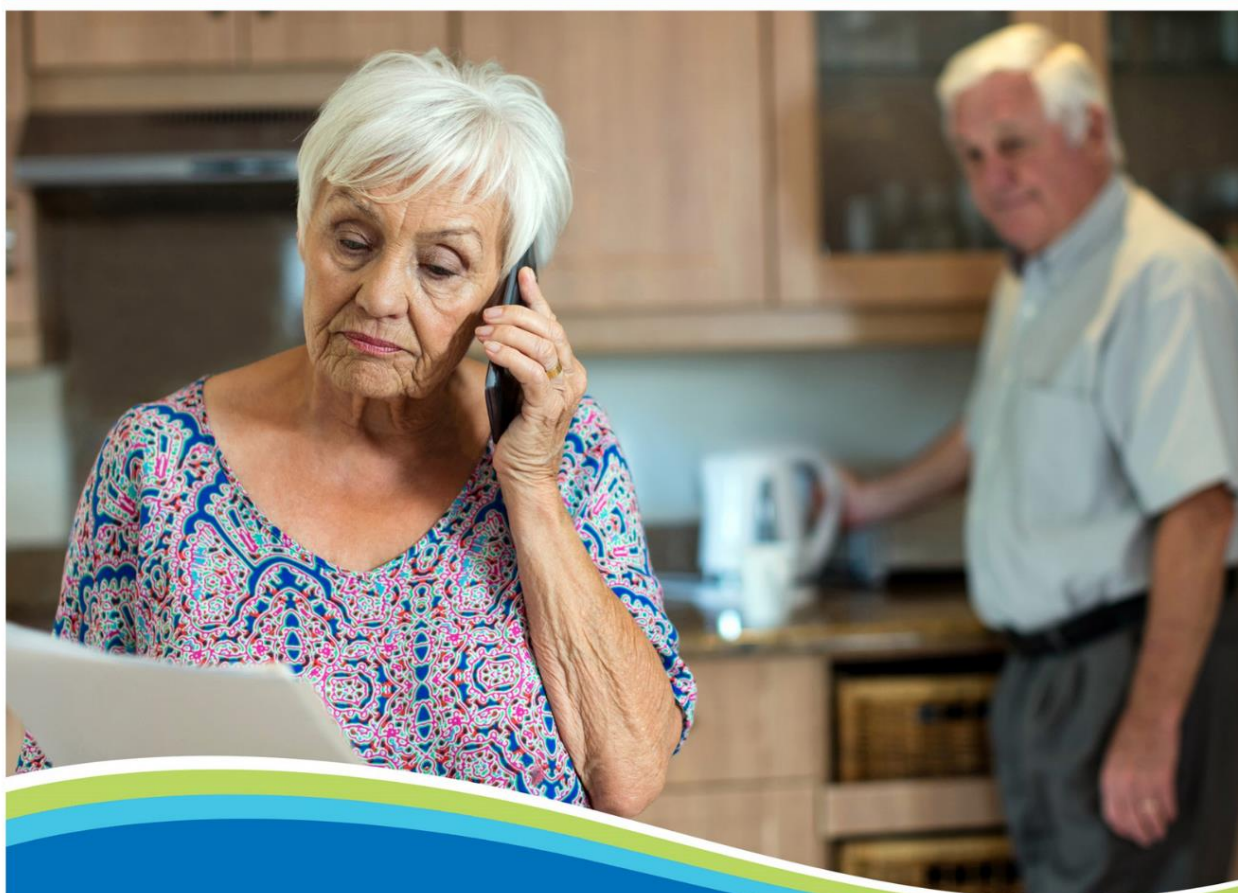


**Complaints and Concerns Annual Report
01 April 2021 – 31 March 2022**

Meeting	Board of Directors		
Date	17/08/2022	Agenda item	14
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Claire Wedge, Deputy Chief Nurse Julia Bryant, Quality Lead Donna Ditchfield, Senior Complaints Officer		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this 2021/2022 annual report is to provide assurance to the Board of Directors of the Trust's complaints and concerns management processes, supporting delivery of safe, effective quality services.			
Executive Summary			
<p>The Trust received 74 formal complaints during the reporting period 01 April 2021 – 31 March 2022 compared with 69 for the previous year.</p> <p>Of the complaints received, 28 (38%) were upheld and 16 (22%) partially upheld by the Trust.</p> <p>Details of learning and action taken from upheld and partially upheld complaints are included within the report. Action plans are developed by the relevant service and monitored at locality SAFE meetings and via the Trust's weekly clinical risk management group.</p> <p>Equality and diversity monitoring data has been included within the report, ensuring that a review of experience can be analysed from an equality perspective; evaluating if the needs of those with protected characteristics are being met by Trust services.</p> <p>Priorities for 2022/2023 have been identified and are included within the report.</p>			
Risks and opportunities:			
None identified during the development of this report.			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No			
Equality Impact Assessment completed and attached <input type="checkbox"/> No			
Financial/resource implications:			
Effective complaints management will support organisational learning and the delivery of high quality care, whilst reducing the potential for litigation and regulatory action.			
Trust Strategic Objectives			
Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.			

Our Populations - outstanding, safe care every time	Our People - enhancing staff development	Our Performance - increase efficiency of all services
Board of Directors is asked to consider the following action		
Board of Directors is asked to be assured by the Trust's 2021/2022 complaints and concerns annual report.		
Report history		
Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	06/07/2022	The committee was assured by the information presented in relation to the Complaints and Concerns Annual Report 2021/22 and approved for this to be submitted to the Trust board subject to a few minor amendments



Complaints and Concerns Annual Report

2021-22

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Abbreviations

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

Introduction

1. The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust Board of formal complaints and concerns activity undertaken across the organisation for the reporting period 01 April 2021 – 31 March 2022, in relation to the Trust's requirements to demonstrate compliance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Principles

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

Overview of Trust Services

5. Trust services are local and community-based, provided from around 50 sites across Wirral, including our main clinical bases, St Catherine's Health Centre in Birkenhead and Victoria Central Health Centre in Wallasey.

We also provide integrated 0-19 services in Cheshire East, Knowsley and St Helens comprising health visiting, school nursing, Enhanced and Family Nurse Partnership (FNP) and breastfeeding support services from 17 bases.

6. Wirral Community Health and Care NHS Foundation Trust is one of a handful of places in England to have made significant progress towards truly integrated health and social care provision; of which we are very proud.
7. The Trust provides in-reach support into the local acute trust, residential and nursing homes across Wirral. In January 2021 the Trust opened a Community Integrated Care Centre to support the Wirral system response to the Covid-19 pandemic, providing in-patient rehabilitation to adults

following discharge from acute hospital care. The Trust is now commissioned to provide care across three in-patient wards: Bluebell, Iris and Aster.

8. The wards operate a multi-disciplinary and integrated approach to care, with teams consisting of physiotherapists, occupational therapists, social workers, nurses, health care assistants, administrative staff as well as an extended workforce consisting of students and volunteers.
9. The Trust actively encourages feedback regarding all services to ensure that these experiences shape and inform future service design, support organisation learning and the Trusts' quality improvement infrastructure; this includes complaints and concerns.
10. In 2021 the Trust launched its first electronic 'Your Experience' platforms, providing multiple methods for people to share their experiences, including text messaging and online questionnaires, which includes the 'BrowseAloud' functionality. Easy read questionnaires are also available to services to ensure we are actively listening to the diverse community voice.
11. Experience is a standard agenda item throughout all team meetings and all managers are actively encouraged to share and learn, looking for continuous opportunities do identify quality improvements.
12. As an integrated provider of health and social care, the Trust is committed to the principles as outlined in a user-led vision for raising concerns and complaints (LGO, PHSO and Healthwatch). This ensures that people:
 1. Feel confident to speak up
 2. Feel that making a complaint was simple
 3. Feel listened to and understood
 4. Feel that their complaint made a difference
 5. Would feel confident making a complaint in the future

A user-led vision for raising concerns and complaints



Organisational Analysis of Complaints and Concerns

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

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

14. Wirral Community NHS Foundation Trust (WCHC) received 74 formal complaints during the reporting period 01 April 2021 – 31 March 2022 compared with 69 received for the previous year.

15. There were 74 complaints closed during 01 April 2021 – 31 March 2022 of these 28 (38%) were upheld by the trust.

16. Analysis of patient and service user contacts received and recorded on datix are as follows:

- 74 formal complaints (5.9% of recorded Trust feedback)
- 258 informal concerns (20.6% of recorded Trust feedback)

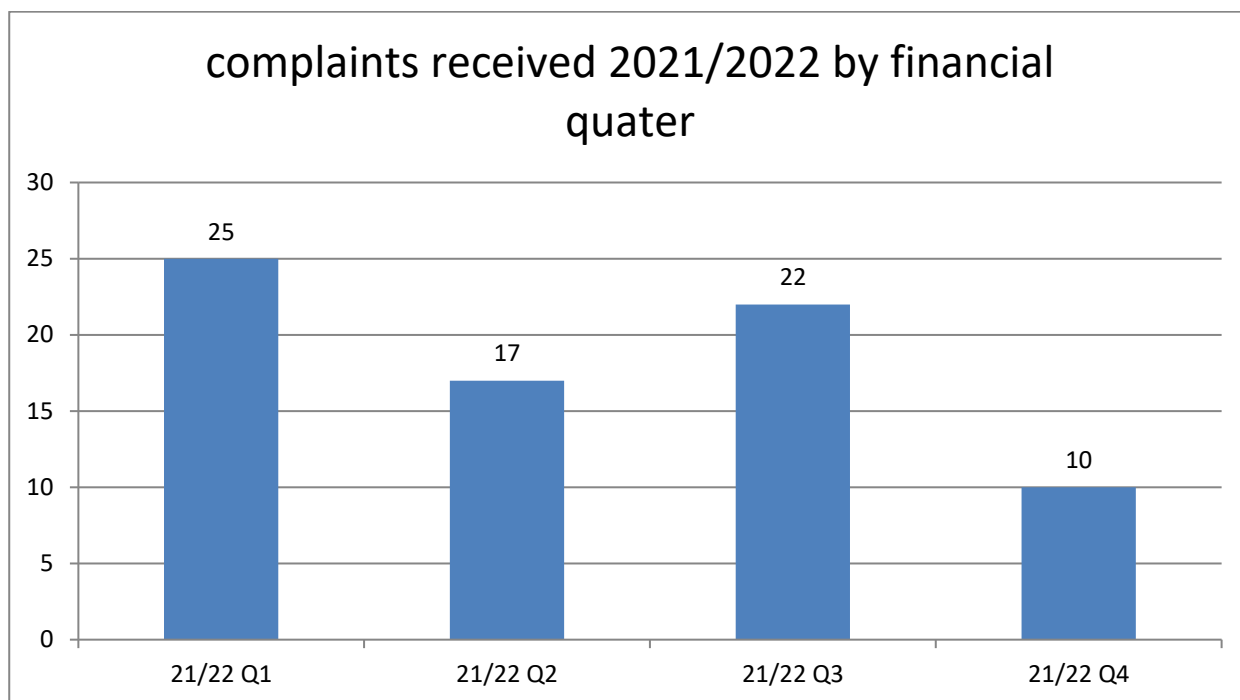
17. The Trust received experience feedback from 9225 people who accessed services, with an average of 93% of those people reporting a very good or good experience.

18. Analysis of the quarterly complaints data from 2018 - 2022 evidences an overall reduction in the number of complaints received by the Trust, and a level of consistency over the last two years.

01 April – 31 March	Total number of complaints received
2018/2019	143
2019/2020	96
2020/2021	69
2021/2022	74

19. Chart 1 demonstrates the total number of complaints received by quarter

Chart 1: Comparison of complaints received by quarter



Complaint Responses: Health

20. There were 32 Health Complaints received during the period of 1 April 2021 – 31 March 2022. The table below shows the number of complaints acknowledged within 3 working days and the number of complaints responded to within agreed timescale for health complaints.

Health complaints acknowledged within 3 working days		Complaints responded to within trust timescales (40 working days agreed with complainant)	
32	100%	18	56%

21. Of the 32 Health complaints received all were acknowledged within 3 working days.

22. Of these complaints, 18 (56%) were responded to within the Trust timescales of 40 working days, and 14 (44%) were responded to outside of the 40 working days. The complainants were all kept fully informed of any delays and no concerns or complaints regarding response times were raised with the Trust or external bodies.

23. These delays may have been impacted by the Level 4 response and the on-going recovery of services. To support services with achieving the response timescales, the Trust introduced a rapid response process to facilitate responsiveness and ensure early identification of learning. This process has been incorporated into the Trust’s governance and assurance system, monitored weekly at the Clinical Risk Management Group (CRMG) meeting.

Complaint Responses: Adult Social Care

24. There were 42 Adult Social Care (ASC) Complaints received during the period of 1 April 2021 – 31 March 2022. The table below shows the number of complaints acknowledged within 3 working days and the number of complaints responded to within agreed timescale for adult social care complaints, which is 21 working days.

25. Out of the 42 complaints received during this reporting period, 2 remain open into 2022/23.

Adult Social Care complaints acknowledged within 3 working days		Complaints responded to within timescales of 21 working days for WBC (40 working days if received direct to the Trust)	
42	100%	15	36%

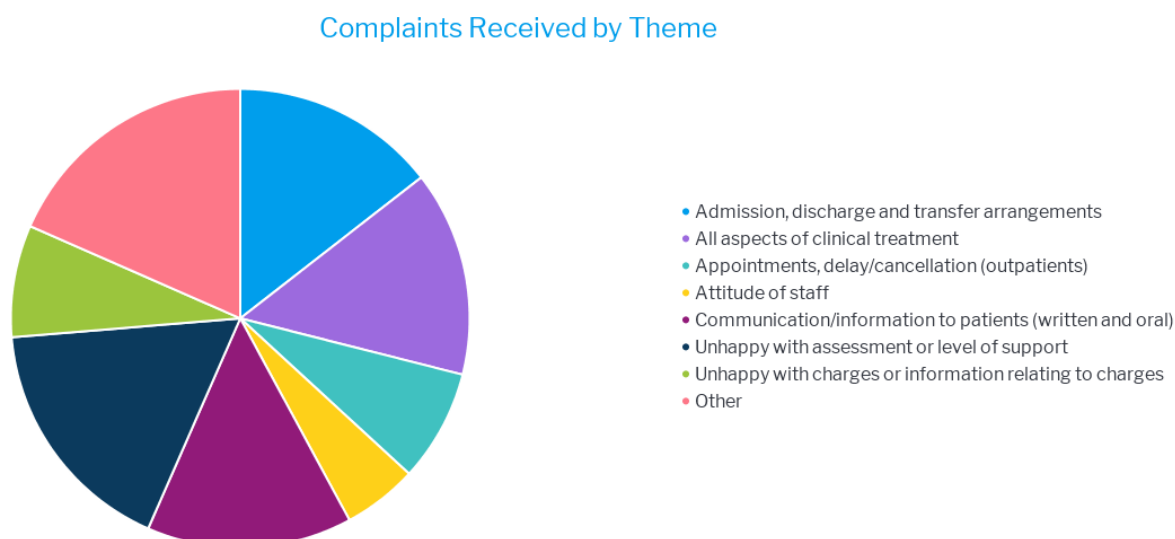
26. Of the 42 ASC complaints received all were acknowledged within 3 working days.

27. 27 (64%) of the Adult Social Care complaints were not responded to within the initial timescales provided by Wirral Borough Council. Anticipated delays were negotiated with the Council and Complainant.

Total number of 2021/2022 complaints received by Theme

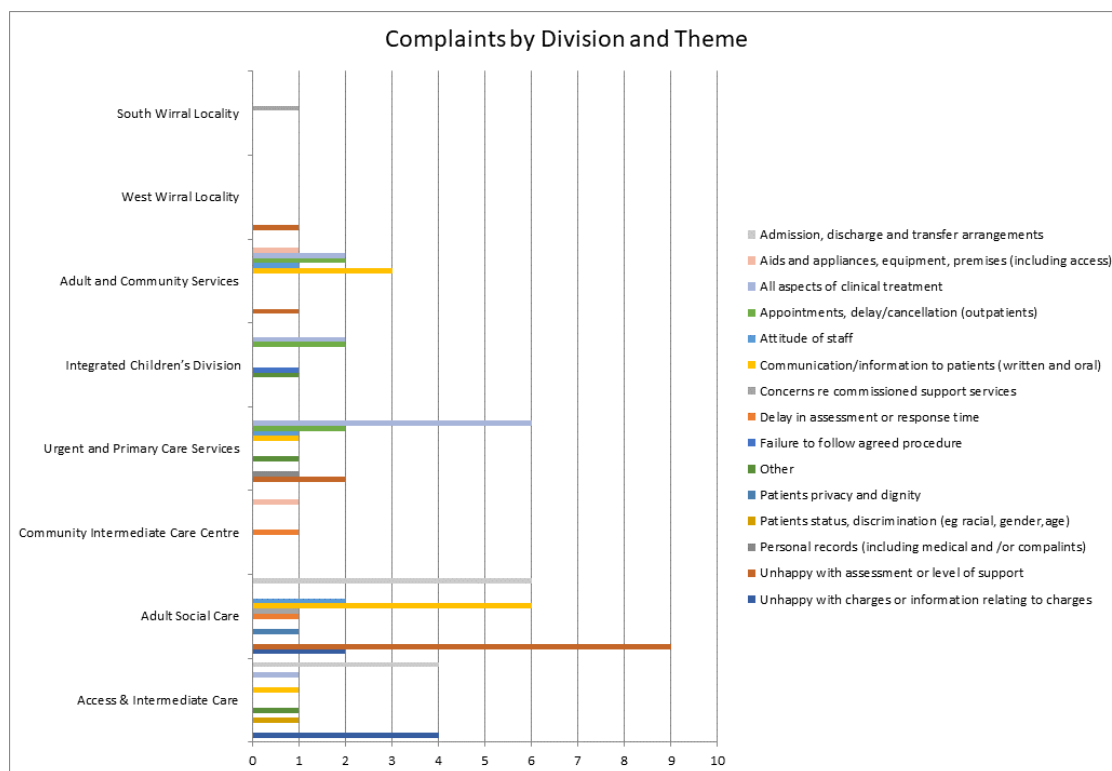
28. The themes for complaints during the reporting period are as follows:

Chart 2 – Complaints received by theme



This can be further broken down into Divisions as follows.

Chart 3 – Complaints by Division Theme



29. Following the investigation of each complaint services present their Rapid complaint Review to the Trust's weekly Clinical Risk Management meeting giving Executive Directors and Service Directors an opportunity to comment on the investigation at an early stage.

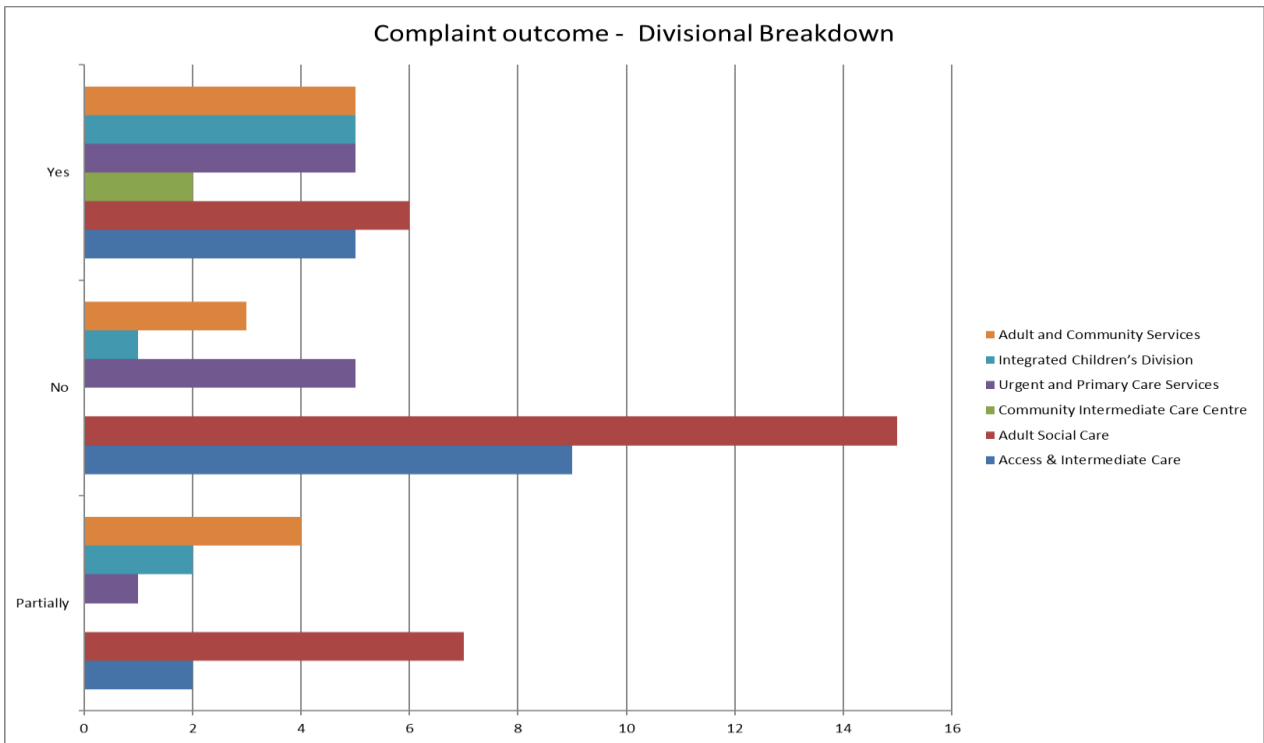
30. Analysis and findings from each complaint identified which complaints were upheld, partially upheld and not upheld by the Trust.

Closed 2021/2022 Complaints		
Upheld	Not Upheld	Partial Upheld
28	33	16

31. A further breakdown of upheld/partially upheld and not upheld complaints by service is detailed in chart 4.

Due to the response window, three of the complaints closed during 2021/22 were received in 2020/21.

Chart 4: Upheld/Partially Upheld and not Upheld complaints by Service



- 32. For all partially upheld and upheld complaints an action plan is requested to evidence learning for Trust services.
- 33. Action plans are tracked through the Trust's weekly Clinical Risk Management Group to ensure themes or emerging trends can be identified quickly. This governance mechanism also provides the opportunity for relevant learning to be disseminated across all Trust services where applicable.



Complaint Theme: Admission, discharge and transfer arrangements

34. There were 10 complaints received where 'admission, discharge and transfer arrangements' were recorded as the primary subject of concern.

learning	Improvements	On-going management
<ul style="list-style-type: none"> • Communication and learning from experience of complainants and their family/carer. • IDT reinforced the importance of including relatives with Lasting Power of Attorney (LPA) in decision making process • A review and audit of the Transfer of Care (TOC) form, to ensure the content was person-centred and completed in a timely way. 	<ul style="list-style-type: none"> • Appointment of Director of Discharge, joint funded between Wirral University Teaching Hospital and WCHC. • Introduction of new referral process into CICC to ensure a smoother journey of care through discharge. • Introduced a new referral form to compliment the discharge pathway into CICC 	<ul style="list-style-type: none"> • Discharge incidents are now discussed in safety huddle and as part of weekly locality Senior Management Team (SMT) meetings. • Monitoring of themes and identification of further improvements.

Complaint Theme: All aspects of clinical treatment, including a delay/cancellation in appointments

35. There were 17 complaints received where 'all aspects of clinical treatment' was recorded as the primary subject of concern.

learning	Improvements	On-going management
<ul style="list-style-type: none"> • Communication and learning from experience of complainants and their family/carer. • Implementation and monitoring of DNA dashboards on TIG • Staff engagement sessions within CICC and development of driver diagrams and improvement plans. • Palliative Care Audit, aligning to NICE Guidance 	<ul style="list-style-type: none"> • Patient information and improved communication in waiting areas. • New training and education opportunities within CICC regarding specialist care, e.g., stoma care. • Implementation of Community Nursing Single Point of Access which will support service to effectively triage and manage need. • Review of ADHD pathways and integrated working with Paediatricians within WUTH • Group education sessions for families to reduce waiting times in children's SALT and dietetic services. 	<ul style="list-style-type: none"> • Implementation of recovery group to have oversight of waiting list management • Review of themes and trends at weekly CRMG • Oversight of Trust wide quality improvements and alignment to NICE guidance

Complaint Theme: Unhappy with assessments or level of support

36. There were 13 complaints received where 'unhappy with assessment or level of support' was recorded as the primary subject of concern.

learning	Improvements	On-going management
<ul style="list-style-type: none"> Review of Multi-Disciplinary Team (MDT) agenda to ensure that risk assessments completed, and risks identified Assurance on joint working approach with First Contact and STAR Service Review of the CHC training offer across the Trust Systemwide audit to ensure all CHC checklists have been completed 	<ul style="list-style-type: none"> Implementation of two-hour response project within Rapid Response Service Introduction of patient education and information within podiatry and physiotherapy services Implementation of 'Board Rounds' within Integrated Specialist Palliative Care Service to improve multi-agency communication and care planning. Systemwide improvement for advocacy referrals for adult social care Roll out of bespoke Mental Capacity Act training for social care staff 	<ul style="list-style-type: none"> Implementation of recovery group to have oversight of waiting list management CHC systemwide operation group has been reinstated

Complaint Theme: Social Care charges

37. There were 7 complaints received where 'Social care charges' was recorded as the primary subject of concern.

learning	Improvements	On-going management
<ul style="list-style-type: none"> Recommendation to WBC to update to the Social Care Charges leaflet. Increase need in staff training and awareness 	<ul style="list-style-type: none"> Staff awareness opportunities about improved record keeping regarding financial conversations Sharing of the most up to date financial charges document 	<ul style="list-style-type: none"> Contribution to system meetings and escalation through regular contract meetings. Monitoring of escalation through Trust Professional Standards Group

Complaint Theme: Communication

38. There were 11 complaints received where 'Communication' was recorded as the primary subject of concern.

learning	Improvements	On-going management
<ul style="list-style-type: none"> • Review of comfort calling processes and training for staff within GPOOH • Encouragement for services to review local information on Trust websites and social media platforms. • Encouragement of services to review appointment letters. 	<ul style="list-style-type: none"> • Staff to ensure that correct version of Charging Policy is distributed to families and Service Users • Group education sessions for families to reduce waiting times in children's SALT and dietetic services. • Staff training and support for staff within GPOOH to improve communication 'comfort calling' processes. • Development and implementation of an AAC (Alternative and augmentative) communication pathway within Children's speech and language • Roll out of bespoke Mental Capacity Act training for social care staff • Introduction of new referral process into CICC to ensure a smoother journey of care through discharge. 	<ul style="list-style-type: none"> • Review of themes and trends at weekly CRMG • Monitoring of patient safety investigations where there is an open complaint.

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

39. During the reporting period, Wirral Borough Council has requested information to support 2 LGO investigations. Wirral Borough Council are awaiting final decisions on both investigations which will be shared with the Trust with details of findings.

40. There have been 0 referrals to the PHSO during the reporting period.

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

42. Lessons learned from complaints are an important tool to assist in the quality of services provided and improve the patient's overall experience. Shared learning is distributed in a variety of ways:

- Team meetings and agendas
- “You Said We Did” Posters
- Safety Sound Bites
- Medicines Management Bulletins
- Individual development plans
- Training and Development
- Update or development of protocols to promote harm free care
- Clinical Risk and Management Group (CRMG)
- Service specific action plans
- Quality Improvements
- Leadership visits to teams
- Development of the new ‘Learning Hub’ on Staffzone

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

Total number of concerns received

44. A Total of 258 concerns were received by the Trust in 2021/2022.

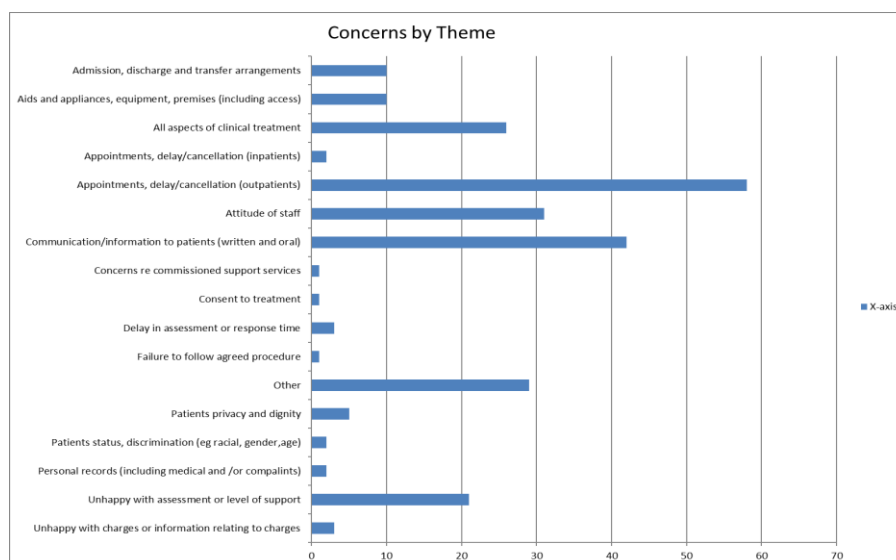
45. All concerns are subject to local management by the relevant service, facilitating a prompt, proportionate flexible response, that is agreeable with the complainant. The formal complaints process is fully explained and made accessible to all individuals raising a concern with the Trust, to ensure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

46. This indicates an improved experience across Trust services, which will be subject to further analysis and testing during 2022/2023.

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

Chart 5: Total number of concerns received by subject

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



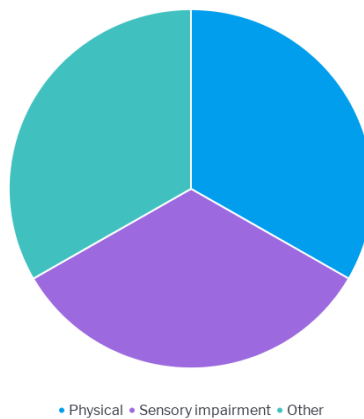
The concerns received were distributed across a range of Trust services with no particular trend identified in any service area. All concerns are resolved at local service level.

Equality and Diversity Monitoring

49. All complainants are offered the opportunity to provide equality and diversity information at the point of acknowledgment of their complaint. These are recorded on datix and, where required, reasonable adjustments are made to the communication or format of the response. As evidenced below, 3 people who raised a complaint shared that they had a disability.

Chart 6: Number of complaints who reported to have a disability

3 People reported they had a disability



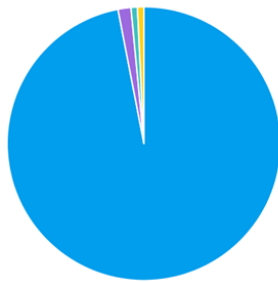
50. The information provides valuable information to ensure that a review of experience can be analysed from an equality perspective, evaluating if the needs of those with protected characteristics are being met by Trust services.

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

Ethnic Origin is actively collected for complaints and concerns. The chart below reflects the local demographic; however, it may also show that further work is required to ensure the complaints process is equitable.

Chart 7: Ethnic Origin

131 People shared their ethnic origin



• White - British • White - Irish • Asian/Asian British - Pakistani
• Black/Black British - African

Ethnic Origin	Total
White British	127
White Irish	2
Asian/British Asian – Pakistani	1
Black/Black British – African	1

Chart 8: Age demographic



• 20 - 24 • 25 - 34 • 35 - 44 • 55 - 64 • 65 - 74 • 75 - 84 • Over 85

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

53. Two of the EDS goals directly relate to potential areas of complaints and concerns:

Better Health Outcomes

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

- Screening, vaccination and other health promotion services reach and benefit all local communities

Improved access and experience

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

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

Priorities for 2022/23

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

56. We will enhance opportunities to learn together across care pathways and involve people with lived experience in creating improvement ideas.

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

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

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

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

Safeguarding Annual Report 1st April 2021-31st March 2022

Meeting	Board of Directors		
Date	17/08/2022	Agenda item	14
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Susan Fogarty, Head of Nursing Safeguarding Governance		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board of Directors regarding activity relating to safeguarding governance for the reporting period 01 April 2021 - 31 March 2022			
Executive Summary			
<ol style="list-style-type: none"> 1. This report demonstrates continued organisational compliance with statutory duties and local safeguarding frameworks. A full list of abbreviations is listed in Appendix 1. 2. WCHC is committed to ensuring that all staff are aware of their role in relation to safeguarding vulnerable children and adults. 3. The Safeguarding Service provides a comprehensive proactive service, which responds to the needs of staff and individuals. The service is committed to the promotion of safeguarding within everyday practice, focusing upon prevention and early intervention. 4. The Safeguarding Service ensures that all statutory functions are fulfilled and that best practice is adhered to, thereby equipping the workforce to undertake their duties and fulfill personal and organisational responsibilities with regards to safeguarding the public. 			
Risks and opportunities			
No high-level risks to escalate to Board. All other risks are managed in accordance with the risk policy.			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached No Equality Impact Assessment completed and attached No QIA and EIA evidence will form part of the review of each fundamental standard.			
Financial/resource implications:			
Ineffective consent processes have the potential to result in an increase in complaints and litigation. This has not been evidenced in this review.			
Trust Strategic Objectives			
<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	

Board of Directors is asked to consider the following action		
Board of Directors is asked to be assured that the organisation has a strong safeguarding governance structure in place and is meeting all statutory requirements relating to safeguarding children and vulnerable adults.		
Report history		
Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	06/07/2022	The committee was assured by the report and approved it for submission to the Trust Board of Directors.



Safeguarding Annual Report

2021-22

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Introduction

1. The purpose of this report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board regarding activity in relation to safeguarding governance for the reporting period 01 April 2021 - 31 March 2022.
2. This report demonstrates continued organisational compliance with statutory duties and local safeguarding frameworks. A full list of abbreviations is listed in Appendix 1.
3. WCHC is committed to ensuring that all staff are aware of their role in relation to safeguarding vulnerable children and adults.
4. The Safeguarding Service provides a comprehensive proactive service, which responds to the needs of staff and individuals. The service is committed to the promotion of safeguarding within everyday practice, focusing upon prevention and early intervention.
5. The Safeguarding Service ensures that all statutory functions are fulfilled, and that best practice is adhered to, thereby equipping the workforce to undertake their duties and fulfil personal and organisational responsibilities with regards to safeguarding the public.

Leadership & Governance

6. The Chief Nurse is the Executive Lead for Safeguarding providing strategic leadership across the organisation. The Executive Lead is responsible for ensuring that safeguarding is recognised as a key organisational priority and that it is embedded across all areas of service provision within the organisation.
7. As part of its commitment to social care integration the Trust has a Deputy Director for Adult Social Care. This post provides both strategic and professional leadership across Social Care to ensure that statutory duties are discharged to the highest standards.
8. All NHS providers must identify a Named Doctor, Named Nurse for Safeguarding Children, and Children Looked After, a Named Professional/Lead for Adults to provide expert advice and support to Trust employees and promote good practice within the organisation as per the Children Act (2004) and Care Act (2014).
9. The Trust Safeguarding team is led by Head of Nursing Safeguarding Governance, supported by Named professionals who have specific roles for Safeguarding Children and Adults, as described in the Intercollegiate Safeguarding Competencies for Adults (2018) and Children (2019). The team is supported by Specialist staff across adults and children including an Advanced Practitioner for Social Care.
10. Each operational team is supported by a Safeguarding link professional from children's and Safeguarding Champions within Adult Community Health and Care implementing tailored support as required.

Key Achievements 1 April 2021-31st March 2022 Time to Shine

11. Weekly Safeguarding updates including best practice are circulated to teams via Service Directors and the Safeguarding Champions
12. Safeguarding worked with Communication Team to devise Screen savers to keep Adult Safeguarding visible for all staff in the organisation.
13. Policies were updated as follows:
 - Deprivation of Liberty Safeguards (SG09) (DoLS) policy reviewed, and the flow chart updated
 - Domestic Abuse and Harmful Practice Policy (SG03) following legislative changes.
 - Safeguarding Children Policy (SG02) following the successful bid for 0-19/25 services in St Helens and Knowsley
 - Safeguarding Supervision policy (SG04) following the successful bid for 0-19/25 services in St Helens and Knowsley
14. Safeguarding specific subject bite size training sessions continue to support the entire children's workforce to attend via a short Teams session each month focusing on one safeguarding subject
15. Two bespoke training sessions developed for new staff within 0-19 Wirral band 5 and 6 who commenced in post during Covid working so didn't benefit from ad hoc team support for safeguarding practice
16. Completion of the Children Looked After Safeguarding CQC themed inspection action plan with each service taking responsibility for reporting and monitoring changes in practice
17. **The Safeguarding Walkabouts** – Safeguarding Specialist Nurses regularly undertake safeguarding walkabouts test knowledge and awareness.
18. **The Review Health Assessment Feedback audit** - gave CLA children the opportunity to tell us their experience of the health assessment process and included children with special educational need for whom we have developed a visual tool
19. **Quality Assurance audit of Review Health Assessments** – during January/ February 2022 due to the Covid response in 0-19 teams the Designated Nurse agreed that QA of Review Health Assessments could be halted to free up Specialist Nurse capacity to support the 0-19 teams. To ensure assurance could be given of quality standards remaining the Named Nurse completed a dip sample audit and the results showed a pass rate of HV 100% and SN 87.5%
20. **The Level 3 Safeguarding Children's training evaluation** – Good assurance gained of retention of staff safeguarding knowledge from the level 3 safeguarding children training sessions

Section 1: Statutory Framework and National Policy Drivers

21. There are significant differences in the laws and policies that shape how we safeguard children and adults. The legal framework to protect children is contained within Working Together to Safeguard Children (2018) and for adults the Care Act (2014).
22. However, the overarching objective for both is to enable children and adults to live a life free from harm, abuse or neglect. The report provides a summary of how Wirral Community Health and Care discharges its statutory duties in relation to:
 - Care Act (2014)
 - Children Act (1984,2004)
 - Children and Social Work Act (2017)
 - Working Together to Safeguard Children (2018)
 - Safeguarding Adults at risk within Care Act (2014)
 - Mental Capacity Act (2005), Deprivation of Liberty Safeguards amendment in (2007)
 - Counter Terrorism and Security Act (2015)
 - CQC Registration standards, Health and Social Care (2008) – Regulation 13: Safeguarding Service Users from abuse and improper treatment

Working Together to Safeguard Children (2018)

23. The Children Act (1989) and Section 11 of the Children Act (2004) placed a statutory duty on all NHS Trusts to plan to ensure that it has regard for the need to safeguard and promote the welfare of children when exercising its functions.
24. During September 2019 in line with 'The Children and Social Work Act (2017)' and the new multi-agency safeguarding arrangements, the Wirral Safeguarding Children Partnership (WSCP) commenced and replaced the previous safeguarding board (WSCB) arrangements.
25. The new arrangements are led by three statutory partners the Local Authority, Police and Wirral Health and Care Commissioning.

Wirral Safeguarding Children's Partnership (WSCP)

26. WSCP is the key statutory body for coordinating and ensuring effectiveness of arrangements to safeguard and promote the welfare of all children and young people in Wirral
27. Section 11 Audit places a duty on a variety of organisations to ensure their functions are discharged in line with legislation
28. During the reporting period the WSCP network learning events were unable to take place due to the Covid 19 response so have been on hold and a 2 day face to face event with the adult partnership board will now take place in Q2

Cheshire East Safeguarding Children's Partnership (CESCP)

29. Cheshire East Safeguarding Children's Partnership has been established to oversee the Multi-Agency Safeguarding Children arrangements as required by the government guidance Working Together (2018). The CESCP Business Plan for 2019-2022 outlines three strategic objective outcomes to be achieved. These include, improving frontline practice, listening to children and young people and strengthening partnerships.
30. The Cheshire East Safeguarding Children's Partnership priorities are;
 - Our approach to Contextual Safeguarding
 - Neglect
 - Emotional Health and Wellbeing of our vulnerable children
 - Embedding the new arrangements

The Named Nurse attends the following subgroups, Quality Assurance, Learning & Improvement, Neglect and the Missing from Home steering group, as well as other task and finish groups, as required. WCHC is represented at the Contextual Safeguarding meetings by the Specialist Nurse in the Safeguarding Team.

St Helens Safeguarding Children's Partnership (SHSCP)

31. SHSCP is the key statutory body for coordinating and ensuring effectiveness of arrangements to safeguard and promote the welfare of all children and young people in St Helens.
32. At the end of Q2 WCHC became part of the SHSCP. The Named Nurse attends several Partnership/sub-group meetings including Action Review Learning (ARL), St Helen's Safeguarding Children's Forum, Care Group (CSE) Performance group and the Named Nurse facilitates Learning Circles with the Partnership.
33. The vision of SHSCP is that "All children from St Helens are safe and inspired to achieve their best."

Knowsley Safeguarding Children's Partnership (KSCP)

34. WCHC became part of KSCP halfway through Q4 in February 2022
35. WCHC attend several partnership/sub-group meetings including the Domestic Abuse Operational Group, Safeguarding Review and Learning Group, Contextual Safeguarding Implementation Group and the Policy and Performance Group.
36. The priorities identified by KSCP for 2020-2022 are:
 - Safeguarding and protecting children from domestic abuse
 - Safeguarding and protecting children from neglect
 - Safeguarding and protecting children from child exploitation
 - Safeguarding and protecting the mental well-being of children

Trust Position

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

The Care Act (2014)

37. The Care Act (2014) states that adult safeguarding is established as a core function of every local authority's care and support system. The Care Act (2014), sets out the statutory framework for safeguarding adults which replaced the, No Secrets guidance (2000)
38. The Care Act (2014) requires each local authority to have a Safeguarding Adults Board (SAB) with core membership from the local authority, the police and the NHS. One of SAB's key functions is to ensure that policies and procedures governing adult safeguarding are fit for purpose and can be translated into effective adult safeguarding practice.

Wirral Safeguarding Adult Partnership Board (WSAPB)

39. Following the decision to stand down the Merseyside Safeguarding Adults Board this moved back to local arrangements in the Summer of 2021 with the inauguration of Wirral Safeguarding Adult Partnership Board.
40. Merseyside Safeguarding Adult Review Group (MSARG) remains in place for Safeguarding Adults Reviews and this group meets monthly.
41. WSAPB developed two subgroups and a task and finish group to initiate key strands of the boards work as follows.
 - Quality & Performance reviewing what performance data is held and what information agencies must provide to inform the board. A commitment to look at the qualitative data, several actions have been set to look at the dataset and develop a framework.
 - Citizen Engagement Group and it was agreed that this should be a driving force in the work of the board.
 - Workforce planning Task and Finish Group- For a proposal paper would be brought to Board looking at a 3-tiered approach around 1. Resources, 2. Specialist topics with

specialist leads providing sessions. 3. Annual training on the Wirral Pathways providing a space for practitioners to come together and share experiences.

42. The Trust continues to support the work of the WSAPB and has representation from health and care on the subgroups and workforce development task and finish Group.

Trust Position

- Trust safeguarding policies, procedures and training are in alignment with the Northwest multi-agency adult safeguarding policy and guidance
- We have maintained consistent representation at sub-groups of the WSAPB
- The Trust is represented at the Northwest Association of Directors Adult Social Services (NWADASS) Safeguarding Network.
- WSAPB have agreed the Adults at Risk' **Chapter 14 Audit** will be launched utilising the 'Virtual College' model that has been previously used and this will be in 2022.

The Mental Capacity Act (2005)

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

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

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

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

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

46. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if restraint and restrictions are used to deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (2009) is due to be replaced by Liberty Protection Safeguards (LPS) On the 17th of March 2022 the DHSC launched the delayed Code of

Practice for the Mental Capacity Act (MCA) for public consultation on the proposed changes to the Mental Capacity Act (MCA) Code of Practice for England and Wales, which includes guidance on the new LPS system. This is a joint consultation published by DHSC and Ministry of Justice. The consultation will run for 16 weeks from the 17 March until the 7 July 2022.

47. Board oversight is achieved via safeguarding assurance reports. In addition, Board of Directors receive updates and training relating to legislative changes via the Informal Board agenda.

Trust Position

- Urgent and standard Deprivations of Liberty Safeguards (DoLS) applications are completed by front line staff in CICC via System One and emailed to Central Advice and Duty Team (CADT).
- MCA and DoLS is a mandatory section within Safeguarding Adults L3 training.
- Mental Capacity Assessment audits have been undertaken across clinical health staff during each year for the past three years with improvements evidenced at each re-audit.
- A summary of improvements in compliance levels against all standards is listed below

Status	2019/20	2021/22	2022/23
Compliant	1	6	9
Partially compliant	6	5	3
Non-compliant	5	2	1

- WCHC continue to embed knowledge around the MCA act 2005 in preparation for LPS.
- LPS planning is scheduled to recommence in Q1.

The Counterterrorism and Security Act (2015)

48. The threat of terrorism continues locally, nationally, and globally and the strategy aims to ensure that the UK has the best response to the heightened threats from terrorism moving forwards. CONTEST is the framework that enables the government to organise work to counter all forms of terrorism and has four key components:
- Pursue - to disrupt terrorist activity and stop attacks
 - Prevent - to stop people becoming or supporting violent extremists and build safer and stronger communities
 - Protect - strengthening the UK's infrastructure to stop or increase resilience to any possible attack
 - Prepare - should an attack occur then ensure prompt response and lessen the impact of the attack
49. The NHS and its partners have a role in the 'PREVENT' section of this strategy.
50. Whilst the Trust continues to be a non-priority site, the reporting mechanism is required via NHS Digital and via the Safeguarding Assurance Framework to Wirral Health and Care

Commissioning.

Trust position

- Prevent awareness and training is included within all levels of Safeguarding Adults training and the Trusts onboarding induction session. Safeguarding training is recorded and included within the Trusts compliance reporting specific to role required skills and knowledge.
- The Safeguarding team provide advice and support for staff reporting cases and liaise with the Counter Terrorist Regional Police to share information for Channel and in high risk cases. The Trusts Prevent lead ensures that staff are provided with the appropriate training in line with the contest framework.
- **Compliance for Prevent Training at the end of 2021/2022 reported at 94% exceeding national expectations of 85%.**
- In 2021/2022 there were 9 cases that information was shared by WCHC as part of the review of all the closed Channel cases within the last 12 months increase of 1 on 2020/2021
- In 2021/2022 Information was shared to Channel Panel regarding 12 cases that had been referred to the Panel an increase from 5 in 2020/2021
- Submission of Prevent Data is completed quarterly to NHS digital

Section 2: Assurance and Compliance for Safeguarding

51. The Safeguarding Service is required to evidence assurance and compliance through various domains, nationally and locally. The following reflects the work undertaken during the reporting period 1 April 2021 - 31 March 2022.
52. The Safeguarding Assurance Group (SAG) provides opportunity for challenge and assurance to the safeguarding arrangements within WCHC, monitors compliance and benchmarking with external standards, clinical effectiveness indicators including Care Quality Commission (CQC) outcomes and addresses any gaps in service. The SAG receives assurance and action plan updates from divisional service directors. The SAG is chaired by Chief Nurse and core membership includes external scrutiny from Designated Nurse and Principal Social Worker/ Lead for Adults Safeguarding within Wirral Health Care Commissioning.
53. The SAG meets quarterly and provided oversight and scrutiny of the operational working of the Safeguarding Adult and Children Operational Groups which are chaired by the Named/Lead Professionals to receive assurance around divisional updates with mandatory compliance, risks, tracking of action plans following audits alongside compliance with safeguarding standards including Safeguarding Assurance Framework and key performance indicators across health and social care.
54. Head of Nursing Safeguarding Governance provides triannual reports and yearly annual report to Quality and Safety Committee and Trust Board.

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

55. The purpose of the Safeguarding Accountability and Assurance Framework (SAAF) is to set out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS funded care settings and NHS commissioning organisations, which is submitted quarterly. The responsibilities for safeguarding form part of the core functions for each organisation and therefore assurance regarding compliance of safeguarding responsibilities is provided to Wirral health and Care Commissioning.
56. The SAAF is embedded within WCHC Quality Schedule and is submitted quarterly to WHCC as part of our contractual assurance. The activity data is collated and referenced throughout this report.

Safeguarding Assurance Framework – Children Wirral

57. There are 31 indicators, 7 are RAG rated. All are rag rated green with exception of:
- Safeguarding Children Level 2 training with a compliance of 86% below the 90% trajectory due to staff being added to the competency framework. Plan is in place to ensure compliance by end of Quarter 2, 2022/23

Safeguarding Assurance Framework – Children Looked After Wirral

58. There are 37 indicators, 9 are RAG rated. All rag rated green with exception of:
- Review Health Assessments 0-4 years 85% and 5- 17 years 61% in Q4 below the 90% trajectory. This was due to a combination of 0-19 staff re-assignment to support the Covid response, significant staff sickness and vacancies. Plan is in place to ensure this improves in Q1 and early indicators are showing an 88% completion rate in April/May.

Safeguarding Assurance Framework – Safeguarding Adults Wirral

59. There are 18 indicators six are RAG rated. All rag rated green at the end of Q4.
- Safeguarding Adult Level 2 training was discontinued in Q2 following all patient facing staff being compliant at L3 exceeding the expectations of Intercollegiate 2018. However, in Q3 it was agreed for Clinical Support Workers on CICC to have the L2 competency as they are supervised so this was reintroduced for them.
 - The Principal Social worker was unable facilitate supervision in Q3 with the Named Nurse, however supervision was completed early in Q4.

Safeguarding Assurance Framework - Cheshire East Children

60. The Safeguarding Assurance Framework for children has 23 indicators with 5 having a compliance threshold. All indicators with a compliance threshold were rag rated green with the exception of:
- Level 3 Safeguarding Children which was just below compliance of 90% in Quarter 1

Cheshire East Cared for Children

61. For Cared for Children there are 25 indicators. Six indicators have a compliance threshold. Compliance was rag rated green with the exception of:
- The % of Review Health Assessment's due and completed end Quarter 4 was below compliance target for our Cheshire East children placed in area.
 - The % of RHA's Review Health Assessment's due and completed within all the Quarters was below compliance for our Cheshire East children placed out of area.
 - The % of RHA's Review Health Assessment's for out of area children placed in Cheshire East due within Quarters 3 and 4 were below compliance.
62. The compliance was due to a combination of factors, including staff supporting the COVID 19 vaccination programme, staff vacancy and sickness. An action plan has been agreed to improve compliance for the next quarter.
63. For Cheshire East children placed out of area, there are delays with the out of area Local Authorities completing Review Health Assessments for our children. This has been identified as a concern nationally and is being addressed as a national issue. Locally, there is an agreed escalation process for the non-completion of Review Health Assessments by out of area teams.

Safeguarding Assurance Framework – St Helens. St Helens joined WCHC in September 2021.

64. There are 32 indicators, 18 are RAG rated. Fifteen RAG rated green. Exceptions include:
- Attendance at Strategy meetings. This has improved in Q4 due to the appointment of a Strategy Nurse from 81% in Q3 to 90% in Q4.
 - Supervision of CIN and CP cases. CP is at 81% and CIN is at 82%. Staffing and sickness has impacted on compliance with this KPI.

Safeguarding Assurance Framework – Knowsley. Knowsley joined WCHC in February 2022.

65. There are **32** indicators, 18 are RAG rated. Due to Knowsley 0-25 Service only transitioning to WCHC in February 2022, KPI's have not been requested for Quarter 4.

KPI performance - Adult Social care

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

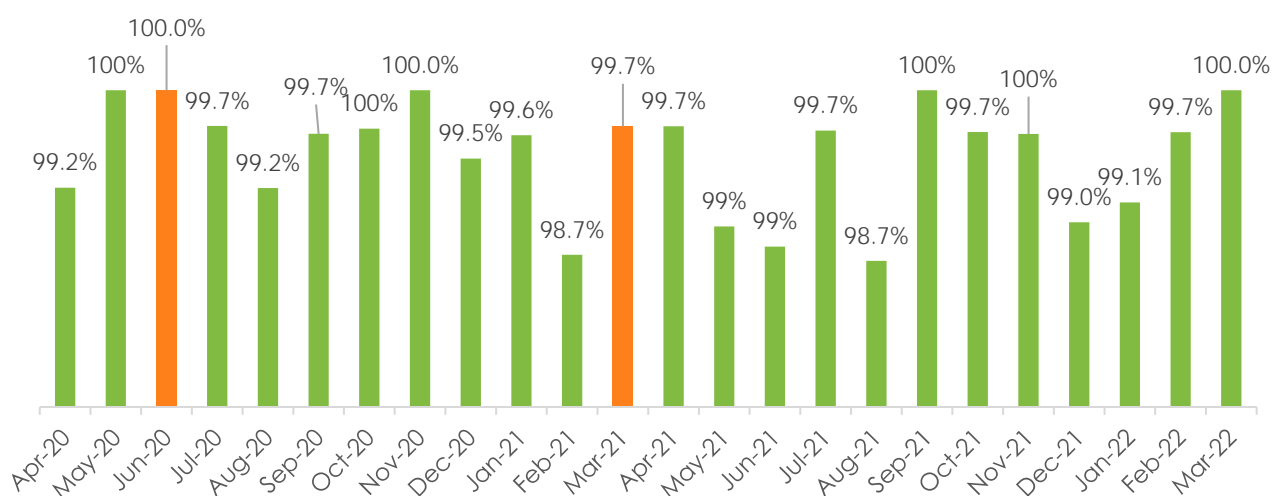
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
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KPI 2	99.2%	99.4%	99.4%	99.6%
KPI 3	68%	65%	55%	43%

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

67. During 2021/22, the number of safeguarding concerns received was 3,571. The number completed within 5 days was 3,550 (99.4%) This is a green RAG rating

KPI2 - % of Safeguarding Concerns Completed Within 5 Days



2020/21 Overall Performance = 99.6%

2021/22 Overall Performance = 99.4%

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

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

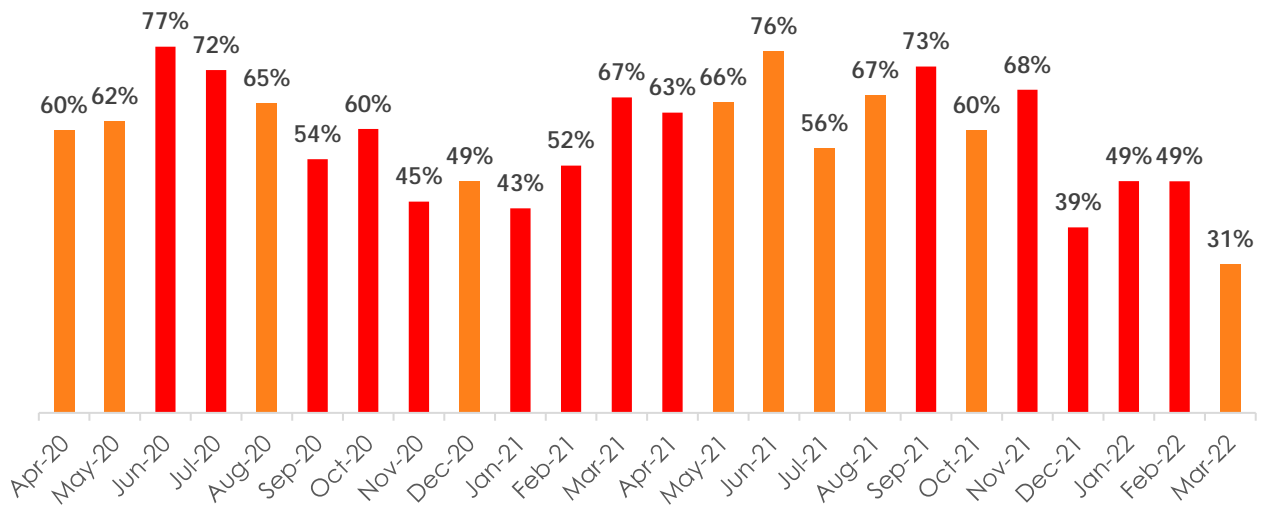
KPI 3 % of safeguarding enquiries concluded within 28 days

70. In respect of KPI3 – the number of safeguarding enquiries closed during the year was 667. The number of safeguarding enquiries closed within 28 days was 391. An overall average of 59% of enquires were completed within the target range of 28 days. This is a red RAG

rating.

71. KPI 3 is not a statutory requirement of the Care Act (2014) but a local performance indicator. This indicator is subject to on-going discussions with WBC as it is recognised that certain safeguarding enquires due to their complex nature will exceed 28 days. WBC has recently agreed to move away from 28 calendar days to 28 working days whilst a more meaningful indicator/s are explored, to balance timescale and individualised outcomes.

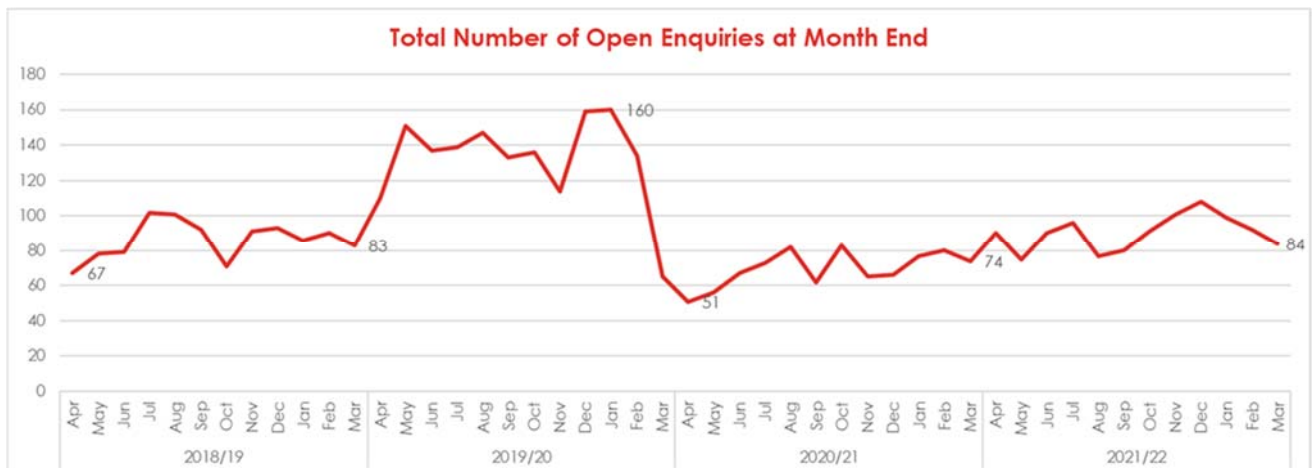
KPI3 - % of Safeguarding Enquiries Closed Within 28 Days



2020/21 Overall Performance = 59.0%

2021/22 Overall Performance = 58.6%

72. There will always be a number of safeguarding enquiries that, due to their complexity require further investigation beyond 28 days. As such, a rationale for the extended timescale is provided within the detail of the safeguarding closure form. The chart below indicates the total number of safeguarding enquiries open at month end between 2018/19 and 2021/22.

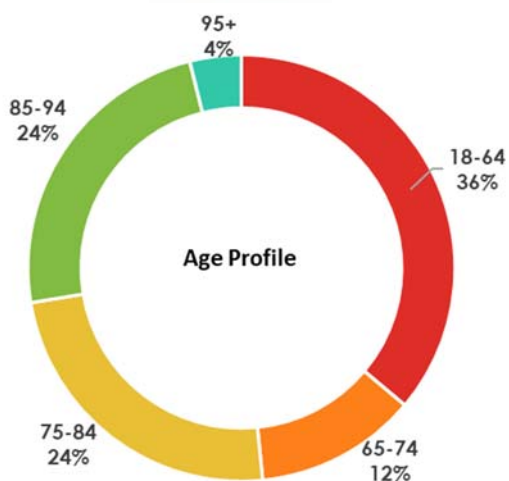


73. During the challenges presented in 2021/22, WCHC has continued to support staff training and developments. As part of the Wirral systemwide Safeguarding Steering Group, we continue to work with partners to develop system changes, streamline processes and enhanced performance monitoring. It is anticipated that Safeguarding will form part of the next phase of the 3 Conversation change management model of within adult social care

The following illustrations profile safeguarding activity in 2021/22.

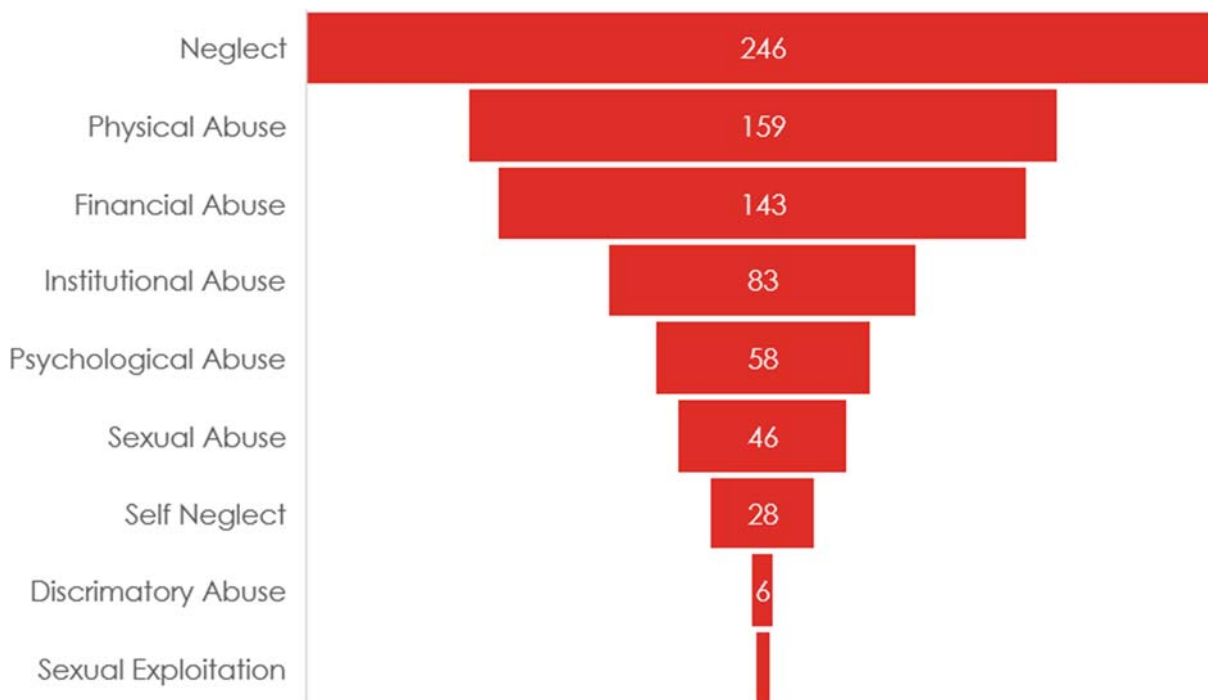


Who was at risk of abuse and neglect in 2021/22?

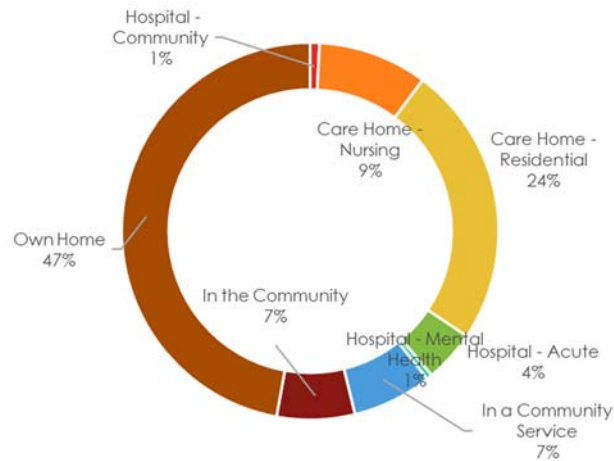


- 61% of enquiries related to females
- 39% of enquiries related to males
- 64% of enquiries related to people aged 65+
- 26% of enquiries related to people aged 18-64
- 78% of enquiries related to White British people
- 17% of people did not declare / know their ethnicity
- 4% of enquiries related to people with a reported ethnicity other than White British

What Types of Alleged Abuse were Reported?

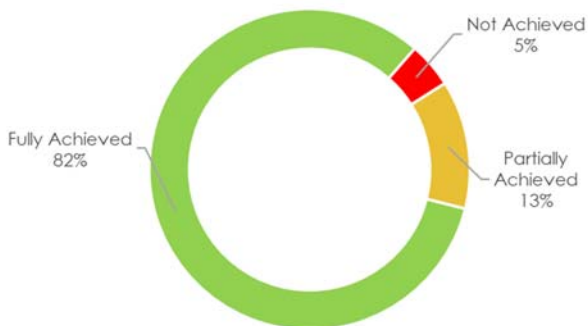


Where was Alleged Abuse Reported to Have Taken Place?

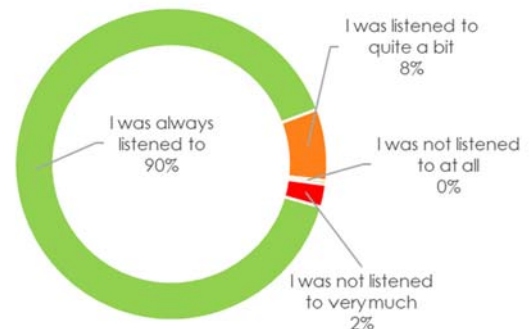


Making Safeguarding Personal

Desired Outcomes Achieved



Listened to During Enquiry



74. WCHC via its Adult Social Care Service receives and triages all safeguarding concerns from across the Wirral. These are triaged at MASH and those deemed to meet the criteria for further investigation are progressed to a Section 42 of the Care Act (2014) safeguarding enquiry.
75. The number of safeguarding concerns received in 2021/22 reduced by 278 (7%) on 2020/21 figures. Factors contributing to this reduction may include: a newly developed electronic Care Concerns Pathway Portal instigated by WBC for Providers to notify of safeguarding / care concerns and additional Care Provider Safeguarding Training. In addition, the Covid19 pandemic placed restrictions on visits within the community and care home sector and this has probably affected referral rates. As part of its ongoing support to the Care Market, WBC continued to engage in daily calls to all care providers to ensure they were fully supported.

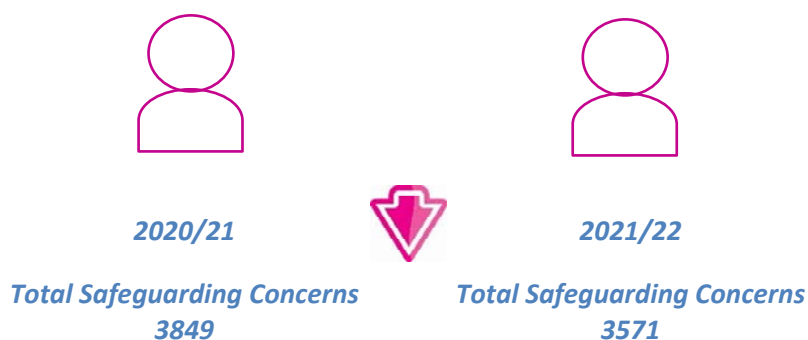
76. The table below summarises the safeguarding concerns / enquiry activity during 2021/22.

Summary Safeguarding Activity 2021/22

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Safeguarding Concerns	955	904	882	830	3571
Safeguarding Enquiries	180	188	149	150	667

During the period 2021/22 there has been a decrease in activity:

How many concerns were reported during 2021/22?



How many concerns resulted an enquiry in 2021/22?



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

- 77. During 2021/22, MASH staff continued to work closely with the Domestic Abuse Alliance to support organisations who were having difficulties in supporting clients of DV through this period. This support included streamlined referrals, contact follow up and immediate sign posting to additional support if they so wished.
- 78. The Safeguarding Adult Specialist Nurse continues to support Adult Mash with health information when requested as part of S42 enquiry and attends strategy meetings as required.

Adult Social Care Audits

79. During the reporting period 2 internal audits commenced to provide assurance.
 - Open Section 42 Safeguarding Enquiries
 - Care Act Assessments
80. Both audits were conducted in partnership with WBC's Professional Standard Team and WBC Principle Social Worker.
81. Action plans that captured learning and development were produced and tracked via divisional SAFE meetings.
82. As part of WCHC 's on-going assurance processes, further internal audits have commenced during 2022/23 on both:
 - Open Section 42 Safeguarding Enquiries
 - Care Act Assessments

The results of these audits will be reported during 2022/23.

Safeguarding Training

83. Following completion of the Safeguarding Training Strategy in 2019, agreement and implementation plan of the safeguarding education and training program to all staff across the organisation.
84. The strategy outlines the pathway for staff to access appropriate training relevant to their role and competencies required within the legislative framework and reflects the findings and recommendations from the Safeguarding Children and Young People: Roles and competencies for health care staff. Intercollegiate Document (2014) and Safeguarding Adults: Roles and competencies for health and care staff Intercollegiate Document (2018)
85. In May 2021 WCHC, commissioned Research in Practice to deliver a Section 42 Safeguarding Enquiry training programme to all Adult Social Care staff. This programme is a role-essential learning competency for permanent social workers and is listed in the Adult Social Care Training Matrix (updated July 2021).
86. The RIPFA programme consists of 8 pre-recorded videos, two workbooks and 6x1hr reflective seminars. The comprehensive programme requires significant self-study and reflective discussion. Staff are required to complete a Declaration of Learning Form and achievement is processed in the practitioner's learning profile on their Electronic Staff Record (ESR). The RIPFA programme of resources are available on WCHC StaffZone, and as such accessible to all WCHC staff.

Trust Position

87. All WCHC staff are required to attend safeguarding training on a mandatory basis relevant to their area of service provision within a 3-year training cycle. Training compliance data can be found in the table below and is shared with Wirral Health Care Commissioning (WHCCG) as

part of quarterly Safeguarding Assurance Framework (SAF) Quality Schedule.

88. In Q4 Level 2 safeguarding children’s training dropped to 86% due to the competency being added to staff’s compliance . The team are working with services to ensure staff are given time to complete the e-learning and gain this competency

Safeguarding Adult Training

Indicator -KPI		Q1 2021/22	Q2 2021/22	Q3 2021/2022	Q4 2021/22	Target
Level 1 as per intercollegiate -Percentage of Non-Clinical Staff who have had appropriate Safeguarding Adult training within the past 3 years.	Quarterly	95	95.7	94.2	92.6	>90%
Level 2 as per intercollegiate Percentage of clinical staff who have had Appropriate Safeguarding Adult Training within the past 3 years- now L2 (CICC CSW only)	Quarterly	removed	removed	77.8	94	>90%
Level 3 as per Intercollegiate Percentage of clinical staff who have had Appropriate Safeguarding Adult Training within the past 3 years-	Quarterly	85	90.5	91.3	90.6	>90%
Percentage of Staff who have had Prevent Training.	Quarterly	94.6	93.6	94.8	94.2	>90%

Indicator	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Target
Safeguarding Children Training – Trust wide position					
Level 1 percentage of staff who have had training within the past three years	96.2%	97%	94.8%	92%	90%
Level 2 percentage of staff who have had training within the past three years	89.3%	90%	89%	86%	90%
Level 3 percentage of staff who have had training within the past three years	91.1%	93%	93%	94%	90%

Level 3 Safeguarding Adult Training

89. In Quarter 1 2021/2021 Level 3 Safeguarding Adult and MCA training including Domestic Abuse and Harmful practices became a full day training rather than two half days. This enabled easier data collection and ensured all staff are fully compliant. Due to Covid restrictions training has continued interactively via MS teams. With the support from Service Directors the compliance has increased despite the challenges of Covid impacting on services and the introduction of new services including 3 inpatient wards and 0-19 St Helens and 0-19 Knowsley joining WCHC. L2 Safeguarding Adults eLearning was introduced for Clinical Support Workers in CICC as they work under supervision.
90. Safeguarding Adult Team have also linked in with the Communication Team to highlight training dates in the daily bulletin that are available for L3 Safeguarding Adult Training and

using screen savers.



Inspections/Reviews

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

Safeguarding Supervision

92. Safeguarding supervision is provided to all health practitioners who hold safeguarding cases. Group supervision is delivered to teams who do not hold caseloads including Therapies, Sexual Health and Unplanned Care by children's specialist nurses
93. All Specialist Nurses within the Safeguarding Service have received certificated training and accreditation via NSPCC and during Q4 have attended NSPCC refresher training in this area and Level 4 Safeguarding children and adults external training.
94. Following recommendations from the Care Act (2014), the supervision policy has been amended to include practitioners who caseload adults.
95. The Supervision process is available on System1 which supports improved preparation and management of supervision. The templates have been updated in 2020 to align to the SFEF model used in Wirral children's services and ensure that supervision is both reflective and restorative. This process is currently being audited to gain assurance that it is meeting the original aims and with a view to making improvements based on the audit findings .
96. All eligible staff are offered safeguarding supervision every 12 weeks for safeguarding cases and 24 weeks for CLA. This is aligned to national guidance. Specialist nurses also provide tailored supervision across the organisation including group supervision for non-case load holders three monthly and ad hoc supervision as requested.
97. Social workers receive supervision monthly and safeguarding work is a core standing agenda item. During the last year the Trust has made enhancements to its supervision

documentation for social care staff.

98. The development of the Safeguarding Champion role within Adult Community health and Care will promote group safeguarding supervision. Specialist Nurses safeguarding Adults will offer quarterly group supervision to the Champions who will then role this out within the teams.
99. The Safeguarding service is 100% compliant of eligible staff safeguarding supervision and monitored quarterly by WHCC

Section 3: Safeguarding Children Activity and Priorities

Safeguarding Children Wirral

100. The population of Wirral is 320,000 including approximately 71,500 children and young people (0-18). The population is predominantly white British (90%) but significant ethnic minority groups exists, particularly Irish, Chinese and Polish. The past few years have seen this figure fall from 93%.
101. The most deprived areas are in the east of the Borough within the traditional industrial towns of Birkenhead and Wallasey. Most of the statutory work for partner agencies is with families from these areas. Challenges include high levels of poverty, a high prevalence of neglect and domestic abuse, and social and public health issues such as high rates of alcohol and substance misuse. The Children Act (2004) places a “legal duty to co-operate” on all constituent members of Local Safeguarding Children Partnership (LSCP’s); extending from Chief Executives and Board members to practitioners who work directly with children and families.
102. The table below shows safeguarding children activity levels across Wirral for the reporting period 01 April 2020- 31 March 2021, with year on year comparative data offered wherever possible.

Annual comparative data across Wirral 2021-2022

Safeguarding Children Activity	Q1	Q2	Q3	Q4
Number of staff requiring supervision sessions	48	59	52	57
Number of child protection case conferences attended *	65	71	67	59
Number of court reports requested	92	107	98	73
Number of children on a child protection plan	335	358	392	387

*Number of children on child protection plan

103. The number of staff requiring supervision has altered over the year due to changes in staff numbers it also reflects the 0-19 model change where safeguarding caseloads

were managed by fewer staff in Q1 who focused only on this cohort, but due to staffing pressures this has had to change and include all staff to manage the demand and carrying mixed caseloads. For services such as Speech therapy, Sexual Health and Unplanned care group supervision is facilitated

- 104. Requests for Court orders increased in Q1 as services returned to normal in the reset and restore phase post Covid.
- 105. The number of children on a Child Protection plan has risen significantly over the reporting period due to lockdown and the pressures families were under

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



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

106. The Named Nurse and Specialist Nurses in Wirral and Cheshire East are responsible for ensuring that WCHC meets the statutory requirements for children in care as laid out in Children Act (2004) and Promoting the Health of Looked after Children (2002/2009)
107. During the reporting period the Specialist Nurses have offered 100% supervision to all eligible staff.
108. The organisation has achieved 100% compliance against the national target of all CLA having a named health professional. The table below shows the number of CLA for the reporting period 01 April 2021- 31 March 2022 and compares data from the previous two years.

Children with ‘Looked After’ Status	Average number of children annually 2019/2020	Average number of children annually 2020/2021	Average number of children annually 2021/2022
Average number of Wirral children with CLA status	668	655	645
Average number of Wirral Children with CLA status placed Out of Borough	185	170	158
Average number of CLA children placed in Wirral from Out of Borough	224	280	267
Average total of CLA children cared for in Wirral	892	935	803

109. The data in the reporting period shows that Wirral CLA has reduced year on year which reflects the local authority’s commitment to reduce the number of children in care. The number of children placed out of borough has also reduced which could be attributed to the pandemic and is certainly a positive trend in keeping children close to their birth area. Looking at the data for CLA on Wirral overall in 21-22 this figure has significantly reduced showing a positive downward trend.
110. During the reporting period the Dental Health E referral pathway was launched by NHS England North for Looked after children to access dental services. Since then the Named Nurse has referred 29 children to the service and we have developed a referral form with children’s services so that social workers and IROs not just health staff can request for the referral to be made for children under their care. .
111. Immunisation uptake for the CLA cohort is at 90% which meets the expected KPI of 90%

Child Sexual Exploitation and Criminal Exploitation

112. There is a dedicated multi – disciplinary team for CE within the Integrated Front Door which supports the young people who are victims, and they will act as an expert resource across Wirral. The WSCP also has a dedicated committee for Contextual Safeguarding which the Named Nurse attends .Its aim is to ensure this risk to Wirral young people is managed and

has strategic oversight by all partners.

113. Within the MACE arena there has been an upward trend of cases being referred from 59 in Q1 to 95 in Q4. Not all cases heard go on to have a MACE plan and of the 95 in Q4 41 were new cases and 18 did not go forward with a plan There has been a noted increase locally in peer-on-peer violence and carrying weapons in the community and the Compass team are working with partners to address this.

Safeguarding Liaison/CDRP (Child Death Review Panel)

114. The Merseyside CDRP is a sub-group of the five Local Safeguarding Children Partnerships (Knowsley, Liverpool, Sefton, St. Helens, Wirral LSCBs) and has a statutory responsibility to review the deaths of all children up to the age of 18 years old (excluding infants live-born following planned, legal terminations of pregnancy, and stillbirths) resident within the five Local Authority areas.
115. The focus of CDRP is on identifying any modifiable factors, such as smoking in pregnancy, smoking, high maternal BMI, low maternal BMI, unsafe sleeping, mental health, alcohol/substance use, domestic abuse and chaotic / poor home conditions that may help prevent unnecessary future child deaths or harm.
116. There was a total of 14 deaths (100%) recorded in Wirral between 01.04.2021 and 31.03.2022. Of those.
- 57% (N=8) were expected deaths with an age range of between 1 hour and 9 years.
 - 43% (N=6) were unexpected deaths with an age range of between 2 months and 15 years.
 - The Pan Merseyside SUDiC Protocol was initiated in all cases. Details of unexpected deaths are reported in triannual safeguarding reports to Quality and Safety Committee and updates provided to the Chief Nurse via the Safeguarding Assurance Group.
 - 50% (N=7) of all deaths were children under 1 year of age. (7% (N=1) of all deaths were children under the age of 1 week).
 - There was one death of an 11-year-old child related to COVID 19 infection.
117. Following each unexpected death, an internal Datix report is completed and is reviewed at weekly safety huddle, CRMG and the Mortality Review Group.
118. Any learning identified is actioned with immediate effect.
119. During the reporting period, there was no specific learning resulting from unexpected deaths reviewed.

Cheshire East Safeguarding Children

120. The population of Cheshire East is approximately 386, 700. There are approximately 75,400 children and young people under the age of 18 in Cheshire East. Cheshire East has some areas of poverty and associated deprivation. There are 18 areas which are within the top 20% of the most deprived areas in England, affecting approximately 8.5% of Cheshire East's population.

121. The population is predominately White British at 92% of the population.
122. The Children Act (2004) places a “legal duty to co-operate” on all constituent members of Local Safeguarding Children Partnership (LSCP’s); extending from Chief Executives and Board members to practitioners who work directly with children and families.
123. This is also reflected in the updated “Working Together to Safeguard Children” (2018) and also “Statutory guidance on making arrangements to safeguard and promote the welfare of Children under section 11 Children Act 2004 (DFES 2005)”.
124. The Specialist Nurses for Safeguarding Children provide advice, training, support and child protection supervision to staff, ensuring that the requirements of “Working Together to Safeguard Children” are met and best practice processes are in place.
125. The table below shows safeguarding children activity levels across Cheshire East for the reporting period 01 April 2021- 31 March 2022

Safeguarding Children Activity	Q1	Q2	Q3	Q4
Number of staff requiring safeguarding supervision	62	61	51	43
Number of initial child protection case conferences attended	69	81	111	74
Number of court reports requested	44	38	29	52
Number of children on a child protection plan	220	234	256	247

126. The number of staff requiring safeguarding supervision has decreased due to a change of service model within the 0-19 service. The service now has an enhanced team which is responsible for all the Child in Need/Child protection cases. The number of children subject to a child protection plan has increased over the year which has impacted on the 0-19 teams and means that although the number of staff requiring supervision has decreased, they now require supervision more frequently due to higher caseloads.
127. Over the past year, the percentage of staff who have received safeguarding supervision (including the 0-19 team and Safeguarding Team) has been either at the required compliance of 90% or 100%
128. Requests for court reports continue to rise, and the Specialist Nurses for Safeguarding Children have supported the 0-19+ service with requests for reports over the past 12 months.

If Cheshire East were a village of 100 children:

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



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



3 are Looked After or vulnerable children.



8 are from an ethnic minority group.



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



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

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



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



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



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



Child Safeguarding Practice Reviews

129. A local Child Safeguarding Practice Review was undertaken in relation to Child G, a baby who was born and died during the first 2020 lockdown. The report was published in September 2021. During the reporting period, Cheshire East Safeguarding Children Partnership have completed four Rapid Reviews. These have not progressed to a local Child Safeguarding Practice Review, but learning has been shared by the Safeguarding Partnership via a seven- minute briefing. These briefings are shared internally.
130. A further three Rapid Reviews have been completed and the outcome of the Rapid Review recommended a local Child Safeguarding Practice Review be completed. One Child Safeguarding Practice Review is still in progress and the other two are awaiting finalised reports. Local learning from these reviews has been shared internally.

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

131. The Named Nurse and Specialist Nurses in Cheshire East are responsible for ensuring that WCHC meets the statutory requirements for children in care as laid out in Children Act (2004) and Promoting the Health of Looked after Children (2002/2009). During the reporting period the Specialist Nurses have offered 100% supervision to all eligible staff.

Children with 'Looked After' Status	Average number of children annually 2019/2020	Average number of children annually 2020/2021	Average number of children annually 2021/2022
Average number of CE children with CLA status	553	559	524
Average number of CE Children with CLA status placed Out of Borough	218	208	209
Average number of CLA children placed in CE from Out of Borough	275	174	312
Average total of CLA children cared for in CE	828	733	836

132. The average total number of Cared for Children in Cheshire East has increased compared to the previous year 2020/2021. A large proportion of Cheshire East children are placed out of area. The average number of out of borough children placed in Cheshire East has increased. However, this data is dependent on other Local Authorities informing Cheshire East when placements have been made and ended, so is not always

accurate. Cheshire East has ten neighboring local authorities and often children can live in one area but be registered with a GP in a different CCG area. This can present with challenges in accessing services, particularly healthcare. WCHC Cared for Children's team work closely with Cheshire CCG to ensure that NHS England Responsible Commissioning guidance is applied.

133. The Designated Nurse chairs the 'Help Me Be Healthy' group which is a work stream of the Corporate Parenting Operational Group. This workstream focuses on the Health of Cared for Children and Care Leavers and is attended by the Named Nurse.

St Helens Safeguarding Children

134. The population of St Helens is 177,188 including 40,800 children (0-19). The population is predominately White British with 4.4% of children living in the borough from an ethnic minority group.
135. The most deprived areas are in the east of the Borough. This includes the Town Centre and Parr area. Most of the statutory work for partner agencies is with families from these areas. Challenges include high levels of poverty, a high prevalence of neglect and domestic abuse, and social and public health issues such as high rates of alcohol and substance misuse and obesity.
136. St Helens is one of the 20% most deprived areas in England and about 25% (8100) of children live in low-income families.
137. The Children Act (2004) places a "legal duty to co-operate" on all constituent members of Local Safeguarding Children Partnership (LSCP's); extending from Chief Executives and Board members to practitioners who work directly with children and families.
138. The table below shows safeguarding children activity levels across St Helens for the reporting period 01 September 2021- 31 March 2022

Safeguarding Children Activity	Q1	Q2	Q3	Q4
Number of staff requiring safeguarding supervision			47	42
Number of initial child protection case conferences attended			41	74
Number of court reports requested			13	11
Number of children on a child protection plan			227	292

139. The number of staff requiring supervision has altered over Q3 and Q4 due to changes in staffing levels.
140. Requests for Court orders has remained similar over Q3 & Q4. It is to be noted that these requests are asking for both court report and redacted records. Prior to COVID 19

requests were primarily for a Health Visitor/School Nurse report. The addition of redacted records to court orders has increased the pressure on the 0-19 service. The Specialist Nurses have supported the 0-19 with these requests where possible.

141. The number of children on a Child Protection plan has risen significantly over the reporting period due to lockdown and the pressures families were under. There was an observed increase of Children becoming subject to a Child Protection Plan once services moved back to face to face and children returned to school.

Knowsley Safeguarding Children

142. The population of Knowsley is growing and is the highest it has been in 15 years, with an estimated 150,000 people living in the Borough and approximately 64,000 households. This includes 37,000 children (0-19). The population is predominately White British with a comparatively small black and minority ethnic population of 2.7%.
143. According to the English indices of deprivation in 2019, Knowsley is the second most deprived local authority area in England. As such socio-economic inequalities are prevalent. Child poverty levels are high with the latest figures showing that after housing costs, 33.9% of children in Knowsley live in poverty (in 2018/19).
144. Health inequalities are also prevalent and across all ages of children and young people, a range of indicators show that health outcomes are poorer in Knowsley, compared to national and regional comparators. This includes high prevalence of neglect, domestic abuse, alcohol and substance misuse. In relation to mental health and wellbeing, estimated prevalence for mental health disorders, conduct disorders and emotional disorders are among the highest in the North West. Knowsley has the 7th highest level of self-harm (out of 152 Local Authorities) in young people aged 15-19 and the third highest rate of hospital admissions for unintended and deliberate injuries for young people aged 15-24 in the North West.
145. The Children Act (2004) places a "legal duty to co-operate" on all constituent members of Local Safeguarding Children Partnership (LSCP's); extending from Chief Executives and Board members to practitioners who work directly with children and families.
146. Due to the 0-25 Service only transitioning over to WCHC in February 2022, there is no safeguarding children activity data available for Q4 (January to March 2022).
147. There have been no Child Safeguarding Practice Reviews completed in Knowsley during 2021/22.

Section 4: Safeguarding Adults Health and Care Activity and Priorities

Liberty Protection Safeguards

148. Liberty Protection Safeguards meetings and action plan were put on hold due to Covid and the delay in Implementation to April 2022. Meetings recommenced in Quarter 2 2021 and then stood down again at the end of Quarter three due to the delay in the release of the code of practice and with no new planned implementation date. On the 17th of March 2022 the DHSC launched the delayed Code of Practice for the Mental Capacity Act (MCA) for public consultation on the proposed changes to the Mental Capacity Act (MCA) Code of Practice for England and Wales, which includes guidance on the new LPS system. This is a joint consultation published by DHSC and Ministry of Justice. The consultation will run for 16 weeks from the 17 March until the 7 July 2022.

Domestic Abuse Agenda

149. The Domestic Abuse Agenda continues to be a significant priority area within WCHC. As an integrated health and care organisation, the safeguarding team represents WCHC at daily MARAC on behalf the organisation and on behalf of GP practices as outlined within commissioned service specification. This ensures representation and timely sharing of information
150. In Quarter 3 the Safeguarding Adult Team were delighted to recruit a Domestic Abuse Practitioner to the team. This practitioner has completed the Safe Lives Independent Domestic Advisor (IDVA) training and provides increased visibility and support to teams around Domestic Abuse. This role supports the attendance at daily MARAC including liaison with other WCHC services not on system one and WHCC GP's. This role will also support any member of staff from WCHC that is the victim of Domestic abuse.



151. The Safeguarding Adult Team launched a new Domestic Abuse template in Quarter 2 across every SystemOne unit ensuring when safe to do so domestic abuse questions are asked. The launch of this was circulated in the staff bulletin, via screen savers and lunch time Question and Answer sessions via MS teams and bespoke training was also delivered to services that requested this and a user guide completed and added to StaffZone.



152. During 2021/2022 there have been legislative changes with the Domestic Abuse Bill signed into Law and this will provide further protections to the millions of people who experience domestic abuse and strengthen measures to tackle perpetrators.
153. The Act creates a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse. As part of the statutory definition, children will be explicitly recognised as victims if they see, hear or otherwise experience the effects of abuse. This will extend the controlling or coercive behaviour offence to cover post-separation abuse, and the 'revenge porn' offence to cover the threat to disclose intimate images with the intention to cause distress
154. It establishes in law the office of Domestic Abuse Commissioner to stand up for victims and survivors, raise public awareness, monitor the response of local authorities, the justice system and other statutory agencies and hold them to account in tackling domestic abuse and will create a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts (for example, to enable them to give evidence via a video link) Violent and sexual offence committed abroad by UK citizens will be able to be tried in UK court.
155. It places the guidance supporting the Domestic Violence Disclosure Scheme ("Clare's law") on a statutory footing. It prohibits perpetrators of abuse from cross-examining their victims in person in family and civil courts and invalidates any courtroom defence of consent where a victim suffers serious harm or is killed. It provides for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order, which will prevent perpetrators from contacting their victims.
156. It places a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation and provides that all eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance. When local authorities rehouse victims of domestic abuse, they will not lose a secure lifetime or assured tenancy.

Domestic Abuse/Multi Agency Risk Assessment Committee (MARAC)

157. Daily MARAC continues due to the high prevalence of Domestic Abuse in Wirral. This enables a timelier approach in ensuring safety plans were in place for victims and children.

158. **Domestic Abuse Alliance Committee** and the Strategy '**Domestic Abuse No Excuse**' was launched in November 2020-2025 with 5 key priorities:

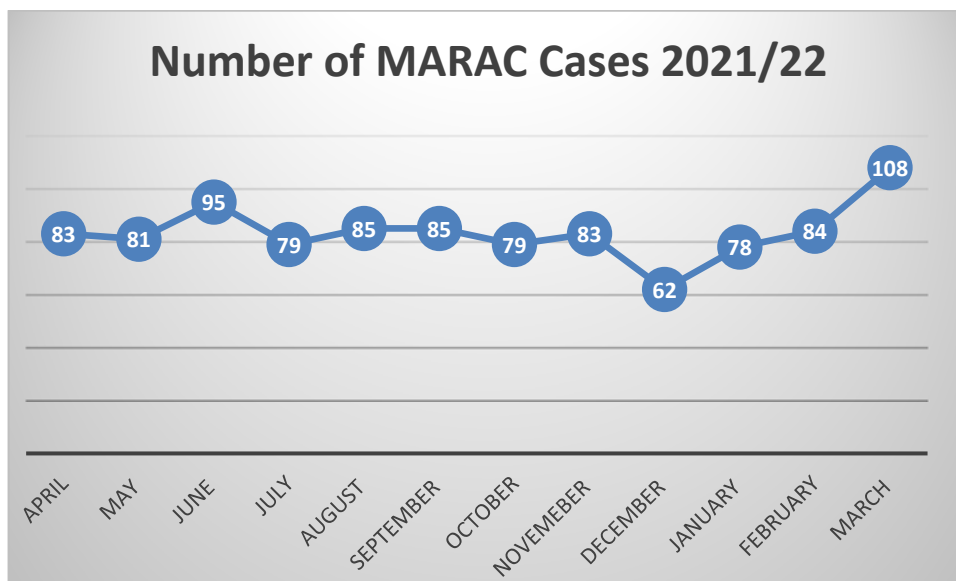
- Priority 1: Be there when we are needed
- Priority 2: Increase safety to those at risk, without adding to their trauma
- Priority 3: Reduce opportunities for Perpetrators to abuse
- Priority 4: support people to live the life they want after harm occurs
- Priority 5: Create a kinder brighter future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

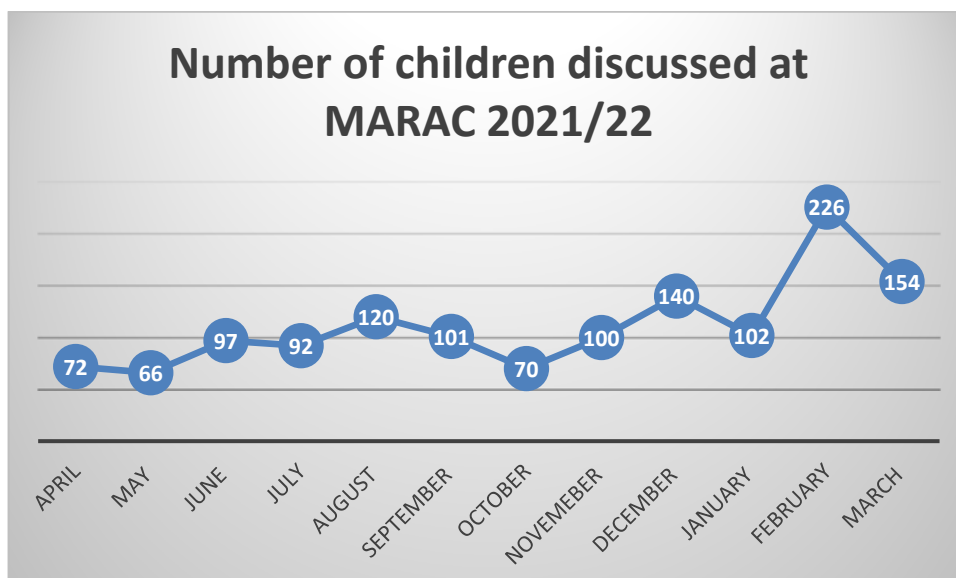
159. In 2021- 2022 WCHC Health and ASC attended daily MARAC and the below data outlines number of MARAC cases and number of children

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

161. What we know about Domestic Abuse on Wirral in 2021-2022

- 1,002 cases heard at marac compared to 1,065 in 2020-2021
- 1,281 children discussed at MARAC compared to 1,325 in 2020-2021
- 392 repeat cases heard
- 12 closed MARAC to discuss high risk cases.





162. Wirral has a very high number of repeat perpetrator offenders; therefore, Wirral partners have agreed to host a pilot of the DRIVE Perpetrator Management Programme. This commenced in March 2021 and continues. A fortnightly meeting is held, and Adult Social Care is represented by Safeguarding Adult Governance Team, DRIVE declined Health input.
163. The focus of this programme is to facilitate, coordinate an intensive programme to influence behavioral change of the perpetrator.

Multi Agency Public Protection Arrangements (MAPPA)

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

Hate Crime MARAC

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

Harmful Practices and Female Genital Mutilation (FGM)

- There was 5 FGM cases reported from WCHC compared to 3 in 2020/2021.
- National reporting processes followed and recorded on NHS FGM dataset as is required.
- No cases of forced marriage have been reported during 2021/2022

Community Intermediate Care Centre (CICC)

171. Following the opening of the Inpatient beds at CICC during January 2021 Safeguarding Adults Specialist have supported the new and reassigned staff with Safeguarding Training sessions including MCA/DoLS. In September 2021 all 3 wards at CICC were fully opened to facilitate patient assessment, rehabilitation through therapy.
172. Safeguarding Adult Team Safeguarding Specialists was initially based on the wards to ensure timely support was available, including MCA and DoLS training, demonstrating the template and referral process. Laminated step by step guides were also completed and attached to the computer trolleys. See appendix 2
173. Monitoring of the DoLS applications is undertaken by the Safeguarding Specialist Social Worker utilising Trust Information Gateway (TIG) and Business Intelligence (BI)

Safeguarding Adult week 15th-21st November 2021

174. WSAPB were not coordinating events due to the COVID pandemic. Safeguarding Adults Governance team celebrated the week with daily Safeguarding lunch and learn sessions for all WCHC staff with sessions promoted via social media, screen savers and the Staff bulletin

When	Topic
Monday 15 November 12.00pm - 1.00pm	What do we mean by 'Safer Cultures'?
Tuesday 16 November 12.00pm - 1.00pm	The power of language
Wednesday 17 November 12.00pm - 1.00pm	Do you know your role in safeguarding?
Thursday 18 November 12.00pm - 1.00pm	Mental Capacity Act myth busting

‘Live Lounge’

175. As part of the MCA audit action plan the Safeguarding Adult Team launched the monthly ‘Live Lounge’ sessions via MS team platform initially this was with a theme of MCA but now covers all Safeguarding adult topics The lunchtime sessions welcome **all staff** to raise queries for discussion, suggest topics based on issues that impact day to day practice, or send questions via email in advance of the sessions.

Safeguarding Adult Champion Programme

176. The Safeguarding Adult Champion Programme recommenced in Q3 2021 with the programme amended with shorter sessions to be held every 2 weeks on a rolling programme to ensure all champions can attend given the current challenges. It has been facilitated using MS Teams with scenario-based learning including MCA and Safeguarding Adult Supervision.

177. This unfortunately had to be suspended again in Q4 2021 due to the impact on staffing in teams with the level 4 Covid 19 response. We are now starting to sign off Champions as they are completing the competency framework and are hoping to have an event to present the badges and certificates very soon.



Safeguarding Matters Newsletter

178. In December 2021 the Safeguarding Adult Team distributed their first Quarterly Safeguarding Newsletter ‘Safeguarding Matters’ As safeguarding is everyone’s responsibility, the newsletter supports staff with discussing important safeguarding topics, learning from experience, and ensuring that some of our most vulnerable patients and service users have a voice.

‘HowAboutYou’

179. It was identified through quarterly audits of completed Safeguarding referrals from Health into ASC and Quality assuring completed MCA assessments that the voice of the adult was not always being captured. In Quarter 4 2022 the Safeguarding Adult Team launched its new campaign ‘**How**’ **HowAboutYou** is a reminder to always involve patients and keep, where safe to do so, what they want at the forefront. **HOW** prompts service user and patient facing staff to remember. The team worked with the Comms team to create the campaign including

screensavers, social media and information in the staff bulletin.

H O W #HowAboutYou?



Safeguarding referrals into ASC from Health

180. In 2021-2022 129 Adult Safeguarding referrals completed from WCHC Health into CADT remaining consistent as 130 in 2020/2021 with 66 progressing into S42 enquiry an increase of 8 on 2020/2021.
181. Safeguarding Adult Governance Team Quality assure Safeguarding Adults referrals into ASC from Health with feedback to the member of staff to ensure a robust referral process.

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

182. Four SAR have progressed during the reporting period any identified learning and actions will be monitored via WSAPB and internally through SAG with escalations to Quality and Safety Committee.
 - **SAR 1** commenced in May 2020. Identified learning and action plans will be monitored via WSAPB and internally via SAG. As this incident occurred in 2016 it does not reflect current practice, awaiting WSAPB final recommendations
 - **SAR 5** was developed from a LeDeR report there was minimal involvement from WCHC Health services.
 - **SAR 7 & 8** commenced in October 2020 this was requested by WCHC following concern in T2A beds. Learning has been embedded following the initial internal Route Cause Analysis.
 - **SAR 19** is due to commence in Quarter 4 this was requested by WCHC following concerns that agencies did not work together.
 - **SAR 22** will commence in 2022, and we have been informed by WSAPB that this will be a Merseyside wide review in relation to the interface between VPRF1s and Social Care. Currently awaiting a panel meeting date.
 - **DHR 1** continues following a thematic review of suicides in 2019 by WHCC. Identified learning and action plans will be monitored via WSAPB and internally via SAG awaiting Home office review and sign off.
 - **DHR 2** commenced in June 2021 and the 6th panel meeting has been held and we are awaiting the final report. Identified learning and action plans will be monitored via WSAPB and internally via SAG awaiting Home office review and sign off.

Section 5: Future Priorities 2021/22

183. Future priorities for 2021/22 include;

- To further embed a fully integrated approach to safeguarding governance supported by a safeguarding dashboard that can be interrogated at organisational, divisional and service level
- Ensure the Trust is compliant with the introduction of the new Liberty Protection Safeguards (LPS) – including a comprehensive impact assessment and mobilisation plan.
- The Safeguarding Adult Governance team will continue to support staff with targeted support with any gaps in knowledge around MCA and utilising the Safeguarding Champion Programme to share learning within the teams.
- The Safeguarding Adult Team will continue to deliver L3 training to ensure training compliance is above 90%
- Following the completion of Serious Adult Reviews and Domestic Homicide Reviews any learning and actions identified from these will be completed.
- To engage with the newly formed Wirral Safeguarding Adult Partnership Board
- Continued support with safeguarding processes to CICC
- Plans to continue to embed and improve data collection around MSP and the voice of the adult across all services utilising the 'HoW campaign
- Utilise the 3 C's change model to streamline and improve Safeguarding processes within Liquid logic
- Continued focus on types of alleged abuse reported: Self Neglect and implementation of the Self Neglect Tool Kit across all services; Financial, Institutional and Sexual abuse.
- Review, strengthen and monitor current quality assurance process within ASC teams to early identify any complex cases that may breach the current 28-day closure KPI.

Conclusion and Recommendations

184. There have been several challenges during 2021-2022 for the safeguarding service but overall, the Trust is in a strong position moving forward into the coming year. The Trust understands the areas which require focus and are fully sighted on these.

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

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

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

Safeguarding Abbreviations (appendix 1)

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

Information Governance Annual Report 21-22			
Meeting	Board of Directors		
Date	17/08/2022	Agenda item	14
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Anna Simpson, Information Governance Manager / DPO		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • receive the Annual Report following review by the Finance & Performance Committee • be assured by the contents of the Information Governance Annual Report in evidencing organisational compliance with legislative and regulatory requirements relating to the handling of information 			
Executive Summary			
<p>The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board of Directors regarding activity undertaken across the organisation for the reporting period 01 April 2021 - 31 March 2022, in relation to the Trust's organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act (DPA) 2018, UK General Data Protection Regulation (GDPR) and the Freedom of Information Act (FOIA) 2000.</p> <p>The Trust is a recognised and registered Data Controller within the Information Commissioner's Data Protection Register. The Trust's Data Protection Registration number is Z2567487. There are no current or historical conditions or cautions against the Trust's data protection registration.</p> <p>This annual report will also detail compliance with NHS Digital's Data Security and Protection Toolkit and provide assurance of on-going improvement in relation to managing risks to information.</p>			
Risks and opportunities: N/A			
Quality/inclusion considerations: Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No Information Governance Annual Report 21-22			
Financial/resource implications: N/A			
Trust Strategic Objectives <i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>			
<input type="checkbox"/> Our Populations - outstanding, safe care every time	<input type="checkbox"/> Our Performance - delivering against contracts and financial requirements	<input type="checkbox"/> Our Populations - improving services through integration and better coordination	
Board of Directors is asked to consider the following action			
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • receive the Annual Report following review by the Finance & Performance Committee • be assured by the contents of the Information Governance Annual Report for 2021-22 			

Report history		
Submitted to	Date	Brief summary of outcome
Finance and Performance Committee	03/08/2022	The members of the committee received and approved the Annual Report for submission to the Board of Directors.



Information Governance
Annual Report

2021/22

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Background

1. The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board of Directors regarding activity undertaken across the organisation for the reporting period 01 April 2021 - 31 March 2022, in relation to the Trust's organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act (DPA) 2018, UK General Data Protection Regulation (GDPR) and the Freedom of Information Act (FOIA) 2000.
2. The Trust is a recognised and registered Data Controller within the Information Commissioner's Data Protection Register. The Trust's Data Protection Registration number is Z2567487. There are no current or historical conditions or cautions against the Trust's data protection registration.
3. This annual report will also detail compliance with NHS Digital's Data Security and Protection Toolkit and provide assurance of on-going improvement in relation to managing risks to information.

Senior Information Risk Owner

4. It is recommended that the Senior Information Risk Owner (SIRO) is an Executive Director, who is part of the organisation's management hierarchy rather than being in an advisory role and is someone who understands how strategic business goals may be impacted by information risk.
5. The Director of Corporate Affairs is the Trust's Senior Information Risk Owner (SIRO) and has executive responsibility for the management and mitigation of all information risk. The SIRO is a core member of the Information Governance and Data Security Group and reports directly to the Chief Executive Officer.

The key roles of the SIRO are:

- reviewing and agreeing action in respect of identified information risks
- briefing the Board on identified information risk issues
- ensuring that all information assets have assigned information asset owners
- annually signing off the information asset register
- ensuring that the organisation's approach to information risk is effective in terms of resource, commitment and execution and that it is communicated to staff
- taking ownership of the risk assessment processes for information and cyber risk
- overseeing the development and implementation of an incident risk policy* (NHS Digital, 2018)

*the Trust has in place the Policy for Risk Identification and Management and the Incident Management Policy, both available on Staff Zone.

6. During 2021-22 the SIRO has successfully completed Templar Executives SIRO Training and Templar Executives Cyber Security Board Training.

Caldicott Guardian

7. Recommendation three of The Caldicott Committee's Report on the *Review of patient-identifiable information* (Department of Health, 1997) stated that a senior person, preferably a health professional, should be nominated in each health organisation to act as a guardian, responsible for safeguarding the confidentiality of patient information.
8. The Executive Medical Director is the Caldicott Guardian of the Trust. The Caldicott Guardian has a strategic role with regard to representing and championing information governance and confidentiality at Board and, where appropriate throughout the Trust. The Caldicott Guardian is a core member of the Information Governance and Data Security Group and reports directly to the Chief Executive Officer.

The key roles of the Caldicott Guardian are:

- ensuring that personal information collected about patients / service users is used legally, ethically and appropriately, and that confidentiality is maintained
 - applying the eight Caldicott Principles wisely, using common sense and an understanding of the law
 - actively supporting work to enable information sharing where it is appropriate to share and advising on options for lawful and ethical processing (UK Caldicott Guardian Office, 2017)
9. During 2021/22 the Caldicott Guardian has actively participated in the UK Caldicott Guardian Council Breakfast Club and successfully completed Templar Executives Cyber Security Board Training.

Data Protection Officer

11. The Trust is legally required to employ a Data Protection Officer (DPO), the requirement is set out in Article 37 of the GDPR. The DPO should be designated based on professional qualities and expert knowledge of data protection law and practices and the ability to fulfil the tasks referred to in Article 39 of the GDPR.
12. The Trust's DPO is the Information Governance Manager. The Information Governance Manager/Data Protection Officer is a core member of the Information Governance and Data Security Group and reports directly to the Deputy Director of Nursing / Chief Nursing Information Officer. The Information Governance Manager reports indirectly to the Board of Directors through the SIRO and Caldicott Guardian.

The key roles of the DPO are:

- monitoring organisational compliance with data protection legislation
 - informing and advising on data protection obligations
 - reviewing Data Protection Impact Assessments (DPIAs)
 - cooperating with the ICO
 - be the first point of contact for the ICO and individuals whose data is processed by the Trust (patients, service users, staff, volunteers etc.) (NHS Digital 2018)
13. During 2021/22 the DPO successfully passed the IAPP Certified Information Privacy Manager certification.

Assurance Framework

14. The objective of the Information Governance and Data Security Group is to support and drive the information governance agenda, ensure effective management of information risk and provide both the Finance and Performance Committee (FPC) and Quality and Safety Committee (QSC) with assurance that best practice mechanisms in line with national standards and local contract requirements are in place for information governance and information security within the Trust. The group has overall responsibility for the Trust's Data Security and Protection Toolkit (DSPT).
15. The key duties of the Information Governance and Data Security Group are:
- overseeing and supporting Trust compliance with NHS Digital's Data Security and Protection Toolkit (DSPT) and consequently measuring performance against the National Data Guardian's ten data security standards
 - ensuring compliance with legislative and regulatory requirements of information governance
 - receiving Cyber Security Assurance through monthly IT Security Group report
 - reviewing information governance and data security guidance relevant to the Trust and escalating them when appropriate to QSC and FPC
 - monitoring information assets and data flows captured within the Information Asset Register
 - monitoring Information Governance / Record Keeping incidents and trends, system access audits outcomes and SAFE IG checklist compliance
 - monitoring mitigations, controls and progress of Information Governance and Data Security risks and escalating in line with the Policy for Risk Identification and Management
 - reviewing and monitoring Freedom of Information, Environmental Information Regulation and Subject Access Requests
 - monitoring, reviewing and approving information governance and data security policies, procedures and guidance in a timely way to support compliance with legislative and regulatory requirements prior to endorsement by QSC or FPC
 - identifying organisations with which personal data is routinely and regularly shared and developing suitable information sharing arrangements
 - reviewing and approving requests for the destruction of records in line with Records Management Code of Practice 2021
 - reviewing and approving Data Protection Impact Assessments produced as part of a privacy by design approach to new projects and ways of processing
 - overseeing action plans that are developed as a result of information governance and data security incidents, Situation, Background, Assessment and Recommendation (SBAR) or from complex Root Cause Analysis (RCA) investigations and escalating them to the appropriate group or committee
 - monitoring outcomes of annual record keeping and information quality audits and identify learning
 - monitoring incidents and trends of inappropriate access to confidential information
 - monitoring staff compliance with e-Learning for healthcare Data Security Awareness Level 1 and specialist staff compliance with training identified from the annual Training Needs Analysis

Information Technology Security Group

16. The objective of the Information Technology Security Group, is to advise and provide assurance on the Trust's information technology security as it relates to delivering effective healthcare and enabling the Trust to complete its function as an employer.
17. Information technology security is defined as, the protection of computer systems from the theft or damage to the hardware, software or the information on them, as well as disruption or misdirection of the services they provide.
18. The Information Technology Security Group makes decisions in relation to IT Security and reports outcomes to the Information Governance and Data Security Group.

Information Governance Policies

19. The Trust's Information Governance assurance framework is underpinned by Trust Policies and Standard Operating Procedures (SOPs). The majority of Information Governance Policies / SOPs were reviewed, updated and approved by committee during 2021/22.

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

Policy Name	Review Date
Information Governance Policy IG01	2024
Data Protection and Confidentiality Policy	2024
Records Management Policy	2024
Individual Rights and Accessing Records Policy	2025
Freedom of Information Policy	2025
Data Protection Impact Assessment Policy	2024
Data Protection by Design and Default Standard Operating Procedure	2024
Personal Data Breach Reporting SOP	2025
SOP for Digital Solutions to Accessing Visit Information	2023
Information Requests and Redaction SOP	2023

Compliance with the Data Security and Protection Toolkit

20. The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that enables organisations to measure and publish their performance against the National Guardian's ten data security standards. The requirements of the DSPT support key requirements under the General Data Protection Regulation (GDPR). All organisations that have access to NHS patient/service user data and systems must use the Toolkit to provide assurance that they are practicing good data security and that personal data is handled correctly.
21. The DSPT requires evidence of compliance with mandatory assertions. Key members of staff with specific roles in Information Governance and Information Security are required to annually update assertion areas with relevant evidence.
22. Following a successful DSPT baseline submission in February 2022, the Trust commissioned MIAA to conduct a DSPT assurance readiness report for final submission scheduled for 30 June 2022. In accordance with the guidance mandated by NHS Digital, thirteen DSPT assertions were assessed by MIAA during the review. Following the audit the Trust were awarded 'substantial assurance' by MIAA.
23. The Trust's DSPT was submitted to NHS Digital on 29 June 2022.

Information Sharing

24. WCHC recognises that there is a responsibility to work with partners to minimise the burden of data collection and ensure that data is used effectively to support the overall aims of Public Sector and voluntary organisations, ensuring the delivery of safe, high quality clinical care.
25. Under the UK GDPR, the legal basis for most of information shared by the Trust is covered by:
Article 6 (e) 'processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller'

Article 9 (h) 'processing is necessary for the purposes of preventative or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3'
26. Consequently, Information Sharing Agreements are only produced for secondary purposes or when sharing with non-NHS organisations. Additionally, legally binding contracts have been put in place with suppliers processing Trust personal data and information flows are recorded within the Trusts Information Asset Register.

Complaints to the Information Commissioner's Office

27. During the 2021/22 period, there were no complaints made to the Information Commissioner's Office about the Trust.

Freedom of Information Requests (FOI)

28. During the period from 01 April 2021 to 31 March 2022, the Trust received a total of 247 requests under the FOIA 2000.

29. 205 were managed within the 20-day timescale and 42 responses were not managed within FOI timescales. This equates to 83% of FOI requests being responded to within the required timescale; a 5% reduction from 2020/21.

Themes associated with late FOI responses include:

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

30. Furthermore, the majority of responses not managed within time scale were attributable to a 2 month period in which the department underwent staffing changes.

Table 2: Table to show number of FOI requests received by the Trust and % managed within time frame in 2019/20, 2020/21 and 2021/22.

Freedom of Information	2019/20	2020/21	2021/22
Number of FOI requests	250	212	247
% managed within 20 working days	81%	88%	83%

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

Subject Access Requests (SARS)

32. The General Data Protection Regulation (GDPR) 2018 provides the following rights for individuals:

1. The right to be informed
2. The right of access
3. The right to rectification

4. The right to erasure
 5. The right to restrict processing
 6. The right to data portability
 7. The right to object
 8. Rights in relation to automated decision making and profiling
33. Article 15 states that individuals have the right to obtain from the controller information that is held on them. Such requests are termed Subject Access Requests (SARs) and have a response time of one calendar month. Under GDPR, SARs are free of charge. Correct and prompt management of SARs increase levels of trust and confidence in the organisation by being open with individuals about the personal information held about them.
34. SARs are monitored monthly by the Information Governance and Data Security Group. During April 2021 - March 2022 the Trust received a total of 418 subject access requests (362 in 2020/21). Of these 418 requests, 50 were identified as relating to another organisation (compared to 34 during 2020/21).
35. Of the remaining 368 Trust relevant requests received, 97% were responded to within the timescale, compared with 94% recorded during 2020/21. See Table 3.
36. Of the requests not responded to within the agreed timescale, 3 were delayed by an internal Trust department.
37. Under Article 16 of the UK GDPR individuals have the right to have inaccurate personal data rectified.
38. The Trust received 0 right to rectification requests during 2021/22.

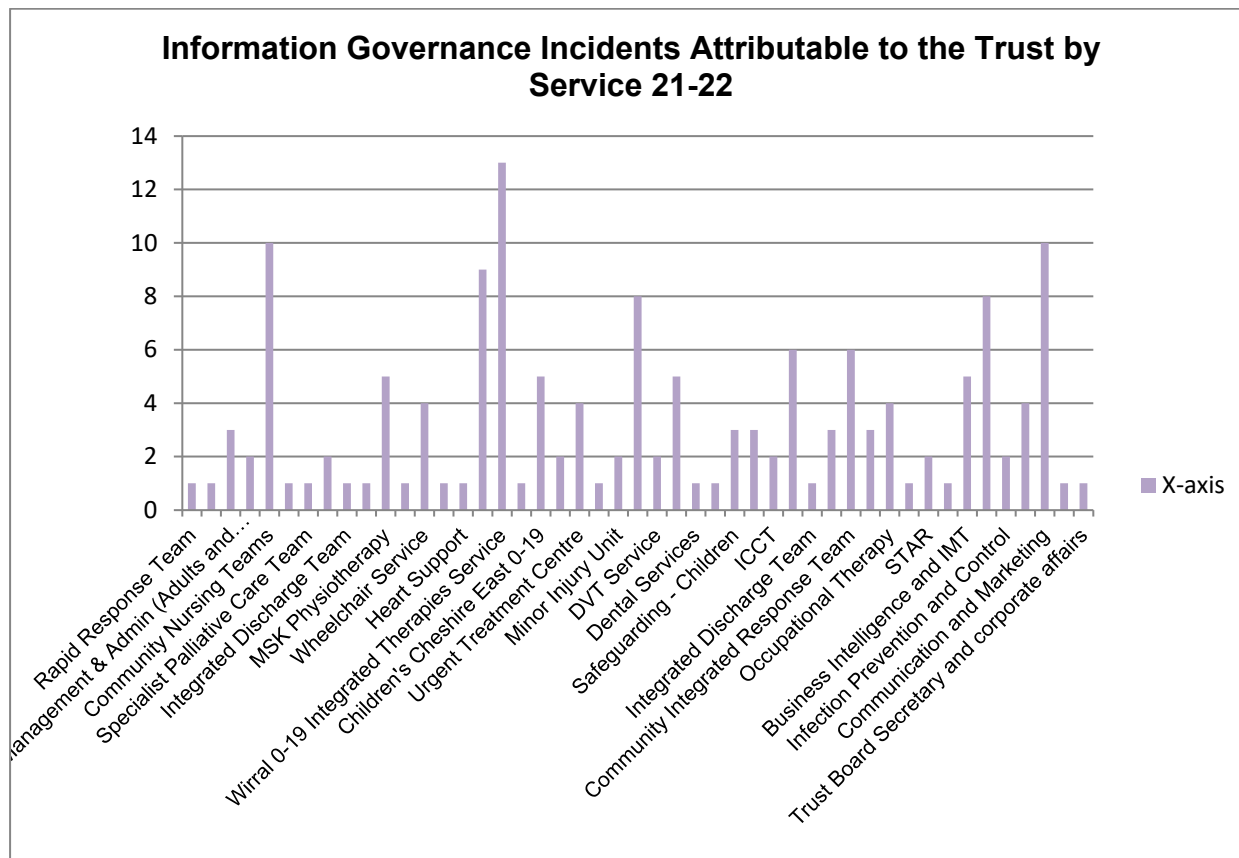
Table 3: Table to show number of Trust relevant Subject Access Requests received and % managed within time frame in 2019/20, 2020/21 and 2021/22.

Subject Access Requests	2019/20	2020/21	2021/22
Number of SAR requests	451	328	368
% managed 1 calendar month	93%	94%	97%

Information Governance Incidents

39. During the period 01 April 2021 - 31 March 2022, 155 Information Governance incidents were reported by Wirral Community Health and Care Foundation Trust staff. Of these, 110 were attributable to Wirral Community Health and Care NHS Foundation Trust. This is an increase of 39 Trust attributable incidents when compared to the 71 reported during the 2020/21 period.

Graph 1: Graph to show Information Governance incidents attributable to the Trust by Service between April 2021 and March 2022



40. As illustrated in Graph 1, Children’s Integrated Therapies (13), Community Nursing (10), Communication and Marketing (10) and Wirral 0-19 (9) reported the most Information Governance incidents between 01 April 2021 and 31 March 2022.

Trust wide themes from reported Information Governance incidents include:

- Information being emailed to the wrong recipient
- Overflowing confidential waste bins
- Patients provided with documentation belonging to other patients
- Paper containing identifiable information found in unlocked cabinets

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

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

- Communication and guidance for staff through Staff Zone, The Update (staff bulletin), screensavers, the Information Governance area on Staff Zone and through Information Governance Awareness Week

- Offer of additional bespoke Information Governance and Record Keeping training to Teams
- Environmental Information Governance audits followed by action plans to support service specific learning
- Updated Information Governance policies and SOPs to outline the Trust's position clearly and consistently on information governance thus ensuring that information processed by the Trust is protected from breaches of confidentiality, integrity, and availability

Information Governance Incidents Reported to the Information Commissioner's Office

43. WCHC reported 2 incidents were reported to the Information Commissioner's Office between 01 April 2021 - 31 March 2022.

Table 4: Information relating to incidents reported to the ICO by the Trust during 2021/22

Incident ID	Month incident reported to the ICO	Brief description of the incident
W43638	September 2021	Paper record print out blew away in the wind. Not retrieved.
W45572	January 2022	Member of staff accessed two sets of sexual health records belonging to family members.

44. The Information Commissioner's Office (ICO) was satisfied with the internal investigations and measures implemented following both incidents and consequently both cases were closed with no further action.

Information Governance Risks

45. During the period 1 April 2021 - 31 March 2022, 2 Information Governance risks were added to the Trust's risk register.

Table 5: Information Governance risks added to the Trust's risk register in 2021/22

Number	Risk ID	Description	Closed / Active
1	2683 (St Helens 019)	019 St Helen paper records were not transferred from the old provider to WCHC at the point of transfer. WCHC were unaware paper records existed.	Archived 08/06/22. with the following mitigation: Data Centre contract for relevant records transferred from old

			provider to WCHC. Records available to WCHC.
2	2772 (Integrated Children's Division)	Increased number of record keeping errors requiring permanent removal.	Archived 23/05/22. with the following mitigation: Reduction in permanent removal request following implementation of action plan by ICD. Action plan included 1-1 meeting with staff requesting permanent removals, SystemOne 3 demographics pop up, progress reports from the IG team and updates at team meetings.

Annual Data Security Awareness E Learning

46. All employees of the Trust, including Non-Executive Directors, bank staff, volunteers, individuals on secondment, trainees, those on a training placement as well as locum or temporary staff employed through an agency are required to complete annual Data Security Awareness Training or equivalent (1 April to 31 March.) This is mandated against annual training requirements.
47. Assertion 3.2.1 of the DSPT sets a mandatory requirement that all NHS Organisations achieve 95% compliance with completion of e-learning for Healthcare Data Security Awareness E Learning annually.
48. In 2021/22 mandatory e-learning for Healthcare Data Security Awareness E Learning was successfully completed by over 97.9% of staff across the Trust, a 0.9% improvement from 2020/21.

Summary of Key Achievements in 2021/22

49. The following key achievements were accomplished during the reporting period 01 April 2021 - 31 March 2022 in relation to Information Governance:
- Mandatory Data Security Awareness e-Learning was successfully completed by over 95% of staff across the Trust
 - Specialist training successfully completed by the SIRO, Caldicott Guardian and Data Protection Officer

- The Trust were awarded 'substantial assurance' for their DSPT following a review by MIAA
- Positive staff response to January 2022's Information Governance Awareness week
- Bespoke Information Governance training has been requested, developed and delivered to a range of Trust services
- All reported Information Governance incidents attributable to the Trust have been reported and presented to the Quality and Safety Committee and Finance and Performance Committee
- All Information Governance policies and SOPs have been updated and are in date
- Increased number of Subject Access Requests responded to within time frame.

Priorities for 2022/23

50. The Information Governance priorities for the reporting period 01 April 2022 - 31 March 2023 are:

- Compliance with all mandatory requirements of the 2022/2023 Data Security and Protection Toolkit
- To ensure monitoring of and if/when required compliance with the newly announced Data Protection and Digital Information Bill. The Bill is expected to introduce significant changes to the UK GDPR and the Data Protection Act 2018
- Reduction in the number of ICO reportable Information Governance Incidents
- Completion of the annual Information Governance Awareness week
- Increase the percentage of Freedom of Information responses managed within the FOI timescales to 90% during 2022/2023
- >95% of staff to complete their Data Security Awareness E Learning between 01 April 2022 and 31 March 2023.

Alison Hughes

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

Nick Cross

Executive Medical Director and Caldicott Guardian

Contributors:

Anna Simpson, Information Governance Manager/Data Protection Officer

Date: 09 August 2022