

CQC Statement of Purpose Update			
Meeting	Board of Directors		
Date	10/06/2020	Agenda item	13
Lead Director	Paula Simpson, Director of Nursing & Quality Improvement		
Author(s)	Paula Simpson, Director of Nursing & Quality Improvement		
Action required (please tick the appropriate box)			
To Approve <input checked="" type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>
Purpose			
The purpose of this report is to request approval from Board of Directors for changes to be made to the Trust's CQC Statement of Purpose.			
Executive Summary			
<p>1. CQC is the regulator of health and adult social care in England and ensures:</p> <ul style="list-style-type: none"> • Services meet fundamental standards that people have a right to expect whenever they receive care • Care services are registered • Monitoring, inspecting and regulating of care services to ensure they continue to meet the standards • Reporting on the quality of care services, publishing clear and comprehensive information, including performance ratings to help people choose care <p>2. As part of the Covid-19 pandemic emergency response, WCHC has been asked to provide surge capacity within intermediate care provision for Wirral residents.</p> <p>3. In order to progress plans to achieve this, there is a legal requirement to notify CQC of the proposed change in service delivery and request that the new provision be added to the current regulated activity.</p> <p>4. The updated Statement of Purpose is listed in Appendix 1 for approval.</p>			
Risks and opportunities:			
No risks identified.			
The introduction of intermediate, rehabilitation beds within our CQC Registration enables development and diversify of the organisation's clinical delivery model, whilst maintaining focus on excellence in care provision.			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No			
Equality Impact Assessment completed and attached <input type="checkbox"/> No			
System wide QIA and EIA is in progress.			
Financial/resource implications:			
Capital business case being developed for submission to Cheshire and Merseyside on 16 June 2020.			

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 Performance - growing community services across Wirral, Cheshire & Merseyside
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Board of Directors is asked to consider the following action

Trust Board is asked to approve the updated CQC Statement of Purpose.

Report history

Submitted to	Date	Brief summary of outcome
Board of Directors	01/05/2019	Approval gained

Statement of Purpose Health and Social Care Act 2008

Wirral Community Health and Care NHS Foundation Trust (RY7) May 2020

The Statement of Purpose is a document which includes a standard required set of information defined by the Care Quality Commission, about the services the Trust provides.

This information includes;

- **Part 1: Provider's name, address and legal status.**
- **Part 2: Aims and objectives in providing the regulated activities and locations within the trust**
- **Part 3. Information per location (6):**
 - St Catherine's
 - Victoria Central Health Centre
 - Arrowe Park Hospital
 - Eastham clinic
 - Leasowe Primary care centre
 - Clatterbridge Hospital

The following pages outline the specific services the Trust provides, the locations of these services, the population they serve and which regulated service/s applies to them.

To ensure the accuracy of the document the Statement of Purpose it is reviewed annually or sooner if changes occur.

Statement of purpose, Part 1

Health and Social Care Act 2008, Regulation 12, schedule 3

The provider's business contact details, including address for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008

1. Provider's name and legal status

Full name ¹	Wirral Community Health and Care NHS Foundation Trust					
CQC provider ID	RY7					
Legal status ¹	Individual	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Organisation	<input checked="" type="checkbox"/>

2. Provider's address, including for service of notices and other documents

Business address ²	St Catherine's Health Centre Church Road
Town/city	Birkenhead
County	Wirral
Post code	CH42 0LQ
Business telephone	0151 514 2160
Electronic mail (email) ³	paula.simpson8@nhs.net

By submitting this statement of purpose you are confirming your willingness for CQC to use the **email address** supplied at Section 2 above for service of documents and for sending all other correspondence to you. Email ensures fast and efficient delivery of important information. If you do not want to receive documents by email please check or tick the box below. We will not share this email address with anyone else.

I/we do NOT wish to receive notices and other documents from CQC by email	<input type="checkbox"/>
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¹ Where the provider is a partnership please fill in the partnership's name at 'Full name' in Section 1 above. Where the partnership does not have a name, please fill in the names of all the partners at Section 3 below

² Where you do not agree to service of notices and other documents by email they will be sent by post to the business address shown in Section 2. This includes draft and final inspection reports. This postal business address will be included on the CQC website.

³ Where you agree to service of notices and other documents by email your copies will be sent to the email address shown in Section 2. This includes draft and final inspection reports.

Statement of purpose, Part 2

Aims and objectives in providing the regulated activities and locations within the trust

Located in Wirral in North West England, we provide high-quality primary, community and public health services to the population of Wirral and parts of Cheshire and Liverpool.

On 1 June 2017 the trust formally began to provide integrated adult health and social care services for patients and service users in their local communities. This demonstrates the trusts' continued commitment to transforming public services responding to the needs of the communities we serve.

We play a key role in the local health and social care economy as a high performing organisation with an excellent clinical reputation. Our expert teams provide a diverse range of community health care services, seeing and treating people right through their lives both at home and close to home.

Our commitment to quality underpins our determination to achieve and demonstrate the sustainability, efficiency and effectiveness of our organisation. At the heart of this we will retain our focus on delivering and developing demonstrably safe, effective and high-quality services.

Our vision recognises the important role we play in delivering integrated care with partners in the local health economy.

Our vision is:

To be the outstanding provider of high quality, integrated care to the communities we serve

Our values will help us to achieve our vision:

The values at our HEART...

HHealth and wellbeing at the heart of everything we do

Exceptional person-centred care

Actively supporting each other

Responsive, professional, innovative

Trusted to deliver

 for you,
with you

Our services are local and community-based, provided from around 50 sites across Wirral, including our main clinical bases, St Catherine's Health Centre in Birkenhead and Victoria Central Health Centre in Wallasey. We are also commissioned to deliver podiatry services outside of Wirral by West Cheshire Clinical Commissioning Group and Liverpool Clinical Commissioning Group (under an Any Qualified Provider contract).

We also provide integrated 0-19 services in Cheshire East comprising health visiting, school nursing, family nurse partnership and breastfeeding support services from 13 bases.

We have recently been commissioned to provide inpatient beds for the purpose of rehabilitation and reablement.

Strategic objectives and goals

Our vision and values, our assessment of population need and our understanding of local and national priorities have informed our strategic themes and priorities for 2018-2021.

Our strategic themes and objectives are highlighted below.



Statement of purpose, Part 3

Information per location

The information below is for location no.:	1	of a total of:	6	locations
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Name of location	St Catherine's Health Centre
Address	Church Road Birkenhead Wirral Merseyside
Postcode	CH42 0LQ
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

St Catherine's Hospital is located in Birkenhead and provides services to all age groups.

It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services, community rehabilitation services and our community cardiology service. Our dental service is also covered by this regulated activity.

The site is also registered for 'Surgical procedures' which covers delivery of our dental service.

Registration for the site also covers 'Diagnostic and screening procedures' for our dental and community health services, including community nursing.

In addition, the site is registered to deliver 'Family planning services' to cover our sexual health service delivery of inter-uterine coil devices (IUCD) fitting.

No of approved places / overnight beds (not NHS)	
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CQC service user bands

The people that will use this location ('The whole population' means everyone).

Adults aged 18-65	<input type="checkbox"/>	Adults aged 65+	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>	
Physical disability	<input type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>	
Dementia	<input type="checkbox"/>	People who misuse drugs or alcohol	<input type="checkbox"/>	
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input type="checkbox"/>	
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/>	Children aged 13-18
The whole population	<input checked="" type="checkbox"/>	Other (please specify below)		<input type="checkbox"/>

The CQC service type(s) provided at this location	
Acute services (ACS)	<input type="checkbox"/>
Prison healthcare services (PHS)	<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	<input type="checkbox"/>
Hospice services (HPS)	<input type="checkbox"/>
Rehabilitation services (RHS)	<input type="checkbox"/>
Long-term conditions services (LTC)	<input type="checkbox"/>
Residential substance misuse treatment and/or rehabilitation service (RSM)	<input type="checkbox"/>
Hyperbaric chamber (HBC)	<input type="checkbox"/>
Community healthcare service (CHC)	<input checked="" type="checkbox"/>
Community-based services for people with mental health needs (MHC)	<input type="checkbox"/>
Community-based services for people with a learning disability (LDC)	<input type="checkbox"/>
Community-based services for people who misuse substances (SMC)	<input type="checkbox"/>
Urgent care services (UCS)	<input type="checkbox"/>
Doctors consultation service (DCS)	<input type="checkbox"/>
Doctors treatment service (DTS)	<input type="checkbox"/>
Mobile doctor service (MBS)	<input type="checkbox"/>
Dental service (DEN)	<input checked="" type="checkbox"/>
Diagnostic and or screening service (DSS)	<input type="checkbox"/>
Care home service without nursing (CHS)	<input type="checkbox"/>
Care home service with nursing (CHN)	<input type="checkbox"/>
Specialist college service (SPC)	<input type="checkbox"/>
Domiciliary care service (DCC)	<input type="checkbox"/>
Supported living service (SLS)	<input type="checkbox"/>
Shared Lives (SHL)	<input type="checkbox"/>
Extra Care housing services (EXC)	<input type="checkbox"/>
Ambulance service (AMB)	<input type="checkbox"/>
Remote clinical advice service (RCA)	<input type="checkbox"/>
Blood and Transplant service (BTS)	<input type="checkbox"/>

Regulated activity(ies) carried on at this location		
Personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Surgical procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Nursing care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Family planning service	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		

The information below is for location no.:	2	of a total of:	6	locations
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Name of location	Victoria Central Health Centre
Address	Mill Lane Wallasey
Postcode	Ch44 5UF
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location (The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
<p>Victoria Central Health Centre is located in Wallasey and provides services to all age groups.</p> <p>It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services and community rehabilitation services. Urgent care services including our walk-in centre and minor injuries unit and Doctor's consultation services including GP out of hours (GPOOH). Our dental service is also covered by this regulated activity.</p> <p>'Transport services, triage and medical advice provided remotely' covers delivery of GPOOH.</p> <p>The site is also registered for 'Surgical procedures' which covers delivery of our dental service.</p> <p>Registration for the site also covers 'Diagnostic and screening procedures' for our dental service, walk-in centre, GPOOH and community health services.</p> <p>In addition, the site is registered to deliver 'Family planning services' to cover our sexual health service delivery of inter-uterine coil devices (IUCD) fitting.</p>	
No of approved places / overnight beds (not NHS)	

CQC service user bands				
The people that will use this location ('The whole population' means everyone).				
Adults aged 18-65	<input type="checkbox"/>	Adults aged 65+	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>	
Physical disability	<input type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>	
Dementia	<input type="checkbox"/>	People who misuse drugs or alcohol	<input type="checkbox"/>	
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input type="checkbox"/>	
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/>	Children aged 13-18 <input type="checkbox"/>
The whole population	<input checked="" type="checkbox"/>	Other (please specify below)		<input type="checkbox"/>

The CQC service type(s) provided at this location	
Acute services (ACS)	<input type="checkbox"/>
Prison healthcare services (PHS)	<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	<input type="checkbox"/>
Hospice services (HPS)	<input type="checkbox"/>
Rehabilitation services (RHS)	<input type="checkbox"/>
Long-term conditions services (LTC)	<input type="checkbox"/>
Residential substance misuse treatment and/or rehabilitation service (RSM)	<input type="checkbox"/>
Hyperbaric chamber (HBC)	<input type="checkbox"/>
Community healthcare service (CHC)	<input checked="" type="checkbox"/>
Community-based services for people with mental health needs (MHC)	<input type="checkbox"/>
Community-based services for people with a learning disability (LDC)	<input type="checkbox"/>
Community-based services for people who misuse substances (SMC)	<input type="checkbox"/>
Urgent care services (UCS)	<input checked="" type="checkbox"/>
Doctors consultation service (DCS)	<input checked="" type="checkbox"/>
Doctors treatment service (DTS)	<input type="checkbox"/>
Mobile doctor service (MBS)	<input type="checkbox"/>
Dental service (DEN)	<input checked="" type="checkbox"/>
Diagnostic and or screening service (DSS)	<input type="checkbox"/>
Care home service without nursing (CHS)	<input type="checkbox"/>
Care home service with nursing (CHN)	<input type="checkbox"/>
Specialist college service (SPC)	<input type="checkbox"/>
Domiciliary care service (DCC)	<input type="checkbox"/>
Supported living service (SLS)	<input type="checkbox"/>
Shared Lives (SHL)	<input type="checkbox"/>
Extra Care housing services (EXC)	<input type="checkbox"/>
Ambulance service (AMB)	<input type="checkbox"/>
Remote clinical advice service (RCA)	<input type="checkbox"/>
Blood and Transplant service (BTS)	<input type="checkbox"/>

Regulated activity(ies) carried on at this location		
Personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Surgical procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Maternity and midwifery services	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Nursing care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Family planning service	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		

The information below is for location no.:	3	of a total of:	6	locations
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Name of location	Arrowe Park hospital
Address	Arrowe Park Road Upton Merseyside
Postcode	CH49 5PE
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location (The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
<p>Arrowe Park Hospital is located in Upton and provides services to all age groups.</p> <p>It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services and community rehabilitation services. Urgent care services including our urgent treatment centre (previously a walk-in centre) and Doctor's consultation services including GP out of hours (GPOOH). Our dental service is also covered by this regulated activity.</p> <p>'Transport services, triage and medical advice provided remotely' covers delivery of GPOOH.</p> <p>The site is also registered for 'Surgical procedures' which covers delivery of our dental service.</p> <p>Registration for the site also covers 'Diagnostic and screening procedures' for our dental, urgent treatment centre, GPOOH and community health services, including community nursing.</p> <p>In addition, the site is registered to deliver 'Family planning services' as part of our sexual health service delivery.</p>	
No of approved places / overnight beds (not NHS)	

CQC service user bands				
The people that will use this location ('The whole population' means everyone).				
Adults aged 18-65	<input type="checkbox"/>	Adults aged 65+	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>	
Physical disability	<input type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>	
Dementia	<input type="checkbox"/>	People who misuse drugs or alcohol	<input type="checkbox"/>	
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input type="checkbox"/>	
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/>	Children aged 13-18 <input type="checkbox"/>
The whole population	<input checked="" type="checkbox"/>	Other (please specify below)		<input type="checkbox"/>

The CQC service type(s) provided at this location	
Acute services (ACS)	<input type="checkbox"/>
Prison healthcare services (PHS)	<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	<input type="checkbox"/>
Hospice services (HPS)	<input type="checkbox"/>
Rehabilitation services (RHS)	<input type="checkbox"/>
Long-term conditions services (LTC)	<input type="checkbox"/>
Residential substance misuse treatment and/or rehabilitation service (RSM)	<input type="checkbox"/>
Hyperbaric chamber (HBC)	<input type="checkbox"/>
Community healthcare service (CHC)	<input type="checkbox"/>
Community-based services for people with mental health needs (MHC)	<input type="checkbox"/>
Community-based services for people with a learning disability (LDC)	<input type="checkbox"/>
Community-based services for people who misuse substances (SMC)	<input type="checkbox"/>
Urgent care services (UCS)	<input checked="" type="checkbox"/>
Doctors consultation service (DCS)	<input checked="" type="checkbox"/>
Doctors treatment service (DTS)	<input type="checkbox"/>
Mobile doctor service (MBS)	<input type="checkbox"/>
Dental service (DEN)	<input checked="" type="checkbox"/>
Diagnostic and or screening service (DSS)	<input type="checkbox"/>
Care home service without nursing (CHS)	<input type="checkbox"/>
Care home service with nursing (CHN)	<input type="checkbox"/>
Specialist college service (SPC)	<input type="checkbox"/>
Domiciliary care service (DCC)	<input type="checkbox"/>
Supported living service (SLS)	<input type="checkbox"/>
Shared Lives (SHL)	<input type="checkbox"/>
Extra Care housing services (EXC)	<input type="checkbox"/>
Ambulance service (AMB)	<input type="checkbox"/>
Remote clinical advice service (RCA)	<input type="checkbox"/>
Blood and Transplant service (BTS)	<input type="checkbox"/>

Regulated activity(ies) carried on at this location		
Personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Surgical procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Maternity and midwifery services	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Nursing care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Family planning service	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		

The information below is for location no.:	4	of a total of:	6	locations
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Name of location	Eastham Clinic
Address	31 Eastham Rake Eastham
Postcode	CH62 9AN
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location (The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
<p>Eastham clinic is located in South Wirral and provides services to all age groups.</p> <p>It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services and community rehabilitation services. Urgent care services including our walk-in centre.</p> <p>Registration for the site also covers 'Diagnostic and screening procedures' for our walk-in centre and community health services, including community nursing.</p>	
No of approved places / overnight beds (not NHS)	

CQC service user bands				
The people that will use this location ('The whole population' means everyone).				
Adults aged 18-65	<input type="checkbox"/>	Adults aged 65+	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>	
Physical disability	<input type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>	
Dementia	<input type="checkbox"/>	People who misuse drugs or alcohol	<input type="checkbox"/>	
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input type="checkbox"/>	
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/>	Children aged 13-18 <input type="checkbox"/>
The whole population	<input checked="" type="checkbox"/>	Other (please specify below)		<input type="checkbox"/>

The CQC service type(s) provided at this location	
Acute services (ACS)	<input type="checkbox"/>
Prison healthcare services (PHS)	<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	<input type="checkbox"/>
Hospice services (HPS)	<input type="checkbox"/>
Rehabilitation services (RHS)	<input type="checkbox"/>
Long-term conditions services (LTC)	<input type="checkbox"/>
Residential substance misuse treatment and/or rehabilitation service (RSM)	<input type="checkbox"/>
Hyperbaric chamber (HBC)	<input type="checkbox"/>
Community healthcare service (CHC)	<input checked="" type="checkbox"/>
Community-based services for people with mental health needs (MHC)	<input type="checkbox"/>
Community-based services for people with a learning disability (LDC)	<input type="checkbox"/>
Community-based services for people who misuse substances (SMC)	<input type="checkbox"/>
Urgent care services (UCS)	<input checked="" type="checkbox"/>
Doctors consultation service (DCS)	<input type="checkbox"/>
Doctors treatment service (DTS)	<input type="checkbox"/>
Mobile doctor service (MBS)	<input type="checkbox"/>
Dental service (DEN)	<input type="checkbox"/>
Diagnostic and or screening service (DSS)	<input type="checkbox"/>
Care home service without nursing (CHS)	<input type="checkbox"/>
Care home service with nursing (CHN)	<input type="checkbox"/>
Specialist college service (SPC)	<input type="checkbox"/>
Domiciliary care service (DCC)	<input type="checkbox"/>
Supported living service (SLS)	<input type="checkbox"/>
Shared Lives (SHL)	<input type="checkbox"/>
Extra Care housing services (EXC)	<input type="checkbox"/>
Ambulance service (AMB)	<input type="checkbox"/>
Remote clinical advice service (RCA)	<input type="checkbox"/>
Blood and Transplant service (BTS)	<input type="checkbox"/>

Regulated activity(ies) carried on at this location		
Personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Surgical procedures	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Nursing care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Family planning service	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		

The information below is for location no.:	5	of a total of:	6	locations
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Name of location	Leasowe Primary Care Centre
Address	2 Hudson Road Wirral
Postcode	CH46 2QQ
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location (The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
<p>Leasowe primary care centre is located in north Wirral.</p> <p>It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for our dental service.</p> <p>The site is also registered for 'Surgical procedures' which covers delivery of our dental service.</p> <p>Registration for the site also covers 'Diagnostic and screening procedures' for our dental service.</p>	
No of approved places / overnight beds (not NHS)	

CQC service user bands

The people that will use this location ('The whole population' means everyone).

Adults aged 18-65	<input type="checkbox"/>	Adults aged 65+	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>	
Physical disability	<input type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>	
Dementia	<input type="checkbox"/>	People who misuse drugs or alcohol	<input type="checkbox"/>	
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input type="checkbox"/>	
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/>	Children aged 13-18
The whole population	<input checked="" type="checkbox"/>	Other (please specify below)		<input type="checkbox"/>

The CQC service type(s) provided at this location	
Acute services (ACS)	<input type="checkbox"/>
Prison healthcare services (PHS)	<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	<input type="checkbox"/>
Hospice services (HPS)	<input type="checkbox"/>
Rehabilitation services (RHS)	<input type="checkbox"/>
Long-term conditions services (LTC)	<input type="checkbox"/>
Residential substance misuse treatment and/or rehabilitation service (RSM)	<input type="checkbox"/>
Hyperbaric chamber (HBC)	<input type="checkbox"/>
Community healthcare service (CHC)	<input type="checkbox"/>
Community-based services for people with mental health needs (MHC)	<input type="checkbox"/>
Community-based services for people with a learning disability (LDC)	<input type="checkbox"/>
Community-based services for people who misuse substances (SMC)	<input type="checkbox"/>
Urgent care services (UCS)	<input type="checkbox"/>
Doctors consultation service (DCS)	<input type="checkbox"/>
Doctors treatment service (DTS)	<input type="checkbox"/>
Mobile doctor service (MBS)	<input type="checkbox"/>
Dental service (DEN)	<input checked="" type="checkbox"/>
Diagnostic and or screening service (DSS)	<input type="checkbox"/>
Care home service without nursing (CHS)	<input type="checkbox"/>
Care home service with nursing (CHN)	<input type="checkbox"/>
Specialist college service (SPC)	<input type="checkbox"/>
Domiciliary care service (DCC)	<input type="checkbox"/>
Supported living service (SLS)	<input type="checkbox"/>
Shared Lives (SHL)	<input type="checkbox"/>
Extra Care housing services (EXC)	<input type="checkbox"/>
Ambulance service (AMB)	<input type="checkbox"/>
Remote clinical advice service (RCA)	<input type="checkbox"/>
Blood and Transplant service (BTS)	<input type="checkbox"/>

Regulated activity(ies) carried on at this location		
Personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Surgical procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Nursing care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Family planning service	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		

The information below is for location no.:	6	of a total of:	6	locations
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Name of location	Clatterbridge Hospital
Address	Clatterbridge Road, Wirral
Postcode	CH63 4JY
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location (The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
<p>Clatterbridge hospital is located in mid Wirral.</p> <p>It is specifically regulated for 'Treatment for disease, disorder or injury' and 'Diagnostic and screening procedures', to provides a 30 bedded community rehabilitation unit as part of the coronavirus emergency response.</p> <p>The community beds for rehabilitation and reablement will be primarily be used to support frail and older people with rehabilitation needs that cannot be managed within their own home environment.</p>	
No of approved places / overnight beds (not NHS)	

CQC service user bands

The people that will use this location ('The whole population' means everyone).

Adults aged 18-65	<input checked="" type="checkbox"/>	Adults aged 65+	<input checked="" type="checkbox"/>			
Mental health	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>			
Physical disability	<input type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>			
Dementia	<input type="checkbox"/>	People who misuse drugs or alcohol	<input type="checkbox"/>			
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input type="checkbox"/>			
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/>	Children aged 13-18	<input type="checkbox"/>	
The whole population	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>			

The CQC service type(s) provided at this location	
Acute services (ACS)	<input type="checkbox"/>
Prison healthcare services (PHS)	<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	<input type="checkbox"/>
Hospice services (HPS)	<input type="checkbox"/>
Rehabilitation services (RHS)	<input checked="" type="checkbox"/>
Long-term conditions services (LTC)	<input type="checkbox"/>
Residential substance misuse treatment and/or rehabilitation service (RSM)	<input type="checkbox"/>
Hyperbaric chamber (HBC)	<input type="checkbox"/>
Community healthcare service (CHC)	<input type="checkbox"/>
Community-based services for people with mental health needs (MHC)	<input type="checkbox"/>
Community-based services for people with a learning disability (LDC)	<input type="checkbox"/>
Community-based services for people who misuse substances (SMC)	<input type="checkbox"/>
Urgent care services (UCS)	<input type="checkbox"/>
Doctors consultation service (DCS)	<input type="checkbox"/>
Doctors treatment service (DTS)	<input type="checkbox"/>
Mobile doctor service (MBS)	<input type="checkbox"/>
Dental service (DEN)	<input type="checkbox"/>
Diagnostic and or screening service (DSS)	<input type="checkbox"/>
Care home service without nursing (CHS)	<input type="checkbox"/>
Care home service with nursing (CHN)	<input type="checkbox"/>
Specialist college service (SPC)	<input type="checkbox"/>
Domiciliary care service (DCC)	<input type="checkbox"/>
Supported living service (SLS)	<input type="checkbox"/>
Shared Lives (SHL)	<input type="checkbox"/>
Extra Care housing services (EXC)	<input type="checkbox"/>
Ambulance service (AMB)	<input type="checkbox"/>
Remote clinical advice service (RCA)	<input type="checkbox"/>
Blood and Transplant service (BTS)	<input type="checkbox"/>

Regulated activity(ies) carried on at this location		
Personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Surgical procedures	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Paula Simpson		
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Nursing care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Family planning service	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		

Statement of purpose, Part 4

Registered manager details

Including address for service of notices and other documents

The information below is for manager number:		of a total of:		Managers working for the provider shown in part 1
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1. Manager's full name	Mrs Paula Simpson
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2. Manager's contact details	
Business address	St Catherine's Health Centre
Town/city	Church Road
County	Birkenhead
Post code	Wirral
Business telephone	CH42 0LQ
Manager's email address¹	
paula.simpson8@nhs.net	

¹ Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.

Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

Please note: CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

3. Locations managed by the registered manager at 1 above	
(Please see part 3 of this statement of purpose for full details of the location(s))	
Name(s) of location(s) (list)	Percentage of time spent at this location

4. Regulated activity(ies) managed by this manager		
Personal care	<input type="checkbox"/>	
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Treatment of disease, disorder or injury	<input checked="" type="checkbox"/>	
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Surgical procedures	<input checked="" type="checkbox"/>	
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Transport services, triage and medical advice provided remotely	<input checked="" type="checkbox"/>	
Maternity and midwifery services	<input type="checkbox"/>	
Termination of pregnancies	<input type="checkbox"/>	
Services in slimming clinics	<input type="checkbox"/>	
Nursing care	<input type="checkbox"/>	
Family planning service	<input checked="" type="checkbox"/>	

5. Locations, regulated activities and job shares

Where this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.

Please also describe below any job share arrangements that include or affect this manager.

N/A

Infection Prevention and Control Board Assurance Framework			
Meeting	Board of Directors		
Date	10/06/2020	Agenda item	14
Lead Director	Paula Simpson, Director of Nursing & Quality Improvement		
Author(s)	Claire Wedge, Deputy Director of Nursing Annie Baker, Infection Prevention and 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			
<p>The purpose of the Infection Prevention and Control Board Assurance Framework is to assure Trust Board that a comprehensive self-assessment has been conducted to evidence compliance with IPC quality standards incorporating all guidance in response to the Covid-19 pandemic.</p> <p>The framework has been developed by NHSE/I and is structured around the existing 10 criteria within 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.</p>			
Executive Summary			
<p>Following completion of the self-assessment framed around the 10 criteria within the Code of Practice on the prevention and control of infection, the following areas have been identified as requiring additional action to evidence full assurance:</p> <ul style="list-style-type: none"> • Written assurance required from Cheshire and Wirral Partnership NHS Foundation Trust in relation to the Service Level Agreement for cleaning Trust premises, to confirm that local systems and processes fully comply with PHE and other national guidance • Robust contract tracing mechanisms to be established to support the national test and trace initiative. This will involve participation in system-wide solutions to ensure consistency in approach. • Further assessment of Covid-19 risk relating to Vitamin D for BAME staff <p>Plans are in development to mitigate the areas identified within the self-assessment framework; this will report through the Trust's command and control Covid-19 governance structure for monitoring and assurance.</p>			
Risks and opportunities:			
All Covid-19 risks with an impact to quality and safety rated >10 are reviewed weekly by the strategic command group.			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No Individualised care delivery is provided by the Trust ensuring compliance with equality and diversity standards for staff and people who use Trust services			
Financial/resource implications:			
OTDelivery 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 Populations – provide more person-centred care	Our Populations - improving services through integration and better coordination
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Board Action

Trust Board are asked to be assured by the IPC Board Assurance Framework to ensure the delivery of safe, effective, quality services across the organisation. |

Report history

Submitted to	Date	Brief summary of outcome

Infection prevention and control board assurance framework

1. Systems are in place 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 posed by their environment and other service users		
Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> infection risk is assessed at the front door and this is documented in patient notes patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission compliance with the national guidance around discharge or transfer of COVID-19 positive patients all staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted risks are reflected in risk registers and 	<p>The Trust has been responsive to the requirement to rapidly adapt service provision resulting from the Covid-19 pandemic, to assure the safety of staff, patients and service users.</p> <p>This has resulted in the implementation of consistent triage questions across all services to ensure only essential physical face to face contacts are conducted. Alternative methods of assessment have been developed expanding the Trusts' digital offer via remote consultations.</p> <p>The Trust is a visible leader across the Wirral system ensuring full compliance with all national guidance in relation to the discharge and transfer of Covid-19 positive patients. The Trust has successfully been awarded two contracts within Wirral to lead community swabbing at a local satellite testing centre in addition to testing within Care Homes and testing in the home environment for key workers who are unable to access the satellite centre.</p> <p>Training resources have been developed to ensure the correct process for donning and doffing are implemented throughout Trust services.</p> <p>This includes a range of action cards which provide clear, visual guidance for staff ensuring that the correct PPE is worn as per national guidance.</p> <p>Via the Trust's Covid-19 governance structure, new guidance is efficiently and effectively escalated for review at a daily Tactical command meeting. When required, actions are deferred to the Trusts' Clinical Command, Workforce or Operational groups.</p> <p>Robust, evidence-based processes have been developed to ensure systems are in place to effectively manage, mitigate and monitor the</p>	<p>Full assurance evidenced</p>

<p>the board assurance framework where appropriate</p> <ul style="list-style-type: none"> robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens 	<p>prevention and control of infection. This is effectively evidenced via the Trust's risk register as required.</p> <p>Risk assessments are pivotal to the Trusts' approach to assuring safety, evidencing decision making to mitigate risk where identified. This is underpinned by a clear escalation process in accordance with the Trust's Covid-19 Command and Control governance structure.</p> <p>This is a continuous process providing a source of internal assurance evidencing that quality standards are maintained. This has been further supported by the development of a bespoke Covid-19 module on the Trusts' Standards Assurance Framework for Excellence (SAFE) system, to evidence compliance with all required IPC standards.</p>	
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections		
Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> designated teams with appropriate training are assigned to care for and treat patients in Covid-19 isolation or cohort areas designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to Covid-19 isolation or cohort areas. decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance increased frequency at least twice daily, of cleaning in area that have higher environmental contamination rates as set out in the PHE and other national 	<p>Clinical systems and processes have been developed to assure safe working practices adopting the principles of staff cohorting where possible. As a result, where clinically appropriate, high risk vulnerable patients are seen at the beginning of a shift to minimise risk of Covid-19 transmission.</p> <p>Clinical visit allocation is utilised to assure continuity of care whilst minimising the numbers of visiting staff. Where clinically appropriate and safe, suspected and Covid-19 positive patients are visited at the end of a shift pattern.</p> <p>Designated isolation rooms have been identified across all Trust Walk-In Centres for suspected Covid-19 patients. Each area has a Covid-19 PPE Bag which includes the Pathway for managing suspected COVID-19 patients.</p> <p>Isolation rooms are decontaminated by Cheshire and Wirral Partnership NHS Foundation Trust (CWP) with Cleaning Staff following local</p>	<p>Written assurance required from CWP in relation to the Service Level Agreement for cleaning Trust premises, to confirm that local systems and processes fully comply with PHE and other national guidance.</p>

<p>guidance</p> <ul style="list-style-type: none"> • attention to the clearing of toilets/bathrooms, as Covid-19 has frequently been found to contaminate surfaces in these areas • Cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses • Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solution/products • As per national guidance: <ul style="list-style-type: none"> ○ 'frequently touched' surfaces' eg door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when know to be contaminated with secretions, excretions or body fluids ○ Electronic equipment, eg. Mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily ○ Rooms/area where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal 	<p>guidance.</p> <p>Staff have access to the correct cleaning resources to assure safety and to evidence compliance with PHE and national guidance. This includes Clinell Wipes and Bio-Hazard wipes for the decontamination of equipment.</p> <p>The guidance relating to in-patient beds is not currently applicable to the Trust.</p>	
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<ul style="list-style-type: none"> by groups of staff (at least twice daily) linen from possible and confirmed Covid-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken Single use items are used where possible and according to Single Use Policy Reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission 		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance		
Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
<p>Systems and process are in place to ensure:</p> <ul style="list-style-type: none"> arrangements around antimicrobial stewardship are maintained mandatory reporting requirements are adhered to and boards continue to maintain oversight 	<p>The Trust has developed Strategic Principles for Antimicrobial Stewardship, reporting on a Triannual basis to the sub-Board Quality and Safety Committee in accordance with the Trust's robust governance and assurance framework</p> <p>The aims of the strategy are to:</p> <ul style="list-style-type: none"> Reduce the need for exposure to antibiotics Optimise the use of antibiotics Raise public awareness to encourage self-care and reduce 	<p>Full assurance evidenced</p>

	<p>expectations of receiving antibiotics</p> <ul style="list-style-type: none"> • Work in collaboration with other healthcare partners throughout Wirral 	
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		
Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • implementation of national guidance on visiting patients in a care setting • areas in which suspected or confirmed Covid-19 patients are being treated are clearly marked with appropriate signage and where appropriate with restricted access • information and guidance on Covid-19 is available on all Trust websites with easy read versions • infection status is communicated to the receiving organisation or department when a possible or confirmed Covid-19 patient needs to be moved 	<p>The Trust does not have in-patient beds, however, all standards that are applicable to the Trust can be evidenced to ensure full compliance.</p> <p>Clear signage and literature regarding the Covid-19 pandemic has been developed and is clearly on display for members of the public visiting Trust sites.</p> <p>In addition, the Communications Team ensure that information and guidance regarding Covid-19 is available on the Trusts' website. This includes links to easy read materials from partner organisations, for example Mencap.</p> <p>The Trust has added a bespoke template onto SystmOne to ensure there is safe, secure transfer of internal information relating to infection status. This is communicated to system partners as clinically indicated to assure safety.</p>	<p>Full assurance evidenced</p>
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people		
Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • front door areas have appropriate triaging arrangements in place to cohort 	<p>The Trust has established robust mechanisms to identify individuals most at risk of developing infections; this is a continuous process to monitor for deteriorating conditions which may increase level of vulnerability.</p>	<p>Robust contact tracing mechanisms to be established to support the national test and trace initiative. This will involve</p>

<p>patients with possible or confirmed Covid-19 symptoms and to segregate them from non Covid-19 cases to minimise the risk of cross-infection, as per national guidance</p> <ul style="list-style-type: none"> • mask usage is emphasised for suspected individuals • ideally segregation should be with separate spaces, but there is potential to use screens, eg to protect reception staff • for patients with new-onset symptoms, it is important to achieve isolation and instigation of contact tracing as soon as possible • patients with suspected COVID-19 are tested promptly • patients who test negative but display or go on to develop symptoms of Covid-19 are segregated and promptly re-tested • patients that attend for routine appointments who display symptoms of Covid-19 are managed appropriately 	<p>Systems and process have been developed across Trust Walk-in and Urgent Treatment Care Centres to effectively utilise triage to ensure risk of cross-infection is minimised in accordance with national guidance.</p> <p>Trust guidance clearly details that fluid resistant surgical face masks should be considered for all suspected or Covid-19 patients, subject to an assessment of clinical appropriateness.</p> <p>As the provider for the Community Swabbing Service, this Trust has a skilled workforce available to appropriately provide testing to patients as clinically indicated.</p>	<p>participation in system-wide solutions to ensure consistency in approach.</p>
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		
Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe 	<p>The Trust has developed robust systems and processes to ensure compliance with health and safety legislation to assure safety in the work place.</p> <p>Assurance mechanisms include monitoring of mandatory training compliance including IPC Level 1 and Level 2 e-learning and Health and Safety Training.</p>	<p>Full assurance evidenced</p>

<ul style="list-style-type: none"> • all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it • a record of staff training is maintained appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed • any incidents relating to the re-use of PPE are monitored and appropriate action taken • adherence to PHE national guidance on the use of PPE is regularly audited • staff regularly undertake hand hygiene and observe standard infection control precautions • hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance • guidance on hand hygiene, including drying, should be clearly displayed in all public toilet area as well as staff areas • staff understand the requirements for uniform laundering where this is not provided for on site • all staff understand the symptoms of Covid-19 and • take appropriate action in line with PHE and other national guidance, if they or a member of their household displays any of the symptoms 	<p>In addition, a Covid-19 clinical audit programme has been established as a rapid assurance mechanism to identify areas for improvement. Audit results are recorded on the Trusts' SAFE system and reviewed monthly at the SAFE steering group and action taken accordingly to mitigate any identified risk. The Covid-19 assurance framework includes CAS alerts which are also recorded centrally on the Trusts' SAFE system, supporting data triangulation.</p> <p>Guidance regarding appropriate use of PPE has been developed and is disseminated to all staff daily via the Trust's e-Covid-19 bulletin.</p> <p>This communication strategy provides a central focus for all staff for key messages and alerts relating to Covid-19. In addition, this is further enhanced via a weekly vlog from the Chief Executive or nominated Executive Director.</p> <p>Hand hygiene posters are displayed throughout public and staff Trust premises. The Trust provides paper towels throughout its premises thereby minimising the risk of droplet transmission.</p> <p>Clear, robust guidance and advice has been provided to all staff via the Covid-19 bulletin and through HR and IPC services in relation to the action required on the presentation of Covid-19 symptoms. The numbers of staff affected are closely monitored by the Workforce group, reporting to the Tactical and Strategic command groups weekly.</p>	
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7. Provide or secure adequate isolation facilities		
Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> patients with possible or confirmed Covid-19 are isolated in appropriate facilities or designated areas where appropriate areas used to cohort patients with possible or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement 	<p>Systems and processes have been developed to ensure that the designated isolation rooms within Trust Walk-In and Urgent Treatment Care Centres are appropriately used for suspected Covid-19 patients.</p> <p>The Trust does not have in-patient beds and therefore the requirement to cohort patients on Trust premises is minimal, however, processes have been established to ensure full compliance with cohorting principles when required.</p>	<p>Full assurance evidenced</p>
8. Secure adequate access to laboratory support as		
Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> testing is undertaken by competent and trained individuals patient and staff Covid-19 testing is undertaken promptly and in line with PHE and other national guidance screening for other potential infections takes place 	<p>The Trust has identified a group of senior staff who have received training in Covid-19 sampling with competencies assessed by external specialists.</p> <p>All staff receive training in swabbing and are supported to achieve the correct technique and competency. A training pack is available to supplement the training, supporting continuous professional development.</p> <p>Robust systems are in place to access laboratories for processing samples.</p>	<p>Full assurance evidenced</p>

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections		
Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> • staff are supported in adhering to all IPC policies, including those for other alert organisms • any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff • all clinical waste related to confirmed or suspected Covid-19 cases is handled, stored and managed in accordance with current PHE national guidance • PPE stock is appropriately stored and accessible to staff who require it 	<p>The Trust has an extensive and robust IPC policy framework to ensure fully adherence to the IPC Code of Practice and Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.</p> <p>An IPC clinical audit programme has been developed on the Trust's SAFE system to evidence compliance with the fundamental principles of IPC to prevent and control infections. Audit results are tracked monthly through the Trust's governance system.</p> <p>Changes to PHE national guidance or PPE are escalated in the first instance to the Trust's daily Tactical command group, prior to review at the Clinical command meeting. A predictive methodology has been established to forecast use of PPE; this is reviewed daily at the Tactical command group and weekly by the Strategic command group in accordance with the Trust's Covid-19 command and control structure.</p>	<p>Full assurance evidenced</p>
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection		
Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
<p>Appropriate systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported • staff required to wear FFP3 reusable respirators undergo training that is compliant with PHE national guidance 	<p>Through the Trust's Command and Control Covid-19 governance structure, appropriate systems and process have been developed to assure the safety of staff in relation to Occupational Health needs.</p> <p>This is primarily led by the Workforce group led by the Deputy Director of HR and OD and the Clinical group led by the Deputy Director of Nursing and Medical Director, reporting to the Tactical command group.</p> <p>The established governance framework supports responsive action in relation to newly released guidance ensuring an appropriate rapid review and assessment of risk to ensure recommendations are made to the</p>	<p>Further assessment of risk in relation to Vitamin D for BAME staff is in progress.</p>

<p>and a record of this training is maintained</p> <ul style="list-style-type: none"> • consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance • all staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas • consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing • staff that test positive have adequate information and support to aid their recovery and return to work. 	<p>Tactical Command group.</p>	
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Safeguarding Annual Report 01 April 2019 - 31 March 2020			
Meeting	Board of Directors		
Date	10/06/2020	Agenda item	15
Lead Director	Paula Simpson, Director of Nursing & Quality Improvement		
Author(s)	Susan Fogarty, Head of Integrated Safeguarding Governance		
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 Wirral Community Health and Care NHS Foundation Trust (WCHC) Board regarding activity in relation to safeguarding governance for the reporting period 01 April 2019 - 31 March 2020			
Executive Summary			
<ol style="list-style-type: none"> This report demonstrates continued organisational compliance with statutory duties and local safeguarding frameworks. A full list of abbreviations is listed in Appendix 1. WCHC is committed to ensuring that all staff are aware of their role in relation to safeguarding vulnerable children and adults. The Safeguarding Service provides a comprehensive proactive service, which responds to the needs of staff and individuals. The service is committed to the promotion of safeguarding within everyday practice, focusing upon prevention and early intervention. The Safeguarding 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 safeguarding the public. 			
Risks and opportunities:			
Risk ID 2287 (risk score 9) MARAC information sharing process Risk ID 2268 (risk score 9) Safeguarding adults training - level 3 Risk ID 2199 (risk score 9) Consistent application of MCA assessments			
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 to note			
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 - delivering against contracts and financial requirements	

Board action		
Trust Board is asked to be assured that the organisation has a strong safeguarding governance structure in place and is meeting all statutory requirements in relation to safeguarding children and vulnerable adults.		
Report history		
Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	27/05/2020	Comments received. Report provided assurance.



Safeguarding

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 safeguarding governance for the reporting period 01 April 2019 - 31 March 2020.
2. This report demonstrates continued organisational compliance with statutory duties and local safeguarding frameworks. A full list of abbreviations is listed in Appendix 1.
3. WCHC is committed to ensuring that all staff are aware of their role in relation to safeguarding vulnerable children and adults.
4. The Safeguarding Service provides a comprehensive proactive service, which responds to the needs of staff and individuals. The service is committed to the promotion of safeguarding within everyday practice, focusing upon prevention and early intervention.
5. The Safeguarding 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 safeguarding the public.
6. The Safeguarding Governance service has continued to deliver a full service during the Covid19 pandemic emergency response. Safeguarding incidents and investigations continue to be managed in line with statutory requirements.

Key Achievements from 01 April 2019 - 31 March 2020

7. In response to an Ofsted monitoring visit in September 2018, the Safeguarding Service and Integrated Children's Division strengthened health input into the Children's Multi-Agency Safeguarding Hub (MASH). This development has been evaluated positively by partners and regulators including being highlighted by CQC in the safeguarding inspection May 2019.
8. The Safeguarding Assurance Group was reviewed, and new terms of reference agreed to reflect the current safeguarding structure. Future meetings will be attended by the Designated Nurse and Principle Social Worker.
9. Safeguarding Operational Groups for Children and Adults were established in January 2020. Due to the COVID 19 pandemic emergency response, the April 2020 meetings were deferred. These meetings will be reintroduced in July 2020 using digital technology to ensure adherence with social distancing requirements.
10. The Safeguarding service has offered 100% of all eligible staff safeguarding supervision. WCHC extended its supervision to include Personal Advisors in the Local Authority. These sessions are facilitated by a WCHC Safeguarding Specialist Nurse
11. We completed a successful section 11 Audit for children's safeguarding and received positive feedback from WSCP
12. We introduced the following initiatives to strengthen processes related to safeguarding children;
 - Genograms and Ecomaps in 0-19 service for CP/CLA as per CQC recommendation to ensure a robust picture of family dynamics is available to inform practice Genogram audit completed March 2020
 - QA tool for IFD referrals to ensure quality maintained and staff supported within the process.

- QA tool for referrals into CADT from WCHC to ensure there is quality and consistent approach within the referral process and therefore through feedback following QA and discussion with practitioners they can improve their practice.
13. We placed a Specialist Nurse Safeguarding Adults Nurse within the CADT MASH process to support decision making.
 14. Mental capacity screening tool was reviewed and embedded within SystemOne. This strengthened the previous process to ensure MCA Act (2005) compliance, made application easier for staff to navigate whilst ensuring rationale included within the decision process. For services that do not have SystemOne and use other electronic systems such as Excelicare, Sol, Best have this tool as a hard copy that then gets scanned into the records.
 15. We introduced a QA tool for completed mental capacity assessments to ensure this process is robust and enable feedback to staff to improve practice.
 16. PREVENT Training remains high on the agenda nationally and during the last year the Trust implemented a number of training strategies to ensure practitioners' knowledge remains at the highest level. Compliance for Prevent Training at the end of 2019/20 reported at 98% exceeding national expectations of 85%.
 17. During 2019/20 the introduction of a revised MSP process has allowed WCHC to capture safeguarding outcomes. 89% of service users outcomes were expressed; 98.8% said they were listened to and 96.6% were either quite happy or very happy with the results of the safeguarding enquiry.
 18. It was agreed for the NHS Safeguarding App to be downloaded on all the work mobile phones, this App is frequently updated and is therefore a useful resource for staff to access for Safeguarding Children and Adults information.

Leadership and Governance

19. The Director of Nursing is the Executive Lead for Safeguarding providing strategic leadership across the organisation. The Executive Lead is responsible for ensuring that safeguarding is recognised as a key organisational priority and that it is embedded across all areas of service provision within the organisation.
20. As part of its commitment to social care integration the Trust has an Associate Director for Adult Social Care. This post provides both strategic and professional leadership across Social Care to ensure that statutory duties are discharged to the highest standards.
21. Safeguarding is a key aspect of this and this post has enhanced our governance and operational arrangements.
22. During the reporting period, an integrated governance model across adult and children's safeguarding functions has been developed which optimises the sharing of specialist skills and minimises the risk of gaps between services, strengthening a holistic approach across the Trust.
23. A new structure commenced 1st April 2019 and to support this model a Head of Integrated Safeguarding is now in post with overall responsibility for the governance of safeguarding across the Trust.
24. Advanced Practitioners and Specialist Nurses are linked to defined operational service areas implementing tailored support as required. This was defined by a risk base analysis of the level of safeguarding risk within the service.

25. The level of support was identified using a variety of methods

- Direct level of management of safeguarding cases
- Safeguarding activity for identifying concerns
- Internal audit
- Internal performance data re training
- CQC findings
- National and statutory guidance
- LACB and MASB priorities
- Learning from serious case reviews

26. Each Operational team also have a Safeguarding Link professional who work directly with the Advanced Practitioner and Specialist names Nurses. These are not new roles but represent an enhancement of current roles. The creation of a safeguarding link role across all services supports a robust sharing of learning in relation to best practice.

27. The development of the Safeguarding Champion role within Adult Community Health and Care will promote group safeguarding supervision. To support this role;

- A Safeguarding Champion programme has been developed and is due to commence April 2020. This programme will be competency based using a robust competency framework.
- Four sessions have been identified quarterly from April 2020-January 2021. Focusing on areas of safeguarding the Champions needed more knowledge around with the first session focusing on MCA.
- WCHC have commissioned external MCA trainers to enhance in house training providing a practical opportunity to strengthen their knowledge around MCA. First of two sessions planned for May and June 2020. However due to the COVID response these dates have now been renegotiated and the training will be delivered virtually during Q2 2020/21.
- At each session the champions will have group supervision with the Specialist Nurse safeguarding adults and the champions will be supported to deliver group safeguarding supervision within their team.
- There has been a positive response to this programme with around 50 Safeguarding Champions that have been identified across health and care.
- There has also been development of a Safeguarding User Guide to support the Champions and staff with additional information surrounding safeguarding processes.

28. Specialist nurses are aligned to specific services and divisions, coordinating the safeguarding link role.

Assurance and Compliance

29. The Safeguarding Service is required to evidence assurance and compliance through various domains, nationally and locally. The following reflects the work undertaken during the reporting period 1 April 2019 - 31 March 2020.

Section 11 Audit

30. Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

31. Health providers complete a version of the Section 11 audit with additional specific questions.

32. All agencies who deliver services to children and young people under the age of 18 are required to assure the Wirral Safeguarding Children partnership (WSCP) that they have

effective arrangements in place to safeguard and promote the welfare of children and young people.

33. The audit provides a self-assessment of governance systems and processes which safeguard and promote the welfare of children and also allows the WSCP to judge the effectiveness of safeguarding arrangements across the partnership.
34. This year the WSCP changed the format of the audit and it has been released to agencies electronically on a bimonthly basis covering set themes. actions were generated and completed during the reporting period ensuring that we are fully compliant with statutory requirements
35. In November both the Named nurse and Head of Safeguarding attended a Safeguarding Children's Partnership Assurance Committee to present action plan and account for WCHC compliance during 2019/ 2020. The feedback report from the WSCP highlighted strengths for WCHC including
 - Positive feedback from the CQC highlighting partnership working in MASH
 - The section 11 action plan created by the Named Nurse provided assurance that identified gaps were managed, oversight and scrutiny by the SAG. All actions at time of reporting have been completed

Making Safeguarding Personal

36. The Making Safeguarding Personal (MSP) programme emphasises that safeguarding adults should be person centered and outcome focused.
37. The Trust took part in a regional pilot to test a proposed national MSP Outcomes Framework.
38. The Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) have been working with the Institute of Public Care (IPC) and Research in Practice for Adults (RiPfa) to develop the framework. The framework consists of 7 questions in total which can be asked by practitioners or an independent person. The questions cover a number of areas including whether the individual (or their representative) felt:
 - Their personal outcomes were identified and achieved
 - Whether they felt listened to and fully involved in the management of risk
 - Whether they felt safer as a result of the intervention and how they found the safeguarding experience overall.
39. The Trust also took part in "The Voice of the Service User" Programme which has been commissioned by the Merseyside Safeguarding Adults Board (MSAB). This programme aims to capture the voices of service users/carers and frontline workers in relation to their experiences of the safeguarding system across the Merseyside region. It represents one of the Boards key strategic priorities over the next two years.
40. Sefton Health watch are overseeing this piece of work on behalf of the MSAB and the programme lead has visited the Trust for a number of days spending time with practitioners across the service, including those in the Multi Agency Safeguarding Hub (MASH), Rapid Community Response and the Integrated Care Coordination Teams.
41. The Voice of the Service User programme also includes undertaking interviews with individuals and families who have experienced the safeguarding process. A regional event "Safeguarding Voices" to share the findings and best practice took place on 25th June 2019 and was held in Liverpool.

Section 75 Audit

42. In February 2019, the Trust received the findings of a planned safeguarding audit completed by Wirral Borough Council Professional Standards Team as part of the Section 75 agreement with the Local Authority. The audit focused on a number of key areas in the safeguarding process from initial screening of enquires, through to investigation and closure. The audit highlighted positive practice in some areas and a number of areas requiring further focus across the service. These included:

- The consistency of decision making and quality assurance between teams
- Recording of decision making, strategy meetings and mental capacity determinations
- The follow up of agreed protection planning and longer term review arrangements

43. In order to provide continued assurance, it was decided to undertake a comprehensive follow up Safeguarding audit during 2019, utilising initial methodology to assess the level of improvements following the initial Section 75 Audit. The 2019 Safeguarding audit concluded that:

- The consistency of decision making across teams had improved in respect of: the application of safeguarding thresholds, clearer rationale around safeguarding decision making and evidence of internal quality assurance mechanisms being completed.
- There had been a marked improvement in the recording of whether the individual had mental capacity or not and if appropriate, a relative/advocate consulted, recorded case management documentation in relation to strategy discussions.
- There was evidence of improved reporting of outcomes for the individual. This has been supported by the introduction of an enhanced feedback process based on the MSP principles.

44. A number of areas continued to have specific focus through 2019/20 including:

- Ensuring the overall delivery of Making Safeguarding Personal (MSP) - being person centred and outcome focused, through all aspects of investigation and protection planning.
- Improve information gathering processes and feedback communication channels at the MASH / triage contact stage.
- The determination / recording of mental capacity within the overall safeguarding process

45. A series of staff engagement events were held during 2019/20. The findings from the 2019 Safeguarding Audit and related Action Plan were discussed with Adult Social Care staff in July 2019. Follow up actions were monitored through the WCHC's internal governance processes with oversight and scrutiny at the Trusts Safeguarding Strategic Group.

46. A Professional Practice day was held on the 5th November 2019 in which all ASC staff attended, and MSP was a featured item. MSP outcomes have been embedded within the case recording system to provide evidence within all investigations.

Quarterly Safeguarding Assurance Framework

47. The Safeguarding Assurance Framework is embedded within WCHC Quality Schedule and is submitted to Wirral Health and Care Commissioners as part of our Quarterly contractual assurance. The activity data is collated and referenced throughout this report.

48. The framework consists of 31 indicators for safeguarding children of which 7 are rag rated and during this period 6 were green with training amber at 89%. For Children Looked After there are 37 indicators with 9 rag rated and 8 being green with again training amber at 89%.

49. It was identified that staff sessions had high DNA rates on the day of delivery.

50. The Safeguarding Team, with the support of Learning and Development (L&D) Team developed a safeguarding training strategy to ensure staff met compliance and this was cascaded via a robust communication plan. Monthly assurance was provided by L&D, to senior managers to ensure compliance was met within the agreed timescales. This is monitored via both Operational and Safeguarding Strategic Groups.
51. The training strategy included increased capacity in each session to allow for DNA on the day, reminders to staff and managers via the BI team and a focused communications plan with screen savers and messages to staff reiterating the importance of attendance. Due to COVID 19 and the Community Prioritisation Plan face to face training sessions were paused. An alternative training provision is currently being scoped, with an emphasis of adopting Health Education England's e-learning packages together with interactive webinars. The development of the new package will be during Q1 with implementation in Q2.
52. Child criminal exploitation cases have increased at MACE meetings with CSE reducing, this can be attributed to the focus on County Lines and the prevalence of gangs who are running drug lines from the Merseyside area Domestic abuse has increased in the reporting period and as a consequence more children being discussed at MARAC meetings
53. Over the reporting period a higher percentage of Children Looked After have been registered with a dentist from Q1 to Q4. This is due to the fostering service and health professionals prioritising the importance of dental health with foster carers. The figure has risen to 83% and this included children under 2 years who do not have to be registered.
54. Immunisation uptake for the CLA cohort is at 91% which meets the expected KPI of 90%
55. During 2019 discussions were ongoing with commissioners to refresh the Safeguarding Children, Children Looked After Safeguarding Assurance Frameworks and the new format is expected in Q1 2020

Quarterly Safeguarding Assurance Reports

56. The Safeguarding Service submits triennial reports to Quality and Safety Committee with the Executive Lead and Associate Director of Social Care providing further clarity and assurance as required.

Local Safeguarding Children's Board (LSCP)

57. The Wirral Safeguarding Children Partnership (WSCP) is a statutory agency established by the Children and Social Work Act (2017). The WSCP replaced the previous Wirral Safeguarding Children Board on the 1st September 2019. WSCP is a multi-agency partnership of organisations who agree how to work together to safeguard and promote the welfare of children. The WSCP is led by the three statutory safeguarding partners of the Local Authority, Merseyside Police and Wirral Clinical Commissioning Group.
58. The WSCP is responsible for ensuring safeguarding arrangements across partner agencies are robust and for testing how strong arrangements are. To support this activity the WSCP undertakes a variety of work each year including:
 - Publishing safeguarding policies and procedures for partner agencies
 - Auditing safeguarding arrangements in individual agencies and collectively across the partnership
 - Providing multi-agency training for the children's workforce
 - Undertaking reviews of cases, including statutory child practice reviews and multi-agency learning reviews
 - Raising awareness of safeguarding issues and priorities including child sexual exploitation, neglect of children, domestic abuse and radicalisation

- Promoting the message that the safeguarding is Wirral's children and young people is Everyone's responsibility

57 During the reporting period WCHC has contributed to policy development, annual reports, numerous audits, and supported CSE and contextual safeguarding work streams.

Merseyside Safeguarding Adults Board (MSAB)

58 During the last year the Trust has continued to adhere to the direction and guidance received from the MSAB, working with the local authority, ensuing attendance and participation in all sub groups and practice learning events. The subgroups have covered a number of key areas including

- Communication and Engagement
- Policy, Procedure and Practice
- Quality Assurance
- Performance and Audit
- Safeguarding Adult Review Group
- Workforce

59 During 2018, the Board also agreed five overarching priorities to drive the work of the MSAB over the next two years.

- **Priority 1:** The views and experiences of those who use services, their significant others and the people who work directly with them will be heard

Priority 2: The MSAB will be assured of the quality of Safeguarding and related services in each of its geographical areas. It will challenge partners to continue to improve the delivery of services and the experiences of those requiring services.

- **Priority 3:** A robust approach to the undertaking of Safeguarding Adult Reviews will be developed. It will ensure the delivery of a consistent approach across all geographical areas and offer the broadest opportunity for learning.
- **Priority 4:** The MSAB will develop effective communication methods to support those working with adults who may be at risk of abuse and / or neglect and to increase the knowledge of adult safeguarding within local communities.
- **Priority 5:** The MSAB will develop as an entity to ensure it effectively meets its duties under 'The Care Act 2014'.

60 WCHC is committed to supporting these key strategic priorities, with several of the work programmes having commenced and progressed during 2019/20.

61 Merseyside Safeguarding Adult Board have approved a referral form into CADT has been agreed within MSAB however the challenges currently are embedding this document within the LL systems. Oversight of the implementation plan is currently monitored by Quality Assurance Group

62 The Trust has taken part in the "Voice of the Service User" project, a 12 month commissioned project across all four regions over seen by Health Watch to improve the development of front line practice. This has now secured funding for the evolution and continuation of this into 2022

63 Health and Social Care practitioners also took part in a series of workshops facilitated by John Moore's University, to explore how to improve the response to self-neglect concerns. With colleagues across the region this work has fed into the development of a Best Practice Tool Kit, which is now completed and embedded and can be accessed through StaffZone.

- 64 WCHC participated in a successful National Safeguarding Adults week between the 18th-24th November 2019 with public facing events to raise awareness of Adult Safeguarding amongst the staff and public
- 65 The Board recently commissioned a wide-ranging external peer review of its work. The review took place over 3 days at the end of January 2020 and was conducted by a panel of senior safeguarding/social care colleagues from across the country. Issues discussed related to:
- Leadership, strategy & working together
 - Outcomes for and the experiences of people who use services
 - Commissioning, service delivery and effective practice
 - Performance and resource management
- 66 The outcomes of the review will be used to inform both the strategic and operational direction of the Board over the coming year and beyond.
- 67 WCHC has nominated specific practitioners to undertake Serious Adult Review Training to support a robust approach to this process. The initial training in the welsh Hybrid Model was held in February 2020 with further training sessions with SCIE planned for September/October 2020.
- 68 WCHC were involved in a Task and Finish group to support the implementation of the Merseyside Adult Risk Assessment Model (MARAM) an early help assessment tool for use by all partner organisations, where a single agency approach is not deemed to be sufficient. This is particularly where a person's actions place them at risk of harm.
- 69 Due to COVID 19 whilst awaiting Merseyside Safeguarding Adult Board to finalise and launch the MARAM, WCHC have adopted the process, with a number of MARAM meetings having been held. The MARAM process is discussed regularly at team meetings and an audit of the impact is planned once the COVID 19 prioritisation plan allows.
- 70 It was agreed to merge the Performance Subgroup and the Quality assurance subgroup as it was recognised that this would be more efficient.
- 71 WCHC has worked collaboratively with Wirral Council, and has taken part in a review of the Safeguarding Front Door Arrangements across the four Local Authority Areas. This includes Sefton, Wirral, Liverpool and Knowsley. Learning from this regional review is currently being utilised to review the existing Adult MASH arrangements, to improve the management of Care Concerns and explore options to enhance the current operating model in Wirral. WCHC MASH now has Support of Specialist Nurse Safeguarding Adults Nurse within the MASH process to provide Health input to support decision making.

Compliance with National Enquiries

- 72 During the reporting period 2018/19 a number of updated safeguarding summaries has been circulated by NHS England.

Inspections

- 73 During May 2019 Care Quality Commission Safeguarding themed Inspection: Review of Health Services and Children Looked After in Wirral and Ofsted Inspection of Children's Care Service on Wirral were undertaken.
- 74 The review was conducted under Section 48 of the Health and Social Care Act 2008 which permits CQC to review the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups. The inspection reviews whether healthcare

organisations were working in accordance with their responsibilities under Section 11 of the Children Act 2004. This includes the statutory guidance, Working Together to Safeguard Children 2018.

- 75 The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.
- 76 The CQC inspection explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within Wirral health providers for all children. The focus was on the experiences of looked after children and children and their families who receive safeguarding services.

Recommendations

- 77 A total of **21** recommendations were identified following the Review of Children Safeguarding arrangements across the health economy. Of these 21 WCHC had 9 single agency with an additional 12 joint agency actions
- 78 The 12 joint recommendations with partner agencies, WCCG, Public Health, WUTH, Brook, Child and Mental Health (CAHMS), GP's and Wirral Ways to Recovery, identified within the action plan to ensure accountability and ownership across the agencies
- 79 WCHC **9** single agency recommendations have identified leads across the divisions. The action plan has been developed in SAFE and is monitored for assurance through Safeguarding strategic group and safeguarding children's operational group.
- 80 Of the 21 recommendations 4 actions have been completed with remaining actions all making good progress with only audit outstanding. Realistic time scales were set but the impact of the Covid response will have an effect on meeting these and further negotiations will need to take place across the partnership.
- 81 Themed areas for improvement:
- Ensuring all documentation captures the voice of the child at all stages of the journey
 - Ensure records capture relevant information and consistently of high standard to provide clear analysis to aid decision making
 - Ensuring assessment of parental substance/mental health issues is recorded and the impact for children is clearly identified and recorded across Walk-in Centre. Children are appropriately signposted to correct services when attend Walk-in Centres under the influence of substances
 - Ensure the CLA workforce have suitable training in assessing and responding to health needs of young people seeking asylum
 - Ensure information about emotional, mental health and behavioural needs of children looked after is embedded within health assessments and plans.

Safeguarding Children (Wirral)

- 82 The Children Act (2004) places a "legal duty to co-operate" on all constituent members of Local Safeguarding Children Partnership (LSCP's); extending from Chief Executives and Board members to practitioners who work directly with children and families.
- 83 This is also reflected in the updated "Working Together to Safeguard Children" (2018) and also "Statutory guidance on making arrangements to safeguard and promote the welfare of

Children under section 11 Children Act 2004 (DFES 2005)".

- 84 The specialist nurses for Safeguarding Children provide advice, training, support and child protection supervision to staff, ensuring that the requirements of "Working Together to Safeguard Children" are met and best practice processes are in place.
- 85 The table below shows safeguarding children activity levels across Wirral for the reporting period 01 April 2019- 31 March 2020,

Annual comparative data across Wirral 2019-2020

Safeguarding Children Activity	Q 1	Q2	Q3	Q4
Number of staff child protection supervision sessions	185 (100%)	171 (100%)	207 (100%)	143 (100%)
Number of child protection case conferences attended *	74	68	47	55
Number of court reports requested	13	18	15	10
Number of children on a child protection plan	400	378	355	297

- 86 The number of supervision sessions completed by specialist nurses within the quarter includes more than one session with the same practitioner to accommodate the amount of cases held. For services that are not caseload holders group supervision is facilitated
- 87 The number of children on a Child Protection plan has reduced significantly over the reporting period partly due to more robust processes within Early Help being delivered by the Community Matters team and the use of Supporting Families Enhancing Futures (SFEF) model which has multiple assessments, focusing on strengths and targeting areas of need.

Yearly comparative data for Wirral 2016-2020

Dates	2016/17	2017/18	2018/19	2019/20
Number of Children on CP Plan	377	253	432	297

- 88 The data outlined in the graph above, shows an overall reduction within the four-year period. In 2018/19 there was a significant rise due to a senior management directive in the Local Authority, that all Child In Need be made subject to a CP plan. Since then the LA have implemented further scrutiny of thresholds to ensure the right children are taken to case conference.
- 89 WCHC continue to prioritise CLA in 2020/21 and are fully committed to working in partnership with all health agencies and local authority to focus upon prevention and early intervention for this vulnerable group and to continue the work to reduce children coming into care when appropriate

- 90 The local authority continues their commitment to reduce the numbers of children in care and over the reporting period this has reduced from 919 in Q1 to 822 in Q4 and includes Wirral children placed out of the borough. WCHC are fully committed to working in partnership with all health agencies and the local authority, and the Named Nurse is a member of the Health outcomes group focusing on this cohort of children.

Incidents/Serious Case Reviews

- 91 During 2019/20 WCHC continued to implement the action plan for Child 10 a young person who had complex health needs and was abused by her family whilst under the care of health agencies during childhood through to adult services. All actions were completed with only the audit of the Lead Health Professional process in September 2020 outstanding. Due to the COVID 19 response this date has now been renegotiated with a timescale for completion of Q1 2020/21.

RECOMMENDATION 8

- 92 When multiple health organisations/services are involved due to complex needs, a “lead health professional” should be nominated to attend all meetings and ensure all health information is shared appropriately, and all health professionals are fully informed of the current status of plans and interventions
- 93 This was a joint action across WCHC/CWP and WUTH and has seen some challenges in regard to governance and engagement. The Lead health professional protocol has now been approved and launched across children’s service in WCHC and an audit was planned for September 2020 to complete the action plan.
- 94 During the reporting period a child safeguarding practice review was undertaken in relation to Child Liam and the LA published the report in February 2020. Liam was a toddler at the time of the incident where he ingested methadone and he was CLA placed with parents
- 95 As a result of the review, WCHC was required to develop an action plan providing assurance to WSCP quarterly. Completion of the plan is scheduled for December 2020 and all actions are on track to be completed by this time.
- 96 All information has been shared with services across the Trust and Learning from experience event is planned at the end of COVID 19 restrictions.

Child Sexual Exploitation (CSE) and Criminal Exploitation (CE)

- 97 There is a dedicated multi-disciplinary team for CE within the integrated front door which supports the young people who are victims and they will act as an expert resource across Wirral. This team increased capacity in 2019 by employing more support workers to do direct work with young people.
- 98 Another shift was seen in January 2020 when the first multi-disciplinary meeting combining both the CE agenda and Contextual safeguarding took place with a robust contribution from all agencies.

Safeguarding Liaison/CDRP (Child Death Review Panel)

- 99 The Merseyside CDRP is a sub-group of the five Local Safeguarding Children Partnerships (Knowsley, Liverpool, Sefton, St. Helens, Wirral LSCBs) and has a statutory responsibility to review the deaths of all children up to the age of 18 years old (excluding infants live-born

following planned, legal terminations of pregnancy, and stillbirths) resident within the five Local Authority areas. The focus of CDRP is on identifying any modifiable factors that may help prevent unnecessary future child deaths or harm.

- 100 There was a total of 17 deaths (100%) recorded on Wirral between 01.04.2019 and 31.03.2020. Of the 100%:
- 70% (N=12) were expected deaths with an age range of between 16 hours and 16 years
 - 30% (N=5) were unexpected deaths with an age range of between 5 weeks and 3 years. The Pan Merseyside SUDiC Protocol was initiated in all cases. Details of unexpected deaths are reported in quarterly safeguarding reports to Quality and Safety committee
 - 41% of all deaths were children under 1 year of age
- 101 Of the 14 cases reviewed and categorised by Merseyside CDRP 37% (N= 5) had modifiable factors identified including smoking in pregnancy, smoking, high maternal BMI, low maternal BMI, unsafe sleeping, mental health, alcohol/substance use, domestic abuse and chaotic / poor home conditions.
- 102 There was no learning from any of the cases for WCHC as they related to Sudden Infant Death Syndrome (SIDS) or teenage substance misuse. The CDOP/SUDIC process is a national protocol and Wirral take guidance from the regional board regarding process changes. WCHC continue to prioritise the safe sleep campaign to reduce the incidents of SIDS.
- 103 All unexpected deaths are reviewed by internal Clinical Risk Management Group (CRMG) to identify any gaps in service provision and any learning opportunities. Currently, there has been no identified specific learning for WCHC.

Children Looked After - CLA (Wirral term requested by children)

- 104 The Named nurse and specialist nurses in Wirral and Cheshire East are responsible for ensuring that WCHC meets the statutory requirements for children in care as laid out in Children Act (2004) and Promoting the Health of Looked after Children (2002/2009).
- 105 During the reporting period the specialist nurses have offered 100% supervision to all relevant staff.
- 106 The organisation has achieved 100% compliance against the national target of all CLA having a named health professional. The table below shows the number of CLA for the reporting period 01 April 2019 - 31 March 2020 and compares data from the previous two years.

Children with 'Looked After' Status	Average number of Children annually 2017/2018	Average number of Children annually 2018/2019	Average number of children annually 2019/2020
Average number of Wirral children with CLA status per quarter	739	699	668
Average number of Wirral Children with CLA status placed Out Of Borough per quarter (figure included in above)	149	153	185

Average number of CLA children placed in Wirral from Out Of Borough per quarter	229	207	224
Average total of CLA children in Wirral per quarter	968	906	850

- 107 The data in the reporting period shows that overall CLA has reduced year on year however the upward trend remains for Wirral children being placed out of borough. This can be attributed to specialist provision not being available locally and the need to move children out of Wirral for their own safety.
- 108 The local authority has plans to develop a residential facility to support children with more specialist needs whilst keeping them in their own area.
- 109 The Designated Nurse for CLA in response to discussions within the corporate officer's health sub group has facilitated meetings since March 2019 with senior managers in the LA, Named nurses in WUTH/CWP and WCHC and Pediatricians The focus of these meetings is to align systems across all agencies to ensure health assessments for looked after children are completed in a timely manner and reflect the voice of the child and current health needs plan.
- 110 The collaboration to achieve a common goal has been excellent and benefits are already being seen in relation to a more robust response to these requests.
- 111 A key area for improvement was the sharing of SDQ scores by the Social worker to the Named health professional to enable a robust and meaningful health assessment to be completed. The Named Nurse completed an audit in March 2020 to ensure the improvement was being maintained. The audit consisted of dip sampling 17 cases from 42 shared in Q4 with a score above 14. Of the 17 cases the score and action taken was shared in 14 of the cases showing a significant improvement of sharing this information and giving assurance that the process was embedded in practice.
- 112 Another change made by the LA which supported a timely response to RHA requests was the blanket consent given by the parent when the child comes into care to cover the duration of the care order. This negates the need for the social worker to seek consent yearly before the assessment could be completed adding delays into the system

Cheshire East Safeguarding Children

Inspections

- 113 In November 2019 Cheshire East local authority received an ILACS inspection by Ofsted. The council's services have been rated as 'requires improvement to be good', however Ofsted recognised that 'significant improvement' has been made since the previous inspection and plans are in place for further improvement.

Incidents/Serious Case Reviews

- 114 The serious case review of Child E who sustained a serious injury in 2017 has not yet been published due to the Crown Prosecution process. This process had now been concluded and the report should be published in 2020. A summary of the actions taken by the CESCOP as a result of the learning from this case will be publish alongside the SCR.
- 115 The unlawful death of a teenager in October 2019 has also been referred to the National Child Safeguarding Practice Review Panel, police investigations are ongoing and a decision has not yet been made as to whether a practice review is required.

Child Sexual Exploitation and Criminal Exploitation

- 116 The new Pan Cheshire Contextual Safeguarding Pathway was launched in 2019 and the Contextual Safeguarding Operational Group took over from the CSE operational meeting. WCHC Child Exploitation Nurse sits within the Integrated Exploitation/Missing from Home team in the Integrated Front Door and attends the Operational group on behalf of all health providers in Cheshire East.

Cheshire East Safeguarding Children's Partnership

- 117 Cheshire East LSCB handed over to the new Safeguarding Children's Partnership in April 2019 and formally published the new working arrangements in July 2019.
- 118 WCHC attend the two subgroups, Quality Assurance and Learning & Improvement as well as a number of task and finish groups.
- 119 The priorities of the CESCOP are to improve frontline multi-agency practice through working on:
- Our approach to Contextual Safeguarding
 - Improving the quality and effectiveness of child in need planning for children
 - Emotional Health and Wellbeing of our vulnerable children

MARAC

- 120 The Nurse Specialist in the Integrated Front Door contributed to a pilot of eMARAC in Cheshire East. All agencies contribute information around MARAC cases virtually through Liquid Logic and a core group meet to review cases twice a week. This has meant a much more timely response to domestic abuse cases than the previous MARAC process. The pilot was successful and has since been launched with all agencies across the partnership. Any cases which do not have sufficient support measures in place are referred to a full MARAC meeting. The IFD Nurse Specialist continues to represent health at the eMARAC meetings, and 0-19 Nurse Specialists attend the full MARAC meetings alongside other health partners.

Cared For Children (Cheshire East term for looked After Children)

Children with 'Looked After' Status	Average number of Children annually 2018/2019	Average number of children annually 2019/2020
Average number of Cheshire East children with LAC status per quarter	483	553
Average number of Cheshire East Children with LAC status placed Out of Borough per quarter (figure included in above)	206	218
Average number of LAC children placed in Cheshire East from Out of Borough per quarter	258	275
Average total of LAC children in Cheshire East per quarter	741	828

- 121 Cared for Children figures continue to increase in Cheshire East. There has been a small increase in the number of out of borough children placed in Cheshire East.

- 122 A large proportion of Cheshire East children are placed out of area and a similar number of children in the care of other local authorities are placed in Cheshire East. Cheshire East has ten neighbouring local authorities and often children can live in one area but be registered with a GP in a different CCG area. This can present challenges in accessing services, particularly healthcare. WCHC Cared for Children's team have worked closely with Eastern Cheshire and South Cheshire CCG's to ensure that Responsible Commissioning guidance is applied.
- 123 The Designated Nurse and Named Nurse chair Help Me Be Healthy, a work stream of the Corporate Parenting Operational Group which focuses on the Health of Cared For Children and Care Leavers. Areas of focus this year have been developing a welcome pack for Unaccompanied Asylum Seekers and the Care Leaver Health Passport.

Safeguarding Adults (Health and Care)

Domestic Abuse/Multi Agency Risk Assessment Committee (MARAC)

- 124 WCHC is represented at Wirral MARAC by both health and social care practitioners. Meetings are held on a fortnightly basis and moving to weekly from April 2020 due to the volume of cases being heard to discuss domestic abuse cases which score high on the MARAC risk scoring matrix. Specialist nurse Safeguarding Adults and ASC will also be participating in a pilot of an Interim MARAC from April 2020 to ensure risks to victims and families are reduced at the earliest opportunities through implementation of safety plans.
- 125 WCHC staff responds appropriately to the actions which are required to be undertaken to ensure the perceived risk both to the individual and any staff involved in their care is recorded and monitored. They do this through:
- Representation at multi agency subgroups and steering groups
 - Flagging information on patient records systems
 - Raising awareness to front line practitioners in training
 - Regular supervision with appropriate staff
- 126 The aim of the MARAC is to allow for maximum information sharing between relevant agencies within an agreed protocol. It allows for agencies to identify those most at risk from violence and abuse and thereafter jointly construct a risk management plan to provide a professional, coordinated approach to all reported incidents of domestic abuse.

Multi Agency Public Protection Arrangements (MAPPA)

- 127 MAPPA is the mechanism by which all the relevant Criminal Justice and partner agencies come together to manage high risk offenders - usually those who have committed violent or sexual offences.
- 128 Section 325(3) of the Criminal Justice Act 2003 imposes a "duty to co-operate" with the MAPPA Responsible Authority (police, prisons and probation) upon various organisations providing public services, including health and social care agencies.
- 129 In response to this, WCHC is the "single point of contact" (SPOC) for health ensuring that relevant information is shared between Wirral Community NHS Trust, Wirral University Teaching Hospital and Wirral G.P's with regards to MAPPA queries and actions. In addition, WCHC also provides statutory adult social care input into this process.
- 130 This ensures that as a result of the perceived risk an offender/ex-offender may pose information is shared appropriately in order to safeguard the public.
- 131 During the reporting period WCHC have attended all MAPPA meetings and shared appropriate information when required to do so.

Hate Crime MARAC

- 132 Hate Crime is defined as any incident perceived to be motivated by hostility or prejudice towards any aspect of a person's identity. Police forces in the UK annually monitor five types of hate crime.
- 133 The Hate Crime MARAC is a monthly risk management meeting where professionals share information on cases of hate crime and put in place a risk management plan. The Adult Social Care (ASC) representative from WCHC provides any relevant information at the meeting and then ensures any agreed actions are followed up and reported back to the next meeting.

Performance - Adult Social Care

- 134 WCHC via its Adult Social Care Service receives and triages all safeguarding concerns from across the Wirral. These are triaged at MASH and those deemed to meet the criteria for further investigation are progressed to a safeguarding enquiry.
- 135 The number of safeguarding concerns notified in 2019/20 increased by 26% on 2018/19 figures. However, there was a 47%% increase in concerns being received from providers such as care homes and domiciliary care organisations. On average 22.5% of concerns progressed through to an enquiry investigation under section 42 of the Care Act. Those not progressed were managed via care management, other advice, guidance and interventions.
- 136 The table below illustrates concerns / enquiry activity during 2018/19.

Summary Safeguarding Activity 2019/20

Item	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Safeguarding concerns	1363	1485	1394	1309	5551
Number of Safeguarding enquiries	320	379	298	255	1252

During the period 2019/20 there has been an increase in activity:

- **Safeguarding Concerns up 26%**
- **Safeguarding Enquires up 20%**

KPI performance - Adult Social care

- 137 In respect of Key Performance Indicators within the Section 75 Agreement for Adult Social Care, Wirral Council had identified two performance measures in respect of safeguarding activity. They are:
- 138 **KPI 2 % of safeguarding concerns completed.** To facilitate Making Safeguarding Personal Wirral Borough Council revised the parameters of KPI2 from Q3 of 2019/20. During 2019/20 Q1 and Q2 the target for safeguarding concerns completed was 24 hours: this was extended to 5 days at the start of Quarter 3 and is the standard going forward.
- 139 During 2019/20, for Q1 and Q2 90.7 % of concerns were completed within 24 hours; and for Q3 and Q4 99.2% of concerns were completed within 5 days.
- 140 Performance indicates an upward trajectory alongside a volume increase of 26%.
- 141 **KPI 3 % of safeguarding enquiries concluded within 28 days**

- 142 In respect of KPI3 -56 % of enquires were completed within the target range of 28 days. This performance indicator remains a focus as it shows a reduction in the 2018/19 figure of 60.44%.
- 143 In respect of KPI3, we saw a 20% year on year volume increase during the reporting period (209 cases) and closed an additional 113 cases within 28 days compared to the previous year.
- 144 There will be a number of cases that due to their complexity require further investigation beyond 28 days and/or manager discussion or oversight. Quality and risks are discussed at case closure by team managers with oversight and scrutiny by senior managers as and when required.
- 145 During 2019/20 developments continued on staff training, systems, processes and monitoring. These changes have ensured improved governance reporting, accountability and scrutiny. Focused operational work will continue throughout 2020/21.
- 146 Detailed information regarding performance in 2019/20 is shown below:

Indicator	Qtr 1	Qtr 2	Qtr 3	Qtr 4
	%	%	%	%
KPI 2	91	91	99.8*	98.6*
KPI 3	63	57	59	48

* 5 day target from Quarter 3.

New models of operation for Multi Agency Safeguarding Hub (MASH)

- 147 WCHC is undertaking a review of its Adult MASH arrangements in order to ensure the most effective model is in place for triaging and progressing safeguarding concerns. This follows a wider regional review undertaken by the Merseyside Safeguarding Adult Board which has examined the current arrangements for all four member local authorities (Liverpool, Knowsley, Sefton and Wirral), with the aim of identifying and sharing best practice.
- 148 Within Wirral a dedicated task and finish group has been established to review the current Adult MASH operating model, identify improvements and explore opportunities to enhance the management of care concerns being received. This task and finish group involves collaborative working with colleagues from the Local Authority and Cheshire and Wirral Partnership. Closer links continue to be developed with the Wirral Safer Hub to facilitate improved joint working opportunities and work has also been undertaken to improve the management and screening of vulnerable persons referrals received directly from the Police.
- 149 Positive discussions continue with Commissioners around the MASH redesign. It is anticipated that a new model will be implemented in 2020/21

Organisational Safeguarding

- 150 Social Work England came into effect as the professional regulatory body for Social Workers on the 1st December 2019. Its purpose is to regulate social workers in England so that people receive the best possible support whenever they might need it in life. All Social workers within the Trust are registered with Social Work England and must regularly complete a CPD register. In addition, SW adhere to the Professional Standards set out by Social Work England

- 151 During 2019/20 WCHC has, as part of the MSAB Voice of the Service User and Frontline Worker Project supported the Safeguarding Voices Event; the Safeguarding Symposium for National safeguarding Week and continues to support the national development of the MSP outcomes framework Further work will continue throughout 2020/2021.
- 152 During the past year the Trust has recruited a dedicated Adult Social Care Safeguarding Lead for Health and Care this post has supported and developed our integrated approach to governance, policy development and practice. Since appointment this post has enabled a more consistent approach to the management of MARAC/MAPPA cases within adult social care and provided opportunities for sharing safeguarding knowledge and skills across the Trust.

Communication

- 153 Safeguarding information is communicated across WCHC to employ and contracted staff via the Trust's staff electronic bulletins. Bulletins bring current safeguarding topics to the attention of staff such as how to access multi-agency training, how to access the Safeguarding support and where to find policies and procedures. Information is also cascaded into the teams within WCHC through the Safeguarding Links and Champions.

Safeguarding Supervision

- 154 All Specialist Nurses within the Safeguarding Service have received certificated training and accreditation via NSPCC. The Supervision process is available on Systm1 with relevant templates being used. This supports improved preparation and management of supervision.
- 155 All eligible staff is offered safeguarding supervision every 12 weeks for safeguarding cases and 24 weeks for CLA. This is aligned to national guidance. Specialist nurses also provide tailored supervision across the organisation including group supervision for non-case load holders.
- 156 Social workers receive supervision on a monthly basis and safeguarding work is a core standing agenda item. During the last year the Trust has made enhancements to its supervision documentation for social care staff and its monthly audit process completed
- 157 The development of the safeguarding Champion role within Adult Community health and Care will promote group safeguarding supervision. Specialist Nurses safeguarding Adults will offer quarterly group supervision to the Champions who will then role this out within the teams.

Training

- 158 All WCHC staff is required to attend safeguarding training on a mandatory basis relevant to their area of service provision within a 3 year training cycle. Training compliance data can be found in the table below.

Indicator	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Target
Safeguarding Adults Training					
Level 1 percentage of non-clinical staff who have had training within the past three years	96%	97%	96%	96%	90%
Level 2 percentage of clinical staff who have had training within the past three years	92%	94%	91%	89%	90%
Percentage of eligible staff that have had PREVENT training	98%	98%	97%	96%	85%
Safeguarding Children Training					

Level 1 percentage of staff who have had training within the past three years	98%	99%	99%	99%	90%
Level 2 percentage of staff who have had training within the past three years	94%	96%	95%	95%	90%
Level 3 percentage of staff who have had training within the past three years	91%	92%	85%	89%	90%

- 159 During the reporting period WCHC implemented The Adult Intercollegiate guidance to extend level 3 adult safeguarding training fully to all staff that support both children and adults. This training previously focused on harmful practices for this staff group, but MCA has now been included as a mandatory competency. This change is supported by a training strategy to mitigate any risk within the organization while staff are transitioning from level 2 to 3. WCHC has exceeded Adult Intercollegiate 2018 expectations on staff who receives L3 safeguarding training with all staff that are patient facing now having L3 Safeguarding training. Additional capacity was created for L3 safeguarding Adults and Domestic abuse and Harmful Practice training through using 2 training rooms giving capacity of 50 at each session to ensure staff had access to this face to face training and increase compliance. The plan moving forward is for this to be delivered as a whole day rather than two separate sessions. The aim is for level 2 compliance to drop as they move over to L3 compliance.
- 160 In Q3 Level 3 safeguarding children's training dropped to 85% due to a high percentage of DNA and high staff turnover within the walk in Centre. In Q4 an improved trajectory can be seen in response to the training strategy implemented to increase session capacity and monitor and target areas of poor compliance more robustly.

Future Priorities 2020/21

161 Future priorities for 2020/21 include;

- To further embed a fully integrated approach to safeguarding governance supported by a safeguarding dashboard that can be interrogated at organisational, divisional and service level
- Ensure the Safeguarding Adults Training strategy is fully embedded across the Trust
- Embed MASH redesign
- Further embed MSP across all services.
- Streamline and improve Safeguarding processes within Liquid logic
- May maintain a focus on Self Neglect and implementation of MSAB Self Neglect Tool Kit across all services.
- Ensure the Trust is compliant with the introduction of the new Liberty Protection Safeguards (LPS) – including a comprehensive impact assessment and mobilisation plan.
- Implement enhanced adult MASH model once agreed with Commissioners.
- Work in partnership with other agencies to develop robust collaborative services to meet the needs of children with a focus given to health assessments, transition of care and Section 11 compliance.
- Work in partnership with WBC to address the increasing number of CYP being placed in care with a focus to be given to developing a truly targeted model of care across Health, LA, Education and Voluntary sector.
- Work in partnership with WUTH, WHCC and LA to ensure a timely response to requests for review health assessments for Children looked after and that the completed assessment reflects current health needs with a robust plan to support, address and monitor.
- Embed the lead health professional process in all children's services in WCHC to ensure robust safeguards are in place for children with complex health needs

Appendix 1: Safeguarding Abbreviations

BAAF	British Association for Adoption and Fostering
CDOP	Child death overview panel
CE	Criminal Exploitation
CLA	Children Looked After (local term)
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CWP	Cheshire Wirral Partnership trust
CYP	Children and Young People
IPC	Institute of Public Care
KPI	Key Performance Indicators
LA	Local authority
LL	Liquid logic
LSCP	Local Safeguarding Children Partnership
MACE	Multi Agency Child Exploitation
MAPPA	Multi agency public protection arrangements
MARAC	Multi agency risk assessment conference
MASH	Multi agency safeguarding hub
MCA	Mental capacity assessment
MSAB	Merseyside Adult Safeguarding Board
MSP	Making Safeguarding Personal
NEET	Not in Education, Employment or Training
PIPoT	People in Position of Trust
QPER	Quality Performance Effectiveness Risk
SAPB	Safeguarding Adult Partnership Board
SAFE	Standards Assurance Framework for Excellence
SAR	Safeguarding Adult Review group
SCPR	Safeguarding children practice review
SFEF	Supporting Families Enhancing Futures
SPOC	Single Point Of Contact
SUDiC	Sudden unexpected death in childhood
WBC	Wirral Metropolitan Borough Council
WCHC	Wirral Community Health and Care NHS Foundation Trust
WHCC	Wirral Health Care Commissioning
WUTH	Wirral University teaching hospital

Complaints and Concerns Annual Report 2019/20			
Meeting	Board of Directors		
Date	10/06/2020	Agenda item	15
Lead Director	Paula Simpson, Director of Nursing & Quality Improvement		
Author(s)	Donna Ditchfield, Senior Complaints Officer		
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 of the delivery of safe, effective, quality services during the reporting period 01 April 2019 to 31 March 2020			
Executive Summary			
<p>The Trust received 97 formal complaints during the reporting period 01 April 2019 - 31 March 2020 compared with 140 for the previous year.</p> <p>There were 98 complaints closed during 01 April 2019 - 31 March 2020 of these 30 (30%) were upheld by the trust.</p> <p>The total patient and service user contacts received and recorded on datix was 5742.</p> <p>97% of individuals who answered the Friends and Family Test question regarding Trust services would be extremely likely or likely to recommend our services.</p> <p>During the reporting period no complaints were upheld by the Parliamentary and Health Service Ombudsman (PHSO).</p> <p>Priorities for 2020/21 have been identified and are included within the report.</p>			
Risks and opportunities:			
There are potential financial and reputational risks to the organisation if complaints are not responded to on time			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/>			
Equality Impact Assessment completed and attached <input type="checkbox"/>			
QIA and EIA are undertaken as a core element of the routine review of the Complaints and Concerns Policy			
Financial/resource implications:			
Effective complaints management support organisational learning and the delivery of high-quality care, whilst 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 are asked to be assured by the Trust's 2019/20 Concerns and Complaints Annual report.		
Report history		
Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	27/05/2020	Assurance provided



Complaints and Concerns
Annual Report | **2019/20**

Complaints and Concerns Annual Report

1 April 2019 - 31 March 2020

Introduction

1. The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust Board of formal complaints and concerns activity undertaken across the organisation for the reporting period 01 April 2019 - 31 March 2020, in relation to the Trust's requirements to demonstrate compliance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Principles

2. The NHS Complaint Regulations state that arrangements for dealing with complaints must ensure that:
 - Complaints are dealt with efficiently
 - Complaints are properly investigated
 - Complainants are treated with respect and courtesy
 - Complainants receive so far as is reasonable practical:
 - i. Assistance to enable them to understand the complaints procedure
 - ii. Advice on where they may obtain such assistance
 - Complainants receive a timely and appropriate response
 - Complainants are told the outcome of the investigation and actions taken, if appropriate
3. Complaints should be handled in the spirit of the Parliamentary and Health Service Ombudsman's (PHSO) principles - Principles of Good Administration, Principles of Good Complaints Handling and Principles for Remedy. The PHSO recommends NHS organisations follow these principles to ensure effective complaints handling:
 - Getting it Right
 - Being Customer Focused
 - Being Open and Accountable
 - Acting Fairly and Proportionately
 - Putting Things Right
 - Seeking Continuous Improvement
4. The trust also adheres to best practice as outlined by the Local Government Ombudsman, since providing Adult Social Care from 1 June 2017

Organisational Analysis of Complaints and Concerns

5. Wirral Community NHS Foundation Trust (WCHC) received 97 formal complaints during the reporting period 01 April 2019 - 31 March 2020 compared with 140 for the previous year.
6. There were 98 complaints closed during 01 April 2019 - 31 March 2020 of these 30 (30%) were upheld by the trust.
7. There were 15 Complaints rejected, 10 were not for WCHC, 4 were no consent received and 1 was incorrectly logged as a complaint.
8. The total patient and service user contacts received and recorded on datix was 5742, analysis of the contacts are as follows:

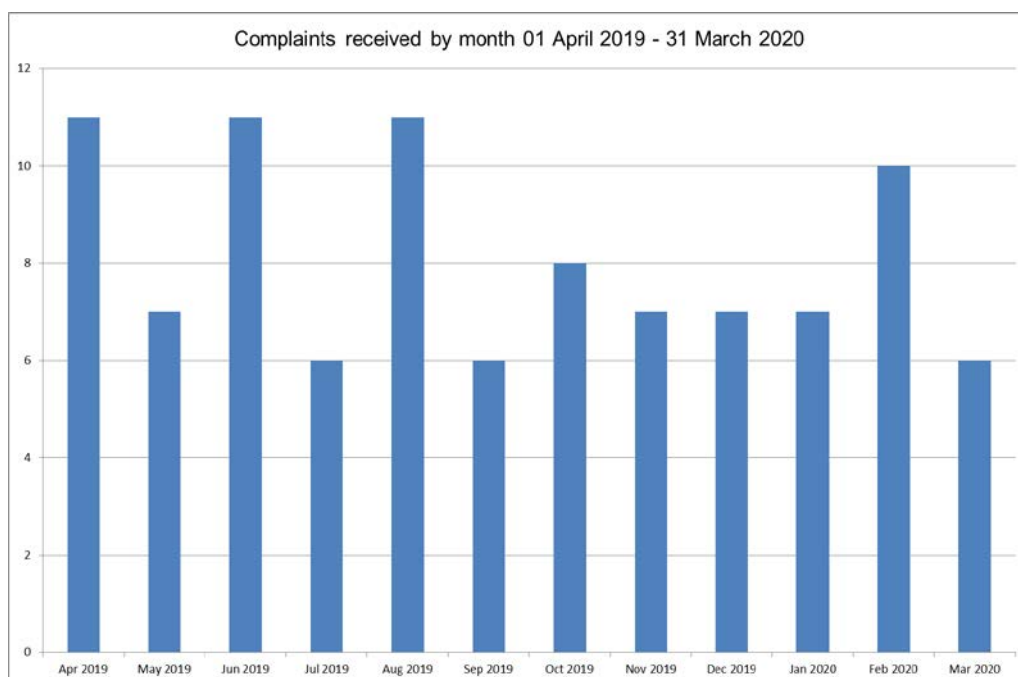
- 97 formal complaints
- 516 informal concerns
- 40 political enquiries
- 5089 compliments (from Friends and Family Test - FFT)

9. Of the FFT feedback cards, 97% of the public who answered the FFT question would be extremely likely or likely to recommend our services.

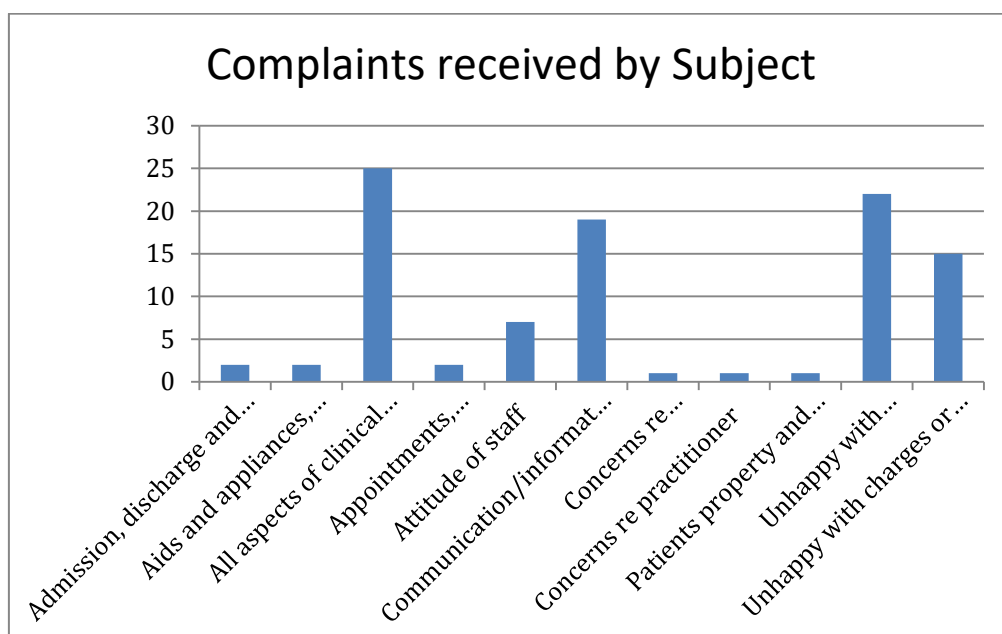
Parliamentary and Health Service Ombudsman (PHSO)

10. During the reporting period no complaints were upheld by the Parliamentary and Health Service Ombudsman (PHSO).

Total number of complaints received (97) by month

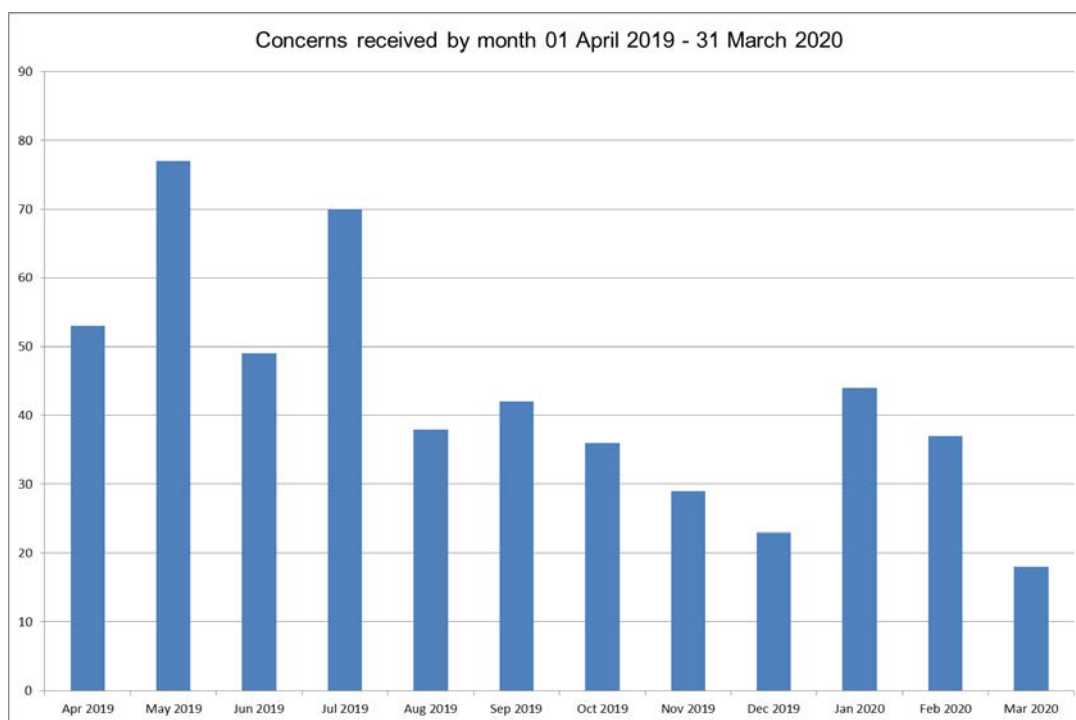


Total number of complaints received (97) by subject

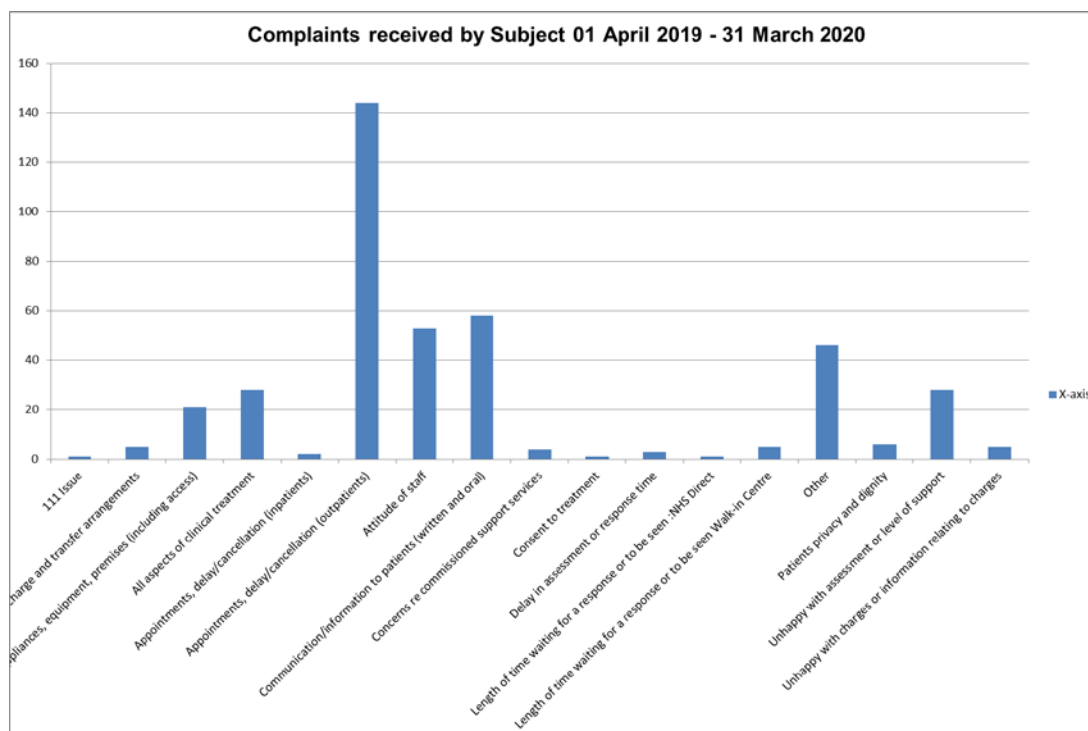


11. The main themes for complaints during the reporting period relate to clinical treatment, communication, social care assessments and social care charges.

Total number of concerns received (516) by month



Total number of concerns received (516) by subject



12. The main themes for concerns relates to access to appointments. Access to appointments relates mainly to the podiatry service. The Trust are working with partner agencies and Commissioners to help reduce waiting times. The concerns received relating to communication are for a variety of services and therefore no particular trend in service area has been identified.

Divisional analysis of upheld complaints by subjects

Subject	Adult and Community Division	Integrated Children's Division	Urgent and Primary Care Division	Adult Social Care Division	Estates
Admission, discharge and transfer arrangements	0	0	1	1	0
Aids, appliances, equipment, premises, access	0	1	0	0	0
All aspects of clinical treatment	3	0	5	0	0
Appointments, delay/cancellation	1	0	1	0	0
Attitude of staff	2	0	0	0	0
Communication/information to patients	3	2	0	2	0
Length of time waiting to be seen WIC (Walk in Centre)	0	0	0	0	0
Unhappy with level of support	0	0	0	3	0
Unhappy with Charges or information relating to charges	0	0	0	4	0
Patients property or expenses	0	0	0	0	1
Other	0	0	0	0	0
Total	9	3	7	10	1

Complaint Responses-Health

13. There were 46 Health Complaints received during the period of 1 April 2019 - 31 March 2020. The table below shows the number of complaints acknowledged within 3 working days and the number of complaints responded to within agreed timescale for health complaints. 6 Complaints received during this reporting period still remain open and within timescales at the time of reporting.

Health complaints acknowledged within 3 working days		Complaints responded to within trust timescales (40 working days agreed with complainant)	
46	100%	42	93%

14. Of the 46 health complaints received all were acknowledged within 3 working days.
15. The Trust responded to 45 Health Complaints during the period of 1 April 2019 - 31 March 2020. Of these, 3 Health Complaints were not responded to within the initial time scales agreed

with complainants. Anticipated delays are all negotiated with complainant to keep them fully informed of progress. 5 of the 45 Complaints were received in the previous reporting period.

Reason for delay	No. of complaints
Delay in receiving information from service	1
Investigation highlighted further issues requiring investigation	2

Complaint Responses-Adult Social Care

16. There were 51 Adult Social Care (ASC) Complaints received during the period of 1 April 2019 - 31 March 2020. The table below shows the number of complaints acknowledged within 3 working days and the number of complaints responded to within agreed timescale for adult social care complaints. Out of the 51 received in this reporting period, 7 remain open. 3 are still within council timescales, however 4 have not met the timescales set out by the council. This is due to COVID19 pressures on frontline services.

Adult Social Care complaints acknowledged within 3 working days		Complaints responded to within timescales of 21 working days for WBC (40 working days if received direct to the trust)	
51	100%	32	60%

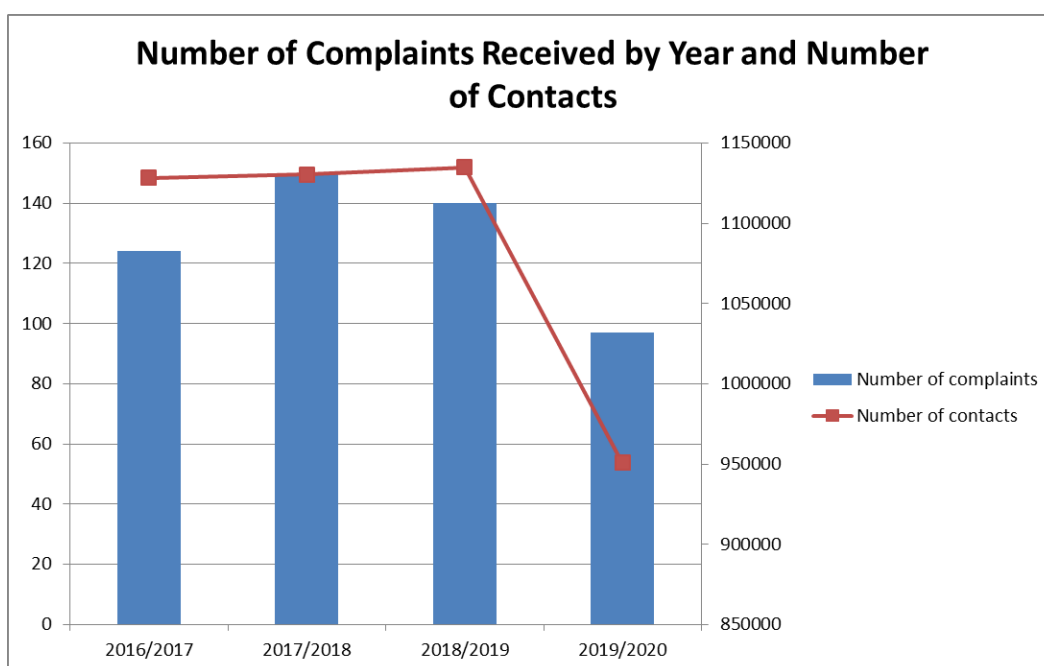
17. Of the 51 ASC Complaints received all were acknowledged within 3 working days.
18. The Trust responded to 53 Adult Social Care complaints during the period of 01 April 2019 - 31 March 2020. 21 of these Adult Social Care complaints were not responded to within the initial timescales provided by Wirral Council. Anticipated delays were negotiated with the Council. Out of the 53 responded to 9 were received in the previous reporting period.

Reason for delay	No. of Complaints
Delay in receiving information from service	29
Delay in final approval	1
Investigation highlighted further issues requiring investigation	2

19. An analysis of the delays in complaint management processes was conducted to identify areas for improvement. This analysis has resulted in the identification of areas to maximise efficiencies across the complaints management pathway, with the aim of streamline processess, reducing duplication and enhancing the quality assurance process.
20. Following implementation of the developed complaints management plan, improvements were evidenced across all areas of the complaints management pathway. The Trust responded to 60% of complaints within the timescales set during the period of 01 April 2019 - 31 March 2020, in comparison to 17% the previous year.

Trust Wide Outcomes - Upheld, Partially or Not Upheld

Upheld	Not Upheld	Partial Upheld
30	41	26



Action Taken and Organisational Learning as a Result of Complaints

21. The table below provides examples of organisational learning and action taken as a result of complaints received during the reporting period.

Themes	Summary Action Taken and Organisational Learning
Aspects of care/clinical treatment	<ul style="list-style-type: none"> • Training for community nursing teams on Nephrostomy flushing in the community • Further training identified for wound management for WIC staff member • Review of compression for vascular patients in the community
Attitude	<ul style="list-style-type: none"> • Staff to uphold trust values when speaking to patient and service users and to communicate in a professional manner at all times.
Communications (oral/written)	<ul style="list-style-type: none"> • Adult social care teams have been advised of the importance of sharing information regarding packages of care with families and informal carers, as required • IDT (Integrated Discharge Team) have been reminded to be clear when discussing charges with families and Patients and to ensure that documentation is uploaded on to Liquid Logic • A review of managing social media posts implemented by Integrated Children's Service • A change to CHC (Continuing Health Care) application process. Introduction of MDT (Multi-Disciplinary Team) Coordinator to ensure all documentation is sent to CHC
Difficulty accessing service	<ul style="list-style-type: none"> • The Trust served notice on the Phlebotomy contact due to concerns raised about the provision of the service. The service ended in July 2019
Unhappy with level of support	<ul style="list-style-type: none"> • IDT (Integrated Discharge Team) reminded to communicate effectively with patients and families to ensure a more efficient and seamless discharge process

22. All complaints were responded to and managed in accordance with Wirral Community Health and Care NHS Foundation Trust's Complaints Policy (GP1). Each complaint received was thoroughly investigated and a response provided to the complainant in the format and route requested.
23. Lessons learned from complaints are an important tool to assist in the quality of services provided and improve the patient's overall experience. Shared learning is distributed in a variety of ways:
- Team meetings
 - Safety bulletins
 - Medicines Management Bulletins
 - Individual development plans
 - Update of training
 - Update or development of protocols to promote harm free care

Priorities for 2020/21

24. The following are priorities in relation to the management of Concerns and Complaints across Wirral Community NHS Foundation Trust for 2020/21:
- Continue to monitor the effectiveness of the complaints management quality improvement plan via the Trust's governance framework, ensuring improvements are embedded and sustained
 - Provide on-going support to improve timely complaint responses for the divisions within the trust in accordance with the developed improvement plan
 - Escalating trends and monitoring the number of concerns and complaints received at each divisional governance meeting
 - Submit quarterly complaint assurance reports to the Quality and Safety Committee
 - Maintain the public section of the trust's website promoting how to complain and raise concerns

Glossary

Acronym	Expansion
WCHC	Wirral Community Health and Care NHS Foundation Trust
FFT	Friends and Family Test
PHSO	Parliamentary and Health Service Ombudsman
LGO	Local Government Ombudsman
WIC	Walk In Centre
UTC	Urgent Treatment Centre
ASC	Adult Social Care
WBC	Wirral Council
MDT	Multi-Disciplinary Team
CHC	Continuing Health Care
IDT	Integrated Discharge Team
GPOOH	GP Out Of Hours

Paula Simpson
Director of Nursing

Contributors:

Claire Wedge, Deputy Director of Nursing and Quality Improvement
Donna Ditchfield, Senior Complaints Officer

16 April 2020

Information Governance Annual Report 2019/2020			
Meeting	Board of Directors		
Date	10/06/2020	Agenda item	15
Lead Director	Mark Greatrex, Chief Finance Officer/Deputy Chief Executive		
Author(s)	Anna Simpson, Information Governance Manager/DPO		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
<p>The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust Board of activity undertaken across the organisation for the reporting period 01 April 2019 - 31 March 2020, in relation to the Trust's organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act 2018, the General Data Protection Regulation 2016 and the Freedom of Information Act 2000.</p>			
Executive Summary			
<p>Wirral Community Health and Care NHS Foundation Trust is a recognised and registered Data Controller within the Information Commissioners Data Protection Register. The Trust's Data Protection Registration number is Z2567487.</p> <p>There are no current or historical conditions or cautions against the Trust's Data Protection Registration.</p> <p>This annual report will also detail compliance with the Data Security and Protection Toolkit and provide assurance of on-going improvement in relation to managing risks to information.</p>			
Risks and opportunities:			
<p>Information Governance Risks reported in 2019/20 are captured within the main body of the report.</p>			
Quality/inclusion considerations:			
<p>Quality Impact Assessment completed and attached <input type="checkbox"/> No</p> <p>Equality Impact Assessment completed and attached <input type="checkbox"/> No</p>			
Financial/resource implications:			
<p>N/A</p>			
Trust Strategic Objectives			
<p>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</p>			
Our Populations - outstanding, safe care every time	Our Performance - delivering against contracts and financial requirements	Our Performance - growing community services across Wirral, Cheshire & Merseyside	

Board of Directors are asked to consider the following action		
The Board of Directors is asked to receive the Annual Information Governance Report and note assurance that robust arrangements are in place to effectively manage all information risks within the organisation.		
Report history		
Submitted to	Date	Brief summary of outcome
Chief Finance Officer and Executive Medical Director	28/05/2020	Reviewed prior to circulation.



Wirral Community
Health and Care
NHS Foundation Trust



SIRO
Annual Report | 2019/20

Information Governance Annual Report 01 April 2019 - 31 March 2020

Purpose

1. The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust Board of Directors regarding activity undertaken across the organisation for the reporting period 01 April 2019 - 31 March 2020, in relation to the Trust's organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act 2018, the General Data Protection Regulation 2016 and the Freedom of Information Act 2000.

Executive Summary

2. Wirral Community Health and Care NHS Foundation Trust is a recognised and registered Data Controller within the Information Commissioners Data Protection Register. The Trust's Data Protection Registration number is Z2567487.
3. There are no current or historical conditions or cautions against the Trust's Data Protection Registration.
4. This annual report will also detail compliance with the Data Security and Protection Toolkit and provide assurance of on-going improvement in relation to managing risks to information.

Board Action

5. The Board of Directors is asked to receive the Annual Information Governance Report and note assurance that robust arrangements are in place to effectively manage all information risks within the organisation.

1. Background

The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board of Directors regarding activity undertaken across the organisation for the reporting period 01 April 2019 - 31 March 2020, in relation to the Trust's organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act (DPA) 2018, the General Data Protection Regulation (GDPR) 2016 and the Freedom of Information Act (FOIA) 2000.

The Trust is a recognised and registered Data Controller within the Information Commissioners Data Protection Register. The Trust's Data Protection Registration number is Z2567487.

There are no current or historical conditions or cautions against the Trust's data protection registration.

This annual report will also detail compliance with the Data Security and Protection Toolkit and provide assurance of on-going improvement in relation to managing risks to information.

2. Key responsibilities of the Senior Information Risk Owner

It is recommended that the Senior Information Risk Owner (SIRO) is an Executive Director, who is part of the organisation's management hierarchy rather than being in an advisory role and is someone who understands how strategic business goals may be impacted by information risk. The Trust's SIRO is the Chief Finance Officer & Deputy Chief Executive Officer.

The key roles of the Senior Information Risk Owner (SIRO) are:

- Overseeing the development of an information risk policy, and a strategy for implementing the policy within the existing Information Governance Framework.
- Taking ownership of the assessment processes for information risk, including prioritisation of risk and review of the annual information risk assessment to support and inform the Statement of Internal Control.
- Reviewing and agreeing action in respect of identified information risks.
- Ensuring that the organisation's approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff.
- Providing a focal point for the resolution and/or discussion of information risk issues
- Ensuring the Board is adequately briefed on information risk issues.
- Ensuring that all care system information assets have an assigned information asset owner
- Reviewing and agreeing actions in respect of identified information risks.
- Ensuring that identified information threats and vulnerabilities are investigated for risk mitigation, and that all perceived or actual information incidents are managed in accordance with WCHC incident reporting policy.
- Ensuring effective mechanisms are established for the reporting and management of Trust information incidents meeting the onward reporting threshold, maximising the opportunity to ensure learning from incident reporting.
- Agreeing and reviewing protocols governing the disclosure of personal data to partner organisations.

3. Key responsibilities of the Caldicott Guardian

Recommendation three of The Caldicott Committee's Report on the *Review of patient-identifiable information* (Department of Health, 1997) stated that a senior person, preferably a health professional, should be nominated in each health organisation to act as a guardian, responsible for

safeguarding the confidentiality of patient information. The Trust's Caldicott Guardian is the Executive Medical Director.

The key roles of the Caldicott Guardian are:

- Acting as the conscience of the organisation regarding confidentiality and ensuring that the Trust satisfies the highest practical standards for the handling of patient /service user information, both within the Trust and data flows to other organisations.
- Ensuring that the personal information of those who use Trust services is used legally, ethically and appropriately, and that confidentiality is maintained.
- Offering advice as required to the Information Governance and Data Security Group on matters relating to confidentiality and patient/service user information.
- Ensuring that the organisation satisfies the highest practical standards for handling person identifiable information.
- Applying the seven Caldicott Principles wisely, using common sense and an understanding of the law.
- Actively supporting work to enable information sharing where it is appropriate to share and advising on options for lawful and ethical processing of information
- Representing and championing confidentiality and information sharing requirements and issues at senior management level and, where appropriate, at a range of levels within the organisation's overall governance framework.

4. Data Protection Officer

The Trust is legally required to employ a Data Protection Officer (DPO), the requirement is set out in Article 37 of the GDPR. The DPO should be designated based on professional qualities and expert knowledge of data protection law and practices and the ability to fulfil the tasks referred to in Article 39 of the GDPR. The Trust's DPO is the Information Governance Manager.

The key roles of the DPO are:

- Informing and advising the Trust about their obligations to comply with the GDPR and other data protection laws
- Monitoring compliance with the GDPR and other data protection laws, and with Trust data protection policies, including managing internal data protection activities
- Raising awareness of data protection issues, training staff and conducting internal audits
- Advising on, and monitoring data protection impact assessments
- Co-operating with the Supervisory Authority
- Being the first point of contact for supervisory authorities and for individuals whose data is processed (patients, employees, etc.)

5. Assurance framework

The objective of the Information Governance and Data Security Group is to support and drive the information governance agenda, ensure effective management of information risk and provide the Quality and Safety Committee with assurance that best practice mechanisms in line with national standards and local contract requirements are in place for information governance and information security within the Trust. The group has overall responsibility for the Trust's Data Security and Protection Toolkit (DSPT).

The key duties of the Information Governance and Data Security Group are:

- Overseeing and supporting Trust compliance with the DSPT and consequently measuring performance against the National Data Guardian's 10 data security standards.
- Monitoring the Trusts Information Governance and Data Security Improvement Plan.

- Reviewing and monitoring any information governance and data security risks and escalating them to Quality and Safety Committee in accordance with Trust policy.
- Reviewing information governance and data security guidance relevant to the Trust and escalating them when appropriate to the Quality and Safety Committee.
- Monitoring information assets and data flows captured within the Information Asset Register as per the accountability principle (Article 5 (2)) of the General Data Protection Regulation.
- Monitoring compliance with Freedom of Information, Environmental Information Regulation and Subject Access Requests.
- Reviewing any existing/new information governance or data security policies, procedures and guidance in a timely way to support compliance with National guidelines and legislation for agreement/approval by the Quality and Safety Committee and the Trust Board of Directors.
- Identifying all organisations with whom personal information is routinely and regularly shared and develop suitable information sharing arrangements.
- Reviewing and approving any requests for the destruction of records in line with Records Management Code of Practice 2016.
- Advising on Data Protection Impact Assessments produced as part of a privacy by design approach to new projects and ways of processing.
- Overseeing action plans that are developed as a result of information governance and data security incidents, Situation, Background, Assessment and Recommendation (SBAR) or from complex Root Cause Analysis (RCA) investigations and escalate them to the appropriate group or committee.
- Monitoring incidents and trends of inappropriate access to confidential information.
- Monitoring Trust compliance with e-Learning for healthcare Data Security Awareness Level 1.

6. Information Governance Policies

The Trust's Information Governance assurance framework is underpinned by Trust Policies and Standard Operating Procedures (SOPs). All Information Governance policies were reviewed in May 2018 to include GDPR.

Table 1: Table of Information Governance Policies and SOPs and review dates

Policy Name	Review Date
Information Governance and Data Protection Policy	2021
Information Lifecycle and Retention Policy	2022
Individual Rights and Accessing Records Policy	2022
Confidentiality Code of Conduct Policy	2022
Freedom of Information Policy	2022
Managing the Quality of Care Records Policy	2021
Data Protection Impact Policy	2021
Data Protection by Design and Default Standard Operating Procedure	2020

7. Compliance with the Data Security and Protection Toolkit

The DSPT is an online self-assessment tool that enables organisations to measure and publish their performance against the National Guardian's ten data security standards. The requirements of the DSPT support key requirements under the General Data Protection Regulation (GDPR). All organisations that have access to NHS patient/service user data and systems must use the Toolkit to provide assurance that they are practicing good data security and that personal data is handled correctly.

The DSPT requires evidence of compliance with mandatory assertions. Key members of staff with specific roles in Information Governance and Information Security are required to annually update assertion areas with relevant evidence.





In March 2020 NHSX advised the Trust that the final deadline for the 2019-20 DSPT submission had been extended from the 31 March 2020 to 30 September 2020. This decision was made to enable organisations to respond effectively to Covid19.

Due to the competing demands on the IT Team in relation to COVID it was agreed that the Trust would accept the extended submission deadline.

In February 2020 Mersey Internal Audit Agency (MIAA) audited follow up areas from the 18-19 DSPT audit and 3 assertion areas from the 19-20 DSPT. The Trust was awarded substantial assurance. Table 2 describes MIAA's basis of assurance.

Table 2: Table to show MIAA's basis of assurance

Basis of Assurance

Area	Rating	Rationale
Governance		There is a clear organisational governance structure with associated processes and key roles in place, including the SIRO (Senior Information Risk Owner), Caldicott Guardian, Data Protection Officer and IG Manager / team. Recently there were changes within the IM&T department, with further transformation planned. Overall structures / committees appear to be operating, with action plans subject to oversight.
Validity		We have been able to agree the validity of a number of the sample of assertions reviewed, however at this point in the Trust's submission a number of assertions were still under development. The main areas where we not able to validate the assertion at point of review were elements of the backup and new patching processes, where further work was planned. It was worthwhile noting that the Trust had invested in new ICT tools and work was ongoing to mature and embed new processes. They were also undertaking a planned review of policies. It was also worthwhile noting that work was ongoing to embed and mature assurance processes and further training and business continuity actions were planned prior to submission. A detailed feedback action plan detailing our assessments, recommendations, risk ratings and responses by responsible officers have been shared separately for the Trust to track progress prior to final submission.
Follow-up		The Trust has demonstrated good progress in addressing action points highlighted in the previous years report. It is worthwhile noting that the Trust was continuing to mature and embed assurance mechanisms and processes, and planned further enhancements to policies.
Wider-Risk		As noted above, some areas remain work in progress at this point. In particular, assurance with regards the status of the backup and patching activities it undertakes, are required. Going forward, continue to progress proactive initiatives regarding embedding and maturing new toolsets and enhancing training for volunteers. Also progress the planned enhancements to assurance regimes and reporting initiatives and policy updates.

Data Security and Protection Toolkit Assurance 2019/20
Wirral Community NHS Foundation Trust



8. Information Sharing

WCHC recognises that there is a responsibility to work with partners to minimise the burden of data collection and ensure that data is used effectively to support the overall aims of Public Sector and voluntary organisations, ensuring the delivery of safe, high quality clinical care.

The Information Sharing framework, Tier 0, 1 and 2, for the Cheshire and Merseyside area is no longer applicable.

Under the General Data Protection Regulation, the legal basis for the majority of information shared by the Trust is covered by:

Article 6 (e) *'processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller'*

Article 9 (h) *'processing is necessary for the purposes of preventative or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services'*

on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3'

Consequently, Information Sharing Agreements will only be produced for secondary purposes or when sharing with none NHS organisations.

Additionally, legally binding contracts have been put in place with suppliers processing Trust personal data and information flows are recorded within the Trusts Information Asset Register.

9. Complaints to the Information Commissioner's Office

During the 2019/20 period, there were no complaints made to the Information Commissioner's Office about the Trust.

10. Freedom of Information Requests (FOI)

During the period from 01 April 2019 to 31 March 2020, the Trust received a total of 250 requests under the FOIA 2000.

202 were managed within the 20-day timescale and 48 responses were not managed within FOI timescales.

Themes associated with late FOI responses include:

- Complexity of the request and level of detail required necessitates a protracted timescale.
- Receipt of information from some managers is delayed necessitating the need to follow-up. Extensions to the deadline are occasionally requested.

Furthermore, almost 30% (14) of late responses over the whole financial year were those due or newly received in March 2020, a period affected by COVID19. All 14 of these requesters received the regional Information Governance email template advising of delays due to Public Health priorities.

The Trust responded to 81% of FOI requests within the required timescale during 2019/20, this is a 4% improvement from 2018/19.

Table 3: Table to show number of FOI requests received by the Trust and % managed within time frame in 2015/16, 2016/17

Freedom of Information	2017/18	2018/2019	2019/2020
Number of FOI requests	141	185	250
% managed within 20 working days	84%	77%	81%

FOI response rates will continue to be closely monitored on a monthly basis by the Information Governance and Data Security Group, with escalation to the SIRO as required.

HR (53), Finance (25), IT (24), Contracts (20) and BI (20) received the majority of FOI requests during 2019/20.

11. Subject Access Requests (SARS)

The General Data Protection Regulation (GDPR) 2016 provides the following rights for individuals:

1. The right to be informed
2. The right of access
3. The right to rectification
4. The right to erasure
5. The right to restrict processing
6. The right to data portability
7. The right to object
8. Rights in relation to automated decision making and profiling

Article 15 states that individuals have the right to obtain from the controller information that is held on them. Such requests are termed Subject Access Requests (SARs) and have a response time of one calendar month. Under GDPR, SARs are free of charge.

Correct and prompt management of SARs increase levels of trust and confidence in the organisation by being open with individuals about the personal information held about them.

SARs are monitored monthly by the Information Governance and Data Security Group. During April 2019 – March 2020 the Trust received a total of 503 subject access requests (417 in 2018/19). Of these, 52 were identified as relating to another organisation (compared to 82 during 2018/19).

Of the remaining 451 requests received, 93% were responded to within the required timescale, the same percentage was recorded (335 requests) during 2018/19.

Of the requests not responded to within the agreed timescale, 0 were delayed by an internal Trust department.

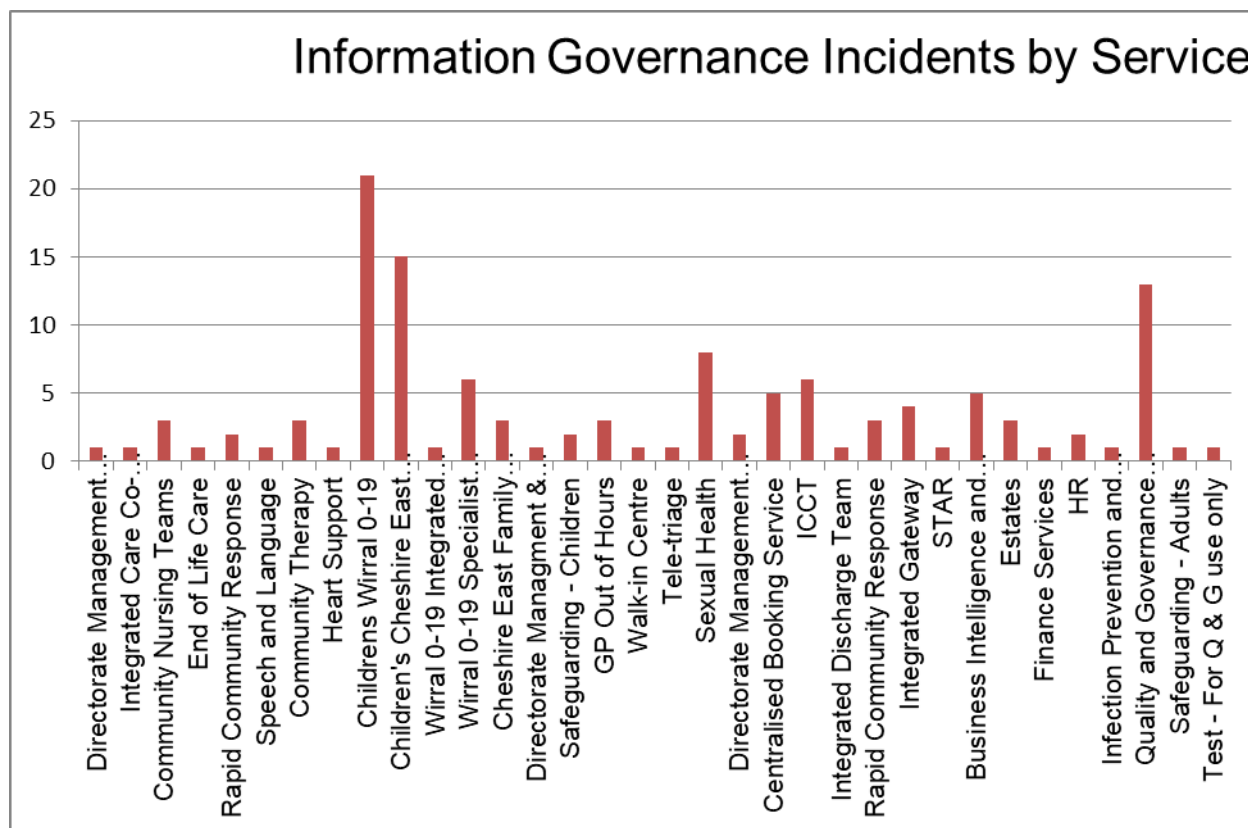
Article 16 describes how data subjects have the right to obtain from the data controller without undue delay the rectification of inaccurate personal data concerning him or her.

The Trust received 1 right to rectification request during 2019/20 and this was responded to within the one calendar month time frame.

12. Information Governance Incidents

During the period 01 April 2019 - 31 March 2020, 119 Information Governance incidents were reported by WCHC staff. Of these, 90 were attributable to WCHC. This is a 287 decrease from the 377 incidents reported during the 2018/19 period. The 2018/19 figure was attributable to the Integrated Children's Division (including Safeguarding) adoption data cleanse.

Graph 1: Graph to show Information Governance incidents attributable to the Trust by Service between April 2019 and March 2020



As illustrated in Graph 1, Wirral 0-19 (21), Cheshire East 0-19 (15) and Quality and Governance (13) reported the most Information Governance incidents between 01 April 2019 and 31 March 2020.

The incidents reported by 0-19 were predominantly in relation to identified record keeping errors within SystmOne and CG Gold. The incidents reported by Quality and Governance were largely incidents reported by the Information Governance Manager, there were no themes identified in relation to these incidents.

Trust wide themes from reported Information Governance incidents include:

- Information being added to the wrong patient record
- Information being emailed to the wrong recipient

13. Information Governance Incidents Reported to the Information Commissioner's Office

WCHC reported 4 incidents to the Information Commissioner's Office between 01 April 2019 - 31 March 2020.

Table 4: Information relating to incidents reported to the ICO by the Trust during 2019/20

Incident ID	Month incident reported to the ICO	Brief description of the incident
W29572	May 2019	Unlawful access to records by a staff member
W32968	November 2019	Unsecure email containing sensitive data sent to the Hotmail account of an individual who works in the organisation but for a different department
W33233	November 2019	HR SAR confidentiality breach
W33286	December 2019	Misplaced paper documentation

Incident W29572 progressed to HR disciplinary proceedings.

The Information Commissioner's Office was satisfied with the internal investigations for all incidents and consequently all cases have been closed with no further action.

14. Information Governance Risks

During the period 1 April 2019 - 31 March 2020 ten Information Governance risks were added to the Trust's risk register.

Table 5: Information Governance risks added to the Trust's risk register in 2019/20

Number	Risk ID	Description	Closed / Active
1	2406	Covid19 data protection risk - new ways of working by staff	Open
2	2353	School Nursing records remaining with previous provider	Closed
3	2319	Departure of Director of IM&T and impact upon DSPT submission	Closed
4	2287	MARAC information sharing	Open
5	2366	Missing Sexual Health results due to electrical transmission	Open
6	2352	Paper information flows 0-19 (relating to ICO reportable incident W33286)	Closed
7	2260	Digital Discharge Home First	Open

8	2254	No DPIA SAFE	Closed
9	2245	Overflowing confidential waste bins	Closed
10	2299	Immunisation consent form envelope window confidentiality concern – printing provider	Closed

Risk 1, 4, 5 and 7 are active risks with robust action plans in place to support mitigation and/or reduction of identified risk.

15. Annual Data Security Awareness E Learning

A mandatory requirement of the DSPT is for 95% of staff to complete annual Data Security Awareness e-Learning, if this requirement is not met the organisation is deemed not to be compliant with the DSPT. In 2019/20 Mandatory Data Security Awareness e-Learning was successfully completed by over 97.17% of staff across the Trust.

16. Summary of Key Achievements in 2019/20

The following key achievements were accomplished during the reporting period 01 April 2019 - 31 March 2020 in relation to Information Governance:

- Substantial Assurance in the 2019/20 MIAA Data Security and Protection Toolkit Audit.
- Mandatory Data Security Awareness e-Learning was successfully completed by over 95% of staff across the Trust.
- Positive staff response to July 2019's Information Governance Awareness week.
- Bespoke Information Governance training has been requested, developed and delivered to a range of Trust services.
- All reported Information Governance incidents attributable to the Trust have been reported and presented to the Quality and Safety Committee.
- All Information Governance Policies and SOPs are in date.
- The Information Governance Group's ToR changed in December 2019 to incorporate Data Security. The Group's new name is the Information Governance and Data Security Group and the Trust's Cyber Security Lead is now a core member of the group thus supporting an integrated Trust approach to Information Governance and Data Security.
- No Subject Access Request or Rectification Request responses were delayed due to WCHC internal departments.
- Increased number of FOI requests responded to within time frame.

17. Priorities for 2020/21

The Information Governance priorities for the reporting period 01 April 2020 - 31 March 2021 are:

- Compliance with all mandatory requirements of the 2019/20 and 2020/21 Data Security and Protection Toolkit.

- To remain fully compliant with the GDPR and ensure that it continues to be embedded within the Trust.
- Reduction in the number of ICO reportable Information Governance Incidents.
- Completion of the annual Information Governance Awareness week.
- Increase the percentage of Freedom of Information responses managed within the FOI timescales to 90% during 2020/2021.
- >95% of staff to complete their Data Security Awareness E Learning between 01 April 2020 and 31 March 2021.

Mark Greatrex

Chief Finance Officer/Deputy Chief Executive Officer and Senior Information Risk Owner (SIRO)

Nick Cross

Executive Medical Director and Caldicott Guardian

Contributors:

Anna Simpson, Information Governance Manager

10 June 2020