

Mortality Report: Learning from Deaths Framework Quarter 1: 01 April 2020 - 30 June 2020			
Meeting	Board of Directors		
Date	05/08/2020	Agenda item	15
Lead Director	Nick Cross, Medical Director		
Author(s)	Nick Cross, Medical Director		
Action required (please tick the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this paper is to provide assurance to the members of the Quality and Safety Committee in relation to the implementation of the Learning from Deaths framework. It is also seeking approval for the statutory report to be presented to Public Board along with its subsequent publication on the Trust website.			
Executive Summary			
This quarterly report provides evidence that learning from deaths is firmly embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from deaths framework. It provides anonymised details of the numbers of unexpected deaths which have occurred within the Trust throughout Q1 20/21, along with a summary of thematic learning identified during investigation into these cases. Attached as an appendix is a report detailing this information for purposes of publication of the Trust website. These documents have been reviewed and approved via Quality and Safety Committee in July 2020			
Risks and opportunities:			
Not applicable			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached No			
Equality Impact Assessment completed and attached No			
A QIA and EIA is not applicable in this particular case			
Financial/resource implications:			
Not applicable			
Trust Strategic Objectives			
Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.			
Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	Our Populations - improving services through integration and better coordination	
Committee action			
The Board is asked to be assured that 1: processes are in place to meet our statutory obligations surrounding Learning From Deaths and 2: to approve the report in Appendix 1 which can be published on the Trusts public facing website			
Report history			
Submitted to	Date	Brief summary of outcome	
Quality and Safety Committee	22 July 2020	Minor amendments and approval to progress to Board	

Mortality Report: Learning from Deaths Framework

Quarter 1: 01 April 2020 - 30 June 2020

Purpose

1. The purpose of this paper is to provide assurance to the members of the Board of Directors in relation to the implementation of the Learning from Deaths framework.

Executive Summary

2. Wirral Community Health and Care NHS Foundation Trust (WCHC) Board recognises that effective implementation of the Learning from Deaths framework (National Quality Board, March 2017), is an integral component of the Trusts' learning culture, driving continuous quality improvement to support the delivery of high-quality sustainable services to patients and service users.
3. In December 2016, the Care Quality Commission (CQC) published its report: Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England. The recommendations of this report were accepted by the Secretary of State and incorporated into a Learning from Deaths framework by the National Quality Board (NQB) in March 2017.
4. The Learning from Deaths framework aims to address the key findings of the CQC report, ensuring a consistent approach to learning from deaths across the NHS, assuring a transparent culture of learning by delivering a commitment to continuous quality improvement, particularly in relation to the care of vulnerable people.
5. The key findings of the CQC report were as follows:
 - Families and carers are not treated consistently well when someone they care about dies.
 - There is variation and inconsistency in the way that trusts become aware of deaths in their care.
 - Trusts are inconsistent in the approach they use to determine when to investigate deaths.
 - The quality of investigations into deaths is variable and generally poor.
 - There are no consistent frameworks that require boards to keep deaths in their care under review and share learning from these.
6. This quarterly report provides evidence that learning from deaths is firmly embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from deaths framework.
7. WCHC compliance with the NQB framework has been self-assessed by an internal review of the Board Leadership requirements as outlined in the National Guidance on Learning from Deaths (NQB, March 2017). The RAG rating for this process has been included in the inaugural Learning from Deaths report.

WCHC Learning from deaths governance framework

8. All reported deaths are discussed at the weekly Clinical Risk Management Group (CRMG). Further investigations are commissioned on the basis of the events surrounding the death and on the results of the Mortality Screening Tool. The principles around Duty of Candour are also overseen within this group.

9. Pending investigations are monitored against progress and timelines and expediated where necessary. Any reports (ie Root Cause Analysis - RCA) and associated action plans are quality assured at CRMG. This includes cases which are under investigation by the coroner.
10. Lessons learnt and learning themes from Learning from Deaths cases are reviewed at the Trust's quarterly Mortality Review Group which is chaired by the Executive Medical Director who is responsible for the Learning from Deaths agenda.
11. Minutes from the Mortality Review Group are submitted to the Standards Assurance Framework for Excellence (SAFE) Steering Group, which in turn reports directly to the Quality and Safety Committee and finally to the Board.
12. A report is produced which summarises the details of the deaths which have occurred within the preceding quarter, along with details of any thematic learning. This is ratified by the Quality and Safety Committee prior to being presented to Public Board, again on a quarterly basis.
13. In accordance with the Learning from Deaths framework, the Trust ratified and published a Learning from Deaths Policy during September 2017.
14. The policy provides a framework for how the Trust will evaluate those deaths that from part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms.
15. The Trust's Datix incident reporting system has been aligned to the Learning from Deaths Policy to ensure prompt communication to the Executive Medical Director, Director and Deputy Director of Nursing for all reported unexpected deaths. This includes integrating the Mortality Screening Tool with Datix.
16. The Incident Management Policy - GP08 has been updated during January 2018 and cross references the newly implemented Learning from Deaths Policy, ensuring a consistent approach to implementation. The revised policy contains arrangements for staff to follow in the event of an unexpected death of an adult and in the event of an unexpected death of a child.
17. The Trust continues to work with our system partners to devise systems whereby Learning from Deaths can take place in a consistent way across all major health and social care providers.
18. The Learning from Deaths report is based on the template devised by the National Quality Board. This report will be published on the Trust's website in keeping with our statutory obligations.

Bereaved Families

19. Families will be treated as equal partners following a bereavement and will always receive a clear, honest, compassionate and sensitive response in a supportive environment and receive a high standard of bereavement care which respects confidentiality, values, culture and beliefs, including being offered appropriate support.
20. Families are informed of their right to raise concerns about the quality of care provided to their loved one and their views help to inform decisions about whether a review or investigation is needed.
21. Families will receive timely, responsive contact and support in all aspects of an investigation process, in line with duty of candour and with a single point of contact and liaison.
22. Families are partners in an investigation to the extent, and at whichever stages, that they wish to be involved and voice their experiences of the death of their loved one, as they offer a unique and equally valid source of information and evidence that can better inform investigations; bereaved families and carers who have experienced the investigation process help us to embed the learning to continually improve patient safety.

Q1 2020/21 WCHC Reported deaths (Datix incident reporting)

23. During Q1 there were a total of 12 reported deaths within scope.

24. During Q1 no deaths met the criteria for StEIS reporting.

Recording data on Structured Judgement Reviews:		
Total Number of Deaths in scope	12	
<p>April (2) W35896 – 0-19 Cheshire East, child death, SUDIC process followed, no learning for the Trust W35793 – ICCT (Birkenhead), good practice noted in terms of joint MCA assessment and MDT working</p> <p>May (5) W35917 – T2A bed base – Rapid learning review identified learning for the Trust W35915 – ICCT (Birkenhead) – no learning for the Trust W35994 – T2A bed base - no learning for the Trust W36109 – Community Nursing – no learning for the Trust W36129 – ICCT – no learning for the Trust</p> <p>June (5) W36207 – STAR - no learning for the Trust W36235 – 0-19 (Safeguarding) – child death, SUDIC process followed, no learning for the Trust W36314 – ICCT (Birkenhead) – Learning for system partners, coroner's inquest in progress W36498 – T2A bed base - no learning for the Trust W36617 – 0-19 Cheshire East – SUDIC process followed, no learning for the Trust</p> <p>Update of cases outstanding from Q4 – not included in the above figures</p> <p>March (2) W35353 – T2A bed base – no learning for the Trust W35374 – Rapid Community Response team – this has been re-categorised as an expected death</p>		
Total Number of Deaths considered to have more than 50% chance of being avoidable	0	
Recording data on LeDeR reviews: - Please note that these are undertaken by the mental health trust		
Total Number of Deaths in scope	0	
Total Deaths reviewed through LeDeR methodology	0	
Total Number of deaths considered to have been potentially avoidable	0	
Recording data on SUDIC reviews:		
Total Number of Child Deaths	3	
Total Deaths reviewed through SUDIC methodology	3	

Summary of Thematic Learning

25. Each unexpected death reported during Q1 has been analysed and investigated as appropriate, to identify any relevant learning points for the Trust and the wider health and social care system.

26. Of the 12 cases reported, after investigation, 2 had lessons which the Trust and system partners could learn from.

27. Themes from the learning included:

- **Communication**

- A case identified an inconsistent process for transferring clinically relevant information between two organisations which potentially resulted in a sub-optimal pathway of care. For clarity, our Trust was not one of these organisations.

- However, similar system-wide themes have been identified previously and so we have taken the opportunity to review our own transfer of care processes to ensure they are robust along with encouraging system partners to collaborate with us.
- **Transportation Pathway redesign**
 - During the COVID-19 pandemic, it has been necessary to modify some pathways to reflect changes in infection prevention and control measures.
 - One case identified a potential need to re-design the pathway used to transport people to their home to perform home assessments.
 - As a result, we are in the process of exploring transport solutions and this is being actively monitored by the services.
 - In addition, advice has been written for relatives or other people who may also be present in the home during the assessment so the risk of spread of infection is minimised.

COVID-19 pandemic context

28. During the COVID-19 pandemic there has been an increased number of deaths reported within the community and the hospital environments. All death statistics are collated by Public Health England and disseminated on a monthly basis to key health and care stakeholders. As a Trust, we analyse this data to determine how services can be improved.
29. During the last quarter, there has been a reduction in total number of unexpected deaths that occurred whilst in receipt of care by the Trust, only one of which was involved a Covid-19 positive person.
30. Therefore, excess death numbers associated with Covid-19, occurring on Wirral during the pandemic are captured within the mortality figures of other organisations. These will, where appropriate, be subject to their own Learning from Deaths processes.

Recommendations

31. The Board of Directors is asked to be assured that quality governance systems are in place to ensure continuous monitoring and learning from deaths in accordance with Trust policy.
32. The Board of Directors is asked to be assured the Trust is actively involved in supporting the system-wide development of processes reporting and learning from deaths.

Dr Nick Cross
Executive Medical Director

16 July 2020

Learning From Deaths Q1 20/21 Report

The following data represents the high-level reporting of deaths which occurred within our services over the period of Quarter 1 20/21.

A more detailed report has been ratified and approved by the Quality and Safety Committee as per the Learning from Deaths Policy.

There were 12 deaths reported within scope during this period and all have been reviewed in accordance with Trust policy. Duty of Candour was met in all cases where this was appropriate.

None of the deaths were deemed attributable to the care received by our Trust.

Themes from the learning included:

- **Communication**
 - A case identified an inconsistent process for transferring clinically relevant information between two organisations which potentially resulted in a sub-optimal pathway of care. For clarity, our Trust was not one of these organisations.
 - However, similar system-wide themes have been identified previously and so we have taken the opportunity to review our own transfer of care processes to ensure they are robust along with encouraging system partners to collaborate with us.
- **Transportation Pathway redesign**
 - During the COVID-19 pandemic, it has been necessary to modify some pathways to reflect changes in infection prevention and control measures.
 - One case identified a potential need to re-design the pathway used to transport people to their home to perform home assessments.
 - As a result, we are in the process of exploring transport solutions and this is being actively monitored by the services.
 - In addition, advice has been written for relatives or other people who may also be present in the home during the assessment so the risk of spread of infection is minimised.

There were 3 child deaths, all of which were appropriately reported, scrutinised and followed the SUDIC process. There was no learning for the Trust as a result of the investigative process.

As a result of two deaths that occurred within Q4 19/20, further investigation led to a re-classification of a death to “expected”, whilst the remaining case did not reveal any learning

COVID-19 pandemic context

During the COVID-19 pandemic there has been an increased number of deaths reported within the community and the hospital environments. All death statistics are collated by Public Health England and disseminated on a monthly basis to key health and care stakeholders. As a Trust, we analyse this data to determine how services can be improved.

During the last quarter, there has been a reduction in total number of unexpected deaths that occurred whilst in receipt of care by the Trust, only one of which was involved a Covid-19 positive person.

Therefore the excess death numbers associated with Covid-19, occurring on Wirral during the pandemic are captured within the mortality figures of other organisations. These will, where appropriate, be subject to those organisations own Learning from Deaths processes.

We continue to promote shared learning across the health and social care economy and collaborate in any investigations where required.

Dr Nick Cross
Executive Medical Director
Wirral Community Health and Care NHS Foundation Trust

16 July 2020

**Director of Infection Prevention and Control Annual Report:
01 April 2019 - 31 March 2020**

Meeting	Board of Directors		
Date	05/08/2020	Agenda item	16
Lead Director	Paula Simpson, Director of Nursing & Quality Improvement		
Author(s)	Claire Wedge, Deputy Director of Nursing Annie Baker, Infection Control Clinical Lead		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this report is to provide assurance to the Board of Directors regarding activity in relation to Infection Prevention Control Governance for the reporting period 01 April 2019 - 31 March 2020.			
Executive Summary			
<p>Wirral Community Health and Care NHS Foundation Trust recognises that reducing the risk of infection through robust infection control practice is a strategic priority; supporting the provision of high quality, safe clinical services for patients and promoting a safe working environment for staff.</p> <p>The Code of Practice on the Prevention and Control of Infections (IPC) and related Guidance (Department of Health, 2015) details a regulatory framework for the IPC standards expected by registered providers of all Health and Adult Social Care in England.</p> <p>Of the Code of Practice standards applicable to the Trust, seven are green RAG rated. There is one amber RAG rated section within standard 2 relating to environmental audits. An annual audit programme has been developed with improvement trajectories. This is monitored at the Trusts' IPC Group and is currently on the Risk Register: ID 2358 Risk Rating 12: (L4 x C3).</p> <p>During 2019/20 there have been significant achievements made to assure Trust standards in relation to IPC practice and associated regulatory compliance. These are clearly evidenced throughout the report and include:</p> <ul style="list-style-type: none"> • Trust-wide achievement of 97% compliance with Level 1 IPC training • Trust-wide achievement of 95% with compliance with Level 2 IPC training • 100% of antimicrobial e-learning for eligible staff • Effective development and implementation of an Aseptic Technique training plan during 2019/20 resulting in 95% training compliance by 30 June 2020 • Full achievement of the 2019/20 National CQUIN: Staff Influenza immunisation programme with a final uptake of 82% • All IPC policies and procedures have been fully updated to ensure all staff are following evidence based practice to maintain safety • Zero community Trust acquired MRSA bacteraemia cases 			
Risks and opportunities:			
Risk ID: 2358 - completion of environmental audits programme Quality/inclusion considerations: Quality Impact Assessment completed and attached No			

Equality Impact Assessment completed and attached No Individualised care delivery is provided by the Trust ensuring compliance with equality and diversity standards for staff and people who use Trust services		
Quality/inclusion considerations: Quality Impact Assessment completed and attached No Equality Impact Assessment completed and attached No		
Financial/resource implications: Delivery of high quality services will support the Trust's financial position, reducing the potential for litigation and regulatory action.		
Trust Strategic Objectives Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.		
Our Populations - outstanding, safe care every time	Our People - advancing staff wellbeing	Our Performance - increase efficiency of all services
Board of Directors is asked to consider the following action The Board of Directors is asked to be assured that the organisation has a robust Infection Prevention Control governance structure in place and is meeting all statutory requirements in line with The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.		
Report history		
Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	22/07/2020	Committee was assured by the report



**Wirral Community
Health and Care**
NHS Foundation Trust

Director of Infection Prevention and Control

Annual Report 2019/20



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INTRODUCTION

1. The purpose of this report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board regarding activity in relation to Infection Prevention Control governance for the reporting period 01 April 2019 - 31 March 2020.
2. WCHC recognises that reducing the risk of infection through robust infection control practice is a strategic priority; supporting the provision of high quality, safe clinical services for patients, and a safe working environment for staff.
3. This report demonstrates continued organisational compliance with statutory duties in relation to the Health and Social Care Act (H&SCA) Code of Practice and related guidance (DH, 2015).
4. The Code of Practice (Part 2) sets out 10 criteria each of which the trust can demonstrate compliance against in this report on an annual basis, providing assurance to the Quality and Safety Committee. The 2019/20 RAG rated IPC self-assessment can be found in **Appendix 1**.
5. WCHC is committed to ensuring that all staff are aware of their role in relation to Infection Prevention Control.
6. The law states that the Code must be taken into account by the Care Quality Commission (CQC) when it makes decisions about registration against infection prevention requirements. Registered providers must demonstrate compliance with the Code to ensure that the premises where care and treatment are delivered are clean, suitable for the intended purpose to deliver safe, effective care; and to prevent avoidable harm or risk of harm.
7. The Infection Prevention Control (IPC) team provides a comprehensive proactive service, which responds to the needs of staff, patients and the wider community. The service is committed to the promotion of infection control within everyday practice, focusing upon preventing the transmission of infection.
8. The IPC service ensures that all statutory functions are fulfilled, and that best practice is adhered to, thereby equipping the workforce to undertake their duties and fulfill personal and organisational responsibilities with regards to protecting the public.

Key Achievements

9. During 2019/20 the IPC Service have successfully led and achieved a number of key priorities, including:
 - Achievement of over 90% compliance in level 1 & 2 mandatory IPC e-learning
 - 100% achievement of antimicrobial e-learning
 - Achievement of National CQUIN staff influenza immunisation programme of 80% with 82% uptake for the programme
 - Achievement of quality improvement for 'Back to Basics' CQUIN
 - All IPC policies and procedures updated to ensure all staff are following evidence-based practice to maintain patient and staff safety
 - Poster presentation for World Sepsis Day on 13th September 2019 and sepsis poster presentation to Chief Nursing Officer Ruth May January 2020
 - Successful delivery of Hand Hygiene Day in May 2019
 - Delivery of promotional activities for Infection Control Week during October 2019 to raise awareness of IPC standards across the health economy

- The Trust has invested in Clinical Skills Net an electronic data base for policies, procedures and competencies, this system has been available to staff via the StaffZone from 31 May 2019 to support frontline staff to provide the care based on NICE guidance and evidence-based practice
10. In addition to internal trust activity, in accordance with the local authority annual commissioned objectives, the Service have completed the following:
- Development of communications and training plan
 - Implementation of a Quality Improvement Programme (QIP) within 19 high risk older persons care homes
 - Implementation of a Quality Improvement Programme (QIP) within 9 high risk general practices
 - Development of a comprehensive self-audit programme for care home providers and general practices
 - Delivery of IPC standards/Care Quality Commission compliance training for care homes and general practice
 - Dissemination of bi-annual infection prevention and control newsletters for health and care staff
 - Dissemination of seasonal newsletters i.e. Norovirus and Seasonal Influenza
 - Delivery of an IPC programme of activity during Infection Prevention Week
 - Promotion of World Hand Hygiene Day
 - Continued development of a whole economy approach to IPC strengthening collaborative working with Wirral University Teaching Hospitals NHS Foundation Trust (WUTH) Infection prevention and Control team (IPCT)
 - Engagement with partners on a variety of levels including Healthwatch Wirral, Quality Improvement Team, Wirral Health and Care Commissioning (WHACC), the Care Quality Commission (CQC) and Wirral health and care providers

Leadership and Governance

11. The Director of Nursing is the Director of Infection, Prevention and Control (DIPC) providing strategic leadership across the organisation, and is supported by the Deputy Director of nursing who is the Deputy Director of Infection Prevention and Control.
12. The DIPC is responsible for ensuring that IPC is recognised as a key organisational priority embedded across all areas of service provision within the organisation.
13. The Director of Nursing and Quality Improvement is the Director of Infection Prevention and Control (DIPC) Performance against the Health Economy Infection Prevention and Control service specification is reported separately via the Local Authority contracting process.

ASSURANCE AND COMPLIANCE

CRITERION 1

Systems to manage and monitor the prevention and control of infection, these systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them

Infection Prevention and Control Strategic Group

14. During 2019/20 a review of the Trust's Governance Structure was conducted, providing an opportunity to maximise efficiency whilst maintaining a robust, well-led framework for Trust wide assurance with clear escalation processes.

15. During this review, the role, function and strategic aims of the Trust's Infection, Prevention and Control Group were reviewed to strengthen alignment to regulatory requirements, whilst considering system-wide IPC priorities. New terms of reference have been agreed to reflect the current IPC structure, chaired by the Director of Nursing and Quality Improvement.

Internal and External IPC Meetings

16. The IPC service has an internal and external span of control to support and influence strategic priorities which impact on the IPC agenda. This includes:

Organisation	Group
Wirral Community Health and Care NHS Foundation Trust	Quality and Safety Committee Standard Assurance Framework for Excellence (SAFE) Steering Group Clinical Risk Management Group Infection Prevention and Control Group Medicines Management Group Medical Supplies & Devices Group Urinary Tract Infections (UTI) Group formally Catheter Associated Urinary Tract Infection (CAUTI) Group Staff Influenza Vaccination Programme Tactical Command Clinical Command Divisional Quality, Performance and Risk (QPER) Monthly
Wirral Health and Care Commissioning	Care Home RAG Meeting Contract Meeting Clostridium Difficile Case Review Group MRSA Bacteraemia Post Infection Review Group Wirral Infection Control Network Wirral Antimicrobial Strategy Group Wirral Antimicrobial Resistance Group
Public Health England	Health Care Associated Infections Network
NHS England and NHS Improvement	Infection Control Strategic Collaborative
Wirral University Teaching Hospital NHS Foundation Trust	Infection, Prevention and Control Group

17. The IPC Board Assurance Framework provides assurance to the board that systems and processes had been put in place to protect service users and staff from avoidable harm in a healthcare setting during COVID-19.
18. The Board Assurance Framework has provided evidence, assurance and compliance for COVID-19 in relation to the existing 10 criterion set out in the Code of Practice on the Prevention and Control of Infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (See Appendix 1)

CRITERION 2

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection

Cleaning Services

19. Domestic services in Trust premises continue to be provided by Cheshire and Wirral Partnership (CWP) NHS Foundation Trust. In areas not managed by the trust but where services are hosted, issues or concerns that are identified are raised with the Estates Team for resolution.
20. The quality of the cleaning services is monitored through environmental audits conducted by IPC team; any areas for improvement are monitored via an action plan and monitored by the IPC team.

Environmental Audits

21. The Director of Infection Prevention and Control is the Trust Decontamination Lead.
22. To promote patient and staff safety the IPC team with the trusts estates service coordinated for Essential Healthcare to service and reupholster all plinths across the trust
23. The Community Dental Service is compliant with Best Practice Standards set out in The Health Technical Memorandum (HTM 01-05), Decontamination in primary care dental practices.
24. The Podiatry Service uses an accredited Central Sterile Supply Department (CSSD).
25. The Infection Prevention and Control environmental clinical audit programme is an integral element of Infection Prevention and Control practice as it allows the trust to measure compliance against national standards.
26. Environmental audits provide a framework for monitoring the cleanliness of clinics and premises and take action immediately when shortfalls have been identified; action plans are developed to ensure cleaning is provided to a standard required to meet current legislation and guidance.
27. An environmental audit plan was developed for 2019/20; the results of the environmental audits were shared with Divisional Managers to promote harm free safe care and treatments to avoid risk of harm. Improvement plans are tracked at the IPC and SAFE Group to provide assurance to the board. However during the reporting period, the COVID-19 pandemic has impacted on the completion of environmental audit programme due to stepping down of services, competing priorities and mandate for social distancing.
28. The environmental audits that were conducted during the reporting period highlighted some common themes:
 - General environmental repairs to clinic rooms i.e. repairs to cupboards, desks, floors and walls
 - Inappropriate segregation of clinical and domestic waste
 - Cluttered work surfaces
 - Sharps containers not dated and signed following assembly
 - Sharps containers not temporarily closed in between use
 - 6 monthly schedules for replacement disposable curtains out of date
 - No spill-wipe available for the management of body fluids

29. Alongside the high risk clinical audit programme, IPC team also request a self-assessment environmental audit to be completed to enable services to self-assess their clinical environment. 106 questionnaires were returned across all services.
30. The results below demonstrate the outcome of the environmental self-assessment audit tool conducted by clinicians in practice. A small percentage of the clinics are rated as requiring urgent action or being a Trust priority. However, these clinics have been categorised as low risk clinical areas in children's centres or buildings not owned by the Trust.
31. The Trust's Infection, Prevention and Control group will have oversight for monitoring actions resulting from all audit tool results and for tracking improvements. Identified risks will be escalated in accordance with the Trusts' governance process.

Trust Self-Assessment Audit Tool Results		
Self- Assessment Compliance Audit	RAG Rating	RAG rating
Fully compliance	= 95-100%	51%
Action required	= 80-94%	35%
Urgent action required	= 70-79%	6%
Trust priority	= < 69%	10%

32. The key themes from the environmental self-assessment audit are listed below:
- General maintenance of clinic rooms, walls and floors damaged which are not smooth or impervious to moisture
 - IPC inoculation injuries and hand hygiene posters not displayed in clinic area
 - No foot operated domestic bins
 - Some clinics have carpeted areas, however, many of these clinics are not trust property and fall outside of trust jurisdiction, which estates have no control over these areas
 - Ordering of spill-wipe kits to safely manage exposure to body fluids
 - To provide assurance to the board any concerns regarding environmental audits are escalated to the IPC and SAFE Group

MEDICAL DEVICES

33. During the reporting period, at the request of the Executive Leadership Team (ELT), a Medical Devices Task and Finish Group was established to:
- Review all medical device contracts
 - Procure a single system which commenced in December 2019 with a contract start date of 01 April 2020
 - Identify savings on medical device maintenance once all contracts transfer to the new provider, with management through the outsourced arrangement from April 2021. Therefore, the 2020/21 budget setting process will include some reduction in medical maintenance budgets across the Trust and a transfer of budget to Estates to cover the cost of the medical devices officer

- Ensure a thorough review of existing devices and a data cleanse process was conducted on appointment of the Medical Device Safety Officer to enable the upload of accurate information to the outsourced service.
- Lead the process for appointing a Medical Device Safety Officer. This was achieved in February 2020

CRITERION 3

Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

- The trust has embedded the principles of infection, prevention and control throughout all services to reduce the need for antibiotics and this is in alignment with the trust's Antimicrobial Resistance Strategy
- Prescribing of antimicrobials is optimised by promoting Pan Mersey and NICE antimicrobial guidelines. To provide assurance best practice is followed; prescribing is monitored at the Medicines Governance Meeting using antimicrobial prescribing data from ePact and SystmOne
- Local antibiotic prescribing data for the trust is reviewed yearly by medicines governance team to promote antimicrobial stewardship. The Medicines Governance Group has audited antibiotics associated with a high risk of Clostridium Difficile by utilising SystmOne, which allows individual patient records to be audited. Where non-compliance with guidelines is identified, individual prescribers are given feedback via line management, to support appropriate prescribing and patient safety
- All Medical and Non-Medical Prescribers who prescribe antibiotics or give advice, are required to undertake mandatory e-learning, "Reducing Antimicrobial Resistance, an Introduction"
- "Antibiotic Guardians" are promoted throughout the trust, all non-medical prescribers are asked on there, "approval to practice form" if they are Antimicrobial Guardians
- Practitioners are required to engage with the Royal College of General Practitioners' resource "TARGET" (Treat Antibiotics Responsibly Guidance Education Tools). In particular, "treating your infection" leaflets are promoted which provide patients and carers with safety netting information
- The Medicines management team frequently engage with partner organisations within the locality. The trust has contributed to the development of Pan Mersey Antimicrobial guidelines and fully engaged with the Healthy Wirral AMR group, ensuring all partner organisations are giving consistent AMR messages throughout the population

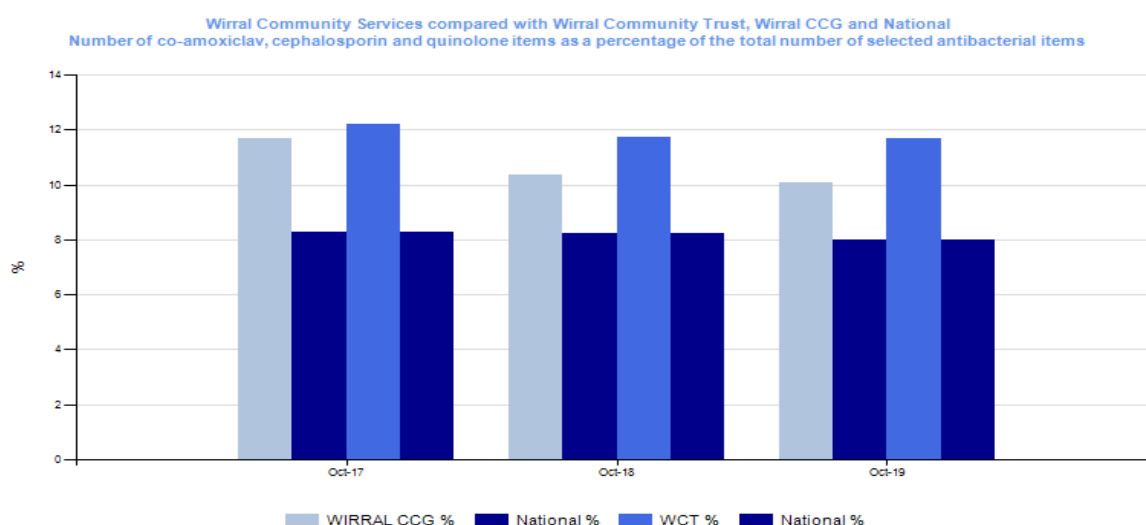
Antimicrobial E-Learning

Figure 1: Completion of Antimicrobial E- Learning

Mandatory Training RAG Rating		
<75%	>=75% and <90%	>= 90%
844 Adult & Community Services L3		100.00%
844 Community & Specialist Nursing L3		100.00%
844 Integrated Children's Division L3		100.00%
844 Urgent & Primary Care Services L3		100.00%

As part of the trust training matrix, a refresher Non-Medical prescribing training update is available and can be accessed on a three yearly basis. This module promotes Antimicrobial Stewardship for medical and non-medical prescribers and promotes local Pan Mersey Antimicrobial Guidelines which highlights the importance of Antimicrobial Stewardship.

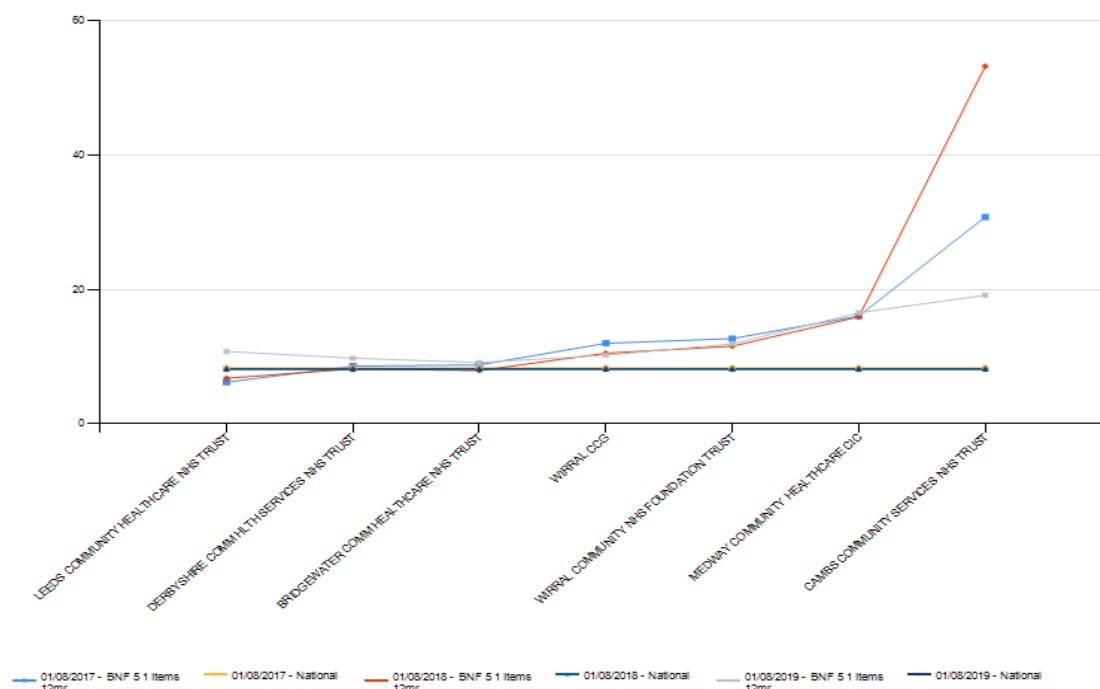
Figure 2: Co-amoxiclav, Cephalosporin and Quinolone Prescribing Percentages



34. The data has shown Wirral CCG's prescribing rates have reduced, but they are still significantly higher than national prescribing levels. The percentage of high risk antibiotics in comparison with all antibiotics prescribed has not decreased within Trust services.
35. Comparing data with other community trusts, Wirral Health and Care NHS Foundation Trust is not the highest prescriber, but there are trusts who are achieving lower percentages of high risk antibiotic prescribing as seen in the graph below.

Figure 3: Co-amoxiclav, Cephalosporin and Quinolone Prescribing Percentages

Number of co-amoxiclav, cephalosporin and quinolone items as a percentage of the total number of selected antibacterial items
Data Period: 01/08/2017 / 01/08/2018 / 01/08/2019



CRITERION 4

Provide suitable accurate information on infections to service users

36. As part of the World Health Organisation's Save Lives Clean Your Hands campaign on 5th May 2019, the IPCS promoted awareness of hand hygiene. Stands were set up at St Catherine's Health Centre where various literatures were available to take away. Interesting and informative hand hygiene facts were also sent via Twitter throughout the day.
37. The IPCS promoted Infection Prevention and Control Week during October 2019, highlighting that Infection prevention is everyone's responsibility. A range of promotional material and resources were provided to promote the service and key IPC messages:
 - Hand hygiene (washing with soap and water or using alcohol hand gel) is the most important way to prevent the spread of infection to keep patients safe
 - Importance of bare below the elbow
 - Are you wearing Personal Protective Equipment (PPE) appropriately
 - Are you up-to-date with IPC E-learning
 - If you deliver care must complete ANTT training
38. To comply with providing accurate information on infections for the local community, WCHC uses a blended approach in the provision of patient information leaflets; utilising NHS choices for general infection control guidance, and the trust provides patient specific infection control leaflets when not available on NHS choices

COVID-19

39. In January 2020 the World Health Organisation (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China to be a Public Health Emergency of International concern.

40. British Citizens in Wuhan, China were considered to be a priority to repatriate them back to the United Kingdom.

Resident's facility accommodation

41. On two occasions in January/February 2020, British Nationals were flown out of Wuhan, China and repatriated to a dedicated residents facility at Arrowpark Hospital for 14 days for supported isolation. To support the isolation process for these residents required a system wide approach supported by Public Health England. The residents were successfully isolated for the 14 day period and safely transferred home.
42. Limiting transmission of COVID-19 in the healthcare setting required a range of infection prevention and control measures to be put in place to ensure staff and patient safety.

The IPC team were tasked with:

- Reviewing the guidance from PHE
- Provide assurance that teams and services are aware and updated regarding guidance
- To support staff and alleviate heightened anxieties regarding PPE and COVID-19
- Provide assurance to board regarding PPE stock levels

NHS 111 POD and Isolation rooms

43. Standard infection control precautions and transmission based precautions must be used when managing patients with suspected or confirmed COVID-19.

Public Health England (PHE) has worked with NHS England and NHS Improvement to provide guidance and recommendations for COVID-19. The guidance outlines the infection prevention and control advice for health and social care workers involved in receiving, assessing and caring for patients who are a possible or confirmed case of COVID-19.

The trust has three Walk-in-Centres (WIC) and were required to set up an isolation room in each of WIC to screen patients who report being unwell with COVID-19 symptoms.

This pathway ensured appropriate triaging arrangements were in place for patients with possible or confirmed COVID-19 symptoms, to minimise the risk of cross-infection and are compliant with the environmental requirements set out in current PHE national guidance.

A POD was also required as a designated isolation area which was separate to the WIC isolation rooms for individuals who were clinically well enough to be streamed away from acute services and provides a swabbing facility.

Working with estates a portacabin was used to establish a POD at Victoria Health Centre (VCH), the POD was open from 05/03/2020 till 13/03/2020, operating hours were 08.00 to 20.00 and two staff was required as a 'buddy system'. Swabbing patients for COVID-19 was undertaken by competent and trained individuals and in line with PHE national guidance.

Action Cards

44. To support staff action cards were developed for Personal Protective Equipment (PPE) and posters identifying correct PPE to wear based on Public Health England's Guidance. However, for staff safety, long sleeved aprons were introduced for patients with excessive respiratory secretions where staff were in close proximity with patients.

Personal Protective Equipment

45. A daily teleconference was set up with community nurses to ensure the provision of adequate PPE due to fluctuating daily caseloads. All other services were provided with PPE either on a daily or weekly basis depending on clinical demands. Working with procurement a daily PPE situation report was carried out to monitor sufficient supplies of PPE, to ensure patient and staff safety.

Public Health England (PHE) Guidance

46. To ensure staff and patient safety, all PHE guidance for clinical and non-clinical staff has been implemented across the trust for Infection Control Measures to Minimise COVID-19 Transmission and ensures personal safety and working environments are safe.

IPC have been working closely working with Communications team to produce a COVID-19 daily bulletin to provide all staff with any updated PHE information or guidance.

CRITERION 5

Ensure prompt identification of people who have or at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

47. Wirral Community Health and Care NHS Foundation Trust did not have HCAI objectives set at national or local level for MRSA or Clostridium Difficile. All community attributed cases were reported against Wirral Clinical Commission Groups' (Wirral CCG) objective. Wirral Community Health and Care NHS Foundation Trust has set an internal target of zero avoidable healthcare associated infections in the services that it provides and this target was achieved during 2019/20.

Gram Negative Blood Stream Infections (GNBSIs)

48. NHS Improvement, on behalf of the Secretary of State for Health & Social Care, launched the Government's ambition to reduce healthcare associated GNBSIs and antimicrobial prescribing by 50% by 2021. An initial focus on reducing Escherichia coli bloodstream infections by 10% in year one was introduced as they represent 55% of all GNBSIs with approximately 75% of those occurring outside of the hospital setting.

49. To support this NHS England has introduced a quality premium:

Part a - reduce gram negative blood stream infections (BSI) across the whole health economy

Part b - reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care

Health and Social care providers have a key role in preventing and controlling infection, this supports the National plan for reducing Antimicrobial Resistance (AMR) and Gram Negative Blood Stream Infections (GNBSI). To achieve this a system wide approach was undertaken and a working party was set up across the health economy working with AQuA; to conduct a quality improvement 'To Dip or Not to Dip (TDONTD) project. The aims of the project was to improve the diagnosis and treatment of lower UTI in people aged 65+ in acute and community care settings and reduce inappropriate antimicrobial prescribing. However, due to COVID-19 the project was suspended in March 2020, however, the working party will aim to reconvene during quarter 2 of 2020/21, as services are stepped up again to resume business as usual.

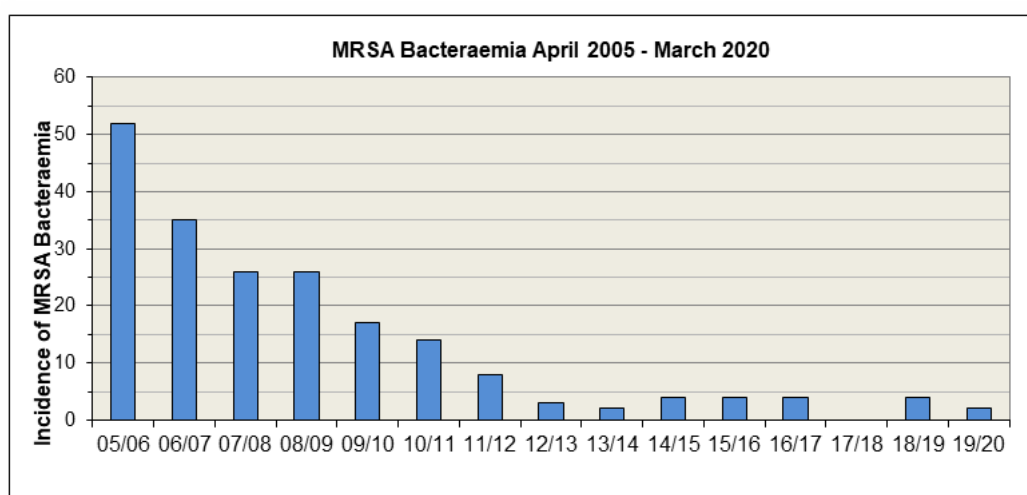
Part of this project involved:

- Developing a catheter passport
- Hydration poster
- TDONTD study day for care homes forum in January 2020 to raise the importance of not dipping urine from catheters
- To pilot and review records from 4 care homes and 6 wards from WUTH and Clatterbridge sites to establish themes and trends for dipping urine from patients with indwelling catheters
- Development of a GNBSI action plan

MRSA

50. The IPC team for WCT supports a zero tolerance approach of avoidable MRSA bacteraemia blood stream infections.
51. The table below illustrates annual incidence of MRSA Bacteraemia.

Figure 2: Annual incidence of MRSA Bacteraemia 2005-2020

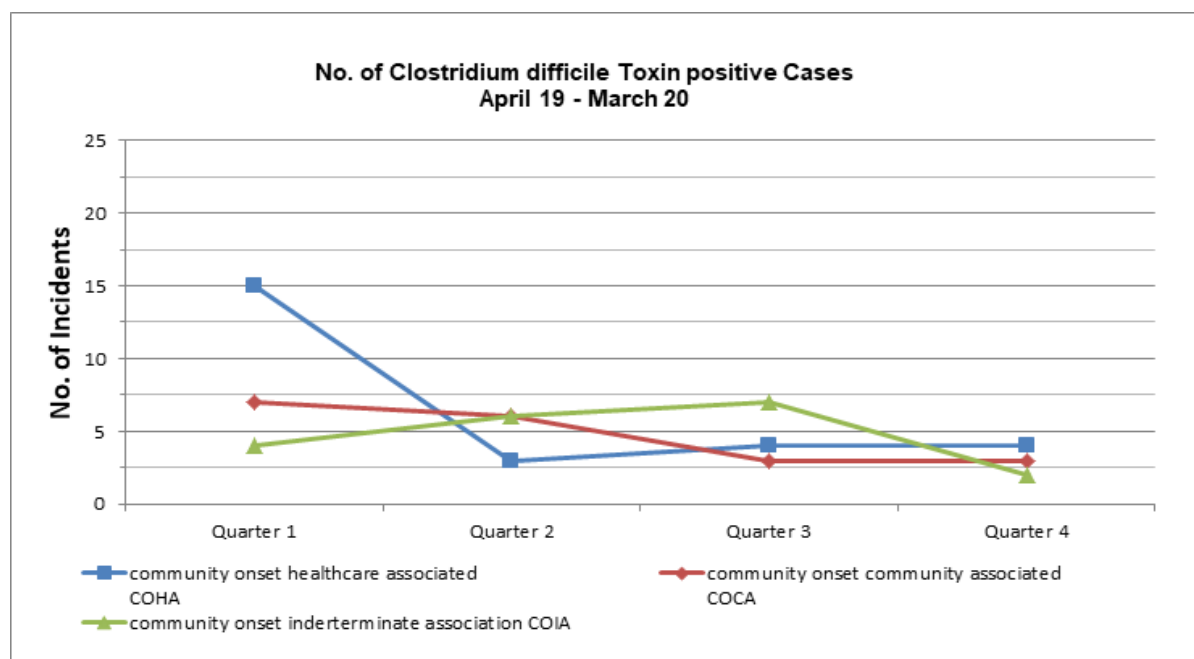


52. There have been 2 community acquired MRSA bacteraemia cases during the reporting period. However, none of these cases were attributable to the Trust and did not involve trust services.

Clostridium Difficile

53. In February 2019, NHS Improvement shared guidance introducing new case assignment definitions to attribute cases of Clostridium difficile infection from 1st April 2019 onwards. In line with the new case definitions, of the 64 PIRs undertaken by the IPCS:
- 26 cases were community onset healthcare associated
 - 19 cases were community onset community associated
 - 19 cases were community onset indeterminate association

Figure 4: Clostridium difficile Toxin Positive Cases



54. During the period 01 April 2019 to 31 March 2020 there were 64 pre-72 hour Clostridium Difficile toxin positive cases reported to the IPCS via WUTH IPCT.
55. All toxin positive and equivocal cases of community attributed Clostridium Difficile are followed up by the IPCS. PIRs are completed in all reported community attributed toxin positive and infection control expertise is offered to GPs as required in the management of their patient. Providers are asked to place an alert on the patient record in order to prompt caution for future prescribing.
56. All patients diagnosed with Clostridium Difficile are offered the opportunity to access advice and support from the IPCS and are provided with a patient information leaflet developed by the service. During this reporting period, zero patients requested a visit by the IPCS.
57. A Clostridium Difficile review group was established to review current PIR process. It was quickly recognised that a panel would need to be established to provide oversight and scrutiny from both the Local Authority and WHACC to WCHC and WUTH as lead providers. To strengthen the PIR process further and align itself to WUTHs, WCT require formal support from an Antimicrobial Pharmacist, or similar, to ensure a thorough review of prescribing is undertaken for each PIR. The outcome of this medication review would identify if prescribing had been appropriate or not. Identifying learning from prescribing remains fundamental in the review of community attributed cases. This has been discussed at the Clostridium Difficile review group and is being escalated to the Medical Director, WHACC.

Antiviral Provision within Care Homes 2019/2020

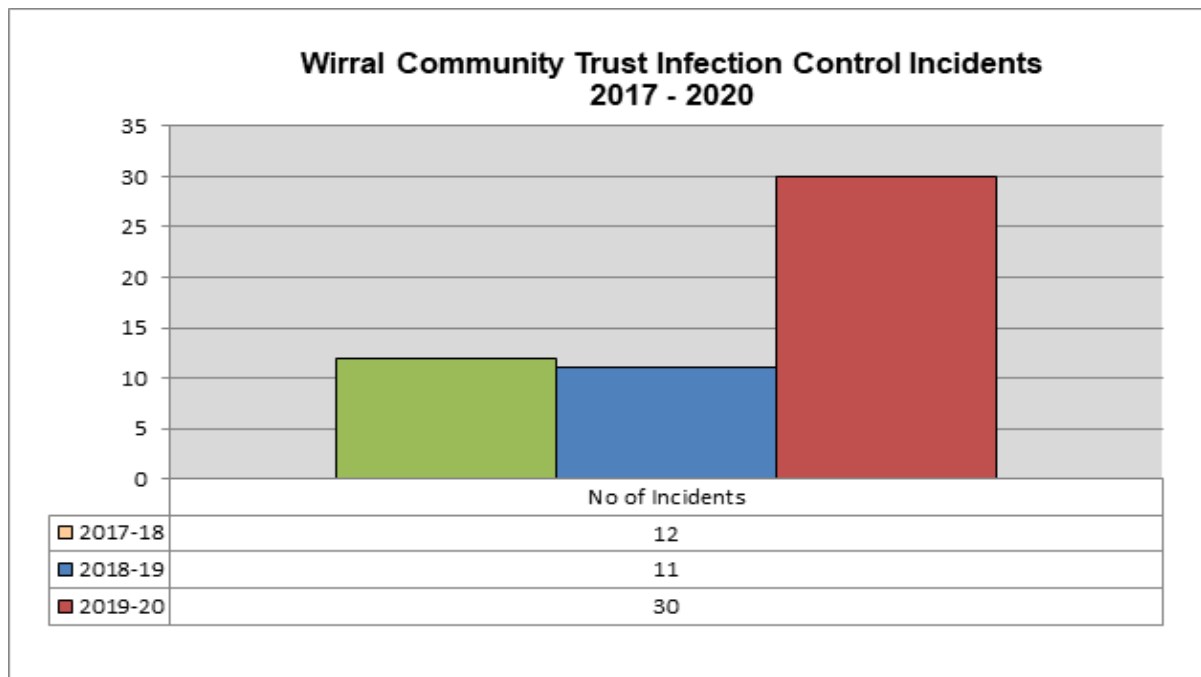
58. Flu outbreaks in nursing and care homes formed part of the winter planning arrangements for 2019/2020. When an outbreak of influenza like illness in a nursing or care home was declared, the local Public Health England (PHE) Health Protection Team undertook a risk assessment and where appropriate recommended the use of antivirals for treatment of cases, and prophylaxis for close contacts in nursing and residential care homes.

Incidents

59. Infection Control Incidents

During the reporting period 1 April 2019 – 31 March 2020 there have been 30 incidents reported as outlined in the graph below.

Figure 5: Infection Control Incidents



Data analysis has been conducted to explore the increase in incident reporting during 2019/20; this has identified two key areas attributable for the increase as follows:

- Covid-19
- Environmental issues relating to outside agencies/services

11 COVID-19 related incidents: 11 incidents reported

- Patients attending WIC with COVID-19 symptoms, WIC staff diverted patients to Wirral University Teaching Hospital (WUTH) POD
- Staff anxieties regarding PPE at the beginning of the COVID-19 pandemic
- 2 patients housing unsuitable to deliver clinical care, both referred to safeguarding team

Environmental issues relating to outside agencies/services: 8 incidents reported

Cheshire East

4 incidents relating to cleaning schedules - none in place for children's centres
1 incident where the clinical waste was not collected

Wirral

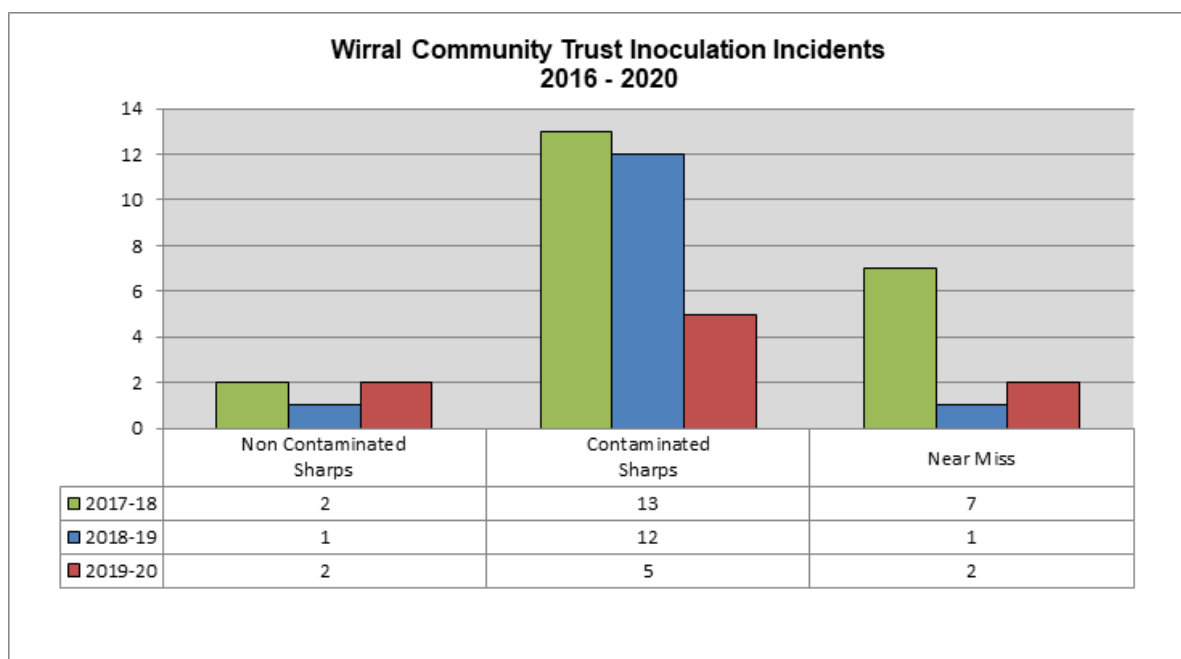
- 1 Ant infestation at VCH WIC treated by Rentokil
- 1 Dental incident where bodily fluids were not cleaned following a Revive clinic, the incident was escalated to Revive Management Services

- 1 patient discharged from hospital with Clostridium Difficile into a T2A bed, discharge letter did not state patient positive to Clostridium Difficile
- 1 individual experiencing a localised infection following a clinical intervention. The same incident was duplicated on Datix.

60. Inoculation Incidents

During the reporting period there have been 9 inoculation injuries as outlined in the graph below.

Figure 6: Inoculation Incidents



The breakdown of the following incidents is outlined below:

- 2 inoculation injuries were sustained from a non-contaminated equipment due to assembling equipment prior to commencing clinics. Incidents managed by service lead
- 5 inoculation injuries were sustained by staff due to insulin related contaminated sharps. Whereby, the patient had left a contaminated sharp on either an insulin pen or BM lancet device or the nurse had accidentally caused the contaminated inoculation injury themselves. To raise awareness of the management and disposal of sharps has been a key priority of the trusts risks. IPC team has been working closely with the communications team to escalate the importance of the safe use and disposal of sharps
- 1 incident related to sharps containers not being dated and signed on assembly of the sharp container, however this has been recoded to reflect it not being an inoculation injury
- 1 incident related to incorrect disposal of sharps, the sharp was still attached to the blade prior to sterilisation. Staff have been advised of the correct protocol to follow for sterilisation of equipment
- 1 incident was reported as an inoculation injury, however on review of the Datix the incident was incorrectly coded

CRITERION 6

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

Essential Steps

61. Essential Steps is a framework from the Department of Health that allows the trust to measure compliance with the following Infection Prevention and Control standards to ensure the quality and safety of clinical interventions:

- Hand hygiene
- Urinary catheter Insertion and Catheter Ongoing Care
- Enteral Feeding Administration and Care
- Venous Access Devices and Ongoing Care

62. Hand hygiene audits were incorporated within the organisation's SAFE system during the reporting period. Completion rates against this audit is outlined below;

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Completion rate	48%	80%	80%	73%
Compliance against completed audits	100%	100%	100%	100%

63. Following introduction of an improvement plan, 94% completion was achieved during Q1 2020/21.

64. Improvement in hand hygiene practices continues to be a priority for Wirral Community Health and Care NHS Foundation Trust. The Infection Prevention and Control Service continue to promote hand hygiene through:

- continuing to promote the World Health Organisations (WHO) 5 moments for hand hygiene
- completion of hand hygiene clinical observational audit four times per year
- promotion of Bare Below the Elbow through screen savers, training and Safety Sound Bite

Aseptic Technique (AT) Training

65. The trust has purchased a new electronic system - Clinical Skills Net (CSN). This system provides policies and procedures for Aseptic Technique (AT) and a competency framework. The trust has adapted the questions in the AT competency and offered 100% of all eligible staff access to the system to ensure compliance with the Code of Practice on the Prevention and Control of Infections and Related Guidance (Department of Health, 2015).

The aim is to:

- standardise aseptic technique for all clinical services to promote high quality harm free care
- reduce variations in practice
- protect patients from preventable healthcare associated infections
- provide education and training for clinical staff who undertake Aseptic Technique procedures

66. Current figures reflect reporting period 1 April 2019 - 31 March 2020

At the end of Quarter 4 - 54% of eligible staff were compliant with aseptic technique training compared with 45% the previous year. During the reporting period compliance was monitored monthly via Standard Assurance Framework for Excellence (SAFE) group and an improvement trajectory set for 90% of eligible staff to achieve compliance with this training by 30.06.20.

67. The aseptic technique training compliance trajectories set during 2019/20 were fully achieved by 30.06.20 with 95% of eligible staff being compliant with this training.

Infection Prevention and Control training

68. Infection Prevention and Control training is mandatory for all staff. It is undertaken bi-annually using a national E-learning programme. Clinical staff are required to complete Level 1 and 2 modules and non-clinical staff are required to complete Level 1 module.
69. IPC training is incorporated within the Trust Mandatory Training matrix. Compliance from 1 April - 31 March 2019 for IPC levels 1 and 2 is detailed below:

Figure 7: Completion of Mandatory Training via E-Learning 01 April 2019- 31 March 20120

Mandatory Training RAGRating		
<75%	>=75% and <90%	>= 90%
	NHS CSTF Infection Prevention and Control Level 1 - 3 Years	NHS CSTF Infection Prevention and Control Level 2 - 2 Years
844 Adult & Community Services	98	96
844 Access and Intermediate Services	99	92
844 Community & Specialist Services	97	92
844 Corporate Services	98	96
844 Integrated Children's Division	93	98
844 Urgent & Primary Care Services	98	98
844 Board	100	N/A
Grand Total	97	95

70. The Trust is fully compliant with IPC e-learning for all divisions. The IPC Lead will continue to monitor compliance and divisions can access compliance rates on Trust Information Gateway (TIG) report on a monthly basis for Divisional and Corporate Governance groups (QPER).

CRITERION 7

Provide or secure adequate isolation facilities

COVID-19 Pandemic

71. The trust has three Walk-in-Centre (WIC) and were required to set up an isolation room in each of WIC to screen patients who report being unwell with COVID-19 symptoms.

This pathway ensured appropriate triaging arrangements were in place for patients with possible or confirmed COVID-19 symptoms, to minimise the risk of cross-infection and are compliant with the environmental requirements set out in current PHE national guidance.

CRITERION 8

Secure adequate access to laboratory support as appropriate

72. Not applicable to Wirral Community Health and Care NHS Foundation Trust.
-

CRITERION 9

Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections

Policies

73. All IPC Policies have been reviewed and updated, the following policies were approved during the reporting period 01 April 2019 - 31 March 2020
- IPC Precautions National Hand Hygiene and Personal Protective Equipment Medical Supply and Medical Device Policy GP48
 - Standards Policy IPC 18
 - Policy for the Prevention and Management of Clostridium Difficile Infection IPC 13
 - Sterilisation of Reusable Medical Devices (Dental Service Policy)
 - Management of Healthcare Waste Policy IPC 5
-

CRITERION 10

Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection

Occupational Health Service (OHS)

74. The OHS have the responsibility:
- To advise/immunise WCHC personnel who are referred to OHS by their Manager in accordance with work place Health/Occupational Health Protocol
 - To provide risk management advice including where necessary advice on work restrictions/redeployment
 - Advise the healthcare worker (HCW) regarding the risk of the exposure and the indications for prophylaxis

- Manage the follow up, monitoring, testing and vaccination for HCWs who have sustained a high risk exposure whether or not Post Exposure Prophylaxis (PEP) was commenced
- Offer support and arrange counselling if required to all HCWs who have sustained an occupational exposure to blood/body fluids

Staff Influenza Campaign

75. The Infection Prevention Control Team led the coordination and planning of the staff seasonal influenza campaign and led the Staff Flu Group which met regularly to plan the campaign. To ensure staff had maximum opportunity to obtain a influenza vaccine, sessions were delivered in a variety of ways:
- provision of drop in staff vaccination clinics across trust locations covering all shift patterns across 7 day working including nights
 - additional vaccination sessions at staff bases
 - opportunistic vaccination
76. The 2019/20 staff seasonal flu CQUIN required all NHS trusts to improve the uptake of influenza vaccinations for frontline clinical staff and achieve 80% amongst reportable staff groups. Wirral Community Health and Care NHS Trust achieved 82% of staff immunised which is a significant improvement on uptake seen in 2019/20

RECOMMENDATIONS

- To continue to strengthen collaboration and engagement with partners across the health and social care system, providing enhanced clinical leadership and visibility to influence system changes within an integrated, whole economy approach to IPC
- Develop and implement 2019/2020 IPC improvement plan, providing trust assurance with compliance across all areas of the Code of Practice on the prevention and control of infections
- Enhance visible IPC leadership and clinical expertise throughout the trust, embedding IPC into all clinical activities, positively influencing cultural change, through leadership walkabouts and shadowing of clinical services
- To actively contribute to the development and implementation of a Wirral Health Economy Gram Negative Blood Stream Infection (GNBSI) Improvement Plan
- Maximise lessons learned from incident reporting and post infection reviews to reduce rates of healthcare acquired infections
- To continue monitor compliance with IPC mandatory training – levels 1 and 2
- To continue monitor compliance with Antimicrobial E-Learning across divisions
- Medicines management to continue to undertake regular point prevalent antimicrobial audits during Quarter 2020/2021
- To continue to monitor Aseptic Technique competency on Clinical Skills Net and monitor compliance for monthly reporting to Divisional QPERs and report compliance IPC Triannual reports
- To implement a new model for completion of environmental audits based on level of risk, an action plan to be monitored at SAFE and IPC Strategic meetings
- To Implement and monitor compliance with Essential Steps on Standard Assurance Framework for Excellence (SAFE)
- To lead on the CQUIN for improving the uptake of the staff influenza campaign 2020/2021 for frontline clinicians within provider services (90%). The flu group will review the model for delivering the flu campaign in relation to COVID-19 pandemic and social distancing
- Review lessons learnt from the previous flu campaign
- To monitor IPC incidents to disseminate any learning across the trust

- To promote International World sepsis day on 13 September 2020 to promote 'Stop Sepsis, Save Lives'
- To develop revised antiviral pathway for the management influenza outbreaks in care homes
- To write a paper to ELT to print new Hand Hygiene and Inoculation injuries posters
- To continue to follow PHE guidance for the management of COVID-19 during the pandemic

CONCLUSION

77. Wirral Community Health and Care NHS Foundation Trust is committed to continuous quality improvement to ensure sustainable improvement in Infection Prevention and Control practice whilst supporting a zero tolerance of avoidable infection and harm to our patients and staff.
78. HCAI reduction and improvement of Infection Prevention and Control standards requires a multi-partnership approach within the health economy of Wirral and the trust remains committed to support this agenda.
79. The Infection Prevention Control Group will continue to monitor compliance with all infection prevention and control standards and quality improvements.

Appendix 1 The Health & Social Care Act 10 criterion

Compliance criterion	What the registered provider will need to demonstrate	RAG rating and updated position
1	<p>Systems to manage and monitor the prevention and control of infection. These systems use risk assessment and consider the susceptibility of service users and any risks that their environment and other users may pose to them.</p>	<p>The Director of Nursing and Quality Improvement is the Director of Infection Prevention and Control who is supported by the Deputy Director of Nursing. Operational delivery for the Trust is led by the Infection Prevention Control Clinical Lead.</p> <p>The following systems and processes are in place for the reporting period to provide assurance in relation to the IPC Code, Criterion 1:</p> <ul style="list-style-type: none"> • Staff influenza campaign for 2020/2021: The CQUIN requires 90% of frontline staff to be vaccinated with the influenza vaccine • A bespoke module on the Trust's Standard Assurance Framework for Excellence (SAFE) system has been developed to provide an electronic audit tool for completing Essential Steps. Essential steps compliance will continue to be monitored via Divisional QPER meetings and SAFE • The Trust has invested in Clinical Skills Net; an electronic data base for policies, procedures and competencies. This system is available to all staff via the StaffZone. <p>System-wide Governance and Quality Improvement</p> <p>In addition to internal IPC assurance, the trust is commissioned to deliver a system-wide IPC service to the Wirral community. Performance against the Health Economy Infection Prevention and Control service specification is reported separately via the Local Authority contracting process.</p> <p>The service is accountable to the Local Authority Director of Public Health and is required to provide assurance to commissioners and providers of healthcare services in relation to community infection prevention and control.</p> <p>The Community Infection Prevention and Control Service (IPCS) is responsible for providing:</p> <ul style="list-style-type: none"> • Information, advice and support to the public, professionals and commissioners

		<p>regarding infection prevention and control</p> <ul style="list-style-type: none"> Health and social care workforce IPC education and development and prevention, management and control of cases, clusters and outbreaks of communicable disease (including health care associated infections) within the community, in partnership where necessary, and following agreed protocols
2.	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	<p>Cleaning Services</p> <p>Domestic services in trust premises continue to be provided by Cheshire and Wirral Partnership (CWP) NHS Foundation Trust. In areas not managed by the trust, but where services are hosted, issues or concerns that are identified are raised with the Estates Team for resolution.</p> <p>The quality of the cleaning services is monitored through environmental audits conducted by IPC clinical lead; any areas for improvement are monitored via an action plan and monitored by the IPC Clinical lead.</p> <p>Decontamination of Medical Devices</p> <p>The Director of Infection Prevention and Control is the Trust Decontamination Lead.</p> <p>The Trust appointed a Medical Device Safety Officer</p> <p>The Community Dental Service is compliant with Best Practice Standards set out in The Health Technical Memorandum (HTM 01-05) for decontamination in primary care dental practices.</p> <p>The Podiatry Service uses an accredited Central Sterile Supply Department (CSSD).</p> <p>In order to start using the new service effectively from April 2020, a thorough review of existing devices and a data cleanse is in progress to enable the upload of accurate information to the outsourced service.</p>

	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections	Environmental Audits A new model for environmental audits based on levels of risk, high risk areas to environmental audits to be completed and low risk areas to be assessed by service leads
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	<p>To promote antimicrobial stewardship, the trust has implemented a mandatory e-learning Module Reducing Antimicrobial Resistance: an introduction"; for all clinical prescribers or clinicians who provide medical advice.</p> <p>The trust is 100% compliant reducing antimicrobial resistance e-learning module</p> <p>As part of the trust training matrix a refresher Non-Medical prescribing training update is available and can be accessed on a three yearly basis. This module promotes Antimicrobial Stewardship for non-medical prescribers and promotes local Pan Mersey Antimicrobial Guidelines which highlights the importance of Antimicrobial Stewardship. Local antibiotic prescribing data for the trust is reviewed by medicines management team and results shared with the divisional managers to disseminate the learning and promote antimicrobial stewardship.</p> <p>Healthy Wirral Antimicrobial Resistance (AMR) Strategy Group is the Medicines Optimisation Board for the Wirral. This working party is working to produce a Wirral Wide document which will support the development of a Wirral wide AMR action plan.</p> <p>Healthy Wirral Antimicrobial priorities include that GPs and non-medical prescribers are implementing TARGET (Treat Antibiotics Responsibly, Guidance, Education, Tools). To provide assurance to Quality and Safety Committee, all prescribers in the Walk in Centres provide TARGET leaflets for patients and GPs in GP OOH follow TARGET guidance.</p> <p>The data presented in relation to criteria 3 within this report, highlights that there is scope for the Trust to improve levels of antibiotic prescribing. A robust assurance process for auditing compliance and identifying improvement has been implemented by the Trusts' Medicines Management Team who have initiated a programme of medicines governance audits into the prescribing of high risk antibiotics, including co-amoxiclav, cefalexin and ciprofloxacin. The audit results are utilised to highlight quality improvements which are monitored at the Medicines Governance Group. In addition, results are shared with individual prescribers to identify individual learning needs.</p>

		<p>In 2019/20 the results of this audit identified that in 80% of cases, prescribing of Co-Amoxiclav was in line with formulary choices, however, areas for improvement have been identified in relation to the prescribing of Cefalexin. These improvements will be progressed during 2020/21 and monitored in accordance with the Trust's governance framework.</p> <p>Audits are presented to the Trust's Medicines Governance Group for assurance and for continued review and monitoring. It is recognised that the Trust delivers a range of unplanned services including GP Out of Hours and Walk-in Services that are likely to prescribe a higher rate of high risk antibiotics that are first line formulary choices.</p> <p>The Medicines Management team will continue to audit the prescribing of high risk antibiotics bi-monthly, to assure Trust standards are aligned to local antimicrobial guidelines. Any areas of exception will be reported to the Medicines Governance Group for action and identified risks escalated to the Quality and Governance Committee.</p>
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.	<p>To comply with providing accurate information on infections for the local community, WCHC uses a blended approach in the provision of patient information leaflets; utilising NHS choices for general infection control guidance, and the trust provides patient specific infection control leaflets when not available on NHS choices.</p> <p>IPC leaflets are available on the Trust public site for patients regarding any specific infections, were there are no leaflets; leaflets are available on NHS Choices.</p>

5	<p>Ensure prompt identification of people who have or are at risk of developing an infection / sepsis so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.</p>	<p>Gram Negative Blood Stream Infections (GNBSIs)</p> <p>To provide a system wide health economy approach to the management and reduction of GNBSI, the IPC forum oversees the management of GNBSIs and an action plan has been developed which focuses on the following key areas for improvement</p> <p>The membership of the UTI Improvement Group has been expanded to ensure system wide delivery of GNBSI improvement action plan.</p> <p>A communication plan has been implemented focussing on the importance of hydration across a wide range of community settings.</p> <p>A review of the NHS Improvement Catheter Passport has been completed to ensure the catheter passport meets local needs.</p> <p>Meticillin Resistant Staphylococcus Aureus (MRSA)</p> <p>The IPCS have provided advice and support to general practice to enable the management of 39 (laboratory confirmed) patients with MRSA. No concerns or themes have been identified for these cases. There were no community attributed cases of MRSA bacteraemia reported to the IPCS during the reporting period 01 July – 30 September 2019.</p> <p>Clostridium Difficile</p> <p>During the reporting period 01 July – 30 September 2019; there have been 15 Clostridium difficile (C diff) Post Infection Reviews (PIRs) undertaken by the IPCS. This compares to 13 in the same quarter in 2018-19.</p> <p>In February 2019, NHS Improvement shared guidance introducing new case assignment definitions to attribute cases of C diff infection from 1st April 2019 onwards. In line with the new case definitions, of the 15 PIRs undertaken by the IPCS:</p> <ul style="list-style-type: none"> • 3 cases were community onset healthcare associated • 6 cases were community onset community associated • 6 case was community onset indeterminate association
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		<ul style="list-style-type: none"> 12 of the above cases are assigned to non-acute care. <p>Since 1 April 2019, the Lead Nurse IPC has regularly attended the C diff Executive Review Meeting at WUTH to jointly discuss PIRs for community onset healthcare associated cases. All patients diagnosed with C diff infection are offered the opportunity to access advice and support from the IPCS, including the offer of a home visit to reduce the risk of repeat infection and are provided with a patient information leaflet developed by the service.</p> <p>During this reporting period, no patients requested a home visit, however the IPCS visited a patient at home to provide support, education and reassurance following a relapse of Clostridium difficile infection and subsequent faecal transplant failure.</p> <p>Antiviral Provision within Care Homes 2019-20</p> <p>Flu outbreaks in nursing and care homes forms part of the winter planning arrangements for 2019/2020, the antiviral pathway has been agreed and prophylactic antiviral prescribing for care homes will be managed by GP Out of Hours. There have been two outbreaks of Influenza Like Illness (ILI) during December 2019.</p>
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of prevention and controlling infection.	<p>‘Back to Basics’ CQUIN – completed and achieved</p> <p>Mandatory Infection Prevention Control E-Learning</p> <p>All clinical staff achieved over 90% compliance with mandatory Infection Prevention Control e-learning (Level 1 every 3 years and Level 2 every 2 years).</p>

	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of prevention and controlling infection.	Essential Steps The Department of Health Essential Steps (DH, 2006) audits have been built into the Trust's Standards Assurance Framework for Excellence (SAFE) electronic system. This allows divisions to closely monitor compliance with Essential Steps at team level. The four audit tools have been merged to create 4 essential steps audit tools: <ul style="list-style-type: none"> • Hand Hygiene (including aseptic technique) • Urinary Catheter Care and Ongoing Maintenance • Enteral Feeding Administration and Care • Peripheral Line Insertion and Ongoing Care
7	Provide or secure adequate isolation facilities.	
8	Secure adequate access to laboratory support as appropriate.	
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	All trust wide IPC policies are available either on the StaffZone or staff are redirected via a link to the Clinical Skills Net portal through which staff can also access clinical protocols, procedures and competencies.
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	Occupational Health Service (OHS) WCHC has a system in place to manage the occupational health needs and obligation of staff in relation to infection. The OHS contract is managed by the HR department.

Medicines Optimisation Annual Report 2019 2020			
Meeting	Board of Directors		
Date	05/08/2020	Agenda item	16
Lead Director	Nick Cross, Medical Director		
Author(s)	Nick Cross, Medical Director Lisa Knight, Lead Pharmacist		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>
Purpose			
This annual report provides assurance to the board that medicines throughout Trust services are handled safely and in line with best practice.			
Executive Summary			
This report covers the reporting period 1 April 2019 to 31 March 2020 and outlines the activities undertaken throughout the Trust to optimise the use of medicines. Activities have been reported in line with the Trust's Medicines Optimisation Strategy's four principles: *Ensure medicines use is as safe as possible *Ensure choice of medicines is evidence based *Aim to understand the patient's experience *Make medicines optimisation part of routine practice In addition, as the reporting period included the start of the COVID 19 Pandemic, the report also includes details of how the Medicines Management Team initially responded to the pandemic to support Wirral Place			
Risks and opportunities:			
This annual report relates to: *Organisational risks ID: 1988 where CQC identified that there was insufficient governance surrounding the use of PGDs, this risk has now been archived as systems are now in place. *Organisational risk ID: 2255, this risk was owned by community nursing and was surrounding missed medication within the service, it is now archived as mitigation is now in place * Organisational risk ID: 2293, this risk involves the Trust's non-compliance with Falsified Medicines Directive. This risk is still active as actions to comply with legislation have been put on hold whilst Services respond to the COVID 19 Crisis.			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached No Equality Impact Assessment completed and attached No This annual report does not fulfil the criteria for completion of a quality impact assessment. An equality impact assessment is not required, because optimising the handling of medicines is of equal benefit to all patients, including those in protected groups			
Financial/resource implications:			
There are no financial implications associated			
Trust Strategic Objectives			
Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.			
Our Populations - outstanding, safe care every time	Our People - enhancing staff development	Our Performance - increase efficiency of all services	

Board of Directors is asked to consider the following action		
The Board of Directors is asked to consider this annual report and be assured that medicines are handled safely throughout Trust services		
Report history		
Submitted to	Date	Brief summary of outcome
Medicines Governance Group	14/07/2020	The group noted the report.
Quality and Safety Committee	22/07/2020	The committee was assured.



Medicines Optimisation
Annual Report | **2019/20**

Medicines Optimisation Annual Report

2019-2020

Introduction

Wirral Community Health and Care NHS Foundation Trust is committed to the proper and safe management of medicines and the principle that patients who use Trust services will receive the right choice of medicines at the right time.

The Trust is required to comply with Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 3) Regulation 12 (g) which states that healthcare organisations must demonstrate, “proper and safe management of medicines”.

This annual medicines optimisation report provides formal assurance to the board of the activities involving medicines undertaken across the organisation for the reporting period 01 April 2019 to 31 March 2020.

This report should be read in conjunction with the two tri-annual reports previously presented to the board covering the periods 1 April to 31 July 2019 and 1 August to 30 November 2019.

Activities undertaken throughout the Trust to optimise the use of medicines for 2019-2020 have been reported in line with the Trust's Medicines Optimisation Strategy's four principles:

- Ensure medicines use is as safe as possible
- Ensure choice of medicine use is evidence based
- Aim to understand the patient's experience
- Make medicines optimisation part of routine practice

In addition, as the reporting period included the start of the COVID19 Pandemic, the report also includes details of how the Medicines Management Team initially responded to the crisis to support Wirral Place.

1. Ensure Medicines Use is as Safe as Possible

a. Policies and procedures defining best practice for handling of medicines provided a framework outlining expected standards of practice for our workforce.

The Trust has a suite of medicines related procedures and guidance outlining how to handle medicines safely in different care settings covering: storage, administration and documentation of medication and the safe handling and control of controlled drugs.

During 2019 2020 the Medicines Governance Group oversaw the development or update of 16 medicines related procedures where best practice was defined. Details of updated procedures and guidance documents can be found in appendix 1.

In 2019, the Trust invested in ClinicalSkills.net, a resource used by many NHS providers to support clinical skills teaching, with up to date and evidence-based information, whilst also allowing the Medicines Management Team and other services to work more efficiently.

b. To ensure safe handling of medicines, the workforce required appropriate training

During this reporting period, training on the safe handling of medicines was accessed via several routes including:

- Face to face training delivered by the Medicines Management Team in conjunction with senior members of the Community Nursing team.
- Face to face administration of intravenous antibiotics training provided by a Community Matron in conjunction with OPAT (community based intravenous antibiotic administration service).
- ClinicalSkills.net was utilised as a training resource outlining safe medicines administration.
- Regular updates on good practice were delivered via the trust's Medicines Management Bulletin. During 2019 2020 the trust provided practitioners with 11 Bulletins.
- Shared learning from medication incidents and audits was circulated via the Medicines Management Bulletin

c. Assurance was needed to demonstrate our workforce handled medicines safely.

Following the publication in 2018 of the Gosforth War Memorial Hospital enquiry, where patients' lives were found to have shortened due to inappropriate use of controlled drugs, there was a need to investigate if controlled drugs were handled appropriately within our organisation.

A CQC self-assessment was completed by the Medicines Management Team and found that there was limited assurance that the Trust's procedures in place for receipt, storage, transport and prescribing of controlled drugs were being followed. More specifically, the Trust did not collate the evidence that staff had read, understood and followed procedures relating to controlled drugs.

As a direct response to this, the Medicines Management Team strengthened the template used by the pharmacy technician during service visits by adding questions which assess staff knowledge of relevant procedures (including those relating to controlled drugs).

During 2019-2020 the Medicines Management Team incorporated a self-assessment within the SAFE governance and audit tool (Standards Assurance Framework for Excellence) for service leads to monitor their service's handling of medicines. The audit covered storage of

medicines, use of patient group directions, safe handling of prescription stationary and medical gases. A full list of the audit questions can be found in appendix 2. Services that did not handle medicines were excluded

Self-assessment audit results were monitored closely by the Medicines Governance Group. The table below shows a steady rise in the number of services who completed the assessment each month with the exception of March 2020. The reduction in the rate of completion in March coincided with the start of the global pandemic where many of the Trust's services were being stood down.

SAFE Medicines Management Inspections 2019 - 2020		
Month	% Completion	% Score
April 2019	7.9	93
May 2019	78.5	96
June 2019	86.8	98
July 2019	94.5	99
August 2019	94.9	99
September 2019	94.7	99
October 2019	99	99.9
November 2019	99	99.9
December 2019	99.8	100
January 2020	97.4	99
February 2020	99.9	100
March 2020	82	99

In addition to the self-assessment audits, the Medicines Management Team monitored incidents reported on Datix and cross reference results from audits.

For further assurance the Trust's senior pharmacy technician planned to visit at least one base for each of the Trust's services that handled medicines. Assurance visits were scheduled to take place during February and March 2020. Due the Pandemic and the need for social distancing, the 2019 2020 audit cycle has not been completed. Services will now be audited when COVID 19 restrictions are lifted further.

Audits completed by the pharmacy technician during the reporting period included an inspection of the two services that stored controlled drugs, GP Out of Hours and Community Dental and an audit of safe administration of medicines within community nursing. All actions were monitored via the Medicines Governance Group.

2. Ensure Choice of Medicines is Evidence Based

a. Practitioners were supported in their roles by evidence based clinical guidelines and patient group directions

Prescribers were directed to the Pan Mersey Website for guidance on appropriate choice of therapy. Partnership with a regional resource ensured the Trust benefited from a greater pool of pharmaceutical expertise.

Where relevant to our services, the Trust contributed to the review process of Pan Mersey Guidance. The Lead Pharmacist took an active role in the review of the Pan Mersey antimicrobial guidelines to ensure local guidance was fully aligned with national NICE and BASHH (British Association for Sexual Health and HIV) guidance.

The Trust promoted the use of TARGET (Treat Antibiotics Responsibly Guidance Education Tools) resources which include patient information leaflets designed to be given to patients who do not require antibiotics, explaining usual duration of infections and providing safety netting information.

The Medicines Governance Group was responsible for overseeing the update and development of medicines related clinical procedures and patient group directions (PGDs). The pharmacists were responsible for ensuring that their contents were consistent with national and local best practice guidelines.

During 2019-2020 14 PGDs were written or updated. A further 6 PGDs produced by Public Health England were adopted by the Trust.

To monitor the expiry dates of procedures and PGDs, an audit was incorporated into SAFE to provide the organisation with a real-time view of any procedures or PGDs that were nearing their review date.

b. The Trust adoption relevant national guidelines

The team scrutinised all new or updated NICE guidance involving medicines for relevance to Trust services, ensuring current practice within the Trust was in line with the latest NICE guidance.

For example: After considering NICE guidance NG128 May 2019, diagnosis and initial management of Stroke and Transient Ischaemic Attack (TIA), it was identified that all patient should now be offered aspirin unless contraindicated if they had a suspected TIA. This indication was added to the PGD for aspirin used within Walk-In Centres and Heart Support. Evidence of adherence to NICE guidance is incorporated into the SAFE data base.

c. Staff accessed training to enable them to be competent in their knowledge of medicines

Practitioners were responsible for keeping up to date by accessing medicines information from the multiple national NHS approved agencies.

The Medicines Management Team acted as a medicines information resource for Trust staff providing routine verbal medicines information on a daily basis. During 2019-2020 the team also documented 36 evidence-based responses to medicines information queries from practitioners working within the Trust.

The in-house Medicines Management Bulletin also provided clinical information highlighting updates in national guidance, changes in local procedures and raising awareness of learning from incidents. Bulletins written during the reporting period are available via the Trust Website.

The Lead GP for Governance within Urgent and Primary Care Services supported practitioners within this division by regularly disseminating medicines information including: bulletins, learning from departmental audits and updated local and national guidelines to all clinicians via email and face to face training events.

Non-medical prescribers (NMPs) were supported by the Trust's NMP Lead who provided quarterly NMP forums, biannual prescriber refresher training and regular communication emails with prescribing related updates. NMPs were directed to provide evidence of continued professional development undertaken to maintain their competency as prescribers. This evidence was captured on their Approval to Practice form. MNPs that did not have a satisfactory Approval to Practice form within 12 months of date of issue were not authorised to prescribe.

E-learning was utilised and monitored via ESR for safe insulin administration and antimicrobial stewardship.

d. Prescribing activity was monitored

E-Pact prescribing data was analysed at the monthly Medicines Governance Meeting. Controlled drug prescribing, antimicrobial and V300 non-medical prescribing was monitored quarterly. V300 data linked to individual prescribers was cascaded to service managers to facilitate discussions between line managers and prescribers enabling improvements in quality and cost effective prescribing. Where it was felt that prescribing was outside the scope of the prescribers or not in line with the service, in the absence of an appropriate explanation, the Business Service Authority was contacted to recall the prescription. During 2019 & 2020, there have been several examples of prescribed medication found to be incorrectly attributed to Community Trust Prescribers. Investigations by the NMP lead have led to some of this prescribing cost being refunded.

Within Wirral Urgent Care, the service provided practitioners with individual prescribing reports produced via SystmOne and individual medical records are reviewed using a "clinical review audit tool" to ensure consultations were in line with best practice.

e. Antimicrobial prescribing was audited

Trust wide prescribing levels of co-amoxiclav, cephalosporins and quinolones (broad spectrum antibiotics associated with a high risk of causing development of clostridium difficile) were benchmarked against national prescribing data. This data was expressed as the amount of co-amoxiclav, cephalosporins and quinolones prescribed as a percentage of the total antibiotics prescribed and is shown in the tables on the following page:

The table below shows a small rise in the percentage of high risk antibiotics prescribed in comparison to the same period in 2018.

Prescribing data benchmarked against Wirral CCG and national levels			
Dates for comparative data	Prescribing data for high risk antibiotics WCHC	Prescribing data for high risk antibiotics Wirral CCG	National Prescribing data
Q3 2015	15.8%	15.8%	9.4%
Q3 2016	12.3%	14.2%	8.5%
Q3 2017	12.2%	11.7%	8.3%
Q3 2018	11.7%	10.4%	8.2%
Q3 2019	11.9%	10.0%	8.0%

Comparative data with other community healthcare providers identifies WCHC as having one of the higher percentages of prescribing of high risk antibiotics.

Q3 2019

Healthcare Organisation	% high risk antibiotics
Bridgewater Community Healthcare Trust	8.6%
Cambridge Community Services	7.9%
Derbyshire Community Healthcare	10.7%
Leads Community Healthcare	10.0%
Medway Community Healthcare	15.7%
Wirral Health and Care Community	11.9%

To understand why the Trust is a high prescriber of high risk antibiotics, the Medicines Management Team examined patient records within SystmOne. The results of mini audits were presented at the Medicines Governance Group investigating the prescribing of co-amoxiclav, cephalexin and ciprofloxacin. In the majority of cases prescribing was in line with formulary choices, non-adherence to formulary was fed back to the prescribers via line management.

There is a range in the services community healthcare trusts provide; some services such as GP Out of Hours and the Walk-In Service are likely to prescribe a higher rate of high risk antibiotics that are first line formulary choices. The percentage of high risk antibiotics will depend on the portfolio of services provided.

Despite mini-audits undertaken during the reporting period indicated that the prescribing within GP Out of Hours was broadly in line with local guidelines, the Medicines Management team will continue to audit the prescribing of high risk antibiotics bi monthly to promote adherence to local antimicrobial guidelines.

f. Practitioners using PGDs were monitored

Services employing practitioners who utilised PGDs were required to collect evidence their staff were competent to use the PGDs safely.

Sexual Health incorporated competency questions within their PGDs. Nurses using the PGDs had to answer the questions correctly prior to being authorised to use them.

Nursing staff working under PGDs within the Urgent and Primary Care Division were given workbooks and staff were only signed off to work independently when they could demonstrate appropriate use of the PGDs.

Community nursing teams utilised competencies developed within Clinical Skills.net to demonstrate an understanding of the PGDs used within their service.

3. Aim to understand the service user experience

a. How we captured patient experience

To capture a service user's perspective, the Trust's Medicines Governance Group included two volunteer patient representatives in line with NHS England's Patient Safety Alert "Improving medication error incident reporting and learning" March 2014. A patient representative was present in eleven of the twelve Medicines Governance Group Meetings. To promote engagement of service users using Trust services, they were provided with access to NHS approved evidence based medicines information which included benefits and

potential harm of treatment thereby allowing people to make informed choices and give valid consent.

Where medication incidents occurred or in the event of complaints or concerns involving medicines, the Trust implemented lessons learnt to improve practice and patient outcomes.

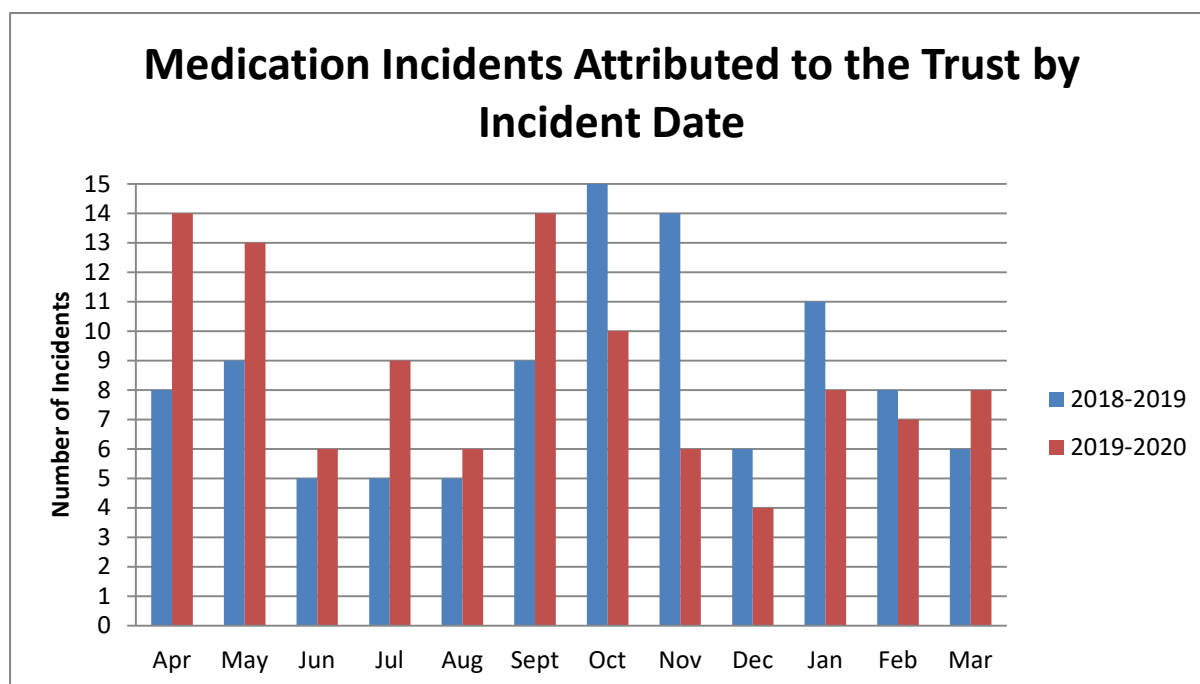
b. How we monitored patient experience

Within Wirral Urgent Care Services, an audit tool was used to check patient records for evidence of appropriate prescribing. This tool included questions which examined whether patients were given explanations of risks and benefits of treatment and information on possible alternative treatments. In addition, the services also audited telephone consultations to ensure patients were spoken to in an appropriate manner and any information given to patients was in line with best practice.

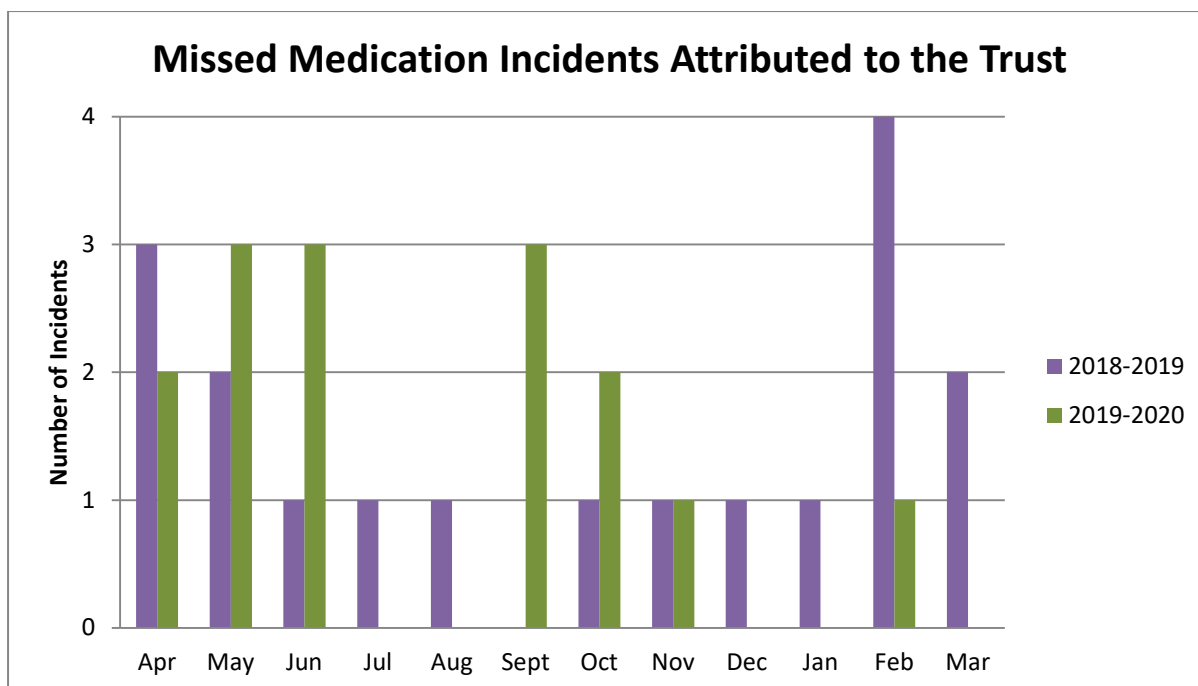
During each routine quality assurance service visit to all services, the Medicines Management Team sought evidence to demonstrate that practitioners were providing appropriate information to patients when medication was initiated.

Medication incidents attributed to Trust services were monitored monthly at the Medicines Governance Meeting

The graphs illustrated on the following page outline the number of medication incidents and missed medications that were attributed to Trust staff. Data from 2018-2019 was included for comparison. Actions following investigation were tracked to ensure any learning was disseminated throughout the organisation.



The number of medication incidents attributed to the Trust did not significantly change when compared with the previous year. However there was a reduction in medication incidents attributed to the Trust that caused moderate harm. Three were recorded 2018-2019, whereas only one incident was recorded 2019 2020 as being attributed to the Trust and causing moderate harm.



Avoidance of missed medications continues to be closely monitored by the Medicines Governance Group; there was a modest reduction in missed visits in comparison to 2018-2019 data.

4. COVID-19 Response

a. The Medicines Management Team worked cooperatively with other Wirral health care providers

Mid-March heralded the start of the COVID 19 Pandemic.

Wirral Medicines Management Teams from sought to maximise availability of medicines for Wirral patients and provide up to date medicines information to practitioners.

The Healthy Wirral Medicines Optimisation Programme, (which included pharmacy leads from different healthcare organisation including the community trust), continued to function, but switched its focus to concentrate on the COVID-19 pandemic.

Pharmaceutical supply routes were mapped out to identify potential weaknesses in the supply chain and to develop solutions to mitigate these. This involved :-

- A review of GP Out of Hours stock to meet potential peaks in demand for palliative care medication.
- Regularly revised pharmacy opening times and rapidly developed guidance on the management of COVID symptoms were circulated to all services.
- Working in collaboration with an end of life consultant to develop guidance for patients dying with COVID19.

b. Services within the Trust were re-designed

The Hospital at Home Service was developed in conjunction with a WUTH consultant geriatrician by the transformation of the community trust's existing Rapid Response Service. The main aim of the service was to cater for the needs of frail patients in the community and

where possible avoid hospital admission. The Medicines Management actively supported the development of the service.

To protect patients and staff from unnecessary exposure to the virus, a Trust wide procedure for remote prescribing was devised, ratified and disseminated authorising non-medical prescribers to prescribe following virtual consultations.

PGD legislation was scrutinised and it was identified that practitioners were able to supply PGDs following virtual consultations, when it was safe to do so. Supporting procedures were put in place which, for example, allowed clinicians within Sexual Health to post medication to patients' homes.

5. Make medicines optimisation part of routine practice

In addition to routine activities, the medicines management team will apply the principles of medicines optimisation and good governance to post COVID new and adapted services.

a. The team will support the planning and operational delivery of the community reablement and rehabilitation bed base:

- Advising on the level and detail of pharmaceutical support required and helping to develop a service level agreement with an acute provider.
- Developing robust evidence-based procedures for handling and administration of medicines within the unit.
- Writing evidence-based PGDs that support the delivery of care within the unit.
- Developing an adapted medicines self-assessment audit that meets the needs of an in-patient unit to be put on SAFE.
- Training nurses and support staff how to handle medicines in an in-patient unit.

b. New Technology will be embraced

The Medicine Management Team will continue to explore digital solutions to ensure Medicines Governance meetings can continue to meet safely.

Medicines management training will also, where appropriate be delivered virtually.

The Trust will deploy EPS4; this functionality will enable electronic transfer of prescriptions from GP Out of Hours to a nominated community pharmacy. Patients who are seen via video technology will therefore not be required to physically attend the service, unless clinically necessary.

c. Activities put on hold during the peak of the pandemic will be actioned

Since January 2020 suitably qualified non-medical prescribers (NMPs) have been legally able to mentor students taking V300 prescribing courses without the need for GP input. The NMP lead (a pharmacist within the Medicines Management Team) in partnership with the Learning and Development Team, will scope out the governance arrangements needed to be put in place before NMP nurse mentors can be utilised within the Trust.

Prior to the pandemic the Trust was preparing to implement Falsified Medicines Directive (FMD). As services return to full capacity, the Medicines Management Team will support services to register with SecureMed and implement the new legislation.

Summary

The financial year 2019-2020 and the effect of COVID-19 has certainly provided the Trust and the Medicine Management Team with some unique challenges. This report provides an overview of these, along with the associated activity required to ensure there is a robust, comprehensive governance framework relating to management of medications within the Trust.

Nick Cross
Medical Director

Lisa Knight
Lead Pharmacist

Appendix 1

Medicines Related Strategic & Procedural Documents Updated During 2019 2020

Antimicrobial Strategy 2020-2022

MMSOP01, Procedure for subcutaneous fluids

MMSOP05, Procedure for intramuscular and subcutaneous injections

MMSOP07, Procedure for as required medication via subcutaneous cannula

MMSOP12, Procedure for immunisation

MMSOP19, Procedure for removal of a copper bearing intrauterine contraception device

MMSOP24, Procedure for managing an anaphylactic emergency

MMSOP27, Procedure for fitting a copper bearing intrauterine contraception device

MMSOP28, Procedure for witnessing destruction of stock controlled drugs

MMSOP30, Handling, use and storage of emergency oxygen within Trust services

MMSOP32, Procedure for cannulation

MMSOP35, Procedure for progesterone only implant

MMSOP36, Procedure for nail surgery

MMSOP40, Procedure for implanted venous access devices

MMSOP44, Children attending for exodontia under general anaesthetic

MMSOP46, Administration of inhaled nitrous oxide/oxygen for conscious sedation

MMSOP47. Procedure for care and maintenance of midline catheters

The following Patient Group Directions (PGDs) were updated:

Urgent and Primary Care PGDs

- Aspirin soluble for suspected myocardial infarction, acute coronary syndrome or suspected stroke or transient ischaemic attack
- Salbutamol for acute asthma in children
- Tropicamide 1% eye drops
- Phenylephrine 2.5% eye drops
- Proxymetacaine 0.5% eye drops

Sexual Health PGDs

- HIV Post-Exposure Prophylaxis (PEP)
- Clotrimazole 500mg pessary
- Combined oral contraception
- Imiquimod 5% cream
- Levosert Intrauterine System
- Sayana Press

School Nursing Service

- Levonorgestrel 1.5mg tablets for emergency contraception for East Cheshire School Nursing Service
- Adopted from Public Health England, Fluenz Tetra, nasal influenza vaccine
- Adopted from Public Health England, MenACWY vaccine
- Adopted from Public Health England, ciprofloxacin tables
- Adopted from Public Health England, low dose diphtheria, tetanus and inactivated poliomyelitis

Health Visitors

- Adopted from Public Health England, Pneumococcal polysaccharide conjugate vaccine (13-valent)

Community Nursing PGDs

- Sodium chloride 0.9% solution for injection for flushing vascular access devices
- Adopted from Public Health England, Seasonal Influenza Vaccine for Adults

Trust Wide

- Inactivated Seasonal Influenza Vaccine for Adults, Staff Vaccination

Appendix 2

SAFE Medicines Management Questions

General

1. Is there evidence relevant staff have read the monthly Medicines Management Bulletin?
2. Do staff have access to the on-line BNF?
3. If paper copies of the BNF are available are they the most recently available edition with old editions removed from clinical areas?
4. Have all expired paper copies of policies and procedures been removed from clinical areas?

Storage of medicines within services

1. Are cupboards where medicines stored locked?
2. Is there a record of the expiry date of medicines in cupboards being checked?
3. Is there a record of the room temperature of medicines cupboards being monitored each working day?
4. Are fridges where medicines are stored locked?
5. Is there a record of the expiry date of medicines within the fridge being checked?
6. Is there a record of the maximum and minimum temperature of the fridge being monitored each working day?
7. Are keys to medicine cupboards and fridges kept securely?
8. Is there a system in place to monitor the stock levels of medicines to ensure the correct amount of medicines are ordered?
9. Are there sufficient medicines available to meet the needs of the service?
10. Do records of medicines supplied coincide with current stock levels?
11. Is there any evidence of stockpiling?

Patient Group Directions (PGDs)

1. Does the service utilise PGDs?
2. Are there any expired PGDs in clinical areas (paper or electronic copies) ?
3. Have all the relevant practitioners signed the PGDs?
4. Are all the signatures of practitioners counter-signed by their clinical manager?
5. Is the authorisation sheet (containing the practitioners' signatures) for each PGD scanned and saved electronically?
6. Is evidence of PGD training documented for each practitioner using the PGDs?

Prescribing

1. Is there an up to date record of the serial numbers of prescription forms received into the department?
2. Is there an audit trail of prescription forms within the service?
3. For prescription forms issued directly to prescribers, do prescribers keep a record of serial numbers of prescription forms?
4. Is there a current list of prescribers is held by each Service?
5. Do all V300 NMPs have an up to date Approval to Practice Form.
6. Has the NMP Lead has been informed of any NMP Leavers or Joiners?

7. For prescription forms no longer in use, have the prescription pads have been securely returned to the NMP Lead?

Medical Gases

1. Are medical gases stored in line with manufacturer's instructions?
2. Are there appropriate manufacturer's instructions on how to use the medical gas?
3. Where emergency oxygen is available, are pulse oximetry meters available?
4. Is there a system in place to check the medical gases including checking the availability of masks and tubing?

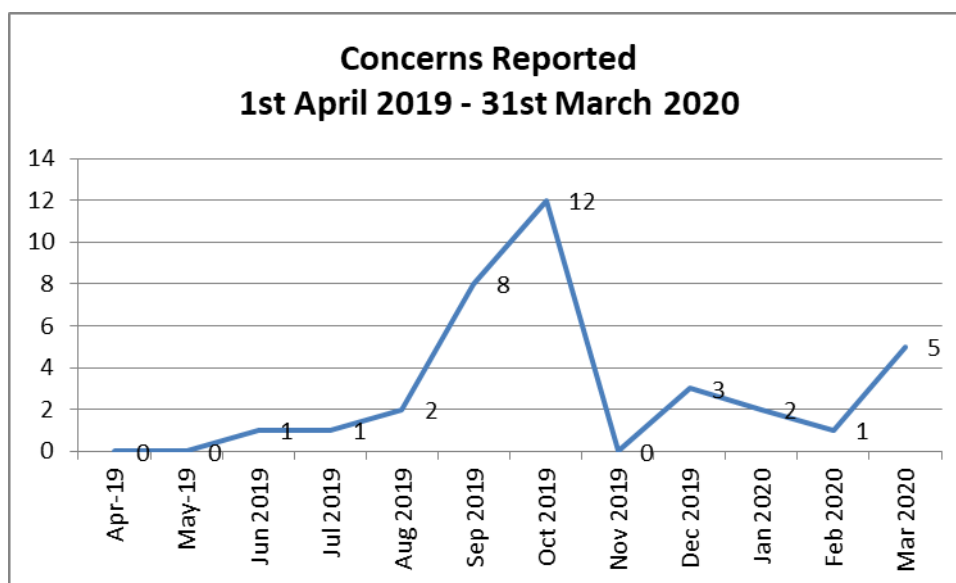
Freedom to Speak Up Annual Report 2019-20			
Meeting	Board of Directors		
Date	05/08/2020	Agenda item	16
Lead Director	Jo Shepherd, Director of HR & Organisational Development		
Author(s)	Sarah Alldis, Freedom to Speak Up Guardian Jo Shepherd, Director of HR & Organisational Development Alison Jones, Risk and Governance Manager		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>
Purpose			
The purpose of this paper is to provide assurance to Trust Board that the organisation has robust systems and processes for inviting, listening and responding to concerns raised by staff			
Executive Summary			
<p>The Trust has an established Freedom to Speak Up (FTSU) Team and a network of FTSU Champions who work closely with the FTSU Guardian to embed a culture where staff have both the mechanism and the confidence to speak up in order to protect patient safety and empower workers.</p> <p>The Datix system allows for robust controls in confidentiality and the ability for members of staff to report anonymously, should they wish to.</p> <p>The report shows an overall increase in numbers of concerns reported, which demonstrates a confidence in in staff in the process. This is supported by the results of the national FTSU Index 2020 in which the trust were in the top ten of all NHS trusts for the first time..</p>			
Risks and opportunities:			
Whilst this does not link to a specific risk, the existence of a healthy speaking up culture in NHS organisations is linked to a strong focus on patient safety and has a positive impact on staff morale			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No			
Financial/resource implications:			
None.			
Trust Strategic Objectives			
Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.			
Our People - improving staff engagement	Our People - advancing staff wellbeing	Our Populations - outstanding, safe care every time	

Board of Directors is asked to consider the following action		
To note the content of this report and be assured that robust systems and processes for inviting, listening and responding to concerns raised by staff are in place		
Report history		
Submitted to	Date	Brief summary of outcome
N/A	N/A	N/A

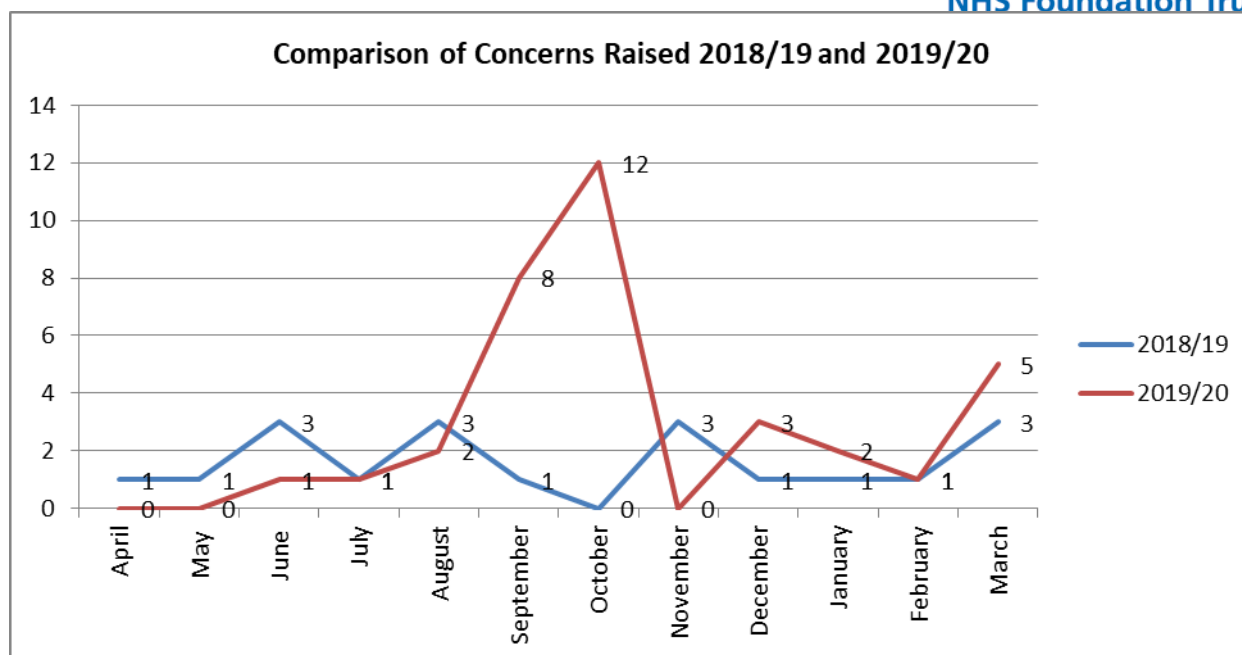
Freedom to Speak Up Annual Report 01 April 2019 - 31 March 2020

Summary of Concerns Reviewed 01 April 2019 - 31 March 2020

- Table 1 (below) outlines the number of concerns raised during the reporting period:

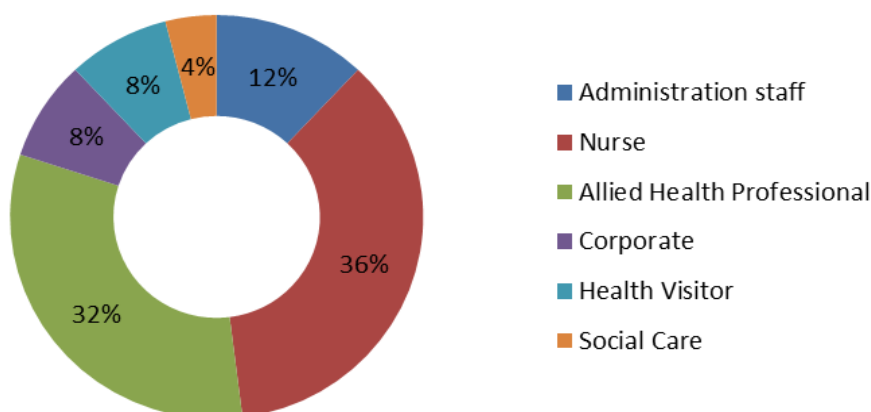


- During the reporting period 35 concerns have been raised under the policy. This compares with 19 during the previous year (2018/19). There is a specific peak in September and October 2019 which is a direct result of promotion of reporting and Speak Up Month
- Table 2 (below) demonstrates the comparison with the previous year 2018/19. It demonstrates that at the beginning of the year we had lower numbers of concerns reported. This coincided with the change in leadership arrangements for Freedom to Speak Up. Following Speaking Up week in the autumn it can be seen that there have generally been higher levels of reporting than in the previous year.



4. Figure 1 below shows the distribution of concerns across staff groups of those who have reported concerns (excluding anonymous concerns). The proportions are largely consistent with the distribution of the workforce generally, although there are slightly higher numbers of corporate staff represented.

Percentage of Job Roles of Reporters

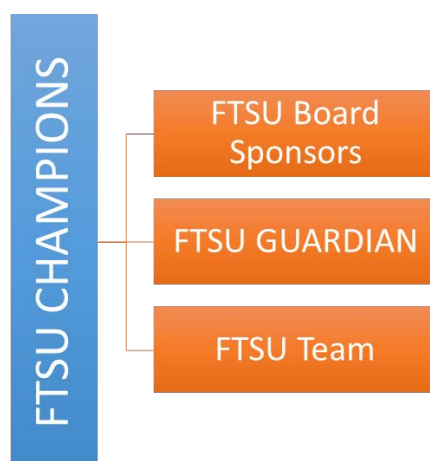


5. Thirteen (37%) of the concerns raised in 2019/20 were reported either anonymously or reported by a FTSU Champion on behalf of a work colleague who chose to remain anonymous. This compares to six (32%) the previous year.
6. Outcomes and learning themes emerging from the incidents are reported in the quarterly assurance report to Quality and Safety Committee. Ten of the concerns raised related to staffing issues and 9 related to Leadership/communication issues.

Freedom to Speak Up Arrangements

7. Sarah Alldis, Associate Director of Social Care is the Trust's FTSU Guardian. She is supported by the senior FTSU Team which comprises a group of leaders in the Trust who each bring particular knowledge and expertise. They act to ensure that there is shared responsibility for promoting FTSU and that any concerns are responded to as quickly as possible. This includes ensuring appropriate support is in place for those individuals raising a concern. The FTSU meet weekly to ensure progress with the review of concerns as well as identifying themes.
8. The Guardian has access to the Board and is in a senior role which can influence all levels of the organisation. The Guardian and Team continue to be supported by the Board level sponsors who include a Non-Executive, Lead Director and a Clinical Director.

Figure 2 (below) shows the leadership arrangements:



9. The FTSU champions are staff across the trust who promote FTSU in their areas and act as points of contact for colleagues who may wish to discuss an issue confidentially before determining whether to raise it formally. A FTSU Champions Forum is held once a quarter to provide feedback and support and discuss learning from concerns. FTSU Champions in Cheshire East join the meeting via video link to ensure shared learning across the whole Trust. Additionally, there is training for new Champions to discuss the role of Champion and to provide training in the use of Datix for recording concerns.
10. FTSU activity is reviewed on a quarterly basis by the Quality and Governance Committee.
11. A FTSU Steering Group which includes the non-executive FTSU lead meets quarterly to review trends and consider wider issues which may be relevant to FTSU such as concerns arising from reviews of HR cases, local/national staff survey issues, themes from incident reporting, issues raised by staff side etc. It also reviews national updates and advice.

Impact of COVID-19

12. FTSU activity has not been adversely affected by COVID-19 and there has been no decline in concerns raised. The majority of the COVID period falls outside the dates for this report, but for assurance purposes, it is confirmed that there was a small, expected increase in concerns during the initial peak of the pandemic in April, with numbers returning to usual levels thereafter.

13. The importance of raising concerns has been actively promoted during this period through the daily COVID Bulletin as well as through Vlogs and Blogs. In particular, the importance of raising concerns has been promoted to Black, Asian and Minority Ethnic colleagues, who are at greater risk in terms of impact of the virus.
14. The weekly meeting of the senior FTSU team has continued throughout the COVID period, to ensure that confidence in the process is maintained.

National FTSU Index

15. In July 2020 the National FTSU Index was published for the third time. Full results can be found **appendix 1**.
16. The index is based on the responses from staff in the annual National NHS Staff Survey on whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident..
17. The trust was proud to be commended by the National FTSU Guardian's Office for being:
 - among the 10 trusts with the highest scores in this year's index (top ten)
 - among the 10 trusts with the greatest overall increase in their index score over the past year.
18. The results demonstrate the level of confidence staff have in local FTSU arrangements and represent a key metric in terms of openness, speaking up culture and the psychological safety of staff. The National Guardian's Office (NGO) believes a good speaking up culture makes for a safer workplace, for workers, patients and service users.

National Guidance and Organisational Learning

19. The trust was delighted to welcome the National Guardian's Office regional liaison officer during national Speaking Up week. They met with our local guardian, senior FTSU team members and champions from across the trust, to share their experience of the benefits of a strong speaking up culture.
20. In June 2020 the National Guardian's Office published a case study of a review they conducted in Whittington Health NHS Trust - <https://www.nationalguardian.org.uk/wp-content/uploads/2020/06/casereviewwhittington.pdf>. The trust routinely reviews all case studies published by the NGO to identify any relevant learning, with the aim of continually improving our processes and culture.
21. The FTSU Steering Group has reviewed the Whittington case and identified the following key areas to take forward as part of the work plan in 2020/21, to be reviewed in the quarterly updates to the Quality and Governance Committee:
 - Training review to include standard mandatory training, induction, board training and champion training
 - Policy review to ensure alignment with the national standard integrated policy
 - Communications update in relation to signposting on StaffZone to the NGO and also a review of consistency of local promotion of the FTSU guardian to ensure clarity for staff
 - Establish clear links between FTSU Guardian and staff networks, Staff Side, Staff Council and any other key representative/engagement groups
 - Review of the role descriptor for FTSU champions
 - Gap analysis of previous case studies
 - Review of FTSU capacity, in particular the national recommendation for protected time for FTSU guardians

22. The FTSU Steering Group has also reviewed the effectiveness of the current feedback arrangements from those raising concerns. The numbers of questionnaires returned is extremely low and a new electronic form is being devised. This will be accompanied by a focus on face to face feedback, which will also ensure staff are thanked for raising concerns, further underlining the positive approach the trust is seeking to embed in relation to speaking up.

Board Action

23. The Board is asked to note the content of this report and be assured that robust systems and processes for inviting, listening and responding to concerns raised by staff are in place.

30 July 2020

Freedom to Speak Up
Index Report 2020

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Foreword by Sir Simon Stevens



With the onset of the Coronavirus pandemic, NHS staff have been on the frontline of the greatest challenge our health service has ever faced.

In the NHS, speaking up is a fundamental matter of patient and staff safety, which is why we are so determined that NHS employers should support anyone who wants to make their voice heard.

Freedom to Speak Up Guardians are therefore a powerful force for good in helping this happen. NHS England is proud to have tripled our funding to support them across the NHS.

And having first suggested the creation of a Freedom to Speak Index, I'm personally pleased to endorse this annual report, and grateful to all those who have helped shine a spotlight on this crucial aspect of the NHS's work.

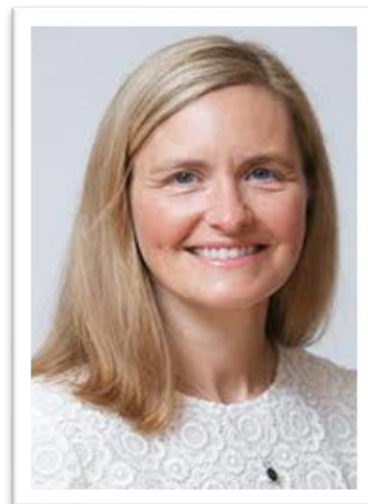
This is the second year the Index has been published and we've seen an improvement in people's sense of power to speak up, with this year's results showing the national FTSU Index has now risen to 78.7 per cent. This is both important progress and a reminder that more is needed.

The impact of Covid-19 will be felt for a long time, but all the evidence shows that when colleagues feel empowered to speak up, the NHS will make great progress in our founding mission of health high quality care - for all.

Foreword by Dr Henrietta Hughes

Speaking up has never been more important, and the reality of whether leaders and organisations listen, act and learn is a critical part of this process. The introduction of Freedom to Speak Up Guardians in 2015 following the Francis Freedom to Speak Up Review has seen an improvement in the speaking up culture nationally.

Measuring the effect of culture change can be difficult, and the acid test is the view of staff. In NHS Trusts we can seek to measure the impact of improvements that have been put into place through the responses to the NHS Annual Staff Survey, on whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident.



The Freedom to Speak Up (FTSU) Index, first published in 2019, is a key metric for organisations to monitor their speaking up culture. The index has risen nationally from 75.5 per cent in 2015 to 78.7 per cent in 2019. When compared with other sectors, a score of 70 per cent is perceived as a healthy culture, so I believe that we have a lot to celebrate. But for us in health, the stakes are higher. Within this national average there continues to be variation, both within and between organisations. For example, in one trust only four in 10 responders believe that the organisation treats staff who are involved in an error, near miss or incident fairly. This can act as a barrier to speaking up, which could have devastating consequences for patient and worker safety and wellbeing. Fostering a positive speaking up culture sits firmly with the leadership, and we can see that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by CQC.

All organisations need to look at the results of their staff surveys, the FTSU Index score and the changes over time. The voices of workers who are otherwise unheard also need to be amplified, including those who do not have the opportunity or confidence to complete the survey. I would encourage organisations to use the index to identify pockets of their organisation where workers feel less supported to speak up and to focus on ways to improve this. We work with organisations with higher scores to share their experience and ideas for improvement, through our publications, regional and national network meetings and through October Speak Up Month. Similarly, for organisations with lower scores, there is an opportunity to use this information to listen to staff, reflect on the barriers, learn from others and implement changes to instil confidence in workers that speaking up will be heard and acted upon without risk of victimisation. I am delighted to announce that we will be working with the ambulance sector to share learning and to support improvement and innovation.

Introduction

Freedom to Speak Up is vital in healthcare – it can be a matter of life or death. When workers feel psychologically safe, they will speak up to avoid harm, bring great ideas and be able to express their concerns. The National Guardian's Office (NGO) believes a good speaking up culture makes for a safer workplace, for workers, patients and service users.

The NGO is working to make speaking up business as usual across the health sector.¹ This work includes developing, promoting and supporting an expanding network of Freedom to Speak Up Guardians, who work within their organisations to support workers to speak up and to effect culture change to make speaking up business as usual. The NGO also challenges and supports the health system in England on all matters related to speaking up.

Every year, NHS staff in trusts are invited to take part in the NHS Staff Survey to share their views about working in their organisation. The data gathered is used to monitor trends over time, as well as to compare organisational performance to improve the experiences of workers and patients.

Working with NHS England, the National Guardian's Office has brought together four questions from the NHS Staff Survey into a 'Freedom to Speak Up (FTSU) Index'. These questions relate to whether staff feel knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident.

The FTSU Index seeks to allow trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made. This is the second year in a row we have published the FTSU Index.²

This year's results show the national average for the FTSU index has continued to rise. This continued improvement is a fantastic achievement and testament to the hard work of Freedom to Speak Up Guardians and those who support them. However, we are starting from a place where many staff do not feel psychologically safe. The responses to the questions on which the index is based show there is still much to do to make speaking up business as usual. For example, less than two thirds of respondents nationally (59.7%) agreed their organisation treats staff who are involved in an error, near miss or incident fairly. Seventy-two per cent (71.7%) of respondents said they would feel secure raising concerns about unsafe clinical practice – which suggests that over a quarter of the workforce potentially does not feel secure raising concerns.

The index once again suggests a positive speaking up culture is associated with higher-performing organisations as rated by the Care Quality Commission (CQC). In other words, trusts with higher index scores are more likely to be rated 'Good' or 'Outstanding' by the CQC. However, this correlation is less apparent with ambulance trusts which tend to perform comparatively less well in the FTSU Index despite most of them receiving 'Good' ratings by the CQC (see Annex 1, below).

¹ National Guardian's Office, <https://www.nationalguardian.org.uk/>

² Freedom to Speak Up Index Report 2019, National Guardian's Office, <https://www.nationalguardian.org.uk/wp-content/uploads/2020/02/ftsui-index-report-updated.pdf>

We want the index to promote the sharing of good practice and learning, by encouraging trusts to work to improve their speaking up arrangements and culture.

The Freedom to Speak Up Index for each trust and the CQC ratings for Overall and Well Led are included in Annex 1. The information is taken from the CQC website and the annual NHS Staff Survey at the time of publication.³

³ This information is correct as of July 3rd, 2020.

Survey questions and FTSU Index

The annual NHS staff survey contains several questions that are helpful indicators of speaking up culture. The FTSU index was calculated as the mean average of responses to the following four questions from the NHS Staff Survey:

- % of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

This year's index is based on the results from the 2019 NHS Staff Survey.⁴

Please note all figures in this report are rounded to one decimal place.

⁴ NHS England and NHS Improvement Staff Survey, <https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/>

Summary of results

A. FTSU Index – National averages

The national average for the Freedom to Speak Up (FTSU) Index score has continued to improve over the past year, up one percentage point to 79 per cent.

2015	2016	2017	2018	2019
75.5%	76.7%	76.8%	78.1%	78.7%

The FTSU index is based on four questions from the annual NHS Staff Survey (questions 17a, 17b, 18a and 18b).

Question 17a

Question 17a asks staff whether they agree their organisation treats staff who are involved in an error, near miss or incident fairly.

Question	2018	2019
% of staff agreeing that their organisation treats staff who are involved in an error, near miss or incident fairly (17a)	58.3%	59.7%

Of the four questions on which the index is based, the response to this question has seen the biggest improvement over the past year.⁵

However, it remains the case that fewer than two thirds of respondents agreed their organisation treats staff who are involved in an error, near miss or incident fairly.

This question saw the widest disparity in trust performance compared to the other questions making up the index. The highest scoring trust for this question, the Royal Marsden NHS Foundation Trust, scored 72.9 per cent, while the lowest scoring trust scored 40.3 per cent.

⁵ This question has also seen the biggest improvement since 2015, with the percentage of respondents agreeing with the statement rising from 52.2 per cent in 2015 to 59.7 per cent in 2019.

Question 17b

Question 17b asks whether staff agree their organisation encourages them to report errors, near misses or incidents. Eighty-eight per cent (88%) of respondents agreed their organisation encourages them to report errors, near misses or incidents.

Question	2018	2019
% of staff agreeing that their organisation encourages them to report errors, near misses or incidents (17b)	88.1%	88.4%

Hounslow and Richmond Community Healthcare NHS Trust was the highest scoring trust for this question, achieving a score of 95.3 per cent. The lowest scoring trust scored 79.1 per cent.

Question 18a

Question 18a asks whether staff agree that if they were concerned about unsafe clinical practice, they would know how to report it. Ninety-five per cent (95%) of respondents agreed that if they were concerned about unsafe clinical practice, they would know how to report it.

Question	2018	2019
% of staff agreeing that if they were concerned about unsafe clinical practice, they would know how to report it (18a)	94.8%	94.6%

Isle of Wight NHS Trust (community sector) was the highest scoring trust for this question (99.3 per cent). The lowest scoring trust scored 89.5 per cent.

Question 18b

Question 18b asks whether staff agree that they would feel secure raising concerns about unsafe clinical practice. Seventy-two per cent (72%) of respondents agreed they would feel secure raising concerns about unsafe clinical practice.

Question	2018	2019
% of staff agreeing that they would feel secure raising concerns about unsafe clinical practice (18b)	70.7%	71.7%

Cambridgeshire Community Services NHS Trust was the highest scoring trust for this question (82.1 per cent). The lowest scoring trust achieved 58.6 per cent.

B. FTSU Index – By region

We reviewed performance in the index by region. The region with the highest index score was the South West (79.8 per cent), followed by the South East. The region with the lowest index score was the East of England (78.5 per cent).

All regions saw an improvement in their index score over the last year. The region which saw the biggest improvement was the South West, followed by the South East.

Region	2018	2019
South West	78.6%	79.8%
South East	78.6%	79.6%
North West	78.5%	79.1%
Midlands	78%	78.8%
London	78.4%	78.7%
North East and Yorkshire	78.3%	78.5%
East of England	78.3%	78.5%

C. FTSU Index – By trust type

Index scores varied by trust type. Community trusts had the highest score (83.9 per cent), with ambulance trusts achieving a score of 73.8 per cent.

Most trust types saw an improvement in their index score over the last year. The trust type with the biggest improvement was community trusts.

Trust type	2018	2019
Community Trusts	82.6%	83.9%
Acute Specialist Trusts	81.7%	81.2%
Combined Mental Health / learning Disability and Community Trusts	79.9%	80.2%
Mental Health / Learning Disability Trusts	78.7%	79.4%
Combined Acute and Community Trusts	78.5%	79%
Acute Trusts	77.4%	77.9%
Ambulance Trusts	73.8%	73.8%

D. Trusts with the highest FTSU Index scores

The following are the ten trusts with the highest score in the Freedom to Speak Up Index:

Name of trust ⁶	2018	2019
Cambridgeshire Community Services NHS Trust	87%	86.6%
Solent NHS Trust	86.1%	86.1%
Northamptonshire Healthcare NHS Foundation Trust	84.9%	85.2%
Hounslow and Richmond Community Healthcare NHS Trust	85.1%	85%
Leeds Community Healthcare NHS Trust	84.1%	85%
Liverpool Heart and Chest Hospital NHS Foundation Trust	85.6%	84.7%
Wirral Community NHS Foundation Trust ⁷	82.5%	84.5%
Derbyshire Community Health Services NHS Foundation Trust	82.7%	84.4%
The Royal Marsden NHS Foundation Trust	83.8%	84.3%
South Warwickshire NHS Foundation Trust	81.6%	84.3%

⁶ Trusts highlighted in blue are new entries into the top ten trusts with the highest score in the Freedom to Speak Up Index.

⁷ Also known as Wirral Community Health and Care NHS Foundation Trust.

E. Trusts with the greatest overall increase and decrease in FTSU Index score

The following are the ten trusts which have seen the greatest overall increase in their FTSU Index score:

Name of trust	2018	2019	Change
County Durham and Darlington NHS Foundation Trust*	75.1%	80.5%	5.4%
Taunton and Somerset NHS Foundation Trust	77.8%	82.5%	4.7%
Worcestershire Acute Hospitals NHS Trust	73.9%	78.5%	4.6%
Liverpool Women's NHS Foundation Trust	75.7%	79.8%	4.1%
Medway NHS Foundation Trust	72.2%	76.1%	3.9%
East Midlands Ambulance Service NHS Trust	68.2%	71.9%	3.7%
Whittington Health NHS Trust	75.9%	78.9%	3%
Great Ormond Street Hospital for Children NHS Foundation Trust	77.9%	80.9%	3%
Great Western Hospitals NHS Foundation Trust	79.1%	82.1%	3%
Oxford University Hospitals NHS Foundation Trust	76.7%	79.5%	2.8%

*Cate Woolley-Brown, Freedom to Speak Up Guardian at County Durham and Darlington NHS Foundation Trust, said, *"We're delighted with the response from our staff, indicating their confidence to speak up. The role of the Freedom to Speak Up Guardian is supported at the very top of the organisation. The Chair, Chief Executive, the wider executive team and non-executive directors are fully behind and engaged with the valuable role the Guardian plays in giving staff a channel through which they can speak up on any issue – and be listened to. This senior level support is critical in reassuring staff that they will be taken seriously. My role is widely promoted with the emphasis on concerns being dealt with speedily, a culture of openness, honesty and learning - to prevent recurrence."*

The following are the ten trusts which have seen the greatest overall decrease in their FTSU Index score:

Name of trust	2018	2019	Change
Tavistock and Portman NHS Foundation Trust	81.6%	77.5%	-4.1%
Sheffield Health and Social Care NHS Foundation Trust	76.2%	72.3%	-3.9%
University Hospitals of Morecambe Bay NHS Foundation Trust	79.1%	75.8%	-3.3%
North East Ambulance Service NHS Foundation Trust	76.2%	72.9%	-3.3%
Moorfields Eye Hospital NHS Foundation Trust	82.8%	79.7%	-3.1%
North Cumbria University Hospitals NHS Trust	71.6%	68.5%	-3.1%
The Princess Alexandra Hospital NHS Trust	78.4%	75.4%	-3%
Luton and Dunstable University Hospital NHS Foundation Trust	79.5%	76.9%	-2.6%
Basildon and Thurrock University Hospitals NHS Foundation Trust	76.8%	75%	-1.8%
Tees, Esk and Wear Valleys NHS Foundation Trust	80.7%	79.1%	-1.6%

What we will do next



- We will use the index as an indicator of potential areas of good practice and concern when it comes to the speaking up culture in trusts.
- We will share the index with our stakeholders, including the Care Quality Commission (CQC), and NHS England and NHS Improvement, so it may also inform their work to support trusts.
- We will also be working with the survey team at NHS England to develop the index to provide a more holistic understanding of speaking up culture.

Ambulance trusts

As mentioned above, the index suggests a positive speaking up culture is associated with higher-performing organisations as rated by the CQC. This correlation is less apparent with ambulance trusts which tend to perform comparatively less well in the index despite most of them receiving 'good' ratings by the CQC.



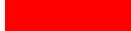
We will be undertaking a piece of work later this year to work with ambulance trusts and our partners to understand why ambulance trusts tend to perform comparatively less well in the index. We will also be working with ambulance trusts and our partners to develop a better understanding of the relationship between the FTSU index and CQC ratings.




































Acknowledgements

We want to thank everyone who has helped with the preparation of the Freedom to Speak Up Index and this report. This includes all the trusts featured, the survey team at NHS England and members of the team at the National Guardian's Office.

Annex 1

FTSU Index including CQC Overall and Well Led Ratings

Outstanding	☆
Good	
Requires improvement	
Inadequate	

FTSU Index	Name of trust	CQC Overall	Well Led
86.6%	Cambridgeshire Community Services NHS Trust	☆	☆
86.1%	Solent NHS Trust		
85.2%	Northamptonshire Healthcare NHS Foundation Trust	☆	☆
85%	Hounslow and Richmond Community Healthcare NHS Trust		
85%	Leeds Community Healthcare NHS Trust		
84.7%	Liverpool Heart and Chest Hospital NHS Foundation Trust	☆	☆
84.5%	Wirral Community NHS Foundation Trust		
84.4%	Derbyshire Community Health Services NHS Foundation Trust	☆	☆
84.3%	The Royal Marsden NHS Foundation Trust	☆	☆
84.3%	South Warwickshire NHS Foundation Trust	☆	☆
84.2%	Kent Community Health NHS Foundation Trust	☆	
84.1%	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust		☆
84.1%	Gloucestershire Care Services NHS Trust ⁸		
83.9%	Hertfordshire Community NHS Trust		
83.9%	Sussex Community NHS Foundation Trust		
83.8%	The Royal Orthopaedic Hospital NHS Foundation Trust		
83.6%	Lincolnshire Community Health Services NHS Trust	☆	☆
83.4%	Norfolk Community Health and Care NHS Trust	☆	☆
83.3%	Northumbria Healthcare NHS Foundation Trust	☆	
83.2%	Berkshire Healthcare NHS Foundation Trust	☆	☆
83.1%	Northern Devon Healthcare NHS Trust		
83%	Royal Brompton and Harefield NHS Foundation Trust		
82.9%	Worcestershire Health and Care NHS Trust		
82.8%	Gateshead Health NHS Foundation Trust		
82.6%	Guy's and St Thomas' NHS Foundation Trust		☆
82.5%	Hertfordshire Partnership University NHS Foundation Trust	☆	☆
82.5%	Cambridge University Hospitals NHS Foundation Trust		☆
82.5%	Taunton and Somerset NHS Foundation Trust ⁹		
82.4%	Dudley and Walsall Mental Health Partnership NHS Trust		
82.4%	Shropshire Community Health NHS Trust		

⁸ Merged with 2gether NHS Foundation Trust to form Gloucestershire Health & Care NHS Foundation Trust in October 2019.

⁹ Merged with Somerset Partnership NHS Foundation Trust to form Somerset NHS Foundation Trust in April 2020.












































82.2%	The Christie NHS Foundation Trust	☆	☆
82.1%	Dorset Healthcare University NHS Foundation Trust	☆	☆
82.1%	Cambridgeshire and Peterborough NHS Foundation Trust		
82.1%	Great Western Hospitals NHS Foundation Trust		
82%	Midlands Partnership NHS Foundation Trust		
82%	Surrey and Borders Partnership NHS Foundation Trust		
82%	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust		
81.9%	Lincolnshire Partnership NHS Foundation Trust		☆
81.9%	East Lancashire Hospitals NHS Trust		
81.9%	Surrey and Sussex Healthcare NHS Trust	☆	☆
81.7%	Airedale NHS Foundation Trust		
81.6%	West Suffolk NHS Foundation Trust		
81.5%	Southern Health NHS Foundation Trust		
81.4%	Mersey Care NHS Foundation Trust		☆
81.4%	The Clatterbridge Cancer Centre NHS Foundation Trust		
81.3%	Yeovil District Hospital NHS Foundation Trust		
81.3%	Oxford Health NHS Foundation Trust		
81.2%	Bolton NHS Foundation Trust		☆
81.2%	University Hospital Southampton NHS Foundation Trust		
81.2%	St Helens and Knowsley Teaching Hospitals NHS Trust	☆	☆
81.1%	Royal Berkshire NHS Foundation Trust		
81.1%	North Tees and Hartlepool NHS Foundation Trust		
81%	Harrogate and District NHS Foundation Trust		
81%	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust ¹⁰	☆	☆
80.9%	Somerset Partnership NHS Foundation Trust ¹¹		
80.9%	Great Ormond Street Hospital for Children NHS Foundation Trust		
80.9%	Kingston Hospital NHS Foundation Trust	☆	☆
80.7%	Frimley Health NHS Foundation Trust		
80.7%	Royal Papworth Hospital NHS Foundation Trust	☆	☆
80.7%	Cornwall Partnership NHS Foundation Trust		
80.7%	The Walton Centre NHS Foundation Trust	☆	
80.7%	Royal Surrey NHS Foundation Trust ¹²		
80.7%	University Hospitals Plymouth NHS Trust		
80.6%	2Gether NHS Foundation Trust ¹³		
80.6%	The Newcastle upon Tyne Hospitals NHS Foundation Trust	☆	☆
80.5%	Central London Community Healthcare NHS Trust		
80.5%	Salisbury NHS Foundation Trust		
80.5%	Portsmouth Hospitals NHS Trust		
80.5%	University Hospitals Coventry and Warwickshire NHS Trust		
80.5%	Sheffield Children's NHS Foundation Trust		

¹⁰ The trust changed its name from Northumberland, Tyne and Wear NHS Foundation Trust to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust in October 2019.

¹¹ Merged with Taunton and Somerset NHS Foundation Trust to form Somerset NHS Foundation Trust in April 2020.

¹² The trust changed its name from Royal Surrey County Hospital NHS Foundation Trust to Royal Surrey NHS Foundation Trust in September 2019.













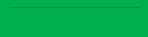
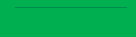






































¹³ Merged with Gloucestershire Care Services NHS Trust to form Gloucestershire Health & Care NHS Foundation Trust in October 2019.

















































80.5%	County Durham and Darlington NHS Foundation Trust	
80.5%	North East London NHS Foundation Trust	
80.5%	North Staffordshire Combined Healthcare NHS Trust	
80.4%	Oxleas NHS Foundation Trust	
80.3%	University Hospitals Bristol NHS Foundation Trust ¹⁴	
80.3%	Cheshire and Wirral Partnership NHS Foundation Trust	
80.3%	Poole Hospital NHS Foundation Trust	
80.2%	East London NHS Foundation Trust	
80.2%	Rotherham Doncaster and South Humber NHS Foundation Trust	
80.2%	Tameside and Glossop Integrated Care NHS Foundation Trust	
80.2%	Royal National Orthopaedic Hospital NHS Trust	
80.2%	Devon Partnership NHS Trust	
80.2%	Southend University Hospital NHS Foundation Trust ¹⁵	
80%	East Sussex Healthcare NHS Trust	
80%	Bradford Teaching Hospitals NHS Foundation Trust	
80%	Buckinghamshire Healthcare NHS Trust	
80%	Cumbria Partnership NHS Foundation Trust ¹⁶	
79.9%	Pennine Care NHS Foundation Trust	
79.9%	Sherwood Forest Hospitals NHS Foundation Trust	
79.9%	North West Boroughs Healthcare NHS Foundation Trust	
79.8%	Queen Victoria Hospital NHS Foundation Trust	
79.8%	Liverpool Women's NHS Foundation Trust	
79.8%	Nottingham University Hospitals NHS Trust	
79.7%	Moorfields Eye Hospital NHS Foundation Trust	
79.7%	South Tyneside and Sunderland NHS Foundation Trust	
79.6%	Birmingham Community Healthcare NHS Foundation Trust	
79.6%	Chelsea and Westminster Hospital NHS Foundation Trust	
79.6%	Royal Devon and Exeter NHS Foundation Trust	
79.6%	Leeds Teaching Hospitals NHS Trust	
79.5%	Oxford University Hospitals NHS Foundation Trust	
79.5%	Sussex Partnership NHS Foundation Trust	
79.5%	East Cheshire NHS Trust	
79.5%	Central and North West London NHS Foundation Trust	
79.4%	Leeds and York Partnership NHS Foundation Trust	
79.4%	Chesterfield Royal Hospital NHS Foundation Trust	
79.4%	Warrington and Halton Teaching Hospitals NHS Foundation Trust	
79.4%	Kent and Medway NHS and Social Care Partnership Trust	
79.3%	Leicestershire Partnership NHS Trust	
79.3%	Bradford District Care NHS Foundation Trust	
79.2%	Sheffield Teaching Hospitals NHS Foundation Trust	
79.2%	Blackpool Teaching Hospitals NHS Foundation Trust	
79.2%	Birmingham Women's and Children's NHS Foundation Trust	
79.2%	Essex Partnership University NHS Foundation Trust	

¹⁴ Merged with Weston Area Health NHS Trust to form University Hospitals Bristol and Weston NHS Foundation Trust in April 2020.

¹⁵ Merged to form Mid and South Essex NHS Foundation Trust.

¹⁶ Merged with North Cumbria University Hospitals NHS Trust to form North Cumbria Integrated Care NHS Foundation Trust.

79.1%	Tees, Esk and Wear Valleys NHS Foundation Trust		
79%	Homerton University Hospital NHS Foundation Trust		
79%	North West Anglia NHS Foundation Trust		
79%	Ashford and St Peter's Hospitals NHS Foundation Trust		
79%	Sandwell and West Birmingham Hospitals NHS Trust		
78.9%	Whittington Health NHS Trust		
78.9%	Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust		
78.8%	Mid Cheshire Hospitals NHS Foundation Trust		
78.8%	Isle of Wight NHS Trust (mental health sector)		
78.8%	Derbyshire Healthcare NHS Foundation Trust		
78.8%	University College London Hospitals NHS Foundation Trust		
78.7%	Lancashire Teaching Hospitals NHS Foundation Trust		
78.7%	Wye Valley NHS Trust		
78.7%	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust		
78.6%	Bridgewater Community Healthcare NHS Foundation Trust		
78.6%	Greater Manchester Mental Health NHS Foundation Trust		
78.5%	Hull University Teaching Hospitals NHS Trust		
78.5%	Calderdale and Huddersfield NHS Foundation Trust		
78.5%	West London NHS Trust		
78.5%	Worcestershire Acute Hospitals NHS Trust		
78.4%	Dorset County Hospital NHS Foundation Trust		
78.3%	Isle of Wight NHS Trust (community sector)		
78.3%	Salford Royal NHS Foundation Trust		
78.3%	Barnsley Hospital NHS Foundation Trust		
78.3%	Gloucestershire Hospitals NHS Foundation Trust		
78.3%	Humber Teaching NHS Foundation Trust		
78.2%	South West Yorkshire Partnership NHS Foundation Trust		
78.1%	Coventry and Warwickshire Partnership NHS Trust		
78.1%	Countess of Chester Hospital NHS Foundation Trust		
78.1%	North Bristol NHS Trust		
78.1%	West Hertfordshire Hospitals NHS Trust		
78.1%	Manchester University NHS Foundation Trust		
78.1%	Milton Keynes University Hospital NHS Foundation Trust		
78%	Black Country Partnership NHS Foundation Trust		
78%	Camden and Islington NHS Foundation Trust		
78%	The Royal Wolverhampton NHS Trust		
77.9%	Imperial College Healthcare NHS Trust		
77.8%	Kettering General Hospital NHS Foundation Trust		
77.7%	Mid Yorkshire Hospitals NHS Trust		
77.7%	Royal Cornwall Hospitals NHS Trust		
77.7%	University Hospitals of Derby and Burton NHS Foundation Trust		
77.6%	Torbay and South Devon NHS Foundation Trust		
77.6%	Epsom and St Helier University Hospitals NHS Trust		
77.6%	Brighton and Sussex University Hospitals NHS Trust		

77.6%	Mid Essex Hospital Services NHS Trust ¹⁷	 
77.6%	Aintree University Hospital NHS Foundation Trust ¹⁸	
77.6%	London North West University Healthcare NHS Trust	
77.5%	Stockport NHS Foundation Trust	
77.5%	Isle of Wight NHS Trust (ambulance sector)	
77.5%	Bedford Hospital NHS Trust ¹⁹	
77.5%	Norfolk and Norwich University Hospitals NHS Foundation Trust	
77.5%	Tavistock and Portman NHS Foundation Trust	
77.3%	Barnet, Enfield and Haringey Mental Health NHS Trust	
77.3%	The Rotherham NHS Foundation Trust	
77.3%	Lewisham and Greenwich NHS Trust	
77.3%	East Kent Hospitals University NHS Foundation Trust	
77.2%	Dartford and Gravesham NHS Trust	
77.2%	Royal United Hospitals Bath NHS Foundation Trust	
77.2%	Alder Hey Children's NHS Foundation Trust	
77.1%	Maidstone and Tunbridge Wells NHS Trust	 
77.1%	The Royal Liverpool and Broadgreen University Hospitals NHS Trust ²⁰	
77.1%	North Middlesex University Hospital NHS Trust	 
77%	Hampshire Hospitals NHS Foundation Trust	
77%	Western Sussex Hospitals NHS Foundation Trust	  
77%	Barts Health NHS Trust	 
77%	York Teaching Hospital NHS Foundation Trust	
77%	University Hospitals of Leicester NHS Trust	
76.9%	Royal Free London NHS Foundation Trust	 
76.9%	Luton and Dunstable University Hospital NHS Foundation Trust ²¹	
76.9%	Avon and Wiltshire Mental Health Partnership NHS Trust	
76.9%	Northampton General Hospital NHS Trust	
76.8%	South Central Ambulance Service NHS Foundation Trust	
76.7%	Barking, Havering and Redbridge University Hospitals NHS Trust	 
76.5%	Croydon Health Services NHS Trust	
76.5%	George Eliot Hospital NHS Trust	
76.4%	Wirral University Teaching Hospital NHS Foundation Trust	
76.3%	Pennine Acute Hospitals NHS Trust	
76.2%	Isle of Wight NHS Trust (acute sector)	
76.1%	East Suffolk and North Essex NHS Foundation Trust	 
76.1%	Medway NHS Foundation Trust	 
76%	The Dudley Group NHS Foundation Trust	
75.9%	Lancashire and South Cumbria NHS Foundation Trust ²²	

¹⁷ Merged with Basildon and Thurrock University Hospitals NHS Foundation Trust and Southend University Hospital NHS Foundation Trust to form Mid and South Essex NHS Foundation Trust in April 2020.

¹⁸ Merged with Royal Liverpool and Broadgreen University Hospitals NHS Trust to form Liverpool University Hospitals NHS Foundation Trust in October 2019.

¹⁹ Merged with Luton and Dunstable University Hospital NHS Foundation Trust to form Bedfordshire Hospitals NHS Foundation Trust in April 2020.

²⁰ Merged with Aintree University Hospital NHS Foundation Trust to form Liverpool University Hospitals NHS Foundation Trust in October 2019.

²¹ Merged with Bedford Hospital NHS Trust to form Bedfordshire Hospitals NHS Foundation Trust in April 2020.

²² The trust changed its name from Lancashire Care NHS Foundation Trust to Lancashire and South Cumbria NHS Foundation Trust in October 2019.

75.9%	Nottinghamshire Healthcare NHS Foundation Trust	
75.9%	James Paget University Hospitals NHS Foundation Trust	
75.9%	South West London and St George's Mental Health NHS Trust	
75.8%	University Hospitals of Morecambe Bay NHS Foundation Trust	
75.8%	South London and Maudsley NHS Foundation Trust	
75.6%	Weston Area Health NHS Trust ²³	☆ ☆
75.6%	The Hillingdon Hospitals NHS Foundation Trust	
75.6%	St George's University Hospitals NHS Foundation Trust	
75.5%	University Hospitals of North Midlands NHS Trust	
75.5%	Walsall Healthcare NHS Trust	
75.4%	The Princess Alexandra Hospital NHS Trust	
75.3%	King's College Hospital NHS Foundation Trust	
75.2%	East and North Hertfordshire NHS Trust	
75%	Basildon and Thurrock University Hospitals NHS Foundation Trust ²⁴	
74.7%	University Hospitals Birmingham NHS Foundation Trust	☆
74.6%	Southport and Ormskirk Hospital NHS Trust	
74.5%	South East Coast Ambulance Service NHS Foundation Trust	
74.4%	Birmingham and Solihull Mental Health NHS Foundation Trust	
74.1%	West Midlands Ambulance Service University NHS Foundation Trust	☆ ☆
73.9%	London Ambulance Service NHS Trust	
73.8%	North West Ambulance Service NHS Trust	
73.7%	Norfolk and Suffolk NHS Foundation Trust	
73.6%	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	
73.5%	United Lincolnshire Hospitals NHS Trust	
73.5%	Yorkshire Ambulance Service NHS Trust	
73.3%	Northern Lincolnshire and Goole NHS Foundation Trust	
73.2%	South Western Ambulance NHS Foundation Trust	
73.1%	South Tees Hospitals NHS Foundation Trust	
72.9%	North East Ambulance Service NHS Foundation Trust	
72.3%	Sheffield Health and Social Care NHS Foundation Trust	
72.3%	The Shrewsbury and Telford Hospital NHS Trust	
71.9%	East Midlands Ambulance Service NHS Trust	
69.5%	East of England Ambulance Service NHS Trust	
68.5%	North Cumbria University Hospitals NHS Trust ²⁵	

CQC ratings are correct as of July 3rd, 2020.

If you any queries regarding this report, please contact enquiries@nationalguardianoffice.org.uk.

²³ Merged with Weston Area Health NHS Trust to form University Hospitals Bristol and Weston NHS Foundation Trust in April 2020.

²⁴ Merged with Mid Essex Hospital Services NHS Trust and Southend University Hospital NHS Foundation Trust to form Mid and South Essex NHS Foundation Trust in April 2020.

²⁵ Merged with Cumbria Partnership NHS Foundation Trust to form North Cumbria Integrated Care NHS Foundation Trust in October 2019.