

<b>Draft Annual Quality Account 2021/2022</b>		
<b>Meeting</b>	Board of Directors	
<b>Date</b>	15/06/2022	<b>Agenda item</b>
<b>Lead Director</b>	Paula Simpson, Chief Nurse	
<b>Author(s)</b>	Claire Wedge, Deputy Chief Nurse Alison Nugent, Quality and Patient Safety Improvement Practitioner	
<b>Action required</b> (please tick the appropriate box)		
<b>To Approve</b> <input checked="" type="checkbox"/>	<b>To Discuss</b> <input type="checkbox"/>	<b>To Assure</b> <input type="checkbox"/>
<b>Purpose</b>		
The purpose of this paper is to present the Draft Quality Account 2021/22 to Board of Directors and seek approval for publication.		
<b>Executive Summary</b>		
<p>Providers of NHS healthcare are required to publish a Quality Account each year in line with the NHS (Quality Accounts) Regulations 2010.</p> <p>All providers are required to publish their Quality Account on their public websites and submit to NHS England and NHS Improvement.</p> <p>There is no requirement to obtain external stakeholder reports this year, however, local commissioners and Healthwatch have agreed to provide a response to the Trust to include within the Quality Account prior to publication.</p> <p>NHS Foundation Trusts are not required to include a Quality Report in their annual report for 2021-22 but reference will be made to the published Quality Account.</p> <p>The report has progressed through the Trust's governance structure, including review by the Quality and Safety Committee.</p>		
<b>Risks and opportunities:</b> No risks identified.		
<b>Quality/inclusion considerations:</b> Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No Individualised care delivery is provided by the Trust ensuring compliance with equality and diversity standards for staff and people who use Trust services <input type="checkbox"/>		
<b>Financial/resource implications:</b> Delivery of high-quality services will support the Trust's financial position, reducing the potential for litigation and regulatory action <input type="checkbox"/>		
<b>Trust Strategic Objectives</b> Please select the top three Trust Strategic Objectives that this report relates to, from the drop-down boxes below.		
<input type="checkbox"/> Our Populations - outstanding, safe care every time	<input type="checkbox"/> Our Populations – provide more person-centred care	<input type="checkbox"/> Our Populations - improving services through integration and better coordination
<b>Board of Directors is asked to consider the following action</b>		

Board of Directors is asked to approve the Trust's Quality Account 2021-22		
<b>Report history</b>		
<b>Submitted to</b>	<b>Date</b>	<b>Brief summary of outcome</b>
Quality and Governance Committee	04/05/2022	QSC reviewed the draft and provided comments.
Executive Leadership Team	28/04/2022	ELT reviewed the draft and provided comments.



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# 1 Part 1: Introduction

## 1.1 Executive Summary

As a provider of NHS health services, we write this annual Quality Account for our staff, stakeholders and for the people who use our services. It reflects and demonstrates the importance our organisation places on quality.

The Quality Account 2021 / 2022 is divided into four sections.

**Part One** contains an introduction by the Trust Chair, the Chief Executive and the Chief Nursing Officer.

**Part Two** outlines our Trust vision and values and commitment to continuous quality improvement. It also details our response to a series of mandatory questions.

**Part Three** contains a review of our progress in 2021 / 2022.

**Part Four** looks ahead and contains our priorities for improvements for 2022 / 2023.

## 1.2 Introduction

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 2022 / 2023 coming year.

As the main provider of community health and adult social care across Wirral and with 0 -19 services in Cheshire East, 0-19 service for St Helen's and 0-25 service for Knowsley we aspire to achieve outstanding care and are committed to ensuring continuous quality improvements across the services we provide.

Our vision is to be a population-health focussed organisation specialising in supporting people to live independent and healthy lives.

**Together...**

we will support you and your community to live well.

**Compassion**

Supportive and caring, listening to others.

**Open**

Communicating openly, honestly and sharing ideas.

**Trust**

Trusted to deliver, feeling valued and safe.

A key strength of our Trust is how our teams are able to support people at critical points through their entire lives, enabling them to start, live, age and die well. We provide universal services focused on wellness as well as specialist services, working at the heart of communities and across whole Place footprints in Cheshire & Merseyside.

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 2021 / 2022, 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 2021 / 2022 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. We also 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.

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.

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.

There is not a requirement to have stakeholder feedback on the 2021 / 2022 Quality Account, however our local Commissioners and Healthwatch have agreed to provide a statement

### 1.3 Mandated Statement by Trust Chair and Chief Executive

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of the annual Quality Account (in line with requirements set out in Quality Account legislation).

In preparing their Quality Account, directors should take steps to assure themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the reporting period



- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with any Department of Health guidance The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

Trust CEO

Dated:

Trust Chair

Dated:

## 2 Part 2: Vision and Values and Commitment to Quality

### 2.1 WCHC Vision and Values

Throughout 2021 we embarked on developing our new Trust Vision and Values.

The development of our Values was driven by our staff. A cultural values assessment survey was undertaken with the workforce and then further focus groups to understand themes and meanings which sat behind the survey results. This allowed us to understand what mattered most to our workforce and more importantly for the staff to choose and own our organisational values. This led to the creation of **“Compassion, Open and Trust”**.

During 2021 we invited staff, governors, service users and our wider system partners to work with us in the creation of our 5-year strategy under the heading of “Shaping Our Future”. Through the gathering of local intelligence, understanding the national direction concluded in our ultimate vision, objectives and goals which are:



### 2.2 Staff Recognition

The Trust has for the last nine years held an annual Staff Awards ceremony that recognises the fantastic achievements and commitment of colleagues and teams

across the Trust. Unfortunately, due to the ongoing COVID-19 pandemic the awards could not go ahead for 2021 / 2022.

However, over the last two years, we have introduced alternative ways to celebrate and thank staff including 'Shout Outs' which welcome messages of thanks and recognition from all staff for each other across the Trust. So far, we have shared over one thousand 'Shout Outs' in The Update bulletins, each demonstrating our values of compassion, open and trust.



In March 2022 the Trust launched a new and refreshed Staff Recognition scheme along with the official launch of Team WCHC Staff Awards for 2022 which will be a wonderful culmination of all the amazing work of the Trust, the values and the people that make it a great place to work and receive care. It will also be an opportunity to welcome our new colleagues from St Helens and Knowsley who recently joined Team WCHC.



The Trust also introduced The Monthly Stand-Out to replace its previous Employee of the Month scheme. This monthly opportunity enables staff to expand on the shout outs and tell a more detailed story of how someone has stood out and demonstrated the Trust values in their role.



## 2.3 Mandated statements

### 2.3.1 CQC registration

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 2021 / 2022.

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.

Wirral Community Health and Care NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

### 2.3.2 Data security and protection toolkit attainment level

Wirral Community Health and Care NHS Foundation Trust submitted the 2020 / 2021 Data Security and Protection Toolkit in June 2021. The Trust were initially assessed as Standards Not Met, however, following implementation of an improvement plan the Trust were reassessed by NHS Digital as Standards Met in December 2021.

### 2.3.3 Clinical coding error rate

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.

### 2.3.4 Data quality

During 2021 / 2022, Wirral Community Health and Care NHS Foundation Trust provided and / or sub-contracted 61 relevant health services.

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

The income generated by the relevant health services reviewed in 2021 / 2022 represents £91 million of the total income generated from the provision of relevant health services by Wirral Community Health and Care NHS Foundation Trust for 2021 / 2022.

### 2.3.5 Central Alerts System (CAS) reporting

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS

Alerts available on the CAS website include National Patient Safety Alerts (from MHRA, NHS England and NHS Improvement and the UK Health Security Agency (UKHSA)), NHS England and NHS Improvement Estates Alerts, Chief Medical Officer (CMO) Alerts, and Department of Health & Social Care Supply Disruption alerts.

During the period 2021 / 2022 The Central Alerting System issues 46 alerts to Wirral Community Health and Care NHS Foundation Trust for consideration and potential dissemination and actions. There is robust oversight and governance for CAS alerts which are reviewed for relevance at the Clinical Assurance Group and Clinical Risk Management Group. Appropriate alerts are disseminated to relevant services via the Trust's Standards Assurance Framework for Excellence (SAFE) system

Of the 46 alerts issued:

- 31 had no response required and were shared for information only
- 10 had actions completed
- 5 no action was required

In all cases updates and actions were made on time and in line with CAS guidance.

### 2.3.6 Participation in national clinical audits and local audits

During 2021 / 2022, 2 national clinical audit and 0 national confidential enquiries covered relevant health services that Wirral Community Health and Care NHS Foundation Trust provides.

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.

The national clinical audits and national confidential enquires that Wirral Community Health and Care NHS Foundation Trust was eligible to participate in during 2021 / 2022 is as follows:

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

The national clinical audits and national confidential enquiries that Wirral Community Health and Care NHS Foundation Trust participated in during 2021 / 2022 is as follows:

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

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 2021 – 31 March 2022, 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%

There have been zero national clinical audit reports published during the reporting period in which the Trust has participated.

### **Local Clinical Audits**

Audit is part of a fundamental quality improvement cycle to measure the effectiveness of health and social care against agreed and proven national and local standards for high quality care.

The Trust have undertaken and published 33 local clinical and professional audits over 2021 / 2022. Progress against clinical and professional audits is tracked on the Trust's SAFE system (Standards Assurance Framework for Excellence). This ensures there is visibility and an active repository of evidence accessible to all staff.

Health and care audits are a way to support services and identify what's going well, to celebrate best practice and highlight opportunities for improvements. Clinical and professional audit is embedded into the Trust's governance structure to ensure that results are shared.

Published audit reports are shared with all staff and areas of good practice used as a springboard for further improvements. When areas are identified for improvement,

actions and leads are identified to support this improvement to happen and subsequent re-audits carried out as part of the Trust's continuous improvement cycle.

### 2.3.7 Management of National Institute for Health and Care Excellence (NICE) Guidance

During 2021 / 2022, NICE produced 134 new guidance. For the Trust:

- 117 were not applicable
- 15 were applicable and are under review
- 2 fully implemented

### 2.3.8 Learning from Deaths

During 2021 / 2022, 13 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:

- 5 in first quarter, none were attributable to the Trust
- 1 in the second quarter, none were attributable to the Trust
- 5 in the third quarter, none were attributable to the Trust
- 2 in the fourth quarter, none were attributable to the Trust

By 31 March 2022, 13 case record reviews and 11 investigations have been carried out in relation to 13 of the unexpected deaths detailed above.

In 11 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:

- 4 in the first quarter
- 1 in the second quarter
- 4 in the third quarter
- 2 in the fourth quarter



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.

These numbers have been estimated using the Trust's mortality review screening tool, which is 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**

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, Chief Nursing Officer and Chief Operating Officer for all unexpected deaths.

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

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**

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 2022 / 2023.

0 case record reviews and 0 investigations were completed after 01 April 2022 which related to unexpected deaths which took place before the start of the reporting period.

## 3 Part 3: Looking back over the last year 2021 / 2022

### 3.1 Quality Plan 2021 / 2022

During 2021 / 2022 the Quality Plan detailed below was implemented with great success

<b>QUALITY PLAN 2021-22</b> 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>We will support this by ...</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>We will support this by ...</p> <ul style="list-style-type: none"> <li>Adopting a clear QI methodology which is easy to understand, implement and measure</li> <li>Establishing 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 Just and Learning Culture campaign</li> </ul> <p>We will support this by ....</p> <ul style="list-style-type: none"> <li>Implementing Team Time and Schwarz 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>
<b>POPULATION HEALTH FOCUS</b> 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 and well		

### 3.2 Engaging Population

#### 3.2.1 Partnerships

We have further strengthened our relationships with Healthwatch Wirral, working together in actively seeking and sharing insights into the needs of people and helping to shape and improve local health and social care services.

Healthwatch have attended meetings across the Trust, exploring wider opportunities for engagement and promotion of the Healthwatch resource vehicle offering

information and advice to patients, communities and staff particularly around self-care, care navigation.

Further partnerships have strengthened across our regional areas as our Trust has continued to grow. There is regular attendance at the Cheshire & Mersey Investing in Children and Young People Partnership forum, which allows the sharing of best practice, learning and innovation.

There is also Trust representation as part of the regional and national Head of Patient Experience (HOPE) network, with a clear focus on inclusion and the reduction in health inequalities.

### 3.2.2 Building engagement skills across all services

In order to actively engage our populations and involve people as active partners, we recognised the importance in building the knowledge, skills and capabilities across our workforce. Through the roll out of staff experience and engagement surveys and Trust wide focus groups we were able to identify how best to support and develop our workforce.

Based on the learning, there have been several initiatives developed to enhance knowledge, skills and capabilities across the Trust. These were launched in a special edition engagement communications update, which included several resources, templates and promotion and encouragement of accessing the engagement forums.

We were also delighted to welcome colleagues from NHS England & Improvement's Experience of Care Team to deliver bespoke co-production and Always Event training.

There has been specific engagement learning modules built and included within the onboarding recruitment and induction system as well as forming part of the managers essentials training platform for leaders within the Trust.

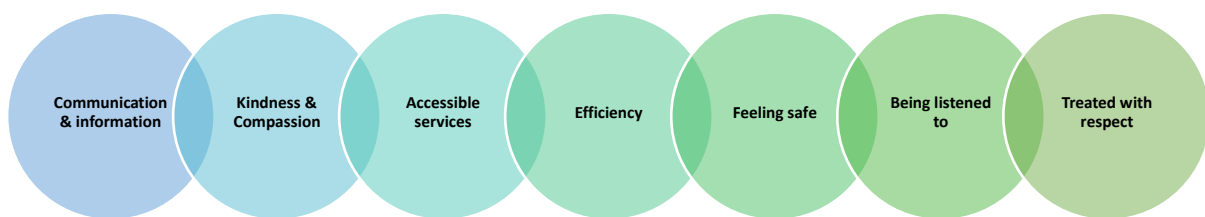
### 3.2.3 'What Matter to Me'

Our services are striving to deliver optimal **value** to the people, populations and

communities we service, ensuring we are delivering personalised care. By empowering patients and service users and involving them in decisions about their care we aim to see improvements in patient outcomes as well as improvements in experience of care. Therefore, we regularly ask “what matters to you?” at the point of care as well as part of our community engagement and experience processes.

The SystmOne patient records system has evolved, and further developments include an improved equality and reasonable adjustment template to allow services to adjust accordingly to a person’s needs. We are also able to monitor this data through the Trust Integrated Gateway dashboards and manage population needs accordingly.

The Trust has also received responses from over 700 people who have accessed our services and shared what matters to them. Themes have included:



### 3.2.4 Engagement Forums

#### **Your Voice**

The ‘Your Voice’ group is integral to the effective community engagement and contribution to the continual improvement across the Trust. Over the past year the group have met virtually.

The group provides a voice to help drive and improve the experiences of people and their families who access Trust services. The group includes service users, members of the public, public governors, and Trust staff. This year we have welcomed new group members and are continuing to increase the diversity of the group to ensure the group reflects the communities the Trust serves.

The Your Voice Group has supported services with various projects including:

- The development of service specific patient information leaflet
- Quality improvement project ideas
- Patient experience survey questionnaires

### **Involve**

The group represents the universal voice of young people across Cheshire & Merseyside and enables our organisation to develop and sustain services that support the health and wellbeing of young people.

This year the group has welcomed several new members reflecting the growth of our 0-19 Service offer across Cheshire & Merseyside. There are now over 55 members of the group. There has been a lot of interest from young people themselves as well as through schools which may have been driven through the media profile of the NHS during the pandemic.

The purpose of the group is to improve the experience of service users receiving care from the Trust by:

- identifying opportunities for the group to input and share views on service redesign and key projects
- contributing to the evaluation and planning of services across the Trust that provide care for children and young people
- empowering young people and ensuring they feel valued and listened to
- involving our young people in shaping the future of our services
- presenting the views of our young people to the Board and Commissioners, helping inform service development
- encouraging members to act as a link between our services and our communities, capturing the views of our diverse populations

The group has continued to operate throughout the pandemic to ensure that young people continued to have a voice and that services could continually support their needs.

### **Inclusion Partnership Forum**

The Trusts Inclusion Partnership Forum works together to support local people,

people with protected characteristics and those most vulnerable.

The 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.

### 3.2.5 Friends and Family Test (FFT)

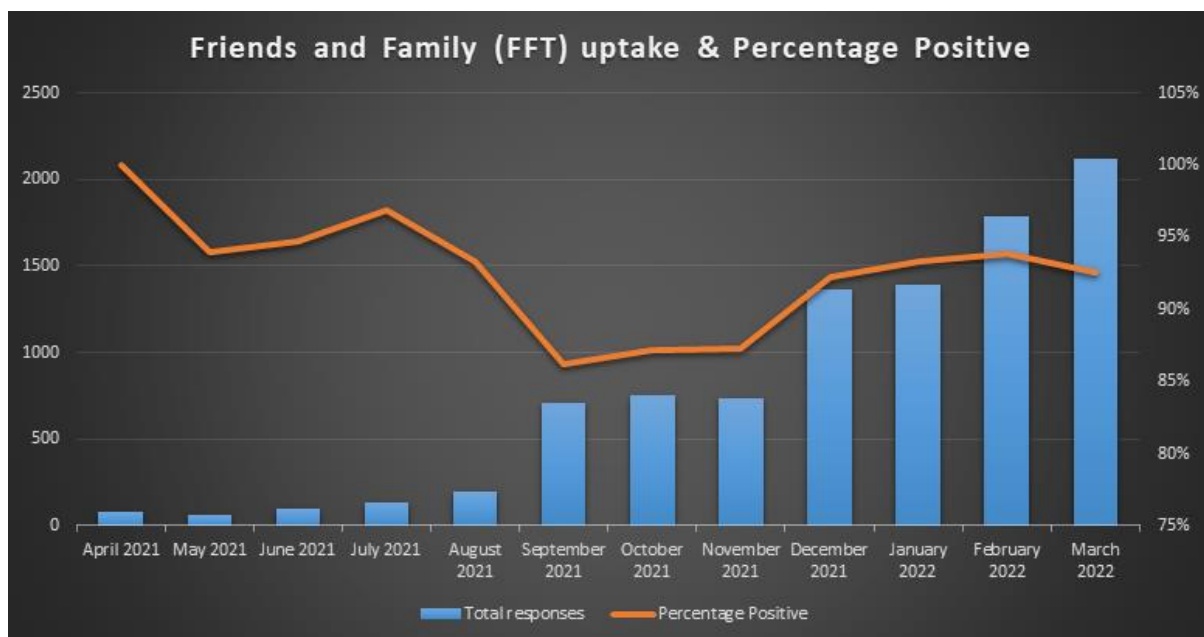
The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

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?'*

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



### 3.2.6 Compliments and thanks

In September 2021 we procured Healthcare Communications to host the Trust's new 'Your Experience' digital platform and introduced an electronic survey and the Friends and Family Test (FFT) text messaging system.

Since then, we have received over 9000 responses from people who have used our services sharing compliments and thanks to the services. Over half of those people who provided compliments described how our workforce contributed to their positive experience. Other positive themes included:

- Implementation of care
- Care environment
- Communication
- Clinical Treatment
- Waiting time & access

Compliments and feedback are shared with all teams on a regular basis.



### 3.3 Effective and Innovative

#### 3.3.1 Quality Improvement (QI) infrastructure

During 2021 / 2022, we strengthened our Quality improvement infrastructure by introducing the role of Quality Improvement Practitioner to support Quality Leads and Divisional Managers.

In addition, we developed a QI training strategy and supported 13 people to develop quality improvement skills at an expert level. The training model included QI, engagement and innovation training for newly appointed quality improvement practitioners who are leading larger scale quality improvements across the trust. In addition, WCHC have been the host site for a Cheshire and Mersey quality improvement and leadership development pilot along with St. Helen's CCG and East Cheshire NHS Trust. The course, driven by the needs of staff across the region, aims to develop QI knowledge and leadership skills to enable place-based QI initiatives to be effectively implemented. At a more local level, we have actively recruited over 20 staff across a range of services including nursing, allied health professionals, social care and corporate, as quality champions. Our vision is to continue to build on this number so that we have at least 2 champions in every service. We have worked closely with our colleagues in Learning and Organisational Development to build QI content into our newly launched management essentials programme and staff onboarding. QI and innovation are an integral part of staff development and this is also reflected in our updated appraisal documentation.

#### 3.3.2 Quality Improvement Faculty

In keeping with a focus on embedding quality improvement and promoting and encouraging innovation, research and co-production of services, this faculty has been established during 2021 / 2022. Its purpose is to ensure that there are systems and process is in place to effectively capture the insights and needs of our people, promoting accessibility and inclusivity and alongside “what matters to me” and co-production as a core feature of our culture of continuous quality improvement and innovation. The group will systematically review QI, innovation and engagement

activity, sharing and celebrating best practise and using this as a springboard for further improvements.

### 3.3.3 Beyond Boundaries Campaign

The Trust has continued with a series of blogs from colleagues who are keen to share their story about the innovations and developments that are taking place within their service. The series is called 'Beyond Boundaries' and showcases the innovative thinking and how people have 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.

#### **An example of a Beyond Boundaries Blog:**

*Judy Fairbairn and I'm the Service Development, Outreach and Engagement Lead in Sexual Health Wirral*

"Outreach, engagement and prevention plays a crucial role in our service and I feel lucky to be able to support our communities in this way.

I'm really pleased to be able to contribute to the Beyond Boundaries series by telling the story of how we have provided cervical screenings (smear tests) for a group of women in Wirral.

We've been working with several partners agencies to reach some of our more vulnerable populations and help reduce some health inequalities by providing access to cervical screening. We know as a service there are women who aren't accessing their regular cervical screenings for a few reasons, including sexual or domestic abuse, therefore offering bespoke cervical screening sessions is key.

As cervical screening awareness week was approaching, we engaged with one of our partners, Wirral Ways to Recovery, to offer cervical screenings to vulnerable women. Myself and our GP Champion provided overdue cervical screenings.

Taking our services out into the community ensures that we are delivering care and support to those who need it most. I'm so passionate about working with and supporting partner organisations – our partnership approach makes such a difference to people's lives."

## 3.4 Safe Care and Support Every Time

### 3.4.1 Implementation of Schwartz Rounds

During 2021 / 2022, we established an organisation wide Schwartz Rounds Steering group. 6 facilitators received training and we ran our first WCHC Schwartz Round with the theme of COVID and Me.

In addition, we participated in the first Wirral System Schwartz Round, the theme of which was The Day I'll Never Forget. Both events provided a safe space for colleagues to share experiences and explore the emotional impact of working in health and care at a time of extreme pressure and uncertainty. The programme has been evaluated positively and will continue to form a key part of patient safety and staff wellbeing programmes moving forward.

### 3.4.2 Patient Safety Specialists

During the period of 2021 / 2022 we have successfully named two Patient Safety Specialists within the trust. Our Patient Safety Specialists delivered a presentation to the Board of Directors during quarter four. This included the introduction to the Patient Safety Specialists role, the introduction of Patient Safety Partners Role which will commence during 2022 / 2023.

#### **Insight**

We have sourced training for Patient Safety Incident Investigations and for Patient Safety champions which we will further develop this role during the next year. We have also developed a Safety Risk and Learning Review panel this year that focuses on the Trust key areas of risk. The group triangulates all levels of harm for the key areas of risk such as Pressure Ulcers, Falls, Medication and Discharge incidents, understanding themes and trends and measuring against action plans. This enables the Trust to demonstrate the effectiveness of learning strategies and if further actions are needed. This has enabled us to consider utilising digital technology for falls prevention which will be trialled during 2022 / 2023.

## **Involvement**

We have also submitted a paper to Strategic Committee to align our training to the National Patient Safety training for all staff to be trained at level one including the Board with specific level one training. To ensure we are maintaining the high standards of training for patient safety all our front-line staff will be trained at level two. We are currently awaiting the publication of the Patient Safety Incident Review Framework to start the transition during 2022 / 2023.

## **Improvement**

The Trust supports an open, honest and learning culture to incident reporting and engaging with staff at the front line to really understand their perceptions of safety for staff and patients. This has enabled us to move forward with the development of driver diagrams and plans to support the 'you said we did' model of care, to support an incident reporting culture and patients / families / staff experience.

### **3.4.3 Learning from incidents**

The Trust is committed to learning from incidents at the earliest opportunity facilitating continuous improvement to deliver high-quality services. To support this aim, a robust governance framework has been developed ensuring timely identification and responsiveness to reported incidents. This enables lessons learned to be rapidly disseminated to all relevant services.

Through the Trust's dynamic clinical governance assurance system, services are closely monitored, ensuring learning for improvement is embedded and sustained into practice, resulting in positive outcomes for individuals in receipt of our services.

A weekly safety huddle led by the Trust's patient safety team is responsible for reviewing all incidents resulting in moderate harm and above. Analysis from this meeting is reported to the weekly Clinical Risk Management Group, chaired by the Trust's Executive Medical Director. This group is responsible for overseeing serious incident investigations, ensuring learning is identified and implemented throughout Trust services. Group membership includes senior operational and clinical leads

representing all Trust services, supporting the Trust's established culture of learning and improvement.

Organisational learning is at the heart of our systematic risk management approach to assuring safety. All staff are actively encouraged to report incidents on the Trust's incident reporting system (Datix), supporting an open, transparent culture of learning. This approach is central to the rapid identification of emerging themes and trends, enabling prompt intervention to effectively manage and mitigate risk.

Incident analysis is further enhanced by the development of bespoke dashboards on the Trust's Information Gateway, facilitating triangulation of multiple data sources to support learning. Data analysis is reported to the Trust's Integrated Performance Board monthly and by exception to the Quality and Safety Committee bi-monthly. This ensures visibility Trust-wide from frontline services to the Board of Directors, supported by a centralised system ensuring consistent, shared knowledge throughout the Organisation.

In addition to staff reporting, the Trust is committed to working with our communities, patients, service users and their families to understand what matters to them. We actively encourage people in receipt of our services to be partners in their own personal safety plans, ensuring care is personalised. This work will further evolve during 2022 / 2023 as we continue to implement the NHS Patient Safety Strategy, focusing on Insight, Involvement, and Improvement, ensuring a cycle of continuous learning.

#### 3.4.4 Incident reporting

During 2021 / 2022 there was an increase in incident reporting within the Trust, maximising learning opportunities, supporting our open, transparent culture. An increase in reporting was particularly evident in no or low harm and near miss incidents, providing valuable learning to reduce the potential occurrence of serious incidents.

Reporting of incidents is part of the induction programme on appointment to the Trust, supporting a collective responsibility for the recognition and reporting of incidents. To ensure staff involved in incidents are fully supported, a debrief is offered when any incident is reported, to support the psychological safety and health and well-being of our staff.

#### 3.4.5 Never Events

During the 2021 / 2022 reporting period the Trust had zero never events

#### 3.4.6 Safeguarding

We are committed to ensuring that all staff are aware of their role in relation to Safeguarding Children and Adults at Risk and consistently demonstrate organisational compliance with statutory duties and local safeguarding frameworks.

During 2021 / 2022, we have successfully submitted evidence of compliance to commissioners and Designated professionals in relation to

- Section 11 of the Children Act 2004
- Chapter 14 of the Care Act 2014
- Quarterly Safeguarding Assurance Frameworks for Children, Children Looked After and Vulnerable Adults

In addition, compliance with Safeguarding training and Supervision remains high across all services.

The Safeguarding Service provides a comprehensive proactive service, which responds to the needs of staff and individuals. The service is committed to the promotion of safeguarding within everyday practice, focusing upon prevention and early intervention.

#### 3.4.7 Freedom to Speak Up (FTSU)

During 2021 / 2022

- 30 FTSU concerns were reported, compared to 29 reported in 2020 / 2021

- 29 concerns have been concluded with one still under investigation
- 40% of concerns reported were reported anonymously or via a mediator i.e., FTSU Champion

Key themes included behaviours / relationships and systems and processes

Learning from FTSU for the period 2021 / 2022 include:

- Wider use of staff satisfaction surveys
- Strengthened mechanism for monitoring action plans created to address concerns
- Collaborative solutions to concerns enabling reporters to be part of the outcome or action planning process
- Enhanced collaboration with Higher Education Institutes and support for students to feel comfortable raising concerns
- Working in collaboration with HR to provide swift responses to individuals to answer queries or concerns regarding assumptions or rumours
- Providing team or service wide feedback and support when concerns have been reported anonymously
- Collaborative working with Staff Side Representatives to support their members
- Improved communication re PPE and COVID-19 Regulations
- Service wide support to staff members to minimise staff impact at times of service change

#### 3.4.8 Complaints

The Trust received a total of 75 complaints. 32 of those related to health complaints and 43 for Adult Social Care, including access and intermediate care.

The top five themes of those complaints relate to:

- Unhappy with assessment or level of support
- Communication/information to patients
- Admission, discharge & Transfer arrangements



- All aspects of clinical treatment
- Unhappy with charges or information relating to charges

Following investigation, 33 were not upheld, 28 upheld and 16 partially upheld.

Where complaints were either upheld or partially upheld, services were required to identify learning and improvements and action plans were tracked through Clinical Risk Management Group (CRMG).

### 3.4.9 Medicines Management

Medicines management is an integral part of the Trust's core business, playing a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. During 2021 / 2022, the medicine management team has played a crucial role in:-

- supporting the safe and effective delivery of COVID-19 vaccinations to our 12-15-year-old young people
- establishing safe and effective medicines processes within our inpatient reablement and rehabilitation unit
- delivering non-medical prescribing training
- addressing the challenges of antimicrobial resistance through collaboration with system partners

Through implementation of the Medicines Optimization Strategy 2021 / 2024, the activity has continued around 4 main themes:

- an open dialogue between the patient and/or the carer about patient choice and experience of using medicines to manage their condition
- evidence based use of medicines, ensuring that the most appropriate choice of clinically and cost-effective medicines are made that can best meet the needs of the people who use Trust services
- medicines use will be as safe as possible
- by making medicines optimization part of routine practise, the Trust will promote a culture of continuous quality improvement

### 3.4.10 Infection Prevention and Control (IPC)

The Trust has an integrated IPC Team led by the Chief Nursing Officer/Director of Infection Prevention and Control (DIPC). The team have played an integral part in the Trusts on-going response to COVID-19 providing support and advice to staff working both in Trust services and within the wider community.

The team have been instrumental in ensuring staff have received regular updates throughout the pandemic, interpreting new guidance and ensuring appropriate dissemination. As part of the NHS's response to the pandemic, an IPC Board Assurance Framework has been used to provide internal assurance that quality standards have been maintained. The Trust has demonstrated full compliance with the necessary measures taken in line with national guidance and to assess risks using the hierarchy of controls.

The IPC Service secured additional funding for the continuation of the care home improvement project throughout 2021 / 2022. The funding enabled ongoing dedicated support from an IPC nurse to care homes to support improvement of IPC standards and response to outbreaks.

This continued funding also allowed for continued support and development of our Standards Assurance for Excellence (SAFE) portal for care homes. Homes have continued to receive a series of virtual and face-to-face support visits to review IPC standards, covid arrangements, outbreak management and support with the inputting of data on SAFE.

Our innovative approach to maintaining the safety of our most vulnerable residents received national acclaim when our Specialist Community Infection Prevention and Control team were awarded Team of the Year 2021 by the Infection Prevention Society.

## **Standards Assurance for Excellence (SAFE)**

Training and support in the use of SAFE has continued throughout this reporting period.

We have continued to offer a bi-monthly rolling training package for SAFE, which has included training and trouble-shooting sessions, to date:

- 98% of Nursing/Residential EMI homes have been trained on SAFE, with 82% of settings using SAFE
- 100% of Residential/Specialist Residential homes have been trained, with 80% of settings using SAFE

### **3.4.11 COVID-19 and our response**

We are extremely proud of our strong track record of delivering high quality, safe services. This consistent commitment to safety has never been so apparent than during the past two years as we have played our part in keeping people safe across our communities throughout the COVID-19 pandemic.

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

During 2021 / 2022, the service managed 270 outbreaks and 375 single cases of COVID-19. In addition to this, the team have supported the management of 47 outbreaks of communicable disease across a variety of community settings.

The IPC service has responded to over 2300 telephone calls, providing specialist advice and support to help services to manage COVID-19 and IPC within individual settings.

Our teams have gone the extra mile time and again to provide exceptional, safe care in the most challenging of circumstance with our Standards Assurance Framework for Excellence (SAFE) system continuing to evidence a strong system of quality assurance. Our resulting success has been recognised locally, regionally, and Nationally.

We have provided significant expertise through our specialist community teams to the local pandemic response and have been instrumental in supporting people to remain safely at home and return home swiftly with the personalised care they require.

Understanding the needs of the people we serve has always been central to our philosophy and our understanding the needs of people has extended during the pandemic. We have worked with communities to address issues such as vaccine hesitancy and our Integrated Children's Therapy team have been recognised for their engagement work with children and families to facilitate easy access of care via video consultations. This initiative was shortlisted for an HSJ Patient Safety Award, a recognition of the value of collaboration and co-design.

In addition, we have further embedded our focus on innovation during this period. Our Community Cardiology Service, for example, have been invited to present their innovations at national events to inspire leaders in other areas. They have demonstrated that exceptional preventative care is possible even in the most challenging of contexts. Our Occupational Therapists meanwhile have published research on therapy outcome measures which assess what really matters to people.

As we come out of the pandemic and having reflected on all that we have learned throughout that period, our quality strategy is more ambitious than ever before. Over the next 5 years, we will stretch ourselves by not only maintaining a focus on quality and safety, but by taking a population health approach and striving every day to create more equitable outcomes for the people we serve. In addition, we will ensure that we use our limited resources efficiently and sustainably. We will shift from a traditional approach to improving quality to one of assertive, proactive action with people and communities inspiring and guiding care developments. It holds at its

heart three Quality Ambitions underpinned by our organisational values, Trust, Open, Compassion and continues to build a culture of collective responsibility for the delivery of safe and reliable care. It will move our care beyond current boundaries and aims to enhance the experience of our staff and improve quality of life for the people we serve.

### 3.5 Service developments

#### 3.5.1 Opening of Community Intermediate Care Centre (CICC)

CICC is the exciting new Discharge to Assess (D2A) bed-based model and was awarded to WCHC on the 30th June 2021.

The service provides 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.

A Wirral system review was undertaken that informed the D2A model including a focus on the clinical model, patient outcomes and future capacity requirements for Wirral. The service specification was co-produced by clinicians and commissioner colleagues from both the CCG and Local Authority, as well as wider provider discussions with key system stakeholders.

CICC opened on Monday 4 January 2021 consisting of Bluebell Ward, followed the following month with Iris Ward and was in response to escalating COVID-19 and winter pressures. There are now 3 open wards at the CICC with a total of 71 D2A beds

The 3 CICC wards are:

- Bluebell with 22 beds
- Iris with 23 beds
- Aster with 26 beds

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.

At the core of this MDT are the following aims:

- Rehabilitation for individuals to avoid admission or following an acute admission where the individual is ready for discharge to provide the additional support needed prior to returning home or longer-term support services being identified.
- Assessment of individuals within a less clinical environment to assess the needs for long term care.
- Optimising independence and enabling a successful return home through the provision of reablement

### 3.5.2 Restart and Restoration

Like Phase 1 of the COVID-19 pandemic response, the NHS Level 4 escalation in December 2021 required WCHC along with other community providers in England to identify certain services that if partially stopped could then release frontline staff to support areas of system pressure, in particular supporting discharges from the hospital.

In determining services suitable to support this system pressure and with minimal patient risk, the COVID-19 Prioritisation within Community Health Services guidelines were once again utilised to support decision making on reducing various community services as well as detailed risk assessments and Quality Impact Assessment's.

As the Trust transitions out of Level 4 it once again begins the restoration and recovery of services. Understanding the unique pressure for certain services in

WCHC due to the further partial stepping down is now required and will form part of the recovery planning.

Core principles to recovery planning and restoration is the assessment of current service risk areas, of which patient waiting lists is a priority. Trust governance structures will monitor, support, and gain assurance from services that operational delivery is meeting quality, performance, and contractual standards. Supporting all of this has been the development suite of waiting list, capacity and demand dashboards within the Trust Information Gateway that enable operational leads to identify and respond to any emerging risks.

Our recovery will only be achieved through the continued and amazing commitment of all our staff. Monitoring workforce issues, sickness trends/absence rates again via our internal governance structures will enable support to be provided in timely way.

### 3.5.3 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

	21/22	20/21	19/20	18/19
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	<b>81%</b>	100%	100%	100%

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

	21/22	20/21	19/20	18/19
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge:	<b>99%</b>	99.9%	99.65%	99.77%

### 3.6 NHS Staff survey - Summary of performance

The NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale. These replace the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2021/22 survey among trust staff was 54 % (2020/21: 52 %).

#### 2021/22

Scores for each indicator together with that of the survey benchmarking group (NHS Community Trusts) and NHS are presented below.

Indicators People Promise' elements and themes	2021/22		
	Trust score	Benchmarking group score	NHS
People Promise			
We are compassionate and inclusive	7.5	7.6	7.2
We are recognised	6.1	6.4	5.9
We each have a voice that counts	7.0	7.2	6.7
We are safe and healthy	6.0	6.2	6.0
We are always learning	5.5	5.8	5.3
We work flexibly	6.3	6.6	6.0
We are a team	6.9	7.0	6.6
Staff engagement	6.9	7.2	6.8
Morale	5.6	6.1	5.8

The trust scores when compared to the comparison group were just below average for all seven People Promise elements and the two themes and Staff Engagement and Morale.

Compared to the NHS our scores were just above average for most indicators, with a slightly lower score than the average for staff morale.



Improvement plans are in development with staff to ensure an inclusive response that is co-designed to maximise impact and improvement.

## 4 Part 4: Planning ahead for 2022 / 2023

### 4.1 Quality Strategy

As we come out of the pandemic and having reflected on all that we have learned throughout that period, our quality and innovation ambitions are more ambitious than ever before and are detailed in our Quality Strategy 2022 / 2027.



Quality remains at the heart of our organisation and over the next five years, we will stretch ourselves even further by not only maintaining a focus on quality and safety, but by taking a population health approach and striving every day to create more equitable outcomes for the people we serve.

We will ensure that we use our limited resources efficiently and sustainably. We will shift from a traditional approach to improving quality to one of assertive, proactive action with people and communities inspiring and leading care developments

Our Quality Strategy 2022 / 2027 is based on the following three Quality Ambitions:

## Our three Quality Ambitions are:

1

Safe care and support every time - continuously nurturing a positive safety culture across the system, promoting safety, wellbeing and psychological safety.

2

People and communities leading care - ensuring we hear from all voices, involving people as active partners in their wellbeing and safety, and promoting independence and choice through collaboration and co-design.

3

Ground-breaking innovation and research - nurturing an improvement culture and achieving systemic scale and sustainability of developments and innovations.

## We will ensure:

- **Safe care and support every time by:** embedding a framework for system-wide learning, using data to drive improvement and facilitate community based initiatives to promote wellbeing and independence
- **People and communities lead care development in partnership by:** embedding inequalities data collection, establishing processes for systematically hearing from people and communities and co-production of care pathways
- **Groundbreaking innovation and research by:** developing a sustainable workforce to lead innovation and research, establishing an innovation hub and building a strong innovation and research portfolio

## 4.2 Inclusion and Health Inequalities Strategy

Health inequalities lead to people experiencing systematic, unfair, and avoidable differences in their health, the care they receive and their opportunities to lead healthy lives. We have, therefore, developed an ambitious Inclusion and Health Inequalities Strategy 2022 / 2027 which directs our efforts to reduce inequalities that exist across our places.



A lot can and is being done by working as a health and social care system to operate at a population level and impact positively on some of these wider determinants of health. We play a significant role in the system and will continue to work with partners to maximise our impact across Cheshire and Merseyside to ensure that we are tackling these wider determinants in a joined up and coordinated way as we move into the new Integrated Care System (ICS) structures.

We will also further develop a diverse workforce who feel valued and supported, embedding our Trust values of Compassion, Open and Trust. A valued and supported workforce provides better care.

Our Five-year Inclusion and Health Inequalities Strategy is based on the following three Ambitions:

**Our Inclusion and Health Inequalities Strategy takes account of the Core20 PLUS 5 model and describes how we will tackle inequalities by:**

**1**

Ensuring our approach meets the needs of individuals, ensuring equitable access to care and employment for all

**2**

Ensuring that everyone's experience of the Trust and its services is positive, inclusive and reflects our values of **Compassion, Open and Trust**

**3**

Reducing inequalities in outcomes for people with protected characteristics and those who live in our most disadvantaged areas

## **We will:**

- **Remove barriers to access by:** embedding a system for improving data collection as standard, developing the Equality, Diversity and Inclusion (EDI) skills and knowledge of our workforce and, taking positive action to drive workforce diversity
- **Focus on the experience of care by:** collaborating and co-designing services and pathways to improve inclusivity, using data to better understand inequalities and developing a culture of inclusiveness and empower positive allyship
- **Improve outcomes for everyone by:** focussing on our population health impact using Core20 PLUS 5 principles, maximising our social value through local purchasing and employment and delivering effective, intelligence-led preventive programmes focused on improving outcomes



### 4.3 Priorities for 2022 / 2023

Key delivery priorities for 2022 / 2023 driven by our Five-year strategies are:

<b>Safe care and support every time</b>	<b>People and Communities Guiding Care</b>	<b>Ground-breaking Innovation and research</b>
<b>We understand and act on our highest areas of clinical risk and take a preventative approach to minimising harm by supporting people to keep active and independent</b>	<b>We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice.</b>	<b>We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test, and transform at scale</b>
20% of eligible staff trained in National Patient Safety curriculum per annum	20% of eligible staff trained in Inclusion and Health i Inequalities curriculum per annum	20% of eligible staff trained in Quality Improvement curriculum
100% of harm reviews will invite people, their families or carers to be involved in the review.	A minimum of 4 pathways of care will be co-designed with people and community partners	Development and establishment of Innovation Hub
We will participate in 4 system wide Schwartz rounds (or equivalent) per year.	2 sharing events will be hosted per annum to ensure community groups and WCHC services are well connected	Delivery of twice-yearly celebration and innovation events, celebrating success

**Mortality Report: Learning from Deaths Framework**  
**Quarter 4: 01 January 2022 – 31 March 2022**

<b>Meeting</b>	Board of Directors		
<b>Date</b>	15/06/2022	<b>Agenda item</b>	
<b>Lead Director</b>	Nick Cross, Medical Director		
<b>Author(s)</b>	Nick Cross, Medical Director		
<b>Action required</b> (please tick the appropriate box)			
<b>To Approve</b> <input checked="" type="checkbox"/>	<b>To Discuss</b> <input type="checkbox"/>	<b>To Assure</b> <input checked="" type="checkbox"/>	
<b>Purpose</b>			
The purpose of this paper is to seek approval from Public Board in relation to the implementation of the Learning from Deaths framework and subsequent publication on the Trust website.			
<b>Executive Summary</b>			
This quarterly report provides evidence that learning from deaths is firmly embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from deaths framework. It provides anonymised details of the numbers of unexpected deaths which have occurred within the Trust throughout Q4 2021/22, along with a summary of thematic learning identified during investigation into these cases. Attached as an appendix is a report detailing this information for purposes of publication of the Trust website. The report has been shared and approved by the Quality and Safety Committee.			
<b>Risks and opportunities:</b>			
Not applicable			
<b>Quality/inclusion considerations:</b>			
Quality Impact Assessment completed and attached No Equality Impact Assessment completed and attached No A QIA and EIA is not applicable in this particular case			
<b>Financial/resource implications:</b>			
Not applicable			
<b>Trust Strategic Objectives</b>			
<i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>			
Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	Our Populations - improving services through integration and better coordination	
<b>Committee action</b>			
The board of Directors is asked to be assured that 1: processes are in place to meet our statutory obligations surrounding Learning from Deaths and 2: that processes are in place to engagement with families and meet our Duty of Candour obligations.			
<b>Report history</b>			
<b>Submitted to</b>	<b>Date</b>	<b>Brief summary of outcome</b>	
Quality and Safety Committee	04/05/2022	Committee approved	

## **Mortality Report: Learning from Deaths**

### **Quarter 4: 01 January 2022 – 31 March 2022**

#### **Purpose**

1. The purpose of this paper is to provide assurance to the members of the Quality and Safety Committee in relation to the implementation of the Learning from Deaths framework.

#### **Executive Summary**

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

#### **WCHC Learning from deaths governance framework**

8. All reported deaths which have occurred in a place where we are commissioned to deliver services, are discussed at both the Quality and Governance Multi-disciplinary Safety Huddle and at the weekly Clinical Risk Management Group (CRMG). Further investigations are commissioned on the basis of the events surrounding the death and on the results of the Mortality Screening Tool. The principles around Duty of Candour are also overseen within this group.



9. Pending investigations are monitored against progress and timelines and expediated where necessary. Any reports (ie Root Cause Analysis - RCA) and associated action plans are quality assured at CRMG. This includes cases which are under investigation by the coroner.
10. Lessons learnt and learning themes from Learning from Deaths cases are reviewed at the Trust's quarterly Mortality Review Group which is chaired by the Executive Medical Director and who is responsible for the Learning from Deaths agenda.
11. Minutes from the Mortality Review Group are submitted to the Standards Assurance Framework for Excellence (SAFE) Steering Group, which in turn reports directly to the Quality and Safety Committee and finally to the Board.
12. A report is produced which summarises the details of the unexpected deaths which have occurred within the preceding quarter, along with details of any thematic learning. This is ratified by the Quality and Safety Committee prior to being presented to Public Board, again on a quarterly basis.
13. In accordance with the Learning from Deaths framework, the Trust ratified and published a Learning from Deaths Policy during September 2017.
14. The policy provides a framework for how the Trust will evaluate those deaths that form part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms.
15. The Trust's Datix incident reporting system has been aligned to the Learning from Deaths Policy to ensure prompt communication to the Executive Medical Director, Director and Deputy Director of Nursing for all reported unexpected deaths. This includes integrating the Mortality Screening Tool with Datix.
16. The Incident Management Policy - GP08 has been updated and cross references the newly implemented Learning from Deaths Policy, ensuring a consistent approach to implementation. The revised policy contains arrangements for staff to follow in the event of an unexpected death of an adult and in the event of an unexpected death of a child.
17. The Trust continues to work with our system partners to devise systems whereby Learning from Deaths can take place in a consistent way across all major health and social care providers. This includes working with the UK Health Security Agency and the Local Authority to analyse the effect of COVID-19 by utilising a population-based approach to identify areas of inequality and its association with deaths due to this disease.
18. The Learning from Deaths report is based on the template devised by the National Quality Board. This report will be published on the Trust's website in keeping with our statutory obligations.

## **Bereaved Families**

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

#### Q4 2021/22 WCHC Reported deaths (Datix incident reporting)

23. During Q4 there were a total of 2 reported deaths none of which were within scope for reporting.
24. During Q4 there were 0 deaths which met the criteria for StEIS reporting.

Recording data on Structured Judgement Reviews:		
Total Number of Deaths in scope	0	
January– nil return		
February – nil return		
March – nil return		
There are no outstanding cases from the previous quarter (Q3)		
Total Number of Deaths considered to have more than 50% chance of being avoidable	0	
Recording data on LeDeR reviews: - Please note that these are undertaken by the mental health trust		
Total Number of Deaths in scope	0	
Total Deaths reviewed through LeDeR methodology	0	
Total Number of deaths considered to have been potentially avoidable	0	
Recording data on SUDIC reviews:		
Total Number of Child Deaths	1	
Total Deaths reviewed through SUDiC methodology	1	

#### Summary of Thematic Learning

25. Each unexpected death reported during Q4 has been analysed and investigated appropriately, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.
26. Of the total deaths reported in Q4, after investigation, none of these were within scope of this report and consequently there were no lessons identified which the Trust and system partners could learn from.

#### Recommendations

27. The Quality and Safety Committee is asked to be assured that quality governance systems are in place to ensure continuous monitoring and learning from deaths in accordance with Trust policy.
28. The Quality and Safety Committee is asked to be assured the Trust is actively involved in supporting the system-wide development of processes reporting and learning from deaths.
30. The Quality and Safety Committee is asked to approve Appendix 1 to proceed through to Public Board

**Dr Nick Cross**  
**Executive Medical Director**  
21 April 2022

## **Appendix 1**

### **Learning from Deaths Q4 21/22 Report**

The following data represents the high-level reporting of deaths which occurred within our services over the period of Quarter 4 2021/22.

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

There were 2 deaths reported to the Trust and all have been reviewed in accordance with Trust policy. On this occasion, none of the deaths were within scope of this report during this period. This is because the deaths were not associated with any care delivered or harm caused by services provided by the Trust. Duty of Candour was not applicable to any of these cases.

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

We continue to promote shared learning across the health and care sectors and work collaboratively with our system partnership to identify and address the impact of Covid-19 within all the communities in which we provide services, focusing on addressing health inequalities on a population-based approach.

#### **Dr Nick Cross**

Executive Medical Director

Wirral Community Health and Care NHS Foundation Trust

21 April 2022

**Director of Infection Prevention and Control Annual Report:  
01 April 2021 - 31 March 2022**

<b>Meeting</b>	Board of Directors		
<b>Date</b>	15/06/2022	<b>Agenda item</b>	
<b>Lead Director</b>	Paula Simpson, Chief Nurse		
<b>Author(s)</b>	Helen Wilcox Interim Head of Infection Prevention & Control Sarah Deveney Interim Lead Nurse Infection Prevention and Control Laura McGuffie Senior Administrator Claire Wedge, Deputy Chief Nurse		
<b>Action required</b> (please tick the appropriate box)			
<b>To Approve</b> <input type="checkbox"/>	<b>To Discuss</b> <input type="checkbox"/>	<b>To Assure</b> <input checked="" type="checkbox"/>	
<b>Purpose</b>			
The purpose of this report is to provide assurance to the Board of Directors regarding activity in relation to Infection Prevention and Control (IPC) Governance for the reporting period 01 April 2021 – 31 March 2022.			
<b>Executive Summary</b>			
<p>Wirral Community Health and Care NHS Foundation Trust recognises that reducing the risk of infection through robust infection control practice is a strategic priority, supporting the provision of high quality, safe clinical services for patients and promoting a safe working environment for staff.</p> <p>The IPC team have continued to work flexibly and responsively to effectively mitigate and manage risk associated with the continued COVID-19 pandemic.</p> <p>The Trust is proud of the achievements made during the annual reporting period, which has evidenced continued compliance and rapid implementation of all new IPC guidance, supporting the Wirral system to prioritise safe working IPC practice.</p> <p>The annual report provides an overview of the significant achievements made to assure Trust standards in relation to IPC practice and associated regulatory compliance. These are clearly evidence throughout the report and include:</p> <ul style="list-style-type: none"> <li>• Trust-wide achievement of 95% compliance with Level 1 IPC training</li> <li>• Trust-wide achievement of 90% with compliance with Level 2 IPC training</li> <li>• 85% completion of the Trust's hand hygiene audit programme with 100% compliance and 79% peer reviewed</li> <li>• Zero Community Trust acquired <i>Clostridioides difficile</i> infections</li> <li>• Zero Community Trust acquired MRSA bacteraemia cases</li> <li>• Delivery of an enhanced programme of IPC support to Wirral Care Homes resulting in the following national recognition:             <ul style="list-style-type: none"> <li>○ Shortlisted finalist: HSJ Patient Safety Awards</li> <li>○ Award winners: Infection Prevention Society, Team of the Year 2021</li> </ul> </li> </ul>			
<b>Risks and opportunities:</b>			
Risks are included with the annual report for the attention of the Board of Directors.			
<b>Quality/inclusion considerations:</b>			
Quality Impact Assessment completed and attached No			
Equality Impact Assessment completed and attached No			

Individualised care delivery is provided by the Trust, ensuring compliance with equality and diversity standards for staff and people who use Trust services.		
<b>Financial/resource implications:</b> No current financial or resource implications have been identified.		
<b>Trust Strategic Objectives</b> <i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>		
Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	Our Populations - improving services through integration and better coordination
<b>Board of Directors is asked to consider the following action</b>		
The Board of Directors is asked to be assured that IPC system and processes have been implemented during 2021/22 to effectively evidence compliance with the Health and Social Care Act 2008, Code of Practice on the Prevention and Control of Infections, Care Quality Commission, Regulations 12 and 15.		
<b>Report history</b>		
<b>Submitted to</b>	<b>Date</b>	<b>Brief summary of outcome</b>



Director of Infection Prevention  
and Control Annual Report

**2021/22**

## Infection Prevention and Control Annual Report 01 April 2021 – 31 March 2022

### EXECUTIVE SUMMARY

1. The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Code of Practice) outlines the regulations relating to the prevention and control of infection. Within this, the Code of Practice sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention.
2. Reducing the risk of infection through robust infection control practice is a key priority for Wirral Community Health and Care NHS Foundation Trust (WCHC) and supports the provision of high-quality services for patients, good governance, and a safe working environment for staff.
3. In addition to the internal work conducted by the IPC team, the Trust also provides a system wide IPC service to the wider community of Wirral which is commissioned by the Local Authority. WCHC were successfully awarded the Local Authority commissioned contract to continue to deliver IPC services to the wider community of Wirral for a period of five years from 01 April 2022.
4. This report acknowledges the work undertaken by the IPC Team, who have continued to effectively manage the unprecedented challenges posed by the ongoing COVID-19 pandemic. The team have continued to respond flexibly to ensure staff working in community services have felt supported to deliver care in a safe way.
5. A RAG rated assurance summary against the Code of Practice is detailed in **Appendix 1**, providing an at a glance end of year position, reflecting the detail within this report.
6. Compliance with the IPC Board Assurance Framework standards 2021/22: Version 1.8 was submitted and approved by the Board of Directors on 09.02.22.
7. During the pandemic, additional investment was made to the IPC service to provide enhanced support to Wirral Care Homes.
8. This work has been recognised nationally by two awards as follows:
  - Shortlisted finalist: HSJ Patient Safety Awards
  - Award winners: Infection Prevention Society, Team of the Year 2021

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### CRITERION 1:

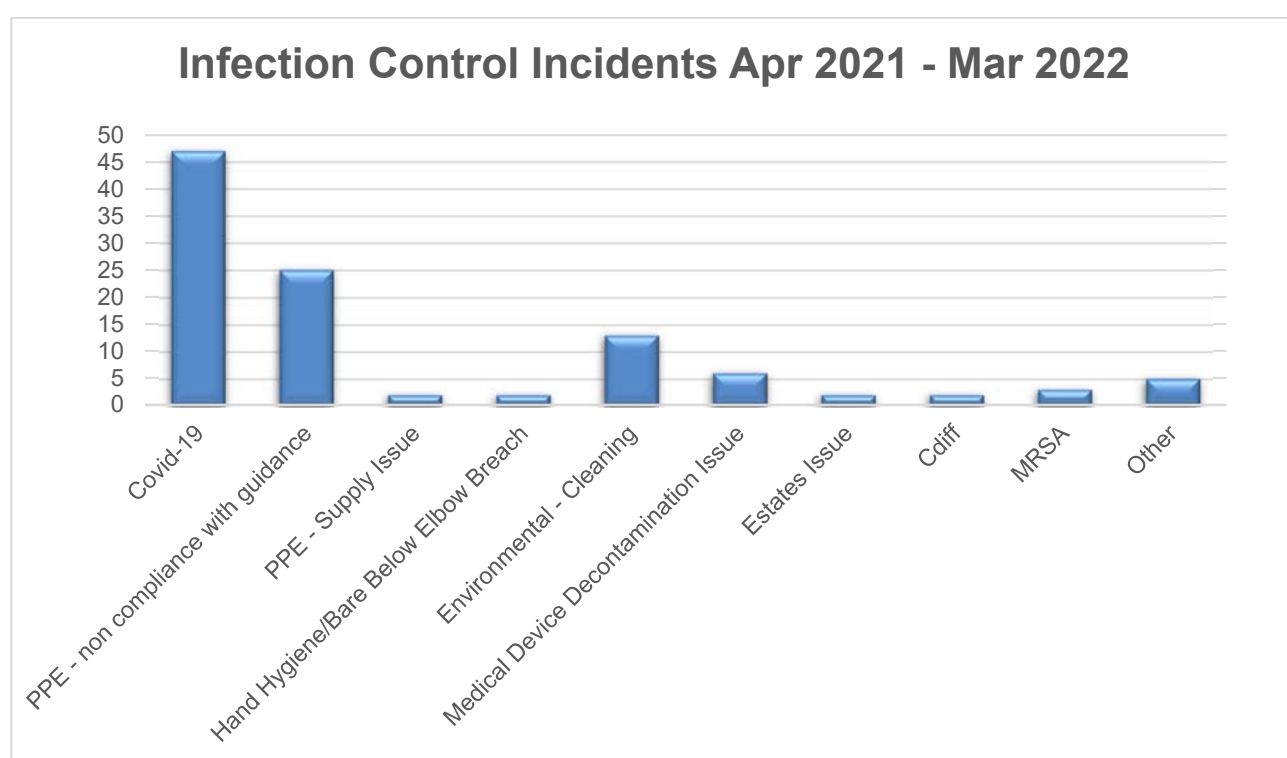
**Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.**

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9. The IPC Team have provided advice and support to all trust services, prioritising an urgent response to cases, clusters and outbreaks of COVID-19.
10. In addition to this, robust evidence against all versions of the IPC Board Assurance Framework has been submitted to the Board of Directors throughout 2020/21, to provide assurance of continued compliance with national COVID-19 standards.

11. Full assurance against all areas of the final IPC Board Assurance Framework, version 1.8 has been submitted and approved by the Board of Directors during 2021/22; there are no compliance exceptions to report.
12. In accordance with the Trust's IPC governance assurance framework, all identified risks have been effectively managed via the operational risk register during 2021/22, with monthly monitoring via the Trust's IPC group, reporting quarterly to the Quality and Safety Committee for assurance.
13. During the reporting period there were 107 infection control incidents, the breakdown of the incidents is outlined below:

**Figure 1: Number of infection control incidents reported April 2021 to March 2022**



14. IPC incidents are reviewed monthly at the IPC Group following review at service level in accordance with the Trust's governance framework. There are no incident themes or trends to report to the Board of Directors by exception.
15. During 2021/22 three MRSA incidents were reported via the Strategic Executive Information System (StEIS) as part of the Local Authority contract to support system-wide learning. These incidents were not attributable to Trust services.
16. To support the Community Intermediate Care Centre (CICC), in addition to IPC environmental audits, the IPC team have undertaken regular ward visits to support a review of IPC standards and have developed an IPC Ward Assurance Checklist for completion by Ward Managers.
17. Audit results are monitored at service level and reported by exception to the IPC group for assurance.
18. During the annual reporting period, the Trust has continued to monitor hand hygiene compliance across all frontline clinical services on a quarterly basis.
19. Hand hygiene compliance is tracked via the Trust's Standards Assurance for Excellence (SAFE) system and reported by exception to the IPC Group and SAFE Assurance group on a monthly basis.



20. During 2021/22, 85% of eligible staff completed the hand hygiene audit with 100% compliance with the required standards. To provide a greater level of assurance, audits are also peer reviewed, to observe standards in clinical practice; 79.1% of completed audits have been peer reviewed.

**Figure 2: Hand Hygiene Essential Steps Compliance/Completion Rates**



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**CRITERION 2:**

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

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21. During the reporting period, to ensure effective use of specialist IPC resource, the Trust's environmental audit programme has been completed on a risk-based approach.
22. A total of 36 IPC environmental audits were completed by the IPC Team during the annual period, focusing on higher risk areas of the trust.
23. In response to the audits undertaken, action plans have been developed and are tracked for assurance via the IPC group.
24. NHS England and Improvement have published National Standards of Healthcare Cleanliness which applies to all healthcare environments. These standards seek to drive improvements, encourage continuous improvement to meet the needs of different and complex requirements of all healthcare organisations.
25. A key area of development remains assurance in relation to environmental cleaning standards. This relates to Risk ID 2662: 8 (L2xC4) with a scheduled completion date of 31<sup>st</sup> October 2022 and will form a key part of the annual workplan for the IPC team in 2022/23.
26. As a result of the continued management of this risk, in addition to the targeted environmental audit programme, Criterion 2 has been RAG rated as amber.
27. Robust plans have been developed and implemented to further strengthen compliance against Criterion 2 commencing in Quarter 1 of 2022/23. This includes implementation of a comprehensive IPC Environmental Audit programme, which will report monthly to the Trust's IPC Group and by exception to the Quality and Safety Committee.

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**CRITERION 3:**

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

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**Joint work with Wirral partners**

28. During the reporting period an Antimicrobial Stewardship (AMS) Lead Pharmacist for Wirral Place was appointed, and the Wirral Antimicrobial Stewardship Group re-launched. Activities to promote antimicrobial awareness during World Antimicrobial Awareness Week 18-24 November 2021, were co-ordinated throughout Wirral Place.
29. The Trust Medicines Management Team engaged fully with the AMR Pharmacist, sharing the Trust's internal antimicrobial audits, ensuring that Patient Group Directions involving antibiotics were approved by the AMS Lead Pharmacist and circulating educational material provided via the stewardship group.
30. For 2022/23, the Trust will work jointly to improve the prevention, diagnosis and treatment of urinary tract infections in older people in Wirral. This will be achieved by improving hydration in older people, ensuring that urine analysis sticks are not used to diagnose UTI in people 65 years and over, or in people with urinary catheters and promotion of NICE/Pan Mersey guidance for the treatment of UTI.

**Audits Completed during 2021/2022**

31. During 2021/22 the Medicines Management Team conducted six audits of antibiotics associated with a high risk of *Clostridioides difficile* prescribed within the Urgent Treatment Centre.
32. Audit findings are reported back to individual prescribers via their line manager and monitored at service level in addition to the Medicines Management Governance Group.
33. The percentage compliance with Pan Mersey and NICE guidelines is as follows:

Month	Medication	% Compliance with guidance
April 2021	Co-Amoxiclav	100%
June 2021	Cefalexin	60%
August 2021	Cefalexin	90%
October 2021	Quinolones	60%
December 2021	Quinolones	80%
February 2022	Co-Amoxiclav	100%

34. Where compliance levels were low, the audits were repeated. It was noted for both cefalexin and quinolone prescribing, repeating the audits following staff feedback improved the percentage of compliance against Pan Mersey and NICE guidelines.
35. In addition, a point prevalence study was undertaken during quarter 4, where all antimicrobial prescribing undertaken by Trust Services for a 24-hour period was examined to establish if the prescribing was in line with guidelines.
36. Examination of SystmOne records identified 39 prescriptions for antibiotics within Wirral Urgent Care with a 79% compliance against Pan Mersey and NICE guidelines. Where deviations from guidelines were identified, line managers provided feedback to individual prescribers to support a cycle of continuous learning and improvement.
37. In addition to audits, the Trust requires all practitioners who prescribe, administer or advise on antibiotics to complete antimicrobial resistance awareness training, 89% of eligible staff have completed the training.

38. Training compliance rates are tracked monthly at a service level throughout the organisation, with trajectories for improvement developed where required, reporting by exception to the Trust's SAFE Assurance Group.

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**CRITERION 4:**

**Provide suitable accurate information on infections to service users, their visitor and any person concerned with providing further support or nursing/medical care in a timely fashion.**

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39. The team delivered a programme of activity to recognise the World Health Organization's Global Hand Hygiene Day in May 2021.
40. This included producing numerous resources to reflect the "seconds save lives" promotional message. A communications plan was developed and implemented using varied resources to ensure key messages were shared across a variety of media. In addition, the team visited the Community Intermediate Care Centre to undertake hand hygiene sessions using an UV lightbox.
41. The IPC Team delivered a robust communications plan, produced in collaboration with the Communications team, to recognise International Infection Prevention Week during October 2021.
42. The plan utilised the slogan 'Make Infection Prevention your Winter Intention' to promote the need for robust infection prevention practices. The IPC Team successfully engaged with a wide variety of providers across the community to support delivery of the plan.

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**CRITERION 5:**

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

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43. During the reporting period, four nosocomial outbreaks of COVID-19 were identified within the Community Intermediate Care Centre (CICC), with one outbreak also identifying Influenza A.

**Outbreak 1 - Bluebell COVID-19**

An outbreak of COVID-19 was declared on Bluebell ward on the 24/12/2021. At this time the wave of Omicron strain of COVID-19 was continuing to rise with a significant increase in cases in the community. In total there were 6 patient cases and 6 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on 21/01/2022.

**Outbreak 2 - Bluebell COVID-19**

An outbreak of COVID-19 was declared on Bluebell ward on the 31/01/2022. In total there were 4 patient cases and 2 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on 23/02/2022.

**Outbreak 3 - Aster ward COVID-19 and Influenza A**

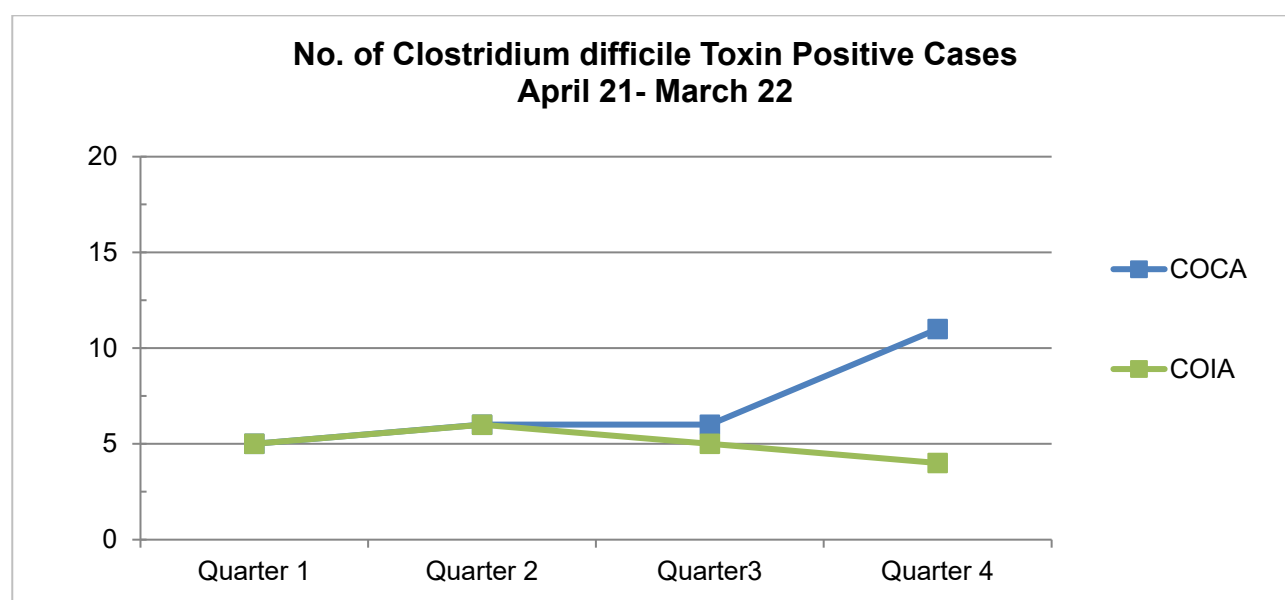
An outbreak of COVID-19 and Influenza A was identified on the 16/03/2022. There were 4 patients positive for COVID-19 and 9 staff. 3 patients were also found to be positive for Flu A. All patients were offered prophylaxis for Flu with positive Flu A patients being effectively treated with antivirals. The outbreak was effectively managed and concluded on the 18/04/2022.

**Outbreak 4 - Iris ward COVID-19**

A cluster of cases were identified on Iris ward on the 28/03/2022 and on the 01/04/2022 an outbreak of COVID-19 was declared. In total there were 4 patient cases and 8 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on 18/4/2022.

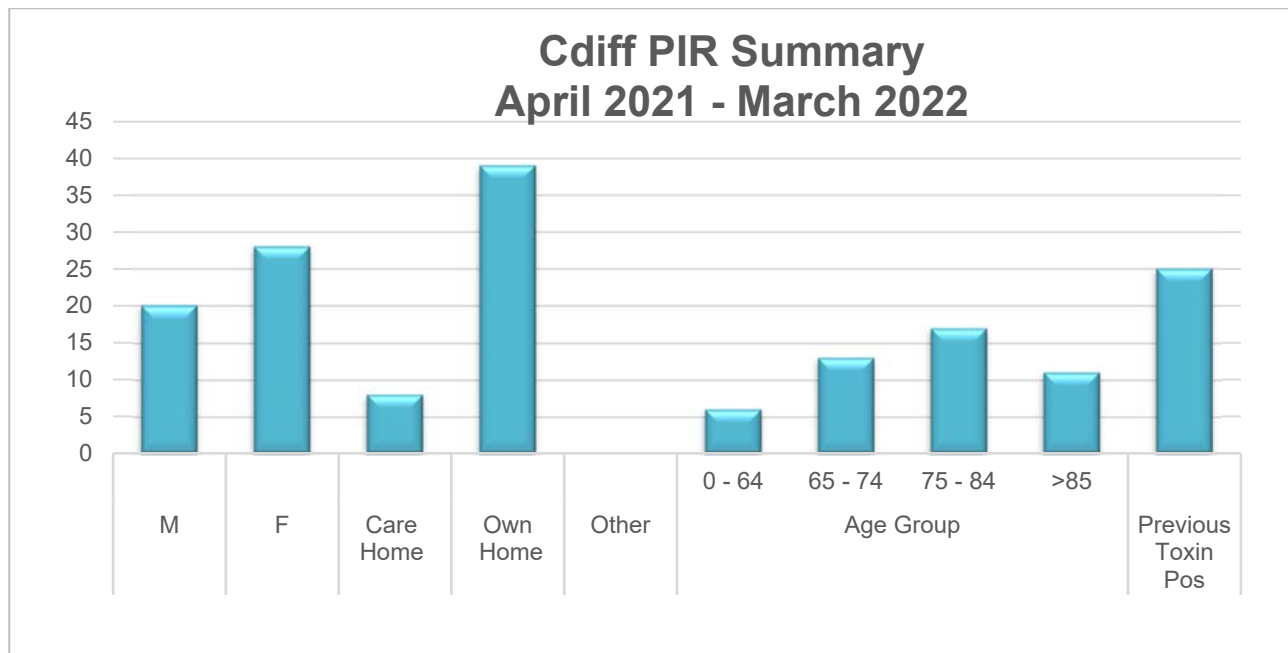
44. To support a cycle of continuous learning and improvement a Root Cause Analysis (RCA) investigation was completed for each outbreak. This resulted in the development of an overarching action plan to embed learning into practice.
45. RCA reports are reviewed and approved at the Trust's Clinical Risk Management Group (CRMG) and tracked via the Trust's governance system.
46. A zero-tolerance approach of preventable MRSA blood stream infections remains a key priority. There were three cases of community attributed MRSA bacteraemia reported and entered on the StEIS system during this period as part of the delivery of the Local Authority Wirral IPC contract.
47. The IPCS completed a comprehensive Post Infection Review (PIR) for each case which for review throughout the Wirral-system IPC governance framework. A review of each case determined that these incidents were not attributable to WCHC services.
48. Wirral Health and Care Commissioning's health economy target was set as no more than 166 cases of *Clostridioides difficile* infection (CDI) during 2021/22, of which 51 were allocated to non-acute care.
49. The IPCS completed a Post Infection Review (PIR) of 48 community attributed cases of CDI as part of the Local Authority Wirral system IPC contract. Of the 48 PIRs undertaken by the IPCS:
  - 28 cases were community onset community associated
  - 20 cases were community onset indeterminate association
50. From a review of each CDI case, none were found to be attributable to the Trust.

**Figure 4: Community attributed *Clostridioides difficile* toxin positive cases 2021-2022**

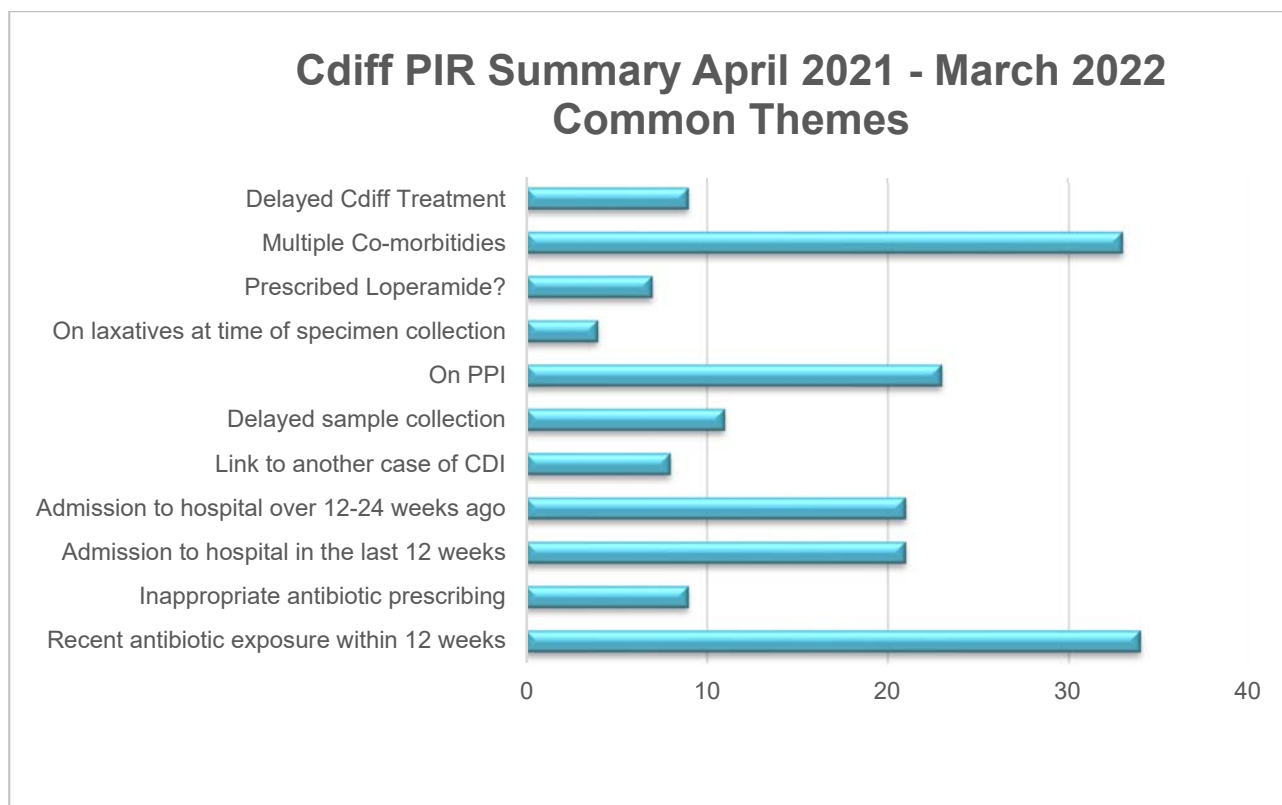


51. All toxin positive and equivocal cases of community attributed *Clostridioides difficile* continued to be followed up by the IPCS. PIRs were completed in all reported community attributed toxin positive cases to identify key themes and trends, infection control expertise was also offered to GPs as required to support in the management of their patients.

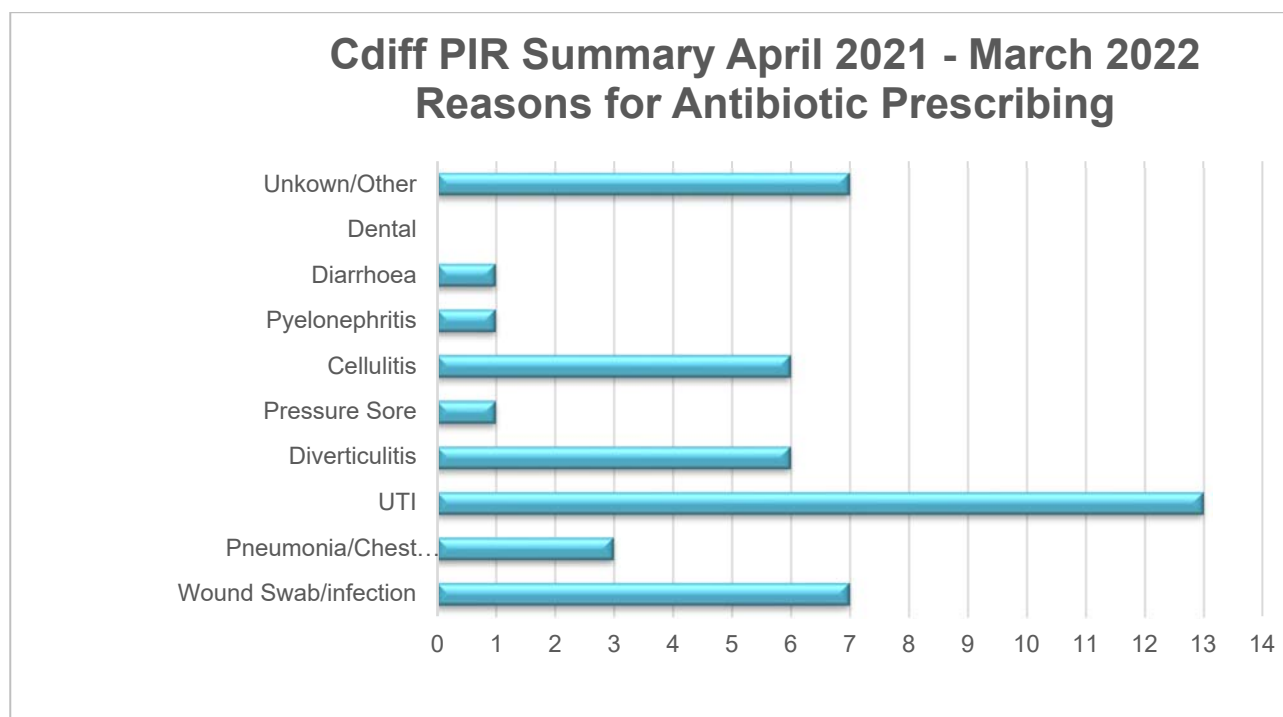
**Figure 5: *Clostridioides difficile* toxin positive Post Infection Review (PIR) Summary 2021/2022**



52. System wide working continues to support a reduction in cases of C difficile, this included a monthly review of CDI cases at a Healthcare Associated Infections (HCAI) panel focussing specifically on C difficile.
53. The IPCS is a key member of this panel providing an overview of community cases, capturing themes and trends as well as promoting partnership working system wide learning from these cases.



54. Antibiotics remain a common theme in cases of *Clostridium difficile* infection with urinary tract infection (UTI) and wound/swab infections being the two most common clinical presentations where antibiotics were prescribed.
55. A review of cases during the annual reporting period has identified that 71% of cases were treated with antibiotics, with 27% of patients receiving antibiotics for Urinary Tract Infections and 15% of patients receiving antibiotics for wound/swab infections.
56. This learning has contributed to informing the Wirral system priorities for 2022/23, with a key focus on the prevention, diagnosis and treatment of urinary tract infections.



57. All patients diagnosed with *Clostridioides difficile* were offered the opportunity to access advice and support directly from the IPCS, patients are provided with a patient information leaflet and offered a supportive home visit. There were no requests received during this reporting period to visit patients at home.
58. Since 2018/19 reducing the incidence of Gram-Negative Blood Stream Infections (GNBSIs) has been a priority for the local health and care economy. Due to COVID-19, system wide working was paused to prioritise the IPC response to the pandemic. Wirral system wide improvements to reduce the incidence of GNBSIs will be prioritised via a dedicated workstream during 2022/23.

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#### **CRITERION 6:**

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

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59. During the reporting period, compliance with mandatory and role essential IPC training was:
- Level 1 95%
  - Level 2 90%
  - Aseptic Technique 86%
60. A trust wide improvement plan is in place to improve compliance with mandatory training requirements which is monitored through SAFE Assurance Group.

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**CRITERION 7:**

**Provide or secure adequate isolation facilities.**

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61. Following a review of all urgent care sites, isolation facilities remain in place across Trust Walk-in and Urgent Treatment Centres and Community Intermediate Care Centre.
62. A joint IPC review was undertaken by WCHC IPC and WUTH IPC teams to review standards at UTC/ED during refurbishment works to the existing site and to ensure COVID-19 measures were implemented consistently.

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**CRITERION 8:**

**Secure adequate access to laboratory support as appropriate.**

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63. Laboratory services for the trust are provided by Chester and Wirral Microbiology Service.

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**CRITERION 9:**

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

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64. The following policies have been approved at the IPC Group during 2021/22 and ratified via the appropriate governance route:
- IPC01: Operational policy infection prevention and control
  - IPC04: Management of inoculation incidents
  - IPC06: Single use medical devices
  - IPC08: Sterilisation of re-usable medical devices (dental service)
65. All IPC policies are tracked through the IPC group to ensure that review dates are not exceeded.

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**CRITERION 10:**

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

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66. Occupational Health Services are provided via People Assessment Management (PAM) who are the contracted occupational health service for Trust staff.
67. The Trust ended its staff seasonal influenza vaccination programme on 28<sup>th</sup> February 2022. Vaccination levels at the end 2021/22 were 71.5%; of those 71.6% were staff in frontline roles: **Appendix 2.**
68. The Trust's final reported position was above both the North-West and England average uptake of the seasonal influenza vaccine. Learning from the programme will inform planning for 2022/23.
69. WCHC staff have been offered the opportunity to receive their COVID-19 vaccination as part of mutual aid from system partners, at the end of the reporting period 94.7% of staff had received their 1<sup>st</sup> dose; 92.9% had received their 2<sup>nd</sup> dose, and 76.6% had received their booster.
70. The IPC Team led the test and trace process for Trust staff who tested positive for COVID-19, following up each positive result reported to the Trust to assure safety.



71. During the reporting period there have been 14 inoculation incidents which have all been appropriately managed in accordance with Trust policy.

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## Summary

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72. The COVID-19 pandemic remained a significant challenge throughout 2021/22. As the trust moves toward a status of living with COVID-19, robust and proactive approaches to IPC will be prioritised reporting via the Trust's robust IPC governance system.

73. During the reporting period, the IPC the team attended two national award events to represent the work undertaken to improve IPC standards in care homes as part of a care home improvement project.

74. The team were able to showcase the exceptional work they have undertaken which demonstrated the commitment of the local health and care system to work collaboratively to improve outcomes of its population in care homes. The outcome of the national award events was as follows:

- HSJ Patient Safety Awards, Covid-19 Infection Prevention & Control Award - shortlisted finalists
- Infection Prevention Society, Team of the Year 2021 - Winners

75. Following a competitive tender process, WCHC were awarded the Local Authority commissioned contract to continue to deliver IPC services to the wider community of Wirral for a period of five years.

76. WCHC is committed to continuous quality improvement to ensure sustainable improvement in infection prevention and control practice whilst supporting a zero tolerance of avoidable infection and harm to our patients and staff.

77. HCAI reduction and improvement of infection prevention and control standards requires a multi-partnership approach within the health economy of Wirral and the trust remains committed to supporting this agenda.

78. The Infection Prevention Control Group will continue to monitor compliance with all infection prevention and control standards and quality improvements reporting quarterly to the Quality and Safety Committee.

## Board action

79. The Board of Directors is asked to be assured that IPC system and processes are in place to ensure compliance with The Code of Practice on the Prevention and Control of Infections, Care Quality Commission Health and Social Care Act 2008, Regulations 12 and 15.

## Author:

Helen Wilcox Interim Head of Infection Prevention & Control

## Contributors:

Sarah Deveney Interim Lead Nurse Infection Prevention and Control

Laura McGuffie Senior Administrator



## Appendix 1

### Code of Practice Criterion Rag Rated Position

Criterion	RAG Rated position
1 - Systems to manage and monitor the prevention and control of infection	Green
2 - Provide and maintain a clean and appropriate environment	Yellow
3 - Appropriate antimicrobial use to optimise patient outcomes	Green
4 - Accurate information on infections to service users	Green
5 - Prompt identification of people who have or are at risk of developing an infection	Green
6 - Systems to ensure all care workers are aware of and discharge their responsibilities in preventing and controlling infection	Green
7 - Provide or secure adequate isolation facilities	Green
8 - Secure adequate access to laboratory support as appropriate	Green
9 - Adhere to policies that will help to prevent and control infections.	Green
10 - Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection	Green

## Appendix 2

Seasonal Staff Flu Programme Evaluation 2021/22

Compassion | Open | Trust

# Seasonal Staff Flu Programme Evaluation

28 September 2021 to 31 March 2022



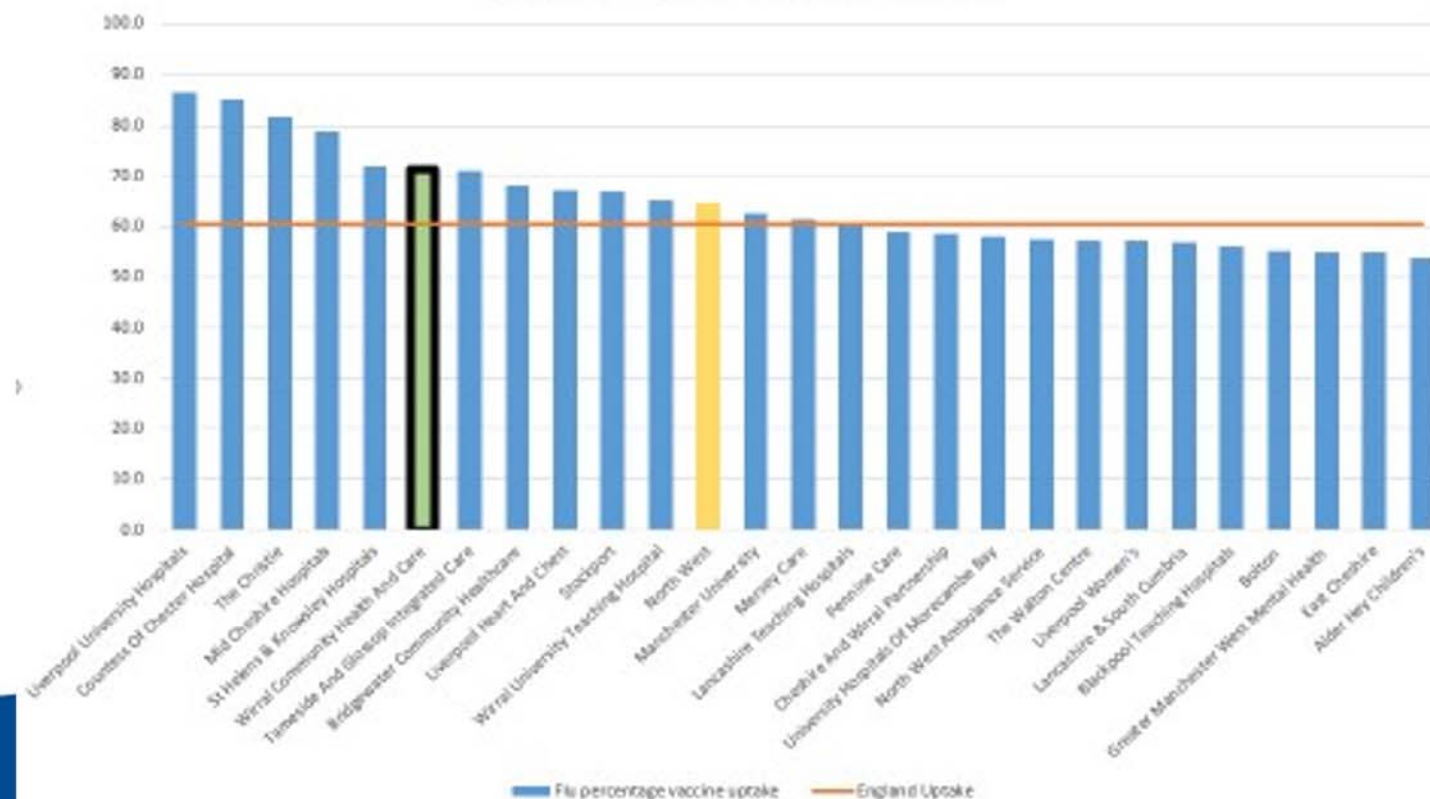
# Flu Programme: Overview

- 100% of staff eligible for the vaccination
- Vaccinations procured for general population (Sanofi) and those over 65's, egg allergy etc (Sequaris).
- Blended approach to offer implemented, using a centralised hub model and targeted delivery at service bases
- Booking for vaccines at St Caths was facilitated via Simply Book
- Recording of immunisations was on NIMS, encouraged nationally as the recording platform with Covid

# Data

- The trust achieved 72% compliance overall, this takes into account starters and leavers during the period of the campaign, as per the guidance.

Seasonal influenza vaccine uptake 2021 / 22



# What went well

- Responsiveness of staff working on the project
- Support of volunteers
- Regular catchups with the Project Team
- Staff training via NHS Elearning
- Support of Medicines Management Team
- Blended approach to delivery hub and locality availability
- Method of booking - Simply Book was very easy to use
- Daily data extract from Business Intelligence
- Robust Communication Plan

# Communications campaign summary

## Key messages:

- Flu vaccination hub with booked appointments and immunisers across all localities - how to get yours.
- We have not been exposed to the flu virus as much as usual due to Covid-19 restrictions.
- Importance of vaccines - both flu and Covid-19: 'winter vaccinations'.
- Uptake across divisions - leader board.

### Why should you get your flu vaccine?

- ✓ Protect others
- ✓ Reassure patients
- ✓ Boost your immunity
- ✓ Protect the NHS
- ✓ Raise money for charity

Get your flu vaccine today!



Get your flu vaccination  
**BOOST YOUR IMMUNITY**



# Key Messages

- The booster and flu vaccines are safe to receive together or on separate days.
- 'Flu February'.
- Be protected over Christmas and beyond.
- Utilised national 'Boost your immunity' messages and visuals: #ImmunityBoosted.
- InFLUencers - profiles celebrating our immunisers and becoming a peer immuniser



*Karen Howell, Chief Executive*



*Paula Simpson, Chief Nurse*

# Communication channels

- StaffZone
- Screensavers
- The Update
- Flu Vaccine Special Edition Update
- Video messages:
  - Nick Cross, Executive Medical Director
  - Paula Simpson, Chief Nurse
- Blogs
- WhatsApp broadcast messages
- Staff Facebook Group
- Posters
- StaffZone homepage takeover





# Incentive scheme

For every flu vaccine administered to any member of staff (not just reportable staff), we will donate £1.00 to a local charity... chosen by you!

**Total amount raised: £1,544.00**

## THE CHARITIES WE ARE BOOSTING

- Wirral Charities**  
Charles Thompson's Mission | Wirral Hospice St John's
- Cheshire Charities**  
Alzheimer's Society | Hospice of The Good Shepherd
- St Helens Charity**  
Food Bank

## Flu-ometer BOOST



# What could have been improved?

- Earlier start date of planning
- Schedule an early date for vaccine delivery if possible
- Uptake – consider engagement strategies to address potential ‘vaccine fatigue’ amongst staff

## Freedom to Speak Up Annual Report 2021/2022

<b>Meeting</b>	Board of Directors		
<b>Date</b>	15/06/2022	<b>Agenda item</b>	
<b>Lead Director</b>	Paula Simpson, Chief Nurse		
<b>Author(s)</b>	Alison Jones, Freedom to Speak Up Guardian		
<b>Action required</b> (please tick the appropriate box)			
<b>To Approve</b> <input type="checkbox"/>	<b>To Discuss</b> <input type="checkbox"/>	<b>To Assure</b> <input checked="" type="checkbox"/>	
<b>Purpose</b>			
<p>The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board in relation to Freedom to Speak Up activity during the reporting period 01 April 2021 - 31 March 2022.</p> <p>The report details the numbers of concerns raised, categorisation, themes and actions taken to resolve concerns. It also details key priorities for 2022/2023.</p>			
<b>Executive Summary</b>			
<p>This Annual Report provides the Trust Board with an overview of Freedom to Speak Up (FTSU) activity during the last 12 months. It covers the following areas:</p> <ul style="list-style-type: none"> <li>• How FTSU is embedded within WCHC</li> <li>• Governance and Oversight</li> <li>• Role of the FTSU Guardian and Champions</li> <li>• WCHC position on the FTSU Index and links to National and Regional best practice</li> <li>• An overview of concerns raised, themes and learning embedded</li> <li>• Priorities for 2022/2023</li> </ul> <p>The report was presented to the Quality and Safety Committee on the 4<sup>th</sup> May 2022 and is now being presented to WCHC Board.</p>			
<b>Risks and opportunities:</b>			
<p>Whilst this does not link to any specific risk, the existence of a healthy speaking up culture remains pivotal to ensure a strong focus on safe, effective practice for both staff and people accessing services.</p>			
<b>Quality/inclusion considerations:</b>			
<p>Quality Impact Assessment completed and attached <input type="checkbox"/> No</p> <p>Equality Impact Assessment completed and attached <input type="checkbox"/> No</p> <p>Not required <input type="checkbox"/></p>			
<b>Financial/resource implications:</b>			
None identified <input type="checkbox"/>			
<b>Trust Strategic Objectives</b>			
Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.			
Our Populations - outstanding, safe care every time <input type="checkbox"/>	Our People - improving staff engagement <input type="checkbox"/>	Our Performance - increase efficiency of all services <input type="checkbox"/>	

<b>Committee is asked to consider the following action</b>		
To consider the presented report information detailing Freedom to Speak Up Activity within the Trust. To be assured that there are robust systems and processes in place for inviting, listening and responding to concern raised by staff.		
<b>Report history</b>		
<b>Submitted to</b>	<b>Date</b>	<b>Brief summary of outcome</b>
Quality and Safety Committee	04/05/2022	Committee noted the report and were assured in relation to the implementation of FTSU within WCHC





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



# Freedom to Speak Up

## Annual Report

**2021/22**

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## **Introduction**

1. The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board in relation to Freedom to Speak Up activity during the reporting period 01 April 2021 – 31 March 2022.
2. The report details the numbers of concerns raised, categorisation, themes and actions taken to resolve concerns.

## **Principles of Freedom to Speak Up**

3. In 2015, Sir Robert Francis completed his national review of speaking up and whistleblowing across the NHS. The Review found that NHS staff wanted to speak up and heard many examples of organisations supporting them to do so. In contrast, however the review also heard stories of how staff had been put off speaking up due to fear of detriment or victimisation. There was also evidence of staff having faced isolation, bullying and counter-allegations when they did raise concerns.
4. The review made several key recommendations to promote a culture in the NHS; where staff feel safe and supported to Speak Up and to ensure all concerns are heard and investigated properly. This included protecting vulnerable groups, such as student nurses and medical trainees from intimidation and preventing discrimination against people who have been brave enough to speak up.
5. The Freedom to Speak Up review recommended Freedom to Speak Up Guardians in every NHS Trust to give independent support and advice to staff who want to Speak Up and hold the Board to account if it fails to focus on patient safety issues.
6. It also led to the creation of the National Guardian's Office (NGO), which leads, trains and supports the network of Freedom to Speak Up Guardians in England and provides support and challenge to the healthcare system in England on speaking up. This includes data collection and comparison on the numbers and types of concerns raised.
7. During last 6 years, Freedom to Speak Up has continued to grow and how well these arrangements are embedded will now form a key aspect of the Care Quality Commission's (CQC) "well-led inspections". The NGO is continuing to work closely with CQC to develop and strengthen this approach.
8. This annual report aims to provide assurance to the Board that the Raising Concerns Policy is effectively embedded and that the staff feel able to raise their concerns in the organisation. It is presented by the Freedom to Speak Up Guardian, Alison Jones.

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

9. Located in Wirral in North West England, we are an integrated Health and Social Care Organisation providing community services to the population of Wirral and also 0-19 services in Cheshire East and St Helens and 0-25 services in Knowsley.
10. We play a key role in the local health and social care economy as a system partner supporting individuals to remain at home living well and as independently as possible.

11. Our teams provide a diverse range of community health and social care services, supporting and treating people right through their lives both at home and close to home.
12. During 2021/22, we expanded WCHC services by opening a three ward in-patient unit which comprises of 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 and a temporary 'step-up' provision for people living in their own homes who may need short-term or urgent support within a Care Home environment
13. Our vision is 'To be the outstanding provider of high quality, integrated care to the communities we serve' recognising the important role of the WCHC in delivering integrated care with partners across the local health and social care economy.

### **Overview of WCHC Services**

14. WCHC services are local and community-based, provided from around 50 sites across Wirral, including, our main clinical bases, St Catherine's Health Centre in Birkenhead and Victoria Central Health Centre in Wallasey.
15. We also provide integrated 0-19 services in Cheshire East and St Helens as well as 0-25 services in Knowsley comprising health visiting, school nursing, family nurse partnership and breastfeeding support services.
16. WCHC actively promotes feedback regarding all services to ensure that these experiences shape and inform future service design, support organisation learning and WCHC's quality improvement infrastructure; this includes complaints and concerns as well as direct engagement with service users and their families.
17. As an integrated provider of health and social care, WCHC is committed to the following principles, which support staff to:
  - Feel confident to Speak Up
  - Feel that Speaking Up was simple
  - Feel listened to and understood
  - Feel that their Speaking Up complaint made a difference
  - Would feel confident raising an issue in the full





## **Promoting the Role of Freedom to Speak Up**

20. A new Trust Freedom To Speak Up Guardian, Alison Jones, was appointed in December 2021. The Trust board supported this role to have dedicated protected time in recognition of the importance of promoting speaking up in an open, “business as usual” way and being able to support staff who have reported concerns ensuring timely responses, Trust learning and feedback to reporters.
21. The importance of raising concerns and information about the process have been actively promoted via Posters in all bases, screen savers on all computers, posts in the Trust update, Social Media pages and intranet as well as face to face promotion at team meetings across the Trust.
22. The Freedom To Speak Up Guardian works closely with the Head of Inclusion & Inequalities to promote speaking up for all staff members. The FTSU Guardian has presented at all network groups and has encouraged members of network groups to also take on the role of FTSU Champions to help promote and support colleagues in Speaking Up. The FTSU Guardian meets regularly with the joint chairs of the Black, Asian and Minority Ethnic (BAME) network group on joint promotions and to overcome any potential or perceived barriers to reporting within this group of staff.

## **Governance and Oversight**

23. The Trust’s Freedom To Speak Up Guardian, Alison Jones, is one of the 818 Guardians working in 514 organisations nationally and is guided and supported by the National Guardians office as well as the North West Regional Guardians Network. Within WCHC, she is supported by the senior FTSU Team which comprises a group of leaders who each bring knowledge and expertise. They act to ensure that there is shared responsibility for ensuring that FTSU is promoted and supported and meet weekly to ensure progress with the review of concerns, as well as identifying themes.
24. FTSU reports are presented by the Guardian directly to the Board biannually. The Guardian and Team continue to be supported by the Board level sponsors who include a Non-Executive, a Lead Director and a Chief Operating Officer.
25. WCHC has a number governance and reporting mechanisms in place to monitor and ensure an effective response to concerns raised by staff. This includes:
  - A Quality and Safety Committee – which reviews all FTSU activity on a bi-annual basis
  - A Freedom to Speak Up Steering Group which includes the non-executive FTSU lead meets quarterly to review trends and consider wider issues which may be relevant to FTSU such as concerns arising from reviews of HR cases, local/national staff survey issues, themes from incident reporting, issues raised by staff side etc. It also reviews national updates and advice
  - A FTSU Champions Forum is held once a quarter to provide feedback and support and discuss learning from concerns.
  - A weekly FTSU Team Meeting which over sees all concerns and ensure timely review and action is taken as well as supporting reporters

## The cycle of a concern



## Freedom to Speak Up Guardian

26. The current Freedom To Speak Up Guardian came into post in December 2021 with protected ringfenced time of 18.75 hours per week. Alison Jones took over this role from the previous post holder Sarah Aldis and continued with the work to promote a culture where speaking up is our business as usual.
27. Alison has worked for the NHS for over 20 years and also works 18.75 hours per week as the Trusts Risk and Governance Manager. These roles complement each other as reported risks, incidents and complaints can be triangulated against FTSU concerns for a holistic view of services and any staff concerns.
28. Since being in post the Guardian has been promoting speaking up and the options available for staff as well as supporting reporters and ensuring outcomes are managed and shared. The Guardian has been working closely with the volunteer FTSU Champions to ensure Champions are available across the footprint of the Trust as well as encouraging Champions from all Network groups.

## Freedom to Speak Up Champions

27. WCHC continues to recognise the significant role played by Freedom To Speak Up Champions across the Trust.
28. We currently have 50 Champions across all areas of the Trust including newer services in CICC, St Helens and Knowsley.
29. Additionally we have Champions in all Network Groups including several Champions in the BAME network who are able to provide support to colleagues who may prefer to talk to

someone who shares their background and who work with the Guardian to ensure there are no barriers to speaking up.

30. The Champions are available to signpost and support colleagues to speak up and to promote the culture of open and honest conversation. The Champions play a huge part in promoting our Trust values and provide excellent support to the FTSU Guardian. WCHC would formally like to thank them for their continued commitment, hard work and support.
31. The FTSU Champions meet via MS Teams on a quarterly basis in order to confidentially share outcomes and support each other. The FTSU Guardian provides guidance to the Champions and has instigated a group mailing list and dedicated MS Teams channel for the Champions support conversation, share news and ideas and to gain support if needed

### **Freedom To Speak Up Index and Staff Survey**

32. In May 2021 the National Guardians office published the FTSU index. The index is produced to allow Trusts to compare their FTSU culture against other Trusts and is based on responses from the annual staff survey. The index was calculated as the mean average of response to the following four questions:

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

33. Community Trusts have the highest FTSU Index score overall 84.6% followed by acute Trusts.

Trust Type	FTSU Index Score (May 2021)
Community Trusts	84.6%
Acute Specialist Trusts	82%
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	80.8%
Acute and Acute & Community Trusts	79%
Ambulance Trusts	75.9%

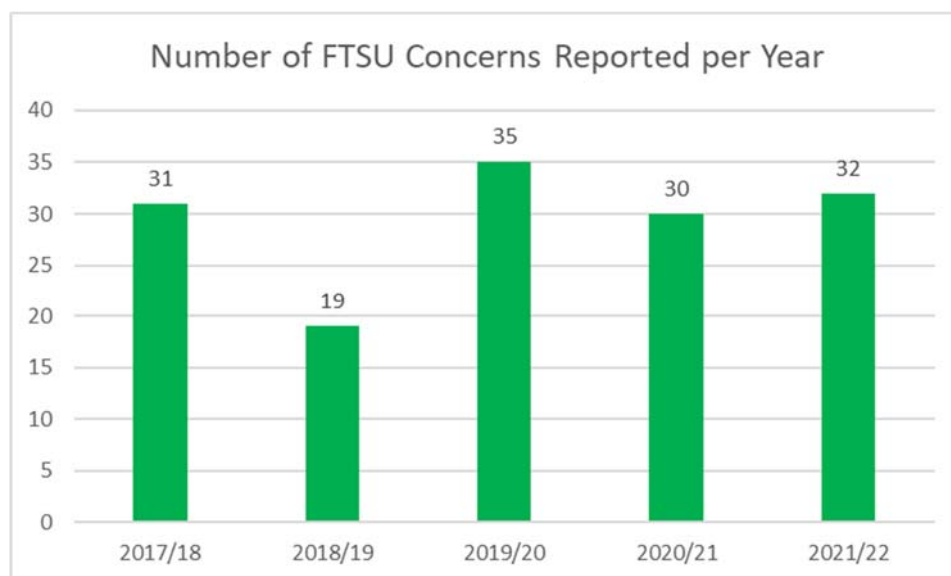
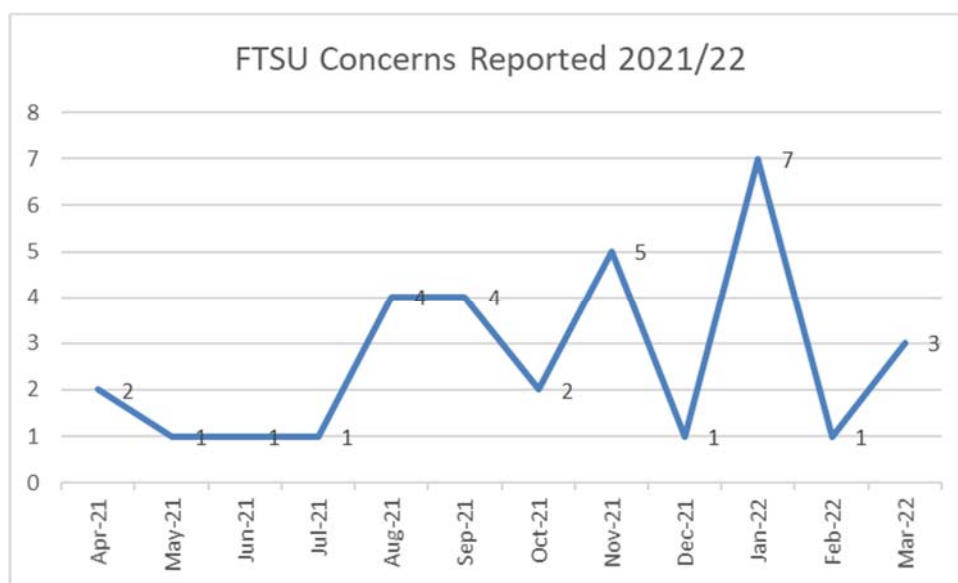
31. WCHC's FTSU index score was 84.2% which put the Trust in the top 6% of the 220 organisations included in the index

32. The Index results demonstrate the level of confidence staff have in local FTSU arrangements and represent a key metric in terms of openness, speaking up culture and the psychological safety of staff. The National Guardian's Office (NGO) believes a good speaking up culture makes for a safer place, for workers and people accessing services.

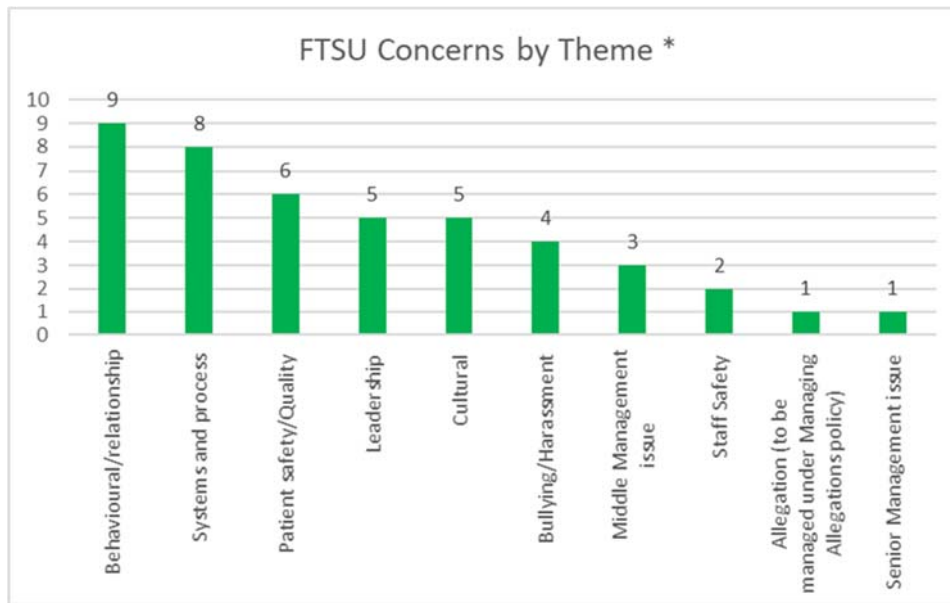
### Summary of Concerns Reported During 2021/2022

33. During last year WCHC has continued to submit quarterly reports to the National Guardians Office (NGO).

34. During the reporting period on 2021/22 there were 32 concerns reported, which is up slightly from the 30 concerns reported in 2020/21. Overall WCHC has maintained a positive position regarding Freedom to Speak Up and activity does not appear to have been adversely affected by Covid-19, with the numbers of concerns largely comparable to previous years



### 35. Concerns Reported by Theme



\*Individual concerns can have multiple themes

### 36. Examples of the theme of Behavioural/Relationship would be:

- Communication issues
- Behaviours within a team
- Relationships with manager

### 37. Examples of the theme Systems and Process would be:

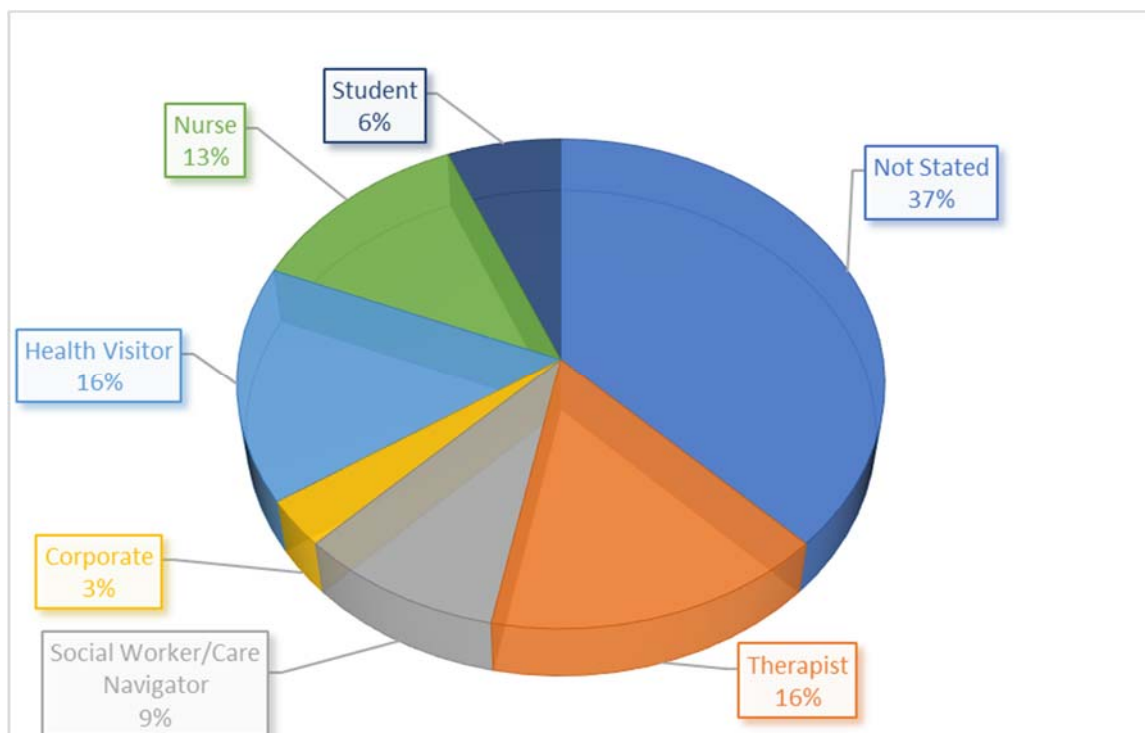
- Requiring clarity over changes made
- Not agreeing or understanding why a task or action are being completed

38. All concerns reported in 2021/22 have been investigated, where applicable actions have been put in place to support reporters and the wider teams and ongoing support provided

39. Concerns raised by professional level are detailed below. The highest number reporters were identified at worker level. This is positive position provides evidence that the FTSU process is embedded at a grass roots level across the organisation

	Worker	Manager	Senior Manager	Not Disclosed
Q1	4	0	0	0
Q2	7	0	0	2
Q3	4	1	0	3
Q4	8	1	0	2
<b>Total</b>	<b>23</b>	<b>2</b>	<b>0</b>	<b>7</b>

40. The number of concerns by professional group is detailed below:



41. The different job roles reported reflects the integrated nature of the Trust and that Speaking Up is embedded in all areas. The inclusion of concerns reported by students reflects the work to promote a speak up culture in our future work force and that they feel comfortable to speak up with no detriment.

### **Trends, themes and learning**

42. Concerns were raised in the following ways throughout the reporting period

- 18 of the concerns (56%) were reported openly by staff members who were kept updated and provided with support and direct feedback
- 4 of the concerns reported were reported anonymously (12%)
- 4 of the concerns were reported (12%) directly to the FTSU Guardian
- 2 of the concerns (6%) were reported to FTSU Champions
- 3 of the concerns (9%) was reported to the CQC
- 1 of the concerns (3%) was reported to a Staff Side representative

43. Learning and actions following concerns raised include

- Wider use of reporter satisfaction survey and follow up to concerns
- Action plans created and monitored to address concerns
- Collaborative solutions to concerns enabling reporters to be part of the outcome or actions
- Enhanced collaboration with Chester University and support for students to feel comfortable raising concerns

- Working in collaboration with HR to provide swift responses to individuals to answer queries or concerns re assumptions or rumours
- Providing team or service wide feedback and support when concerns have been reported anonymously
- Collaborative working with Staff Side Representatives to support their members
- Improved communication re PPE and Covid 19 Regulations
- Service wide solution approach to issues reported in CIRT
- Service wide support provided to 0-19 staff members to support with changes within the service

## Achievements

44. Achievements made during the reporting period include

- Additional funding secured by Executive Team to Support Freedom To Speak Up
- Promotion of Guardian role and the Speak Up process using posters, the Update, Staff Zone and Facebook
- Stronger links created with Regional Network and National Guardians office
- Collaborative working with Head of Inclusion and Inequalities to promote Speaking Up for all
- Collaborative working and promotion with Staff Network Groups
- Electronic survey created to send out to reporters when a concern is closed to ask if they will speak up again and feedback on the process
- Inclusion questions incorporated into questionnaire from 01 April 2022 to ensure a fair and equitable process
- Communications plan produced for promotions throughout 2022/23
- FTSU Champions list updated and Champions kept in regular contact via dedicated MS Teams channel

## Promotions



**SPEAK UP, LISTEN UP, FOLLOW UP**



## **National and Regional Links**

45. The FTSU Guardian attends a monthly forum with other Guardians from the North West region. The purpose of this forum is for Guardians to gain support and share best practice as well as linking in with the National Guardians office via this forum.
46. In April 2022 The National Guardians Office launched their final e-learning package in the Speak Up, Listen Up, Follow Up suite of training, in association with Health Education England.
47. This module is designed for leaders at all levels to help them foster a speaking up culture in their organisations and has been developed for senior leaders throughout healthcare, including executive and non-executive directors, lay members and governors.
48. The module aims to promote a consistent and effective Freedom to Speak Up culture across the system which enables workers to speak up and be confident they will be listened to and action taken.

## **Priorities for 2022/23**

49. Priorities for 2022/23 include

- Speak Up, Listen Up and Follow Up e-learning training to be promoted across the whole Trust to promote a widespread culture and understanding of the principles of Speaking Up
- The three e-learning packages are to be made available to all Executives and Non-Executives to ensure Speaking up is prioritised at the top of the organisation to support a culture of open and honest communication with Speaking Up being our “business as usual”
- Inclusion data is to be collected on every feedback questionnaire to promote speaking up for all and to ensure equity
- The National Guardians office are to issue a template Speaking Up policy. WCHC’s speaking up policy will be reviewed when this is available to ensure it matches the best example
- Continue to spotlight and celebrate the contribution made by FTSU Champions across the organisation
- Collaborative working with National Guardians Office and Regional Network for promotions for Speak Up month in October 2022



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## Appendix

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### Abbreviations

CQC	Care Quality Commission
FTSU	Freedom to Speak Up
NGO	National Guardian's Office
WCHC	Wirral Community Health and Care NHS Foundation Trust

### Alison Jones

Freedom to Speak Up Guardian  
June 2022

Cover Sheet for Learning from Ockenden – Assurance Report			
<b>Meeting</b>	Board of Directors		
<b>Date</b>	15/06/2022	<b>Agenda item</b>	
<b>Lead Director</b>	Paula Simpson, Chief Nurse		
<b>Author(s)</b>	Claire Wedge, Deputy Chief Nurse		
<b>Action required</b> (please tick the appropriate box)			
<b>To Approve</b> <input type="checkbox"/>		<b>To Discuss</b> <input type="checkbox"/>	<b>To Assure</b> <input checked="" type="checkbox"/>
<b>Purpose</b>			
The purpose of this paper is to provide assurance to Trust Board that a robust review and assessment of Trust systems, processes and governance has been conducted, aligned to the four key pillars of transferrable learning highlighted within the Ockenden – Final Report, with action taken to further strengthen areas as identified.			
<b>Executive Summary</b>			
<p>The Ockenden – Final report from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was published on 30 March 2022.</p> <p>The review commenced in 2017 at the request of the Secretary of State for Health and Social Care and was commissioned by NHS Improvement.</p> <p>The report highlighted four key pillars of learning and requested that a review should be conducted within all NHS Trusts to identify and mitigate any risks associated with the four areas:</p> <ul style="list-style-type: none"> <li>• Safe staffing levels</li> <li>• A well-trained workforce</li> <li>• Learning from incidents</li> <li>• Listening to families</li> </ul> <p>In addition to these areas, the report illustrates the importance of creating a culture where all staff feel safe and supported to speak up; as a result, this has also been incorporated into the Trust's review of services.</p> <p>The report will provide a high-level overview of the Trust's current position aligned to the learning within the Ockenden Final Report, and highlight actions required to further strengthen evidence and compliance.</p>			
<b>Risks and opportunities:</b>			
Risks and opportunities have been incorporated into the report.			
<b>Quality/inclusion considerations:</b>			
Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No Quality and Equality impact assessments will form part of the actioning planning process as required.			
<b>Financial/resource implications:</b>			
No current financial or resource implications have been identified.			
<b>Trust Strategic Objectives</b>			
Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.			

Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	Our People - improving staff engagement
<b>Board of Directors is asked to consider the following action</b>		
Board of Directors is asked to be assured that a robust assessment of the Trust's systems, processes and governance has been conducted aligned to the findings of the Ockenden – Final report; with the development of clear actions within agreed timescales, to support compliance and continuous quality improvement within the People Governance portfolio.		
<b>Report history</b>		
<b>Submitted to</b>	<b>Date</b>	<b>Brief summary of outcome</b>

## **Learning from Ockenden: Assurance Report**

### **Purpose**

1. The purpose of this paper is to provide assurance to Trust Board that a robust review and assessment of Trust systems, processes and governance has been conducted, aligned to the four key pillars of transferrable learning highlighted within the Ockenden – Final Report, with action taken to further strengthen areas as identified.

### **Executive Summary**

2. The Ockenden – Final report from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (SaTH) was published on 30 March 2022.
3. The review commenced in 2017 at the request of the Secretary of State for Health and Social Care and was commissioned by NHS Improvement.
4. The original scope of the review was to examine 23 cases, however, the scope extended to consider maternity care of 1,486 families, the majority of which were patients between the years 2000 and 2019.
5. The findings of the report are transferrable to all providers of NHS care and should formally be considered by the Board of Directors

### **Findings**

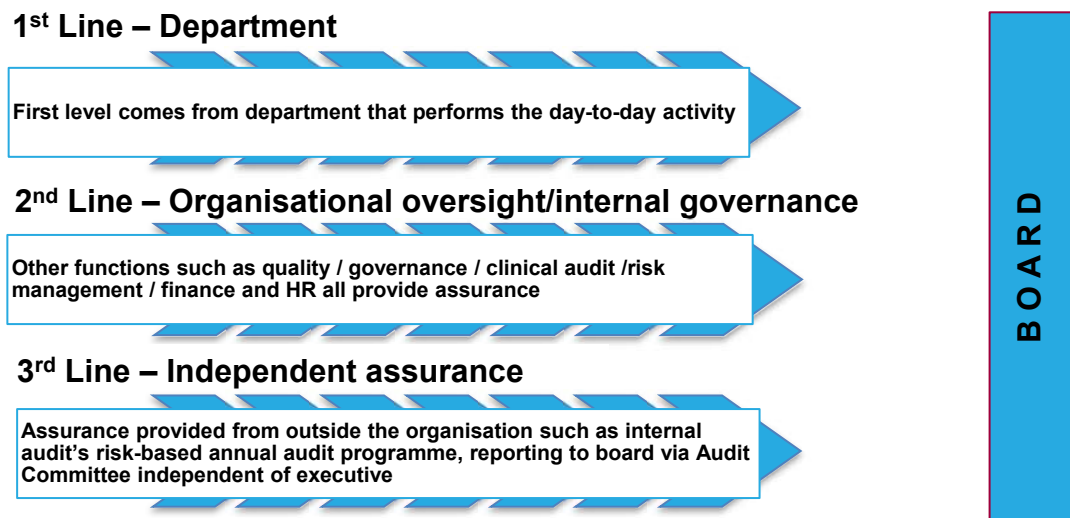
6. The review found repeated failure in the quality of care and governance within maternity services summarised as follows:

“Throughout our final report we have highlighted how failures in care were repeated from one incident to the next.....The reasons for these failures are clear. There were not enough staff, there was a lack of on-going training, there was a lack of effective investigation and governance at the Trust and a culture of not listening to the families involved.”

7. The review highlighted four key pillars of transferrable learning to all NHS Trusts:
  - Learning from incidents
  - Listening to families
  - A well-trained workforce
  - Safe staffing levels
8. In addition, the review highlighted the importance of creating a culture where all staff feel safe and supported to speak up. The Trust's Freedom to Speak Up process has therefore been incorporated into this review, to provide assurance to the Board of Directors.

## Assurance review process

9. The assurance review process has been evidence based, focussing on the following areas:
- Assurance Tools: data capture, analysis and interpretation
  - Governance Processes: flow and escalation of information
  - Alignment to Trust Strategies: Measurements and Outcomes
10. The detailed analysis has considered the effectiveness of current control measures and assurance mechanisms in place.
11. Where opportunities for improvement have been identified, this has been aligned to the three lines of defence assurance model to support targeted action. A summary of the model is detailed below for the attention of the Board of Directors:



12. To further strengthen the review process, the effectiveness of control measures has been assessed to support identification of potential gaps in assurance. Where required, this has been aligned to the Trust's operational risk register and Board Assurance Framework to assess the impact of identified risks.

## Learning from incidents: Assurance

13. A self-assessment and evaluation of the Trust's current governance processes for learning from incidents has been conducted against the three levels of assurance.
14. Positive assurance can be evidenced across all three levels, including:
- Clear processes for incident reporting supported by training and local induction
  - Service accountability structure for incident review processes to ensure immediate action to assure safety
  - Service and Trust-wide governance process to support robust investigation of incidents, including weekly Trust-wide safety huddles and Clinical Risk Management Group

- Delivery of patient safety and human factors training to frontline staff supported by a transparent, just and learning culture in accordance with Trust policy
- Robust governance system embedded throughout the Trust to support thematic analysis and emerging trends with clear evidence of improvement, embedding and sustainability of outcomes
- Internal reporting of incidents including serious incidents to Integrated Performance Board (IPB), Quality and Safety Committee and the Board of Directors
- Development of a Trust-wide learning hub to ensure transferability of learning principles across the organisation
- Effective deployment of independent assurance, including monthly attendance at the Serious Incident Review Group led by commissioners
- Mechanisms to support system-wide learning opportunities to assure patient safety
- Use of NHS Community Benchmarking data to support potential areas of further improvement of clinical services
- Robust NHS Patient Safety Strategy implementation plan including a protected Patient Safety Specialist role
- Use of MIAA and internal clinical audit programme to independently test compliance and assurance with the developed governance system
- Bi-monthly CQC engagement meetings highlighting the management of serious incidents, evidencing learning and outcomes as part of the Trust's culture of continuous improvement

15. Strategically, this learning pillar is incorporated within the Trust's Quality Strategy with numerous applicable outcomes measures including:

- **Measure 1:** Year on year improvements against identified clinical risk priorities
- **Measure 2:** 20% of eligible staff trained in national patient safety curriculum per annum
- **Measure 4:** An annual evaluation of the impact of our learning hub will evidence exceptional care because of purposeful learning from incidents and complaints

16. Progress against these outcome measures is tracked at the Quality and Safety Committee.

### **Listening to families: Assurance**

17. A self-assessment and evaluation of the Trust's current governance processes for listening to families has been conducted against the three levels of assurance.

18. The Quality Strategy outlines the Trusts' five-year aspirations to hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice.

19. Considering the documented strategic ambitions of the organisation with a concurrent assessment of existing processes; positive assurance can be evidenced across all three levels, including:

- Clear processes for service management of concerns
- Implementation and collation of friends and family test (FFT) data

- Service user / patient shadowing mechanisms within services
- Local mechanisms for qualitative feedback, for example at the Trust's Community Intermediate Care Centre
- Always Event level 1 awards
- Clear duty of candour process supported by Trust policy with compliance tracked weekly at the Clinical Risk Management group chaired by the Executive Medical Director
- Policies to support patient and family engagement within the serious incident investigation process
- Active Your Voice group within the Trust supporting service user participation
- Engagement system to capture feedback and drive improvement including the Involve group and Inclusion Forum
- Service user, patient and family feedback received independently via Healthwatch
- Plans to develop Patient Safety Partners role within the Trust to support an open, inclusive learning culture including the voice of families

20. Strategically, this learning pillar is incorporated within the Trust's Quality Strategy with numerous applicable outcomes measures including:

- **Measure 3:** 100% of harm reviews will invite people, their families or carers to be involved in the review
- **Measure 9:** A minimum of 4 pathways of care will be co-designed with people and community partners annually

21. Progress against these outcome measures is tracked at the Quality and Safety Committee.

### **A well-trained workforce: Assurance**

22. A self-assessment and evaluation of the Trust's current governance processes for a well-trained workforce has been conducted against the three levels of assurance.

23. The review has evidence effective controls at service and Trust-wide level which provides assurance, however, some variation in mandatory training compliance at a service level has been identified.

24. The identified variation has been reported to Service Directors for initial management via locality governance arrangements.

25. Training improvement trajectories will be monitored by exception via the Trust's monthly Standards Assurance Framework for Excellence (SAFE) meeting, reporting to the Quality and Safety Committee.

26. Positive assurance can be evidence in the following areas:

- Clear service and Trust-wide mandatory training programme tracked via bespoke training dashboards within the Trust Information Gateway (TIG) system
- Service wide development and implementation of role specific training matrices
- Service talent development and succession planning via the Trust-wide appraisal process

- Comprehensive annual clinical professional development programme with clear leadership from the learning and development team
  - Implementation of a leadership development framework trust-wide
  - Leadership development sessions open to all Trust staff
  - Clear Trust Policies to support effective professional clinical and management supervision standards for all Trust staff
  - Training metrics tracked at: SAFE, IPB, Education and Workforce Committee (EWC), and the Board of Directors
  - Refreshed governance relating to learning and development budget with a plan for the clinical strategy to set direction and priorities
27. The assessment of available evidence has identified the requirement to further strengthen usage of the Trust's internal clinical audit programme and independent assurance to support reporting of outcomes via the People Strategy governance system.
28. Assurance in relation to independence testing of workforce metrics has been incorporated into the Trust's People Strategy to evidence learning from this review.
29. Strategically, this learning pillar is incorporated within the Trust's People Strategy with numerous applicable outcomes measures including:
- **Measure 10:** All of our senior managers will have participated in relevant leadership development
  - **Measure 12:** Delivery of a Trust wide annual training plan focussing on key skills/knowledge gaps aligned to our workforce plan
30. Compliance against these outcome measures will be tracked Tri-annually at the Education and Workforce Committee.

### **Safe Staffing Levels: Assurance**

31. A self-assessment and evaluation of the Trust's current governance processes for safe staffing levels has been conducted against the three levels of assurance.
32. The review has identified Trust-wide reporting gaps in assurance, and variation in the usage of the e-roster system at service level to evidence safe staffing levels.
33. Robust plans to effectively mitigate any potential risk to care delivery is evidenced via local governance arrangements and effective business continuity plans. These local arrangements will be formalised via Trust policies, including a safe staffing policy to develop a consistent approach across services.
34. The identified reporting gaps highlights the lack of evidence-based community staffing tools across many of the Trusts' services including Community Nursing.
35. To support the national evidence-base for safer staffing in Community Nursing, the Trust has recently participated as a pilot site for the development of a national safer staffing tool to address the recognised gap within Community Nursing Services.



36. Strong evidence of tracking quality and safety metrics at service and Trust-wide level, supported by effective triangulation of available data sources, provides further evidence of safe staffing across the organisation.
37. There is also clear evidence of effective use of the operational risk register for staffing risks, informing the board assurance framework and strategic risk management.
38. A safe staffing project group has been established within the Trust with the aim of strengthening the governance and assurance for safe staffing service level evidence and Trust-wide reporting by 31.07.22.
39. The safe staffing project group will report to Programme Management Board, SAFE, Integrated performance Board and by exception to the Education and Workforce Committee.
40. Strategically, this learning pillar is incorporated within the Trust's People Strategy with numerous applicable outcomes measures including:
  - **Measure 4:** Year on year reduction in staff leaving for preventable reasons
  - **Measure 13:** Set annual targets to achieve full roll out of E-Roster including the introduction of the E-Roster SafeCare facility (or equivalent) to support safe staffing standards

### **Freedom to Speak Up: Assurance**

41. A self-assessment and evaluation of the Trust's current governance processes for Freedom to Speak Up has been conducted against the three levels of assurance.
42. Positive assurance can be evidenced across all three levels as evidence in the 2021/22 annual report, reporting to the Board of Directors in June 2022.

### **Risks**

43. The assurance assessment has highlighted the following:
  - Requirement to review and validate the staffing and competence risks on the operational risk register to ensure alignment with the findings of this report
  - A strategic risk to be monitored via the Board Assurance Framework on Safe Staffing levels

### **Summary**

44. The learning from Ockenden assurance review has highlighted positive assurance incorporating elements of independent testing across the following pillars:
  - Learning from incidents
  - Listening to families
  - A well-trained workforce
45. The assessment of safe staffing has identified some areas of further strengthening, however, evidence supports that these areas had visibility and mitigation plans in place, prior to the commencement of the assurance review.

46. Existing plans have been reviewed to effectively address the following areas by 31.07.22:

- Variation in service mandatory compliance levels
- Variation in implementation of the e-roster system across Trust services
- Development of a comprehensive safe staffing board assurance dashboard
- Monthly reporting of safe staffing metrics to SAFE
- Bi-monthly reporting of safe staffing metrics to EWC
- Bi-annual safe staffing reporting to the Board of Directors

47. Compliance against the developed plans will be tracked via the Trust's governance system reporting by exception to the appropriate sub-Board Committee.

### **Board action**

48. Board of Directors is asked to be assured that a robust assessment of the Trust's systems, processes and governance has been conducted aligned to the findings of the Ockenden – Final report; with the development of clear actions within agreed timescales, to support compliance and continuous quality improvement within the People Governance portfolio.

**Paula Simpson, Chief Nurse**

Claire Wedge, Deputy Chief Nurse

**09 June 2022**