Mortality Report: Learning from Deaths Framework
Quarter 4: 01 January 2021 - 31 March 2021

Meeting	Board of Directors		
Date	09/06/2021	Agenda item	16
Lead Director	Nick Cross, Medical Director		
Author(s)	Nick Cross, Medical Director		

Action required (please tick the appropriate box)		
To Approve ☑	To Discuss ☐	To Assure ☑

Purpose

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

Executive Summary

This quarterly report provides evidence that learning from deaths is firmly embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from deaths framework. It provides anonymised details of the numbers of unexpected deaths which have occurred within the Trust throughout Q4 2020/21, along with a summary of thematic learning identified during investigation into these cases. Attached as an appendix is a report detailing this information for purposes of publication of the Trust website.

Risks and opportunities:

Not applicable

Quality/inclusion considerations:

Quality Impact Assessment completed and attached No
Equality Impact Assessment completed and attached No
A QIA and EIA is not applicable in this particular case

Financial/resource implications:

Not applicable

Trust Strategic Objectives

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	Our Populations - improving services through integration and better coordination

Board action

The Board of Directors is asked to be assured that 1: processes are in place to meet our statutory obligations surrounding Learning From Deaths 2: that processes are in place to engagement with families and meet our Duty of Candour obligations and 3: to approve the report in Appendix 1 which can subsequently be published on the Trusts website

Report history

Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	26/05/2021	Provided assurance

Mortality Report: Learning from Deaths
Quarter 4: 01 January 2021 - 31 March 2021

Purpose

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

Executive Summary

2.   Wirral Community Health and Care NHS Foundation Trust (WCHC) Board recognises that effective implementation of the Learning from deaths framework (National Quality Board, March 2017), is an integral component of the Trusts' learning culture, driving continuous quality improvement to support the delivery of high-quality sustainable services to patients and service users.

3.   In December 2016, the Care Quality Commission (CQC) published its report: Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England. The recommendations of this report were accepted by the Secretary of State and incorporated into a Learning from Deaths framework by the National Quality Board (NQB) in March 2017.

4.   The Learning from Deaths framework aims to address the key findings of the CQC report, ensuring a consistent approach to learning from deaths across the NHS, assuring a transparent culture of learning by delivering a commitment to continuous quality improvement, particularly in relation to the care of vulnerable people.

5.   The key findings of the CQC report were as follows:

- Families and carers are not treated consistently well when someone they care about dies.
- There is variation and inconsistency in the way that trusts become aware of deaths in their care.
- Trusts are inconsistent in the approach they use to determine when to investigate deaths.
- The quality of investigations into deaths is variable and generally poor.
- There are no consistent frameworks that require boards to keep deaths in their care under review and share learning from these.

6.   This quarterly report provides evidence that learning from deaths is firmly embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from deaths framework.

7.   WCHC compliance with the NQB framework has been self-assessed by an internal review of the Board Leadership requirements as outlined in the National Guidance on Learning from Deaths (NQB, March 2017). The RAG rating for this process has been included in the inaugural Learning from Deaths report.

WCHC Learning from deaths governance framework

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

9. Pending investigations are monitored against progress and timelines and expediated where necessary. Any reports (ie Root Cause Analysis - RCA) and associated action plans are quality assured at CRMG. This includes cases which are under investigation by the coroner.

10. Lessons learnt and learning themes from Learning from Deaths cases are reviewed at the Trust's quarterly Mortality Review Group which is chaired by the Executive Medical Director who is responsible for the Learning from Deaths agenda.

11. Minutes from the Mortality Review Group are submitted to the Standards Assurance Framework for Excellence (SAFE) Steering Group, which in turn reports directly to the Quality and Safety Committee and finally to the Board.

12. A report is produced which summarises the details of the deaths which have occurred within the preceding quarter, along with details of any thematic learning. This is ratified by the Quality and Safety Committee prior to being presented to Public Board, again on a quarterly basis.

13. In accordance with the Learning from Deaths framework, the Trust ratified and published a Learning from Deaths Policy during September 2017.

14. The policy provides a framework for how the Trust will evaluate those deaths that from part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms.

15. The Trust's Datix incident reporting system has been aligned to the Learning from Deaths Policy to ensure prompt communication to the Executive Medical Director, Director and Deputy Director of Nursing for all reported unexpected deaths. This includes integrating the Mortality Screening Tool with Datix.

16. The Incident Management Policy - GP08 has been updated during January 2018 and cross references the newly implemented Learning from Deaths Policy, ensuring a consistent approach to implementation. The revised policy contains arrangements for staff to follow in the event of an unexpected death of an adult and in the event of an unexpected death of a child.

17. The Trust continues to work with our system partners to devise systems whereby Learning from Deaths can take place in a consistent way across all major health and social care providers. This includes working with Public Health England and the Local Authority to analyse the effect of COVID-19 by utilising a population-based approach to identify areas of inequality and its association with deaths due to this disease.

18. The Learning from Deaths report is based on the template devised by the National Quality Board. This report will be published on the Trust's website in keeping with our statutory obligations.

Bereaved Families

19. Families will be treated as equal partners following a bereavement and will always receive a clear, honest, compassionate and sensitive response in a supportive environment and receive a high standard of bereavement care which respects confidentiality, values, culture and beliefs, including being offered appropriate support.

20. Families are informed of their right to raise concerns about the quality of care provided to their loved one and their views help to inform decisions about whether a review or investigation is needed.

21. Families will receive timely, responsive contact and support in all aspects of an investigation process, in line with duty of candour and with a single point of contact and liaison.

22. Families are partners in an investigation to the extent, and at whichever stages, that they wish to be involved and voice their experiences of the death of their loved one, as they offer a unique and equally valid source of information and evidence that can better inform

investigations; bereaved families and carers who have experienced the investigation process help us to embed the learning to continually improve patient safety.

Q4 2020/21 WCHC Reported deaths (Datix incident reporting)

23.   During Q4 there were a total of 6 reported deaths within scope.

24.   During Q4 no deaths met the criteria for StEIS reporting.

Recording data on Structured Judgement Reviews:		
Total Number of Deaths in scope	6	
January (1) W39908 – ICCT (West Wirral), no learning identified for the Trust February (1) W40346 – STAR, no learning for the Trust March (4) W40423– Safeguarding –SUDIC no learning for the Trust, all processes followed W40484 – Community nursing, no learning for the Trust W40679 – Community nursing, no learning for the Trust W40766 – STAR, no learning for the Trust There are no outstanding cases from previous quarters There were no unexpected deaths which were associated with Covid-19.		
Total Number of Deaths considered to have more than 50% chance of being avoidable	0	
Recording data on LeDeR reviews: - Please note that these are undertaken by the mental health trust		
Total Number of Deaths in scope	0	
Total Deaths reviewed through LeDeR methodology	0	
Total Number of deaths considered to have been potentially avoidable	0	
Recording data on SUDIC reviews:		
Total Number of Child Deaths	1	
Total Deaths reviewed through SUDIC methodology	1	

Summary of Thematic Learning

25.   Each unexpected death reported during Q4 has been analysed and investigated as appropriate, to identify any relevant learning points for the Trust and the wider health and social care system.

26.   Of the 6 cases reported, after investigation, there were no lessons identified which the Trust could learn from.

Recommendations

27.   The Board of Directors is asked to be assured that quality governance systems are in place to ensure continuous monitoring and learning from deaths in accordance with Trust policy.

28.   The Board of Direcrtors is asked to be assured the Trust is actively involved in supporting the system-wide development of processes reporting and learning from deaths.

Dr Nick Cross
Executive Medical Director

14 May 2021

Learning from Deaths Q4 20/21 Report

The following data represents the high-level reporting of deaths which occurred within our services over the period of Quarter 4 2020/21.

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

There were 6 deaths reported within scope during this period and all have been reviewed in accordance with Trust policy.   Duty of Candour was met in all cases where this was appropriate.

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

Following investigation of these cases, there were no learning themes identified

There was 1 child death, which was appropriately reported, scrutinised, and followed the SUDIC process. There was no learning for the Trust identified following the investigative process.

We continue to promote shared learning across the health and care sectors and work collaboratively with our system partnership to identify and address the impact of Covid-19 on the Wirral and Cheshire East populations, focusing on addressing health inequalities on a population-based approach.

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

14 May 2021

Safeguarding Annual Report 1 April 2020 - 31 March 2021

Meeting	Board of Directors

Date	09/06/2021	**Agenda item**	**17**

Lead Director	Paula Simpson, Chief Nurse
Author(s)	Susan Fogarty, Head of Safeguarding

Action required (please tick the appropriate box)

To Approve ☐	**To Discuss** ☐	**To Assure** ☑

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 2020 - 31 March 2021.

Executive Summary

1. This report demonstrates continued organisational compliance with statutory duties and local safeguarding frameworks. A full list of abbreviations is listed in **Appendix 1.**

2. WCHC is committed to ensuring that all staff are aware of their role in relation to safeguarding vulnerable children and adults.

3. 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.

4. 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 fulfil personal and organisational responsibilities with regards to safeguarding the public.

Risks and opportunities:
Risk ID 2268 (risk score 9) Safeguarding Training
Risk ID 2602 (risk score 9) Consistent application of MCA assessments
Risk ID 2586 (risk score 9) KPI 3 compliance Adult Social Care

Quality/inclusion considerations:
Quality Impact Assessment completed and attached No
Equality Impact Assessment completed and attached No
QIA and EIA evidence will form part of the review of each fundamental standard.

Financial/resource implications:
Ineffective consent processes have the potential to result in an increase in complaints and litigation. This has not been evidenced in this review.

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

Board of Directors is asked to consider the following action

The Board of Directors 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	26/05/2021	Comments received and assurance provided

NHS
Wirral Community Health and Care
NHS Foundation Trust

Safeguarding
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Forward

Who we are?

We are an integrated Health and Care organisation, located in Wirral in North West England. We provide high-quality primary, community and adult social care services to the population of Wirral and a community based 0-19 healthy child programme to the population of Cheshire East.

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, treating and providing people right through their lives both at home and close to home.

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

Working very closely with partners from across the health and care system, we evaluate the impact of the changes that we implement so that positive changes, such as greater familiarity and use of remote consultation, or a more coordinated approach to hospital discharge, can be continued following the pandemic.

Service delivery during the COVID-19 health emergency

The Trust's response to the COVD-19 health emergency has touched all aspects of the organisation, and staff and public welfare has been at the forefront of our response. In line with national guidance issued for community services, the Trust completed a review of services with some services stopped, some reduced and others maintained to ensure appropriate support to the people of Wirral and Cheshire East.

The change to services also enabled the reassignment of staff across the organisation to high priority areas including community nursing, social work, intermediate care and unplanned care. In any services that were reduced priority was given to the identification of those at high risk to ensure continued care and support.

During the Covid-19 response the Safeguarding team supported the 0-19 team on Wirral by reassigning specialist staff in March 2020 and January 2021 to manage caseloads where staff had been reassigned. In line with national guidance using a risk-based approach the team supported what services needed to be delivered and we continued to offer Review health assessments to the most vulnerable children in care which was not the practice across England as a whole.

Internally the safeguarding service adopted a business as usual approach to support best practice relating to safeguarding. This was an essential requirement at a time were children were no longer visible due to home schooling and restrictions on movement.

The development of a Safeguarding telephone triage Standard Operating Procedure (SOP) across all clinical services to support best safeguarding practice when using virtual platforms to deliver services to children, families and vulnerable adults.

The pace of change has been rapid with many services developing new and innovative delivery models including adopting the use of digital platforms not only to communicate as staff groups, but also to consult with patients, service users and the public. The Trust's Inclusion Team developed a

guidance document and checklist to support services in ensuring that any changes made to service delivery are meaningfully assessed to understand the potential impact on vulnerable and protected groups.

The response to COVID-19 has shone a light on the excellent service, professionalism and care that services and teams across the Trust provide to the people of Wirral and Cheshire East. The partnership working within the Trust and across the health and care systems within which we work, has been strengthened and become more diverse. Together with partner organisations, we seized the opportunity to innovate and transform the ways we work in order to keep our local communities safe.

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 2020 - 31 March 2021.

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 fulfil personal and organisational responsibilities with regards to safeguarding the public.

Leadership & Governance

6.   The Chief Nurse 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.

7.   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.

8.   All NHS providers must identify a Named Doctor, Named Nurse for Safeguarding Children, and Children Looked After, a Named Professional/Lead for Adults to provide expert advice and support to Trust employees and promote good practice within the organisation as per the Children Act (2004) and Care Act (2014).

9.   The Trust Safeguarding team is led by Head of Safeguarding, supported by Named/Lead professionals who have specific roles for Safeguarding Children and Adults, as described in the Intercollegiate Safeguarding Competencies for Adults (2018) and Children (2019). The team is supported by Specialist staff across adults and children including an Advanced Practitioner for Social Care.

10.   Each operational team is supported by a Safeguarding link professional from children's and Safeguarding Champions within Adult Community Health and Care implementing tailored support as required.

Key Achievements 1 April 2020-31 March 2021   Time to Shine

11.   Weekly Safeguarding updates including best practice are circulated to teams via Service Directors and the Safeguarding Champions

12. Safeguarding worked with Communication Team to devise Screen savers to keep Adult Safeguarding visible for all staff in the organisation.

13. Specialist Nurse Safeguarding Adults has worked with AFTA Thought Theatre Company to devise short video clips to be utilised as scenario-based learning within the Safeguarding Champion Programme

14. Policies were updated as follows:

   - Deprivation of Liberty Safeguards (SG09**)** (DoLs) policy was developed in response to the implementation of the Community Intermediate Care Centre (CICC)
   - Domestic Abuse and Harmful Practice Policy (SG03**)** became stand-alone policy with additional direction for line managers on supporting staff that are victims of domestic abuse
   - Safeguarding Adult Policy (SG01**)** was updated due to the extraction of Domestic Abuse and Harmful Practice
   - Mental Capacity and Best Interests (SG08) Policy SG was reviewed
   - Prevent Policy (SG10**)** was approved at the Q4 Safeguarding Assurance Group

15. Safeguarding specific subject bite size training sessions were introduced in January 2021 to support the Children's safeguarding links within teams to enhance their knowledge and skill set. This format has proved so popular that it has been opened to the entire children's workforce to attend via a Teams session each month focusing on one safeguarding subject

16. Completion of the Children Looked After Safeguarding CQC themed inspection action plan

17. Development of a safeguarding telephone triage SOP across all services to support best safeguarding practice when using virtual platforms to deliver services to children, families and adults

18. Successful introduction of Safeguarding Children Level 3 virtual training via MS Teams in July 2020 meeting all Intercollegiate requirements and making training more accessible across the Trust.

Section 1: Statutory Framework and National Policy Drivers

19. There are significant differences in the laws and policies that shape how we safeguard children and adults. The legal framework to protect children is contained within Working Together to Safeguard Children (2018) and for adults the Care Act (2014).

20. However, the overarching objective for both is to enable children and adults to live a life free from harm, abuse or neglect. The report provides a summary of how Wirral Community Health and Care discharges its statutory duties in relation to:

- Care Act (2014)
- Children Act (1984,2004)
- Children and Social Work Act (2017)
- Working Together to Safeguard Children (2018)
- Safeguarding Adults at risk within Care Act (2014)
- Mental Capacity Act (2005), Deprivation of Liberty Safeguards amendment in (2007)
- Counter Terrorism and Security Act (2015)
- CQC Registration standards, Health and Social Care (2008) – Regulation 13: Safeguarding Service Users from abuse and improper treatment

Working Together to Safeguard Children (2018)

21. The Children Act (1989) and Section 11 of the Children Act (2004) placed a statutory duty on all NHS Trusts to plan to ensure that it has regard for the need to safeguard and promote the welfare of children when exercising its functions.

22. During September 2019 in line with 'The Children and Social Work Act (2017)' and the new multi-agency safeguarding arrangements, the Wirral Safeguarding Children Partnership (WSCP) commenced and replaced the previous safeguarding board (WSCB) arrangements.

23. The new arrangements are led by three statutory partners the Local Authority, Police and Wirral Health and Care Commissioning.

Wirral Safeguarding Children's Partnership (WSCP)

24. WSCP is the key statutory body for coordinating and ensuring effectiveness of arrangements to safeguard and promote the welfare of all children and young people in Wirral

25. Section 11 Audit places a duty on a variety of organisations to ensure their functions are discharged in line with legislation

26. During the reporting period the WSCP network learning events were unable to take place due to the Covid 19 response so have been on hold and a virtual event will now be held the first month of Q1

Cheshire East Safeguarding Children's Partnership (CESP)

27. 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.

28. WCHC attend the two subgroups, Quality Assurance and Learning & Improvement as well as several task and finish groups.

29. The priorities of the CESCP 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

Trust Position

- WCHC policies, procedures and training have been reviewed and updated
- During the reporting period WCHC has contributed to policy development, annual reports, numerous audits, and supported Child Sexual Exploitation and Contextual Safeguarding work of the WSCP
- WCHC attend the four subgroups, Quality Assurance and Learning & Improvement, Contextual Safeguarding and Performance and Quality across both Boards as well as several task and finish groups
- WCHC provides assurance to Wirral and Cheshire Safeguarding Children's Partnership Board by completion of Section 11 audits
- Any Identified gaps in assurance and the development of action plans are monitored via the WCHC internal Safeguarding Assurance Group (SAG) with escalations by exception into Quality and Safety Committee
- Positive feedback has been received from both Boards in relation to Section 11 Audits
- WCHC continues to work with both Safeguarding Boards in relation to Child Safeguarding Practice Reviews

The Care Act (2014)

30. The Care Act (2014) states that adult safeguarding is established as a core function of every local authority's care and support system. The Care Act (2014), sets out the statutory framework for safeguarding adults which replaced the, No Secrets guidance (2000)

31. The Care Act (2014) requires each local authority to have a Safeguarding Adults Board (SAB) with core membership from the local authority, the police and the NHS. One of SAB's key functions is to ensure that policies and procedures governing adult safeguarding are fit for purpose and can be translated into effective adult safeguarding practice.

Merseyside Safeguarding Adults Board (MSAB)

32. Following a Merseyside Safeguarding Board review and report in 2019 that made several recommendations for change, partners have decided to step down the sub-regional board. A Wirral Adult Partnership Board is currently being established.

33. In accordance with the restrictive measures arising from the Coronavirus pandemic MSAB Safeguarding Awareness Week 2020 was very different to the events of 2019. All the communications, information, conversations and promotional material was online this year. They used social media and MSAB websites to highlight real and important safeguarding matters which affect communities and individuals across Merseyside.

34. The Trust continues to support the work of the MSAB and asking Safeguarding Personal (MSP) to ensure the voice of the adult is captured at the earliest opportunity.

Trust Position

- Trust safeguarding policies, procedures and training are in alignment with the North West multi-agency adult safeguarding policy and guidance
- We have maintained consistent representation at sub-groups of the MSAB
- Attendance by the Associate Director Social Care and Head of Safeguarding at the Wirral Local Safeguarding Strategy Group (WLSSG)
- The Trust is represented at the North West Association of Directors Adult Social Services (NWADASS) Safeguarding Network.
- The Adults at Risk' **Chapter 14 Audit** was reopened by the MSAB and submitted from WCHC in October 2020. Initial feedback has been positive, however due to the disbanding of MSAB no further formal feedback has been received
- Three cases have progressed for Safeguarding Adult Reviews which had Trust involvement. Any learning identified and subsequent action plans will be developed and monitored externally by the MSAB, internally by the Safeguarding Assurance Group and exceptions reported to Quality and Safety Committee
- One Domestic Homicide Review commenced during 2020-21 which requires input from the Trust. Any learning identified and subsequent action plans will be developed and monitored externally by the MSAB, Safeguarding Assurance Group and exceptions to Quality and Safety Committee

The Mental Capacity Act (2005)

35. The Mental Capacity Act 2005 (MCA) protects and empowers individuals who are unable to make decisions for themselves. It applies to everyone working in health and social care providing support, care and treatment to people aged 16 and over who live in England and Wales.

36. The five principles of the Mental Capacity Act are:

- Assume a person has the capacity to make a decision themselves, unless it's proved otherwise.
- Wherever possible, help people to make their own decisions.
- Don't treat a person as lacking the capacity to make a decision just because they make an unwise decision.
- If you make a decision for someone who doesn't have capacity, it must be in their best interests.
- Treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms.

37. The MCA also allows people to express their preferences for care and treatment, and to appoint a trusted person to make a decision on their behalf should they lack capacity in the future. Any individual is deemed to lack capacity to make a decision if they are unable to:

- Understand the information relevant to the decision
- Retain that information
- Use or weigh up that information as part of the process of making the decision

38. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if restraint and restrictions are used to deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards

(DoLS). Deprivation of Liberty Safeguards (2009) is due to be replaced by Liberty Protection Safeguards (LPS) with a planned implementation date of April 2022

Trust Position

- Urgent and standard Deprivations of Liberty Safeguards (DoLs) applications are completed by front line staff in CICC via System One and emailed to Central Advice and Duty Team (CADT).
- MCA and DoLS is a mandatory section within Safeguarding Adults training at all levels.
- MCA audits to be conducted within Adult Social Care as part of the Safeguarding audit programme during Quarter 1 of 2021/22.
- Mental Capacity Assessment audit across clinical health staff during 2020 identified gaps in knowledge around MCA. Robust action plan completed with outstanding action to repeat audit. Audit due to be completed in Q1 2021/22.
- Mental capacity screening tool reviewed and embedded within System One. This strengthened the previous process to ensure MCA Act (2005) compliant, made application easier for staff to navigate whilst ensuring rationale included within the decision process. For services that do not have System One and use other electronic systems such as Excelicare, Sol, Best have this tool as a hard copy that then gets scanned into the records.

The Counterterrorism and Security Act (2015).

39. The threat of terrorism continues locally, nationally and globally and the strategy aims to ensure that the UK has the best response to the heightened threats from terrorism moving forwards. CONTEST is the framework that enables the government to organise work to counter all forms of terrorism and has four key components:

- Pursue - to disrupt terrorist activity and stop attacks
- Prevent - to stop people becoming or supporting violent extremists and build safer and stronger communities
- Protect - strengthening the UK's infrastructure to stop or increase resilience to any possible attack
- Prepare - should an attack occur then ensure prompt response and lessen the impact of the attack

40. The NHS and its partners have a role in the 'PREVENT' section of this strategy.

41. Whilst the Trust continues to be a non-priority site, the reporting mechanism is required via NHS Digital and via the Safeguarding Assurance Framework to Wirral Health and Care Commissioning.

Trust position

- Prevent awareness and training is included within all levels of Safeguarding Adults training and the Trusts onboarding induction session. Safeguarding training is recorded and included within the Trusts compliance reporting specific to role required skills and knowledge.
- The Safeguarding team provide advice and support for staff reporting cases and liaise with the Counter Terrorist Regional Police to share information for Channel and in high risk cases. The Trusts Prevent lead ensures that staff are provided with the appropriate training in line with the contest framework.

- **Compliance for Prevent Training at the end of 2020/2021 reported at 97% exceeding national expectations of 85%.**
- In Quarter 1 there were 8 cases that were reviewed by WCHC as part of the review of all the closed Channel cases within the last 12 months
- In 2020/2021 Information was shared to Channel Panel regarding 5 cases that had been referred to the Panel
- The development of a new PREVENT Policy is completed and to be presented at SAG to ensure staff understand their duty.
- Submission of Prevent Data is completed quarterly to NHS digital

Section 2: Assurance and Compliance for Safeguarding

42. 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 2020 - 31 March 2021.

43. The Safeguarding Assurance Group (SAG) provides opportunity for challenge and assurance to the safeguarding arrangements within WCHC, monitors compliance and benchmarking with external standards, clinical effectiveness indicators including Care Quality Commission (CQC) outcomes and addresses any gaps in service. The SAG receives assurance and action plan updates from divisional service directors. The SAG is chaired by Chief Nurse and core membership includes external scrutiny from Designated Nurse and Principal Social Worker/ Lead for Adults Safeguarding within Wirral Health Care Commissioning.

44. The SAG meets quarterly and provided oversight and scrutiny of the operational working of the Safeguarding Adult and Children Operational Groups which are chaired by the Named/Lead Professionals to receive assurance around divisional updates with mandatory compliance, risks, tracking of action plans following audits alongside compliance with safeguarding standards including Safeguarding Assurance Framework and key performance indicators across health and social care.

45. Head of Safeguarding provides triannual reports and yearly annual report to Quality and Safety Committee and Trust Board.

Safeguarding Accountability and Assurance Frameworks (SAAF) for Children, Children Looked After and Adults (Wirral and Cheshire East)

46. The purpose of the Safeguarding Accountability and Assurance Framework (SAAF) is to set out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS funded care settings and NHS commissioning organisations, which is submitted quarterly. The responsibilities for safeguarding form part of the core functions for each organisation and therefore assurance regarding compliance of safeguarding responsibilities is provided to Wirral health and Care Commissioning.

47. The SAAF is embedded within WCHC Quality Schedule and is submitted quarterly to WHCC as part of our contractual assurance.   The activity data is collated and referenced throughout this report.

Safeguarding Assurance Framework - Children

48. There are 31 indicators, 7 are RAG rated. All rag rated green with exception of:

- Safeguarding Children Level 3 training with a compliance of **86%** below the 90% trajectory. Plan in place to ensure compliance by end of Quarter 1 2021

Safeguarding Assurance Framework – Children Looked After

49. There are 37 indicators, 9 are RAG rated. All rag rated green with exception of:

- Safeguarding Children Looked After training with a compliance of **86%** below the 90% trajectory. Plan in place to ensure compliance by end of Quarter 1.

Safeguarding Assurance Framework – Safeguarding Adults

50. There are 18 indicators five are RAG rated. All rag rated green with exception of:

- Safeguarding Adult Level 2 training with compliance of **83%** below the 90% trajectory. It is anticipated that during the transition period of staff moving from Level 2 to Level 3 the compliance will reduce.

- Level 3 Safeguarding Adult Training is not an indicator in the current SAF which Wirral Health Care Commissioning are updating. However, to ensure staff are trained in line with intercollegiate document compliance is recorded is **82%** with plan in place to increase trajectory 90% by Quarter 2 2021.

Safeguarding Assurance Framework - Cheshire East Children

51. There are 19 indicators, 6 are RAG rated. All rag rated green with exception of:

- Safeguarding Children Training with compliance of **89.3%** below 90% trajectory. Plan in place to ensure compliance of 90% is attained by end quarter 1.

Cheshire East Cared for Children

52. There are 19 indicators, 5 are RAG rated. Three rag rated green with exception of:

- Review Health Assessments for children placed in area, dropped in Q4 due to 71% due to a high number of school nurse vacancies meaning that the YTD performance was 85%. An action plan is in place and performance is expected to improve in Q1 2021/22.
- Due to the COVID pressures out of area RHA were stepped down nationally.
- Cheshire East children placed out of borough currently 67% whom another provider is responsible for completion of the RHA. Escalation via the Designated Nurse.
- WCHC nurses have completed some outstanding RHAs to mitigate the national stoppage.

KPI performance - Adult Social care

53. Within the Section 75 Agreement for the management of Adult Social Care, Wirral Council has identified two performance measures in respect of safeguarding activity. They are KPI 2 and KPI 3. Overall, summary information regarding KPI 2 and KPI3 quarterly performance in 2020/21 is shown within the table below:

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
KPI 2	99.8%	99.5%	99.7%	99.4%
KPI 3	64%	64%	50%	56%

KPI 2 % of safeguarding concerns (contacts) completed within 5 days

54. During 2020/21, the number of safeguarding concerns received was 3849. The number completed within 5 days was 3,834 (99.6%) This is a green RAG rating
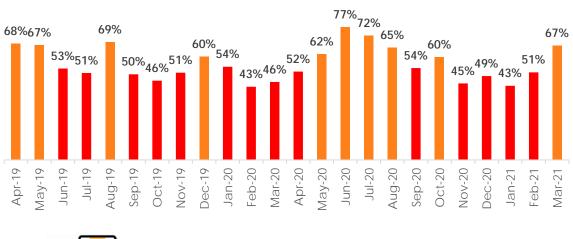
KPI2 - % of Safeguarding Concerns Completed Within 5 Days

Apr-19: 99.4%
May-19: 100%
Jun-19: 97.7%
Jul-19: 98.9%
Aug-19: 99.1%
Sep-19: 99.1%
Oct-19: 100%
Nov-19: 99.5%
Dec-19: 99.5%
Jan-20: 98.9%
Feb-20: 98.8%
Mar-20: 98.0%
Apr-20: 99.2%
May-20: 100%
Jun-20: 100%
Jul-20: 99.7%
Aug-20: 99.2%
Sep-20: 100%
Oct-20: 99.7%
Nov-20: 100%
Dec-20: 99.5%
Jan-21: 99.6%
Feb-21: 98.7%
Mar-21: 99.7%

2019/20 Overall Performance = 99.1%

2020/21 Overall Performance = 99.6%

55.   Recent changes to the timescales have been agreed with Wirral Council. KPI 2 has increased from 24 hours to 5 days. This has enabled greater emphasis within the screening process on making safeguarding personal and the gathering of relevant information to ensure a more robust decision on whether the safeguarding concern (contact) meets the requirements to progress to a section 42 enquiry. The extended timeframe allows for a more comprehensive screening process and ensures that the individual is consulted with and / or their representative if appropriate.

56.   Although the screening process is completed within 5 days; the priority at point of contact is to always ascertain if the individual is safe; and any initial actions, if required, are undertaken at point of contact.

KPI 3 % of safeguarding enquiries concluded within 28 days

57.   In respect of KPI3 – the number of safeguarding enquiries closed during the year was 655. The number of safeguarding enquiries closed within 28 days was 383. An overall average of 59% of enquires were completed within the target range of 28 days. This is a red RAG rating.

58.   KPI 3 is not a statutory requirement of the Care Act (2014) but a local performance indicator. This indicator is subject to on-going discussions with WBC as it is recognised that certain safeguarding enquires due to their complex nature will exceed 28 days. WBC has recently agreed to move away from 28 calendar days to 28 working days whilst a more meaningful indicator/s are explored, to balance timescale and individualised outcomes. If 2020/21 figures were recast using working days, the annual performance figure would be 74%. An Amber RAG rating.
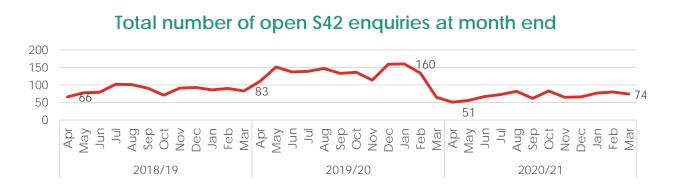
KPI3 - % of Safeguarding Enquiries Closed Within 28 Calender Days

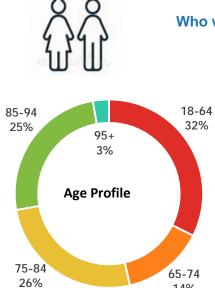2019/20 Overall Performance = 54.5%

2020/21 Overall Performance = 59.0%

59.   There will always be a number of safeguarding enquiries that, due to their complexity require further investigation beyond 28 days. As such, a rationale for the extended timescale is provided within the detail of the safeguarding closure form. The chart below indicates the total number of safeguarding enquiries open at month end between 2018/19 and 2020/21

Total number of open S42 enquiries at month end

60.   During 2020/21, developments continued around: further staff training, system changes, streamlined processes and increased performance monitoring. These changes have ensured improved: operational activities, governance reporting, accountability and scrutiny. Focused operational developments will continue throughout 2021/22.

The following illustrations profile safeguarding activity in 2020/21.

Who was at risk of abuse and neglect in 2020/21?

Age Profile

- 85-94 25%
- 95+ 3%
- 18-64 32%
- 65-74 14%
- 75-84 26%

- 57% of enquiries related to females
- 43% of enquiries related to males

- 68% of enquiries related to people aged 65+
- 32% of enquiries related to people aged 18-64

- 85% of enquiries related to White British people
- 13% of people did not declare / know their ethnicity
- Less than 2% of enquiries related to people with a reported ethnicity other than White British

What Types of Alleged Abuse were Reported?

Type	Count
Neglect	285
Physical Abuse	164
Financial Abuse	125
Psychological Abuse	72
Institutional Abuse	61
Self Neglect	36
Sexual Abuse	30
Discrimatory Abuse	
Sexual Exploitation	

Where was Alleged Abuse Reported to Have Taken Place?

Making Safeguarding Personal

Desired Outcomes Achieved

Not Achieved 3%

Partially Achieved 12%

Fully Achieved 85%

Listened to During Enquiry

I was listened to quite a bit 16%

I was not listened to at all 1%

I was not listened to very much 0%

I was always listened to 83%

61. 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 Section 42 of the Care Act (2014) safeguarding enquiry.

62. The number of safeguarding concerns received in 2020/21 reduced by 30% on 2019/20 figures. This relates to the Covid pandemic and is likely to be due to several factors, including restrictions on visits within the community and care home sector. As part of its ongoing support to the Care Market, WBC engaged in daily calls to all care providers to ensure they were fully supported. On average 17% of concerns progressed to a Section 42 of the Care Act (2014) safeguarding enquiry. Those not progressed were managed via other support processes including assessments, referrals to specialist organisations, other advice, guidance and / or interventions.

63. Safeguarding concerns into adult social care have reduced nationally which has been attributed to the factors outlined above. However, internally we will undertake a further analysis into the reduction at a local level to identify if any other contributing factors.

64. Nationally it is anticipated an increase in referrals to statutory agencies as normal service

resumes following the pandemic. Adult social care will continue to monitor referrals and findings and report within the forthcoming triennial reports.

65. The table below summarises the safeguarding concerns / enquiry activity during 2020/21.
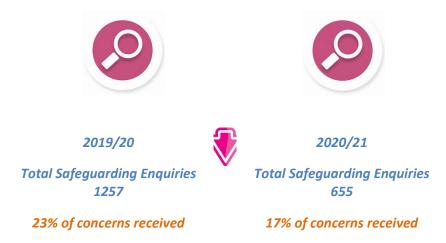
Summary Safeguarding Activity 2020/21

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Safeguarding Concerns	871	1020	1009	949	3849
Safeguarding Enquiries	177	187	136	155	655

During the period 2020/21 there has been a decrease in activity:

- **How many concerns were reported during 2020/21?**

2019/20   *2020/21*

Total Safeguarding Concerns   *Total Safeguarding Concerns*
5546   *3849*

- **How many concerns resulted an enquiry in 202121?**

2019/20   *2020/21*

Total Safeguarding Enquiries   *Total Safeguarding Enquiries*
1257   *655*

23% of concerns received   *17% of concerns received*

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

66. WCHC recently undertook a review of its Adult MASH arrangements in order to ensure that 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 examined the current arrangements for all four-member local authorities (Liverpool, Knowsley, Sefton and Wirral), with the aim of identifying and sharing best practice.

67. Within Wirral a dedicated task and finish group was established to review the existing Adult MASH operating model, identify improvements and explore opportunities to enhance the management of care concerns being received. The task and finish group involved collaborative working with colleagues from Wirral Council 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 information / referrals received directly from Merseyside Police.

68. Positive discussions continue with WBC and key statutory partners over the operational implementation of WCHC's MASH. Development work will evolve as we move towards an official launch date of the MASH in the summer of 2021. This includes ongoing work regarding the management of care concerns and an electronic referral process.

69. During the initial COVID19 period, MASH staff worked closely with the Domestic Abuse Alliance to support organisations who were having difficulties in supporting clients of DV through this period. This support included streamlined referrals, contact follow up and immediate sign posting to additional support if they so wished.

70. The Safeguarding Adult Specialist Nurse has supported Adult Mash with health information when requested as part of S42 enquiry and attending strategy meetings.

Adult Social Care Audits

71. During the reporting period 2 internal audits commenced to provide assurance.
    - Open Section 42 Safeguarding Enquiries
    - Care Act Assessments

72. Both audits were conducted in partnership with WBC's Professional Standard Team and WBC Principle Social Worker.

73. Action plans have been developed that capture learning and development. Action plans will be monitored via ASC SAFE, QPER, Access and Intermediate Care SAFE. Oversight and scrutiny at WCHC'S Safeguarding Assurance Group.

Safeguarding Training

74. Following completion of the Safeguarding Training Strategy in 2019, agreement and implementation plan of the safeguarding education and training programme to all staff across the organisation.

75. The strategy outlines the pathway for staff to access appropriate training relevant to their role and competencies required within the legislative framework and reflects the findings and recommendations from the Safeguarding Children and Young People: Roles and competencies for health care staff. Intercollegiate Document (2014) N RHE Safeguarding Adults: Roles and competencies for health and care staff Intercollegiate Document (2018)

76. Due to the Covid-19 response both adults and children's safeguarding training was suspended for the first quarter to support the response.

77. In July all training was recommenced in using a virtual platform to deliver sessions and has proven successful
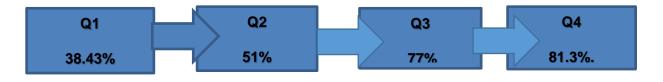
Trust Position

78. All WCHC staff are 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 and is shared with Wirral Health Care Commissioning (WHCCG) as part of quarterly Safeguarding Assurance Framework (SAF) Quality Schedule.

79. Level 3 Safeguarding Children's training dropped to 86% due to staff reassignment during the Covid response. 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.

Indicator	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Target
Safeguarding Adults Training					
Level 1 percentage of non-clinical staff who have had training within the past three years	95%	93%	91.8%	92%	90%
Level 2 percentage of clinical staff who have had training within the past three years	88%	88.5%	84.3%	83%	90%
Percentage of eligible staff that have had PREVENT training	97%	94.6%	95.4%	97%	85%
Safeguarding Children Training					
Level 1 percentage of staff who have had training within the past three years	97%	97%	94.8%	96%	90%
Level 2 percentage of staff who have had training within the past three years	95%	95%	92.4%	91%	90%
Level 3 percentage of staff who have had training within the past three years	78%	75%	87.7%	86%	90%

Level 3 Safeguarding Adult/MCA Training

80. Currently Level 3 for Safeguarding Adults/MCA is not captured within the SAF but remain mandatory reporting for WCHC and is outlined within Safeguarding activity for adults' section. Increase in training compliance from 31% to current 81.3% which is a phenomenal achievement during the Covid response and showcases the Trust focus on ensuring all staff are trained in line with their roles to maintain safety of the people we serve.

81. Level 3 Safeguarding Adult and MCA training including Domestic Abuse and Harmful practices adapted due to current COVID restrictions to be facilitated on Microsoft teams' format in line with NHS England e-learning. Drop in compliance is noted within the SAF as the rise in staff moving across from Level 2 to Level 3 training. Further discussions with Learning and Development on reporting of compliance is underway

Q1	Q2	Q3	Q4
38.43%	51%	77%	81.3%.

82. The data reflects the impact of Covid 19 and the suspension of all training across the Trust in the reporting period Q1 that affected the planned additional sessions that had been agreed to meet training compliance by August 2020. Training had to be adapted into a virtual platform using MS Teams and still meet the requirements of the Intercollegiate 2018. This has been achieved through interactive activities and a workbook that is sent out with the invite for the training.

83. L3 Safeguarding Adults and MCA training compliance 90% not achieved at the end of Q4, however compliance has increased despite the impact that Covid 19 has had on all services and with staff being reassigned in response.

84. Support from Service Directors will ensure L3 Safeguarding Adult Training is a priority in Q1 2021.There is an emphasis on those coming out of L2 compliance and new starters.

85. Safeguarding Team have also linked in with Communication Team to highlight dates in the daily bulletin that are available for L3 Safeguarding Adult Training and using screen savers.

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Risk Register

Open Risks

- **Risk ID 2268 – Risk Score 9** Recent publication of the Adult and Children Intercollegiate Documents 2018 places a duty to ensure to ensure the workforce receives training according to roles and responsibilities to their specific role – Safeguarding Training Strategy completed and agreed, implementation plan in place monitored via Safeguarding Assurance Group.
- **Risk ID 2602 – Risk Score 9** Gap identified that some WCHC staff are not completing MCAs to the desire standard, this could lead to a potential failure by the Trust in discharging its statutory duties under the MCA Act 2005. Action plan in place, monitored at Safeguarding Assurance Group.
- **Risk ID 2586 - Risk Score 8 KPI3 ASC** Within the section 75 agreement safeguarding enquires are to be closed within 28 days. Since transfer this KPI has continually fluctuated between red and amber. Reputational risk with commissioners as we are not meeting a contractual KPI under section 75 agreement, however discussion is in progress with WBC. Action plan in place being monitored in QPER and Safeguarding Assurance Group.

Closed Risks

- **Risk ID 2287** Risk score 9 WCHC are processing personal data of the data controller (GP Practice) at multiple multi-disciplinary meetings without documented instruction from the data controller– this breaches Article 29 of the General Data Protection Regulation 2016. Negotiations with Commissioners and Council regarding updating Information Sharing Agreement. Oversight at Safeguarding Assurance Group.

Inspections/Reviews

87.   There have been no new inspections during this reporting period. However, actions plans from previous inspections continue to be monitored internally at SAG and externally via the quality schedule with WHCC.

Safeguarding Supervision.

88.   Safeguarding supervision is provided to all health practitioners who hold safeguarding cases. Group supervision is delivered to teams who do not hold caseloads including Therapies, Sexual Health and Unplanned Care by children's specialist nurses

89.   All Specialist Nurses within the Safeguarding Service have received certificated training and accreditation via NSPCC and during Q4 have attended NSPCC refresher training in this area.

90.   Following recommendations from the Care Act (2014), the supervision policy has been amended to include practitioners who caseload adults.

91.   The Supervision process is available on Systm1 which supports improved preparation and management of supervision. The templates have been reviewed in 2020 to align to the SFEF model used in Wirral children's services and ensure that supervision is both reflective and restorative.

92.   All eligible staff are 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.

93.   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.

94.   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.

95.   The Safeguarding service is 100% compliant of eligible staff safeguarding supervision and monitored quarterly by WHCC

Section 3: Safeguarding Children Activity and Priorities

96. The population of Wirral is 320,000 including approximately 71,500 children and young people (0-18). The population is predominantly white British (90%) but significant ethnic minority groups exists, particularly Irish, Chinese and Polish. The past few years have seen this figure fall from 93%.

97. The most deprived areas are in the east of the Borough within the traditional industrial towns of Birkenhead and Wallasey. Most of the statutory work for partner agencies is with families from these areas. Challenges include high levels of poverty, a high prevalence of neglect and domestic abuse, and social and public health issues such as high rates of alcohol and substance misuse. 80. 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.

98. The table below shows safeguarding children activity levels across Wirral for the reporting period 01 April 2020- 31 March 2021, with year on year comparative data offered wherever possible.

Annual comparative data across Wirral 2020-2021

Safeguarding Children Activity	Q1	Q2	Q3	Q4
Number of staff requiring supervision sessions	49	68	67	50
Number of child protection case conferences attended *	26	68	72	49
Number of court reports requested	17	12	18	27
Number of children on a child protection plan	246	290	348	318

*Number of children on child protection plan

99. The number of staff requiring supervision has altered over the year due to redeployment of staff in the first lockdown thus less staff to supervise; it also reflects the 0-19 model change where safeguarding caseloads are now managed by fewer staff who focus on this cohort. For services such as Speech therapy, Sexual Health and Unplanned care group supervision is facilitated

100. Reduction in requests for Court orders reduced in Q1 as services went into lockdown and courts ceased. Services recommenced business as usual but by Q4 and figure has risen again as courts are now operating on both virtual and face to face platforms.

101. The number of children on a Child Protection plan has risen significantly over the reporting period partly due to lockdown in Q1 where figures were at an all-time low. Increased again as the impact of the pandemic took its toll on families already struggling.

If we look at disparity in Wirral comparing West Ward to Birkenhead and the analogy of 100 children the data would look like this:

I live in a ward in Birkenhead. I am more likely (above England average) as someone living in West Wirral to develop a serious health problem. I can expect to live until I am about 74.

I live in an affluent ward in West Wirral. I am less likely (below England average) to develop a serious health problem. I can expect to live until I am about 83.

Out of 100 Wirral children, 35 would live in lone parent families.

Out of 100 Wirral children 3 would have an allocated social worker.

Children here are 6 times more likely than those in West Wirral to be subject to a Child Protection plan. 40% of children in my ward are subject to a CP plan.

My family is ten times more likely to live below the poverty line compared with families in West Wirral. Nearly 39% of children in my ward live in poverty .
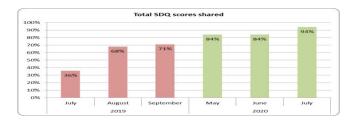
Children living in my ward are 25 times less likely to be taken into care as a child looked after than the most deprived ward in Birkenhead.

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

102. 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)

103. During the reporting period the Specialist Nurses have offered 100% supervision to all relevant staff.

104. 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 2020 - 31 March 2021 and compares data from the previous two years.

Children with 'Looked After' Status	Average number of Children annually 2018/2019	Average number of children annually 2019/2020	Average number of children annually 2020/2021
Average number of Wirral children with CLA status	699	668	655
Average number of Wirral Children with CLA status placed Out of Borough	153	185	170
Average number of CLA children placed in Wirral from Out of Borough	207	224	280
Average total of CLA Wirral children and CLA cared for in Wirral	906	892	935

105. The data in the reporting period shows that overall Wirral CLA has reduced year on year however there remains a high number of Wirral children 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.

106. During the reporting period all dentists suspended their services due to the high risk related to Covid 19 transmission. This created a problem for our most vulnerable children who are looked after coming new into care as they were unable to access a dental health assessment. After many discussions with the WCHC Dental team with support from Designated Nurse who escalated nationally NHS England North stepped into support us and identified a dentist for all 26 children, which was a positive result.

107. Immunisation uptake for the CLA cohort is at 91% which meets the expected KPI of 90%

108. 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 September 2020 to ensure the improvement was being maintained. The audit included all Review Health Assessment requests made to WCHC in Q1/Q2 2020 and compared to the same period in 2019. As can be seen from the table below there has been a significant improvement in this time period giving assurance that the process has been embedded in practice.

Total SDQ scores shared

Child Sexual Exploitation and Criminal Exploitation

109. 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.

110. Within the MACE arena there has been an upward trend of young females being drawn into criminal exploitation, including county lines.

111. Multigenerational criminality - older family members embroiled in criminality is also increasing and this in turn draws the young people in, including a risk of older siblings / Parents drug debt being passed down to the young people, which poses a risk to them by having to "work" to pay this debt off.

Safeguarding Liaison/CDRP (Child Death Review Panel)

112. 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.

113. There was a total of 14 deaths (100%) recorded on Wirral between 01.04.2020 and 31.03.2021. Of those;
    - 64% (N=9) were expected deaths with an age range of between <1 hour and 12 years.
    - 36% (N=5) were unexpected deaths with an age range of between 5 days and 51 weeks.
    - 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.
    - 93% (N=13) of all deaths were children under 1 year of age. (50% (N=7) of all deaths were children under the age of 1 week)
    - Merseyside CDRP annual report awaited to identify if any of the cases discussed at panel 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.
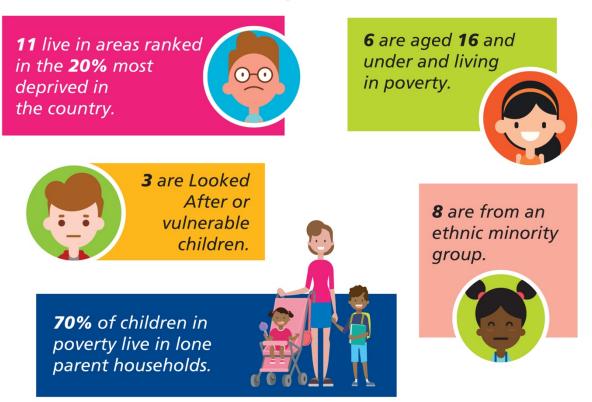
Cheshire East Safeguarding Children

114. The population of Cheshire East is 384,152 including 81,251 children (0-18). The population is predominately White British with 8% of children living in the borough from an ethnic minority group.

115. 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.

116. 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)".

117. 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.

118. The table below shows safeguarding children activity levels across Cheshire East for the reporting period 01 April 2020- 31 March 2021

Safeguarding Children Activity	Q1	Q2	Q3	Q4
Number of staff requiring safeguarding supervision	82	85	94	56
Number of initial child protection case conferences attended	84	84	74	78
Number of court reports requested	36	43	17	36
Number of children on a child protection plan	274	262	271	244

119. The number of staff requiring safeguarding supervision has decreased due to a change of service model within the 0-19+ service. The service now has an enhanced team which holds all the CIN/CP cases. The number of cases that require supervision has not changed significantly, this means that although the number of staff requiring supervision has decreased, they now require supervision more frequently due to higher caseloads.

120. Requests for court reports continue to rise, and the Specialist Nurses have supported the 0-19+ service with requests for reports over the past 12 months. Court hearings have taken place virtually throughout the pandemic and where staff have been required to attend hearings, this has taken place successfully over MS teams.

121. Child protection cases have remained consistent throughout the pandemic. The anticipated increase in referrals following the return of children to school following lockdown has not been evidenced so far.

If Cheshire East were a village of 100 children:

11 live in areas ranked in the **20%** most deprived in the country.

6 are aged **16** and under and living in poverty.

3 are Looked After or vulnerable children.

8 are from an ethnic minority group.

70% of children in poverty live in lone parent households.

Comparison of a child living in a deprived ward in Crewe to that of one in an affluent ward of Poynton.

I am **four** times more likely to need a Child in Need or Child Protection Plan than children in Poynton.

I can expect to live until I am **77** if I am a boy or **81** if I am a girl from Crewe, this rises to **82** and **84** if I am from Poynton.

I am **four** times more likely to live in poverty if I live in Crewe where **19.5%** of children are living in poverty compared to just **5.3%** in Poyton.

I am **twice** as likely to have an unplanned admission to hospital for a long term health condition than a child living in Poynton.

Child Safeguarding Practice Reviews

122. The serious case review of Child E who sustained a serious head injury in 2017 was published in March 2021. A summary of the actions taken by the CESCP as a result of the learning from this case was included in the report.

123. The unlawful death of a teenager in October 2019 was also been referred to the National Child Safeguarding Practice Review Panel but did not progress to a practice review. A criminal trial in 2021 concluded with a conviction.

124. A local safeguarding practice review was undertaken in relation to Child G, a baby who was born and died during the first 2020 lockdown. The report has yet to be published but WCHC are currently working with CESCP to implement the recommendations from the report.

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 children annually 2020/2021
Average number of CE children with CLA status	483	553	559
Average number of CE Children with CLA status placed Out of Borough	206	218	208
Average number of CLA children placed in CE from Out of Borough	258	275	174
Average total of CLA CE children and CLA cared for in CE	741	828	733

125. Cared for Children figures continue to increase in Cheshire East. There has been a decrease in the number of out of borough children placed in Cheshire East, although WCHC is not always notified of children placed here. Escalated to Designated staff

126. 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 Cheshire CCG to ensure that NHS England Responsible Commissioning guidance is applied.

127. 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 include ensuring Cared for Children have access to health services throughout the Covid-19 pandemic and continue to receive statutory health assessments.

Section 4: Safeguarding Adults Health and Care Activity and Priorities

Liberty Protection Safeguards

128. Liberty Protection Safeguards meetings and action plan were put on hold due to Covid and the delay in Implementation to April 2022 and the delay in the code of practice. However, these meeting have recommenced in Quarter 4 with an updated action plan.
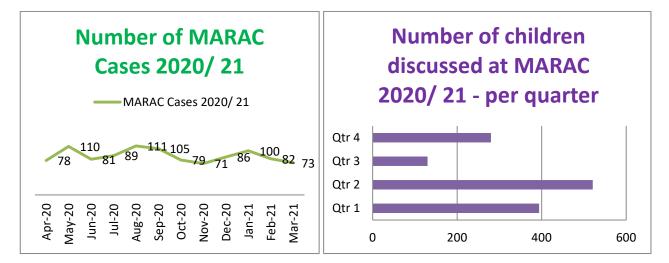
Domestic Abuse Agenda

129. The Domestic Abuse Agenda continues to be a significant priority area within the WCHC. As an integrated health and care organisation, the safeguarding team represents WCHC at daily MARAC on behalf the organisation and on behalf of GP practices as outlined within commissioned service specification. This ensures representation and timely sharing of information

130. During the reporting period, staff member within the safeguarding team has completed the Safe Lives Independent Domestic Advisor (IDVA) training which is due to complete in Quarter 2. Due to current times within the pandemic the course was completed over Microsoft teams. Further funding is secured to appoint an IDVA within the Trust to provide increased visibility within Urgent Care and other areas and provide bespoke enhanced training around domestic abuse.

131. During 2020/2021there have been no legislative changes in policy or guidance in respect of Safeguarding Adults. The Domestic Abuse Bill is due to be signed into Law and will provide further protections to the millions of people who experience domestic abuse and strengthen measures to tackle perpetrators.

132. For the first time in history there will be a wide-ranging legal definition of domestic abuse which incorporates a range of abuses beyond physical violence, including; emotional, coercive or controlling behaviour and economic abuse.

133. The measures include important new protections and support for victims ensuring that abusers will no longer be allowed to directly cross-examine their victims in the family and civil courts, and giving victim's better access to special measures in the courtroom to help prevent intimidation – such as protective screens and giving evidence via video link.

134. Police will also be given new powers including Domestic Abuse Protection Notices providing victims with immediate protection from abusers, while courts will be able to hand out new Domestic Abuse Protection Orders to help prevent offending by forcing perpetrators to take steps to change their behaviour, including seeking mental health support or drug and alcohol rehabilitation.

Domestic Abuse/Multi Agency Risk Assessment Committee (MARAC)

135. On Wirral the Multi Agency Risk Assessment Conference, (MARAC) meeting attended by Health and care from the Trust was held once a fortnight in 2020 with a whole day reviewing cases and formulating safety plans.

136. In Q1 2020 the Family Safety Unit and partners agreed to pilot a daily Interim MARAC due to the high prevalence of Domestic Abuse in Wirral. This enabled a timelier approach in ensuring safety plans were in place for victims and children.

137. Although this is a challenge for agencies in attending daily in October 2020 the pilot ended with the formal launch of daily MARAC.

138. What we know about Domestic Abuse on Wirral in 2019-2020

- 50% of domestic abuse was perpetrated by ex – partner
- 2037 victims were women
- 749 victims were men
- 780 Children were referred to Children's Social Care
- 997 high risk referrals were reviewed by MARAC
- 29% repeat victim compared to 31% nationally

Number of MARAC Cases 2020/ 21

MARAC Cases 2020/ 21

78 110 81 89 111 105 79 71 86 100 82 73

Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21

Number of children discussed at MARAC 2020/ 21 - per quarter

Qtr 4
Qtr 3
Qtr 2
Qtr 1

0   200   400   600

Multi Agency Public Protection Arrangements (MAPPA)

139. 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.

140. 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.

141. 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 GP's with regards to MAPPA queries and actions. In addition, WCHC also provides statutory adult social care input into this process.

142. 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.

143. During the reporting period WCHC have attended all MAPPA meetings and shared appropriate information when required to do so.

Hate Crime MARAC

144. 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.

145. 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.

Harmful Practices and Female Genital Mutilation (FGM)

- There was three FGM cases reported from WCHC compared to 2 in 2019/2020.
- National reporting processes followed and recorded on NHS FGM dataset as is required.
- No cases of forced marriage have been reported during 2020/2021

146. In 2020- 2021 WCHC Health and ASC attended MARAC and the below data outlines number of MARAC cases and number of children.

Domestic Abuse Alliance Committee and the Strategy '**Domestic Abuse No Excuse'** was launched in November 2020 with 5 key priorities:

- Priority 1: Be there when we are needed
- Priority 2: Increase safety to those at risk, without adding to their trauma
- Priority 3: Reduce opportunities for Perpetrators to abuse
- Priority 4: support people to live the life they want after harm occurs
- Priority 5: Create a kinder brighter future for the next generation

147. Representatives from WCHC are committed to working in partnership to ensure the strategy priorities are implemented across WCHC.

148. Wirral has a very high number of repeat perpetrator offenders; therefore, Wirral partners have agreed to host a pilot of the DRIVE Perpetrator Management Programme. This commenced in March 2021. A fortnightly meeting is held and represented across the Trust by health and Adult Social Care.

149. The focus of this programme is to facilitate, coordinate an intensive programme to influence behavioral change of the perpetrator. The programme will be reviewed in March 2022.

Community Intermediate Care Centre (CICC)

150. Following the opening of the Inpatient beds at CICC during January 2021 Safeguarding Adults Specialist have supported the new and reassigned staff with Safeguarding Training sessions including MCA/DoLs.

151. A review of new systems and processes was undertaken to ensure CICC is compliant in the patient safety strategy
- Completion of Deprivation of Liberty Safeguards SG09 (DoLs) Policy was required following WCHC acquiring the Inpatient beds at CICC to facilitate patient therapy.
- A Safeguarding information board was placed on the Wards(s) to ensure Staff had easy access to WCHC Safeguarding referral processes
- Safeguarding Specialist Nurse was initially based on the wards to ensure timely support was available, including MCA and DoLs training, demonstrating the template and referral

process. Laminated step by step guides were also completed and attached to the computer trolleys. See appendix 2

- A patient leaflet on Deprivation of Liberty Safeguards was designed and produced. See appendix 3.
- Actions cards for CICC. See appendix 4

152. Monitoring of the DoLs applications is undertaken by the Safeguarding Specialist Social Worker utilising Trust Information Gateway (TIG) and Business Intelligence (BI)

Safeguarding Adult week 16-22nd November 2020

153. MSAB were not coordinating events across Merseyside due to the COVID pandemic. WCHC celebrated the week with:
- Bite size safeguarding video clips have been produced, shared in the daily bulletin and added to staff zone. Subjects include Safeguarding Adults/ MCA/Domestic abuse and is ideal as a resource for WCHC staff.
- There was 3 lunch time Safeguarding learning sessions utilising a Safeguarding quiz session held to encourage question and answers
- Safeguarding Adult Special addition in the Daily Bulletin and an article in the local paper. Appendix 5.

Safeguarding Adult Champion Programme

154. The Safeguarding Adult Champion Programme that was due to commence in Q1 2020 was suspended due to the impact of Covid 19 on services. It recommenced in Q3 with the programme amended with shorter sessions to be held every 2 weeks on a rolling programme to ensure all champions can attend given the current challenges. It has been facilitated using MS Teams with scenario-based learning including MCA and Safeguarding Adult Supervision.

155. This unfortunately had to be suspended again in Q 4 2021 due to the impact on staffing in teams with the Covid 19 response.

Safeguarding referrals into ASC from Health

156. In 2020-2-21 130 Adult Safeguarding referrals from WCHC Health to CADT completed with 58 progressing into S42 enquiry

157. Safeguarding Adult Team Quality assure Safeguarding Adults referrals into ASC from Health with feedback to the member of staff to ensure a robust referral process.

Safeguarding Annual Reviews (SAR)/Domestic Homicide Reviews (DHR)

158. Three SAR commenced during the reporting period.
- SAR 1 – commended May 2020. Died in 2026 concerns raised around abuse. Identified learning and action plans will be monitored via MSAB and internally via SAG. Escalations to Quality and Safety. As incident occurred in 2016 does not reflect current practice
- SAR 7 & 8 – commenced October 2020. Requested by WCHC following concern in T2A beds. Learning embedded following initial Route Cause Analysis. Further learning identified and action plans following the SAR process will be monitored via MSAB and internally via SAG. Escalations to Quality and Safety Committee.
- One DHR commenced following a thematic review of suicides by WHCC. Died 2019. Identified learning and action plans will be monitored via MSAB and internally via SAG. Escalations to Quality and Safety Committee

Section 5: Future Priorities 2021/22

159. Future priorities for 2021/22 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 Trust is compliant with the introduction of the new Liberty Protection Safeguards (LPS) – including a comprehensive impact assessment and mobilisation plan.
- The Safeguarding Adult team will continue to support staff with targeted support with any gaps in knowledge around MCA utilising the safeguarding Champion Programme to share learning within the teams.
- The Safeguarding Adult Team will continue to deliver L3 training to ensure training compliance is above 90%
- Following the completion of Serious Adult Reviews and Domestic Homicide Reviews any learning and actions identified from these will be completed.
- To engage with the newly formed Wirral Safeguarding Adult Board
- Continued support with safeguarding processes to CICC
- Plans to continue to embed and improve data collection around MSP across all services.
- Streamline and improve Safeguarding processes within Liquid logic
- Maintain a focus on Self Neglect and implementation of MSAB Self Neglect Tool Kit across all services.
- Review and strengthen current quality assurance process within ASC teams to identify cases that may breach 28-day KPI.

Conclusion and Recommendations

160. There have been several challenges during 2020-2021 for the safeguarding service but overall, the Trust is in a strong position moving forward into the coming year. The Trust understands the areas which require focus and are fully sighted on these.

161. The safeguarding team understands purpose, roles and responsibilities not only to each other but to how this is embedded within the organisation and most importantly our patients who access services at our Trust. As the Head of Safeguarding I look forwards to the coming year in leading and supporting the service to further strengthen the arrangements in place to support the safeguarding agenda and the Trust on its journey to become 'Outstanding' as rated by the Care Quality Commission.

162. The Annual Report demonstrates how the Trust continues to adapt to changing priorities and has achieved its statutory duties in order to effectively safeguard patients and staff that use our services.

163. It is requested that the Quality and Safety Committee receive the content of the Safeguarding Annual Report and note the improvements made over the past year. This would not have been possible without the hard work and commitment of the Safeguarding Team and all Trust staff who work tirelessly in ensuring, *'Safeguarding is Everyone's Business'.*

Safeguarding Abbreviations (appendix 1)

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
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
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
SOP	Standard Operating Procedure
SPOC	Single Point of Contact
SUDiC	Sudden unexpected death in childhood
WBC	Wirral Metropolitan Borough Council
WCHC	Wirral Community H e a l t h and Care NHS Foundation Trust
WHCC	Wirral Health Care Commissioning

Annual Complaints and Concerns Report
01 April 2020 - 31 March 2021

Meeting	Board of Directors
Date	09/06/2021	**Agenda item**	17
Lead Director	Paula Simpson, Chief Nurse
Author(s)	Claire Wedge, Deputy Director of Nursing
	Donna Ditchfield, Senior Complaints Officer

Action required (please tick the appropriate box)

To Approve ☐	**To Discuss** ☐	**To Assure** ☑

Purpose

The purpose of the report is to provide assurance that complaints and concerns are being managed in line with the regulatory framework and that the learning form complaints is embedded within care delivery.

Executive Summary

The report outlines the current position in relation to the management of complaints and concerns received during the reporting period 01 April 2020 - 31 July 2020

Risks and opportunities:

No risks are identified

Quality/inclusion considerations:

Quality Impact Assessment completed and attached No
Equality Impact Assessment completed and attached No
No impact assessments have been undertaken in relation to this report

Financial/resource implications:

No financial or resource implications are identified

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 People - enhancing staff development

Board of Directors is asked to consider the following action

Board of Directors is asked to be assured by this report.

Report history

Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	26/05/2021	Assurance provided

Complaints and Concerns Annual Report | 2020/21

Contents

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 2020 – 31 March 2021, 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.

Wirral Community Health and Care NHS Foundation Trust

5. Located in Wirral in North West England, we provide high-quality primary, community and social care services to the population of Wirral and a community based 0-19 healthy child programme to the population of Cheshire East.

   We play a key role in the local health and social care economy as a high-performing organisation with an excellent clinical reputation.

6. 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.

7. During 2020/21 we expanded Trust services, supporting a system-wide response to the Covid-19 pandemic. This resulted in the increase use of technology to safely deliver services remotely, when appropriate. In addition, we supported the local Wirral system by opening a rehabilitation in-patient unit to support safe, timely transfer of care from acute hospital care.

8. Our vision is: 'To be the outstanding provider of high quality, integrated care to the communities we serve" recognising the important role of the Trust in delivering integrated care with partners across the local health and social care economy.
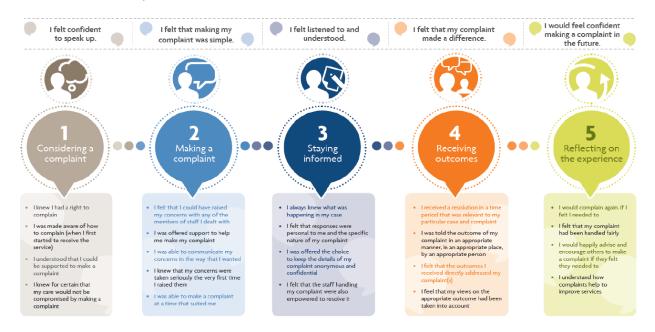

Overview of Trust Services

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

10. Wirral Community Health and Care NHS Foundation Trust is one of a handful of places in England to have made significant progress towards truly integrated health and social care provision; of which we are very proud.

11. The Trust provides in-reach support into the local acute trust, residential and nursing homes across Wirral. In January 2021 the Trust opened a Community Integrated Care Centre to support the Wirral system response to the Covid-19 pandemic, providing in-patient rehabilitation to adults following discharge from acute hospital care.

12. The Trust actively promotes feedback regarding all services to ensure that these experiences shape and inform future service design, support organisation learning and the Trusts' quality improvement infrastructure; this includes complaints and concerns.

13. As an integrated provider of health and social care, the Trust is committed to the principles as outlined in a user-led vision for raising concerns and complaints (LGO, PHSO and Healthwatch). This ensures that people:

   1. Feel confident to speak up
   2. Feel that making a complaint was simple
   3. Feel listened to and understood
   4. Feel that their complaint made a difference
   5. Would feel confident making a complaint in the future

A user-led vision for raising concerns and complaints

I felt confident to speak up.	I felt that making my complaint was simple.	I felt listened to and understood.	I felt that my complaint made a difference.	I would feel confident making a complaint in the future.
1 Considering a complaint	**2** Making a complaint	**3** Staying informed	**4** Receiving outcomes	**5** Reflecting on the experience
• I knew I had a right to complain • I was made aware of how to complain (when I first started to receive the service) • I understood that I could be supported to make a complaint • I knew for certain that my care would not be compromised by making a complaint	• I felt that I could have raised my concerns with any of the members of staff I dealt with • I was offered support to help me make my complaint • I was able to communicate my concerns in the way that I wanted • I knew that my concerns were taken seriously the very first time I raised them • I was able to make a complaint at a time that suited me	• I always knew what was happening in my case • I felt that responses were personal to me and the specific nature of my complaint • I was offered the choice to keep the details of my complaint anonymous and confidential • I felt that the staff handling my complaint were also empowered to resolve it	• I received a resolution in a time period that was relevant to my particular case and complaint • I was told the outcome of my complaint in an appropriate manner, in an appropriate place, by an appropriate person • I felt that the outcomes I received directly addressed my complaint(s) • I feel that my views on the appropriate outcome had been taken into account	• I would complain again, if I felt I needed to • I felt that my complaint had been handled fairly • I would happily advise and encourage others to make a complaint if they felt they needed to • I understand how complaints help to improve services

Organisational Analysis of Complaints and Concerns

14. The Trust currently have two types of investigation, which are discussed and agreed with the person intending to raise a concern or complaint with the Trust. These are as follows

Concerns Process (Local Resolution)	Complaints (Full Investigation)
Concerns are a way of handling complaints by resolving or clarifying the matter directly with the complainant through discussion in a meeting arranged for the purpose, service responding direct by phone call or in writing. This can be a more proportionate, flexible and responsive way to resolve concerns that do not require a full investigation. The complaints process is fully explained and made accessible to all individuals raising a concern with the Trust.	Complaints are subject to full investigation in accordance with Trust policy and national guidelines. This includes, but is not limited to, a review of written records and procedures, interview with the staff involved and where applicable, witnesses to the event. At the conclusion of the investigation, the complainant receives a response from the Chief Executive or nominated Executive Director. For complex complaints, meetings are also offered with an Executive Director or Senior Manager within the Trust, to provide feedback directly to the complainant.

15. Wirral Community NHS Foundation Trust (WCHC) received 69 formal complaints during the reporting period 01 April 2020 – 31 March 2021 compared with 96 received for the previous year.

16. There were 69 complaints closed during 01 April 2020 – 31 March 2021 of these 29 (42%) were upheld by the trust.

17. The total patient and service user contacts received and recorded on datix was 1265; analysis of the contacts are as follows:

- 69 formal complaints (5.5% of recorded Trust feedback)
- 131 informal concerns (10.3% of recorded Trust feedback)
- 1065 compliments (84.2% of recorded Trust feedback)

18. Chart 1 demonstrates the total number of complaints received by quarter since 2018,
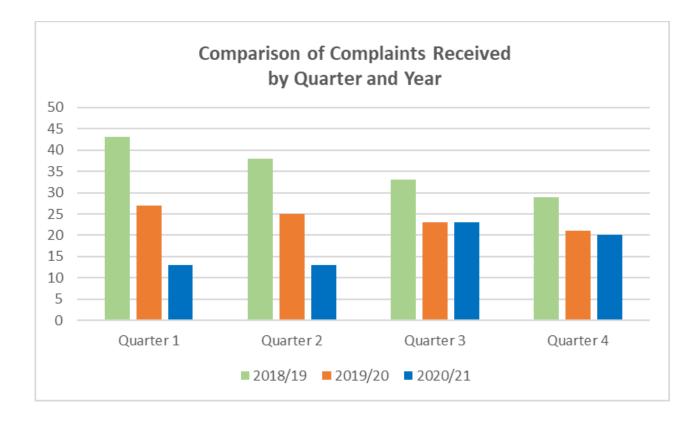
Chart 1: Comparison of complaints received by quarter and year

Comparison of Complaints Received by Quarter and Year

19. Analysis of the quarterly complaints data from 2018 - 2021 evidences an overall reduction in the number of complaints received by the Trust on a yearly basis, as follows:

01 April – 31 March	Total number of complaints received
2018/2019	143
2019/2020	96
2020/2021	69

20. It is highly likely that the noticeable reduction in complaints received during Q1 and Q2 of 2020/2021 was attributable to the Covid-19 pandemic and public awareness of the heightened pressures on the NHS. This is supported by Q3 and Q4 data being comparable to the previous reporting year.

21. As a result of the pandemic, NHSE/I published the following statement to support Trusts in the management of complaints:

- NHS England and NHS Improvement are supporting a system wide 'pause' of the NHS complaints process to allow all healthcare providers in all sectors to concentrate their efforts on the front-line duties and response to COVID-19

22. Despite this national supporting statement, Trust Board should be assured that the Trust continued to operate all complaints services throughout the pandemic.

Complaint Responses: Health

23. There were 29 Health Complaints received during the period of 1 April 2020 – 31 March 2021. 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. 1 Complaint received during this reporting period still remains 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)	
29	100%	19	63%

24. Of the 29 Health complaints received all were acknowledged within 3 working days.

25. The Trust responded to 30 Health Complaints during the period of 1 April 2020 – 31 March 2020, as one complaint was carried over from the previous reporting annual period.

26. Of these complaints, 19 (63%) were responded to within the Trust timescales of 40 working days, and 11 (37%) complaints were delayed due to the Trust focussing on front line efforts during the pandemic. The complainants were all kept fully informed of any delays and no concerns or complaints regarding response times were raised with the Trust or external bodies.

Complaint Responses: Adult Social Care

27. There were 40 Adult Social Care (ASC) Complaints received during the period of 1 April 2020 – 31 March 2021. 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, which is 21 working days.

28. Out of the 40 complaints received during this reporting period, 3 remain open and are still within Wirral Borough Council (WBC) timescales.

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)	
39	98%	14	36%

29. Of the 40 ASC complaints received 39 were acknowledged within 3 working days. One acknowledgement was delayed due to further information being required to clarify which organisation was formally leading on the complaint.

30. The Trust responded to 39 Adult Social Care complaints during the period of 01 April 2020 – 31 March 2021, as 2 complaints were carried over from the previous annual reporting period.

31. Twenty-five (64%) of the Adult Social Care complaints were not responded to within the initial timescales provided by Wirral Borough Council. Anticipated delays were negotiated with the Council and Complainant.
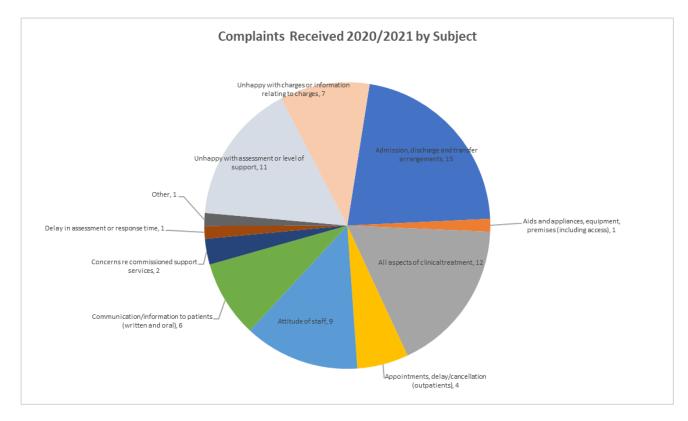
Total number of 2020/2021 complaints received by subject

32. The top five themes for complaints during the reporting period are as follows:

- Admission, discharge and transfer arrangements
- All aspects of clinical treatment
- Unhappy with assessments or level of support
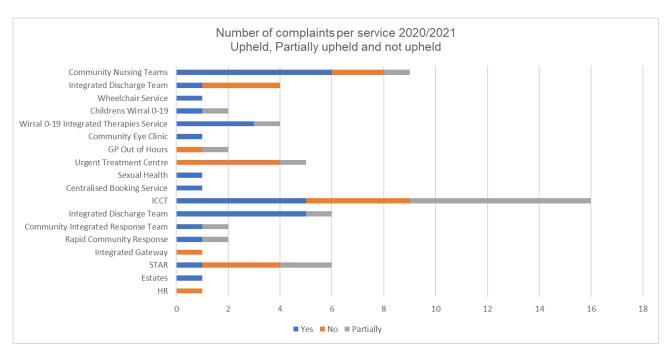- Attitude of staff
- Social care charges

A further break down of complaints received by subject, can be seen in chart 2 below:

Chart 2: Complaints received 2020/2021 by subject

Complaints Received 2020/2021 by Subject

33. A further breakdown of upheld/partially upheld and not upheld complaints by service is detailed in chart 3.

Chart 3: Upheld/Partially Upheld and not Upheld complaints by Service

Number of complaints per service 2020/2021
Upheld, Partially upheld and not upheld

Closed 2020/2021 Complaints		
Upheld	**Not Upheld**	**Partial Upheld**
29	19	17

34. For all partially upheld and upheld complaints an action plan is requested to evidence learning for Trust services.

35. Action plans are tracked through the Trust's weekly Clinical Risk Management Group (CRMG) to ensure themes or emerging trends can be identified quickly. This governance mechanism also provides the opporutnity for relevant learning to be disseminated across all Trust services where applicable.

Complaint Theme: Admission, discharge and transfer arrangements

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36. There were 15 complaints received where 'admission, discharge and transfer arrangements' was recorded as the primary subject of concern. Of these, a total of 5 (33%) complaints were upheld and 1 (7%) complaint was partially upheld.

The upheld and partially upheld complaints were in relation to the following services:

- Community Nursing: 1 complaint upheld
- Integrated Discharge Team: 4 complaints upheld
- Adult Social Care: 1 complaint partially upheld

Theme	Summary of learning and actions
Admission discharge and transfer arrangements	• IDT (Integrated Discharge Team) have discussed the importance of effective communication with patients and families to ensure a more efficient and seamless discharge process • IDT reinforced the importance of including relatives with Lasting Power of Attorney (LPA) in decision making process

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Complaint Theme: All aspects of clinical treatment

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37. There were 12 complaints received where 'all aspects of clinical treatment' was recorded as the primary subject of concern. Of these, a total of 5 (42%) complaints were upheld; none were partially upheld.

The upheld complaints were in relation to the following services:

- Community Nursing: 3 complaints upheld
- Community Eye Clinic: 1 complaint upheld
- Rapid Community Response: 1 complaint upheld

Theme	Summary of learning and actions
Aspects of care/clinical treatment	- Training need for Community Nursing identified in relation to Verification of death. Training actioned and completed - Developed schedule of attendance at Gold Standard Framework Meetings - Reinforced Continuing Health Care Checklist with Specialist Palliative Care staff - Commenced and completed End of Life Care Audit - Creation of Quality Assurance Checklist for Professional Leads to ensure all parts of Safeguarding Investigations are completed (System Wide) - Developed training with School staff on continence - Developed pathway between school staff and children's continence service - Development of escalation panel to consider individual children's needs - Development of Nephrostomy pathway for Care on discharge - Training for staff completed on Nephrostomy care - Ophthalmology Clinical staff to review referral on receipt of referral and discuss complex cases with Consultant - Improvements in Community Nursing working practices to ensure planned work is completed - Reinforcement of Safe Sharps policy with Community Integrated Response Team - Ensuring systematic use of sub cutaneous checklist - Communication of the importance of the use of drip stands in the community to staff - Communications to Community Nursing staff to consider views of carers when assessing pain - Reinforcement of importance in using pain assessment tool - Prioritisation of End of Life visits - Development of shared care template

Complaint Theme: Unhappy with assessments or level of support

38. There were 11 complaints received where 'unhappy with assessment or level of support' was recorded as the primary subject of concern. Of these, a total of 3 (27%) complaints were upheld and 5 (45%) complaints were partially upheld. The upheld and partially upheld complaints were in relation to the following services:

The upheld and partially upheld complaints were in relation to the following services:

- ICCT: 1 complaint upheld
- IDT: 1 complaint upheld
- Wirral 0-19 Integrated Therapies: 1 complaint upheld
- ICCT: 3 complaints partially upheld
- IDT: 1 complaint partially upheld
- STAR: 1 complaint partially upheld

Theme	Summary of learning and actions
Unhappy with level of support	• Assurance on joint working approach with First Contact and STAR Service • Review of Multi-Disciplinary Team (MDT) agenda to ensure that risk assessments completed, and risks identified

Complaint Theme: Attitude of Staff

39. There were 9 complaints received where 'attitude of staff' was recorded as the primary subject of concern. Of these, a total of 5 (55.6%) complaints were upheld and 4 (44.4%) complaints were partially upheld. The upheld and partially upheld complaints were in relation to the following services:

The upheld and partially upheld complaints were in relation to the following services:

- CBS: 1 complaint upheld
- Estates: 1 complaint upheld
- ICCT: 1 complaint upheld
- Sexual Health: 1 complaint upheld
- Wheelchair Services: 1 complaint upheld
- Community Nursing: 1 complaint partially upheld
- GPOOHs: 1 complaint partially upheld
- ICCT; 1 complaint partially upheld
- Urgent Treatment Centre: 1 complaint partially upheld

Theme	Summary of learning and actions
Attitude	• Staff to uphold Trust values when speaking to patient and service users and to communicate in a professional manner at all times.

Complaint Theme: Social Care charges

40. There were 7 complaints received where 'Social care charges' was recorded as the primary subject of concern. Of these, 1 (14%) complaint was upheld and 4 (57%) complaints were partially upheld.

The upheld and partially upheld complaints were in relation to the following services:

- ICCT: 1 complaint upheld
- CIRT: 2 complaints partially upheld
- ICCT: 1 complaint partially upheld
- STAR: 1 complaint partially upheld

Theme	Summary of learning and actions
Unhappy with Information relating to charges	• Staff to ensure that correct version of Charging Policy is distributed to families and Service Users

41. The following additional learning was identified from upheld or partially upheld complaints:

Theme	Summary of learning and actions
Communications (oral/written)	- Sexual Health Service developed and distributed user guide for sending text messages when booking IUD appointments 0-19 Integrated Children's Service updated public facing website to reflect digital ways of working 0-19 Integrated Service developed collaborative working with schools A review of managing social media posts implemented by Integrated Children's Service - Communication around importance of involvement of appointed family members when Continuing Health Care (CHC) checklist is being completed with patients or service users with dementia – Communicated via Trust's Safety Soundbite publication - Ensuring of robust and recorded conversations with families around charges prior to discharge and on admission to Transfer to Assess (T2A) bed - Training need identified for Social Care staff to attend Best Interest Assessment Training - Improvement plan for communications with GP Practices - Reinforcement of 'Hello my name is…' NHS Campaign and the importance of this
Delay in assessment or response time	Reinforced Care Act Assessment requirements with staff
Concerns re commissioned services	Review of escalation process to Commissioners

Parliamentary and Health Service Ombudsman (PHSO) and Local Government Ombudsman (LGO)

42. Due to the Covid-19 pandemic the PHSO and LGO paused all investigations until July 2020.

43. Since July 2020 Wirral Borough Council shared the decision from an LGO investigation which had recommendations for WBC but no actions for the Trust.

44. There have been no referrals to the PHSO during 2020/2021.

45. All complaints were responded to and managed in accordance with WCHC's Complaints Policy (GP1). Each complaint received was thoroughly investigated and a response provided to the complainant in the format and route requested.

46. 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
- Reflections and Learning Bulletin

- Clinical Risk and Management Group (CRMG)

47. For upheld or partially upheld complaints where learning for the Trust has been identified, action plans are developed by the service and monitored at divisional governance meetings and at the Trust-wide CRMG.

Total number of concerns received

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48. A Total of 131 concerns were received by the Trust in 2020/2021.

49. All concerns are subject to local management by the relevant service, facilitating a prompt, proportionate flexible response, that is agreeable with the complainant. The formal complaints process is fully explained and made accessible to all individuals raising a concern with the Trust, to ensure escalation if initial local resolution cannot be achieved.

50. Chart 4 details the number of concerns received per quarter by the Trust since 2018. The data represents a reduction in concerns received, which is also replicated for complaints.

51. This indicates an improved experience across Trust services, which will be subject to further analysis and testing during 2021/2022.
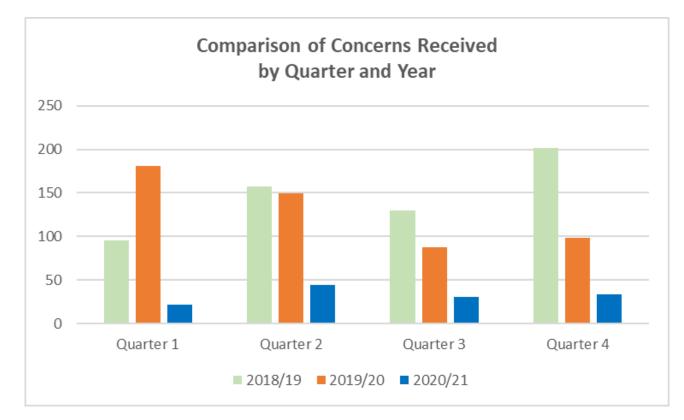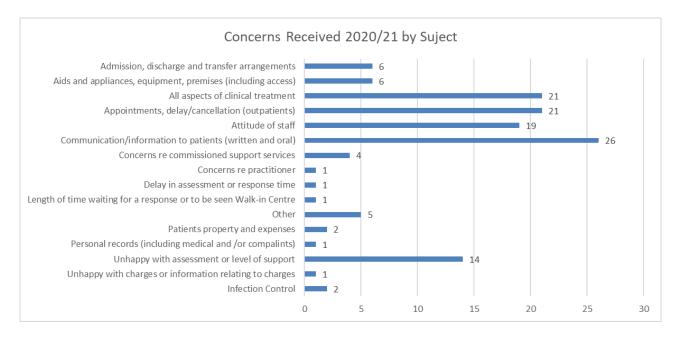
Chart 4: Comparison of concerns received by quarter and year

52. Chart 5 provides details of the number of concerns received by subject.

Chart 5: Total number of concerns received by subject

Concerns Received 2020/21 by Suject

Subject	Value
Admission, discharge and transfer arrangements	6
Aids and appliances, equipment, premises (including access)	6
All aspects of clinical treatment	21
Appointments, delay/cancellation (outpatients)	21
Attitude of staff	19
Communication/information to patients (written and oral)	26
Concerns re commissioned support services	4
Concerns re practitioner	1
Delay in assessment or response time	1
Length of time waiting for a response or to be seen Walk-in Centre	1
Other	5
Patients property and expenses	2
Personal records (including medical and /or compalints)	1
Unhappy with assessment or level of support	14
Unhappy with charges or information relating to charges	1
Infection Control	2

53. The main themes for concerns are, with the exception of apppointment delay, closely aligned to the complaints themes, and are as follows:

- Communication
- All aspects of clinical treatment
- Attitude of staff
- Appointment delay/cancellation
- Unhappy with assessment or level of support

The concerns received are for a variety of Trust services and therefore no particular trend in service area has been identified. All concerns are resolved at local service level.
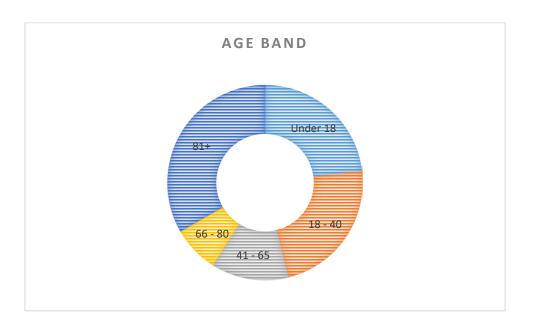
Equality and Diversity Monitoring

54. All complainants are offered the opportunity to provide equality and diversity information at the point of acknowledgment of their complaint.

55. The information provides valuable information to ensure that a review of experience can be analysed from an equality perspective, evaluating if the needs of those with protected characteristics are being met by Trust services.

56. All People who access Trust services have the right to be treated fairly and routinely involved in decisions about their treatment and care. They can expect to be treated with dignity and respect and will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

57. The Trust's Equality Delivery System (EDS) measures Trust quality performance with an aim to producing better outcomes for people accessing Trust services. The assessment tool is designed to gather equality evidence that demonstrates compliance and performance with Section 149 of the Equality Act – the Public Sector Equality Duty (PSED).

58. Two of the EDS goals directly relate to potential areas of complaints and concerns:
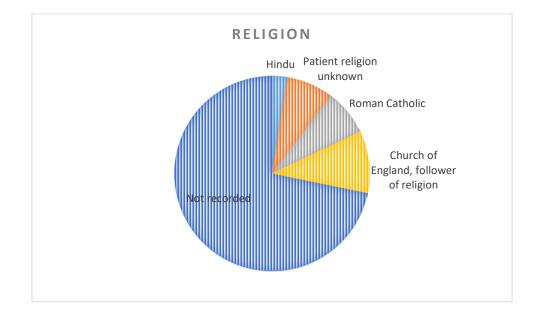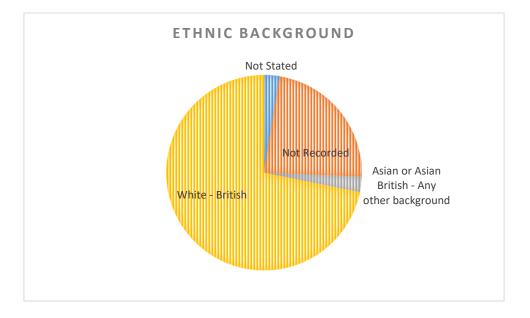
Better Health Outcomes

- Services are commissioned, procured, designed and delivered to meet the health needs of local communities
- Individual people's health needs are assessed and met in appropriate and effective ways
- Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
- When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
- Screening, vaccination and other health promotion services reach and benefit all local communities

Improved access and experience

- People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
- People are informed and supported to be as involved as they wish to be in decisions about their care
- People report positive experiences of the NHS
- People's complaints about services are handled respectfully and efficiently

59. The Trust analyses complaints equality data to ensure that there is no evidence that individuals with protected characteristics are unfairly treated or disadvantaged.

60. During 2020/2021 equality and diversity data was captured for 39 (56.5%) complainants, of which 27 (69%) were female and 12 (31%) were male. Where data is not displayed, it was not available. High level analysis of the data is as follows:

AGE BAND

Under 18
18 - 40
41 - 65
66 - 80
81+

RELIGION

Hindu

Patient religion unknown

Roman Catholic

Church of England, follower of religion

Not recorded

ETHNIC BACKGROUND

Not Stated

Not Recorded

Asian or Asian British - Any other background

White - British

Indices of Deprivation

10% least deprived

10% most deprived

10% to 20%

20% to 30%

30% to 40%

50% to 60%

80% to 90%

70% to 80%

60% to 70%

61. As part of the Trust's Quality Plan, the Trust are committed to further strengthening existing processes to better understand people's experiences of care; working with patients, service users, families and carers to improve the quality of service delivery.

62. An important element of the strategic objective is to further understand and learn from people's experiences of care but also their experiences of how we manage and respond to complaints and concerns.

63. In line with the new NHS Complaint Standards document (2021), the Trust's approach to this will proactively consider:

- A person's confidence in raising concerns or a complaint
- A person's knowledge in how to raise a compliant or concern
- A person's experience of the communication processes and being kept informed
- A person's feelings around the response they received, including the overall outcome and whether their complaint has made a difference
- A person's overall experience with regards to how their complaint was managed

64. Trust learning will consider equality and inclusion to ensure we have considered individual rights and needs as part of the Trust's management of care and complaints. Learning from experiences and engagement will form part of all Trust-wide governance processes.

Appendix 1: Abbreviations

Abbreviation	Expansion
ASC	Adult Social Care
CBS	Centralised Booking Service
CHC	Continuing Health Care
CIRT	Community Integrated Response Team
CRMG	Clinical Risk Management Group
EDS	Equality Delivery System
FFT	Friends and Family Test
GP	General Practitioner
GP1	General Policy 1
GPOOH	GP Out of Hours
ICCT	Integrated Community Care Teams
IDT	Integrated Discharge Team
IUD	Intrauterine Device
LGO	Local Government Ombudsman
LPA	Lasting Power of Attorney
MDT	Multi-Disciplinary Team
NHS	National Health Service
NHSE	National Health Service England
PHSO	Parliamentary and Health Service Ombudsman
PSED	Public Sector Equality Duty
STAR	Short Term Assessment and Reablement
T2A	Transfer to Assess
UTC	Urgent Treatment Centre
WBC	Wirral Borough Council
WCHC	Wirral Community Health and Care NHS Foundation Trust
WIC	Walk in Centre

Paula Simpson
Chief Nurse

Contributors:
Claire Wedge, Deputy Chief Nurse
Donna Ditchfield, Senior Complaints Officer

03 June 2021

Information Governance Annual Report 2020/2021

Meeting	Board of Directors		
Date	09/06/2021	Agenda item	17
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Patricia Ahmed, Interim Information Governance Manager		
	Alison Jones, Risk and Governance Manager		

Action required (please tick the appropriate box)

To Approve ☐	To Discuss ☐	To Assure ☑

Purpose

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 2020 - 31 March 2021, 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

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.

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

Risks and opportunities:

Information Governance Risks reported in 2020/21 are captured within the main body of the report.

Quality/inclusion considerations:

Quality Impact Assessment completed and attached No
Equality Impact Assessment completed and attached No

Financial/resource implications:

None identified.

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 Performance - growing community services across Wirral, Cheshire & Merseyside	Our Performance - delivering against contracts and financial requirements

Board of Directors is asked to consider the following action		
Board of Directors is asked to be assured by the Information Governance Annual Report 2020/21.		

Report history		
Submitted to	**Date**	**Brief summary of outcome**

Information Governance
Annual Report | 2020/21

Contents

Background

1. 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 2020 - 31 March 2021, 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) 2018 and the Freedom of Information Act (FOIA) 2000.

2. The Trust is a recognised and registered Data Controller within the Information Commissioner's 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.

3. 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.

Key responsibilities of the Senior Information Risk Owner

4. 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.

5. The Trust's SIRO is the Director of Corporate Affairs. 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

Key responsibilities of the Caldicott Guardian

6. 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.

7. 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.

Data Protection Officer

8. 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.

9. The Trust's DPO is the Information Governance Manager - in the absence of the IG Manager, the function of DPO is discharged by the Deputy Director of Digital. 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 polices, 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.)

Assurance framework

10. 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).

11. 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 Trust's 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 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 the NHS Records Management Code of Practice 2020
- 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

Information Technology Security Group

12. The objective of the Information Technology Security Group otherwise known as Digital, is to advise and provide assurance on the Trust's information technology security as it relates to

delivering effective healthcare and enabling the Trust to complete its function as an employer.

13. Information technology security is defined as, the protection of computer systems from the theft or damage to the hardware, software or the information on them, as well as disruption or misdirection of the services they provide.

Information Governance Policies

14. 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 align with the GDPR. The Data Protection Impact (DPIA) Policy has been re-written in 2021 by the Trust Information Governance Manager/DPO to include an updated DPIA template linked to the Information Asset Register.

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	2022
Data Protection by Design and Default Standard Operating Procedure	2022

Compliance with the Data Security and Protection Toolkit

15. 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.

16. 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.

17. 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 – at the time of compiling this report the submission date for the 2020-2021 toolkit was extended from the 31 March 2021 to 30 June 2021.

18. Due to the competing demands on the IT Team in relation to COVID-19 it was agreed that the Trust would accept the extended submission deadline.

19. Following a successful DSPT baseline submission in February 2021, the Trust commissioned MIAA to conduct a DSPT assurance readiness report for the submission scheduled for 30 June 2021. This review evidenced good progress across the four areas of review. Where learning has been identified, this has been actioned and monitored at the Trust's IGDS group.

20. A formal deep dive audit on the Trust's final DSPT submission was conducted by MIAA on 24 May 2021 and 26 May 2021. The final report is expected during mid-June 2021 in advance of the final toolkit submission.

Information Sharing

21. 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.

22. Under the General Data Protection Regulation, the legal basis for most 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'*

23. Consequently, Information Sharing Agreements are only be produced for secondary purposes or when sharing with non-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.

Complaints to the Information Commissioner's Office

24. During the 2020/21 period, there were no complaints made to the Information Commissioner's Office about the Trust.

Freedom of Information Requests (FOI)

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25. During the period from 01 April 2020 to 31 March 2021, the Trust received a total of 212 requests under the FOIA 2000.

188 were managed within the 20-day timescale and 24 responses were not managed within FOI timescales. This equates to 88% of FOI requests being responded to within the required timescale; 7% improvement from 2019/20.

26. Themes associated with late FOI responses include:

- Complexity of the request and level of detail required necessitated a protracted timescale
- Complex requests often required a coordinated response from multiple Trust departments
- Receipt of information from some managers is delayed necessitating the need to follow-up
- Extensions to the deadline are occasionally requested

27. Furthermore, almost all the late responses over the whole financial year were received during a period affected by COVID-19. Where responses were expected to be late, requesters were contacted advising of the delay.

Table 2: Table to show number of FOI requests received by the Trust and % managed within time frame in 2018/19, 2019/20 and 2020/21.

Freedom of Information	2018/19	2019/2020	2020/2021
Number of FOI requests	185	250	212
% managed within 20 working days	77%	81%	88%

28. HR (22%), Procurement (14%), IT (12%), and Finance (10%) received the majority of FOI requests during 2020/21.

29. 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.
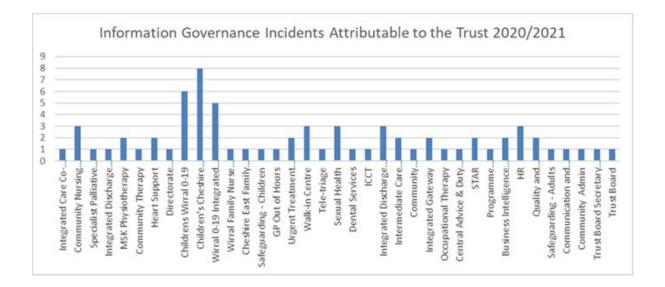
Subject Access Requests (SARS)

30. The General Data Protection Regulation (GDPR) 2018 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

31. 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.

32. SARs are monitored monthly by the Information Governance and Data Security Group. During April 2020 - March 2021 the Trust received a total of 362 subject access requests (503 in 2019/20). Of these, 34 were identified as relating to another organisation (compared to 52 during 2019/20).

33. Of the remaining 328 requests received, 94% were responded to within the required timescale, compared with 93% recorded (503 requests) during 2019/20.

34. Of the requests not responded to within the agreed timescale, 1 was delayed by an internal Trust department.

35. Article 16 describes how data subjects have the right to obtain from the data controller.

36. The Trust received 2 right to rectification requests during 2020/21 and this was responded to within the one calendar month time frame.

Information Governance Incidents

37. During the period 01 April 2020 - 31 March 2021, 173 Information Governance incidents were reported by Wirral Community Health and Care Foundation Trust staff. Of these, 71 were attributable to Wirral Community Health and Care NHS Foundation Trust. This is an increase of 54 incidents when compared to the 119 reported during the 2019/20 period.

Graph 1: Graph to show Information Governance incidents attributable to the Trust by Service between April 2020 and March 2021

38. As illustrated in Graph 1, Children's Wirral 0-19 (6), Children's Cheshire East 0-19 (8) and Wirral 0-19 Integrated (5) reported the most Information Governance incidents between 01 April 2020 and 31 March 2021.

Trust wide themes from reported Information Governance incidents include:

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

39. The Information Governance Manager is automatically notified of all Information Governance incidents reported on Datix. The Information Governance Manager provides bespoke advice and guidance to incident reviewers. Where service specific trends have been identified, an action plan has been developed to support both mitigation and reduction of incident type.

40. The following actions have been taken to ensure learning from identified Trust wide themes:

- Communication and guidance for staff through Staff Zone, The Update (staff bulletin), screensavers and Information Governance Awareness Week
- Offer of additional bespoke Information Governance and Record Keeping training to Teams
- Updated Information Governance and Data Security Group Terms of Reference to ensure Divisional representation. Divisional representatives are asked to communicate identified learning from incidents with services within their division.
- Annual Record Keeping Audit 2020-2021 - auditing by the Quality and Governance Service instead of Team Leaders.

Information Governance Incidents Reported to the Information Commissioner's Office

41. WCHC reported 1 incident to the Information Commissioner's Office between 01 April 2020 - 31 March 2021.

Table 3: Information relating to incidents reported to the ICO by the Trust during 2020/21

Incident ID	Month incident reported to the ICO	Brief description of the incident
W35882	May 2020	Loss of paper diary containing patient identifiable data

42. The Information Commissioner's Office (ICO) was satisfied with the internal investigations and measures implemented regarding the incident and consequently the case has been closed with no further action.

Information Governance Risks

43. During the period 1 April 2020 - 31 March 2021, 5 Information Governance risks were added to the Trust's risk register. When added, 4 risks were risk rated as being medium level and 1 was rated as low level. No high-level risks were reported.

Table 4: Information Governance risks added to the Trust's risk register in 2020/21

Number	Risk ID	Description	Closed / Active
1	2532 (Organisation wide)	Following the annual record keeping audit for 2020/2021, areas for strengthening contemporaneous record keeping were identified.	Active. Action plan in place and progress monitored monthly at IG and Data Security Group. Current Risk Score 12 (3L x 4C) which is a medium level

			risk. Expected date of completion: 31.07.21
2	2447 (Business Intelligence and IMT)	Continued use of paper diaries across the organisation	**Archived 08/04/2021** with the following mitigation: taken to tactical ops and no reports back of use of paper diaries. All staff who required a mobile phone have been issued with one in order to access diaries electronically.
3	2478 (Sexual Health)	Following a review of SH Information Governance Standards - a risk in relation to outstanding items on the Action Plan was identified as gaps in assurance around the IG of the Excelicare system	**Archived 05/10/2020** With the following mitigation: Signed Data Processing Agreement for processing completed by Excelicare.
4	2491 (Children's Wirral 0-19)	Due to stepping down of services and reassignment of staff. Identification of over 100 transfer in records requiring a review and adding to specific caseloads and waiting lists.	**Archived 07/10/2020** with the following mitigation: Actions to be taken already included in risk 2490 (still active with action plan in place)
5	2473 (Children's Wirral 0-19)	An audit completed identified two record keeping errors for Wirral 0-19 service in comparison to no record keeping errors within other divisions. It has also been highlighted through a themed analysis of incidents that in one month there were 19 IG related incidents and 14 were within 0-19.	**Archived on the 10/01/2021** with the following mitigation: action plan and learning has been on-going since June 2020 continued monitoring of Datix reported by teams monitoring to be completed by service lead and overview within the Senior Management Team

Risk 1 is an active risk with robust action plans in place to support mitigation and/or reduction of identified risk.

Annual Data Security Awareness E Learning

44. 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 2020/21 Mandatory Data Security Awareness e-Learning was successfully completed by over 97% of staff across the Trust.

Summary of Key Achievements in 2020/21

45. The following key achievements were accomplished during the reporting period 01 April 2020   - 31 March 2021 in relation to Information Governance:

   • Mandatory Data Security Awareness e-Learning was successfully completed by over 95% of staff across the Trust

   • Positive staff response to July 2020'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

   • In February 2021 the Information Technology Security group (ITS) was created as a sub-group of the Information Governance and Data Security Group. The ITS Group make decisions and provide assurances as delegated by the Information Governance and Data Security Group (IGDS) on all aspects of information technology security within the Trust.   The ITS terms of reference (TORs) were presented and approved at the IGDS meeting in February 2021, and the updated IGDS terms of reference (TORs) were approved by the Quality and Governance Committee in March 2021.

   • 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.

Priorities for 2021/22

46. The Information Governance priorities for the reporting period 01 April 2021 - 31 March 2022 are:

   • Compliance with all mandatory requirements of the 2020/21 and 2021/22 Data Security and Protection Toolkit

   • To remain fully compliant with the Data Protection Act 2018 (the Act) including the UK GDPR and ensure that the Act continues to be embedded within the Trust's activity.

- 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 100% during 2021/2022

- >95% of staff to complete their Data Security Awareness E Learning between 01 April 2021 and 31 March 2022.

Alison Hughes

Director of Corporate Affairs and Senior Information Risk Owner (SIRO)

Nick Cross

Executive Medical Director and Caldicott Guardian

Contributors:
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