West Lancashire Quality Account 2023-24

Services delivered in West Lancashire by HCRG Care Services Limited

HCRG Care Services Limited, trading as HCRG Care Group
The Heath Business and Technical Park, Runcorn, WA7 4QX
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WE CHANGE LIVES BY TRANSFORMING HEALTH AND CARE

Contents

Part one

Executive summary

A Quality Account is an annual report which providers of NHS healthcare services must publish about the quality of services they provide. This quality account covers the services provided by HCRG Care Group on behalf of Lancashire and South Cumbria Integrated Care Board (ICB) in West Lancashire

HCRG Care Group may also provide other services in West Lancashire but these may not be included in this document if they are not commissioned by Lancashire and South Cumbria ICB or are not eligible to be included within a Quality Account.

This document aims to demonstrate our commitment to providing the best quality services to local people and is an opportunity for us to take stock of what we have achieved and our plans for the coming year.

We have used the information presented here to analyse our performance and to set priorities for the coming year. To ensure those priorities reflect the needs of the people who use our services, views have been gathered from people who use them and community representatives, as well as commissioners and frontline colleagues.

If you would like a hard copy of this document, a copy in another language, to provide feedback on this document, or to talk to someone about your experience of using our services, please contact the service directly. Details can be found at https://westlancscommunityhealth.nhs.uk/

Regional Director's introduction

I am extremely proud of the achievements and progress we have made in West Lancashire over the past year and some of these include:-

Development of Integrated Neighbourhood Teams (INTs)
In order to support the vision of Lancashire and South Cumbria ICB, we have restructured our Adult Community-Services and introduced three Integrated Neighbourhood Teams (INTs) and recruited into Senior INT Manager roles.

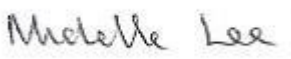
Technology – SMS/Elaros/DESMOND
We have continued to utilise technology for support service improvements and have introduced the use of an SMS text reminder service to all our of services that are appointment-based. This has made a difference in supporting a reduction of DNAs (Did Not Attend) to the services. We have introduced the use of the DESMOND diabetes app to enable patients to self-mange more effectively and efficiently whilst at home and we continue to use the Elaros digital platform to help support those suffering from Long Covid. Both the apps are accessible from anywhere, using an electronic mobile device.

Lung cancer pathway
We have worked closely with primary care services to develop a lung cancer pathway for patients who meet a clearly defined set of criteria for an urgent chest x-ray. When patients present at the UTC with chest symptoms and no other symptoms, we can now organise this diagnostic test, negating the need to return to their GP and enabling the patients to be treated in a streamlined manner which reduces the number of healthcare contacts for the patient and ensures that the investigation is performed as soon as the need is identified.

Over the coming 12 months, we will continue to build on these achievements and take the lessons learned over the past year to ensure we can continue to change lives by transforming health and care West Lancashire.

We will also continue to work closely with our partners, the Care Quality Commission (CQC) and the communities we work in, to demonstrate our high standards of quality.

In putting together this publication, we have sought feedback from staff and people who use our services, and I would like to take this opportunity to thank them for their input into the process.
I can confirm that, to the best of my knowledge, the data and information in parts two and three of this report reflect both the successes and the areas that we have identified for improvement over the next 12 months.



Michelle Lee
Regional Director – Lancashire
HCRG Care Services Limited

Part Two

About HCRG Care Group

We change lives by transforming health and care.

Established in 2006, we are one of the UK's leading independent providers of community health and care services, working with health and care commissioners and communities to transform services with a focus on experience, efficiency, and improved outcomes.

We deliver and transform adult and children community health services, primary care services including urgent care, sexual health, dermatology and MSK services as well as adult social care and wellbeing services.

We changed our name to HCRG Care Group on 1 December 2021, following our acquisition by experienced health, care and education investors Twenty20 Capital.

Our leadership team

Stephen Collier
Chair

David Deitz
Chief Financial Officer

Samantha Kane
Chief People Officer

Richard Comerford
Chief Commercial Officer

Pat Birchall
Chief Operations Officer

David Watkins
General Counsel

Our leadership team changed after March 31 2024. Please visit hcrgcaregroup.com to see the latest leadership chart

Our colleague survey results

We run a colleague survey to understand how our colleagues are feeling and how we can improve. In 2022-23, we changed the frequency of these surveys from annual to quarterly to obtain more timely feedback. The surveys include the nine staff engagement questions from the NHS People Pulse Survey.

An average of 35.5 per cent of our colleagues across England took part in the four surveys between April 2023-January 2024 and we continued to see positive feedback and improvement in key indicators. Satisfaction with our organisation as a place to work averaged at 60.5 per cent. Over the same period, 58 percent of colleagues said they would recommend HCRG Care Group as a place to work. In all of the nine NHS People Pulse survey questions, our scores compared favourably.

We develop action plans based on feedback from this survey to improve in the areas colleagues said could be better. The latest action plan is currently in progress in all parts of our organisation and we measure the effectiveness of these actions in subsequent surveys across the year.

How our colleagues can speak up

Our Freedom to Speak Up policy sets out how our colleagues can raise concerns at a number of levels either anonymously or by being identified.

It is very important to us that our colleagues can speak up about any concerns they have at work because it helps us to keep improving our services and the working environment. While colleagues might feel worried about raising a concern, our policy and our senior leadership team and board are all committed to an open and honest culture. Our policy reflects the recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, and we have fully adopted the policy produced by NHS England and NHS Improvement) alongside all other NHS organisations.

We regularly promote this policy to colleagues, encouraging anyone who has concerns to raise them.

Whenever a colleague raises a concern, they will always be listened to, and they will always be supported. Concerns can be raised about risk, malpractice or wrongdoing.

Through Freedom to Speak Up, colleagues can raise concerns:

- with their line manager, or another manager in their service.
- with a lead clinician or tutor.
- with any member of our senior leadership team.
- with our Freedom to Speak Up Guardians, whose contact details are available on our intranet.
- through our anonymous online reporting system SpeakInConfidence;
- with one of three nominated members of the executive team.
- with our independent chairman.

Colleagues can also directly contact our senior leadership team and executive team at any time, whether they are raising a formal concern or an informal query.

Statements from CQC

Some services we operate are required to register with the Care Quality Commission (CQC).

As part of this document, we confirm that HCRG Care Services Limited is registered with the CQC for the provision of the relevant regulated activities, and has no conditions attached to its registration. HCRG Care Services Limited's services have not participated in any special reviews or investigations by the CQC during the reporting period.

Full copies of CQC reports are available on the CQC's website at www.cqc.org.uk under HCRG Care Services Limited.

Safeguarding statement

We are committed to safeguarding and promoting the welfare of adults, children and young people and to protect them from the risks of harm.

To achieve this, we have appointed dedicated National and Local Safeguarding Adults and Children's Leads and policies, guidance, training and practices which reflect statutory and national safeguarding requirements:

- Our National Safeguarding Assurance function works across localities and partnership boundaries to respond to national developments, legislative changes, national, local and organisational learning leading to continuous improvement and learning across the organisation.
- Our Clinical Governance and Safeguarding Committees provide board assurance that our services meet statutory requirements.
- Safeguarding Leads and named professionals are clear about their roles and responsibilities and have sufficient time and support to undertake them.
- Where appropriate, services have submitted a Section 11 Review report and/or Safeguarding Adult Self-Assessment audit tool, with all services completing our national safeguarding audit
- Action plans are monitored across the organisation at committee and board level.
- Safeguarding policies, processes and systems for children and vulnerable adults at risk are current, up to date and robust.
- Safeguarding training is undertaken in line with our safeguarding training strategy and in accordance with the three intercollegiate documents for safeguarding children, looked after children and adults.

Duty of candour statement

We are committed to being open and transparent with the people who use our services and, while considering confidentiality, their representatives too.

We encourage colleagues to be open and honest at all times but particularly when a notifiable safety incident has been recognised. Colleagues report incidents via our incident report system and follow our Duty of Candour policy. This ensures that an apology is made to service users within 10 days of the incident occurring, which is followed up in writing.

We investigate, establish the facts, and report externally as required. We also have due regard to the relevant safeguarding policy and input from suitably trained colleagues before any disclosures are made. Following the investigation, we send another letter to the person who used the service to advise them of the outcome, lessons learnt and how we'll share lessons and knowledge to reduce the likelihood of the same kind of issue happening again. We may also offer a meeting to listen to those affected by the incident and help understanding of our findings and resulting actions.

About West Lancashire

West Lancashire Urgent Treatment Centre

West Lancashire Urgent Treatment Centre (UTC) is located within West Lancashire Health Centre (WLHC), Ormskirk and District General Hospital. The UTC is open 8am to 8pm, 365 days of the year for people needing urgent care for minor illnesses or injuries. No appointment is necessary.

West Lancashire Urgent Treatment Centre can help with:

- Sore throats
- Ear problems
- Coughs and colds
- Chest infections
- Cystitis and urinary infections
- Skin rashes
- DVT pathway (blood clot in the leg – certain exclusion criteria apply)
- Skin infections
- Simple fractures / sprains
- Insect and animal bites
- Minor burns and scalds
- Minor cuts and wounds
- Emergency contraception

The centre cannot provide routine GP services such as chronic disease management e.g. diabetes, blood pressure monitoring etc. or routine referrals to consultants.

Patients can also book appointments directly via 111 if appropriate.

Skelmersdale Walk In Centre

Skelmersdale Walk in Centre (WiC) is in The Concourse Shopping Centre, and is open 8am to 8pm, 365 days a year for patients requiring same day care for minor illness and minor injuries. They can help with:

- Sore throats
- Ear problems
- Coughs and colds
- Chest infections
- Cystitis and urinary infections
- Skin rashes
- Skin infections
- Simple fractures / sprains
- Insect and animal bites
- Minor burns and scalds
- Minor cuts and wounds
- Emergency contraception

The centre cannot provide routine GP services such as chronic disease management e.g. diabetes, blood pressure monitoring etc. or routine referrals to consultants.

There are no x-ray facilities on site and so the WiC is unable to treat suspected fractures.
Patients can also book appointments directly via 111 if appropriate.

Out of Hours Service

The Out of Hours Service is subcontracted to FCMS, which is a social enterprise health and wellbeing service provider that continues to deliver the service from West Lancashire Health Centre as part of our integrated urgent care model.

Community Rehabilitation Team

The Community Rehabilitation Team consists of highly qualified and experienced physiotherapists and occupational therapists. They visit patients who are unable to access outpatient services and require therapy at home.

Urgent Community Response

This multi-disciplinary team consists of registered nurses, advanced nurse practitioners, acute visiting service nurse, therapists, support workers, technical instructors and administration staff who deliver coverage of a two-hour crisis response at home service, across the West Lancashire locality. The aim of the service is to deliver an urgent/crisis response within two hours, to avoid unnecessary hospital admission and support hospital discharge providing a seamless integrated experience for each person enabling professionals to easily access the service.

We also recruited an experienced mental health nurse into this team. This mental health nurse has provided the team with knowledge of managing patients in an acute mental health crisis as well as patients presenting with memory loss and dementia. The nurse has also been appointed as our designated link with LCSFT's Immediate Response Service so that both services are able to work more collaboratively in managing patients in both a physical and mental health crisis, keeping them safe at home and preventing an admission to hospital.

An element of this service is our community intravenous (IV) team, which provides and delivers intravenous antibiotics in the community or outpatient setting where the patient is well enough to receive therapy without hospitalisation, but no oral antibiotic regimen is available.

This team also supports the Neutralising Monoclonal Antibody (nMABS) pathway for residents of West Lancashire suffering from COVID and who also had long-term conditions/are classed as vulnerable. This service is run from West Lancashire Health Centre and our IV clinicians are responsible for collecting, mixing, and administering the medication in a safe environment. Patients are monitored every 10-15 minutes and are observed over a 30-minute period.

Community Matrons

The community matrons support those patients identified at high risk of admission to hospital due to their presenting health needs. This involves close multi-disciplinary working with primary care, adult social care, mental health services, acute care and the third sector such as Age UK.

Specialist Services

Specialist services include the Continence Team, nurse-led Diabetes Service, Dietetics Service, Speech and Language Therapy Service, Community Neurological Rehabilitation Team, Podiatry Service, Falls Prevention Service, Respiratory Team which includes home oxygen, Discharge Planning Service, Specialist Tissue Viability Nursing Team and heart failure nurses and specialist palliative care nurses.

The purpose of these teams is to provide care co-ordination and treatment for some of the most complex patients in West Lancashire Using a multi-disciplinary approach, they work closely with primary, secondary care and other care providers to ensure the patient has a seamless service.

Care Co-ordination Hub (CCH)

The CCH is located in Bickerstaffe House and consists of care co-ordinators, clinicians of the day including an urgent care response (UCR) coordinator, community matron, district nurses and therapists.

The CCH provides clinical triage of referrals to ensure that patients are seen by the right clinician at the right time with a strong focus on preventing the urgent need from becoming an emergency need, supporting admission avoidance, and reducing unplanned contacts with primary care.

Community Nursing Services

This service is based over two sites - Clayton House in Burscough for the day team and West Lancashire Health Centre for the district nurse out of hours team.

This is a 24-hour, seven-day service. The team delivers holistic evidence-based care to housebound people within West Lancashire to avoid unnecessary hospital admissions and support people with complex needs to remain safely in their own home.

This includes end of life care, wound care, continence care and supporting people with long term conditions. The service also provides treatment room clinics in several different locations across West Lancashire for those patients who can attend.

Palliative Care

Palliative Care service is subcontracted to Queens Court Hospice, which delivers specialist palliative care to patients within West Lancashire and provides consultant oversight.

The palliative care specialist nurses work closely in partnership with the community nursing team.

Phlebotomy

Blood collection (Phlebotomy) is an appointment-led service for patients aged 14 and above and is delivered both within the clinic and home settings.

Virtual Wards

An integral part of the Urgent Community Response team, we continue to work across the system and in partnership to provide interventions into Acute Respiratory Infection (ARI), frailty and end of life virtual wards. The frailty virtual ward was last to launch in January 2024.

Our respiratory and frailty virtual wards offer numerous benefits, such as increased accessibility to healthcare services, reduced travel time and costs for patients, improved monitoring and management of chronic conditions, enhanced communication between patients and healthcare providers, and the ability to provide timely and personalised care. Additionally, virtual wards can help alleviate the burden on traditional healthcare facilities, improve patient outcomes, and promote overall health and well-being. By using Docobo technology to deliver care remotely, the virtual wards have changed the way healthcare is delivered and make healthcare more convenient and efficient for both patients and providers. Patients using our virtual wards provide excellent patient feedback through FFT and compliments/cards etc.

Priorities in 2023 -24

The priorities in 2023-24 show what was planned within the quality account with an update on progress over the year. Any outstanding priorities will be taken forward into this year's quality account priorities.

Priority 1	
Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting, and exceeding relevant standards and regulatory requirements	**Friends and Family Test (FFT) & Patient Reported Experience Measure (PREMS)** We actively encourage feedback from our patients and services users about the quality of care received and their overall experience, observing for any trends that would drive improvement. Our service user survey combines two tools widely used - NHS Friends and Family Test and Patient Reported Experience Measures. During 23/24 we achieved our overall combined (Urgent Care Treatment Centres and Adult Community Services) target of 300 FFT responses per month, the average being 435 questions. Adult Community Services reported an average positive FFT score of 94.16% whilst Urgent Treatment Centres (UTC) reported a positive FFT score of 90.84%. 70.84% of FFT submissions went on to respond to all five additional PREMS questions. Adult Community Services received less than 1% negative responses to the questions. Urgent Care received 1.29% negative responses. It is good to report that both services received positive feedback around patients feeling they had been treated with respect. 95% of patients who attended the UTC reported that they had been treated with respect whilst less than 1% reported they had not felt they had been respectively treated in Adult Community Services. Where negative feedback has been received, services have reviewed the responses and established improvement plans. The UTC held a series of workshops with colleagues during Q3 to explore how they could improve patient flow and improve the experience of their service users. A trial was commenced in December to stream patients at initial assessment to the most appropriate place of care. Whilst the pilot did not continue, it has contributed to the scoping work for the NHS Streaming and Redirection Tool, recognising the benefits of digital front door streaming. Adult Community Services during 23/24 had received a small increase in negative responses involving Podiatry. Themes were limited as numbers were low but alluded to clinical skills, communication and access to service. In response, a focused piece of work led by the Clinical Lead Podiatrist was completed, supporting supervision in practice and competency sign off. The service has also undergone a review of clinic utilisation to maximise availability of appointments for service users. To improve communication in this busy team, additional dedicated colleagues from within the care co-ordination hub now support clinic appointments, cancellations, and follow up of non-attendance.

We will continue to closely monitor our FFT /PREMS feedback along with other patient experience indicators to ensure with actively seek out opportunities for improvement.

Patient Reported Outcome Measure (PROMS) /Patient Activation Measure (PAMS)

PAMS enables our clinicians to assess a patient's ability to self-care or self-manage their condition. Information generated by PAMS helps support a decision on next steps, what would be needed as part of the patient's personalised care plan to increase levels of knowledge, skills, and confidence to improve their health and wellbeing outcomes. Patient Activation Measures continue to be utilised across the Specialist Nursing teams including Diabetes, Cardiac and Respiratory.

There are case studies that reflect success where patients feel more empowered following the interventions, guidance and support received from the specialist team and have progressed to a higher tier with good examples following attendance at pulmonary rehabilitation programmes. Another example of success includes a patient with extensive cardiac history currently on the case load of the heart failure team. The patient is appreciative of the input and valued the symptom recognition tools that were shared. The specialist heart failure nurses titrated the prognostic medication using evidence-based practice with a good result.

There are also cases where progression is slow and examples of where our patients struggle to accept their long-term condition. In these cases, our teams continue to support patients that are willing to engage.

Safeguarding

We have continued to improve safeguarding practice through compliance with legislation, national and HCRG Care Group policies and effective shared learning. Our aim is to always make safeguarding personal, which we achieve via our collaborative approach to care with the patient firmly in the middle. There is evidence of effective multi-professional working to keep our patients safe, quite often in challenging situations when dealing with self-neglect, hoarding, carer breakdown and domestic abuse and coercive control.

We celebrated Safeguarding Adults Week in November by welcoming our local authority safeguarding support team colleagues to share a presentation on their redesign of safeguarding enquiry service.

The Quality and Safeguarding Practitioner has been pivotal in strengthening safeguarding supervision across both UTC and Adult Community Services and can evidence good examples of complex case management with shared learning applying legislative frameworks in practice, effective use of MDT working and Risk Assessment Planning (RAP) meetings, the voice of the child and professional enquiry.

Bite size training has been delivered to colleagues to reflect incidents including domestic abuse/ routine enquiry, recording keeping and self-

neglect. Colleagues have also received training on being Trauma Informed and had an opportunity to attend the award-winning trauma informed training The Million Pieces Experience.

We ensure Lancashire-wide system presence by attending the Safeguarding Provider Collaborative and the newly formed Safeguarding System Network as well as representing the business unit within HCRG Care Group Safeguarding Committee, to ensure we keep ahead of national and local safeguarding priorities.

Infection Prevention Control (IPC)

As we move forward from the days of the COVID-19 pandemic, it is important to keep infection prevention control at the forefront of our lives to keep our patients, families and colleagues safe as we move into the next era of infections.

Nationally our policy guidance is based on the National Infection Prevention and Control Manual for England and colleagues have an increasing number of resources to support practice available to them, within the Knowledgebase on our Self Service Portal (internal digital platform).

We also continue to work closely with the UK Health Security Agency to help us prevent, prepare, or respond to infectious diseases, recently in relation to the resurgence of measles. Thankfully to date the impact has been minimal with our Urgent Treatment Centres reporting no identified cases. We supported the public health message to encourage families to book any missed vaccinations against measles mumps and rubella, by displaying the NHS posters.

Locally we continue to monitor our colleagues' compliance against infection prevention control training - at the end of 23/24 it was reported as 94% and our PPE donning and doffing also at 94%. We also supported a colleague to complete the accredited RCN Infection Prevention and Control Programme. She reported gaining valuable experience and focused her improvement project on cleaning regimes in clinical practice and aims to implement her learning during 2024.

During Q4 we began to retest our colleagues who may be required to wear FFP3 masks focusing initially on colleagues with UTC, to ensure they were fitted to an appropriate mask to use should the need arise.

We have strengthened our IPC champion group who during Q4 received updates of hand hygiene training with a view to deliver locally within their teams. Our annual IPC audit within clinical areas was positive with some minor damage to couches identified, which have since been replaced, and relocation of the blood and body fluid spill kits in health centres due to reconfiguration of rooms.

Medicines Management

Our priority for 23/24 was to embed the six principles within the Medicines Optimisation Strategy 22-25:

- The patient's view

- Improved patient outcomes from appropriate medicines used
- Safe use and handling of medicines
- Medicines optimisation embedded in daily practice
- Competent colleagues
- Strategic Quality

We closely monitor our progress using incident trend, PROMS/PAMS audit and compliance with medicines training and shared learning.

As well as asking questions around privacy, dignity and respect, PREMS also ask our patients 'were their questions answered?', 'did they feel involved in decisions about their care?' and 'did colleagues explain the purpose and side effects of a new medicines in a way that you could understand?' Results reported in Adult Community Services showed that less than 1% of responders felt they had not had their medication explained whilst in the UTC the result was 1.36%. The results are pleasing but there are always opportunities to improve communication. For example, Adult Community Services has recently produced and introduced guidance for patients/families/carers on the safe storage of controlled medication in their home. The guidance also shared details of how families obtain medication, store and return unused controlled drugs. The guidance also includes detail of the process that will be followed by community colleagues in the event of a controlled drugs discrepancy within the medicines administration record.

PAMS provided evidence on success in improving patients' outcomes, empowering them as individuals.

Non-Medical Prescribers within both UTC and Adult Community Services are invited to non-medical prescribing forums within their areas, facilitated by our Lead Pharmacist to review medication incidents related to prescribing, review best practice, and deliver supervision. Examples of subjects covered include management of oral thrush, the use of a steroid card when prescribing steroids and prescribing in heart failure.

Several audits have been completed within UTC to ensure compliance with best practice including an audit in prescribing in cases of sinusitis against Pan Mersey Formulary, animal bites again prescribing against Pan Mersey Formulary and Revaxis (Tetanus) prescribing adherence to the Green Book Guidance. An Amoxycillin audit was completed in February 2024 within UTC looking at the percentage of 5-day prescriptions in line with Pan Mersey Formulary. The audit was positive with our percentage compliance being 96%. Learning was shared with colleagues reiterating the Pan Mersey Guidance.

The audit reflected data from January 2024 where 10 prescriptions were identified that included a duration of over five days. Our percentage compliance was 96% which is great, but we need to remain mindful of the course length of all of our antibiotics.

The annual Medicines Audit was completed in 2023/24 to provide assurance that we are monitoring and improving medicines management. Adult Community Services holds limited medicines in the community clinic setting (Adrenaline) but it was recognised we needed to strengthen the

storage of such and record temperatures. Locked storage cupboards are now in each treatment room and the podiatry room with evidence of temperature recording. The Urgent Care team was tasked with ensuring all legacy prescriptions from previous organisation name were removed, a piece of work that is now completed and the action closed.

Adult Community Services have also completed the annual medicines administration record audit and PGD audit.

To ensure our colleagues are competent, Quality and Safety Training inclusive of medicine management is monitored closely at service, business unit and national level. Colleagues also have access to supervision, for example the heart failure team meets monthly with a Consultant from Liverpool Heart and Chest and a Palliative Care Consultant.

Medication incidents are reviewed in line with the Patient Safety Incident Response Plan for the organisation. Incidents that may have led to harm are reviewed at the weekly incident review meeting to make sure a proportionate investigation has been completed and that, where there is an opportunity to improve care, a safety improvement plan is in place.

The National Medicines Optimisation Group, which our Lead Pharmacist attends, has had a busy year. The group has refreshed the medicines management education programmes (now known as medicines training) to five core modules covering areas that matter most to patient care and medicine safety. The modules include:

- Safe use and handling of medicines
- Medicines administration
- Cold chain
- Patient group directions
- Controlled drugs

The organisation's Chief Pharmacist contributes to the national quarterly quality newsletter which includes useful updates, opportunities for training and resources available to colleagues to support best practice. Annual Med Safety Week (6-12th November) was celebrated, reminding colleagues 'who can report; via the Yellow card. World Antimicrobial Resistance (AMR) week, 18-24 November, included a call for collaboration across sectors to reduce antimicrobial prescribing

Pressure Ulcer Prevention

We recognise the impact and reduced quality of life for our patients and families/carers when pressure damage occurs. We have continued to strive for better pressure ulcer prevention and management. With support from our Tissue Viability Specialist Nurses all colleagues are invited to attend wound management training and pressure ulcer prevention and management training delivered on a rolling programme throughout the year. This is delivered locally, face to face, to improve engagement and representatives from industry are invited to demonstrate wound management products and/or pressure relieving equipment.

To support our colleagues in care homes, our Tissue Viability Specialist Nurse and Continence Specialist Nurse deliver a programme every quarter to enable care staff to increase their knowledge and skills in pressure prevention, management and the prevention of moisture associated skin damage and management using the correct skin washes and barrier cream as well as the correct containment products.

Within the HCRG Care Group Patient Safety Incident Response Plan, pressure damage is an organisational patient safety priority and has an organisational safety improvement plan, reflected locally within the community nursing safety improvement plan that supports a culture of continuous learning and quality improvement. There are eight areas of focus: leadership, patient safety, scheduling, equipment, compliance with policy, communication, education and training and clinical record keeping.

We review our pressure-related incidents at a weekly incident review huddle to establish that the patient is safe, with an appropriate management plan, and that a proportionate investigation has taken place. We celebrate good practice but also seek out opportunities to improve care and share learning. Learning is shared in many ways, within the incident review meeting, shared via supervision and reflection within a team and disseminated via the Integrated Neighbourhood Team monthly newsletter. Learning is also reflected in future training and bite size updates. As an example, we are encouraging colleagues to consider the use of a hybrid mattress in patients whose health is likely to suddenly deteriorate, to avoid the necessity to upgrade the level of pressure prevention mattress being used. Training has been arranged with the company demonstrating the benefits of this system in these circumstances.

We have completed training during Q4 to introduce in Q1 2024/25 a new validated pressure ulcer risk assessment tool, PURPOSE -T. NHS England commissioned the national wound care strategy group to improve the prevention and care of pressure ulcers. This was a key recommendation published in October 2023. Our national Tissue Viability Strive for Better Group has worked hard to deliver training and work with clinical systems to ensure our templates are amended. The benefits of the new tool are considered many. It is evidence based, self-explanatory and becomes easier to use with familiarity. It does not include numerical score but relies on a visual RAG (Red, Amber, Green) rating colour code. It also includes as part of the risk assessment history of previous pressure damage and pain as important risk factors.

We have also been preparing for the launch in May 2024 of a non-prescription wound management supply system for community nursing teams whereby health professionals can access wound care formulary products in line with the standard operating procedure to guarantee formulary compliance. This will improve access and response times to products with the aim of improving patient outcomes and reducing waste.

Urgent Care

We have continued to support our local emergency department and provide the Clinical Assessment Service (CAS) service for NHS111 and Category 3 ambulance revalidation and have maintained a high admission avoidance rate.

In response to the increasing pressure within the Emergency Department and primary care system we increased our direct booking slots from 12 to 22 per day on 6th December 2023 and the uptake is now at 35% which suggests that this meets the current demand.

We have also continued to create a workforce that meets the clinical demands of the service. Examples include:

- We have supported one paramedic practitioner to complete the level 7 paediatric examination course
- We have recruited a paediatric lead nurse to continue to ensure clinical competency
- Compliance with intermediate life support and paediatric intermediate life support
- 3 nurse practitioners have completed their V300 non-medical prescribing qualification
- 1 paramedic has completed his clinical examination course
- 4 practitioners are working their way through the advanced care practitioner (ACP) Pathway

The Head of Urgent Treatment Centres continues to attend the Integrated Neighbourhood Team huddle which enables escalation and decision making for primary, urgent, community and social care in West Lancashire. This benefits patients as there can be rapid resolution of any issues that are brought to the group.

There has been a real focus on integrating with other providers, agencies to improve the patient experience/outcome. Examples include:

- We have agreed pathways to refer patients to access care closer to home. For patients who attend from or neighbour Sefton with wounds that require further dressings we are now able to refer directly into their community services team and patients who require IV antibiotics can be referred into their IV service
- We have agreed a pathway to allow patients who are seen by Mersey and West Lancashire Teaching Hospital Physiotherapy Department to be referred directly into our suspected DVT pathway
- We welcomed nurses from a local nursing home to attend our service to gain their competency in venepuncture as they had been unable to get support from their primary care PCN and were not exposed to enough within their own work area
- We are also awaiting ratification for a pathway that will make it easier for patients from care and nursing homes to attend and be assessed and treated. The patient will be given an appointment time to allow transport to be arranged and prevent them requiring hospital treatment

- We continue to work with our community partners to refer patients into virtual wards, admission avoidance teams and treatment room services to ensure that patients get the right care in the right place
- We have created a pathway to allow patients who meet the criteria for an urgent chest X ray to have this performed on the day of their attendance at the UTC to allow referral into the suspected cancer pathways without requiring additional primary care input

Adult Community Services

Throughout 23/24 we have continued to collaborate with system partners and ICB colleagues to realise the ambition of increasing the number of patients managed through the respiratory and end of life virtual wards as well as launching the Frailty Virtual Ward in Quarter 4. These new and enhanced models of care are supported by locally developed SOPs, memorandums of understanding and data sharing agreements and are continuously being refined as confidence and knowledge of the services continues to grow, enabling a greater complexity of need to be supported outside of the acute setting.

For the period April 23 - March 24, there have been 41 patients supported via the Respiratory Virtual Ward. Of these 41 Respiratory Virtual Ward patients, 15 have been stepped down from the acute trust and 26 patients have been stepped up. The reason for referrals were the exacerbation of COPD x 34, community acquired pneumonia x 5, and lower respiratory tract infection x2.

The Frailty Virtual Ward is more in its infancy and to date has cared for three patients. Two patients have been stepped up by UCR and one patient stepped down from the Acute Trust.

Similarly, our Urgent Community Response Service (incorporating the Acute Visiting Service) has focussed on further collaboration with the North West Ambulance Service (NWAS) and 111 to ensure that patents are able benefit from a holistic wrap around service which provides a safe alternative to A+E and GP attendance, avoiding a potential admission to hospital and receiving the right care at the right time at home in their preferred place of care. The impact of this can be evidenced by the increasing number of referrals to the service in 2023-24 compared to 2022-23.

In addition, our Adult Community Services have focussed on enhancing our patient experience of services by improving access to assessment and intervention by continuing to recruit into vacancies as well as reviewing service delivery and where possible working differently with the support of MDT colleagues to reduce waiting times into the services. As a result, we are able to report that at the end of March 2024, 95% of referrals into the services are seen within 18 weeks of referral compared to 80% of referrals at the end of March 2023.

We started 2023 with the priority of building upon delivering effective MDTs to support the ambition of creating West Lancashire Integrated Neighbourhood Teams. To further facilitate this way of working, we have

undergone a restructure of our Community Services to form three neighbourhood teams to progress along with our communities and partners the development of Integrated Neighbourhood Teams (INTs). These INTs aim to provide seamless wrap around person centred care as well as utilising population health data to identify future priorities for targeted service developments to meet the bespoke needs of our INT populations. To prepare our staff for this future model of co-produced and connected care delivery, we have provided training on population health management, sharing localised data on our West Lancashire population and their current and emerging health needs. At the same time, we have recruited and established three INT Managers who are currently focussed on creating and enabling the connections between our partners and our local community assets.

From a transformation perspective, the services have continued to explore opportunities around supporting the voluntary sector and strengthening community assets as well as enhancing opportunities for self-management. Examples of these are

- Podiatry upskilling Age UK Nail Cutting colleagues to carry out foot screening as part of their assessment, enabling individuals with low-risk diabetes smoother access to this service and reducing the workload for our GP practice colleagues, who previously would have needed to supply evidence of annual foot screening for these individuals (this element of Age UK service delivery to low-risk diabetics is only available in West Lancs).
- Population Health Manager Training and support to Community Health Champions to enable Making Every Contact Count discussions as well as effective signposting of individuals to empower self-management to facilitate optimal health and wellbeing outcomes.
- Diabetes Specialist Nursing Service undertaking training in DESMOND to ensure that we are able to deliver evidenced-based structured education for our identified referred West Lancashire population as well as acquiring the DESMOND app as another more flexible and digitally enhanced method of supporting this cohort of individuals to be empowered to live well with this long-term condition.
- Externally our service leads and clinicians have worked collaboratively with colleagues from the ICB and other community services providers to influence, co-produce and transform the future commissioning models of community care (Community nursing and AHP transformation, podiatry , dietetics and bladder and bowel vulnerable and vital services programmes).

As identified in previous years' Quality Account reports, our Community Services have continued to build upon our ambition to develop new roles and further develop the existing and future workforce. This is evidenced by the following:

- Creation of two Frailty Nurse posts to support the delivery of the Frailty Virtual Ward

- Creation of, and recruitment, to a Clinical Lead Podiatry post to ensure that the service continues to develop the required skill set to provide assessment and intervention for increasingly complex podiatry needs being managed and supported by the Community Podiatry Service
- Recruitment and development of three Integrated Neighbourhood Team Manager posts to drive the development of integrated Neighbourhood Teams in West Lancashire
- Development of three AHP locality leads to collectively lead with their nursing counterparts on the delivery of INT MDTs
- Development of nursing and AHP assistants via AHP apprenticeships eg OT assistant is undertaking an OT apprenticeship and HCAs are completing Nursing Associate qualifications
- Release of four community nurses to undertake the Community Nursing Specialist Practitioner qualification (SPQ)
- Secondment of staff into senior posts to support ongoing development e.g Team Leader DN seconded into Team Manager post and community nurse seconded into Team Leader post
- Additional student placement and work experience opportunities for local sixth form students to encourage more students to choose nursing and AHP careers as well understanding the local options available to them to secure health-based careers close to home.

Priority 2	
Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.	**Quality** We continue to hold our monthly business quality meeting to gain assurance that our processes are robust and that patients remain safe. We monitor risks, incidents, complaints and evaluate service user feedback, looking for any trends and opportunities to share learning and improve care. We review audits, monitor quality improvement plans and appraise any updated best practice guidance. We ensure any safety alerts are shared and actions completed. Quality and safety training is closely monitored and where areas are below 85% compliance, scrutiny is applied and support given. The business unit is represented at HCRG Care Group's Quality Performance Group and the Clinical Governance Committee which give an opportunity to provide assurance our services are safe and to share learning. Assurance services are safe is also provided to the ICB via our monthly outcome submission and quarterly quality report. **Incident Management** During 23/24 we prepared for the transition to the Patient Safety Incident Response Framework (PSIRF). The organisation has a ratified policy and

plan. The plan defines our patient safety incident profile, patient safety incident investigation and other learning response methods, our approach to including patients, governance, and approval and how we can share learning and improve care. There is a clear incident management process available to colleagues within the plan.

To meet the requirements of the PSIRF locally within the business unit, we have identified colleagues who have taken on the role and responsibility of the learning response leads, engagement leads and oversight leads, all of whom have completed the required training in line with the PSIRF training pathway.

Colleagues who support investigations have also got access to several e-learning resources to give them additional knowledge and understanding of patient safety investigations, wider system thinking, human factors and safety culture.

The Quality and Safeguarding Lead has delivered a presentation to senior leaders within the BU to introduce the framework and its local implementation and takes every opportunity with all colleagues to embed the framework. Colleagues also have access to a 7-minute briefing.

One of the most influential factors in improving patient safety is to promote a positive safety culture. As we have introduced our PSIRF approach to patient safety, we have also strengthened a culture of openness and encouraged a 'just' culture where colleagues are treated fairly, with empathy and are not judged unfairly for their actions. Staff are supported when errors occur and only sanctioned as appropriate where reckless behaviour is apparent. We want our colleagues to feel comfortable discussing safety incidents and raising issues with colleagues and managers.

During Q4 the organisation prepared for the transition to share our patient safety incidents with Learning from Patient Safety Events service (LFPSE). Our incident reporting module (Datix) is now linked to LFPSE. Colleagues have had the opportunity to join training and access resources via the knowledge base area on the app Loop. Colleagues within the BU have also got access to a 7-minute briefing.

Safeguarding

The annual safeguarding audit was completed during the months of May and June. All action plans were completed within the 8-week timeframe. The main theme that emerged was limited evidence of safeguarding supervision. Our Quality and Safeguarding Practitioner has been pivotal in driving safeguarding supervision forward within both adult community services and urgent care. There is evidence of supervision across all services.

The annual safeguarding assurance framework was completed overall demonstrating compliance and submitted to our integrated care board.

We continue to share information and support local authority with their section 42 enquiries with evidence of effective partnership working, which continues to progress.

All elements of safeguarding training compliance are closely monitored and shared at both operational meetings and safeguarding assurance meetings chaired by the regional safeguarding lead. Where there is slippage, action and support is put in place to increase compliance. Incidents related to safeguarding are reviewed by the quality and safeguarding team to ensure our response has been proportionate with an appropriate plan in place to safeguard our patients. Case studies reflecting incidents are used for shared learning during supervision sessions and during the business unit quality meeting for wider learning and dissemination.

Harm Free Care

During Q1 and Q2 we continued to work within the Serious Incident (SI) framework. The weekly panel that reviewed incidents during this period (known as the harm free care panel), identified three incidents that met the threshold of an SI up to the transition across to PSIRF. The incidents were related to pressure damage and the correct process was followed, carrying out a full investigation using a root cause analysis approach. The incidents were uploaded onto the strategic executive information system.

Our approach now reflects the PSIRF. Our incidents receive a proportionate level of investigation using different learning response tools for example safety huddles, after action reviews and SBARs (Situation, background, analysis and recommendation). For assurance, the quality and safeguarding lead chairs a weekly incident review meeting where, predominantly, incidents of a moderate or higher level of patient safety harm are discussed with a view to establish is the patient safe with the correct management plan in place. The chair gains assurance that an investigation has been completed with an appropriate level of detail and explores opportunities to improve care. The members, including senior colleagues and subject matter experts (eg. the tissue viability nurse), ensure that learning identified is already being addressed in active improvement plans. The members also agree how learning can be cascaded, for example within the integrated neighbourhood team monthly newsletter or group supervision. To date only one higher level of investigation (patient safety incident investigation) has been requested relating to the escalation of a clinical system fault in the urgent treatment centre.

Emergency Preparedness and Resilience and Response (EPRR)

There has been continued representation at the monthly National EPRR Group by our EPRR lead to ensure we have everything in place across the business unit. Our business continuity plans (BCP) have been reviewed and updated along with our adverse weather plans. We have tested and will

	continue to test with live and tabletop exercises during the year. Our BCP has been shared with the ICB as part of core assurance and rated as substantial.
Priority 3	
Continue to be recognised as an outstanding employer	**People Strategy** Our West Lancashire Workforce Strategy was shared with commissioners during Q3 as part of our outcome framework. Our priorities remained the same: • Recruit - increase workforce capacity including growing our own and exploring international recruitment. • Retain - improving support for colleagues including providing flexibility, developing career pathways, sharing best practice, promoting My Reward Hub, occupational health and EAP, use of staff survey results to inform service change, Freedom to Speak Up, Equality, Diversity and Inclusion • Re-energise - simplify processes, embed new ways of working, implement digital passports to support movement of staff through NHS partners. • Regenerate - design roles that offer greater flexibility and embed new models of care. **Recruit** During 2023-24 we have continued to review our vacancies and support hard to recruit posts with greater use of social media to attract colleagues. We have also continued to support several colleagues on apprenticeships including the Registered Nurse Degree Apprenticeship (NDA) Level 3 Team Leader, Level 5 Operational Management, and Level 3 Business Administration to support a sustainable workforce by 'growing our own'. We have completed the 1st round of the national Community Nursing Safe Staffing Tool (CNSST), which is an evidence-based workforce planning tool that supports the establishment review process in adult community services. We continue to support local education providers with career events to share our experience and knowledge with our young adults to help them make a choice about their career. Last summer, colleagues representing our business unit attended the annual summer science fayre at West Lancashire College. This is the fourth year we have participated in this interactive event. With a hands-on approach, students were shown how to take blood pressure and pulse measurements, how to make an arm sling and students had the opportunity to use a spirometry machine to see how well their lungs were working. Both opportunistic and planned conversations were had with students about careers in health, and the journey of a student nurse at our local university was very well received.

A GP from our UTC was also invited to West Lancashire College, this time as a guest speaker, to take part in the first conference aimed at supporting a cohort of students wishing to pursue a career in medicine.

Two colleagues from the UCR attended a career fayre in March, again talking to students about a career in health.

We continue to build upon our existing arrangements with higher education institutes to enhance the student offer by committing to more placements including work experience for local colleges. As well as sharing information, we have given many students the opportunity to experience life in health care. In February 2024 we saw our first cohort of students studying for NCFE Level 3T qualification in health. The length of this placement is a year which gives the students a real opportunity to develop both knowledge and practical skills in the health sector and to understand how community services work and will hopefully encourage these students to become future employees within the organisation.

We continue to host a number of pre-registration student placements from various local health education institutes including Edge Hill University and the University of Central Lancashire. We offer learning experiences and placements for nursing, allied health professional and medical students. This provides valuable opportunities to observe and experience front line, patient-facing care delivery by a number of services, reducing the theory practice gap.

The UTC has continued to work alongside Edge Hill University and, during 2023-24, has supported a cohort of first year medical students on one day primary care placements, welcoming a further three second year medical students between March – May 2024 for a weeklong placement. The team has received fantastic feedback, acknowledging what they have learnt, and the wide variety of presentations observed.

Our commitment to help support a sustainable workforce has not gone unnoticed. In May 2023, a representative from Edge Hill University attended our UTC service with a plaque recognising the 'commitment to providing high quality medical education and the support given to the Edge Hill University undergraduate medical students'. The university also formally thanked the adult community services for providing additional supervision and education for the first year medical students as well.

Retain

We have introduced several alternative career pathways, both clinical and non-clinical within our services, to help retain our skilled workforce including frailty practitioners, integrated neighbourhood service leads, AHP clinical lead and business support roles.

There is good evidence of internal recruitment. We have successfully developed our colleagues so they have the right skill set, vision and values

and are ready for promotion and/or new roles supporting new models of care delivery for example virtual wards, where clinical roles have been developed in the areas of frailty and respiratory. In additions, during Q1 our GP Clinical Lead was appointed to Head of Urgent Care following an internal restructure, bringing with her a wealth of experience to drive forward the UTC agenda.

Bringing new talent to the organisation, an experienced band 7 District Nurse was successful in her application and has joined two external candidates in creating three integrated neighbourhood managers to lead the development of integrated neighbourhood teams, an important part of Lancashire and South Cumbria Integrated Care Board's vision.

We want to enable our workforce to be their best selves and support colleagues to foster new skills and grow as individuals. The year has seen many examples where colleagues have been offered opportunities to further educate themselves and develop themselves as leaders to support our vision of a skilled resilient workforce.

Training and Development

Colleagues continue to have access to our training department's full suite of clinical, quality, safeguarding and leadership training resources either e-learning or face to face. Colleagues also have access to continuous professional development programmes funded locally.

Individual training needs are identified via appraisal conversions, supervision, 1:1s and are captured within our training needs analysis (TNA). The TNA will also consider the population health of our neighbourhoods and any future service development to ensure our workforce areas are appropriately skilled.

Examples of accredited training delivered by our local universities include:

- Three colleagues from within community teams commenced the advanced clinical practice module at level 7 to further develop.
- 11 colleagues from across district nursing, matrons, therapists and specialist nursing have commenced the level 7 frailty module to enhance their personal practice by developing knowledge and understanding in the physiology of ageing, assessment and interventions, building upon critical analysis and understanding the absolute benefits of MDT working.
- Three colleagues from within the District Nursing Team have commenced community specialist practitioner course. Two will be studying at level 7 and one at level 6. Our colleagues will have the opportunity to enhance their practical and theoretical knowledge of working and caring for people in the community, supporting them to become an adaptable, reflective, and responsive practitioner who will promote the highest standards of

health care, whilst recognising the diversity of community health and social care needs in a changing climate. On completion they will attain an NMC recordable qualification of Community Specialist Practitioner.

- 2 colleagues from district nursing have completed level 6 Care of management of leg ulcers.

- UTC supported three colleagues to complete accredited education in September 2023 including:

    - Paediatric Clinical Examination
    - V300 non-Medical Prescribing
    - Adult clinical Examination

This list is by no means exhaustive but demonstrates our commitment to developing our workforce.

Colleagues have also had opportunities to attend locally-delivered training. Examples include:

- What is population health?
- Care Think Do leadership programme
- Heart failure awareness
- Pressure ulcer prevention and management
- MECC/Healthy eating
- Trauma-informed awareness

To evidence the variety of training and development our colleagues can access, a group of senior leaders attended resilience training. Safe and Sound was a two-day programme for leaders to explore resilience and techniques and tools that can be used to manage health and wellbeing in oneself and to recognise when resilience is reduced in others. Positive feedback received from attendees included 'thought provoking' 'inspirational' and 'encouraged me to think differently.'

Two colleagues were also given the opportunity to join other colleagues nationally from within HCRG Care Group to attend Inquest Training in March this year. The event was held in London and delivered by RPC, an international law firm. An informative, interactive session covered what an inquest is, the journey from disclosure to conclusion, practical tips and HCRG Care Group policy.

Following a successful nomination, one of our aspiring district nurses has participated in a 12 month Florence Nightingale Foundation Fellowship programme focusing on leadership.

We continue to engage with our colleagues via Town Hall broadcasts. These are held every quarter and are an opportunity for our Executive

Team and our Senior Leadership Team to give updates on what's happening across the organisation and to respond to the topics currently on colleagues' minds. The organisation also holds a quarterly pulse check colleague survey. Overall, our results are positive for example. In January 2024 85% of participants recommended their team in West Lancashire as a good place to work.

Locally we hold Choc and Chat events, hosted by members of the local Senior Leadership Team, for colleagues to come and ask questions and hear good news stories. Every quarter our Regional Director chairs the West Lancashire Partnership Forum, a local consultative mechanism to discuss and address a range of local issues and encourage participation and engagement. An example of a piece of work generated from the forum was around patients attending the Urgent Treatment Centre with additional needs. A standard operating procedure was written to provide a consistent and evidence-based approach to the identification and initial management of those service users presenting who have additional heath care needs (whether emotional, cognitive, physical or as a result of aging). This SOP does explore some specific examples of when it should be followed, however it does not attempt to cover all potential presentations. Rather, it aims to instil an ethos of consideration for care for people with additional needs, however that might appear.

On 29 February we held our Lancashire Awards event for our colleagues to come together and enjoy an evening of celebrations in recognition of all the good work they do, with external partners also invited including Queens Court Hospice, West Lancashire College and Edge Hill University. Nominations were received for several categories and awards shared for best newcomer, going above and beyond, best administrator, best partnership working, innovation, to name just a few, as well as recognising those colleagues who have dedicated over 40 years of service to the NHS.

Our colleagues have access to a health and wellbeing platform which not only directs them to our occupational health provider but also our employee assistance programme, cost of living support, menopause cafes and employee rewards, to name a few.

Reenergise

Our colleagues all have access to Loop. During February and March 2024, the organisation rolled out a new platform for communications and engagement called Loop, replacing the Intranet. It can be accessed via an App or on a desktop and is now the primary source of news for colleagues. It holds company updates for all the 'need to know' and 'good to know' news. There is a Keeping You Safe page containing quality and health and safety updates and the Loop Lounge, a colleague noticeboard. There are business unit pages as well as additional groups where colleagues can chat with like-minded colleagues about topics they are interested in.

Loop also provides links to other platforms that colleagues use on a regular basis, such as the Self Service Portal where all support service information and national policies are stored, our training platform and My Reward Hub.

Regenerate

We have continued to prioritise co design, collaboration and participation in multi-disciplinary and multi-provider opportunities to develop and learn together. We have continued to enhance and refine the Respiratory Virtual Ward model of care whilst operationalising the Frailty Virtual Ward during Q4. We have raised the profile of the two-hour Urgent Community Response Service, Acute Visiting Service and virtual ward offer with our primary care colleagues and local ambulance service by sharing live case studies demonstrating the positive impact this model of care can deliver.

We continue to work with Mersey and West Lancashire Hospitals Trust and Mersey Care to further integrate pathways of care, for example the provision of the multi-disciplinary foot team.

We have also been positively represented at the community nurse and AHP forums. Working alongside other providers and representatives from the ICB and Health Innovation, the aim is to agree the underpinning principles for future community model of care, which in turn will then influence the transformation of community services strengthening an MDT/community asset-based approach with an aim to reduce pressure from acute services.

Priority 4

Delivering quality health and social care as efficiently as possible

Co-ordinated Care

We have continued to have an active presence and involvement in several groups that benefit the provision of community services. Some not already described elsewhere in the quality account include:

- West Lancashire Integrated Neighbourhood Teams Leadership Group: Our Regional Director chairs the above group. Examples of its impact include to clarify the role of primary care and its interface in the provision of podiatry care. We have found opportunities where the pathway can be strengthened, for example providing updates on diabetic foot screening for colleagues.
- NWAS and UCR: monthly meeting to strengthen relationships. During Q4 a colleague from UCR worked alongside NWAS in their call centre to identify patients who have contacted 111 that may well be in the scope for UCR to accept.
- Mersey and West Lancashire Frailty Virtual Ward System Meeting: having gone live during Q4, weekly meetings continue to review processes and pathways. The Frailty Team continues to raise their

profile and have attended the north primary care network meeting to share with local GPs the aim of the service.

- Vital and vulnerable clinical and commissioning working groups for nutrition and dietetics and bowel and bladder: We have been committed to working in partnership with these groups to share the information of current service provision, gaps and challenges and we are a key member in the development of future service specifications.

Population Health

Our Population Health Manager is a key member of the West Lancashire place model for tackling health inequalities, working alongside the ICB Central and West Population Health Lead, West Lancashire Borough Council (WLBC), the GP Federation and third sector providers. We know by understanding the wider determinants of health and empowering people to take control of their own health we can improve patient outcomes and tackle health inequalities. Some examples to date have been:

- Working as a part of the place population health team attendance at partner meetings, Community Connector forums with third sector to build professional networks and gain a better understanding of the 'make up' of our local communities. This has enabled conversations with community groups about access to some of our services, how that can be improved in rural localities. Participation in targeted health events to reach minority groups for example the Boaters 3-day Health Event, targeting the narrow boat communities in several locations in West Lancashire
- Working with WLBC Community Connectors to better understand their role and current initiatives has enabled the sharing of information with Community services about initiatives such as 'Changing lifestyles', 'Walk this Weigh', Health walks and local groups so that clinicians can discuss with patients and encourage them to consider making changes for better health.

Our Population Health Manager has played an integral role in supporting the ICB-funded Community Champions Initiative and is now the key professional relationship manager. The community champions are volunteers with lived experience of health needs. They act as a point of contact within their communities and have set up a Signpost Café in Skelmersdale and Community Café in Hesketh Bank where they signpost people to help, support or services they need. At the onset of the project, we delivered a programme of Making Every Contact Count (MECC) training for the champions to build their skill and knowledge to support people within their communities. Our Population Health Manager is a point of contact should they need support identifying the appropriate services to signpost people to and share with our clinical teams, and new initiatives

happening within communities that we can direct patients to as part of our MECC conversations. The community champions have shared positive feedback and value the support and contribution we have provided.

Training is key to enabling people to understand how we can support patients to make positive changes for their health and wellbeing. Our MECC programme is led by population health, and we have MECC train the trainers who deliver awareness sessions, share resources, and support our staff to consider the opportunistic health promotion and signposting that can be delivered.

Virtual Ward Development

We continue to raise the profile of our virtual wards, sharing the expertise within the teams and the scope of their service. The Respiratory Virtual Ward has shared information about this service to their patients, promoting self-referral prior to crisis. We work closely with Queenscourt Hospice to support the delivery of the End-of-Life Virtual Ward, ensuring a seamless service for the patients of West Lancashire. The Clinical Practice Lead for the Frailty Virtual ward has collaborated with the lead provider to understand their systems to enhance local delivery. The Head of Specialist Services had met with the primary care networks to share the scope of the service discussing potentials scenarios and clinical presentations.

Integrated Neighbourhood Teams

Following the restructure within Adult Community Services into the three Integrated Neighbourhood Teams aligned to the PCNs during Q3&4, we have considered how to prepare services, led by three dedicated Integrated Neighbourhood Team Managers (INT). The role of the INT manager is pivotal not only in the leadership but establishing clear links and robust communication between our integrated neighbourhood teams and other providers within the locality, supporting multi-agency and partnership working at a locality level and progressing specific service improvements for each locality. During Q4 we have delivered training within the localities, overseen by the INT team managers, with the aim to start to build an identity and understanding of the locality. The training focused on Population Health and was co-delivered by HCRG Care Group Population Health Manager and West Lancashire Borough Council Population Health Data Analyst. The training provided an overview of Population Health Management, described the Core20plus5 model to tackling health inequalities and provided health and wellbeing data aligned to each locality (Village of 100 people). This gave a local picture of key health needs, employment, social deprivation, education and other examples of wider determinants of health. The training was really well received by those who attended and a further session planned in April with plans to offer the training to as many clinicians as is possible.

Priorities in 2024-25

How we identified our priorities for 2023-24

HCRG Care Group's national priorities were identified by its board, having reflected upon the feedback provided by people who use services and other stakeholders throughout the year. A variety of methods were used, and the priorities set for us by commissioners in each local area were considered, alongside our delivery plans in each business unit.

Individual business units, including West Lancashire were then able to set their own priorities.

Priority 1	
Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting, and exceeding relevant standards and regulatory requirements	**Friends and Family Test (FFT) & Patient Reported Experience Measure (PREMS)** A valued customer experience key performance indicator which we will continue to monitor closely to provide assurance that our care delivery is of high quality. We will strive to meet the KPI of a combined target of 300 responses per month and act upon any emerging themes or trends. **Patient Activation Measure (PAMS)** We will continue to capture PAMS score with an aim to lift patients though the tiers and where there is reduced engagement work to understand the barriers and how they can be overcome. **Safeguarding** We will continue to strengthen safeguarding practice and compliance against legislation and national policies. We will remain focused on making safeguarding personal and continue to improve with a collaborative approach to care. We will continue to deliver safeguarding supervision in line with policy developing our safeguarding champions to make sure our model of delivery is sustainable. We will continue to share resources and training opportunities to colleagues and deliver focused bite size training to reinforce key messages in response to shared learning from incidents, complex case reviews ore emerging themes. Trauma informed awareness training will continue. We will ensure our services are firmly represented at an appropriate level within the ICB Adult Safeguarding governance structure and continue representation within subgroups. **Infection Prevention Control** Our focus for 2024-25 will be to ensure consistent high standards of infection prevention control practice is maintained, by closely monitoring

compliance with training as well as monitoring incidents. We will continue to strengthen our IPC champions recognising our colleague's contribution to sharing key messages locally as well as supporting hand hygiene training.

We will deliver a peer-to-peer flu campaign for 2024-25 with the aim to increase colleague uptake.

We will also commit to support the organisations national IPC quality improvement programme contributing to any campaigns and or projects.

Medicines Management

We will continue to work towards the organisation's Medicine Optimisation Strategy and its six principles that guides our practice.

- The patient's view
- Improve patient outcomes from appropriate medicines used.
- Safe use and handling of medicines
- Medicine optimisation embedded in daily practice.
- Competent colleagues
- Strategic quality

We will closely monitor medicine training compliance, incident trends and customer experience indicators FFT/PREMS complaints and compliments and ensure any learning is shared.

Pressure Ulcer Prevention

We will continue to strive for better pressure ulcer management and prevention, seeking out opportunities to improve our care, learning form incidents and delivering against our continuous quality improvement plan.

Pressure ulcer prevention and management training will remain on a continuous cycle for colleague to attend. We will continue to embed PURPOSE - T as the risk assessment of choice and deliver training to support MECC conversations in relation to pressure area care with patients.

Urgent Care

We will continue to work towards a front door streaming model to improve our patient's journey.

We are committed to developing our staff to create a highly skilled and motivated workforce to support the development and vision of the service. We have already started conversations with our acute provider to work collaboratively with the orthopaedic team and joint health for additional training.

Recognising the valuable learning experience that can be gained from an opportunity to experience the service, we will continue to work in partnership with our local universities to offer placements to several

students including medical students, nurses, paramedics, and those in the Additional Roles Reimbursement Scheme (ARRS) to support their developmental journey.

Adult Community Services

In the coming year, our priority and focus will continue to remain on driving the development of West Lancashire INTs, as by focussing service delivery based upon population health needs, identifying community-based assets, and working better together as partners, people will be enabled to access the right resources at the right time.

We will develop and enhance the local model of UCR and virtual wards including End of Life Virtual Wards. Our aim is to ensure that more patients are given the opportunity to receive care in this way instead of undergoing prolonged inpatient stays or admission to hospital. Supporting the development of the local pathway for the management of the high-risk foot in collaboration with Mersey and West Lancashire NHS Trust and Mersey Care.

We will ensure that staff continue to develop by providing them with the training and education needed to be able to meet the increasing complexity of needs we are seeing in our patients, for example Making Every Contact Count training, supporting our colleagues to develop advanced clinical skills and also increasing the number of colleagues who are non-medical prescribers, ensuring that patients are able to access support from highly skilled practitioners in all localities across the West Lancashire footprint.

Priority 2	
Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.	**Quality** We will continue to deliver against our 2024-25 KPI schedules agreed with the ICB. We will hold monthly business unit quality meetings and will monitor closely customer experience indicators including FFT/PREMS complaints and compliments looking for emerging trends with accompanying actions here necessary. To ensure our colleagues are supported and skilled in their role, we will also monitor colleagues' compliance with quality and safety training in line with their role and colleagues' compliance with peer review and supervision and ensure colleagues have had an opportunity to have an appraisal conversation or completed a period of probation if new to post. We will deliver against the national 2024-25 annual audit calendar and agree and complete local clinical audit calendars too for both adult community service and urgent treatment centres, ensuing compliance with best practice. Adult Community Services will commit to completing their

	annual internal service review during Q1 whilst our UTC colleagues are scheduled to complete Q4 Working with the respiratory/pulmonary rehabilitation team we will achieve pulmonary rehabilitation accreditation by Q3. **Incident management** Our focus will be to continue to embed the patient safety incident response framework. With experience, we will strengthen our learning responses and be creative in how we share learning and key messages, especially to busy frontline colleagues. We will build upon our positive safety culture, ensuring all our colleagues will have completed training appropriate to their role. We will also continue to work with colleagues to ensure patient safety incidents submitted that meet the criteria of LFPSE also fulfil the requirements of information required. **Safeguarding** The annual safeguarding audit will be completed between May and June 2024. The time frame for completion of actions is by the end of July 2024. We will also complete the annual safeguarding anticipated during Q2. Compliance will be monitored against all elements of safeguarding training and safeguarding supervision in line with policy. Incidents relating to safeguarding will be reviewed and investigated proportionally with learning shared and any emerging safeguarding themes incorporated into additional training. We will continue to support local authority with any Section 42 enquiries. **Emergency Preparedness Resilience and Response** We will have continued representation at the National EPRR group, and we will commit to reviewing and testing our business continuity plans along with our adverse weather plan
Priority 3	
Continue to be recognised as an outstanding employer	**People Strategy** Our focus will be to continue to build upon and deliver against the organisations people strategy that focuses on four pillars. • Recruit

	• Retain • Re-energise • Regenerate We will continue to build upon existing relationships with local educational institutes and universities, supporting a sustainable work force. We will continue to engage with our colleagues and ensure they feel supported in the workplace, and we will continue to work with collaboratively with system partners to transform community services creating new models of care and career pathways.
Priority 4	
Delivering quality health and social care as efficiently as possible	Our key focus will be to retain Adult Community Services and Urgent Care services for West Lancashire and continue to be an integrated service provider across the West Lancashire system. **Co- ordinated care** We will continue to work in collaboration with partners to benefit the provision of services locally within West Lancashire as well the wider footprint of the ICB. Being involved in the Lancashire and South Cumbria Community Nursing and Allied Health Professional Transformation Programme, we look forward to understanding the agreed principles of community practice that will influence the community service transformation project and how this will begin to level up care provision across the ICB. We will continue to build upon the Integrated Neighbourhood Team service delivery with a strong focus on multi-agency and partnership working at a locality level. We will continue to escalate and mitigate gaps in service provision for West Lancashire patients. An example of a gap in service is the provision of a multi-disciplinary foot team (MDFT) clinic within our local acute provider for our high-risk podiatry patients to access. We continue to work closely with the acute provider in its plan to provide the MDFT as well as keep our local systems and ICB colleagues aware of the current service provision to west Lancashire residents. We will continue to ensure our local population health continues to influence our service delivery and we will continue to deliver the key messages across our services with our Population Health Manager currently creating locality specific resources. Within Urgent Care, our focus will be to continue with the ongoing work scoping the NHS streaming and redirection tool, which has the facility to

book patients into other services within the locality that may best suit their need, rather than attending UTC.

Audits we've taken part in

External

HCRG Care Group's West Lancashire team participated in the SSNAP (Sentinel Stroke National Audit Program). Whilst we participate in the audit our submission numbers are too low to generate any local data.

Internal

Over the course of the year, our services took part in all required national HCRG Care Group audits including:

- Medicines Safety Audit
- Patient Group Direction Audit
- Community Medicines Administration Audit
- Infection Prevention Control
- Safeguarding Audit

Research statement

The organisation continues to participate in a number of research, service evaluation and service development projects.

We support the participation in research to help improve the care for people who use NHS and local authority services. We plan to continue to develop and promote this.

Publications

None

Learning from deaths

HCRG Care Group continues to work with partner agencies to learn from deaths and to adopt any relevant learning from serious case reviews and other local and national reports. The national Learning from Deaths Policy is available, and we will follow this locally.

Statement on the accuracy of our patient data

HCRG Care Group submitted information during the year to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodic Statistics, which are included in the latest published data.

Community service outpatient data for SUS submissions is being validated to ensure ongoing submissions are confirmed as being successful.

Errors Introduced Into patient notes

This is not applicable to West Lancashire Community Services

Community hospital PLACE reviews

Patient-led assessments of the care environment (PLACE) put the views of people who use HCRG Care Group services at the centre of the assessment process, helping to highlight how well a hospital is performing in certain areas. These areas include privacy and dignity, cleanliness, food and general building maintenance. The reviews focus on the care environment and do not cover the clinical care provision or staff behaviours.

This is not applicable to West Lancashire Community Services

NHS staff survey

Our colleagues did not complete the NHS staff survey. HCRG Care Group colleagues complete an equivalent colleague survey.

A summary of the prescribed data is included below:	
KF26 (Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)	7%
KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)	91%

Overview of CQC inspections this year

There were no inspections completed 23/24

Registered provider	Service name	Full compliance	Action plan and status
HCRG Care Services Limited			

NHS Friends and Family Test

Like all NHS providers, we ask people who use our services to feed back to us on their experience using the NHS Friends and Family Test.

In 2023-24, 5223 people rated our services in West Lancashire and 92.49 per cent said they had a positive experience of our service.

Some feedback recorded includes.

- Kind and caring
- Very helpful
- Knowledgeable and professional
- Excellent staff and treatment
- Care was professional speedy and empathetic

Part three

Prescribed information

12.	a) The value and banding of the Summary Hospital-level Mortality Indicator (SMHI) for the trust for the reporting period; and b) The percentage of patient deaths within palliative care coded at either diagnosis or speciality level for the trust for the reporting period	Not applicable
13.	The percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period.	Not applicable
14.	The percentage of Category A telephone calls (red one and red two calls) resulting in an emergency response by the trust at the scene of the emergency within eight minutes of receipt of the call during the reporting period	Not applicable
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period	Not applicable
15.	The percentage of patients with pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period	Not applicable
16.	The percentage of patients with suspected stroke assessed face-to-face who received an appropriate care bundle from the trust during the reporting period	Not applicable
17.	The percentage of admissions to acute wards for which the Crisis Resolution Home Team acted as a gatekeeper during the reporting period	Not applicable
18.	The trust's patient reported outcome measures for (i) groin hernia surgery (ii) varicose vein surgery (iii) hip replacement surgery, and (iv) knee replacement surgery During the reporting period	Not applicable
19.	The percentage of patients aged - (i) 0-15 and (ii) 16 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust, during the reporting period	Not applicable
20.	The trust's responsiveness to the personal needs of its patients during the reporting period	Not applicable

21.	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	75%

21.1	Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2) Please note: there is a not a statutory requirement to include this indicator in the quality accounts reporting but provider organisations should consider doing so.	Not applicable
22.	The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	Not applicable
23.	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	Not applicable
24.	The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	Not applicable
25.	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	3 Serious Incidents

Commissioning for quality and innovation (CQUIN)

CQUINN target were not applied during 2023-24 as part of our contract with the local commissioners

Comments from commissioner

Our ref: SO/HCRGQA
Please contact: Sarah O'Brien
Email: sarah.obrien19@nhs.net
Personal assistant: Una Atton
Email: una.atton1@nhs.net

NHS
Lancashire and South Cumbria
Integrated Care Board

Level 3, Christ Church Precinct
County Ha
Fishergate Hi
Preston
PR1 8XB

Tel: 0300 373 3550
www.lancashireandsouthcumbria.icb.nhs.uk

5 June 2024

Michelle Lee
Regional Director - Lancashire

Dear Michelle

Re: HCRG Care Group Quality Accounts 2023/24

Lancashire and South Cumbria Integrated Care Board (ICB) welcomes the opportunity to comment on the Quality Accounts 2023/24 for HCRG Care Group, in respect of services provided to the population of West Lancashire.

It is evident that during 2023/24 HCRG has continued to make progress against the four agreed quality priorities, and high positive customer feedback has been recorded throughout the year, via Friends and Family Test results – 94.16% and 90.84% for Adult Community Services and Urgent Treatment Centre respectively.

The ICB monitor HCRG's quality function via a contractually agreed Quality Outcomes Framework, and compliance against the agreed outcomes is being reviewed at the time of writing.

The ICB recognises HCRG's commitment to strengthening integrated health systems in the West Lancashire locality, developing pathways with Mersey and West Lancashire Teaching Hospitals and attendance at the Integrated Neighbourhood Team Huddle which enables escalation and involved decision making for primary, urgent, community and social care in West Lancashire.

Service developments have resulted in improved quality outcomes for patients, and the ICB is pleased to note the following achievements in 2023/24:

- Patient Activation Measures (PAMS) enabled clinicians in Specialist Nursing teams to assess a patient's ability to self-care/self-manage their condition; support clinical decisions; and increase levels of staff knowledge, skills, and confidence to improve patients' outcomes.
- 41 patients effectively supported via the Respiratory Virtual Ward, of which 15 have been stepped down from the acute trust and 26 patients have been stepped up.
- Successfully prepared for the transition to the Patient Safety Incident Response Framework (PSIRF), and to share patient safety incidents via the Learning from Patient Safety Events service (LFPSE).
- Infection Prevention Control (IPC) has been well managed across the provider's services, with no reported identified cases in the urgent treatment centre. During 2023/24, compliance against IPC training was reported 94%, and a member of staff was supported to complete the accredited Royal College of Nurses IPC Programme.
- Work towards embedding the six principles within the Medicines Optimisation Strategy 22-25 has gone from strength to strength. Nine in ten patients felt that they had their medication explained that to them, and several positive audits completed measuring compliance with best practice, including cases of sinusitis against Pan-Mersey Formulary and Revaxis (Tetanus) prescribing adherence to the Green Book Guidance.

Acting Chair - Roy Fisher Chief Executive - Kevin Lavery

Appendices

1: Glossary of terms

Care Quality Commission	Also known as CQC Independent regulator of health and social care in England. Replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009.
Clinical audit	Quality improvement tool, comparing current care with evidence-based practice to identify areas with potential to be improved.
Integrated Care Boards	Organisations which seek and buy healthcare on behalf of local populations.
Commissioning for quality and innovation	Also known as CQUIN System to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.
Community Services	Health services provided in the community (not in an acute hospital) Includes health visiting, school nursing, district nursing, special dental services and others
CP-IS	Child Protection Information System A computerised way of sharing data about child protection securely between organisations.
Did Not Attend	Also known as DNA An appointment which is not attended without prior warning, by people who use services
Healthcare	Care relating to physical or mental health
Healthcare Quality Improvement Partnership	Also known as HQIP Organisation responsible for enhancing the effectiveness of clinical audits, and engaging clinicians in reflective practice
National Institute for Health and Clinical Excellence	Independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health

NHS Outcomes Framework	Document setting the outcomes and indicators used to hold providers of healthcare to account, providing financial planning and business rules to support the delivery of NHS priorities.
Patient-reported experience measures	Self-reporting by patients on their experience following treatment and satisfaction with treatment received
Here to help/PALS	Informal complaint, concern and query service which gives advice and helps patients with problems relating to the access to healthcare services