facilitate your recruitment process. From posting a new vacancy, all the way to booking an applicant's induction courses and start date.. You can manage your adverts, candidates, pre-employment checks and workload more efficiently helping you to achieve your targets
Team Information Board	Team information boards support conversations by teams about the quality of care delivered. Teams meet around the board regularly to review quality and performance and agree actions to deliver improvements.
Well-led Framework	Supports Lancashire Care NHS Foundation Trust internal governance processes.