

<b>The National Staff Influenza Programme 2022/23</b>			
<b>Meeting</b>	Board of Directors		
<b>Date</b>	19/10/2022	<b>Agenda item</b>	19
<b>Lead Director</b>	Paula Simpson, Chief Nurse		
<b>Author(s)</b>	Claire Wedge, Deputy Chief Nurse Nicky Birkby, Team Leader 0-19 School age immunisations and screening Fiona Fleming, Head of Communications and Marketing Rachel Newland, Communications and Marketing Manager		
<b>Action required</b> (please tick the appropriate box)			
<b>To Approve</b> <input type="checkbox"/>	<b>To Discuss</b> <input type="checkbox"/>	<b>To Assure</b> <input checked="" type="checkbox"/>	
<b>Purpose</b>			
The purpose of this paper is to provide assurance to Trust Board that a robust plan is in place for the effective delivery of the staff Influenza programme 2022/23			
<b>Executive Summary</b>			
<p>It is recognised that as social contact returns to pre-pandemic levels, there is likely to be a resurgence in influenza activity during the 2022/23 winter. The potential for co-circulation of influenza, Covid-19 and other respiratory viruses could add substantially to NHS winter pressures.</p> <p>It is therefore imperative that robust plans are developed and implemented to effectively deliver an accessible staff influenza programme during 2022/23 to maximise protection across the workforce.</p> <p>On 06 September 2022, guidance was published by NHS England outlining the approach for Covid-19 and seasonal flu vaccination programmes in Trusts, to maximise workforce protection supporting winter resilience.</p> <p>The letter includes an outline assurance framework for Trusts delivering influenza vaccinations to staff, which can be utilised as part of a wider Board Assurance Framework for Winter.</p> <p>This paper outlines the Trust's approach to delivering the staff influenza programme during 2022/23 and includes the influenza assurance framework provided by NHS England (Appendix 1).</p>			
<b>Risks and opportunities:</b>			
No high-level risks have been identified.			
<b>Quality/inclusion considerations:</b>			
Quality Impact Assessment completed and attached <input type="checkbox"/> No			
Equality Impact Assessment completed and attached <input type="checkbox"/> No			
<b>Financial/resource implications:</b>			
No areas identified to report to the Board of Directors.			
<b>Trust Strategic Objectives</b>			
<i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>			
<input type="checkbox"/> Our Populations - outstanding, safe care every time	<input type="checkbox"/> Our People - advancing staff wellbeing	<input type="checkbox"/> Our People - improving staff engagement	
<b>Board of Directors is asked to consider the following action</b>			
The Board of Directors is asked to be assured that the Trust has a robust plan in place for the effective delivery of the staff influenza programme during 2022/23.			

<b>Report history</b>		
<b>Submitted to</b>	<b>Date</b>	<b>Brief summary of outcome</b>

## The National Staff Influenza Programme 2022/23

### Purpose

1. The purpose of this paper is to provide assurance to the Board of Directors that a robust plan is in place for the effective delivery of the staff Influenza programme during 2022/23.

### Background and rationale

2. During 2021/22 staff influenza vaccination uptake amongst NHS healthcare workers was 58% (ranging from 24% to 76%).
3. The staff influenza uptake in Wirral Community Health and Care NHS Foundation Trust (WCHC) during 2021/22 was 71.6%.
4. It is recognised that as social contact returns to pre-pandemic levels, there is likely to be a resurgence in influenza activity during the 2022/23 winter.
5. The potential for co-circulation of influenza, Covid-19 and other respiratory viruses could add substantially to NHS winter pressures.
6. It is therefore imperative that robust plans are developed and implemented to effectively deliver an accessible staff influenza programme during 2022/23 to maximise protection across the workforce.

### 2022/23 Staff influenza programme

7. A staff influenza group including key internal stakeholders and specialists from across the Trust was established in August 2022 to support the delivery of the 2022/23 programme.
8. The CQUIN financial incentive scheme has re-commenced for the 2022/23 period and includes the staff flu vaccination programme for all NHS Trusts. The CQUIN ambition is to vaccinate 90% of all frontline and non-clinical staff who have contact with patients and service users.
9. The Trust has therefore set a minimum internal ambition of a 90% uptake with a 100% offer for all frontline staff for this year's programme.
10. On 06 September 2022, guidance was published by NHS England outlining the approach for Covid-19 and seasonal flu vaccination programmes in Trusts, to maximise workforce protection supporting winter resilience.
11. The letter includes an outline assurance framework for Trusts delivering influenza vaccinations to staff, which can be utilised as part of a wider Board Assurance Framework for Winter.
12. The assurance framework is presented for public assurance in **Appendix 1**, evidencing full compliance across all applicable areas.
13. The Trusts' staff influenza campaign commenced at the end of September 2022, implementing a blended delivery model. This approach has been established based on

lessons learned from the 2021/22 campaign, with the aim of maximising accessibility to flu vaccines for all Trust staff.

14. The model will include clinics offering scheduled appointments, peer to peer vaccinations within teams, and a flexible vaccination team administering vaccines at bases Trust-wide both in and out of hours.
15. Effectiveness of these delivery models will be closely monitored by the staff influenza group throughout the programme, with adjustments being implemented as required to maximise uptake.
16. The Trust is aiming to have a minimum of 90% of staff immunised by the end of December 2022, to ensure maximum protection to Trust staff.
17. A concurrent staff Covid-19 booster vaccination programme will be available to staff across all geographical locations, via system mutual aid. This replicates the successful approach provided to Trust staff for primary and booster doses of Covid-19 vaccinations.

### **Staff Influenza Vaccine Plan**

18. The Trust ordered and received 250 QIVc vaccines directly from Sequirus on 19 September 2022.
19. Additional vaccines will be provided via Wirral University Teaching Hospital NHS Foundation Trust (WUTH) as required, this will include QIVc and QIVr vaccines as follows:
  - QIVc- Cell-based quadrivalent influenza vaccine, licensed for individuals from 2 years
  - QIVr- recombinant quadrivalent influenza vaccine, Supemtek ▼, licensed for individuals from 18 years, but also recommended for individuals who are 65 years and over
20. The ordering and delivery model ensures a continuous supply of vaccines to meet demand, effectively managing storage requirements and minimising wastage.

### **Communications Strategy**

21. It is recognised that the communication strategy implemented during the 2021/22 programme was key to supporting the high uptake amongst Trust staff. The 2022/23 programme will therefore build on this foundation of knowledge and experience to maximise the outcome of the programme.
22. The communications strategy will use the **EAST** framework - Easy, Attractive, Social, Timely, replicating last year's successful approach.
  - Making it **easy** - it is important we keep messages as simple as possible and make it as easy as possible for people to know about the vaccination and how/where to get it.
  - Making it **attractive** - by developing our own campaign style, based on the success of last year's, we will ensure the visuals are engaging and in line with the overarching *"boost your immunity"* messaging to reflect the national campaign.
  - Making it **social** - we will demonstrate that getting the flu vaccination is the 'norm' and the right thing to do this winter. We will do this through social networks, including the staff Facebook group, and our other digital channels to encourage behaviours and ensure the message can be easily shared between colleagues.

- Making it **timely** – after giving our staff the ‘heads up’ that the flu vaccine is coming, communicate with staff regularly via our regular channels, and target teams in relation to the clinic timetable, including Trust-wide messages via email and a StaffZone takeover banner when there is ad hoc clinic availability.
23. The primary focus will be on practical messages that inform staff how to get their vaccine, how to book, where to go and safety messages. This will be supported by messages on why getting the vaccine is important including myth busting.
24. All campaign messages will be underpinned by the ‘*boost your immunity*’ message, to tie in with winter health messages and the Covid-19 booster programme nationally.



25. A message from the Chief Executive will be part of the campaign (e.g. alongside a photograph of her having the vaccine), this will be supported by the Chief Nurse.
26. An integrated mix of internal communications channels will be used to ensure the flu messages are received by all staff on a regular basis.
27. As in previous years, Influenza vaccine uptake statistics will be published in the form of a leadership board, provided by the IPC Team/Business Intelligence Services.

### **The Incentive**

28. Whilst incentives schemes have been run in the past, there is no evidence that they have directly influenced individual choice to take up the vaccine.
29. We do not incentivise the Covid-19 booster which is of equal importance.
30. Staff have a responsibility to make an informed choice to take up both the Influenza and Covid-19 vaccine.
31. There is also the question of funding and perception of spending money on an incentive.
32. Communication efforts will be channelled into providing clear information on benefits and access to the vaccines.

## **Board action**

33. The Board of Directors is asked to be assured that the Trust has a robust plan in place for the effective delivery of the staff Influenza programme during 2022/23.

## **Paula Simpson, Chief Nurse**

### **Contributors:**

Claire Wedge, Deputy Chief Nurse

Nicky Birkby, Team Leader 0-19 School age immunisations and screening

Fiona Fleming, Head of Communications and Marketing

Rachel Newland, Communications and Marketing Manager

14 October 2022

## Appendix 1

	Governance	Evidence	Trust self-assessment
1.	Do you have a named SRO for the flu programme?	The SRO for the Trust's flu programme is the Chief Nurse / Director of Infection prevention and control.	
2.	Do you have an established flu programme committed to the delivery of flu vaccinations that feeds into the Trust board?	The Trust has an established flu programme committed to the delivery of the staff influenza programme. Progress is reported to the Board of Directors via the Quality and Safety Committee, who receive an updated position via the quarterly IPC assurance report.	
3.	Is Flu delivery reported into the overall Trust governance structure?	Flu delivery is embedded throughout the governance of the organisation, ensuring Trust-wide visibility from operational level to the Board of Directors.	
4.	Do you have a robust governance link to system leaders?	The Trust has an active presence at all relevant system meetings and direct links to system leaders.	
5.	Do you feed into the ICS Flu Board?	The Trust has a reporting route into the ICS via the Chief Nurse.	
6.	Did the Board receive a report evaluating the lessons learned from the 21/22 flu programme?	The Board of Directors received a report evaluating the lessons learned from the 2021/22 flu programme in June 2022.	
7.	Has this been converted into an action plan for improvement in 22/23?	Lessons learned from the 2021/22 flu programme have informed action and driven improvements in the 2022/23 programme.	
	<b>Supply</b>		
8.	Have you ordered supply via the Commercial Medicines Unit Framework or via alternate routes (such as directly from wholesalers) and received confirmation of delivery dates of stock?	Supplies have been ordered via the Commercial Medicines Unit Framework and delivered within agreed timescales. Additional vaccines will be provided via a local partner NHS Trust.	
9.	Have you ordered sufficient flu vaccine supply to cover 100% of your frontline HCWs?	The Trust has access to sufficient flu vaccine stock to cover 100% of staff.	
10.	Have you ordered sufficient flu vaccines to cover pregnant women if you offer have a maternity service?	The Trust does not offer a maternity service; however, pregnant staff will be offered the flu vaccine in accordance with national guidance.	

11.	Have you ordered the recommended vaccine types for the various age cohorts?	The Trust's Lead Pharmacist has ensured appropriate ordering of flu vaccines to support an inclusive approach to the campaign.	
12.	Have you ordered the recommended vaccine types for those who may present with allergies to certain vaccines or, who cannot accept certain vaccination types?	The Trust's Lead Pharmacist has ensured appropriate ordering of flu vaccines to support an inclusive approach to the campaign.	
13.	Do you have appropriate storage facilities to store flu vaccinations?	The Trust will continue to utilise the appropriate storage facilities established over recent years for the 2022/23 staff flu campaign.	
14.	If you are not vaccinating staff on site, can you confirm you have signposted your HCW to an alternative convenient site?	The Trust will offer flu vaccines across all main bases supporting ease of access. Eligible staff will also be sign-posted to their GP Practice, if this is a preferred option.	
15.	Have you considered flexible delivery models for staff to access the vaccine (e.g. roving models/easy-access clinics)?	A blended delivery model has been established to maximise accessibility to flu vaccines for all Trust staff. The model will include clinics offering scheduled appointments, peer to peer vaccinations within teams, and a flexible vaccination team administering vaccines at bases Trust wide both in and out of hours.	
16.	Have you identified appropriate spaces to run vaccinations clinics?	The Trust has access to appropriate spaces to run vaccination clinics for staff as required, this builds on lessons learned from the 2021/22 campaign.	
17.	Do you have a robust method of inviting staff to receive a vaccination (e.g. a local booking system that staff can easily access)?	The Trust has implemented on-line booking for staff flu vaccinations using simply book via the staff intranet.	
<b>Delivery</b>			
18.	If you are not vaccinating staff on site, can you confirm you have signposted your HCW to an alternative convenient site?	Staff vaccinations will be available for administration on site. Signposting to alternative options has been conducted to maximise accessibility and choice.	
19.	Have you considered flexible delivery models for staff to access the vaccine (e.g. roving models/easy-access clinics)?	A flexible delivery model has been designed and is being implemented to support the 2022/23 staff flu campaign.	
20.	Have you identified appropriate spaces to run vaccinations clinics?	Access to clinics will build on the campaign delivered in 2021/22, responding to lessons learned and feedback from staff.	



<b>Communications</b>			
21.	Do you have a robust method of inviting staff to receive a vaccination (e.g. a local booking system that staff can easily access)?	There is a robust communications campaign in place supported by on-line booking to ensure ease of access.	
22.	Is information on where to receive a vaccination readily available to staff?	The communications campaign is aligned to the vaccination campaign toolkit and is readily available to staff via staffzone.	
23.	Is information on importance of flu vaccinations readily available?	The communications campaign and information on the importance of flu vaccinations is aligned to the vaccination campaign toolkit and is readily available to staff via staffzone.	
24.	Have you a communications and engagement plan to target those hard-to-reach staff groups?	The communication plan is inclusive and includes all staff groups to maximise impact and outcomes.	
<b>Workforce</b>			
25.	Have you identified the workforce required to deliver the flu programme?	The workforce has been identified to deliver the flu programme, including a dedicated lead with a wealth of experience in delivering operational vaccination programmes	
26.	Can you confirm you've reviewed and understand the workforce requirements for flu delivery (e.g. National Protocol, PGD, PSD).	The Trusts' seasonal influenza group has responsibility for ensuring the programme is aligned to the workforce requirements for flu delivery.	
<b>Co-administration</b>			
27.	Are you planning to co-administer / co-deliver flu and COVID-19 vaccines and have considered timing and workforce to enable this?	The Trust will only be directly administering the flu vaccine to staff in 2022/23. Staff will be supported to access a concurrent staff Covid-19 booster vaccination programme via system mutual aid to maximise protection.	
<b>Data capture and reporting</b>			
28.	Do you have licence to use NIVs to record flu vaccinations?	The BI team have access to NIVs, however, an internal data collection system is being utilised for the 2022/23 programme to closely monitor uptake.	
29.	Have staff been identified and trained on NIVs to record vaccinations at point of delivery?	All vaccinators have previously received training on the NIVs system.	
30.	Do you have a SPOC and a superuser for NIVS?	The SPOC for NIVS is the Head of Business Intelligence (BI).	

31.	Have you removed any staff no longer employed, or contracted, by the Trust from the ESR system? Have you got a regular process in place to ensure ESR is up to date?	A robust mechanism has been established between the BI and HR teams to ensure reporting is reflective of the workforce.	
32.	Can you confirm you have access to Foundry and are able to view staff vaccinations which have taken place via any delivery model to provide a view of staff uptake?	The Trust's Lead Pharmacist has access to Foundry. An internal system has been developed to ensure staff accessing vaccines external to the organisation are capture within Trust data and reporting.	
33.	Do you have an appropriate process in place for reviewing uptake with a view to improving performance?	The BI team are building a bespoke dashboard within the Trust Information Gateway (TIG) system providing real time reporting at service level. This approach will be tracked throughout the Trust's governance and action taken to continuously encourage uptake.	

Mortality Report: Learning from Deaths Framework Quarter 1: 01 April 2022 – 30 June 2022			
<b>Meeting</b>	Board of Directors		
<b>Date</b>	19/10/2022	<b>Agenda item</b>	20
<b>Lead Director</b>	Nick Cross, Medical Director		
<b>Author(s)</b>	Nick Cross, Medical Director		
<b>Action required</b> (please tick the appropriate box)			
<b>To Approve</b> <input checked="" type="checkbox"/>	<b>To Discuss</b> <input type="checkbox"/>	<b>To Assure</b> <input checked="" type="checkbox"/>	
<b>Purpose</b>			
The purpose of this paper is to seek approval from Public Board in relation to the implementation of the Learning from Deaths framework and subsequent publication on the Trust website.			
<b>Executive Summary</b>			
<p>This quarterly report provides evidence that learning from deaths is firmly embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from deaths framework. It provides anonymised details of the numbers of unexpected deaths which have occurred within the Trust throughout Q1 2022/23, along with a summary of thematic learning identified during investigation into these cases.</p> <p>All deaths reported to the Trust in Q1 have flowed through the Trusts governance processes. There are no deaths that were attributable to the care delivery provided by our Trust and therefore no specific learning.</p> <p>Attached as an appendix is a report detailing this information for purposes of publication of the Trust website. The report has been shared and approved by the Quality and Safety Committee.</p>			
<b>Risks and opportunities:</b>			
Not applicable			
<b>Quality/inclusion considerations:</b>			
Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No A QIA and EIA is not applicable in this case			
<b>Financial/resource implications:</b>			
Not applicable			
<b>Trust Strategic Objectives</b>			
<i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>			
<input type="checkbox"/> Our Populations - outstanding, safe care every time	<input type="checkbox"/> Our Populations – provide more person-centred care	<input type="checkbox"/> Our Populations - improving services through integration and better coordination	
<b>Committee action</b>			
The board of Directors is asked to be assured that 1: processes are in place to meet our statutory obligations surrounding Learning from Deaths and 2: that processes are in place to engagement with families and meet our Duty of Candour obligations.			
<b>Report history</b>			
<b>Submitted to</b>	<b>Date</b>	<b>Brief summary of outcome</b>	
Quality and Safety Committee	07/09/2022	Committee approved	

## **Mortality Report: Learning from Deaths Quarter 1: 01 April 2022 – 30 June 2022**

### **Purpose**

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

### **Executive Summary**

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

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

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

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

## **Bereaved Families**

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

## Q1 2022/23 WCHC Reported deaths (Datix incident reporting)

23. During Q1 there were a total of 7 reported deaths none of which were within scope for reporting.
24. During Q1 there were 0 deaths which met the criteria for StEIS reporting.

<b>Recording data on Structured Judgement Reviews:</b>		
Total Number of Deaths in scope	0	
April – 0		
May – 0		
June – 0		
There are no outstanding cases from the previous quarter (Q4)		
Total Number of Deaths considered to have more than 50% chance of being avoidable	0	
<b>Recording data on LeDeR reviews: - Please note that these are undertaken by the mental health trust</b>		
Total Number of Deaths in scope	0	
Total Deaths reviewed through LeDeR methodology	0	
Total Number of deaths considered to have been potentially avoidable	0	
<b>Recording data on SUDIC reviews:</b>		
Total Number of Child Deaths	0	
Total Deaths reviewed through SUDiC methodology	0	

## Summary of Thematic Learning

25. Each unexpected death reported during Q1 has been analysed and investigated appropriately, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.
26. Of the total deaths reported in Q1, after investigation, none of these were within scope of this report and consequently there were no lessons identified which the Trust and system partners could learn from.

## Recommendations

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

**Dr Nick Cross**  
**Executive Medical Director**  
30 August 2022

## **Appendix 1**

### **Learning from Deaths Q1 22/23 Report**

The following data represents the high-level reporting of deaths which occurred within our services over the period of Quarter 1 2022/23.

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

There were 7 deaths reported to the Trust and all have been reviewed in accordance with Trust policy. On this occasion, none of the deaths were within scope of this report during this period. This is because the deaths were not associated with any care delivered or harm caused by services provided by the Trust. Duty of Candour was not applicable to any of these cases.

There were no child deaths reported during this quarter.

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

#### **Dr Nick Cross**

Executive Medical Director

Wirral Community Health and Care NHS Foundation Trust

20 August 2022