



Wirral Community  
Health and Care

NHS Foundation Trust



Annual Quality Account | 2020/21

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# Introduction

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## Wirral Community Health and Care NHS Foundation Trust: At the heart of the community



Welcome to Wirral Community Health and Care NHS Foundation Trust (WCHC) Quality Account which covers the period April 2020 to March 2021. All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. Quality Accounts aim to increase public accountability and drive quality improvements within NHS organisations.

Wirral Community Health and Care NHS Foundation Trust provides high quality primary and community services including adult social care and public health services to the population of Wirral and parts of Cheshire and Liverpool. Our vision is to be the outstanding provider of high quality, integrated care to the communities we serve.

More people are living longer and with multiple long term conditions. This requires new thinking about how high quality, sustainable health and social care services can actively support people to stay well and independent as well as treat specific conditions and illnesses. We are working in a time of rapid change, with much greater emphasis on how organisations can work together to meet the challenges of improving health and care services and equity of health outcomes, and do so affordably.

We are registered with the Care Quality Commission (CQC) without conditions, and play a key role in the local health and social care economy working in partnership to provide high quality, integrated care to the communities we serve.

Our expert teams provide a diverse range of community health and social care services, seeing and treating people right through their lives both at home and close to home. We have an excellent clinical reputation employing over 1,700 members of staff, 90% of who are in patient-facing roles. Our workforce represents over 70% of the costs of the organisation, and is the most important and valued resource we have.

In 2020 - 2021, our services collectively delivered close to one million face to face contacts, telephone contacts and virtual consultations which is a fantastic feat considering we were in a global pandemic.

In addition, during 2020 - 2021 the Trust expanded services, supporting a system-wide response to the Covid-19 pandemic. This resulted in the increased 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 to home / other care setting.

We serve a Wirral population of around 323,000 residents. It is very likely that most will come into contact with our services at some point either as a patient, carer, service user or relative of a patient or as one of our members or volunteers.

Not unlike most places in the country, the local health and social care economy is faced with the challenge of meeting rising demand, within finite resources. This is driving the growth in provision of community health services ensuring we play a vital part in enabling people to live healthier, more active and independent lives, reducing unnecessary hospital admissions.

There is not a requirement to have stakeholder feedback on the 2020 / 2021 Quality Account, however our local Commissioners and Healthwatch have agreed to provide a statement.

# Part 1:

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## Statement on quality from the Chief Executive and declaration

I am happy to introduce the Quality Account for Wirral Community Health and Care NHS Foundation Trust. The Quality Account gives us an opportunity to reflect on our many quality achievements and successes over a difficult year and also enables us to identify areas where we want to focus attention on the agreed quality priorities for the 2021 / 2022 coming year.

As the main provider of community health and adult social care across Wirral and with 0 -19 services in Cheshire East, we are committed to ensuring continuous quality improvements in services we provide. Quality is at the heart of our agenda with our vision being to be the outstanding provider of high quality, integrated care to the communities we serve. Quality and efficiency are two sides of the same coin; high quality care means we get it right the first time; it means using the full talents of all professionals, and it means working with service users, patients and carers as partners in their own care.

The Trust has continued in its aim to provide safe, effective and patient centred care to the people who use our services throughout the year. The high quality care our staff deliver is driven by an organisational culture that embraces the Trust's values.

The report reflects our commitment to providing the best possible standards of clinical care. It shows how we listen to patients, service users, staff and partners and adapt how we work with them to deliver services that meets the needs and expectations of the people who use them.

We aim to be an outstanding organisation recognised for the consistent delivery of high quality care across all services, maximising patient safety and experience.

Our staff continue to develop innovations that are transforming the delivery of integrated community services, ensuring their sustainability. We are determined to maintain our financial stability and see 'quality' as both a clinical and business priority. We have been changing the way we deliver services, making sure we continue to deliver care efficiently and working with our staff to embed technological solutions that give us more time to provide care to our populations.

We continuously strive to improve the provision of high quality community health and social care to older people, adults and children across Wirral and Cheshire East in a seamless and integrated way.

On behalf of the Trust Board, I would like to thank all staff and volunteers for their dedication, energy and passion for quality care, in what has been another successful year improving quality across all services.

I confirm on behalf of the Trust Board that, to the best of my knowledge and belief, the information contained in the Quality Account represents our performance in 2020 / 2021 and our priorities for continuously improving quality in 2021 / 2022.

**Karen Howell**



**Chief Executive, 30 June 2021**

# Staff awards at a glance

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2020 / 2021



The Trust has an annual HEART Awards ceremony that recognises the fantastic achievements and commitment of our staff. Unfortunately due to the ongoing Covid-19 pandemic the HEART Awards could not go ahead for 2020 / 2021. However 'shout outs' in The Update bulletin continue to show appreciation for all the hard work and dedication by staff throughout 2020 / 2021.

During 2019 / 2020, our communications team developed an innovative way to deliver the staff awards which started as an idea, a simple '*what if*', which eventually led to asking Roger Johnson, Presenter of BBC North West Tonight, if he would kindly comper the virtual event and to our delight, he agreed. What's more is that he filmed his presentations in the BBC North West studios, a fantastic and fitting surprise.

The prevailing power of technology allowed the Trust to present the awards to the winners live – seamlessly going from pre-recorded video of Roger in the studio, to Chairman Michael Brown, the nomination videos, live streaming and then back to the pre-recorded video once again. This allowed staff across the Trust to tune into the event while it was happening, whether they were in the office, shielding at home, or even out in the community watching on their mobile phone!

# Part 2.1 Priorities for improvement and statements of assurance from the board

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Progress made during 2020 / 2021



Annually, the Trust identifies three quality goals aligned to the recognised pillars of quality:

- Safety
- Experience
- Effectiveness

Quality goals are subjected to a consultation and approval process with external partners as well as senior leaders, Trust Board and our Council of Governors.

# Covid- 19 Pandemic

## Governance Arrangements during Covid-19

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During 2020 / 2021 and in response to the NHS national emergency response to Covid-19, the Trust operated under emergency governance arrangements. These arrangements outlined the principles of Board assurance and governance the Trust would follow. An overall streamlined approach to existing governance was adopted together with increased risk appetite and risk tolerance to support the Trust's response.

The Terms of Reference, quorum and membership of existing sub-committees of the Board were temporarily suspended and Covid-19 specific arrangements established.

Much of the Trust's business as usual activity was suspended, in line with national direction, whilst all efforts were focused on achieving resilience and capacity in the health and care system to deal with the anticipated pandemic activity.

The Trust established a local command structure at pace with local decision-making capability maintained through the emergency governance arrangements. The command structure comprised:

- The Strategic Command Group (SCG) chaired by the Chief Executive with Executive Director membership providing oversight on behalf of the Board of Directors
- The Tactical Command Group (TCG) reporting to SCG
- Tactical cells including clinical, workforce and operational reporting to TCG

All decisions made continued to be made in line with the Trust's Scheme of Delegation and Standing Financial Instructions. Any decisions usually made by sub-committees or the Board of Directors and / or where speed was of the essence were taken forward in accordance with the emergency governance arrangements.

Under emergency governance arrangements, the Finance & Performance and Education & Workforce Committees were suspended by the Board during 2020 / 2021.

The Quality & Safety Committee continued to meet according to its bi-monthly schedule and the supporting quality governance framework remained in place across the Trust to ensure continued oversight and scrutiny on all matters associated with the quality and safety of services.

The Board of Directors continued to receive reports from the Chairs of the Quality and Safety Committee and the Audit Committee on their areas of focus.

A weekly Non-Executive Directors assurance meeting was also established under emergency governance arrangements which provided escalation and assurance on the local command structure put in place to respond to the emergency situation. The Chair provided reports to the Board of Directors on the items discussed and reported to this forum.



The emergency governance arrangements were tested, at the request of the Board of Directors, by internal audit with *Substantial Assurance* given.

## How staff worked flexibly during Covid

During the Covid pandemic, staff across the Trust worked flexibly to deliver an effective Covid response. This included:

- Nurses with critical care skills and dentists with anaesthesia skills supporting acute care in the hospitals
- Nurses working on the vaccine delivery programme
- Nurses, social care staff and therapists from across the Trust supporting care homes
- Reassignment of clinical, social care, clinical support staff and students to open two wards to support the discharge process

## Work of Inclusion Partnership Forum and access to services

The Trust's Inclusion Partnership Forum continued to meet during the pandemic, offering an opportunity for community organisations for underrepresented groups to share their experiences, supporting each other and provide feedback on the experiences of those groups during the period.

## Infection, Prevention and Control (IPC)

During the Covid pandemic, our staff received daily information on how to keep themselves, their patients and families safe using a range of infection, prevention and control strategies. The successful and diligent implementation of these strategies resulted in low Covid infection levels amongst staff, with Wirral Community Health and Care NHS Foundation Trust regularly benchmarking as the Trust with the lowest level of Covid infection as well as overall sickness in Cheshire and Merseyside. This ensured better staffing levels to support services and reduce the impact of absence on colleagues.

## Relationship between Governor Quality Forum & Quality and Safety Committee (QSC)

The Council of Governors has established a Governor Quality Forum to provide an opportunity for governors to understand and discuss matters associated with quality and safety across the Trust. The forum is chaired by a public governor and terms of reference are in place. The Chair of the Trust's Quality and Safety Committee, together with the Chief Nurse and Deputy Chief Nurse attend the forum to provide updates and seek the views of governors.

During the Trust's response to Covid-19, the Governor Quality Forum was temporarily suspended, however regular communication was maintained with the Council of Governors through written communication (i.e. blogs, update e-newsletters) and virtual meetings with updates provided on the Trust's activity across the health and care system to support the response to the pandemic.

In the absence of the forum meetings the Chair of the Quality and Safety Committee has had briefing meetings with the Chair of the Governor Quality Forum (following each meeting of the committee) to provide an update on the areas of focus of the committee. The Chair of the forum provides updates to the full Council of Governors.

## Use of Standard Assurance Framework for Excellence (SAFE) during Covid-19

The SAFE system provides a central repository for quality and safety related activity, evidencing compliance against Care Quality Commission (CQC) regulatory requirements including those resulting from the Covid-19 pandemic.

As a dynamic and progressive system, the Trust has been able to adapt SAFE in partnership with the developers to evidence compliance against NHSE/I's Community Standard Operating Process during the Covid-19 pandemic.

The system has supported clinical and corporate services during the reset phase of Covid-19 pandemic by providing a framework for services to follow and evidence alignment against a range of standards.

The development of SAFE to support Infection Prevention and Control (IPC) standards across Wirral Care homes has been an exciting partnership between the Trust and Local Authority. It has enabled the Trust to share the learning they have gained from implementing a trust wide governance framework for regulatory standards at a system level and with a population of vulnerable people.

Prior to the onset of the pandemic, all clinical services had completed their self-assessment against the CQC key lines of enquiry. The CQC self-assessments on SAFE were temporarily paused over 2020 / 2021 as a result of the Covid-19 pandemic.

The temporary pause of the CQC self-assessment process enabled the Trust to respond both to the requirements of the NHS-E/I Community Standard Operating Procedure (SOP) and the subsequent national directive to reset services back to normal activity levels.

All audit activity, including final audit reports are uploaded to SAFE. A number of Covid-19 related audits were conducted throughout 2020 / 2021, demonstrating high levels of compliance with the required standards. This included:

- Social distancing in the workplace
- Appropriate use of PPE
- Supporting staff who have been reassigned
- Monitoring of Covid-19 related risks
- Segmentation and care provision
- Adherence to hand hygiene standards

The themes for the audits were aligned to the standards set out in the community SOP. The aim of the audits was to provide evidence that the standards were embedded into practice at a team level. This in turn provided assurance to front line staff and senior managers.

A framework to guide corporate, clinical and social care services to reset their services safely and effectively, back to as near normal activity as possible, was developed and built as a module on SAFE.

This framework continues to facilitate the safe and effective reset of services and has the functionality to escalate any areas that are a concern so they can be rapidly addressed. Services have worked in many new and innovative ways over the past few months. The reset framework is a repository of this evidence and a tool to facilitate reflection and ongoing sustainability of the new ways of working.

The SAFE system has been fundamental in providing assurance regarding quality and safety of Trust services during the Covid-19 pandemic.

## Beyond Boundaries

The Trust has launched a series of blogs from colleagues who have a story to share about the innovations and developments that are taking place within their service. The series is called 'Beyond Boundaries' and will showcase the innovative thinking and how we've overcome obstacles to provide great patient care, helping our communities to live well.

Covid-19 has been a catalyst for innovation and change and by sharing what we do and what's working, we create opportunities to empower staff to make changes.

### 1. Nicola Williams, Community Cardiology Service Lead and lead for Telehealth and Pulse Oximetry Service

"Back in September 2020, pre lockdown number 2, we started monitoring patients with Heart Failure and Chronic Obstructive Pulmonary Disease (COPD) using a digital platform and patient reported observations. A small team of 2 nurses supported patients with long term conditions to understand their symptom profile, empowering them to self-manage their condition effectively and improving quality of life. Benefits for health and social care include: reducing the risk of unplanned hospital admissions, slowing down disease progression and a more engaged health population.

In October 2020, we were asked to shift focus and support patients with Covid 19, monitoring their oxygen levels. Identifying the potentially fatal 'silent hypoxia', admitting these patients to hospital to receive lifesaving care and treatment the earlier the better, to increase their chances of survival and reduce ongoing complications.

Our growing telehealth team, with reassigned staff from cardiac rehab, 0-19 service, podiatry, community matrons and admin support are learning new skills and feeling their way to deliver a service that had limited guidance. Guidelines are not tried and tested, there is no robust research to fall back on, only the sense of purpose that Covid Oximetry @ Home will save lives of people within our communities and reduce pressure on our overwhelmed NHS services.

Finally, I would like to champion the whole system engagement with the Council, Commissioners, Primary and Secondary care and logistical help from our own system support/IT/Estates/Business Intelligence and Business Support Unit has been amazing. Everyone involved from admin support to executive leadership know that we have an opportunity to really support our patients with Covid during these scary times and to reduce the pressure on our secondary care services. I am so proud of all involved and honoured to be able to support our colleagues on the front line. There is no going back to outdated silo working, and in my opinion the NHS will come out of this experience more connected than it has every been before."

## 2. Emma Scott talks about the Short Term Placement Initiative

“Covid-19 brought many challenges and we have all had to work in different ways, in some circumstances, having to think completely outside the box and mobilise new teams, often in a short space of time.

In early January 2021, most transfer to assess bases were closed. Therefore, most patients being discharged from hospital were being discharged into short-term placement care homes but still required intervention from occupational therapists and physiotherapists.

As a Specialist Occupational Therapist, I was asked to lead on this and set up a task and finish group with key people from across the system including therapy leads from Wirral University Teaching Hospital (WUTH), Integrated Discharge Team, Rehabilitation at Home and Social Care Occupational Therapy.

Our shared vision was to provide safe and effective in-reach therapy to support the residents in short-term placement beds to get them back to their own homes. Working together as an integrated health and social care multidisciplinary team, we quickly developed pathways and service criteria utilising therapy outcome measures to monitor progress and impact across a range of domains including activity and wellbeing.

I am immensely proud of the attitude and responsiveness of the team. They have shown a willingness to adapt, a commitment to deliver the highest quality of care and high degree of flexibility and teamwork.

Whilst it was certainly a challenging time, we will never forget the positives that come from this on many levels both for our staff and our people. The feedback we received from our patients and their carers was fantastic and I'd like to finish off this story by sharing some of this with you:

One patient said “the team were brilliant; I can now walk and go home. I didn't think I would ever get home. I can't thank them enough.”

One carer said “we were kept informed of progress. Our family felt part of the therapy plan and we all got the equipment we needed quickly. Our family is so grateful.”

### Responsiveness of the Trust – Home Swabbing and Testing Centre

Both the home swabbing service and satellite testing centre went out to tender and the Trust was successful in winning both tenders.

Home swabbing went live in April 2020 and the service was set up with 3 teams of 2 staff, 1 staff member to do the swabbing and 1 assistant, 7 days per week. The service was staffed with reassigned staff and 3<sup>rd</sup> year student nurses who were recruited in line with Covid support at the time. The service provided swabs to care homes and key workers who were not able to attend the satellite centre.

The satellite testing centre went live in May 2020. It was staffed with reassigned staff from the 0 – 19 service, Dental and other services. Again student nurses were recruited in line with Covid support at the time. The satellite testing centre ran 7 days per week until the end of September 2020.

## Opening of Community Intermediate Care Centre (CICC)

The CICC is an exciting new development for the Trust, providing high quality, integrated care for the local adult population, supporting them with their reablement and self-care and encouraging them to reach their optimum level of independence. CICC opened on Monday 4 January 2021 consisting of Bluebell Ward, followed the following month with Iris Ward.

Bluebell Ward is a 22 bedded unit and Iris Ward is a 26 bedded unit (Iris Ward closed at the end of March 2021). Working at the centre is an integrated multi-disciplinary team (MDT) of Managers, Physiotherapists, Occupational Therapists, Social Care Workers, Nurses, Health Care Assistants and Admin / Ward Clerks who provide a 'step-down' provision for hospital discharge. We also have a variety of specialist nurses to support the ward, for example Tissue Viability Service, Infection Prevention and Control and Safeguarding Nurses.

Patients who are in hospital and have been assessed as medically optimised but who may not yet be at a functional level for discharge home, will require on-going therapy and social work input in order to establish a baseline for discharge planning.

Whilst patients are in CICC:

- Their mobility and function are assessed and treated by the MDT during their stay
- Weekly goals are set and treatment plans adapted in order to progress the patients towards their potential
- Environment visits and home visits are carried out where necessary by the therapy team and appropriate equipment ordered
- Cognitive assessments are carried out and onward referrals made as required to teams such as Dementia Liaison
- Where possible, support will be put in place to enable the person to return home as soon as possible, with for example STAR (short term assessment and re-ablement team) or domiciliary care packages
- Where longer term placements are necessary, options are discussed with the patient and their family to facilitate the move to a more suitable environment

## Role of Urgent and Primary Care Division during Covid-19

### Dental

This service supported the mobilisation and delivery of the Bidston swabbing site as well as the mobilisation and delivery of Bluebell and Iris Ward. The staff are all Dentists and Dental Nurses but supported the projects in Health Care Assistant capacity. This then left a select number of staff left in the service to provide emergency treatment to our patients.

### Sexual Health Service

This service supported the urgent care delivery at the beginning of the pandemic and was then fundamental in the workforce support to both Bluebell and Iris ward. The remaining staff in the service had to adopt new ways of working and delivered care virtually with the support of Attend Anywhere.

## Urgent Care

At the beginning of the pandemic the urgent care staff were reassigned to ITU Wirral University Teaching Hospital. Later on they were a massive part of the workforce that supported both Bluebell and Iris Ward. The staff that were left in the service had to adopt a very different way of working with the adoption of Total Triage. This required the nurses to gain skills in managing the patient clinically on the telephone. They also implemented the use of Accuryx as part of the virtual consultation offer.

## GP Out Of Hours

They commenced remote working to help support a potential increase in activity during the first phase of the pandemic.

## DVT Service

In the first phase of the pandemic the DVT team supported the Home Swabbing team and were crucial in swabbing those patients who had COVID symptoms but were housebound or in a care home. Later in the year they then joined the staff in the deployment of both Bluebell and Iris Ward.

## Teletriage

This team is a team of 4 nurses. During the later stage of the pandemic, 2 of the nurses supported Iris and Bluebell Ward whilst the other 2 nurses kept the service fully functional.

## Infection Prevention and Control Care Home Project

The Infection Prevention and Control Service (IPC) is commissioned to provide a service to the wider local community. Its aim is to prevent and reduce the burden of infections through provision of comprehensive high-quality evidence-based advice and support.

The on-going Covid-19 pandemic has highlighted the vulnerabilities of people who live in care homes, and other adult social care settings, which provided Wirral Community Health and Care NHS Foundation Trust with an opportunity to collaborate with local system partners to develop an IPC improvement programme for care homes. This enabled care homes to improve standards of IPC, evidence good practice and identify areas that required improvement.

In addition to increasing capacity of the core IPC service, additional funding was provided to support the secondment of 4 whole time equivalent nurses to provide dedicated support to care homes to:

- Improve IPC standards
- Improve response to outbreaks of Covid-19
- Introduce an assurance framework – Standard Assurance Framework for Excellence (SAFE)

By the end of March 2021, 85% of care homes were trained to use SAFE, of the homes trained, 61% of homes were confidently using the system. A tailored training package was delivered to 96% of care homes. Homes also received a series of virtual and face-to-face support visits to review IPC standards and Covid arrangements.

During 2020 / 2021, the service managed 240 outbreaks of Covid-19 and 265 single cases of Covid-19 across all adult social care setting. The service also responded to 2412 calls providing advice and support to help services to manage Covid-19 within their settings.

## Restart and Restoration plans

### Recovery of Services

Establishing a wider focus for recovery will require additional membership and contribution into a newly formed recovery group.

The 4 key data driven stages that will support the overall recovery are:

- Stage 1: Establish a waiting list / referral activity dashboard
- Stage 2: Data Quality / validation
- Stage 3: Action plan development
- Stage 4: Completion

To support the wider recovery of services, stages 3 and 4 will incorporate the wider Quality, Workforce and Finance elements as well as additional Operational requirements.

The scope of the group will now be:

### Quality

- Monitoring and gaining assurance from services that operational delivery is meeting quality, performance and contractual standards, including the management of risk for people on waiting lists
- Supporting the development of Quality Impact and Equality Impact assessments relating to the restart of services and subsequent changes to services if required
- To monitor Risks that would prevent services from complying with national guidance to restarting services, including PPE and Social Distancing requirements

### Operations

- Monitoring service performance against proposed restart timeframes gaining assurance that appropriate measures are in place to address any performance issues
- To monitor capacity and demand for services
- Ensuring a full review of all key performance indicators
- Monitoring and reviewing relevant information to ensure that the workforce is able to deliver Quality and Performance targets

## Workforce

- Monitoring workforce issues and triangulating impacts of quality, performance and risk
- To monitor staff reassignment and subsequent risks to services restarting and the dependencies of services that have received additional support
- Provide information and access to wellbeing support
- To report sickness trends / absence rates

## Finance

- To assess areas of financial risk and support with forecasting cost pressures for services dependent upon Covid costs
- To support with recovery planning / business case development
- Local and National intelligence regarding NHS finances coming out of Covid

## Governance

A recovery group meets every two weeks to review progress against services restarting back to a full-service offer. Updates are provided to Tactical Command and Executive Leadership Team via a fortnightly report.

## Covid-19 National Institute for Health and Care Excellence (NICE) guidance

Throughout the pandemic, NICE demonstrated how agile and responsive they were while maintaining the rigour and independence for which they are known. NICE played a critical role in supporting health and social care partners by quickly producing Covid-19 related guidance.

The Trust reviewed 26 pieces of Covid related NICE guidance:

- 10 were fully implemented
- 14 were not applicable to the Trust
- 2 are currently under review



## Quality Goals 2020 / 2021

QUALITY GOALS 2020 / 2021			
Priority	Safety	Experience	Effectiveness
<b>Population health management: Reducing inequalities</b>	<b>We will:</b> Use population health data along with other data sources to identify key priorities to keep people safe	<b>We will:</b> Use a range of feedback from identified groups utilising population health data to improve access and experience of services	<b>We will:</b> Implement a Wirral Covid Virtual ward targeting groups with higher risk factors bases on population health analysis
<b>Maximising health and wellbeing of our staff</b>	<b>We will:</b> Prioritise the Psychological Safety of our staff by enhancing our learning from incidents framework	<b>We will:</b> Develop clear Infection Prevention and Control guidance for staff	<b>We will:</b> Ensure that staff always have access to the correct Personal Protective Equipment (PPE) in line with national guidance
<b>Improving discharge pathways</b>	<b>We will:</b> Establish a system-wide quality and safety forum to improve safety across discharge pathways	<b>We will:</b> Improve the transfer of care documentation to maximise people's experience of the discharge process	<b>We will:</b> Develop additional rehabilitation bed capacity within Wirral
<p><b>We are the NHS</b></p> <p><b>We are a team. We work flexibly. We are always learning. We are safe and healthy. We each have a voice that counts. We are recognised and rewarded. We are compassionate and inclusive</b></p>			

## Our Safety Priorities for 2020 / 2021 were:

<b>Quality Ambition: Safety</b>
<b>Quality Goal</b>
We will use population health data along with other data sources to identify key priorities in keeping people safe
We will prioritise the Psychological Safety of our staff by enhancing our learning from incidents framework
Establish a system-wide quality and safety forum to improve safety across discharge pathways

The improvement interventions that will enable us to reach our ambitions are:

- Population health data aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population
- Supporting staff wellbeing, including psychological safety
- Establishing a system-wide quality and safety forum will provide an effective governance framework to support continuous quality improvement in respect of discharges

## Our Experience Priorities for 2020 / 2021 were:

<b>Quality Ambition: Experience</b>
<b>Quality Goal</b>
We will use a range of feedback from identified groups utilising population health data to improve access and experience of services
We will develop clear Infection Prevention and Control guidance for staff
We will improve the transfer of care documentation to maximise people's experiences of the discharge process

The improvement interventions that will enable us to reach our ambitions are:

- To ensure services truly reflect the needs of our communities, it is vital that we provide a platform to effectively hear a broad and diverse range of feedback from our local population
- Infection Prevention and Control guidance was written in line with national guidance from Health and Safety Executive and Public Health England. This priority builds on the principles of psychological safety during the Covid-19 pandemic
- This priority focused on improving the transfer of care documentation with system-partners

**Our Effectiveness Priorities for 2020 / 2021 were:**

<b>Quality Ambition:</b>
Improving Discharge Pathways
<b>Quality Goal</b>
We will implement a Wirral Covid Virtual ward targeting groups with higher risk factors based on population health analysis
We will ensure that staff always have access to the correct Personal Protective Equipment (PPE) in line with national guidance
We will develop additional rehabilitation bed capacity within Wirral

The improvement interventions that will enable us to reach our ambitions are:

- We introduced a Covid Oxymetry @ Home Service to avoid unnecessary hospital admissions
- This priority highlights the importance of utilising the correct PPE as a vital protective mechanism for staff
- The Trust has developed additional rehabilitation bed capacity on Wirral

# Safety:

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## Progress made during 2020 / 2021

### 1: Population Health Data

**We will use population health data along with other data sources to identify key priorities in keeping people safe**

This priority was successfully achieved during 2020 / 2021.

Population health aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

This includes focusing on the wider determinants of health, which have a significant impact on health outcomes; this has been increasingly evident during the Covid-19 pandemic.

As part of our response to the pandemic, we worked closely with system partners to ensure that the Covid vaccination programme was accessible to all groups within our population. We did this by engaging with community leaders and gaining deeper insights in to reasons why people were hesitant to have the vaccine.

In addition, we have been working with partners to develop a Place-Based Care model which will provide more proactive, better coordinated care through local integrated teams focused on promoting wellbeing throughout life.

Wirral Community NHS Health and Care Foundation Trust has a critical role to play. Uniquely, we have expertise in both community health and social care with the ambition, scale and ability to act as a system integrator, working with organisations and groups in primary care, mental health, secondary care and the independent and voluntary, community and faith sectors.

### 2. Psychological Safety

**We will prioritise the Psychological Safety of our staff by enhancing our learning from incidents framework**

This priority was successfully achieved during 2020 / 2021.

Psychological Safety can be defined as a shared belief that the team is safe for interpersonal risk taking. In Psychologically safe teams, team members feel accepted and respected.

The Trust is committed to ensuring the psychological safety of all our staff by ensuring plans are developed to support continuous development of improvement capability and capacity and to guarantee systems are in place to identify, measure and develop characteristics of organisational culture conducive to learning and improvement.

Staff can request a debrief conversation via the Trust Incident Reporting System to support staff affected by patient safety incidents and allows time to share thoughts and feelings and help build

emotional resilience as a team. This is not a self-indulgent activity, but essential to maintain the psychological safety and just and learning culture within the organisation.

As the Covid-19 pandemic has been an emergent and fast-moving situation and, as we transition from emergency planning to recovery, teams need to keep adapting and refining their approaches as they learn more about what is needed and about how they need to work together.

The Trust will be implementing the NHS Patient Safety Strategy: Safer culture, safer systems, safer patients during 2021 / 2022 which focuses on development of cultures, systems and behaviours necessary to respond to patient safety incidents in a way that ensures we learn from them and improve.

### **3. System-wide quality and safety forum**

#### **We will establish a system-wide quality and safety forum to improve safety across discharge pathways**

This priority was successfully achieved during 2020 / 2021.

Throughout the Covid-19 pandemic, the Trust's Clinical Risk Management Group has continued to meet virtually on a weekly basis to review incident themes and trends. National changes to the discharge processes resulting from the pandemic have highlighted the increasing need to assure safety across discharge pathways.

The Trust recognised that collective, system-wide partnership working will be the most effective approach to reviewing multiple data sources to identify themes and trends to improve discharge processes and outcomes for individuals. Establishing a system-wide quality and safety forum has provided an effective governance framework to support continuous quality improvement in respect of discharges.

# Experience

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## Progress made during 2020 / 2021

### 1. Feedback from identified groups

#### **We will use a range of feedback from identified groups utilising population health data to improve access and experience of services**

This priority was partially achieved during 2020 / 2021 given the pandemic situation, 'Your Voice' group continued to meet however it was limited in terms of ability to improve the experiences of services.

Feedback mechanisms have been strengthened to gain a deeper understanding of community services, resulting in identification of key priorities to improve access and experience.

The Trust 'Your Voice' Group meets bi-monthly and whilst some meetings were cancelled during the peak in Covid-19 cases, the group has continued to meet, albeit virtually, with the Trust to provide an update on the Trust's response to Covid-19 and to support any questions or signposting members of the group raised on behalf of the wider membership community.

The members of the group share an understanding of common issues affecting local people in relation to services provided by the Trust and during 2020 / 2021, a member of the Wirral Older People's Parliament joined the group which provided further useful engagement.

The group has terms of reference in place which are currently under review with support from the group. During 2020 / 2021 the focus of the Your Voice group was on the Trust's response to Covid-19, access to services and the reset and restoration plans across the Trust.

The purpose of the group is to:

- Improve the experiences of people receiving care from the Trust
- Input and share views of service redesign and key projects to ensure equality of services
- Review and discuss Trust related data / intelligence including:
  - Patient / user / citizen feedback
  - Compliments, concerns and learning from complaints
  - Scores from the Friends and Family Test (FFT) – due to the Covid-19 pandemic, FFT was stepped down nationally and the Trust did not have to submit any data from March 2020 – November 2020, submission re-commenced December 2020
  - Patient / user experience aspects of the Trust's quality goal

Our Young Person participation and experience group 'INVOLVE' consists of both Wirral and Cheshire East members ranging from 13 – 19 years of age.

The main role of this group is to bring forward opportunities to improve our children and young people's service through understanding the lived experiences of our communities. Our services work closely with the group to co-design, co-produce and co-evaluate what we offer to ensure we continue to offer the right services in the right place and at the right time.

In the past year, we have moved our groups to a virtual platform and the group has continued to engage and support developments such as our new children and young people's website, chat health text messaging services and the on-going development of social media engagement platforms.

The group has welcomed and supported services across the system including sexual health, Wirral University Teaching Hospital and Local Authority contextual safeguarding services.

## **2. Infection Prevention and Control (IPC) guidance**

### **We will develop clear Infection Prevention and Control guidance for staff**

This priority was successfully achieved during 2020 / 2021.

This priority builds on the principles of psychological safety during the Covid-19 pandemic, where understandably there has been heightened concerns.

At the beginning of the Covid-19 pandemic in 2020, the Health and Safety Executive (HSE) and Public Health England (PHE) produced recommendations for the Covid-19 Infection Prevention and Control guidance in health care settings. The Trust implemented all the legislative guidance to keep staff, patients, service users and members of the public safe when using our premises or attending essential face to face consultations.

Control measures were put in place, for example:

- As many employees as practicable to work from home with suitable IT equipment to enable remote working
- Staff to ensure they remain 2 metres away from other people at all times
- Minimise all meetings and gatherings in the workplace. Meetings that were essential must abide by the Social Distancing rule
- The use of video conferencing technology instead of face to face meetings
- Furniture moved and selected desks left vacant to ensure 2 metre distance
- Frequent cleaning and disinfecting objects and surfaces that are touched regularly
- Review work schedules including start and finish times to reduce the number of staff on the premises at any one time

- Wearing of surgical face masks while at work, washing hands frequently and use of alcohol hand gel

The Trust will continue to be responsive to the pandemic, continually developing clear IPC guidance for staff that continues to reflect national standards and best practice guidance to assure safety.

### **3. Transfer of Care documentation**

#### **We will improve the transfer of care documentation to maximise people's experience of the discharge process**

This priority was successfully achieved during 2020 / 2021.

There is an increasing requirement to assure safety when people are being transferred between service providers, based on effective communication to ensure seamless transitions of care.

The Trust focused on improving the transfer of care documentation with system partners, which has ensured there is a consistent, expected standard of documented communication to maximise people's experiences of the discharge process. This is increasingly important during the fast pace of change resulting from the Covid-19 pandemic.



# Effectiveness

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## Progress made during 2020 / 2021

### 1. Virtual Covid Ward

#### **We will implement a Wirral Covid Virtual Ward targeting groups with higher risk factors based on population health analysis**

This priority was successfully achieved during 2020 / 2021.

The Trust is committed to continually providing high quality responsive services that meet the changing needs of the population. We implemented a Covid Virtual Ward to keep people safely at home for as long as possible during the pandemic.

The Covid virtual Ward provided an enhanced package of remote monitoring of people who were at risk of deterioration or admission to hospital as a result of Covid-19 due to pre-existing risk factors.

The whole system engagement with the Council, Clinical Commissioning Group, Primary and Secondary care and logistical help from Trust system support / IT / Estates / Business Intelligence and Business Support Unit was exemplary. Everyone involved from administrative support to executive leadership team knew the service had an opportunity to support patients with Covid-19 during uncertain times and to reduce the pressure on our secondary care services.

The growing telehealth team had reassigned staff from cardiac rehabilitation, 0-19 service, podiatry, community matrons and administrative support and were constantly learning new skills and feeling their way to deliver a service that was new to all.

Covid Oxymetry @ Home saved lives of people within our communities and reduced pressure on the already overwhelmed NHS Services.

### 2. Personal Protective Equipment (PPE)

#### **We will ensure that staff always have access to the correct Personal Protective Equipment (PPE) in line with national guidance**

This priority was successfully achieved during 2020 / 2021.

Trust Infection Prevention Control team implemented various guides and action cards to ensure safety of staff / patients and service users at the beginning of the Covid-19 pandemic.

The Trust Contingency Plan aligns with the current evidence from Centre for Disease Control (CDC) and World Health Organisation (WHO) guidance on optimising the supply of PPE and the use of PPE when in short supply.

The Trust has an inventory management system in place for current stock and PPE usages rates to provide early warning of stock shortages. This process aligns with national guidance on the appropriate use of PPE.

Infection Prevention and Control team are working collaboratively across the region to ensure sufficient supplies of PPE are distributed appropriately to support the health and safety of staff and patients / service users.

Audits were carried out throughout 2020 / 2021 to ensure compliance with PPE guidance

### **3. Rehabilitation bed capacity**

#### **We will develop additional rehabilitation bed capacity within Wirral**

This priority was successfully achieved during 2020 / 2021.

The pandemic highlighted the importance of providing high quality services within the community to minimise bed pressures within hospital environments. To support the Wirral system, the Trust opened an in-patient Community Intermediate Care Centre providing additional bed capacity to support the Wirral System. This ensured that people were effectively supported to receive the right care at the right time, maximising personal goals to support independence.

# NHS Staff Survey

## Summary of performance – results from the NHS staff survey

2020 was the tenth survey since the Trust was established in 2011. The findings provide an opportunity for trusts to improve working conditions and practices and to monitor their pledges to staff.

The survey method was by electronic surveys. The overall final response rate was 52% which was the same as the previous year. The community average was 58%.

The survey has been split into 10 themes:



5

This year also had questions relating to working during COVID-19.

We improved our performance in 4 themes and maintained performance in 3 compared to the 2019 results. Scores declined in 3 areas.

We showed above average performance in 2 themes, average in 2 and below average in 6 when comparing to other community trusts.

## **A different approach**

This year we have shared results at a local level so we could have “deep dives” and hold team talks about the results and what they mean at a team level. Each team then agreed one “Team Intention” and recorded this on the Standard Assurance Framework for Excellence (SAFE) system for monitoring and assurance.

In April we commenced using the monthly NHS Pulse Survey process to test, monitor and adapt our approach to our Staff Survey results .

## **Future priorities and targets**

In response to the 2020 staff survey results there will be 4 key actions under the following themes:

- Health and wellbeing – Taking positive action on health and wellbeing.
- Team working - Involving people in decisions affecting their work and meeting regularly as a team.
- Quality of care and support – Ensuring staff can provide the care they aspire to.
- Morale - Having the time, resources and staff to do the job. Recognition for good work.

These key themes will be linked into existing strategies including the People and Quality Strategies, our engagement programme “Shaping Our Future” and will form part of our Restore and Reset Plans for 2021/2022.

Monitoring of the Team Intentions will be undertaken through the divisional SAFE meetings and the monthly Pulse Survey results will be shared through local groups including management meetings, JUSS (staff side) and Staff Council. Assurance of progress of actions identified will be through the Education and Workforce Committee.

# Priorities for Improvement 2021 / 2022

## QUALITY PLAN 2021-2022

Supporting our populations to thrive through a preventative, personalised, holistic and integrated approach with the person at the heart of every conversation and decision  
Working with system partners to optimise wellbeing and independence

Engaged populations	Effective and innovative	Safe care & support every time
<p>We will involve people as active partners in their wellbeing and safety, promoting independence and choice by...</p> <ul style="list-style-type: none"> <li>• Embedding a more inclusive approach which promotes the rights, strengths and wellbeing of people, families and communities</li> </ul> <p><b>We will support this by...</b></p> <ul style="list-style-type: none"> <li>• Working with Healthwatch and other partners to actively seek insights into the needs of people, recognising the expertise people and communities have</li> <li>• Building engagement skills across all services</li> <li>• Positioning 'what matters to me' and co-production as a core feature of personalised care &amp; support planning and continuous quality improvement</li> </ul>	<p>We will nurture an improvement culture focused on consistently delivering effective, efficient care and support by...</p> <ul style="list-style-type: none"> <li>• Trusting, liberating and empowering staff to innovate and test new ideas</li> </ul> <p><b>We will support this by...</b></p> <ul style="list-style-type: none"> <li>• Adopting a clear QI methodology which is easy to understand, implement and measure</li> <li>• Establish a QI faculty to coordinate training and development of staff in line with agreed competencies framework</li> <li>• Building a system to track QI projects across the organisation</li> <li>• Hosting celebration and sharing events throughout the year</li> </ul>	<p>We will nurture a positive safety culture , promoting psychological safety and supporting reflection by...</p> <ul style="list-style-type: none"> <li>• Focusing on identified safety priorities (falls prevention and safe discharge) and launching our new Just and Learning campaign</li> </ul> <p><b>We wil support this by...</b></p> <ul style="list-style-type: none"> <li>• Implementing Team Time and Schwartz Rounds</li> <li>• Building the skills of identified safety specialists</li> <li>• Strengthening our system of disseminating learning across the organisation</li> <li>• Further embedding CRMG, SAFE and Datix as key systems for assuring safety across health and social care</li> </ul>

## POPULATION HEALTH FOCUS

Building back fairer – working with communities and system partners to optimise inclusion and tackle inequalities  
Appropriate access to care and support – expanding the benefits of digital inclusion  
Coalition of safety and improvement across system – leading the way in keeping people safe

# Engaged populations

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## Priorities for Improvement 2021 /2022

### **Priority 1: Achieve a Trust wide consistent approach to patient engagement and co-production**

We will achieve this by:

- Patient experience mechanisms embedded across all services
- Learning from the voice of the patient embedded into everyday practice and Quality Improvement
- Effective tools and resources to all services to gather feedback and insight
- Patient feedback and co-production will be embedded in the governance structure for assurance and recognition

### **Priority 2: Staff will be empowered to deliver high quality, person-centred care that responds to the needs and preferences of people who access our services**

We will achieve this by:

- Increasing experience of care feedback
- Increase co-production
- Learning from concerns and complaints and embedding the learning
- Increase use of Patient Reported Outcome Measure, Therapy Reported Outcome Measure and Activation measures

### **Priority 3: Inclusion and Equality will be embedded throughout the organisation to ensure that services get it right for everyone.**

We will achieve this by:

- Using patient demographics to review which services are being received and by who
- Equality impact assessments completed and actions identified to bring about improvements if required

# Effective and innovative

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## Priorities for Improvement 2021 / 2022

### **Priority 1: Achieve a Trust wide consistent approach to Quality Improvement (QI)**

We will achieve this by:

- All services will have access to and capability to use a clear, simple methodology for QI
- QI model will be re-launched across the organisation
- Standardise QI project templates and agree thresholds for capturing QI more formally
- Quality Improvement and engagement tools and resources will be available to all staff

### **Priority 2: Achieve a Trust wide consistent approach to sharing and celebrating QI, innovation and research**

We will achieve this by:

- Beyond Boundaries campaign with 1 – 2 stories per month shared via The Update bulletin
- Embed system for celebrating QI success at all levels, through governance structures, team meetings, Divisional SAFE, SAFE Steering Group and up to the Board
- Internal and external celebrations – QI staff awards (build on existing structure) and external awards

### **Priority 3: All staff will have access to a level of QI training to support building capability across the Trust**

We will achieve this by:

- QI training needs analysis will be completed and aligned to national best practice
- Develop a sustainable approach to building QI capability
- Establish a QI faculty / academy

# Safe care and support every time

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## Priorities for Improvement 2021 / 2022

### **Priority 1: We will implement the National Patient Safety Strategy**

We will achieve this by:

- Identify current Patient Safety Specialists within the Trust
- Patient Safety Specialists to be trained in line with National Patient Safety syllabus
- Identify and review the current client / patient safety policies and procedures
- Develop safety strategy framework utilising existing pathways on individual, team, divisional and trust wide level

### **Priority 2: We will further embed our Just and Learning Culture**

We will achieve this by:

- Developing a survey to identify staff's current understanding of governance arrangements for learning within the organisation
- Developing a survey to identify staff's current understanding of how the Just and Learning Culture is implemented within the organisation
- Ensure a Just Culture approach is embedded at local, divisional and organisational level
- Launch Schwarz Rounds as part of our Just and Learning Culture



## 2.2 Statements of assurance from the Board

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### Review of services

1. During 2020 / 2021, Wirral Community Health and Care NHS Foundation Trust provided and / or sub-contracted 45 relevant health services.

1.1 Wirral Community Health and Care NHS Foundation Trust has reviewed all the data available to them on the quality of care in 45 of these relevant health services.

1.2 The income generated by the relevant health services reviewed in 2020 / 2021 represents £60.9 million of the total income generated from the provision of relevant health services by Wirral Community Health and Care NHS Foundation Trust for 2020 / 2021.

### Participation in clinical audit

#### National Clinical Audit

2. During 2020 / 2021, 2 national clinical audit and 0 national confidential enquiries covered relevant health services that Wirral Community Health and Care NHS Foundation Trust provides.

2.1 During that period, Wirral Community Health and Care NHS Foundation Trust participated in 100% of national clinical audits and 0% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

2.2 The national clinical audits and national confidential enquires that Wirral Community Health and Care NHS Foundation Trust was eligible to participate in during 2020 / 2021 is as follows:

- BASHH Chlamydia – online submission to BASHH
- National Audit for Cardiac Rehabilitation

2.3 The national clinical audits and national confidential enquiries that Wirral Community Health and Care NHS Foundation Trust participated in during 2020 / 2021 is as follows:

- BASHH Chlamydia – online submission to BASHH
- National Audit for Cardiac Rehabilitation

2.4 The national clinical audits and national confidential enquiries that Wirral Community Health and Care NHS Foundation Trust participated in, and for which data collection was completed during 01 April 2020 – 31 March 2021, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audit	Number of cases submitted (%) of the number of registered cases
Sexual Health - BASHH Chlamydia - online submission to BASHH	Figures are sent directly to BASHH from the laboratory not the Trust
National Audit for Cardiac Rehabilitation	100%

2.5 – 2.6

These sections are not applicable to the Trust, as there have been zero national clinical audit reports published during the reporting period in which the Trust has participated.

2.7– 2.8 Local Clinical Audits

The reports of **31** local clinical audits were reviewed by the provider in 2020 / 2021 and Wirral Community Health and Care NHS Foundation wants to showcase all the areas of good practice that have come out of the audits. A sample of the audits undertaken are below.

### Adult Community Division

#### Community Nursing: Compliance with Trust Standard Operating Procedure and Clinical Protocol for the Management of Wounds (Pressure Ulcers)

Standard: Wirral Community Health and Care NHS Foundation Trust: Standard Operating Procedure Pressure Ulcer Prevention and Management

**Aim:** To ensure compliance with Trust Policy for the management of pressure ulcers

#### Areas of Good Practice:

**100%** of records had evidence that:

- Site of pressure ulcer recorded on wound assessment template
- Skin integrity check offered
- Pressure ulcer categorised using European Pressure Ulcer Advisory Panel (EPUAP)
- Tissue type documented

**97%** of records had evidence of:

- Medical history documented or referenced to GP summary
- Surrounding skin checked and documented

**95%** of records had evidence of:

- A body map chart
- Photograph taken on first face to face contact or within 48 hours, or rationale documented

#### Priority Areas for Improvement:

Priority improvements are required for standards that were 69% or lower:

- A Malnutrition Universal Screening Tool (MUST) undertaken on first face to face contact or within 48 hours
- If pressure ulcer is below the knee, an ABPI to be completed
- Pain documented at every visit

- Pressure ulcer category 2 and above to be reported on Datix

## **Community Nursing: Compliance with Trust Clinical Procedure Leg Ulcer Management**

Standard: Wirral Community Health and Care NHS Foundation Trust: Clinical Procedure for Leg Ulcer Management

**Aim:** To ensure compliance with Trust Clinical Procedure for the Management of Leg Ulcers

### **Areas of Good Practice:**

**100%** of records had evidence that:

- Verbal consent obtained from patient for examination
- Number of wounds documented
- Wound type / classification
- Date wound occurred / wound duration (approx.)
- Treatment aim
- Planned re-assessment date (care plan)
- Length, width and depth of wound
- Wound bed tissue amount (granulation)
- Description of wound margins
- Photograph of wound
- Examination of surrounding skin (colour and condition)
- If patient in pain, wound pain frequency documented
- Where relevant, is the amount of exudate recorded (high, medium, low)
- Where relevant, is consistency / type of exudate recorded (thick, thin, colour, serous blood)
- If there are signs of infection is this described in the assessment
- Wound swab taken if required

**98%** of records had evidence of:

- The site of ulcer recorded on body map section of the wound template or wound site field
- Wound bed tissue type
- Wound pain assessed
- Odour occurrence documented

**97%** of records had evidence of photograph taken monthly thereafter

**95%** of records had evidence of:

- Risk factors for delayed healing documented
- Impact of the wound on quality of life (physical, social and emotional)
- NEWS2 risk assessment

**93%** of records had evidence of risks and benefits discussed

**90%** of records had evidence of the completion of Braden risk assessment

### **Priority Areas for Improvement:**

Priority improvements are required for standards that were 69% or lower:

- Documented information provided to patients and carers
- Left ankle brachial pressure index (ABPI) fully recorded

- Right ankle brachial pressure index (ABPI) fully recorded
- Left ankle circumference recorded
- Right ankle circumference recorded
- Signs of venous disease (lower limb specific)
- Assessment of arterial supply

## Urgent and Primary Care Division

### Dental: Compliance with record keeping dental standards from assessment appointment for children attending for Exodontia under General Anaesthetic

Standard: Clinical Protocol for documentation for children attending for exodontia under general anaesthetic – clinical records and patient information

**Aim:** To ensure compliance with dental record keeping standards for children attending for exodontia under general anaesthetic

### Areas of Good Practice:

**100%** of records had evidence that:

- Charting on assessment form was completed
- Treatment plan entered on to yellow General Anaesthetic (GA) form
- Treatment plan on Software of Excellence (SOEL)
- All permanent teeth planned for extraction have radiographs

**98%** of records had evidence of:

- Written consent signed by assessing dentist
- Parental responsibility form completed
- Written consent signed by person with parental responsibility

**95%** of records had evidence of:

- Charting on SOEL completed
- Medical history entered onto SOEL

**93%** of records had evidence of:

- Paper medical history form completed
- Paper medical history for signed and dated

**90%** of records had evidence of treatment plan, consent form, yellow GA form and Tooth Extraction Surgical Safety Checklist (TESSC).

### Priority Areas for Improvement:

No priority improvements were required as no standards scored 69% or less.

## Adult Social Care Division

### Adult Social Care: Compliance with Care Act 2014 in relation to assessments, support planning and eligibility criteria

Standard: The Care Act 2014

**Aim:** To ensure compliance with the Care Act 2014 in relation to assessments, support planning and eligibility criteria.

#### Areas of Good Practice:

**92%** of records had evidence that eligibility has been recorded and evidenced

#### Priority Areas for Improvement

The service is non-compliant with the following standards:

- Last assessment / review completed within 28 days of the contact being received
- Assessment / review reflects the individual's views
- Assessment / review reflects the individual's representative
- Assessment accurately reflects the individual's needs and is outcome focused
- Evidence the Care Act assessment is being quality assured
- Support plan outcome focused
- Evidence of the assessment and support plan signed off, and who by
- Sufficient detail on the plan to enable a care provider to understand the person's needs and outcomes
- If an indication that a person lacks capacity a Mental Capacity Assessment needs to be completed
- If a Best Interest meeting is indicated this is to be completed
- Care Act assessment completed within 12 months
- A review / reassessment completed within 12 months
- A carer is recorded on the record, evidence of an assessment being offered and completed

### Adult Social Care: Open Section 42 Safeguarding Enquiries

Standard: The Care Act 2014 (Section 42 Enquiries)

**Aim:** To ensure compliance with the Care Act 2014 regarding the implementation of Section 42 Enquiries

#### Areas of Good Practice:

**100%** of records had evidence that:

- safeguarding case notes on Liquid Logic
- Initial contact was made by allocated safeguarding social worker within appropriate time frame
- Views / outcome of the individual were documented
- Confirmed and documented the individual referred is safe and if not there is a plan in place to keep that person safe or mitigate the risk

- A formal strategy meeting to be held and minutes uploaded into Liquid Logic
- If Section 42 enquiry exceeds 28 days, a rationale for exceeding the 28 days was documented within Liquid Logic

**98%** of records had evidence that case notes were robust and defensible (contemporaneous, objective, regular contact, telling a story, actions followed up on)

### Priority Areas for Improvement

The service is non-compliant with the following standards:

- An initial strategy discussion to be held and actions documented on Liquid Logic
- Section 42 enquiry document initiated and data entered
- Documented whether the person has capacity to consent to the Section 42 enquiry
- If the person lacks capacity a person needs to be identified who can advocate on their behalf
- If there are concerns individual lacks capacity regarding Section 42 enquiry a Mental Capacity Assessment must be carried out
- If they do not have an individual to act on their behalf a referral to advocacy service must be made

### Trust wide Division

#### Trust-wide: Record Keeping: Clinical and Social Care Audit Results

Standard: Wirral Community Health and Care NHS Foundation Trust: Policy for Managing the Quality of Care Records: (2020) GP06

**Aim:** To audit compliance with Wirral Community Health and Care NHS Foundation Trust 'Policy for Managing the Quality of Care Records'

#### Areas of Good Practice:

**100%** of records had evidence that:

- All entries belong to the correct patient
- Notes have been written with the involvement of patient and/or carer
- Scanned documents were attached to the correct patient record
- Numbered multiple paged document: All of the pages been scanned

**99%** of records had evidence that:

- All recorded entries were free from offensive or subjective statements
- All records were written in terms the patient could understand or the information has been summarised in terms they could comprehend (e.g. no jargon)

**98%** of records had evidence that:

- Patients NHS Number recorded
- A personalised care plan is in place
- The document was positioned correctly e.g. the right way around to view
- The text on the scanned document was legible
- All of the images on the scanned document were clear

**97%** of records had evidence that:

- If record contains any reference to allergies, this information is captured within the correct template e.g. SystmOne sensitivities and allergies / SOEL / Exact

**94%** of records had evidence of:

- Written evidence of agreed consent from the patient to receive their planned intervention, care or treatment (or evidence of discussion / consideration re best interests)

### Priority Areas for Improvement

Improvements are required for the following standards:

- Entry written contemporaneously within 24 hours
- Next of kin / emergency contact details recorded within correct template in SystmOne groups and relationships / other system
- Abbreviations, if used, to be contained within an agreed abbreviations list (If an abbreviation has been used, not on an agreed list, it should be written out in full at the beginning of each individual entry)
- Record to contain reference to allergies

### Trust-wide: Clinical and Social Care Supervision Audit including Preceptorship during the COVID pandemic

Standard: Clinical Protocol for Supervision and Preceptorship: CP95 (2018)

**Aim:** To measure standards set by the Care Quality Commission (Outcome 14 Supporting Workers) and Wirral Community Health and Care NHS Foundation Trust Clinical Protocol for Supervision and Preceptorship, adapted to reflect changes in practice during the COVID pandemic

### Areas of Good Practice:

#### Clinical Supervision:

- **95%** of respondents had a supervision session in the last 4 months
- **88%** of respondents stated the frequency of their supervision stayed the same
- **70%** of respondents stated the delivery of supervision stayed as a 1 to 1 session

#### Quality of Supervision:

- **93%** of staff felt heard and engaged throughout their session
- **89%** of staff felt supported to engage in effective reflection to learn and develop
- **89%** of staff felt their supervision session was focused on their current workload
- **87%** of staff felt their supervision session helped them to feel supported in their work
- **80%** of staff felt the session was valuable to help them deliver harm free care
- **76%** of staff felt the session helped them to enhance their clinical skills

#### Social Care Supervision:

- **100%** of social care staff felt the session enabled them to reflect on their practice / and to seek / receive advice and support from their supervisor
- **100%** of social care staff keep a written record for each supervision session
- **96%** of social care staff stated that a minimum of 2 casework records were reviewed / discussed at each session
- **93%** of social care staff stated that each supervision session lasted a duration of 60-90 minutes

- **93%** of social care staff had monthly supervision
- **79%** of social care staff have a supervision contract

#### **Preceptorship:**

- **95%** of new starters were allocated a preceptor during their first week of induction
- **95%** of new starters have a preceptorship handbook

#### **Safeguarding:**

- **100%** of action plans are clear with outcomes discussed at subsequent supervisions
- **100%** of records had evidence of risk and protective factors discussed during supervision
- **95%** of health visiting staff had safeguarding children supervision every three months

### **Priority Areas for Improvement**

Improvements are required for standards that scored 70-89%:

- 89% of new starters do/did have contact with their preceptor at least monthly
- 89% of new starters have a record of the preceptorship contact
- 79% of new starters had a preceptorship contract

### **COVID Audits**

#### **Trust-wide: Monitoring of COVID-19 Related Risks**

**Aim:** To provide assurance that COVID-19 related risks are being reviewed and updated

#### **Results:**

- All risks evidenced clear action plan / actions outlined in Datix
- All risks evidence regularly reviewed and updated
- All risks had dates associated with actions

**High level of assurance:** Robust process in place for COVID related risks

#### **Trust-wide: Supporting Staff who have been reassigned**

**Aim:** To provide assurance through an audit that those staff who have been reassigned during the COVID pandemic have received the appropriate training and supervision

#### **Results:**

Staff employed by Wirral Community Health and Care NHS Foundation Trust who have been reassigned to another service during the COVID-19 pandemic

18 responses were received from: physiotherapy, podiatry, dietetic paediatrics, dental and health visiting services

- **100%** of reassigned staff who participated in the audit felt that they had received appropriate training and equipment



- **94%** of reassigned staff who participated in the audit had access to appropriate high quality supervision
- **93%** of reassigned staff who participated in the audit know the new division, service and service speciality of the team that they are reassigned to
- **78%** of reassigned staff are aware of the type of incidents that they should be reporting

Action taken: Communication to staff via email, teams, COVID-19 bulletin to highlight changes to Datix and importance of raising incidents

### Trust-wide: Segmentation and Care Provision

**Aim:** To provide assurance that services have segmented caseloads to prioritise at risk and vulnerable groups and evidence high quality care during the COVID-19 pandemic in line with NHS England: COVID-19 prioritisation within community health services

#### Results:

Services identified from NHS England: COVID-19 prioritisation within community health services updated 2 April 2020

- Each service had evidence of triage / segmentation and a process for face to face / telephone or video consultation
- Evidence of the provision of high quality care during the COVID-19 pandemic (evidence of personalised care, care plan / follow up)
- Evidence flagging high risk patients

**High level of assurance:** Evidence of compliance with NHS England documentation

### Trust-wide: Social Distancing in the Workplace

**Aim:** To provide assurance that Wirral Community Health and Care NHS Foundation Trust services are adhering to social distancing guidance

#### Results:

- Hand washing facilities are available to staff
- Working from home arrangements were implemented, where possible, including agile working arrangements
- 2m social distancing rules been applied in office spaces
- Clear notices to inform workforce
- Maximum capacity of employees in office spaces reviewed / not exceeded
- Staff are utilising work spaces with a 'tick'

Significant level of assurance for social distancing implementation in the workplace

#### Actions undertaken:

Notices provided / assessment of work space undertaken by estates / ticks placed on desks

## Trust-wide: Use of Personal Protective Equipment (PPE)

**Aim:** To provide assurance that staff are documenting the use of PPE when conducting face to face visits

### Results: (6 audits)

**94%** (227/242) of face to face visits had evidence of PPE usage

5 entries had PPE usage evident in consultation notes, this equates to **96%** (232/242) of all entries audited

**93%** (149/161) of face to face visits had evidence of PPE usage

5 entries had PPE usage evident in consultation notes, this equates to **96%** (154/161) of all entries audited

**91%** (285/313) of face to face visits had evidence of PPE usage

8 entries had PPE usage evident in consultation notes, this equates to **94%** (293/313) of all entries audited

**96%** (286/297) of face to face visits, including clinics had evidence of PPE usage, 2 entries had PPE usage evident in consultation notes, this equates to **97%** (288/297) of all entries audited

**96%** (239/250) of face to face visits, including clinics had evidence of PPE usage, 6 entries had PPE usage evident in consultation notes, this equates to **98%** (245/250) of all entries audited

**97%** (229/235) of face to face visits, including clinics had evidence of PPE usage, 5 entries had PPE usage evident in consultation notes, this equates to **99.5%** (234/235) of all entries audited

### High level of assurance:

Evidence of 90% and over achieved for documenting use of PPE for each audit

## Trust-wide: Adherence to Hand Hygiene Standards

**Aim:** To provide assurance that Wirral Community Health and Care NHS Foundation Trust clinical staff are adhering to hand hygiene guidance

### Results:

- **97%** of staff were bare below the elbow including not wearing an activity tracker
- **96%** of all staff were adhering to the Trust uniform policy
- **98%** of staff were free from nail varnish / false nails / nail art
- **98%** of staff were wearing a wedding ring that complies with guidance of maximum one flat band wedding ring

### Summary:

The audit results provide evidence of compliance which reflects the results shown on SAFE hand hygiene essential steps inspection dashboard for quarter one. This provides assurance that the staff are following policy and demonstrating best practice.

## Participation in Clinical Research

- 3 The number of patients receiving relevant health services provided or sub-contracted by Wirral Community Health and Care NHS Foundation Trust in 2020 / 2021 that were recruited during that period to participate in research approved by a research ethics committee was zero.

## Commissioning for Quality and Innovation Payment Framework (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.

- 4 All contract monitoring was suspended during 2020 / 2021, of which the CQUIN payments are a part. There were no CQUIN payments in the financial year 2020 / 2021

## Care Quality Commission Registration

- 5 5.1 Wirral Community Health and Care NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration is 'Requires Improvement'. Wirral Community Health and Care NHS Foundation Trust has no conditions on registration and the Care Quality Commission has not taken enforcement action against the Trust during 2020 / 2021.
- 6 6.1 The Trust was inspected by the CQC in 2018. In March 2020 the CQC issued the Routine Provider Information Request (RPIR) to the Trust for submission, but this process was stopped due to the COVID-19 pandemic and the response of the Trust to the national Level 4 incident. We look forward to resuming the CQC inspection process as soon as possible and the opportunity this will provide to demonstrate the significant improvements the Trust has made.
- 7 7.1 Wirral Community Health and Care NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

## Secondary User Service

- 8 8.1 Wirral Community Health and Care NHS Foundation Trust submitted records during 2020 / 2021 to the Secondary User Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 0% for admitted patient care
- 0% for outpatient care; and
- 99.6% for accident and emergency care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 0% for admitted patient care
- 0% for outpatient care; and
- 99.1% for accident and emergency care

## **Data Security and Protection Toolkit Attainment Level**

- 9 Wirral Community Health and Care NHS Foundation Trust's Data Security and Protection Toolkit overall score for April 2019 – March 2020 was graded Substantial Assurance. Attainment Levels April 2020-March 2021 have not been assigned as submission date is 30 June 2021.

## **Payment by Results clinical coding audit / Data Quality**

- 10.1 Wirral Community Health and Care NHS Foundation Trust were not subject to the Payment by Results clinical coding audit during 2020 / 2021 by NHS Improvement.

## **Learning from Deaths**

- 27.1 During 2020 / 2021, 43 of Wirral Community Health and Care NHS Foundation Trust patients died. The figure represents the total number of unexpected deaths rather than deaths from all causes. This comprised the following number of unexpected deaths which occurred in each quarter of that reporting period:

- 11 in first quarter – none attributable to the Trust
- 15 in the second quarter – none attributable to the Trust
- 11 in the third quarter – none attributable to the Trust
- 6 in the fourth quarter – none attributable to the Trust

- 27.2 By 31 March 2021, 43 case record reviews and 22 investigations have been carried out in relation to 43 of the unexpected deaths included in item 27.1.

In 22 cases an unexpected death was subjected to both a case record review and an investigation. The number of unexpected deaths in each quarter for which a case record review or an investigation was carried out was:

- 7 in the first quarter
- 8 in the second quarter
- 5 in the third quarter
- 2 in the fourth quarter

- 27.3 0 representing 0% of the patient unexpected deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter;
- 0 representing 0% for the second quarter;
- 0 representing 0% for the third quarter;
- 0 representing 0% for the fourth quarter

These numbers have been estimated using the Trust's mortality review screening tool, which are recorded centrally on the Trust's Datix incident reporting system. Each completed review tool is progressed through the Trust's mortality review group chaired by the Medical Director.

## Learning from deaths – case record reviews and investigations

27.4 The Trust’s Learning from Deaths Policy provides a framework for how the Trust will evaluate those deaths that form part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms.

The Trust’s Datix incident reporting system is aligned to the Learning from deaths policy to ensure prompt communication to the Medical Director, Deputy Chief Nursing and Chief Operating Officer for all unexpected deaths.

### Actions taken as a result from learning from deaths

27.5 Through review and analysis of reported incidents, the Trust has identified the benefit of a whole system approach to learning from deaths. As a result the Medical Director is actively engaging with providers across the Wirral health and social care economy to ensure shared learning opportunities are identified and appropriately disseminated to support collaborative working to continuously improve the quality of care provided.

### Assessing the impact of the quality improvement actions taken to learn from deaths

27.6 The impact of the system-wide approach to learning from unexpected deaths is assessed and monitored at the Trust’s mortality review group. The group will continue to closely monitor the impact of implementing a system-wide approach to learning from unexpected deaths during 2021 / 2022.

27.7 0 case record reviews and 0 investigations completed after 01 April 2021 which related to unexpected deaths which took place before the start of the reporting period.

27.8 0 representing 0% of the patient unexpected deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the case record review and investigation process.

27.9 0 representing 0% of the patient unexpected deaths during 2020 / 2021 are judged to be more likely than not to have been due to problems in the care provided to the patient.

## 2.3 Reporting against core indicators

Since 2012 / 2013 NHS Foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:

The number of patient safety incidents reported within the Trust during the reporting period:

Year	Total Patient Safety Incidents	Incidents coded as severe harm or death
2020/2021	4209	68 (1.61%)
2019/2020	4799	85 (1.77%)

2018/2019	4045	50 (1.24%)
2017/2018	3785	48 (1.27%)

Wirral Community Health and Care NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has an open, honest and transparent culture of learning from experience and actively promotes the reporting of patient safety incidents.
- Staff are encouraged to report all incidents to maximise learning, ensuring a culture of continuous quality improvement. This benefits services directly provided by the Trust, and broader system wide learning across the health and social care economy.

### Friends and Family Test Score

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

It asks people if they would recommend the services they have used. When combined with the supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

The friends and family question is incorporated into the Trust's your experience questionnaires, feedback cards, and our online form. Anyone who contacts the 'your experience service' by telephone will also be asked the question.

*'How likely are you to recommend our services to friends and family if they needed similar care or treatment?'*

Due to the Covid-19 pandemic, FFT was stepped down nationally and the Trust did not have to submit any data from March 2020 – November 2020, submission re-commenced December 2020

The table below shows monthly percentage of respondents who would recommend our services for care or treatment and the total number of responses:

Month / Year	% of those who would recommend our services for care or treatment	Total Number of responses
December 2020	97%	38
January 2021	97%	72
February 2021	100%	35
March 2021	98%	80

# Part 3: Other Information

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## Performance in 2020 /2021

### **3.1 Quality of care provided by Wirral Community Health and Care NHS Foundation Trust**

The Trust Board recognises that quality is an integral part of its business strategy and quality has been placed as the driving force of the organisation's culture.

Maintaining and improving quality and patient safety standards and processes in a dispersed community organisation is a challenge that is met through rigorous leadership driving an open culture for continuous improvement, high professional standards and low tolerance on non-compliance.

#### **Quality Strategy Themes**

Our Quality Strategy outlines our ambition for quality and commits the Trust to ensuring that quality forms an integral part of our philosophy, practices and business plans with responsibility for driving the quality agenda embraced at all levels of the organisation.

Our Quality Strategy is built around three local priorities:

- Person centred care
- Outstanding Safe Care Every Time
- Effective Care Every Time

# Service Innovation

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The Trust has an annual innovation fund which supports and introduces service transformation opportunities, driven by a culture of staff engagement and ownership.

A robust process for staff innovation applications has been developed and the projects must set out an innovative approach that makes a significant contribution to the evidence base for delivering high quality care.

All innovation proposals must meet the essential requirements of the scheme and address at least three of the specific CQC themes.

Due to Covid-19 pandemic, the innovation fund did not progress for 2020 /2021

## Innovation and Digital Platforms in response to Covid-19

As the Trust reacted to the Covid-19 pandemic, we became increasingly reliant on technology to support staff to work from home or work in different ways. The Information Technology (IT) team worked relentlessly to ensure we had safe and effective systems in place which included:

- Provision of additional computing endpoints to support front line staff / remote working
- Provision of mobile phones / data sim cards to support remote working
- Rollout of Microsoft Teams (MS) as the solution for video conferencing / virtual meetings enabling staff to work at home
- Adoption of Zoom for Business to meet specific use cases / virtual consultations for speech and language therapy teams
- Adoption of Attend Anywhere and AccuRX for virtual consultations and communication with patients reducing the need for face-to-face appointments in a clinic or care home
- System design, build and configuration of clinical workflows within the Trust's EPR system to support the Community Intermediate Care Centre / Step down wards at Clatterbridge
- Provision of enabling digital works for the Covid-19 vaccination centre at St Catherine's Health Centre (this was not needed in the end but the work involved was considerable)



# Learning from Incident Reporting

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## Performance in 2020 / 2021

The Trust is committed to delivering high quality, clinical care free from avoidable harm, ensuring patient safety. When patient safety incidents do occur, they are managed in an open and transparent manner, in accordance with the Duty of Candour, ensuring a culture of continuous improvement as a result of learning from experience.

Shared learning is communicated using a variety of methods, which can include:

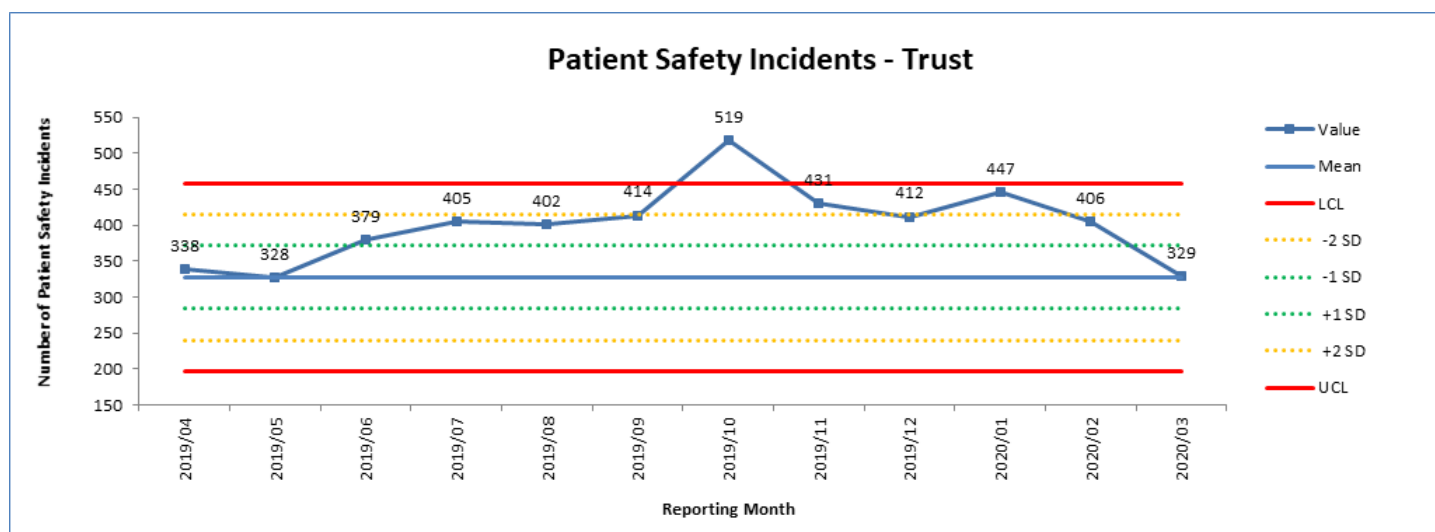
- Shared learning by listening to stories and learning from the experiences of people who have used our services
- Shared learning with the relevant teams to promote continuous quality improvements
- Reporting learning to commissioners as part of the quality contract monitoring
- Significant clinical incidents may be shared via the patient safety bulletin
- Significant medication incidents are shared via the Medicines Management bulletin
- Local procedures and policies are updated when significant learning needs to be incorporated for all staff to promote harm free care and to promote staff safety

### **Never Events**

During the 2020 / 2021 reporting period the Trust had zero never events

# Safety Incidents

## Patient Safety Incidents 1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021



## Patient Safety Incidents Severe Harm or Death as an Actual Degree of Harm

	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
Severe	0	0	0	0	0	0	0	0	0	1	0	1	2
Death	1	7	6	8	9	5	4	10	5	1	4	6	66
Total	1	7	6	8	9	5	4	10	5	2	4	7	68

Severe includes (Permanent or long term harm caused). Please note that none of the incidents resulting in deaths were attributable to the Trust.

### 3.2 Performance against relevant indicators and thresholds in the Risk Assessment and Single Oversight Frameworks

In accordance with the quality report for Foundation Trusts 2017/2018 guidance, the following indicators appear in both the Risk Assessment Framework and the Single Oversight Framework, and have been identified as being applicable to the trust.

Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway:

	<b>20/21</b>	<b>19/20</b>	<b>18/19</b>	<b>17/18</b>	<b>16/17</b>	<b>15/16</b>
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	100%	100%	100%	100%	100%	100%

A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge:

	<b>20/21</b>	<b>19/20</b>	<b>18/19</b>	<b>17/18</b>	<b>16/17</b>	<b>15/16</b>
A&E Maximum waiting time of four hours from arrival to admission/transfer/discharge	99.9%	99.65%	99.77%	99.19%	99.16%	99.57%

## Statement from NHS Wirral Clinical Commissioning Group

### Quality Account 2020/21

NHS Wirral Clinical Commissioning Group (CCG) is committed to commissioning high quality services from Wirral Community Health and Care NHS Foundation Trust. We take seriously our responsibility to ensure that patients' needs are met by the provision of safe, high quality services and the views and expectations of patients and the public are listened and acted upon.

This year has seen an unprecedented challenge on all NHS providers in response to the global pandemic and we would like to acknowledge the significant steps that have been taken by Wirral Community Health and Care NHS Foundation Trust to ensure high quality care during this year.

We welcome the opportunity to comment on this account and believe it reflects accurately quality performance in 2020/21 and sets out forthcoming priorities for 2021/22.

The account details how the trust has responded to meet needs across the system through redeployment of resources to undertake work directly in response to the pandemic including delivery of the COVID-19 satellite testing centre and additional IPC support into care homes. The CCG wish to acknowledge the support this provided to the whole Wirral system.

We also acknowledge the progress made in relation to the 2020/21 quality priorities with 8 achieved and 1 partially achieved. The eight achieved priorities cover aspects of safety, experience and effectiveness. The quality account provides details about how some of the priorities were achieved but not all have details of the outcome measures used, these outcome measures may be beneficial for the reader to fully appreciate the improvements made.

The partially achieved quality priority, relating to feedback from patient groups, was impacted upon by some of the restrictions relating to the pandemic response. This has been acknowledged as an area for improvement within the Clinical Quality and Risk meetings due to a limited response rate from the National Friends and Family Test both pre and post the national suspension of this process during the pandemic response. The trust has already indicated this is an aspect they will be working to improve and is recognised with engagement and co-production as a priority for 2021/22.

The continuation of local clinical audits during the pandemic has provided assurance in relation to several key clinical areas and the areas for improvement will be monitored together through the existing Clinical Quality and Risk meetings between the CCG and the trust.

The CCG acknowledges the challenges the trust has faced in relation to incident reporting rates during the year and this has been discussed through Clinical Quality and Risk Meetings. The reduction in incident reporting has in part related to the national step down of certain services and the aligned reduction in proportion of incidents relating to severe harm or death provides some assurance, however this remains a key area of focus that aligns to the trust priorities for safe care and support every time.

NHS Wirral CCG will continue to work in partnership with the Trust to assure the quality of services commissioned for the population over the forthcoming year.

A handwritten signature in black ink, appearing to read 'Paula', enclosed within a light grey rectangular border.

**Dr Paula Cowan**

**Chair**

**30<sup>th</sup> June 2021**

## Quality Account Commentary for Wirral Community Health and Care NHS Foundation Trust provided by Healthwatch Wirral CIC June 2021

*'Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.'*

*Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System*

Healthwatch Wirral (HW) would like to thank Wirral Community Health and Care NHS Trust for the opportunity to comment on the Quality Account for 2020/21.

### **Review of Performance in 2020/21**

It was positive to note the priority targets achieved during 2020/21.

The SAFE system appears to have been a good support during the pandemic. Hopefully, the effectiveness of this system will also support the Trust's Restore and Reset plans for a return to normal practice.

### **NHS Staff Survey**

It was positive to note that the Trust improved their performance in 4 themes and maintained improvement in 3. However, it was concerning that they performed below average in 6 themes in comparison to other Community Trusts. Healthwatch noted the actions that the Trust will be taking to address their performance and look forward to receiving updates on their progress.

### **Priorities for 2021/22**

The account detailed these in a comprehensive plan with clear rationale for choosing each priority.

We look forward to receiving quarterly reviews on progress against these priorities.

### **Friends and Family Test**

The Friends and Family Tests were stepped down until December 2020. It was pleasing to see that there was a good achievement in the months from December 2020 to March 2021 in the percentage of people who would recommend the Trust's services for care and treatment to family and friends.

## **Reporting against Core Indicators - Safety Incidents reported**

It was reassuring to read that the Trust has an open, honest, and transparent culture of learning from experience and that staff are encouraged to report all incidents to ensure continuous quality improvement.

### **Audits**

It was positive to note that WCHC participated in 100% of National Audits relevant to health services they provide.

Healthwatch noted the local audits and areas of good practice undertaken and look forward to hearing about progress particularly in areas that required improvements.

### **Covid Audit**

It was evident from the report that the Trust had a robust process in place for COVID related risks.

### **Never Events**

It is commendable that during the 2020 / 2021 reporting period the Trust had 0 Never Events

Healthwatch Wirral noted the extensive measures taken to maintain safe service delivery during the Covid 19 pandemic and were pleased that this was the Trusts overriding focus in 2020-2021

The Quality Account demonstrates how WCHC have worked flexibly and responsively to support the Wirral system during the pandemic.

HW appreciates the opportunity to comment on the report as a "critical friend" and we look forward to working with the Trust to support the implementation of the Quality Account and strategic plans.

*Elaine Evans*

Project Officer, Healthwatch Wirral  
On behalf of Healthwatch Wirral