

Annual Quality Account 2022/23			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	21
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Paula Simpson, Chief Nurse		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
The purpose of this paper is to request approval for publication of the Annual Quality Account 2022/23 from Board of Directors.			
Executive Summary			
<p>Providers of NHS healthcare are required to publish a Quality Account each year in line with the NHS (Quality Accounts) Regulations 2010.</p> <p>All providers are required to publish their Quality Account on their public websites and submit to NHS England and NHS Improvement.</p> <p>There is no requirement to obtain external stakeholder reports this year, however, consultation with local commissioners and Healthwatch is in progress and feedback will be provided to Board of Directors.</p> <p>NHS Foundation Trusts are not required to include a Quality Report in their annual report for 2022-23 but reference will be made to the published Quality Account.</p>			
Risks and opportunities:			
No risks identified			
Quality/inclusion considerations:			
Quality & Equality Impact Assessment completed and attached No.			



Individualised care delivery is provided by the Trust ensuring compliance with equality and diversity standards for staff and people who use Trust services

Financial/resource implications:

No financial implications identified

The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

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

Populations - Safe care and support every time	Populations - People and communities guiding care	Place - Improve the health of our population and actively contribute to tackle health inequalities
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The Trust Social Value Intentions

Does this report align with the Trust social value intentions? Yes.

If Yes, please select all of the social value themes that apply:

- Community engagement and support
- Purchasing and investing locally for social benefit
- Representative workforce and access to quality work
- Increasing wellbeing and health equity
- Reducing environmental impact

Board of Directors is asked to consider the following action

To approve publication of the Annual Quality Account 2022/23.

Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome
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ELT	24/04/2023	ELT discussed the report and were assured by its contents
Quality and Safety Committee	03/05/2023	The committee were assured by the draft Quality Account 2023/23 and referred the report with minor amends for approval at Board of Directors in June 2023.





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



Annual Quality Account | **2022/23**

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1 Part 1: Introduction

1.1 Executive Summary

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

The Quality Account 2022 / 2023 is divided into four sections.

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

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

Part Three contains a review of our progress in 2022 / 2023.

Part Four looks ahead and contains our priorities for improvements for 2023 / 2024.

1.2 Introduction

I am happy to introduce the Quality Account for Wirral Community Health and Care NHS Foundation Trust. The Quality Account gives us an opportunity to reflect on our many quality achievements and successes over a difficult year and also enables us to identify areas where we want to focus attention on the agreed quality priorities for the 2023 / 2024 coming year.

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

In accordance with the Health & Social Care Act 2022, the Trust recognises the duty to collaborate and as such is actively engaging in Place Quality & Performance Groups.

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

Together...

we will support you and your community to live well.

Compassion

Supportive and caring, listening to others.

Open

Communicating openly, honestly and sharing ideas.

Trust

Trusted to deliver, feeling valued and safe.

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

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

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

Our expert teams provide a diverse range of community health and social care services, caring for and supporting people throughout their lives at home and close to home in intermediate care and clinic settings.

We have an excellent clinical reputation employing around 2,000 members of staff, most of whom are in patient-facing roles.

During 2022/23, we expanded our services in St Helens and Knowsley, having been chosen to deliver their 0-19 / 25 services.

In addition, during 2022 / 2023 the Trust expanded services, supporting a system-wide ambition to deliver care close to home and as a response to winter pressures.

This resulted in the increased use of technology to safely deliver services remotely, when appropriate. We also supported the local Wirral system by leading the development of a Home First service, aimed at supporting safe, timely transfer of care from the acute hospital to home.

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

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

1.3 Mandated Statement by Trust Chair and Chief Executive

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

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

- The Quality Account presents a balanced picture of the Trust's performance over the reporting period
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice

- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with any Department of Health guidance The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

Trust CEO

Dated:

Trust Chair

Dated:

2 Part 2: Vision and Values and Commitment to Quality

2.1 WCHC Vision and Values

Our Trust values of Compassion, Open and Trust underpin our Vision and Strategy. During 2022/23, our values have become embedded across the organisation, having been developed through widespread staff consultation and launched in 2022.

The organisational strategy to deliver our Vision is overseen by our Board. The actions that deliver it, and the key enabling strategies (Quality and Innovation, People, Inclusion & Health Inequalities, and Digital), are tracked through our Trust groups and committees.



2.2 Staff Recognition

In March 2022 the Trust launched a new and refreshed Staff Recognition scheme with weekly and monthly opportunities to celebrate and recognise our staff, along with the annual Team WCHC Staff Awards for 2022.

Throughout 2022-23 over a thousand Shout outs were shared by staff in the twice weekly staff Update. It remains an incredibly popular way of sharing messages of thanks and recognition on a weekly basis.

Your ShoutOuts! TeamWCHC

Every month we have celebrated our Monthly Stand out which enables staff to expand on the shout outs and tell a more detailed story of how someone has stood out and demonstrated the Trust values in their role. Anyone can submit a Standout and all staff are able to vote for their favourite. Winners are presented with a framed certificate from our Chief Executive and their story is showcased at the monthly all staff briefing – The Get Together.

Our values of compassion, open and trust shine through every story, every thank you and every piece of positive feedback we receive from our patients and service users.

The Monthly StandOut! TeamWCHC

The highlight of our recognition calendar is our annual Team WCHC Staff Awards. After a two year break due to Covid-19 we returned to hold a face-to-face event in October 2022. The event was a wonderful culmination of all the amazing work of the Trust, the values and the people that make it a great place to work and receive care.

The awards are now in their tenth year and since 2012 they have gone from strength to strength. Supported by the generous contribution of sponsors, the event brings

together individuals and teams to celebrate and recognise the amazing work they do every day.



2.3 Mandated statements

2.3.1 CQC registration

Wirral Community Health and Care NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration is 'Requires Improvement'. Wirral Community Health and Care NHS Foundation Trust has no conditions on registration and the Care Quality Commission has not taken enforcement action against the Trust during 2022 / 2023.

The Trust was inspected by the CQC in 2018. In March 2020 the CQC issued the Routine Provider Information Request (RPIR) to the Trust for submission, but this process was stopped due to the COVID-19 pandemic and the response of the Trust to the national Level 4 incident. We look forward to resuming the CQC inspection process as soon as possible and the opportunity this will provide to demonstrate the significant improvements the Trust has made.

Wirral Community Health and Care NHS Foundation Trust participated in two Joint Targeted Area Inspections (JTAI) in Cheshire East and Wirral during the reporting period. These inspections were multi-agency and focused on child exploitation and early help respectively. Many areas of good practice were identified and we continue to work closely with partners to embed improvements identified throughout the process.

2.3.2 Data security and protection toolkit attainment level

DSPT is a core element of the IM&T assurance workplan. We remain compliant with all standards and assertions within the 22/23 toolkit with all requirements met.

2.3.3 Clinical coding error rate

Wirral Community Health and Care NHS Foundation Trust were not subject to the Payment by Results clinical coding audit during 2022 / 2023 by NHS Improvement.

2.3.4 Data quality

During 2022 / 2023, Wirral Community Health and Care NHS Foundation Trust provided 40 services, some in partnership with other providers through sub-contracts.

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

The income generated by the relevant health services reviewed in 2022 / 2023 represents £110.1 million of the total income generated from the provision of relevant health services by Wirral Community Health and Care NHS Foundation Trust for 2022 / 2023.

2.3.5 Central Alerts System (CAS) reporting

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

Alerts available on the CAS website include National Patient Safety Alerts (from MHRA, NHS England and NHS Improvement and the UK Health Security Agency

(UKHSA)), NHS England and NHS Improvement Estates Alerts, Chief Medical Officer (CMO) Alerts, and Department of Health & Social Care Supply Disruption alerts.

During the period 2022 / 2023 The Central Alerting System issued 25 alerts to Wirral Community Health and Care NHS Foundation Trust for consideration and potential dissemination and actions. There is robust oversight and governance for CAS alerts which are reviewed for relevance at the Clinical Assurance Group and Clinical Risk Management Group. Appropriate alerts are disseminated to relevant services via the Trust's Standards Assurance Framework for Excellence (SAFE) system

Of the 25 alerts issued:

- 15 had no response required and were shared for information only

10 Alerts were issued as National Patient Safety Alerts (NatPSA), of these:

- 5 had actions completed
- 5 no action was required

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

2.3.6 Participation in national clinical audits and local audits

During 2022 / 2023, 3 national clinical audits and 0 national confidential enquiries covered relevant health services that Wirral Community Health and Care NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquires that Wirral Community Health and Care NHS Foundation Trust was eligible to participate in during 2022 / 2023 is as follows:

- BASHH Chlamydia – online submission to BASHH
- National Audit for Cardiac Rehabilitation
- UK Parkinson’s National Audit 2022

The national clinical audits and national confidential enquiries that Wirral Community Health and Care NHS Foundation Trust participated in, and for which data collection was completed during 01 April 2022 – 31 March 2023, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audit	Number of cases submitted (%) of the number of registered cases
Sexual Health - BASHH Chlamydia - online submission to BASHH	Figures are sent directly to BASHH from the laboratory not the Trust
National Audit for Cardiac Rehabilitation	100%
UK Parkinson’s National Audit 2022	100%

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

Commissioning for Quality and Innovation (CQUIN)

The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care. There was a 2 year pause over the Covid-19 pandemic but CQUINs were re-introduced for 2022 / 2023. The Trust participated in 4 CQUINs:

- CCG1: Staff flu vaccinations: The Trust ended its staff seasonal influenza vaccination programme on 28th February 2023. Vaccination uptake at the end 2022/23 for staff in frontline roles was 64.1% (Parameters to achieve CQUIN 70%-90%). The Trust will strive to reach a higher target for the uptake of the seasonal flu vaccination in 23/24.
- CCG13: Malnutrition screening in community inpatient beds - The average % of community hospital inpatients having a nutritional screening that meets Quality Standard 24 is 65.25% (Parameters to achieve CQUIN 50-70%) across all 4 quarters with the highest % being in Q4 at 73%. Over the course of the 12-month CQUIN, improvements were realised for the recording of percentage of patient's unintentional weight loss and the time duration over which weight loss occurred. In addition, if patient identified as malnourished or at risk of malnutrition, a management care plan was in place with evidence of all actions and goals within the management care plan being acted upon, this increased to 95% in quarter four. The Trust will strive to reach a higher target for the completion a malnutrition risk screening tool during 2023/24.
- CCG14: Assessment, Diagnosis and Treatment of Lower Leg Wounds - Following data validation, the following CQUIN performance has been achieved for Q4. The average over 4 quarters was 45.25% with the range being 41% to 53% (Parameter to achieve CQUIN 25%-50%). Over the course of the 12-month CQUIN, improvements were realised in the completion of risk factors for delayed healing, the impact of the wound on a patient's quality of life (physical, social, and emotional) and the recording of a patient's allergy status, skin sensitivities which increased to 96% in quarter four. The Trust will strive to

reach a higher target for the recording of a patient's ankle circumference and an appropriate treatment plan being put in place and followed, during 2023/24.

- CCG15: Assessment and documentation of pressure ulcers in inpatient beds. Following data validation, the following CQUIN performance has been achieved for Q4. The average over the 4 quarters is 68% (Parameters to achieve CQUIN 40%-60%) with an incremental improvement from Q1 to Q4, Q4 being at 71%.

Over the course of the 12-month CQUIN, improvements were realised in the completion of an individual care plan, which included risk and skin assessment outcomes, recommendations about pressure relief at specific high-risk areas of the body, along with the need to reposition the patient and encourage mobility. Evidence of actions to manage the risks identified by the pressure ulcer risk assessment documented by clinical staff increased to 85% in Q4. The Trust will strive to reach a higher target for the completion of a pressure ulcer risk assessment, completed within 6 hours during 2023/24.

Local Clinical Audits

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

The Trust have undertaken and published 37 local clinical and professional audits and 21 service audits over 2022 / 2023. Progress against clinical and professional audits is tracked on the Trust's SAFE system (Standards Assurance Framework for Excellence) and final reports uploaded. This ensures there is visibility and an active repository of evidence accessible to all staff.

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

Published audit reports are shared with all staff and areas of good practice used as a springboard for further improvements. When areas are identified for improvement, actions and leads are identified to support this improvement to happen and subsequent re-audits carried out as part of the Trust's continuous improvement cycle.

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

During the year 2022 / 2023, significant progress has been made with the implementation of NICE guidance within Wirral Community Health and Care NHS Foundation Trust.

A Standard Operating Procedure (SOP) reflecting the current process has been developed following consultations with the NICE Clinical Assurance Group members.

The process for implementing NICE guidance within the Trust continues to be embedded into the Trust governance structures, including robust triaging, allocation and prioritisation of guidance.

During the 2022 / 2023, NICE updated or produced 143 guidance. Of the 143:

112 not applicable

18 fully implemented

12 applicable and under review

1 partially implemented and minimal concern

2.3.8 Learning from Deaths

During 2022 / 2023, 20 of Wirral Community Health and Care NHS Foundation Trust patients died unexpectedly. The figure represents the total number of unexpected deaths rather than deaths from all causes. This comprised of the following number of unexpected deaths occurring in each quarter of that reporting period:

- 7 in first quarter, none were attributable to the Trust
- 8 in the second quarter, none were attributable to the Trust
- 3 in the third quarter, none were attributable to the Trust
- 2 in the fourth quarter, none were attributable to the Trust

By 31 March 2023, 20 case record reviews and 9 investigations have been carried out in relation to 20 of the unexpected deaths detailed above.

In 9 cases an unexpected death was subjected to both a case record review and an investigation. The number of unexpected deaths in each quarter for which a case record review or an investigation was carried out was:

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

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

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

Learning from deaths – case record reviews and investigations

The Trust's Learning from Deaths Policy provides a framework for how the Trust will evaluate those deaths that form part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms. The Trust's Datix incident reporting system is aligned to the Learning from Deaths Policy to ensure prompt communication to the Medical Director, Chief Nursing Officer and Chief Operating

Officer for all unexpected deaths. Each reported unexpected death is reviewed within the Clinical Risk Management Group where investigations are commissioned, and findings are discussed.

Actions taken as a result from learning from deaths

Any learning which is identified following an investigation is received at the Clinical Risk Management Group and actioned where appropriate. A thorough review and analysis of reported incidents, themes and trends then occurs at the Mortality Review Group. The Trust has identified the benefit of a whole system approach to learning from deaths. Examples include strengthening of integrated care pathways delivered across multiple organisations. As a result, the Medical Director is actively engaging with providers across the Wirral health and social care economy to ensure shared learning opportunities are identified and appropriately disseminated to support collaborative working to continuously improve the quality of care provided.

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

The impact of the system-wide approach to learning from unexpected deaths is assessed and monitored at the Trust's mortality review group. The group will continue to closely monitor the impact of implementing a system-wide approach to learning from unexpected deaths during 2023 / 2024.

0 case record reviews and 0 investigations were completed after 01 April 2023 which related to unexpected deaths which took place before the start of the reporting period.

3 Part 3: Looking back over the last year 2022 / 2023

3.1 Quality Goals 2022 / 2023

During 2022 / 2023 the quality goals detailed below was implemented with great success

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

3.2 Safe care and support every time

3.2.1 Patient safety incident response framework

During 2022 we recruited 2 Patient Safety Partners to the Trust. We trained staff in PSII and Patient safety champions in a system-based approach.

Our plan over the next 12 months is to meet with our Patient Safety Champions at agreed dates to share learning and look at ways we can work with our Quality Improvement Champions.

We successfully completed the first 2 phases of the Patient Safety Incident Response Framework and with the support of our key stakeholder group we will complete this project by September 2023 and then embed and monitor for a further 12-month period

3.2.2 National Patient Safety training

In August 2022 the Trust made the National Patient Safety Curriculum level 1 and 2 mandatory for all our front-line staff to complete. We are proud to announce that we have exceeded all expectations and current compliance is 73%.

We aim to extend this offer 2023-2024 for all staff employed at the Trust to complete level one training. This will include level one training for the Board and senior management staff.

3.2.3 Involvement of people, their families or carers in harm reviews.

Initial template letter offers all patients/families the opportunity to ask questions or raise concerns so that this can be reviewed as part of the investigation.

As part of the 2023-2024 we are strengthening our systems and processes for monitoring.

3.2.4 We will participate in 4 system wide Schwartz rounds (or equivalent) per year

A Schwartz round took place on 25 May 2022 entitled “Outside my comfort zone”. This was well attended by Trust staff and featured a storyteller from the Trust. Participants were invited to feedback, and this supported an evaluation of the round. There have been challenges identifying further volunteers. This has related to strike action, workload pressures and a need to relaunch Schwartz and engage more staff. The Schwartz steering group have been proactive in promoting and engaging staff in the rounds, working with the communications team and the Point of Care Foundation. There is a further Schwartz round planned with identified storytellers and a strategy for further staff engagement.

3.2.5 Incident reporting

During 2022/2023 there was an 11% increase in incident reporting within the Trust, maximising learning opportunities and supporting our open, transparent culture. The increase was in the areas of no harm and low harm incidents providing valuable learning to reduce the potential occurrence of more serious incidents. The number of higher-level harm incidents has decreased year on year.

Reporting of incidents is part of the induction programme on appointment to the Trust and staff members are continually supported to report incidents by line managers and team leaders. There is robust governance in place to ensure oversight of incident numbers and themes to support learning.

To ensure staff involved in incidents are fully supported a debrief conversation is offered when any incident is reported. This provides staff with access to a conversation with a more senior colleague to support their psychological safety, health, and well-being.

Feedback to reporters is automatically embedded into the Datix system. To improve the quality of feedback a new acronym has been developed and shared with reviewers of incidents who are asked to consider the following:

Thank the reporter for taking the time to report the incident

Explain what has happened as a result of the incident being reported

Ask if there's anything they would recommend to improve things

Make it meaningful

This has been well received by both reviewers and reporters

3.2.6 Never Events

During the 2022 / 2023 reporting period the Trust had zero never events

3.2.7 Freedom to Speak Up (FTSU)

During 2022 / 2023

- 25 FTSU concerns were reported, compared to 32 reported in 2021 / 2022
- 19 concerns have been concluded with six still under investigation
- 68% of concerns were reported openly or via FTSU Champions/Guardian which enabled full support and feedback to be provided, 32% of concerns were reported anonymously
- As concerns are closed reporters are sent a satisfaction questionnaire about their experience of speaking up. 100% of returned questionnaires stated they had had a positive experience and would speak up again should they need to

Learning from FTSU for the period 2022 / 2023 includes:

- Change in process to ensure communication reaches all team members
- Increasing the number of FTSU Champions in teams where a concern has been reported to promote and support ongoing communication
- Collaboration with Chester University and support for students to feel comfortable raising concerns
- Improvements made to the process for allocating smartcards to temporary workers
- Team building session with teams to support open, respectful communication
- Collaborative working with HR and Staff Network Groups to ensure staff members who report a concern are supported in the most appropriate way
- Concern prompted a record keeping audit which identified points of learning which were addressed
- Policy review and update to include increased wellbeing calls to staff members redeployed
- Policy review to support management of wound care
- Collaborative working with Wirral University Teaching Hospital where services are system wide
- New process adopted to manage home visits and support staff to decrease miles and fuel used

3.2.8 Safeguarding

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

During 2022 / 2023, we have successfully submitted evidence of compliance to commissioners and Designated professionals in relation to

- Section 11 of the Children Act 2004
- Chapter 14 of the Care Act 2014

- Quarterly Safeguarding Assurance Frameworks for Children, Children Looked After and Vulnerable Adults
- We have piloted the new Safeguarding Assurance Framework, receiving positive feedback from the ICB
- We have participated in two JTAI inspections from the CQC that have led to clear plans to build on achievements and further improve services

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

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

3.2.9 Medicines Management

Safe and effective management of medicines continues to be a key priority for the Trust.

Throughout 2022/23, the Medicines Management Team played a key role in establishing and maintaining medicines governance processes throughout Trust Services by:

- Developing and updating medicines related procedural documents and patient group directions in line with best practice and national guidelines
- Providing medicines related training supporting the Community Nursing Service, the in-patient rehabilitation wards (CICC Community Intermediate Care Centre) and providing training for Trust-employed non-medical prescribers. In addition, the team provides monthly updates via the Trust's Medicines Management Bulletin

- Undertaking a programme of medicines-related audit and feeding back to services and individual staff to facilitate improved adherence to best practice and national guidelines. Audits included monitoring medicines handling and storage and monitoring of prescribing of antibiotics

During 2022/23 we introduced electronic medicines charts in our Community Intermediate Care Centre and the Medicines Management Team utilised the technology to introduce weekly audits to support the staff to adhere to agreed processes. Where deviations were noted, support was provided.

The Wirral Frailty Virtual Ward was established 2022/23 as a joint venture with WUTH. The Medicines Management Team worked in partnership with stakeholders to establish safe processes for the handling of medicines within the service.

3.2.10 Infection Prevention and Control (IPC)

Infection prevention and control is an essential part of quality and safety to both users of Trust services and staff alike. The IPC Team play a vital role in ensuring that our services are delivered safely and effectively.

The Trust has an integrated IPC Team led by the Chief Nurse/Director of Infection Prevention and Control (DIPC). The team have worked extremely hard to support and advise staff working both in Trust services and the wider health and care community whilst continuing to provide an on-going response to COVID-19.

During 2022/23, the Infection Prevention and Control Team have been instrumental in:

- providing a sustained pandemic response, supporting operational services as they continue to recover following the onset of the COVID-19 pandemic
- providing a sustained pandemic response to those working in our wider community health and care services
- ensuring all IPC policies have been reviewed in line with new guidance
- completing detailed IPC environmental audits of all Wirral clinical environments

- supporting and developing staff within the Community Intermediate Care Centre
- supporting the relocation of the Urgent Treatment Care (UTC) facility
- working with system partners to address system wide IPC challenges, focussing on improving the management of Urinary Tract Infections in older persons care homes

A revised IPC Board Assurance Framework has been used to provide internal assurance that quality standards have been maintained which has included the implementation of the National IPC Manual. There have been no Healthcare Associated Infections (HCAIs) apportioned to Trust services.

The IPC Service secured additional funding for additional staff throughout 2022 /23. The funding enabled ongoing enhanced support to providers of Adult Social Care to support improvement of IPC standards and response to outbreaks.

3.3 People and communities leading care

3.3.1 Engagement approach

Involvement and Personalised care are an embedded component of quality and safety across our organisation and is well recognised as part of the culture of the Trust. Not only does this allow people to have choice and control over the way their care is planned and delivered, but it is also based on ‘what matters’ to them and their individual strengths and needs.

To enable this, the Trust continues to take a proactive approach in listening to our diverse community voice to drive improvements across the organisation and system. Our internal engagement groups ‘Your Voice’ & ‘INVOLVE (youth)’ provide opportunity for us to engage and listen to people with lived experiences, supporting us to evaluate and shape our approach to the delivery of high quality, safe and inclusive care.

Over the past 12 months we have seen a number of quality improvement projects presented to the engagement groups and enabled opportunities for coproduction. Some of those projects include:

- Development of the Palliative Care Patient Information Leaflet
- Development and roll out of the Reasonable Adjustments template and associated resources
- Electronic Patient Record Project
- Infection Prevention & Control Digital portal for communities, patients and partners
- Review and development of Young People's website and social media platforms.

3.3.2 Inclusion and health inequalities training

The Trust's mandatory eLearning around Equality Diversity and Inclusion is the cornerstone for our Inclusion and Health Inequalities curriculum. This is monitored on our Inclusion dashboard on TIG and compliance levels have remained in the mid 90's % compliance and ended the year at 96.6%.

As a result of feedback from staff, 6 sessions were delivered to support staff in developing their confidence and understanding around the specific needs of deaf service users and those who identify as part of the LGBTQ+ community. Learning materials from both of these sets of sessions have also been made available for individual teams and service on request.

Plans are in place to develop a specific section on the Quality Hub around Inclusion & Health Inequalities which will include a wide variety of information and eLearning opportunities to support the workforce focussed on specific subjects and populations. This will include education around Making Every Contact Count, Population Health and Population Health Management approaches. This repository will grow to become a key resource around Inclusion and Health Inequalities information and learning for our people.

60+ Inclusion Champions within the workforce support Inclusion and reducing health inequalities and provide intelligence to understand the learning needs of the workforce.

3.3.3 Co-designed care pathways

The Trust adopted the Always Events quality improvement methodology where small changes are coproduced, tested and implemented with people using services, families and carers based on what really matters to them. People using services, families and carers are equal partners and involved from the start in all aspects of the Always Events journey.

Our Palliative care team have progressed an Always Event following feedback from patients and carers. The aim was to ensure “As a carer for a palliative patient, I will know how to access support and advice when I need it”. The improvement work has seen the coproduction of a leaflet aimed at providing valuable contact information and sources of support. Clinical systems have been modified to record the issuing of this info to all patient carers and feedback has been very positive. The work is in its final stage of evaluation.

Our PJ Paralysis (rise and shine) project is an ongoing Always Event taking place at our Community Integrated Care Centre aimed at supporting appropriate patients with meaningful and fun activities and routines to encourage them to get dressed in their day wear at the start of their day. Engagement in the project from staff and patients has been great. However, winter pressures and higher than anticipated levels of acuity on the wards have limited progress a little however the project will continue into 23/24.

An Always Event has commenced to develop some patient facing communication to use in patient settings across the Trust. These will explain why information about protected characteristic, disabilities, impairments, and reasonable adjustments is collected and how it can support personalisation of care and identifying inequalities we need to address. The project will look to produce a poster and a video presentation to be used in health & social care settings across Wirral. Engagement to date has been with Mencap and their service users, Trust staff (inclusion champions) and Your Voice group. Engagement and co-production work will continue into Q1 of 23/24.

A further Always Event has been commenced in our Walk in Centres around our Dressing Clinics. This project was temporarily paused due to system pressures and will recommence in 23/24.

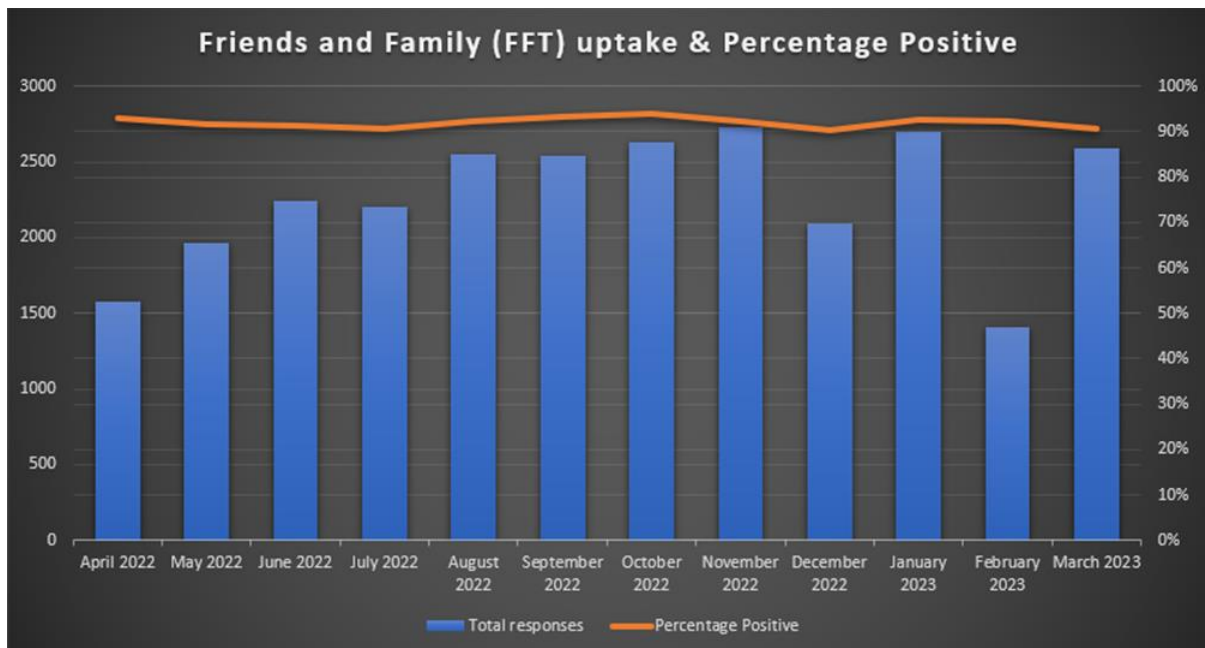
3.3.4 Friends and Family Test (FFT)

Friends and Family Test (FFT) data is vital in transforming NHS services and supporting patient choice. The national approach to obtaining this feedback includes a standard question which invites feedback on a person's overall experience of using the service.

Feedback across the Trust is obtained using a number of methods including, Paper and digital 'Your Experience' forms, including easy read versions, verbal feedback and post visit text message service.

During 2022/23 we received 27,876 responses to the Friends and Family Test. Of those responses 93% of people rated their experience as either very good or good.

This is a significant increase on the 2021/22 response rate of 9,000 over the year.



3.3.5 Compliments and thanks

Through the further development and embedding of the 'Your Experience' digital platform and the electronic survey and Friends and Family Test (FFT) text messaging system, throughout 2023/23 we have received almost 28,000 responses from people who have accessed our services.

Staff attitude continues to be our highest reportable positive theme with over 12,000 people linking their positive experience with our workforce. Other positive themes include:

- Implementation of care
- Environment
- Communication
- Clinical Treatment

Compliments and feedback from people who use our services and their families and carers form part of our organisational wide learning and is utilised to evaluate what is working well as well as opportunities for quality improvement.

Compliments and experience data is regularly shared and celebrated across the Trust.

3.3.6 Complaints

The Trust received a total of 80 complaints. 42 of those related to health complaints and 38 for social care, including access and intermediate care.

The Top five themes of those complaints related to:

- Unhappy with assessment and level of support
- Attitude of staff
- All aspects of clinical treatment
- Communication/information to patients
- Delay in assessment or response

Following on from investigation 35 complaints were not upheld, 21 were upheld and 16 were partially upheld. 8 complaints remain open. Where complaints were either upheld or partially upheld, services were required to identify learning and improvements and action plans were tracked through Clinical Risk management Group

3.4 Ground breaking innovation and research

3.4.1 Approach to quality improvement, research and innovation

At WCHC, we recognise the pivotal role that QI, research and innovation plays in driving forward improvements in the care we deliver to the populations we service. This is why it features as a golden thread weaving throughout both our 5-year organisational and quality strategies and is now embedded in our corporate governance structures via our Research, Innovation and Digital Oversight Group (RIDOG).

Throughout 22/23, we have had a strong focus on enabling a thriving environment for continuous improvement. As a result, we have continued to build our QI capacity and capability across our organisation, expanded our research activity and capacity and supported people to become involved in ground-breaking innovation, including via the national Clinical Entrepreneurial Programme.

The following sections will describe these areas in more detail

3.4.2 Quality Improvement training

During 2022 / 2023, we continued to strengthen our Quality Improvement (QI) infrastructure by increasing the number of Quality Champions we have across services and building on the support that the Quality Improvement Practitioners have provided to services.

Our QI training strategy supported 15 people to develop quality improvement skills at an expert level and 21 Quality Champions are undertaking bitesize quality improvement training sessions, achieving our aim of 20% of eligible staff by the end of Q4 22/23. Both expert and champion training has been provided by NHS-E and is

based on their QSIR programme (Quality Service Improvement and Redesign). The QSIR curriculum comprises of modules including leading improvement, measurement for improvement, engaging and understanding others and sustainability in improvement. Our Quality Improvement Practitioners have supported with larger scale quality improvements across the Trust and quality champions with smaller scale service level quality improvements.

Our vision is to continue to increase the number of Quality Champions we have across all services both clinical and corporate so that quality improvement skills and confidence is embedded into team practise and culture. WCHC have been the host site for a Cheshire and Mersey quality improvement and leadership development pilot along with St. Helens CCG and East Cheshire NHS Trust. The course, driven by the needs of staff across the region, aimed to develop QI knowledge and leadership skills to enable place-based QI initiatives to be effectively implemented.

This culminated in a world café event in June 2022 where participants showcased their quality improvements using poster presentations. QI content is now embedded into our management essentials programme and staff onboarding. QI and innovation are an integral part of staff development, and this is also reflected in our updated appraisal documentation.

In keeping with a focus on embedding quality improvement and promoting and encouraging innovation, research and co-production of services, this faculty has continued to meet on a bimonthly basis over 22/23. Its purpose is to ensure that there are systems and process in place to effectively capture the insights and needs of our people, promoting accessibility and inclusivity and alongside “what matters to me” and co-production as a core feature of our culture of continuous quality improvement and innovation. The group will systematically review QI, innovation and engagement activity, sharing and celebrating best practise and using this as a springboard for further improvements.

3.4.3 Development and establishment of Innovation Hub

The Trust are collaborating with colleagues at Wirral Metropolitan College to renovate and codesign an innovation hub. Our vision is to create a space for innovation, improvement, creativity and engagement that can be accessed by our staff, Wirral Met students and our community. The space will be utilised by both organisations both independently and in collaboration with one another to enhance opportunities for cross organisational learning and co-production. This will continue into 23/24 and an impact report produced detailing outcomes across several domains including staff engagement and community involvement.

3.4.4 Beyond boundaries campaign

The Trust has continued with a series of vlogs from colleagues who are keen to share their story about the innovations and developments that are taking place within their service. The series is called 'Beyond Boundaries' and showcases the innovative thinking and how people have overcome obstacles to provide great patient care, helping our communities to live well.

An example of a Beyond Boundaries Blog:

Katrina Dyce, 3rd year student, University of Chester

Katrina led and implemented a quality improvement whilst on a placement with the Community Cardiology Team March 2023.

"I am incredibly proud to be part of the Beyond Boundaries series and I would like to encourage staff and students alike to become more involved in quality improvement and creating improved patient outcomes. The quality improvement that I led stemmed from a corridor conversation. The conversation was focussed on how we can engage with patients and improve their attendance ahead of their appointments. We came up with an idea of creating a video that we could send to patients ahead of their appointments, that could help them become more familiar with their surroundings and

maybe this could decrease anxiety through travelling to new and unfamiliar locations. I had incredible support during their entire process... I would not have been able to achieve this without the support from the entire team... This was new to me as a student nurse and as I progress into being qualified, I have gained incredible skills that I can utilise going forward."

3.4.5 Delivery of twice-yearly celebration and innovation events, celebrating success

The Trust have held 2 Celebration and Sharing events over 22/23. Both events have been coproduced with our NHS cadets who were part of the planning and attended the event alongside our services. July 2022 saw the launch of the first event where staff from across health, social care and corporate services came together to showcase their quality improvements. This was a great success and staff felt proud to showcase their achievements whilst having an opportunity to network with one another. Our second event was equally if not more successful and was held in March 2023. This again saw services come together to share and celebrate their improvements but with a focus on more community involvement as the restrictions imposed by the pandemic had been lifted. Pupils from local secondary schools were invited to come to talk to services and NHS cadets. Our vision is to inspire our future workforce and we will continue to have regular events, each one improving based on feedback from the last.

3.5 Service developments

3.5.1 Home First

In September 2022, WCHC established a Home First team providing therapy and personal care for people needing support to go home from a ward, potentially for an assessment of their long term care needs. This reduces delays in discharges, reduces deconditioning and gives a more accurate picture of someone's needs.

The Home First pilot has been a great success. Length of stay in the Community Intermediate Care Centre has reduced significantly due to supporting people home earlier. The team have seen many examples of previously assessed care needs being

appropriately and significantly reduced when someone's ability is understood in their own home environment once they've had a period of support and stabilisation.

Collecting patient stories has shown how much people value having this support at home. One email we received said "My wife's improvement has been astonishing. I cannot praise the Service enough. ...look forward to further visits and continual improvement. Thank you so much for offering the service." This has led to the Wirral Health and care system leaders agreeing to implement Home First as a standard approach for everyone going home from hospital who needs support and, potentially, an assessment of long term need at home. We expect this to have a positive impact on freeing up hospital and intermediate care beds for people who most need them whilst best supporting people's longer term independence and quality of life.

3.5.2 Waiting list management

As a Trust, our vision is to be a population-health focused organisation specialising in supporting people to live independent and healthy lives.

Like most other NHS Organisations, we are experiencing pressures across all our services and unfortunately people were experiencing longer than usual waiting times for some of our services. We are making great strides in managing waiting lists, through capacity and demand modelling, use of digital systems as well as development of patient resources and we have seen improvements across all areas in reducing waiting time. However, there is still further work to be done to understand the health inequalities across our communities and work towards our strategic intention of becoming a population health focused organisation. We recognise health inequalities lead to people experiencing systematic, unfair, and avoidable differences in their health, the care they receive and their opportunities to lead healthy lives.

An internal weighting tool has been developed which is aligned to the National Core 20 Plus 5 model as well as the Patient Safety Incident Response Framework (PSIRF).

This tool will be implemented during 2023/24 to support clinical decisions through a risk stratification and a prioritisation process, helping services to ensure those with the greatest health inequalities can be seen sooner.

To support with the data collection, clinical systems teams have developed a digital questionnaire within patient records which will be utilised to obtain further demographics and inequalities. We recognise this won't be a one size fits all and digital exclusion will be continuously considered.

3.6 Risk Assessment and Single Oversight Frameworks

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

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

	22/23	21/22	20/21	19/20	18/19
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	81%	81%	100%	100%	100%

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

	22/23	21/22	20/21	19/20	18/19
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge:	97.6%	99%	99.9%	99.65%	99.77%

3.7 NHS Staff survey - Summary of performance

The NHS staff survey is conducted annually across the whole of the NHS. Since 2021/22 the survey questions align to the seven elements of the NHS 'People Promise' and continue to include the engagement and morale elements which give good insight into overall staff experience. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2022/23 survey among trust staff was 47 % (2021/22: 54 %).

2022/23

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

Indicators People Promise' elements and themes	2022/23		
	Trust score	Benchmarking group score	NHS
People Promise			
We are compassionate and inclusive	7.6	7.6	7.2
We are recognised	6.1	6.4	5.8
We each have a voice that counts	7.0	7.1	6.7
We are safe and healthy	6.1	6.3	5.9
We are always learning	5.6	5.9	5.4
We work flexibly	6.3	6.7	6.1

We are a team	7.1	7.1	6.7
Staff engagement	7.0	7.2	6.8
Morale	5.7	6.1	5.7

The Trust scores when compared to the comparison group were average for compassionate and inclusive and teamwork and below average for the rest of the themes. Compared to last year there has been an improvement in 6 of the 9 themes and 3 which remained the same as the previous year.

Compared to the NHS our scores were above average for all indicators with the exception of morale where the score was the same as the NHS average.

A Trust-wide Action Plan is being developed along with local action plans at locality level designed to address overarching themes as well as local issues. A review of the Trust's approach to engagement is underway.

4 Part 4: Planning ahead for 2023 / 2024

4.1 Quality Strategy

Quality remains at the heart of our organisation, and we continue to strive every day to create more equitable outcomes for the people we serve as we move into the second year of our five-year Quality Strategy.



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

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

Our three Quality Ambitions are:

- 1** Safe care and support every time - continuously nurturing a positive safety culture across the system, promoting safety, wellbeing and psychological safety.
- 2** People and communities leading care - ensuring we hear from all voices, involving people as active partners in their wellbeing and safety, and promoting independence and choice through collaboration and co-design.
- 3** Ground-breaking innovation and research - nurturing an improvement culture and achieving systemic scale and sustainability of developments and innovations.

We will ensure:

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

4.2 Inclusion and Health Inequalities Strategy

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



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

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

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

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

- 1** Ensuring our approach meets the needs of individuals, ensuring equitable access to care and employment for all
- 2** Ensuring that everyone's experience of the Trust and its services is positive, inclusive and reflects our values of **Compassion, Open and Trust**
- 3** Reducing inequalities in outcomes for people with protected characteristics and those who live in our most disadvantaged areas

We will:

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

4.3 Priorities for 2023 / 2024

Key delivery priorities for 2023 / 2024 driven by our Five-year strategies are:

Safe care and support every time	People and Communities Guiding Care	Ground-breaking Innovation and research
We understand and act on our highest areas of clinical risk and take a preventative approach to minimising harm by supporting people to keep active and independent	We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice.	We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test, and transform at scale
90% of eligible staff trained in National Patient Safety curriculum per annum	35% of eligible staff trained in Tier 2 Oliver McGowen Mandatory Training	40% of eligible staff trained in Quality Improvement curriculum
Meet timelines for PSIRF implementation	A minimum of 4 care pathways will be co-designed with people and community partners	Increase research capability and capacity
90% of clinical staff receiving supervision	Engagement groups will be representative of the local population	Delivery of twice-yearly celebration and innovation events, celebrating success

Mortality Report: Learning from Deaths Framework Quarter 4: 01 January 2023 – 31 March 2023			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	22
Lead Director	Nick Cross, Medical Director		
Author(s)	Nick Cross, Medical Director		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this paper is to seek approval from the Board of Directors in relation to the implementation of the Learning from Deaths framework and subsequent publication on the Trust website.			
Executive Summary			
<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 Q4 2022/23, along with a summary of thematic learning identified during investigation into these cases.</p> <p>All deaths reported to the Trust in Q4 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.</p> <p>The report has been shared with the Quality and Safety Committee with a recommendation for the Board to approve publication.</p>			
Risks and opportunities:			
Not applicable.			



<p>Quality/inclusion considerations:</p> <p>Quality & Equality Impact Assessment completed and attached: No.</p>					
<p>Financial/resource implications: None</p>					
<p>The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:</p> <ul style="list-style-type: none"> • Populations – We will support our populations to thrive by optimising wellbeing and independence • People – We will support our people to create a place they are proud and excited to work • Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places <p>Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.</p> <table border="1"> <tr> <td>Populations - Safe care and support every time</td> <td>Populations - People and communities guiding care</td> <td>Place - Improve the health of our population and actively contribute to tackle health inequalities</td> </tr> </table>			Populations - Safe care and support every time	Populations - People and communities guiding care	Place - Improve the health of our population and actively contribute to tackle health inequalities
Populations - Safe care and support every time	Populations - People and communities guiding care	Place - Improve the health of our population and actively contribute to tackle health inequalities			
<p>The Trust Social Value Intentions</p> <p>Does this report align with the Trust social value intentions? Yes.</p> <p>If Yes, please select all of the social value themes that apply:</p> <p>Community engagement and support <input checked="" type="checkbox"/></p> <p>Purchasing and investing locally for social benefit <input type="checkbox"/></p> <p>Representative workforce and access to quality work <input type="checkbox"/></p> <p>Increasing wellbeing and health equity <input checked="" type="checkbox"/></p> <p>Reducing environmental impact <input checked="" type="checkbox"/></p>					
<p>Board of Directors is asked to consider the following action</p>					
<p>To be assured by the report and approve appendix 1 to be published on the public facing website</p>					
<p>Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)</p>					
Submitted to	Date	Brief summary of outcome			

Quality & Safety Committee	03.05.2023	The committee was assured by the update provided and approved a recommendation to the Board of Directors to approve for publication.
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Mortality Report: Learning from Deaths Quarter 4: 01 January 2023 – 31 March 2023

Purpose

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

Executive Summary

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

WCHC Learning from deaths governance framework

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

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

Bereaved Families

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

Q4 2022/23 WCHC Reported deaths (Datix incident reporting)

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

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

Summary of Thematic Learning

25. Each unexpected death reported during Q4 has been analysed and investigated appropriately, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.
26. Of the total deaths reported in Q4, after investigation, none of these were within scope of this report as none of the deaths had been caused by gaps or omissions in the provision of NHS care. There were no learning themes identified for the Trust.
27. Given the Trust's significant reach in the provision of Children and Young People services across Cheshire and Mersey ICB, the membership of the Mortality Review Group has expanded to include the Trust's Child Death Overview Panel (CDOP) representative. This will enable to group to have visibility of any thematic learning across the whole of Cheshire and Mersey and thereby create opportunities to embed this into Trust services, where this is appropriate.

Recommendations

28. 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.
29. 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

25 April 2023

Appendix 1

Learning from Deaths Q4 22/23 Report

The following data represents the high-level reporting of deaths which occurred within our services over the period of Quarter 4 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 2 deaths reported to the Trust and all have been reviewed in accordance with Trust policy. On this occasion, none of the deaths were within scope of this report during this period. This is because the deaths were not associated with any care delivered or harm caused by services provided by the Trust. Duty of Candour was not applicable to any of these cases.

There was one child death reported during this quarter, which followed the appropriate investigation processes and there was no learning specific to the Trust.

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

25 April 2023

Antimicrobial Strategy 2023 2027			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	23
Lead Director	Nick Cross, Medical Director		
Author(s)	Lead Pharmacist		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
To approve the Trust's Draft Antimicrobial Strategy 2023 2027			
Executive Summary			
<p>This is the third version of the Trust's Antimicrobial Strategy and has already passed through Quality and Safety Committee. The strategy aims to:</p> <ul style="list-style-type: none"> • Ensure infection prevention and control is a core element of patient safety and governance that is embedded throughout the organisation • Optimise prescribing practice, to ensure choice of antibiotics is evidence based • Develop the knowledge and skills of staff through education and training on appropriate use of antibiotics and antimicrobial stewardship • Engage/inform patients and public about appropriate antimicrobial use 			
Risks and opportunities:			
<p>There are no current risks on the register in relation to antimicrobial stewardship, however NHS England estimated in 2022 that the global burden of bacterial antimicrobial resistance (AMR) has already been estimated at almost 5 million deaths associated with and 1.27 million deaths directly attributed to AMR each year, putting the magnitude of the problem globally at a level at least as large as major diseases such as HIV and malaria or even greater</p>			
Quality/inclusion considerations:			
Quality & Equality Impact Assessment completed and attached Yes.			



If you have selected no for the above please include rationale.

Please include details of the current situation and how the proposal contained within the report will positively or negatively impact on the quality and equality for people who use our services and staff.

No more than 50 words.

Financial/resource implications:

There are no financial implications

The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

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

Populations - Safe care and support every time	Place - Improve the health of our population and actively contribute to tackle health inequalities	People - Grow, develop and realise employee potential
--	--	---

The Trust Social Value Intentions

Does this report align with the Trust social value intentions? Yes.

If Yes, please select all of the social value themes that apply:

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

Board of Directors is asked to consider the following action

To approve the strategy



Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome
Medicines Governance Group	February 2023	Approved for onward submission to Quality and Governance
Quality and Governance Committee	03.05.2023	Approved for onward reporting to Board





Antimicrobial
Strategy | **2023/27**

Version	3
Ratified by	Quality and Safety Committee
Date ratified	xxxx
Review date	2027
Name of author	Lead Pharmacist
Name of responsible group	Medicines Governance Group
Name of responsible director	Medical Director
Target audience	All employees

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Review and Amendment Log

Version number	Type of change	Date	Description of change
1	New	April 2015	New strategy for the Trust
2	Revised	January 2020	To incorporate updated national guidance
3	Revised	May 2023	To include the Trust's updated common purpose and values

Foreword

The global burden of bacterial antimicrobial resistance (AMR) has already been estimated at almost 5 million deaths associated with and 1.27 million deaths directly attributed to AMR each year, putting the magnitude of the problem globally at a level at least as large as major diseases such as HIV and malaria or even greater (NHS England 2022)

Inappropriate use of antibiotics impacts on the NHS today. Infections caused by antibiotic resistant pathogens are associated with repeat primary care consultations, more hospital admissions and longer length stays and increased mortality.

It has never been more important to do everything to in our power to work cooperatively with partner healthcare providers within Cheshire and Merseyside ICB and Wirral Place to minimise the development of AMR.

The purpose of this strategy is to promote effective infection prevention and control and the prudent use of antibiotics in cooperation with ICB partners and in so doing, to help reduce the rate of resistant bacteria developing which will help keep antibiotics effective for future generations.

Karen Howell

Chief Executive OBE

1. Strategic Principles for Antimicrobial Stewardship

Wirral Community Health and Care NHS Foundation Trust (WCHC) is committed to delivering high quality, safe patient care, free from harm.

The aims of the strategy are to:

- Reduce the need for exposure to antibiotics
- Optimise the use of antibiotics
- Raise public awareness to encourage self-care and reduce expectations of receiving antibiotics
- Work in collaboration with other healthcare partners throughout Cheshire and Merseyside ICB and Wirral Place

The strategy is outlined via 4 principles:

Principle 1

We will ensure infection prevention and control is a core element of patient safety and governance that is embedded throughout the organisation

Principle 2

We will optimise prescribing practice, to ensure choice of antibiotics is evidence based.

Principle 3

We will develop the knowledge and skills of staff through education and training on appropriate use of antibiotics and antimicrobial stewardship

Principle 4

We will engage/inform patients and public to promote appropriate antimicrobial use

2. Introduction

Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status.

Resistant organisms respect no borders, neither geographical nor ecological: the organisms and their resistance genes can easily spread through movements of people, animals, food or water; and certain resistance genes can transfer from one species into another. This means that containing and controlling AMR requires coordinated action across all stakeholders.

This strategy sets out the Trust's plans to address the issues surrounding AMR within Trust services and the communities we serve.

It has been developed in line with the government’s five-year national action plan 2019-2024 and in co-operation with Wirral-Place partners, building on the Trust’s Antimicrobial Strategy 2020-2022.

Adherence to the strategy will support the Trust by providing evidence of compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (CQC) Regulations 12 & 15, ensuring the Trust has local clinical guidelines, procedures and audit programmes to ensure a strong focus on infection prevention and control and prudent antimicrobial prescribing.

3. Common Purpose, Vision and Objectives

This Antimicrobial Strategy is aligned with the Trust’s common purpose, vision and objectives described below:

Our Common Purpose: Together we will support you and your community to live well

Compassion- Supportive and caring, listening to others

Open- Communicating openly and sharing ideas

Trust- Trusted to deliver feeling valued and safe

Strategic Objectives and Goals

Our Vision *To be a population-health focused organisation specialising in supporting people to live independent and healthy lives.*

Our Objectives	Populations	People	Place
	<p>We will: Support our populations to thrive by optimising wellbeing and independence.</p>	<p>We will: Support our people to create a place where they are proud and excited to work.</p>	<p>We will: Deliver sustainable health and care services within our communities enabling the creation of healthy places.</p>
Our Goals	<ul style="list-style-type: none"> • Safe care and support every time • People and communities guiding care • Groundbreaking innovation and research 	<ul style="list-style-type: none"> • Improve the wellbeing of our employees • Better employee experience to attract and retain talent • Grow, develop and realise employee potential 	<ul style="list-style-type: none"> • Improve the health of our populations and actively contribute to tackle health inequalities • Increase our social value offer as an Anchor Institution • Make most efficient use of resources to ensure value for money

4. Roles and Responsibilities

Trust Board

The Board of Directors has overall responsibility for ensuring that the Trust delivers high quality services that are efficient and effective. The Board is made up of the Chairman, Chief Executive, Executive Directors (including the Chief Nurse and the Medical Director) and Non-Executive Directors. The Board demonstrates a commitment to reducing the threat of antimicrobial resistance by endorsement of this strategy.

Chief Executive

The Chief Executive is accountable for the quality and compliance with safe and effective systems for all aspects of infection, prevention and control and medicines optimisation (including antimicrobial prescribing) within the Trust.

Chief Nurse and Director of Infection Prevention and Control

The Chief Nurse is the Director of Infection Prevention and Control, who is supported by the Deputy Chief Nurse, the designated Operational Director for Infection Prevention and Control.

Medical Director

The Medical Director is the nominated director with overall responsibility for medical leadership and for ensuring that the Trust has robust processes for medicines optimisation including antimicrobial prescribing.

Quality and Safety Committee

The Quality and Safety Committee oversees, with delegated responsibility from the Board, all aspects of quality governance. The Medicines Governance Group reports into this committee.

Medicines Governance Group

The Medicines Governance Group monitors antimicrobial prescribing and promotes adherence to local guidelines. In addition, the group oversees the development and implementation of procedures and systems for robust and comprehensive medicines management. The group is responsible for development of this strategy.

Lead Pharmacist

The Lead Pharmacist is responsible for promoting safe prescribing and good antimicrobial stewardship is practiced throughout the Trust.

Infection Prevention and Control Group

The Infection Prevention and Control Group ensures that the Trust has appropriate systems in place to enable it to meet its statutory requirements in respect of infection, prevention and control. The group is responsible for supporting the development and monitoring of the infection prevention and control objectives of this strategy.

Head of Infection Prevention and Control

The Head of Infection Prevention and Control is responsible for providing assurance that the Trust is compliant with the statutory guidance for the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Department of Health, 2022) and Care Quality Commission regulations relevant to IPC including regulation 12 and regulation 15.

Service Director

The service director is responsible for ensuring that service leads have appropriate systems in place to enable safe and appropriate prescribing and effective infection prevention and control practice.

Service Lead

The service lead is responsible for ensuring that all relevant staff are conversant with this strategy and are appropriately trained and qualified to fulfil their specific duties.

Individual Employees

Individual employees are responsible for ensuring that evidence-based prescribing and infection prevention and control is incorporated into routine practice.

5. National Strategy

The government's five-year national action plan, "Tackling antimicrobial resistance 2019-2024" focuses on three key ways to tackle AMR

- Reducing need for, and unintentional exposure to antimicrobials
- Optimising use of antimicrobials
- Investing in innovation, supply and access

As a community provider, the Trust is able to contribute to reducing need for and unintentional exposure to antimicrobials by effective infection, prevention and control measures. The Trust also aims to optimise the use of antibiotics by promotion of evidence based antimicrobial prescribing in line with national and local guidelines.

6. Cheshire and Merseyside ICB and Wirral Place Antimicrobial Resistance

In order to change attitudes among the general population, it is essential that Wirral Healthcare providers work together to ensure consistent messages are delivered across the population.

NICE guidance NG63, "Antimicrobial Stewardship: Changing risk related behaviours in the general population" January 2017, acknowledges that focusing on messages which affect the whole population are unlikely to change behaviours. There is therefore a national shift to promoting messages of relevance to individual people and their families.

The Trust will therefore promote national awareness campaigns endorsed by UK Health Security Agency (UKHSA) which promote relevant messages. The Trust will actively engage with ICB-wide and Wirral-wide initiatives playing an active role within the Healthy Wirral AMR group.

7. WCHC's Four Principles of Antimicrobial Stewardship

Principle 1

We will ensure infection prevention and control is a core element of patient safety and governance that is embedded throughout the organisation

To do this we will:

- Provide evidence-based policies and procedures to support effective infection prevention and control (IPC) practice

- Provide mandatory IPC e-learning for all staff to reduce the development of Health Care Associated infections (HCAIs)
- Review infection prevention control incidents and disseminate shared learning
- Engage with Wirral Place IPC partners across the health and social care economy
- Participate in national and local initiatives to improve patient safety
- Submit a quarterly IPC assurance report

To measure improvement, we will:

- Monitor the incidence of avoidable HCAIs (Healthcare-Associated Infection) i.e., MRSA, and Clostridioides difficile and provide feedback to Wirral Place HCAI Group
- Audit key IPC quality indicators including environmental standards, hand hygiene and compliance with key policies
- Implement a programme of observation in practice to quality assure and provide challenge to the Essential Steps Programme
- Undertake an annual programme of IPC environmental audit
- Participate in collaborative initiatives with partner agencies and monitor outcomes

Principle 2

We will optimise prescribing practice, to ensure choice of antibiotics is evidence based.

To do this we will:

- Follow locally agreed evidence based antimicrobial guidelines (Cheshire and Merseyside ICB endorsed guidelines) to reduce emergence of resistant bacteria
- Provide prescribing guidance and patient group directions based on best evidence and local guidelines
- Promote the use of NHS endorsed resources such as NICE antimicrobial prescribing guidelines visual summaries
- Promote the use of delayed prescriptions where clinically appropriate
- Support peer review of prescribing practice
- Utilise SystmOne to develop auto-consultations for common infections that pre-populate with recommended antibiotics and course lengths

To measure improvement, we will:

- Adopt a programme of audit to inform prudent antimicrobial stewardship and quality improvement
- Analyse quarterly, Trust antibiotics prescribing data to challenge non-formulary choices
- Utilise SystemOne to audit prescribing of antibiotics associated with a high risk of *Clostridioides difficile* infection within Urgent Care Services every two months
- Seek to compare prescribing rates (where and when available) of antibiotics associated with high risk of *Clostridioides difficile* against national benchmarks
- Undertake Post Infection Reviews of organisms reported by the national mandatory surveillance programme i.e. MRSA and *Clostridioides difficile*
- Attend and participate in Wirral Place HCAI meetings and Quality Improvement meetings such as UTI improvement

Principle 3

We will develop the knowledge and skills of staff through education and training on appropriate use of antibiotics and antimicrobial stewardship

To do this we will:

- Signpost staff to Cheshire and Merseyside ICB endorsed antimicrobial guidelines and NICE guidelines
- Provide mandatory antimicrobial stewardship e-learning for all staff who prescribe, administer, supply or advise on antibiotics as part of their job role
- Encourage and champion staff to become Antibiotic Guardians
- Require practitioners to engage with the Royal College of General Practitioners' resource "TARGET" (Treat Antibiotics Responsibly Guidance Education Tools)
- Disseminate good practice guidance via the Medicines Management Bulletin

To measure improvement we will:

- Monitor and maintain the update of mandatory training via ESR to levels of 90% or above
- Monitor the number of relevant V300 non-medical prescribers who have signed up to be Antibiotic Guardians via their annual "Approval to Practice" documentation to levels of 90% or above

Principle 4

We will engage/inform patients and public about appropriate antimicrobial use

To do this we will:

- Routinely provide TARGET, “treating your infection leaflets” (available in different languages) where no or delayed antibiotic prescriptions would be beneficial
- Provide safety netting information to inform patients and carers when they need to seek urgent medical attention
- Encourage practitioners to support patients to adhere to the administration of antibiotics as prescribed, in line with local guidelines
- Participate in national awareness campaigns to promote key messages using a range of media
- Encourage patients and public to become Antibiotic Guardians

To measure improvement we will:

- Audit the number of consultations where TARGET patient information leaflets are issued

8. Quality and Equality Impact Assessment

During the development of this strategy the Trust has considered the needs of each protected characteristic as outlined in the Equality Act (2010) with the aim of minimising and if possible remove any disproportionate impact on patients for each of the protected characteristics, age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation and patients within vulnerable groups. A stage 1 Quality and Equality Impact Assessment has been completed and forwarded to the Head of Inclusion and Inequalities. No negative impacts have been identified. If staff become aware of any clinical evidence of exclusion that impact on the delivery of care, a trust incident form would need to be completed and an appropriate action plan put in place.

9. Safeguarding

In any situation where staff may consider a patient to be a vulnerable adult or child or the feedback relates to a safeguarding issue, staff need to follow the trust safeguarding policies and discuss the situation with their line manager and document outcomes. The Chief Nurse must also be informed.

10. Cross References with Key Trust Documents

To effect improvement the Antimicrobial Strategy cannot work in isolation. The Trust has developed a range of strategies to outline its strategic objectives and vision for the future, these include:

- Medicines Optimisation Strategy
- Quality Strategy
- Five Year Organisational Strategy

In addition, this strategy is in line with the Trust's Operational Policy for Infection Prevention and Control

This list of documents is not exhaustive; documents should be accessed via the Trust's Staff Zone to ensure they are the most up-to-date version.

11. Conclusion

There are few public health issues of greater importance than antimicrobial resistance in terms of impact on society. This is a global problem and requires global, national and local action.

This strategy outlines the Trust's commitment to promote good antimicrobial stewardship and infection prevention and control practice and therefore contributing to limiting the risk of AMR and minimising its impact for health now and in the future.

12. References

- Department of Health (2022) The health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance
- NHS England (2022) National infection prevention and control manual for England v2.3
- HM Government (2019) Tackling antimicrobial resistance 2019–2024 UK's 5 year national action plan
- HM Government (2019) The UK's 20 year vision for antimicrobial resistance
- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
- NICE guidance NG63 (2017) Antimicrobial stewardship: changing risk related behaviours in the general population

- NICE clinical guidance CG139 (updated 2017) Healthcare- associated infections: Prevention and control in primary and community care
- TARGET antimicrobial toolkit available at <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/target-antibiotic-toolkit.aspx>

13. Consultation

Chief Nurse and Director of Infection Prevention and Control	Medical Director	Board of Directors
Infection Prevention and Control Group	Medicines Governance Group	Quality and Safety Committee
Wirral AMR Strategy Group	Medicines Management Team	

draft

Stage 1 Quality and Equality Impact Assessment (QEIA) template

Initiative/Project/Change Title	Antimicrobial Strategy 2023 2027				
Department/service	Medicines Management	Lead Name & Job Title		Lisa Knight, Lead Pharmacist	
Rationale for completion	A new strategy or policy	Change to an existing strategy or policy	Change to a service or function	A new service or function	Other
Initiative/Project/Change Description <i>Describe current status followed by any changes that stakeholders would experience.</i>	This strategy is an update of an existing strategy. There are no significant changes that would affect patient care. The strategy aims to reduce the need for antibiotics and support appropriate use of antibiotics when they are required. There is therefore no anticipated negative impact across the domains.				
Who is likely to be impacted?	Patients/service users/carers	Workforce	Organisation	Partners	Other

Quality Impact

This looks at the project as a whole and asks how it will impact patients/service users, staff and the organisations involved and how any identified risks or negative impacts could be mitigated.

If the risk score is greater than 10 in any area, this will require a more detailed impact assessment to be carried out and shared for Executive approval [Standard Operating Procedure - template \(wirralct.nhs.uk\)](http://wirralct.nhs.uk)

	Positive/ Neutral/Negative impact	Negative Risk Score (L x C)	Mitigations for impacts

Patient/Staff Safety – will the scheme have a positive/negative or neutral effect on the aim to treat and care for people in a safe environment and protect them from avoidable harm?	Positive effect		
Clinical Effectiveness – will the scheme have a positive/negative or neutral effect on the aim to apply knowledge that is based on research, clinical experience and patient preferences, to achieve optimum processes and outcomes of care for patients/service users?	Positive effect		
Patient/Staff/Organisation Experience – will the scheme have a positive/negative or neutral effect on patients’ experience of care, based on all interactions, before, during and after delivery of the care? How will it affect staff experience and the portrayal of the organisation as a whole?	Positive effect		

Equality Impact - Who may be affected by this activity?

	Positive/Negative/ Neutral impact description	Negative risk score (L x C)	Mitigations
Protected characteristics (Equality Act 2010)			
<ul style="list-style-type: none"> • Age • Disability • Race • Gender reassignment • Marriage & civil partnership • Pregnancy & maternity • Religion & beliefs (including no belief) 	Positive effect Good antimicrobial stewardship is of benefit to all individuals including those individuals within protected characteristics		

<ul style="list-style-type: none"> • Sex • Sexual orientation 			
<p>In addition, consider the following vulnerable groups:</p>			
<ul style="list-style-type: none"> • Armed forces/veterans/reservists • Carers • Digital exclusion • Domestic abuse • Education (literacy) • Gypsy Roma Travellers • Homeless • Looked after children • Rural/urban areas • Socioeconomic disadvantage • People with addiction or substance misuse problems • People on probation • Prison population • Undocumented migrant, refugees, asylum seekers • Sex workers • Neurodiversity • Other (please describe) 	<p>Positive effect Good antimicrobial stewardship is of benefit to all individuals including those individuals within vulnerable groups</p>		

If the risk score is greater than 10 in any area, this will require a more detailed impact assessment to be carried out and shared for Executive approval [Standard Operating Procedure - template \(wirralct.nhs.uk\)](http://wirralct.nhs.uk)

Approval activity

Approval Group Name	Medicines Governance Group		
Group Chair	Lead pharmacist	Date	
		02.03.2023	
Decision/outcome	Approved		
	Not Approved		
	Full QEIA required		

On-going monitoring

Where will the project/initiative be tracked?	The strategy will be tracked in line with the expiry date
Project Lead	Lead Pharmacist

Please ensure the QIA/EA is added to the SAFE quality tracker

EPRR Annual Report 2022/2023			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	24
Lead Director	Mark Greatrex, Deputy Chief Executive & Chief Finance Officer		
Author(s)	Mick Blease LSMS/EPRR Lead		
Action required (please select the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
<ul style="list-style-type: none"> The purpose of this paper is to assure Board through the EPRR annual report, provide assurance to the Quality and Safety Committee on the trust's state of readiness to respond to threats and hazards and major disruptive events that may impact on the delivery of its services 			
Executive Summary			
<p>The attached EPRR report identifies work undertaken to ensure that the Trust is compliant with statutory requirements placed upon it as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004.</p> <p>To comply with the national requirements the Trust is required by the Local Health Resilience Partnership (LHRP)</p> <ul style="list-style-type: none"> Complete a self-assessment against 55 EPRR standards that are applicable to community providers This has been completed with 51 of the 55 standards are assessed as fully compliant. The remaining four have been marked as partially compliant providing an overall assessment of "Substantially Compliant" <p>That a statement of assurance has been completed. The trust was self-assessed as Substantial compliance. This has since been subjected to a peer review where the original self-assessment was maintained</p>			
Risks and opportunities:			



The report identifies work and opportunities to continue to ensure that plans and processes are in place to enable the Trust to continue to deliver the services it is commissioned to do so during periods of disruption. .

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

The paper is submitted for assurances purposes. Supporting policy documents include Equality assessments. The paper does not make any reference to changes in process and does not therefore require a “Quality Impact assessment.

Financial/resource implications:

There are no additional financial or resource implications associated with this report.

The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

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

People - Improve the wellbeing of our employees	Populations - Safe care and support every time	Place - Improve the health of our population and actively contribute to tackle health inequalities
---	--	--

The Trust Social Value Intentions

Does this report align with the Trust social value intentions? Not applicable

If Yes, please select all of the social value themes that apply:

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

Board of Directors is asked to consider the following action

To be assured by the Annual EPRR for the year 2022 in that the Trust has plans and processes in place in order to react to incidents to ensure services, that the Trust is commissioned to deliver, continue.

Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	03 rd May 2023	Board assured. A request that updates on actions from Core Standards Self-Assessment are included in Annual Report Prior to Board.



Annual Emergency Preparedness, Resilience and Response (EPRR) Report for 2022/23

Introduction

This is the Annual Report relating to Emergency Preparedness, resilience and Response (EPRR) for the year 2022/23 for Wirral Community Health and Care NHS Foundation Trust. (WCHC)

The report identifies the work undertaken to ensure that Wirral Community Health & Care NHS Foundation Trust is compliant with the statutory requirements placed upon it by:

- The Civil Contingencies Act (CCA) 2004
- Terms and conditions of the NHS Standard Contract for Emergency Planning
- NHS England core standards for Emergency Preparedness Resilience and Response (EPRR)

The purpose of the annual report is to provide an overview of:

- The Trust's state of readiness to respond to the challenges, threats, hazards and major disruptive events that may impact on the delivery of its services or require a wider community response.
- Describe our response to recent incidents
- Outline the work that has been undertaken in the last 12 months

The report is sectioned as follows:

1. Planning
2. Training and Exercising
3. Response
4. Partnership Working
5. Assurance
6. Priorities for 2023/24

1.0 Planning

1.1 Accountable Emergency Officer /Emergency Preparedness Officer

Under the EPRR framework, the Trust is required to be represented at the Local Health Resilience Partnership (LHRP) for Cheshire and Merseyside by the Accountable Emergency Officer (AEO).

The role of AEO is held by Mark Greatrex the Chief Financial Officer/Deputy Chief Executive.

Mick Blease is the Trust Emergency Preparedness Officer and represents the Trust at the regional LHRP practitioner meetings. The Trust has been compliant with attendance at both the Strategic and Practitioner meetings throughout 2022/23.

1.2 Major Incident Plan

In line with the requirements of the Civil Contingencies Act 2004, the EPRR framework and Standard NHS contract, as a Category 1 Responder, the Trust must have emergency plans that make explicit how the organisation will respond in the event of an emergency or major incident.

The Major Incident Plan has been subject to a regular annual review with the following changes made:

- Reference to CCG removed and replaced with ICB
- Reference to Public Health England (PHE) removed and replaced with United Kingdom Health Security Agency (UKHSA)
- Telephone numbers for the Incident Control Centres located at St Catherines Health Centre and Victoria Central Health Centre updated.

A further amendment to the Major Incident Plan will be required on the 1st of July 2023 when Adult Social Care transfers back to the Local Authority. From this date references to the Trust management of Rest Centres will be removed.

The plan is attached as separate document for approval as part of this EPRR annual submission. (Appendix A)

1.3 Business Continuity Planning

WCHC has a legal and contractual duty to develop robust business continuity arrangements which set out how the Trust will maintain critical functions if there is a major emergency or disruption.

Business Continuity Plans are in place at service level to provide a consistent methodology and format across the Trust, a Business Continuity Policy aligned to ISO22301 (International standard for Business Continuity Management) has been developed.

Business Continuity plans have been subject to an annual review during the current year. Business continuity plans were subject of an annual Audit in July 2022. A further review of these plans was necessary following the ballot conducted by the Royal College of Nursing in November 2022, the result of which provided a mandate to take strike action with regards to pay and conditions.

Business Continuity plans have been utilised on several occasions during 2022/23. The industrial action that has been taking pace since December 2022 has warranted the use of the plans. Staffing issues in Urgent Treatment Centres and Walk In Centres has also necessitated the implementation of Business Continuity Plans.

1.4 Health Safety Security Resilience Group (HSSR)

The HSSR Group has met on a quarterly basis throughout 2022/23 with the exception of the planned January 23 meeting which had to be cancelled due to Industrial Action taking place at the time. It is chaired by the EPRR lead. The group includes representation from Trust services including Adult Social Care and Staff Side representatives.

EPRR plans travel through this group prior to implementation. The EPRR policy (GP52) was reviewed by this group in June 2022 prior to approval of the Quality and Safety Committee.

Meetings continue to be conducted via Teams which has assisted in ensuring high attendance levels.

The HSSR reports into the Quality and Safety Committee.

1.5 On Call Manager Process

WCHC operates a two-tier rota system. The Trust utilises a Tactical (Silver) level as its first level of on call. This level consists of service directors and deputy directors, which currently has 9 named individuals performing this role.

The Silver level consists of managers performing the role on a daily basis. This was introduced at the commencement of the COVID-19 pandemic and continues to be the preferred model. This system requires the transfer of the on-call phone to the individual's phone and is managed by the Centralised Booking Service who operate seven days a week.

The second level of on call is the Strategic (Gold) level referred to locally as the escalation level. This level is made up of Chief officers and Directors. Due to some absenteeism, it was necessary to include the Deputy Director of Nursing on the rota. The rota has 7 named individuals. The escalation level also operates on a day about basis.

Rotas are managed by the EPRR lead and are produced two months in advance taking cognisance of dates where managers have indicated that they would be unavailable to perform the role.

The rota is available on StaffZone and issued to WUTH switchboard as a back-up. It is also included within the "On Call" pack available to all on call managers.

The process is continually subject to review by the EPRR Lead and members of the rota.

On Call incident logs are completed on Datix, allowing for more effective management of incidents. Reporting and analysis of On Call incidents takes place at the HSSR and within On Call Manager training.

1.6 Counter Terrorism

There are five levels of threat from Terrorism:

- low - an attack is highly unlikely
- moderate - an attack is possible but not likely
- substantial - an attack is likely
- severe - an attack is highly likely
- critical - an attack is highly likely in the near future

The level is set by the Joint Terrorism Analysis Centre and the Security Service (MI5).

The current threat level in relation to international terrorism in the UK is "Substantial" an attack is likely and was last changed on the 9th February 2022. The previous rating of Severe had been in place since November 2021 following the attack outside the Liverpool Women's hospital.

Nationally, there were 166 arrests for terrorism-related activity in the year ending 31 December 2022, 19 fewer than in the previous 12-month period (a fall of 10%).

The EPRR lead maintains close links with counter terrorism policing and attends regional events including a debrief following the Liverpool Women's attack. The trust is also signed up to the periodical counter terrorism circulation UK Protect. Key messages to staff concerning preparedness and security are communicated in Staff Bulletin, StaffZone and training sessions. The Trust is also able to access the Action counters Terrorism e-learning training package.

The EPRR lead also represents the Trust in the monthly Wirral Channel Panel that collectively assesses the risk to an individual and decides whether an intervention is necessary. If a Channel intervention is required, the panel works with local partners to develop an appropriate tailored support package.

1.7 Plan Development

In December 2022 a new Industrial Action Plan was developed and implemented as part of the Trust response to the emerging and anticipated issues that industrial action would bring. This plan was utilised in January 2023 when RCN strike action directly affected the services that the Trust delivers.

As part of the lessons learnt from COVID-19 a new Pandemic plan has also been developed. The plan is an amalgamation of the previous Flu and Community Outbreak Plans.

These plans now form part of the suite of plans that the Trust has developed in order to assist in the planning, response and recovery to specific named incidents. These plans will be reviewed either following an incident or by the date indicated in the plan.

The following plans have been reviewed and updated in the past 12 months:

- Major Incident Plan
- Chemical, Biological, Radiological, Nuclear Plan
- Heatwave
- Cold Weather Plan

2.0 Training and Exercising

2.1 Training

The Trust has actively invested in the knowledge and skills of its Emergency Planning Lead and ongoing training of other key staff.

2.1.1 On Call Manager training

On call manager training has been delivered to individuals who have been recruited on to the respective on call rotas. The training has been delivered by the EPRR lead. The training is scenario based. Numerous real events are utilised in order to provide the individual with sufficient knowledge to perform the role of an "On Call" manager.

The EPRR lead maintains a close working relationship with all On Call Managers and has regular debriefs in order to continue to understand the issues that are being raised and the resolutions utilised to resolve them. This information is utilised in order to refresh the On Call training packages.

Integrated Care Boards became fully operational on the 1st of July 2022 replacing the place based Clinical Commissioning Groups. This change also created a change to the regional management of EPRR freeing up time for NHS England to provide additional training to individuals performing the role of On Call manager.

Between August 2022 and January 2023, a programme of training was delivered to all Strategic and Tactical commanders (On-Call Gold and Silver). The training was entitled "Principles of Health Command". All On Call Managers at WCHC had completed the training by November 2022. Additional training will be provided by NHS England in 2023-2024.

2.1.2 Fit Test Training

Staff performing certain functions such as “Aerosol Generated Procedures” are required to wear an FFP3 face mask to enhance the safety of themselves and the patient with regards to passing on of infections. Once a member of staff has been identified as being required to wear such a mask they should be “Fit Tested” for each mask type. The person performing the “Fit Test” should be trained in the procedure.

In order to further enhance the “Fit Testing” capability of the Trust additional training was provided in February 2022. This training focused on the individual services most reliant on the use of FFP3 masks. Additional “Fit Testing” kits were also acquired making those services fully self-sufficient in this area.

In addition to this the trust utilises a portacount device that provides a Quantitative testing method which negates the requirement for the subject to taste as a test of secure fitting.

2.2 Tests and Exercises

The trust is required to ensure response plans have been appropriately tested, conducting:

- A live exercise/Incident every 3 years
- A tabletop exercise annually
- Communications test every 6 months

Training and exercising are now returning to normal having been severely affected by the pressures of the COVID-19 Pandemic and the ability of individuals to meet during the constraints of the same including social distancing etc.

The tables below advise on the exercises and training that have taken place involving the Trust during the past three years.

Date	Type	Topic	Attendees
Internal Exercises			
21/08/2021	Live Exercise	Operation Lockdown at SCHC	All staff at SCHC . Led by LSMS.
10/08/2022	Live Exercise	Operation Lockdown at SCHC	All staff at SCHC . Led by LSMS.
12/05/2022	Trust Tabletop	Cyber Attack Exercise	Representation from across the organisation. Delivered by IT with the support of an external facilitator.
18/11/2022	Trust Tabletop	Industrial Action Exercise	Attendance by Service leads and Service Directors. The exercise focused on the imminent Industrial Action that was likely to affect numerous services across the organisation. The exercise tested services Business Continuity Plans re IA.
29/04/2022	Live Exercise	Fire Evacuation SCHC	All duty staff at SCHC.
External Exercises/Debriefs/Briefings (previous 3 Years)			
21/12/2021	Debrief	Terrorist Attack Liverpool Womens Hospital. Delivered by NHS England/Counter	EPRR Lead

		Terrorism Policing	
28/04/2022	Exercise	Heatwave Exercise/seminar focusing on Extreme Weather events. Delivered by UKHSA and Met Office	EPRR Lead
22/09/2022	Exercise	Winter Planning – Delivered by UKHSA	EPRR Lead
01/11/2022	Briefing	Energy Resilience and Potential Power Outages – ICB EPRR Lead	EPRR Lead
22/11/2022	Exercise	Operation Fuego – Fire evacuation Clatterbridge Site. – Multi Agency. Led by CWP EPRR Team	EPRR Lead
29/11/2022	Exercise	Arctic Willow Exercise – Address Trust response to simultaneous multi operational incidents including Power Outage, Industrial Action and Adverse Weather	EPRR Lead, All service Directors.
04/01/2023	Debrief	Capture Lessons learnt from 1 st wave of RCN Industrial Action ICB EPRR Lead.	EPRR Lead
16/02/2023	Exercise	Rest Centre Awareness. Delivered by Merseyside Resilience Forum.	EPRR Lead
24/02/2023	Briefing	Action Counters Terrorism awareness session.	EPRR Lead
Internal Training			
16/02/2022	Core Standard requirement	Fit Test training	12 Individuals trained in the delivery of the Qualitative fit testing method.
Various dates	E Learning	Action Counters Terrorism input.	Accessed by relevant staff (Receptions etc)
Various dates	Face to Face	On call Manager training	Delivered to new recruits of the On call Manager rotas.
External Training In past 3 Years			
25.09.2019	Table Top	Cyber Exercise	Delivered by Mersey Care
13.12.2019	Workshop	Complete Electrical Power Failure	Delivered by NHSE EPPR regional lead.
21.01.2020	Workshop	Community Outbreak	Delivered by NHSE EPPR Regional Lead.
23.06.2020 26.06.2020 30.06.2020	Workshop	Response and recovery to COVID-19	Delivered by The emergency Planning College – Virtual meeting rooms.
17/08/2020 – 07/09/2020	E-learning	COVID-19 Psychological first aid.	Delivered by Public Health England.

2.2.1 Training and Exercise programme

The trust is required to complete a live exercise within a three-year period that can test elements of the emergency planning measures in place. The occurrence of an incident that has tested the effectiveness of elements of the plans in that period may also show compliance in this area.

Listed below are the Incidents and exercises that have occurred during the past three years and evidence of compliance with this standard. These are in addition to the training/exercises that have already been documented above.

Date	Exercise/Incident	Details
27/01/2020 to Date	Major Incident	COVID-19 Please see summary below under Response 3.1.
09/07/2020	Incident	Maggot Infestation at Eastham Clinic. This appears to be an annual reoccurrence at this location where the source is being attributed to other commercial premises at the location. This event was smaller than previous incidents and Business Continuity Plans were implemented for a short period of time in order to have the affected areas treated.
18 & 19/01/23	Incident	Industrial Action by RCN staff. In addition to the planning and the development of an internal Industrial Action Plan the Trust utilised its Major Incident Plan as part of the response to the strike action. The Trust ran an Incident Control Centre throughout the strike action from its ICC room located at the VCHC site. An incident lead was established in addition to a loggist. The incident was subject of a debrief and a presentation to the Executive Leadership Team which outlined many positives of the planning and response to the incident.
01/08/22	Incident	Following a national ransomware incident, the Trust lost access to the Adastra patient management service. This had an adverse effect on the ability of the Sexual Health and WIC service to view patient records and to plan treatments. ICT service responded to the incident swiftly and developed a stand-alone system that rectified the matter until it could be fully resolved.
June, July, August 2022	Incidents	During the summer months the UK experienced three periods which were classed as Heatwaves. Excessive heat warnings were issued during these three periods. WCHC did not escape the effects of these heatwaves. The response to these incidents included the distribution of advice on how to stay cool and keep safe. Other responses included physical response such as reflective materials placed on windows were able and the purchase of cooling aids such as desk fans and portable air conditioning units.

2.2.2 Incident Control Centre (Major Incident Room)

The Trust is required to maintain appropriate incident control centre facilities to control and co-ordinate the response to an emergency. Incident Control Centres are established at St Catherine's Health Centre and a backup facility at the Albert Lodge training wing located at VCHC.

The ICC facility at Albert lodge was fully tested as part of the Trust response to the Industrial Action on the 18th and 19th of January 2023. The Major Incident Plan was updated with the new room layout and new contact phone numbers.

3.0 Response

3.1 COVID-19

The year has seen working practices return to near normal methods as we learn to live with COVID-19 as the benefits of the vaccination programme take hold.

- Social distancing has been totally removed from the workplace
- The wearing of surgical masks has also been relaxed
- The requirements relating to testing have been reduced
- Premises have also seen the removal of screens that were introduced at the height of the pandemic

The Trust is still required to produce a daily COVID-19 situation report which highlights staff sickness and Covid related absence together with any outbreaks. The only outbreaks recorded by the Trust during the year relate to the Community Integrated Care Centre (CICC) with the last recorded outbreak.

3.2 Incident – Industrial Action December 2022 to date

On the 6th of October 2022 the Royal College of Nursing (RCN) announced its intention to ballot its members on taking strike action in response to a pay and conditions dispute. Following this announcement, the Trust began to plan its response to any industrial action that may affect the services it delivers. An Industrial Action Response Plan was developed. The response also included regular dialogue with Trust RCN staff side representatives. Service level Business Continuity Plans were reviewed.

On the 10th of November the RCN announced that its members had voted to take strike action at organisations where more than 50% of its members had indicated their support to take strike action. This included WCHC. The RCN was the only body that achieved the required 50% threshold that would secure a mandate to take strike action at WCHC.

The first strike action announced by the RCN was took place on the 15th and 20th of December 2022 at 44 Trusts. WCHC was not included in this list.

Two further strike dates were announced for the 18th and 19th of January 2023. These dates did include WCHC. The Trust immediately identified a number of services that it would seek to have staff derogated and engaged with RCN strike committee to seek agreement. Derogation was subsequently agreed for a number of services including CICC, Community Nursing, and the UTC. Initial plans to seek derogation for walk-in-centres were not pursued.

The planning process and subsequent response to the industrial action is considered successful with many positive comments made by staff participating in the strike action about working together, RCN, management and others.

The risk of strike action continues. At the time of writing this report further strike action is planned between the 30th April and 2nd May 2023. It is anticipated that a further ballot will be sought by the RCN as its current mandate to take strike action ends on the 2nd May 2023.

3.3 Power Outages

The Trust was advised by ICB EPRR that there was a real risk of power outages that could affect Trust's during the winter months. This was due to increased demand and the effects of the war in Ukraine.

In response services reviewed Business Continuity Plans focusing on relocation of services. Premises with back up generators were identified which included SCHC, CICC and WUTH. At SCHC the capacity of the fuel storage was increased providing an anticipated period of 7 days of back-up power.

The EPRR lead liaised with the Local Authority, Local energy Providers and also Medequip in order to ensure patients in the community, who were reliant on electricity to maintain access to health equipment were safeguarded. Advice and guidance were produced and distributed to patients.

The Trust participated in the regional exercise "Arctic Willow". The exercise involved the Trust conducting an internal tabletop exercise where responses were required to a number of scenarios including a Power Outage. On completion the EPRR lead presented the Trust findings to the regional EPRR team.

4.0 Partnership Working

The trust actively participates in the following multi-agency groups to ensure a proactive and co-ordinated approach to informing and sharing best practice:

- Local Health Resilience Partnership (LHRP), attended by Accountable Emergency Officers
- LHRP Practitioners Group – Working group for both Merseyside and Cheshire attended by Emergency Planning Leads
- Wirral Emergency Planning Group – Multi-agency working group attended by both industry, category 1 and 2 responders to review resilience arrangements and public events across Wirral
- WUTH Emergency Planning Team Meeting
- CWP Emergency Planning Team
- Local Resilience Forum (Merseyside)

5.0 Assurance

Under the CCA 2004, the trust has legal responsibilities in six specific areas:

- Co-operating with other responder organisations
- Risk assessment
- Emergency planning
- Communicating with the public
- Sharing information with local responder organisations
- Business continuity plans to ensure that services can continue to deliver their functions in the event of an emergency so far as its reasonably practicable

Compliance against the EPRR requirements of the CCA 2004 is monitored via an annual self-assessment exercise the results of which are required to be submitted to trust board for approval before submission to NHS England.

Organisations are expected to state an overall assurance rating as to whether they are fully, substantially, partially or non-compliant with the NHS EPRR Core Standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

5.1 Core Standards Self-assessment and action plan

In September 2022 the Trust completed its annual core Standards submission

The EPRR lead completed the required self-assessment of the new EPRR core standards for 2022/23. There were 55 standards attributable to a community service provider of which 51 were rated as fully compliant (green). Four of the standards were assessed as partially compliant (amber). This represented an overall compliance rate of **Substantial Compliance**.

A statement of compliance was signed off by the AEO and submitted to the ICB within the necessary time frame.

Three of these standards focused on training standards, in particular for On Call managers. NHS England have now completed the delivery of training focusing on the "Principles of Command Training". All Trust on call managers at strategic and tactical levels have attended a training session. This training was completed in December 2022 and the Trust is now compliant in these standards.

In addition to training a standard relating to the audit of Business Continuity Plans was also identified as non-compliant. Business Continuity Plans were reviewed and amended in order to address the proposed industrial action in January 2023. This review affected the timescale of the proposed audit which is now planned for June 2023.

5.2 Deep Dive

The annual deep dive element of this year's self-assessment focused on shelter and evacuation procedures. The deep dive focused on 13 elements of these procedures. The Trust self-assessed as compliant in 12 of the 13 elements. The one element where the Trust was not compliant related to an equality and health inequalities impact assessment of the arrangements.

5.3 Peer Review

For the first time this self-assessment was subject of a peer review by other providers. Following that peer review the self-assessment outcome remained unchanged.

5.4 Action Plan

An action plan has been developed to address the areas of the assessment that were not marked as fully compliant. The action plan was included in the EPRR – Core Standards Annual Self-Assessment Paper submitted to the Quality and Safety Committee September 2023. The actions yet to be completed are also replicated in the workplan for 2023/24.

6.0 Priorities and Workplan for 2023/24

On the 1st of July 2023, Adult social Care services will return to Local Authority Control. One of the direct impacts of this move will be a reduction in the number of staff that are able to perform the role of “Loggist” during a major incident. The EPRR lead will look to identify additional volunteers to perform the role and conduct additional Loggist training. Other necessary changes will include the training delivered to On Call managers as the programme currently utilises Adult Social care scenarios.

The 151st Open golf tournament will take place at the Royal Liverpool golf club located in Hoylake between the 17th and 23rd July. The EPRR lead will form part of the local planning team to ensure that the event does not disrupt the services already provided by the Trust and to address any anticipated increases in demand.

Information has been received by the EPRR lead that there are discussions being held with the Local Authority for the placement of a water-based accommodation block planned for Wirral Waters, East Float, Wallasey. It is believed that the accommodation is planned to house approximately 1800 male asylum seekers. The proposed date is end of August/early September 2023 and will be in place for approximately 18 months. The EPRR lead will ensure that the Trust is represented in the planning process as this could have on the services that the Trust delivers.

No	Objective	Rationale	Planned delivery	Lead
1	Conduct an EPRR exercise with On Call Managers to address the potential power outage.	Core Standard 24 Responder Training	Q2	EPRR Lead
2	With assistance of Trust Audit team, conduct an Audit of Service Business Continuity Plans	Core Standard 51 Business Continuity Audit	Q1	EPRR Lead
3	To enhance the resilience of the Trust with regards to Fit Testing capability.	Core Standard 68 FFP3 Access	Q1	EPRR lead
4	To enhance the resilience of the Trust with regards decision logging	Core Standard 29 Decision Logging	Q2	EPRR lead
5	Complete annual EPRR Core Standards self-assessment process.	NHS England requirement	Q2-Q3	EPRR Lead
6	Review On Call Management training	Core Standard 21	Q1	EPRR



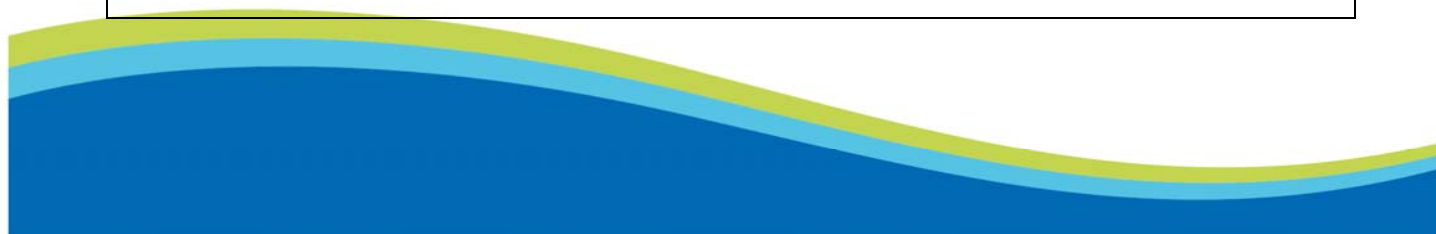
**Wirral Community
Health and Care**
NHS Foundation Trust

	programme taking cognisance of the move of Adult Social Care to Local Authority	Trained On Call staff		Lead
7	Support the planning arrangements for the Open Golf tournament, Hoylake July 2023	Core Standard 38 and 43 Cooperation – Engagement and Information Sharing.	Q1 & Q2	EPRR lead

Mick Blease

Emergency Planning Lead
25th April 2023.

Director of Infection Prevention and Control (DIPC) Annual Report 01 April 2022 – 31 March 2023			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	25
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Claire Wedge Deputy Chief Nurse Helen Wilcox Interim Head of Infection Prevention and Control		
Action required (please select 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 the Board of Directors regarding activity in relation to Infection Prevention and Control (IPC) for the reporting period 01 April 2022 – 31 March 2023			
Executive Summary			
Wirral Community Health and Care NHS Foundation Trust recognises that reducing the risk of infection through robust infection control practice is a strategic priority, supporting the provision of high quality, safe clinical services for patients, and a safe working environment for staff.			
The Code of Practice on the prevention and control of infections and related guidance (DH, 2015) details a regulatory framework for the IPC standards expected by registered providers of all healthcare and adult social care in England and was updated on 13 December 2022.			
The Trust is proud of the achievements made during the annual reporting period, which has evidenced continued compliance and rapid implementation of all new IPC guidance and supporting the Wirral system to prioritise safe working IPC practice. The IPC Team have worked flexibly and responsively to ensure staff have been supported throughout the reporting period.			
The annual report provides an overview of the significant achievements made to assure Trust standards in relation to IPC practice and associated regulatory compliance. These are clearly evidence throughout the report and include:			



- Trust-wide achievement of 98% compliance with Level 1 IPC training
- 89% completion of the Trust's hand hygiene audit programme with 100% compliance and 91.5% peer reviewed
- Zero Community Trust attributed *Clostridioides difficile* infections
- Zero Community Trust attributed MRSA bacteraemia cases
- Delivery of an enhanced programme of IPC support to Wirral Care Homes and other 24-hour Adult Social Care settings.

The DIPC Annual Report was presented to the Quality and Safety Committee in May 2023, and approved for submission to the Board of Directors, subject to minor amendment, which has been completed.

Risks and opportunities:

Risks are documented within the report for the attention of the Board of Directors

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

Individualised care delivery is provided by the Trust, ensuring compliance with equality and diversity standards for staff and people who use Trust services.

Financial/resource implications:

Delivery of high-quality services will support the Trust's financial position, reducing the potential for litigation and regulatory action.

The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

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

Populations - Safe care and support every time	Populations - People and communities guiding care	Place - Improve the health of our population and actively contribute to tackle health inequalities
--	---	--

The Trust Social Value Intentions

Does this report align with the Trust social value intentions? Yes.

If Yes, please select all of the social value themes that apply:

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

Board of Directors is asked to consider the following action

The Board of Directors is asked to be assured that IPC system and processes have been implemented responsively during 2022/23 to effectively evidence continuous improvement and compliance with The Code of Practice on the Prevention and Control of Infections, Care Quality Commission Health and Social Care Act 2008, Regulation 12.

Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	03/05/2023	The committee was assured that IPC systems and processes had been implemented responsively during 2022/23 to effectively evidence continuous improvement and compliance.





Director of Infection Prevention
and Control Annual Report

2022/23

Infection Prevention and Control Annual Report 01 April 2022 – 31 March 2023

EXECUTIVE SUMMARY

1. The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Code of Practice) outlines the regulations relating to the prevention and control of infection. Within this, the Code of Practice sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention.
2. Reducing the risk of infection through robust infection control practice is a key priority for Wirral Community Health and Care NHS Foundation Trust (WCHC) and supports the provision of high-quality services for patients, good governance, and a safe working environment for staff.
3. In 2022/2023 Wirral Community Health & Care NHS Foundation Trust (WCHC) continued to provide an Infection Prevention and Control Service (IPCS) to the wider health and care community of Wirral. The service includes the provision of advice and support to a variety of health and social care professionals, including care homes and other adult social care providers, general practitioners, and dentists, whilst also to schools, nurseries, general public, commissioners and professional bodies/organisations.
4. This report acknowledges the work undertaken by the IPC Team, who have continued to effectively manage the challenges posed by the ongoing COVID-19 pandemic. Throughout 2022/23, the team have continued to respond flexibly to ensure staff working in community services have felt supported to deliver care in a safe way.
5. Compliance with the IPC Board Assurance Framework standards 2022/23: Version 1.11 was submitted and approved by the Quality and Safety Committee on 11.01.2023.
6. The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance was updated on 13 December 2022.
7. A review of the changes to this document has been completed, resulting in the development of a quality improvement plan to progress with new aspects of the updated guidance. Action plans have been implemented to mitigate any potential risk.
8. During the pandemic, additional investment was made by the Local Authority to the IPC service to provide enhanced support to Wirral Care Homes. This continued throughout 2022/23 with enhanced support being offered to all providers of 24 hours Adult Social Care services.
9. During 2022/2023 the IPCS continued to support and educate staff to promote safe and effective IPC practices as well as providing support to the wider system in response to the on-going pandemic and associated challenges, including interpretation of new and revised guidance.

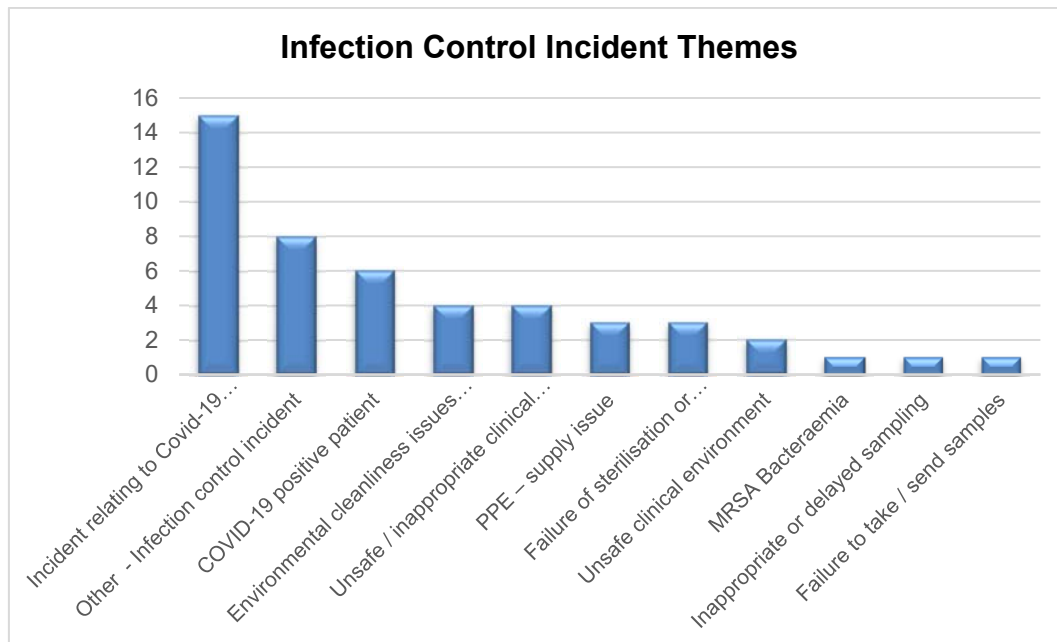
CRITERION 1:

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

10. The IPC Team have provided advice and support to all trust services, prioritising an urgent response to cases, clusters and outbreaks of COVID-19 and other infectious diseases.

11. An updated version of the IPC Board Assurance Framework was released on 21 September 2022, version 1.11. The purpose of the updated BAF is to support all healthcare providers to effectively self-assess compliance with the National Infection Prevention and Control (NIPCM) manual and to provide an additional level of assurance to the Board.
12. The review highlighted full compliance across eight standards and partial compliance against two standards. Systems of controls are still maturing – evidence shows that further action is required to enhance their effectiveness.
13. An anticipated reduction in IPC staffing during 2023/24 was entered onto the Trust’s risk register in March 2023 – Risk ID: 2902, risk score 12 (L3xC3). This risk has been mitigated by the successful submission and approval of a business case via the Executive Leadership Team. Recruitment will be progressed during Q1 of 2023/24, with business continuity plans in place to ensure continued service delivery.
14. Following a review of the Trusts IPC evidence against The Code of Practice on the prevention and control of infections and nationally updated guidance, key priority areas for development are in progress, to provide assurance of full compliance with the newly released guidance.
15. In accordance with the Trust’s IPC governance assurance framework, all identified risks have been effectively managed via the operational risk register during 2022/23, with monthly monitoring via the Trust’s IPC group, reporting quarterly to the Quality and Safety Committee for assurance.
16. During the reporting period there were 48 infection control incidents, the breakdown of the incidents is outlined below:

Figure 1: Number of infection control incidents and themes reported April 2022 to March 2023



17. IPC incidents are reviewed at the IPC Group following review at service level in accordance with the Trust’s governance framework. There are no incident themes or trends to report to the Board of Directors by exception.
18. To support the Community Intermediate Care Centre (CICC), in addition to IPC environmental audits, the IPC team have undertaken regular ward visits to support a review of IPC standards and have developed an IPC Ward Assurance Checklist for completion by Ward Managers.
19. Audit results are monitored at service and locality level and reported by exception to the IPC group for assurance.

20. During the annual reporting period, the Trust has continued to monitor hand hygiene compliance across all frontline clinical services on a quarterly basis.
21. Hand hygiene compliance is tracked via the Trust's Standards Assurance for Excellence (SAFE) system and reported by exception to the IPC Group and SAFE Operation Group (SOG).
22. During 2022/23, 89.1% of eligible staff completed the hand hygiene audit with 99.9% compliance with the required standards.
23. To provide a greater level of assurance, audits are also peer reviewed, to observe standards in clinical practice; 91.5% of completed audits have been peer reviewed.

Figure 2: Hand Hygiene Essential Steps Compliance/Completion Rates

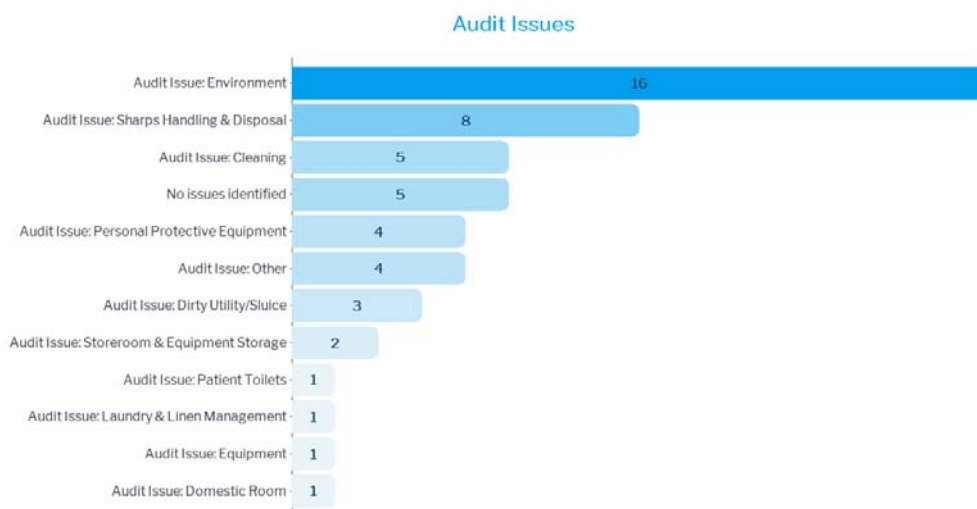


CRITERION 2:

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

24. During the reporting period, to ensure effective use of specialist IPC resource, the Trust's environmental audit programme has been completed on a risk-based approach.
25. A total of 32 IPC environmental audits were completed by the IPC Team during the annual period, focusing on higher risk areas of the trust.

Figure 3: IPC Environmental Audit Themes and Trends



26. In response to the audits undertaken, action plans have been developed and are tracked via Locality Safe with high level assurance provided to the Infection Prevention and Control Group.
27. The IPC Team have continued to provide support to the Head of Estates and Operational Services to ensure IPC is considered as part of any service re-design, including the priority

relocation of the Urgent Treatment Centre and the development of the Marine Lake Health and Wellbeing Centre.

28. Following a review of the trusts IPC evidence against The Code of Practice on the prevention and control of infections and related guidance there are a number of areas of development required in order to be fully compliant with this criterion. This includes fully embedding governance processes to support the full implementation of the National Standards of Healthcare Cleanliness and PLACE assessments. Robust plans are in place which will be monitored through the Infection Prevention and Control and Estates Management Groups, reporting by exception to the Quality and Safety Committee.

CRITERION 3:

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

Joint work with Wirral partners

29. The Trust Medicines Management Team engaged fully with the Antimicrobial Stewardship (AMS) Lead Pharmacist for Wirral Place, sharing the Trust's internal antimicrobial audits, ensuring that Patient Group Directions involving antibiotics were approved by the AMS Lead Pharmacist and circulating educational material provided via the stewardship group.
30. Activities to promote World Antimicrobial Awareness week (18 to 24 November 2022) were co-ordinated via Wirral Place.

Audits Completed during 2022/2023

31. During 2022/23 the Medicines Management Team conducted six audits of antibiotics associated with a high risk of *Clostridioides difficile* prescribed within the Urgent Treatment Centre.
32. In each of the audits, 20 patient records were examined by extracting information from the electronic patient record
33. Audit findings are reported back to individual prescribers via their line manager and monitored at service level in addition to the Medicines Governance Group.
34. The percentage compliance with Pan Mersey and NICE guidelines was as follows:

Month	Medication	% Compliance with guidance	Re-audit Month	% Compliance post feedback
April 2022	Cefalexin	70%	June 2022	80%
August 2022	Quinolones	50%	October 2022	89%
December 2022	Co-Amoxiclav	90%	N/A	N/A
February 2023	Cephalosporins	65%	Due to be re-audited in Q1 2023/24	

35. The Cefalexin audit completed in April 2022 was repeated in June 2022 with the findings evidencing improvements in adherence to Pan Mersey and NICE guidelines.
36. The Quinolone audit completed in August 2022 was repeated in October 2022, adherence against prescribing guidelines improved to 89%, following direct feedback to prescribers.
37. In addition, a point prevalence study was undertaken during quarter 4, where all antimicrobial prescribing undertaken by Trust Services for a 24-hour period was examined to establish if the prescribing was in line with guidelines.
38. In addition to audits, the Trust requires all practitioners who prescribe, administer or advise on antibiotics to complete antimicrobial resistance awareness training. At the end of Q4 96.08% of eligible staff had completed the training.

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

CRITERION 4:

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

40. The IPC team delivered a programme of activity to recognise the World Health Organisation's Global Hand Hygiene Day in May 2022.

41. The team adopted the World Health Organisation's promotional materials and shared key messages with adult social care providers, primary care, schools and local hospices. Key messages were also shared with the local outbreak hub for wider promotion to providers such as hostels. A series of visits were also undertaken to several care home providers and the Community Intermediate Care Centre to promote hand hygiene using the light box as a visual aid to support learning.

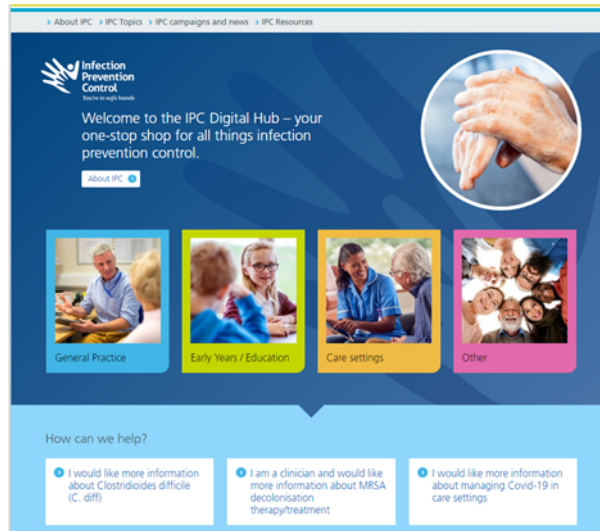


42. The IPC Team delivered a robust communications plan, produced in collaboration with the Communications team, to recognise International Infection Prevention Week.

43. The team, with support from the Trust's internal Communications and Marketing team, highlighted the importance of all aspects of infection prevention during International Infection Prevention Week in October. Messages were shared internally to trust staff and externally to key partners across the community. The IPC Team were available for a chat throughout the week in the atrium at St Catherine's Health Centre.



44. An IPC Digital Hub has been developed and will be launched in April 2023. This will be the home for all IPC information and will become a one stop shop for all providers of community care.



45. As part of the launch of the IPC Digital Hub in April 2023, the IPC Team will be launching a dedicated IPC Twitter account to share key updates and important information.

46. An IPC focused update was issued to trust staff to 'Take action to prevent infection', providing a valuable themed update with an emphasis on key system priorities including the management of Urinary Tract Infections and *Clostridioides difficile*.

CRITERION 5:

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

47. During the reporting period, five nosocomial outbreaks of COVID-19 were identified within the Community Intermediate Care Centre (CICC).

Outbreak 1 - Bluebell Ward COVID-19

An outbreak of COVID-19 was declared on Bluebell Ward on the 19/04/2022. In total there were 7 patient cases and 11 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on 04/05/22.

Outbreak 2 - Bluebell Ward COVID-19

An outbreak of COVID-19 was declared on Bluebell Ward on the 21/06/2022. In total there were 14 patient cases and 21 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on 22/07/2022.

Outbreak 3 - Aster Ward COVID-19

An outbreak of COVID-19 was identified on the 06/07/22. In total there were 10 patient cases and 9 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on the 22/07/2022.

Outbreak 4 - Iris Ward COVID-19

A cluster of cases were identified on Iris Ward on the 25/08/2022 and on the 26/08/2022 an outbreak of COVID-19 was declared. In total there were 2 patient cases (0 staff cases) associated with this outbreak. The outbreak was effectively managed and concluded on 20/09/2022.

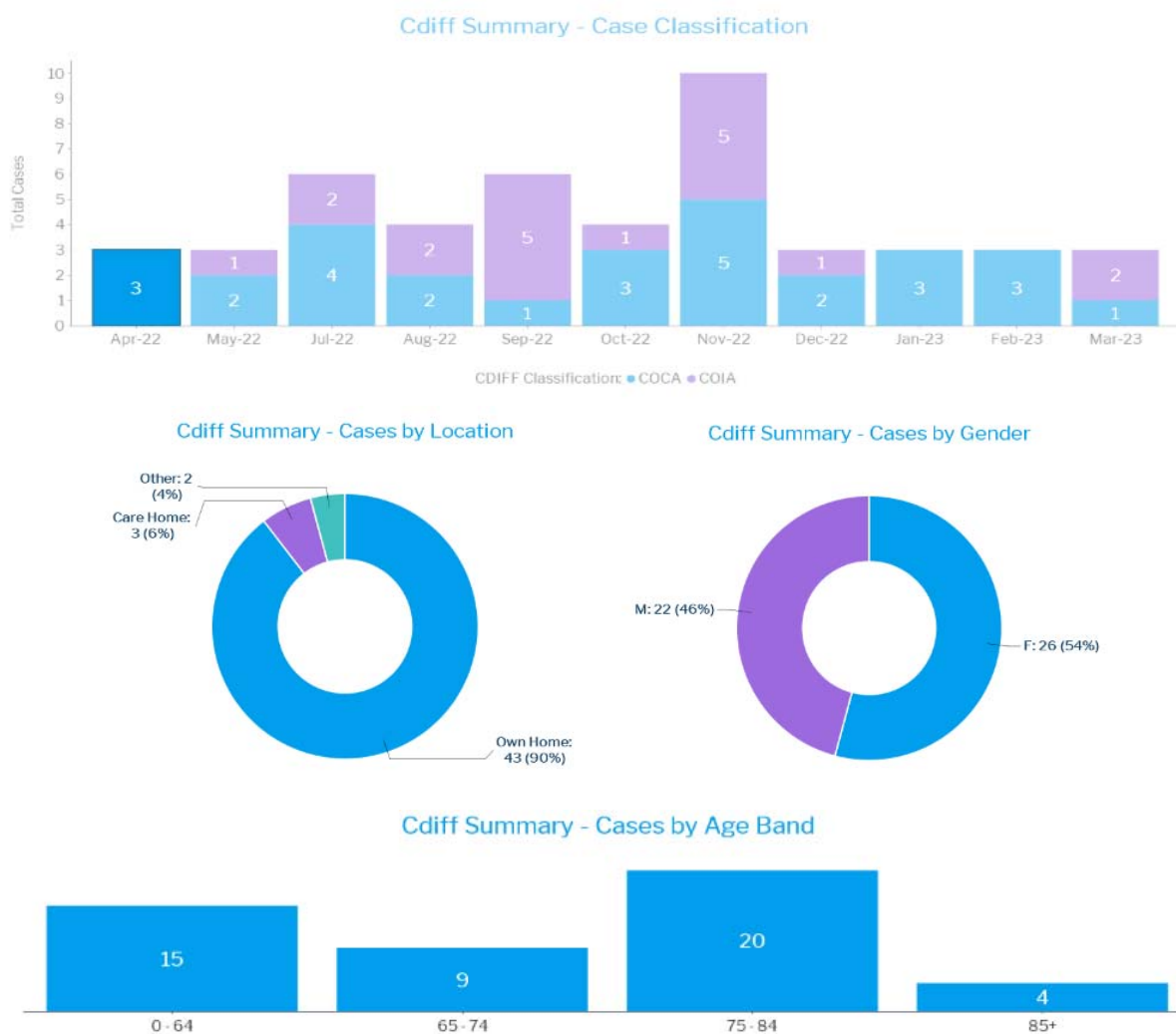
Outbreak 5 - Aster Ward COVID-19

An outbreak of COVID-19 was identified on the 10/10/22. In total there were 5 patient cases and 6 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on the 18/10/2022.

48. To support a cycle of continuous learning and improvement a review of each outbreak is undertaken through Outbreak Control Groups.

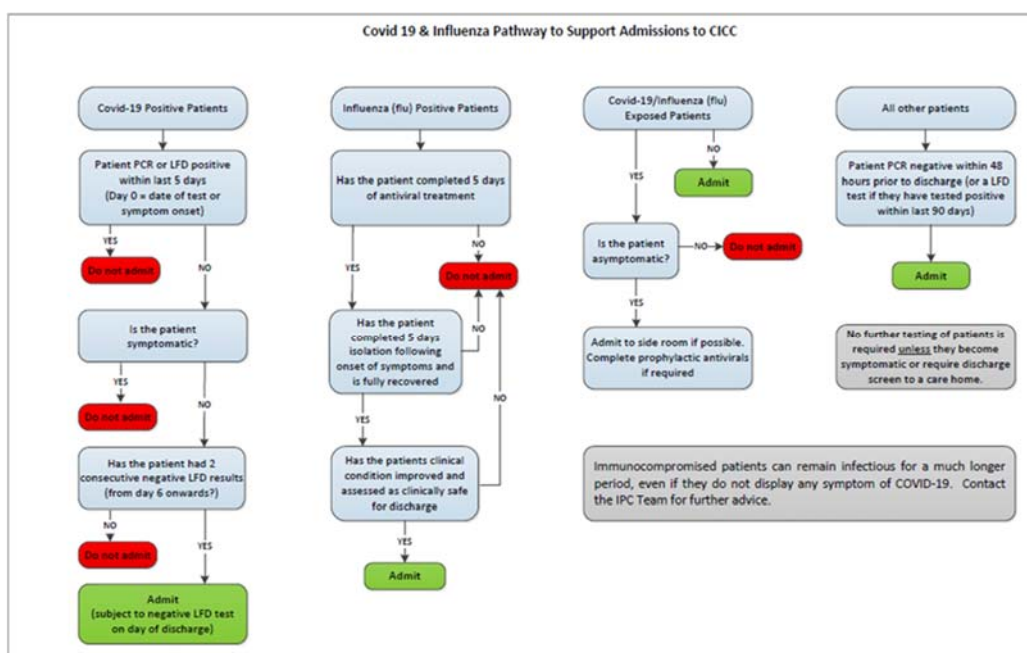
49. There were no other outbreaks of infectious disease in the Community Intermediate Care Centre in 2022/23.
50. During 2022/23, one patient was identified to have a community onset MRSA bacteraemia which was reported via the Strategic Executive Information System (StEIS) as part of the Local Authority contract to support system-wide learning. This case was not attributable to Trust services.
51. A Patient Safety Investigation was completed which did not identify any learning or actions for WCHC services.
52. The NHS Standard Contract 2022/23 includes quality requirements to minimise rates of *Clostridioides difficile* (*C.difficile*). The threshold for Wirral system was set at no more than 132 cases of *Clostridioides difficile* infection (CDI), of which 60 were allocated to non-acute care.
53. The IPCS completed a Post Infection Review (PIR) of 48 community attributed cases of CDI as part of the Local Authority Wirral system IPC contract. Of the 48 PIRs undertaken by the IPCS:
- 29 cases were community onset community associated
 - 19 cases were community onset indeterminate association
54. From a review of each CDI case, 0 were found to be attributable to Trust services.

Figure 5: Community attributed *Clostridioides difficile* toxin positive cases 2022-2023



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

56. System wide working continues to support a reduction in cases of *C.difficile*, this included a monthly review of CDI cases at a Healthcare Associated Infections (HCAI) panel focussing specifically on *C.difficile*.
57. The IPCS is a key member of this panel providing an overview of community cases, capturing themes and trends as well as promoting partnership working and system wide learning from these cases.
58. The IPCS have continued to support a system wide improvement project group to drive improvements in the management of Urinary Tract Infections (UTIs). The IPCS have also supported the delivery of the To Dip or Not to Dip (TDONTD) project in care homes for older people including the delivery of a number of train-the-trainer training sessions.
59. The team have also supported and trained the Bladder and Bowel and Teletriage services to implement TDONTD training to Community Nursing Teams and the Community Intermediate Care Centre (CICC).
60. Throughout 2022/23, the IPCS attended regular Place Monkeypox meetings to review local processes. The team also participated in a local task and finish group where colleagues worked collaboratively to create a local system pathway for the management of Monkeypox.
61. The IPCS provided detailed, tailored support to both Sexual Health Wirral and Urgent Care Services. A walk through of a Wirral Sexual Health clinic was completed to establish a process for the care and management of suspected Monkeypox cases in this setting.
62. The IPC Team worked with colleagues in the Integrated Discharge Team to develop a flow chart that would support a safe admission process to the Community Integrated Care Centre (CICC) from Wirral University Teaching Hospital NHS Foundation Trust.



CRITERION 6:

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

63. During the reporting period, compliance with mandatory and role essential IPC training was:
 - Level 1 98%
 - Level 2 87%
 - Aseptic Technique 86%

64. A trust wide improvement plan is in place to improve compliance with mandatory training requirements which is monitored through SAFE Operational Group.

CRITERION 7:

Provide or secure adequate isolation facilities.

65. All inpatient wards at the Community Intermediate Care Centre provide single room ensuite accommodation that can be used for patients requiring isolation where appropriate.

66. Isolation facilities continue to be provided at Trust Walk in Centre and Urgent Treatment Centre where required.

CRITERION 8:

Secure adequate access to laboratory support as appropriate.

67. Laboratory services for the trust are provided by Chester and Wirral Microbiology Service. The laboratories operate according to the requirements of national accreditation bodies for the investigation and management of disease/infections.

68. There is nothing to report by exception for 2022/23.

CRITERION 9:

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

69. The following policies have been approved at the IPC Group during 2022/23 and ratified via the appropriate governance route:

- National Infection Prevention and Control Manual for England
- IPC05: Management of Healthcare Waste
- IPC13: Management of *Clostridioides difficile*
- IPC10: Meticillin Resistant *Staphylococcus Aureus* (MRSA) Policy

70. All IPC policies are tracked through the IPC group to ensure that review dates are not exceeded.

CRITERION 10:

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

71. Occupational Health Services are provided via People Assessment Management (PAM) who are the contracted occupational health service for Trust staff.

72. The IPC Team signpost Trust staff to PAM where occupational advice is required.

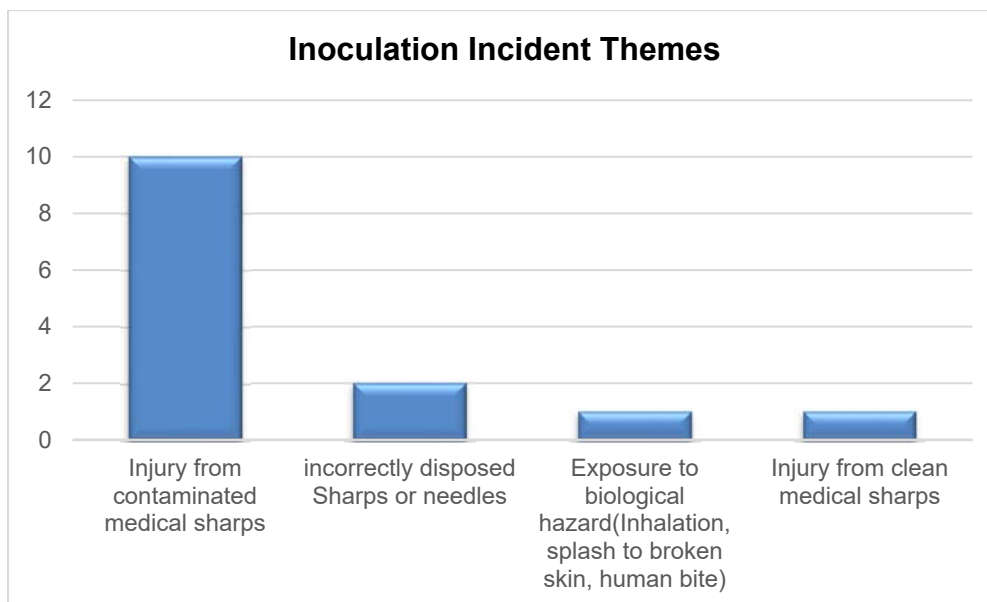
73. The Trust ended its staff seasonal influenza vaccination programme on 28th February 2023. Vaccination uptake at the end 2022/23 for frontline staff was 64.1%. This figure reflects the final position as reported in the national data set (please see appendix 1).

74. Learning from the programme will inform planning for 2023/24, evaluation of the programme can be seen in appendix 1.

75. An assessment has been undertaken and there is no significant correlation with sickness levels across services and the low uptake of flu vaccine across the Trust.

76. WCHC staff have been offered the opportunity to receive their COVID-19 vaccination as part of mutual aid from system partners, at the end of 2022/23, 41.6% of healthcare workers have received their booster.
77. During the reporting period there have been 14 inoculation incidents which have all been appropriately managed in accordance with Trust policy.

Figure 6: Number of infection control incidents and themes reported April 2022 to March 2023



Summary

78. The 2022/23 DIPC Annual Report recognises that infection prevention and control within a community setting continues to present challenges. The annual work programme for 2023/24 will continue to deliver against key national standards including The Health and Social Care Act 2008: code of practice on the prevention and control of infections, NHS England IPC Board Assurance Framework and the National IPC Manual.
79. The COVID-19 pandemic remained a challenge throughout 2022/23. As we continue to move toward a status of living with COVID-19, robust and proactive approaches to IPC will be key to ensuring that we are able to respond to further waves of COVID-19, strengthening our IPC response in all areas of the Trust and ensuring staff knowledge around key IPC practices.
80. WCHC is committed to continuous quality improvement to ensure sustainable improvement in infection prevention and control practice whilst supporting a zero tolerance of avoidable infection and harm to our patients and staff.
81. Effective IPC practices require commitment from all staff, including both clinical and non-clinical staff groups.
82. HCAI reduction and improvement of infection prevention and control standards requires a multi-partnership approach within the health economy of Wirral and the Trust remains committed to supporting this agenda.
83. The Infection Prevention Control Group will continue to monitor compliance with all infection prevention and control standards and quality improvements reporting quarterly to the Quality and Safety Committee.

Quality and Safety Committee action

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

Author:

Helen Wilcox Interim Head of Infection Prevention and Control

Contributors:

Sarah Deveney Interim Lead Nurse Infection Prevention and Control

Laura McGuffie Senior Administrator

Appendix 1

Seasonal Staff Flu Programme Evaluation

Compassion | **Open** | **Trust**



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

Seasonal Staff Flu Programme Evaluation

Date: September 2022 to March 2023

Staff Flu programme 22/23

- 100% of staff eligible for the vaccination including: contracted staff working for the Trust under a service level agreement, security staff working on WCHC sites, cleaners, volunteers and students with direct patient contact
- Vaccines offered:
 - Seqirus Cell-based Quadrivalent, Egg Free - ALL Staff
 - Sanofi Quadrivalent Influenza Vaccine Recombinant Egg Free 1st line for over 65s
- Blended approach used offering clinic appointments and drop in clinics across the trust as well as 'roving clinics' taking the vaccine to staff.
- Booking for St Catherine's Community centre was via Simply Book but we were unable to use this for other clinics
- Recording of immunisations was on the trust data base which enable live data to be seen on TIG

Data (as of 28 February 2023)

- Total of 1,168 eligible staff vaccinated, of which 915 by vaccinated by WCHC
- Total of 1098 staff were vaccinated by WCHC
- The Trust achieved an overall compliance of **64.1%** when adjusting for eligible Trust staff recorded on ESR
- North West Region recorded **50.6%** uptake for HCW and Nationally **51.8%** uptake
- Regionally, Trust HCW uptake varied from 55.5% to 72.3%




Data

Region / Metric	Current Uptake			Frontline / Non-frontline Uptake						Weekly Uptake Change			Eligible HCW Remaining	
	Total ESR HCW Denominator	HCW Flu Uptake (%)	Total HCW Vaccinated	Frontline HCW Denominator	Frontline HCW Vaccinated	Frontline HCW Flu Uptake %	Non-frontline HCW Denominator	Non-frontline HCW Vaccinated	Non-frontline HCW Flu Uptake %	Uptake % Change Two Week Ago	Uptake % Change Last Week	Difference in Weekly Uptake (Actual / Decal)	Eligible HCW Remaining without Seasonal Booster	Eligible HCW Remaining without Seasonal Booster (%)
NATIONAL	1,518,150	51.8%	786,255	1,326,658	686,027	51.8%	#####	99,130	53.0%	0.24%	-4.54%	(4.78%)	731,895	48.2%
North West	226,962	50.6%	114,971	199,505	100,158	50.2%	27,203	14,459	53.2%	0.28%	0.23%	(0.06%)	112,091	49.4%

Region	ICS Name	Trust Name	Trust Code	Trust Type	Total ESR HCW Denominator	ESR HCW Vaccinated (In any delivery model)	HCW Flu Vaccine Uptake
NORTH WEST	Cheshire and Merseyside	THE WALTON CENTRE NHS FOUNDATION TRUST	RET	ACUTE	1,496	800	53.5%
NORTH WEST	Greater Manchester Health and	NORTH WEST AMBULANCE SERVICE NHS TRUST	RX7	AMBULANCE	6,645	3,558	53.5%
NORTH WEST	Greater Manchester Health and	STOCKPORT NHS FOUNDATION TRUST	RWJ	ACUTE	5,728	3,081	53.8%
NORTH WEST	Cheshire and Merseyside	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	RWW	ACUTE	4,336	2,401	55.4%
NORTH WEST	Healthier Lancashire and South	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	RXN	ACUTE	11,191	6,235	55.7%
NORTH WEST	Cheshire and Merseyside	WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST	RY7	COMMUNITY	1,823	1,168	64.1%
NORTH WEST	Cheshire and Merseyside	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	RBT	ACUTE	5,870	3,383	57.6%
NORTH WEST	Greater Manchester Health and	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	RMP	ACUTE	4,421	2,592	58.6%
NORTH WEST	Cheshire and Merseyside	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RVY	ACUTE	3,223	1,946	60.4%
NORTH WEST	Cheshire and Merseyside	THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	REN	ACUTE	1,688	1,024	60.7%
NORTH WEST	Cheshire and Merseyside	BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST	RY2	COMMUNITY	1,492	921	61.7%
NORTH WEST	Cheshire and Merseyside	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	RBL	ACUTE	6,030	3,762	62.4%
NORTH WEST	Cheshire and Merseyside	EAST CHESHIRE NHS TRUST	RJN	ACUTE	2,652	1,708	64.4%
NORTH WEST	Greater Manchester Health and	THE CHRISTIE NHS FOUNDATION TRUST	RBV	ACUTE	3,689	2,666	72.3%

What went well

- Roving clinic approach and attending team meetings – taking the vaccine to staff
 - Responsiveness of staff working on the programme
 - Regular catchups with the Project Team
 - Staff training via NHS E-learning
 - Support of Medicines Management Team
 - Method of booking - Simply Book was very easy to use
 - Daily data extract via TIG enabled targeted approach for roving clinics
 - Robust Communications Plan
- 

What could have been improved?

- Earlier start date for planning the programme, SAIS (school) programme is completed and sent to schools in June
- Scheduled earlier delivery date for vaccinations if possible, uptake decreased significantly from December as staff no longer saw the need for the vaccine
- Need to use NIMs to record vaccines at point of delivery as unable to bulk upload from Trust system
- Trust system could be used for a simple YES/NO for vaccine given to ensure immediate/live data for targeting areas/teams
- Earlier communications to teams to promote the vaccines
- Vaccinators to be present at the start/end of face to face training sessions to offer vaccines
- Uptake vaccine fatigue from staff and the general population

Freedom to Speak Up Annual Report 2022/2023			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	25
Lead Director	Nick Cross, Medical Director		
Author(s)	Alison Jones, Freedom To Speak Up Guardian		
Action required (please select the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this annual report is to provide assurance to the Board of Directors regarding Freedom to Speak Up activity and learning during the reporting period 01 April 2022 – 31 March 2023.			
Executive Summary			
This annual report provides an overview of Freedom to Speak Up (FTSU) activity during 2022/23. It covers the following areas: <ul style="list-style-type: none"> • Summary of Concerns Reported • Concerns Reported by Service • Predominant Themes identified • Outcomes and Learning • Feedback from satisfaction questionnaires sent to reporters when a concern is closed • Staff Survey Results • Next Steps • The report has been shared with the Quality and Safety Committee.			
Risks and opportunities:			
Whilst this does not link to any specific risk, the existence of a healthy speaking up culture remains pivotal to ensure a strong focus on safe, effective practice for both staff and people accessing services			
Quality/inclusion considerations:			



<p>Quality & Equality Impact Assessment completed and attached No.</p> <p>This is an assurance report detailing Freedom To Speak Up concerns reported in the last financial year. The Speaking Up policy, which supports the governance and process of speaking up, contains the Quality & Equality Impact Assessment</p>					
<p>Financial/resource implications:</p> <p>None identified</p>					
<p>The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:</p> <ul style="list-style-type: none"> • Populations – We will support our populations to thrive by optimising wellbeing and independence • People – We will support our people to create a place they are proud and excited to work • Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places <p>Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.</p> <table border="1"> <tr> <td>People - Improve the wellbeing of our employees</td> <td>Populations - Safe care and support every time</td> <td>People - Better employee experience to attract and retain talent</td> </tr> </table>			People - Improve the wellbeing of our employees	Populations - Safe care and support every time	People - Better employee experience to attract and retain talent
People - Improve the wellbeing of our employees	Populations - Safe care and support every time	People - Better employee experience to attract and retain talent			
<p>The Trust Social Value Intentions</p> <p>Does this report align with the Trust social value intentions? Yes.</p> <p>If Yes, please select all of the social value themes that apply:</p> <p>Community engagement and support <input type="checkbox"/></p> <p>Purchasing and investing locally for social benefit <input type="checkbox"/></p> <p>Representative workforce and access to quality work <input checked="" type="checkbox"/></p> <p>Increasing wellbeing and health equity <input checked="" type="checkbox"/></p> <p>Reducing environmental impact <input type="checkbox"/></p>					
<p>Quality & Safety Committee is asked to consider the following action</p>					
<p>The Quality and Safety Committee is asked to be assured by the Freedom To Speak Up annual Report for 2022/2023.</p>					
<p>Report history (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome)</p>					
Submitted to	Date	Brief summary of outcome			



Quality and Safety Committee	03/05/2023	Click or tap here to enter text.
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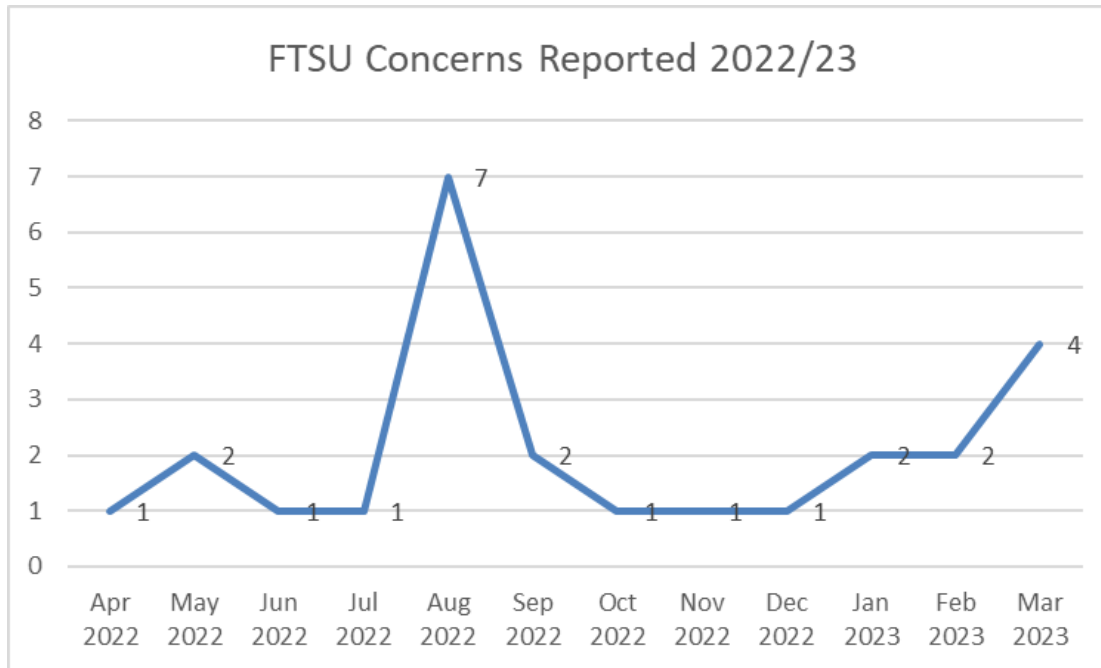


Freedom To Speak Up Annual Report April 2022 – March 2023

Quality and Safety Committee May 2023

Alison Jones, Freedom To Speak Up Guardian

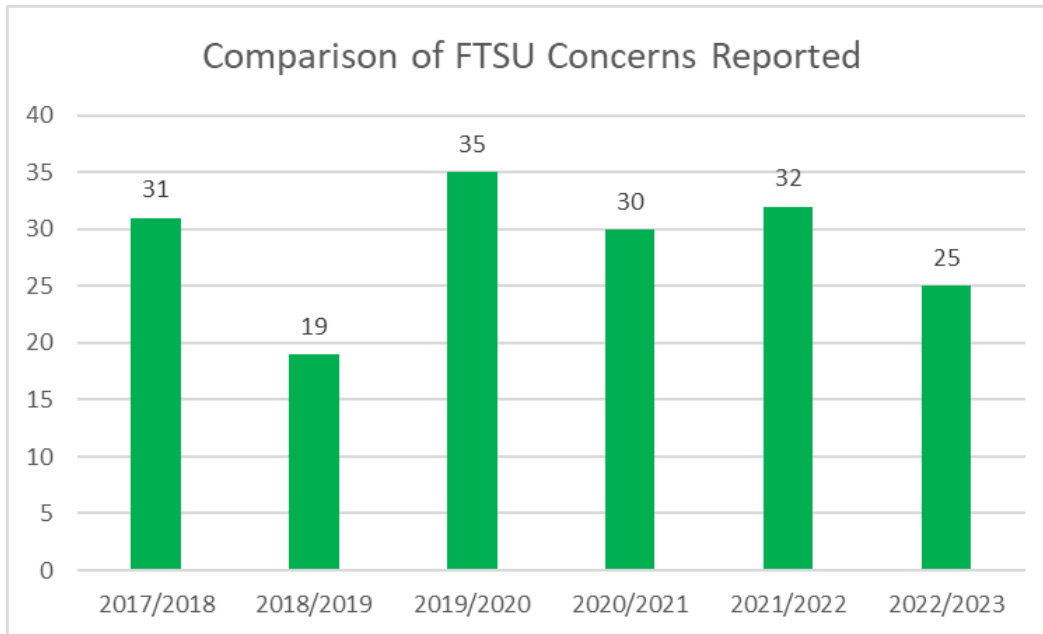
Summary Of Concerns Reported



25 Concerns were reported in 2022/23

- 17 of the concerns (68%) were either reported openly by staff members or confidentially to FTSU Champions or the FTSU Guardian. This ensured these staff members were supported and provided with direct feedback in relation to their concern
- 7 (28%) of the concerns were reported anonymously. Where possible feedback was provided to whole teams
- 1 (4%) of the concerns was reported anonymously to the Care Quality commission (CQC). Feedback was provided to the CQC

Comparison Data



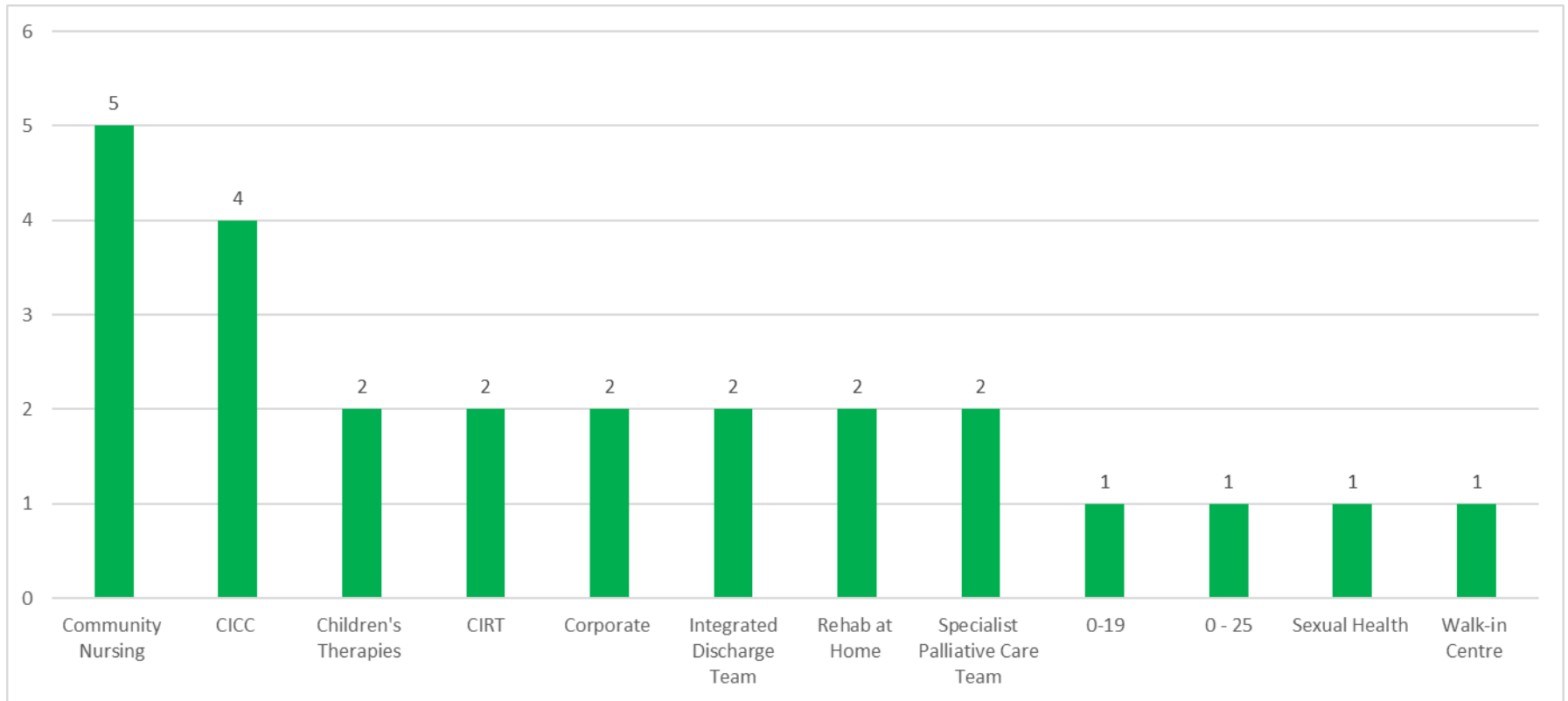
- The number of concerns reported in 2022/23 is slightly lower than the average number reported over the last six years (average number per year 28.6)
- The number of concerns reported in 2022/23 is the lowest number reported in the last four years
- There have been multiple promotions in 2022/23 of different routes to speaking up and raising concerns to support open dialogue with line managers, service leads, network groups etc as well as promoting the formal FTSU route

Promotion of Ways To Speak Up

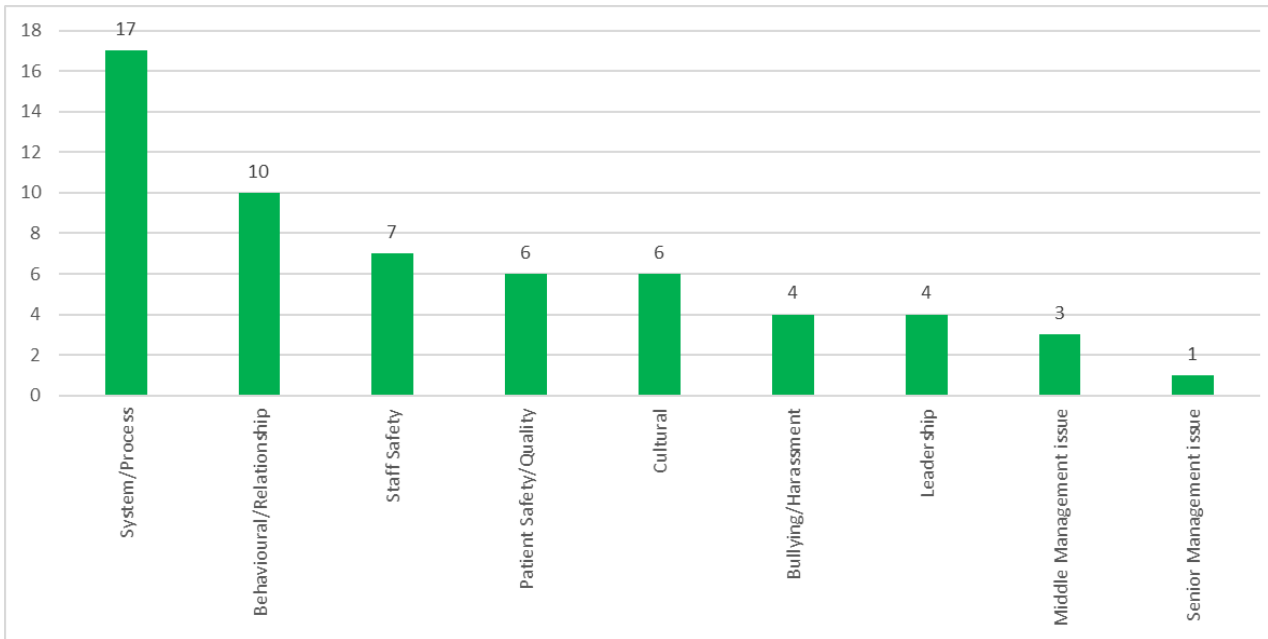


- This graphic has been used on screen savers, roller banners, in presentations and at team meetings
- The graphic promotes how colleagues can raise a concern and who they can speak up to in addition to the FTSU process
- The aim is to promote a healthy, open culture in all areas of the Trust

Concerns Reported 2022/23 by Service



Concerns by Theme



Please note: Individual concerns can have multiple themes

- Examples of the theme Systems and Process would be:
 - Policy/SOP update required
 - IT Process not followed or suggested improvement
 - Suggested improvements to allocation of visits, management of waiting lists, recording of documentation
- Examples of the theme of Behavioural/Relationship would be:
 - Communication issues
 - Behaviours within teams

Outcomes and Learning

- Staff members offered support during investigations including signposting to wellbeing services
- Change in process to ensure communication reaches all team members and team members have chance to participate in feedback within their own teams
- Increasing the number of FTSU Champions in teams where a concern has been reported to promote and support ongoing communication
- Collaboration with Chester University and support for students to feel comfortable raising concerns
- Improvements made to the process for allocating smartcards to temporary workers

Outcomes and Learning Continued

- Team building session with teams to support open, respectful communication
- Collaborative working with HR and Staff Network Groups to ensure staff members who report a concern are supported in the most appropriate way
- Concern prompted a record keeping audit which identified points of learning which were addressed
- Policy and SOP reviews where required
- Collaborative working with Wirral University Teaching Hospital where services are system wide

Outcomes and Learning Continued

- New process adopted to manage home visits and support staff to decrease miles and fuel used
- Team Around the Team support provided to identified Teams to support learning, improved communication and system wide working
- Improved process and visibility for the management of patients on waiting lists
- Improvements made to the Access To Work process to ensure a smoother ordering process

Feedback From Satisfaction Questionnaires

100% of surveys that were returned in 2022/23 stated that the reporter would speak up again and some provided feedback:

I think it is a useful tool in bringing serious concerns to the attention of the Trust

I found the support that I received from the FTSU guardian helpful and supportive.

I feel so much better after speaking up

I was going to complete my FTSU anonymously via Datix but I am so glad that I didn't and that I completed my name and details as I got the full feedback of next steps and to also got to explain fully the concern.
Very happy with the whole process.

Very well investigated and support given was exemplary

I would speak up again
in the future

The Team felt they had the
opportunity to speak up and be
heard

The FTSU Guardian explained next
steps and managed the whole
process very quickly

I have nothing but praise for how
my ftsu has been dealt with

I had reservations at first, and did wonder
how my FTSU would be received but I have
to say it was just like a relaxed conversation
with the FTSU Guardian and that made it so
much easier

Feeling I was heard
and getting support to
resolve the issue

Speak Up Month Highlights from October 2022

The collage features several photos of staff members holding green frames that say "Freedom to Speak Up" and "#Together we can make a difference". One photo shows a man and a woman, another shows two women, and a third shows a man in a blue shirt. There is also a photo of a table with green balloons and a bowl of food. A word search puzzle is included with the title "Test your Freedom to Speak Up knowledge" and a list of hidden words: COMPASSION, CULTURE, RESPOND, SUPPORT, SPEAKUP, HONEST, GUARDIAN, LISTEN, POLICY, SAFETY, OPEN, QUALITY, REFLECT, CONFIDENCE, LEARN, TRUST, CHAMPIONS. A circular diagram titled "Ways to Speak Up" lists various roles and departments: FTSU Champs, FTSU Guardian, Human Resources, Staff Network, Staff Council, Staff Side, Trusted Colleague, Safeguarding, Datix, Senior Leader, and Line Manager. At the bottom, there is a graphic for "FTSU fact of the day..." with an open book icon, a "SPEAK UP Month 2022" speech bubble, and the hashtag "#FTSUforEveryone".

Staff Survey Results

The people Promise - We each have a voice that counts

Questions that relate to speaking up:

Q19a – I would feel secure raising concerns about unsafe clinical practice

Q19b – I am confident that my organisation would address my concerns

Q23e – I feel safe to speak up about anything that concerns me in this organisation

Q23f – If I spoke up about something that concerned me I am confident my organisation would address my concerns

- Nationally the staff survey results reflect a decrease in confidence to speak up
- Community Trusts show the highest satisfaction with a score of 7.1. The average score for all sectors is 6.68, with the lowest score being 5.8
- WCHC results have slightly improved in 2 questions and slightly decreased in two questions since last years results
- The results identify some individual teams where confidence in speaking up is below average

Next Steps

- Further analysis of staff survey results with a focus on teams with a lower than average satisfaction score to ensure additional support is offered
- Support for teams where the completion rate of the staff survey was low
- Programme of site visits to be arranged by FTSU Guardian to link in with Exec Team leadership walk arounds
- Support for reviewers to improve the quality of feedback on incidents reported using the acronym TEAM
 - T - Thank staff for reporting
 - E – explain what has happened as a result of an incident being reported
 - A - Ask reporters if there is anything they would recommend to improve services
 - M - Meaningful feedback would encourage staff to report incidents again

Next Steps Continued

- In April 2023 on line Freedom To Speak Up Training has been added to the competencies for all staff
- **Speak Up** training is for all staff and covers what speaking up is and why it matters. The aim is to support staff to know who they can speak up to encourage an open Speak Up culture
- **Listen Up** training is for all line managers and middle managers and is focussed on listening and any barriers that could get in the way of Speaking Up. The aim is to provide a consistent response from managers, to help them to support their team members appropriately and support them to see concerns as an opportunity for improvement
- **Follow Up** training is for all senior leaders throughout healthcare – including executive and non-executive directors. This module aims to promote a consistent and effective Freedom to Speak Up culture from the “top down”, discusses benefits and drivers and how best to support the Trusts FTSU Guardian

Annual Safeguarding Report 2022/23			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	25
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Simon Garner, Deputy Director Adult Social Care Sue Fogarty, Head of Nursing, Safeguarding Governance		
Action required (please select 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) Quality and Safety Committee regarding activity in relation to safeguarding governance for the reporting period 01 April 2022 - 31 March 2023.			
Executive Summary			
<p>WCHC is committed to ensuring that all staff are aware of their role in relation to safeguarding vulnerable children and adults.</p> <p>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, ensuring that all statutory functions are discharged, 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.</p> <p>This report demonstrates continued organisational compliance with statutory duties and local safeguarding frameworks. A full list of abbreviations is listed in Appendix 1.</p>			
Risks and opportunities:			
<p>Risk ID 2910: Risk score 12 (3xC 4XL) – timeliness of review health assessment, Cared for Children Cheshire East</p> <p>Risk ID 2853: Risk score 9 (3XC 3XL) – Cared for Children Supervision compliance</p>			



<p>Quality/inclusion considerations:</p> <p>Quality & Equality Impact Assessment completed and attached No.</p> <p>QEIA completed at commencement of the strategy</p>					
<p>Financial/resource implications:</p> <p>Inclusion data relating to vulnerability is included within the report.</p>					
<p>The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:</p> <ul style="list-style-type: none"> • Populations – We will support our populations to thrive by optimising wellbeing and independence • People – We will support our people to create a place they are proud and excited to work • Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places <p>Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.</p> <table border="1"> <tr> <td>Populations - Safe care and support every time</td> <td>Populations - People and communities guiding care</td> <td>People - Better employee experience to attract and retain talent</td> </tr> </table>			Populations - Safe care and support every time	Populations - People and communities guiding care	People - Better employee experience to attract and retain talent
Populations - Safe care and support every time	Populations - People and communities guiding care	People - Better employee experience to attract and retain talent			
<p>The Trust Social Value Intentions</p> <p>Does this report align with the Trust social value intentions? Yes.</p> <p>If Yes, please select all of the social value themes that apply:</p> <p>Community engagement and support <input checked="" type="checkbox"/></p> <p>Purchasing and investing locally for social benefit <input type="checkbox"/></p> <p>Representative workforce and access to quality work <input type="checkbox"/></p> <p>Increasing wellbeing and health equity <input checked="" type="checkbox"/></p> <p>Reducing environmental impact <input type="checkbox"/></p>					
<p>Board of Directors is asked to consider the following action</p> <p>To be assured by the strength of safeguarding governance across the organisation.</p>					
<p>Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)</p>					
Submitted to	Date	Brief summary of outcome			



Quality and Safety Committee	03/05/2023	The committee was assured by Safeguarding Annual report 2022/23 and approved for this to be presented to the Board of Directors in June 2023
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Safeguarding |
Annual Report | 2022/23

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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 2022 - 31 March 2023.
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 2022-31st March 2023 - Time to Shine

11. Policies were updated as follows:
 - Safeguarding Adults (SG01) reviewed and updated with additional Safeguarding contact information for St Helens and Knowsley 0-19/25 services.
 - Domestic Abuse and Harmful Practice Policy (SG03) following Legislative changes and additional St Helens and Knowsley 0-19/25 services with a toolkit added alongside it.
 - 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
 - Failure to Gain access policy (SG05)
 - Management of Allegations Policy (SG06)
12. 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
13. Two bespoke training sessions were delivered in January 2023 for new staff within 0-19 Wirral band 5 and 6 to support best safeguarding practice and a further two are planned for May 2023
14. Completion of the Children Looked After Safeguarding CQC themed inspection action plan with each service taking responsibility for reporting and monitoring changes in practice
15. **The Safeguarding Walkabouts Wirral** – The Named Nurses and Safeguarding Specialist Nurses undertake two safeguarding walkabouts per year the last being December 2023 to test knowledge and awareness.
16. **Wirral 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. This audit provided assurance of good practice, and, although one respondent felt they did not need a health assessment, the results indicate the child / young person felt respected, listened to, and taken seriously.
17. **Wirral Quality Assurance audit of Review Health Assessments** –In March 2023, the audit was conducted to give assurance of quality standards. The Named Nurse looked at completed RHA from Q3 and the results showed that 90% met the required standard for 5-17 years and for 0- 4 years. its 79%. A dip sample was also conducted on the 25% agreed cohort not subject to QA and this showed a 100% required standard.
18. **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
19. **Joint Targeted Area Inspection Wirral**- In December 2022 Wirral was subject to a Joint Targeted Area Inspection focusing on early help. The Inspection tracked 6 children's journeys and the inspectors spoke to WCHC staff including School Nurses, Health Visitors, FNP and Mash Specialists. The report released in February and just one of the strengths outlined was "*Senior leaders in partner agencies have a shared and well-developed vision for early help in*

the Wirral. Staff across statutory and voluntary agencies have understood and engaged with this”.

20. A bespoke training session was delivered to the 0-19 workforce in Knowsley by the Named Nurse in February 2023 to support best Safeguarding Practice.
21. **Knowsley and St Helen’s Quality Assurance Audits of Safeguarding Activity’s** – In Q1 and Q3 audits were completed in St Helens and Knowsley to ensure that following transfer of the 0-19/25 services to WCHC, children subject to Child Protection and Child in Need Plans were being effectively safeguarded by the 0-19/25 service. Findings from the audits provided assurances that compliance was in line with expected practice as outlined in the trust Safeguarding Children Policy, Working Together to Safeguard Children (2018) & St Helens & Knowsley’ s Safeguarding Partnerships.
22. **St Helens Safeguarding Newsletter** – The Named Nurse in St Helens has developed a Safeguarding Newsletter that is shared with the 0-19 practitioners monthly. The newsletter contains available training from the Partnership, other external agencies, and internal training. Hot Safeguarding topics that are current to St Helens, SWAY packages, 7-minute briefings and learning from Local Safeguarding Children’s Practice reviews (LSCPR). The Designated Nurse in St Helens has fed back on this as best practice and has reported an observed increase in 0-19 attendance at Partnership Training. The Named Nurse in Knowsley has rolled out a Knowsley newsletter monthly from Q3 onwards following this feedback.
23. **St Helen’s Walkabout Audit.** The Named Nurse completed the walkabout audit in Q1 & Q3 face to face in all St Helens bases to establish practitioners’ knowledge and awareness of Safeguarding.
24. **Knowsley Walkabout Audit** was completed in Q3, this provided assurance that staff are confident in accessing safeguarding support and value the support provided by the Safeguarding Team.
25. **Knowsley Safeguarding Supervision Audit** was completed in Q3. Overall, the audit highlighted a high standard of safeguarding supervision. It provides an opportunity for staff to reflect and critically analyse the cases they are holding and ensures best outcomes for children and families.
26. **Voice of the Child Audit** – completed for all four regions and demonstrated that **91%** of records audited had evidence of the voice of the child.
27. **Safeguarding Adult Screen Savers** Adult Safeguarding Team have worked with Communication Team to devise Screen savers to keep Adult Safeguarding visible for all staff in the organisation.
28. **MCA Training Needs Analysis Audit- Health** (Annual and Trust Wide) was completed with improving results with an action plan to target any gaps in knowledge.
29. **Safeguarding Adult referrals from Health into MASH-** Quarterly Audits were completed of all the quality assured referrals into Adult Social Care from Health with feedback to staff on the outcome of the referral and how to improve the quality of the referral.

30. **Completed MCA Safeguarding Adult Quarterly Audits** completed with dip sample of all MCA assessments completed by health and feedback to staff on how to improve the quality of the MCA.
31. **'Voice of the Adult' Audit** completed utilising 205 Safeguarding referrals from Health into Adult Social Care to identify good practice and gaps in capturing the voice of the Adult with completed action plan.
32. **Safeguarding Adult Audit Walkabouts** bi-annual across the 3 inpatient wards at CICC with assurance provided.
33. **Level 3 Safeguarding Adult training audit**- there was good assurance of retention of staff safeguarding knowledge following the training and positive feedback regarding the content and quality of the sessions.
34. **Safeguarding Adult Week 2022**, this was held from the 21 to the 25 November 2022 in conjunction with ASC with lunch and learn sessions and a well-attended stall in the foyer at St Catherine's to give staff opportunity to ask about Adult Safeguarding.
35. **'Live Lounge'** Adult Safeguarding Team held lunch and learn sessions monthly on a variety of topics including MCA, FGM and Domestic Abuse.
36. **'Safeguarding Matters'** Quarterly Adult Safeguarding newsletter shared with all WCHC staff via Comms in the 'The Update'
37. **Cheshire East Art Exhibition** The Cared for Team in Cheshire East worked in collaboration with Cheshire East Council Youth Support Service to organise an art exhibition for the work of Cared for Children and Care Leavers living in Cheshire East in March 2022. The exhibition was inspired by the Cared for Nurses seeing examples of the artwork and photography created by some of the young people in residential settings. The exhibition was attended by the young people and the feedback was very positive.
38. **Cared for Team Cheshire East** The Cared for Nurses in Cheshire East receive positive feedback from both residential providers and out of area teams in the way in which they have supported Cared for Children in Cheshire East, as well as escalating concerns to secure appropriate outcomes for Cared for Children placed in Cheshire East.
39. **Cheshire East Developmental Work** The Cared for Children team in Cheshire East have identified lead roles for Participation, Quality Assurance and Care leavers and have engaged with key professionals and groups to progress work in their identified area. Following feedback from the Cared for Children survey, the Cared for Children team have devised a one-page profile which is sent to children and young people when they are new to care. This has been shared with the 0-19 teams and explains who their Cared for Nurse/0-19 Practitioner is and how to contact them.
40. **Quality Improvement** Cared for Children Nurses in Cheshire East have developed a new template to ensure the effective transfer of health information and health referrals for children placed in Cheshire East from out of area. This is being piloted and will be reviewed to check effectiveness and quality of the information shared and improved outcomes for Cared for Children.

41. **Cheshire East Bitesize Training** Two bespoke bitesize training sessions were arranged in March 2023 to share learning from local Rapid Reviews and Child Safeguarding Practice Reviews. Initial feedback from staff has been positive and there will be further sessions planned in the future on different topics relevant to Cheshire East.
42. **One-page briefing** Cheshire East have developed a one-page briefing to share key learning from Rapid Reviews with 0-19 Practitioners and shared at 0-19 professional meetings.
43. **Safeguarding Newsletter Cheshire East** Cheshire East Safeguarding team continue to produce a quarterly Safeguarding Newsletter to share key information from the Cheshire East Safeguarding Children Partnership, training, learning from local reviews as well as other pertinent safeguarding information related to Cheshire East.

Section 1: Statutory Framework and National Policy Drivers

44. 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).
45. 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)
 - Counter Terrorism and Security Act (2015)
 - CQC Registration standards, Health and Social Care (2008) – Regulation 13: Safeguarding Service Users from abuse and improper treatment.
 - Domestic Abuse Act 2021
 - Mental Capacity Act (2005), Deprivation of Liberty Safeguards amendment in (2007)
 - Safeguarding Adults at risk within Care Act (2014)
 - Working Together to Safeguard Children (2018)

Working Together to Safeguard Children (2018)

46. 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.
47. 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.
48. 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)

49. 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

50. Section 11 Audit places a duty on a variety of organisations to ensure their functions are discharged in line with legislation
51. During the reporting period the WSCP and WSAPB held a very successful two-day network event for all partner agencies on Wirral attended by 300 staff with 30 partner agencies represented. The safeguarding adult and children's team both attended to raise awareness of the services offered by WCHC and received positive feedback about their contribution.
52. The WSCP also launched the Systemic practice model which looks at the family as a whole and supports the current model Supporting Families Enhancing futures. WCHC 0-19 and safeguarding staff have attended the training which is planned to run throughout 2023 and will enhance best safeguarding practice for Wirral families
53. The Named Nurse attends the four subgroups, Quality Assurance and Learning & Improvement, Contextual Safeguarding and Performance and Quality as well as several task and finish groups and has been part of the development of the Wirral Joint Adult and Children Neglect Strategy which is due to be launched in June 2023.

Cheshire East Safeguarding Children's Partnership (CESCP)

54. 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. It is formed by the Cheshire East Council, Cheshire Police and NHS Cheshire and Merseyside Cheshire East Place.
55. CESCP has agreed shared priorities for the partnership which have adopted these as the initial plan for supporting the protection and wellbeing of children and young people in Cheshire East. This will improve frontline multi-agency practice through working on:
 - Our approach to Contextual Safeguarding
 - Neglect
 - Emotional Health and Wellbeing of our vulnerable children
56. The Named Nurse for Safeguarding Children and Cared for Children attends the following CESCP subgroups, Quality assurance, Learning and Improvement, Neglect Strategic Board, MARAC Steering group, Missing Steering Group (now Contextual Safeguarding Steering Group), Multi-Agency Liaison Meetings, as well as other task and finish groups, as required.

St Helens Safeguarding Children's Partnership (SHSCP)

57. 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.
58. Section 11 Audit places a duty on a variety of organisations to ensure their functions are discharged in line with legislation.
59. The Named Nurse attends numerous partnership/subgroup meetings including, Children at Risk of exploitation (CARE) group, Audit Review Learning (ARL), Neglect Operational Group, Domestic Abuse Operational Group, Signs of Safety (SOS), Learning & Development Group (L & D), Safeguarding Children's Partnership Forum, Families First Board, Multi Agency Safeguarding Hub (MASH) Operational Board, Performance Management subgroup.

60. During the reporting period the Named Nurse had been involved in 2 Partnership Events. The first was a networking event that included representation of over 20 Partnership Agencies. The second was an event on National Child Exploitation Day. The Named Nurse along with a 0-19 Practitioner had a stall to promote the service and delivered a presentation to attendees on the day.



61. The vision of SHSCP is that “All children from St Helens are safe and inspired to achieve their best. The principles we have agreed to adopt include:
- Make children central to everything we do
 - Hear the voice of the child and understand their experience
 - Work in partnership to protect children
 - Trust, respect, challenge and be accountable to each other.
 - Learn and improve
 - Communicate and share information within the partnership and their own agency
 - Make a difference, demonstrate impact, and celebrate success.
 - Ensure stability of Membership

Knowsley Safeguarding Children’s Partnership (KSCP)

62. KSCP 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 Knowsley.
63. The Named Nurse attends The Neglect Subgroup, Domestic Abuse Operational Group, Knowsley Signs of Safety Governance Meeting Group, JTAI Partnership Meeting, Safeguarding Review and Learning Group, Contextual Safeguarding Implementation Group and the Policy and Performance Group.

The priorities identified by KSCP for 2022-2023 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
- The Named Nurse attends The Neglect Subgroup, Domestic Abuse Operational Group, Knowsley Signs of Safety Governance Meeting Group, JTAI Partnership Meeting, Safeguarding Review and Learning Group, Contextual Safeguarding Implementation Group and the Policy and Performance Group.

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 provides assurance to Wirral, Cheshire East, St Helens and Knowsley Children's Partnership by completion of Section 11 audits
- WCHC provide assurance to Cheshire East Safeguarding Partnership by completion of the Commissioned Standards for both Safeguarding and Looked After Children (Cared for Children).
- An action plan has been developed to address areas of improvement against the Standards.
- 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, Cheshire East. No requirement to attend scrutiny meeting during this reporting period.
- The St Helens Named Nurse completed and submitted the Section 11 audit in Q1. The Named Nurse attended scrutiny panel in Q3. Positive feedback was received in relation to the Section 11 submission for St Helens.
- During the reporting period the Named Nurse for St Helens has completed audits and facilitated focus groups with St Helens Safeguarding Partnership focusing on Care Leavers, Neglect and Domestic Abuse.

The Care Act (2014)

64. 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)
65. 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)

66. 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.
67. There has now been development of a Wirral Safeguarding Adult Review Group (SAR) moving away from the Merseyside Safeguarding Adult Review Group (MSARG).
68. WSAPB developed three 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.
 - Communication and Engagement Group and it was agreed that this should be a driving force in the work of the board.
 - Operational subgroup to ensure all WSAPB policies and Procedures are in place.
69. 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 in June 2023, the plan to utilise the 'Virtual College' model has changed as this is no longer available and WSAPB are currently reviewing alternative models.

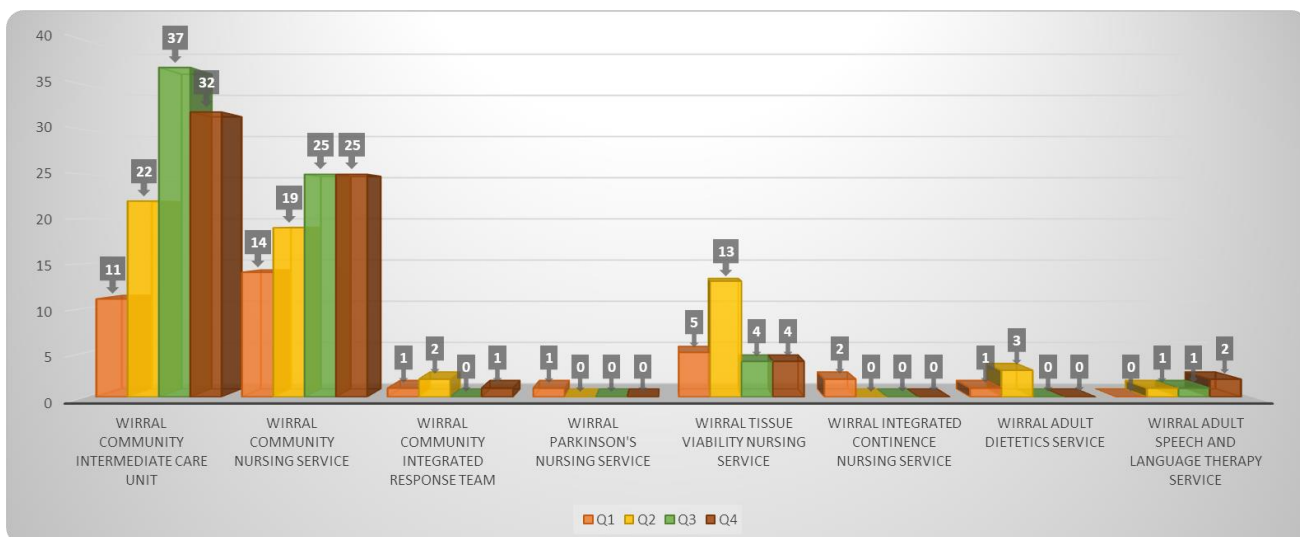
The Mental Capacity Act (2005)

70. 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.
71. 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.
72. 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
73. 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) was due to be replaced by Liberty Protection Safeguards (LPS).
74. On the 17 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 ran for 17 weeks from the March until July 2022.

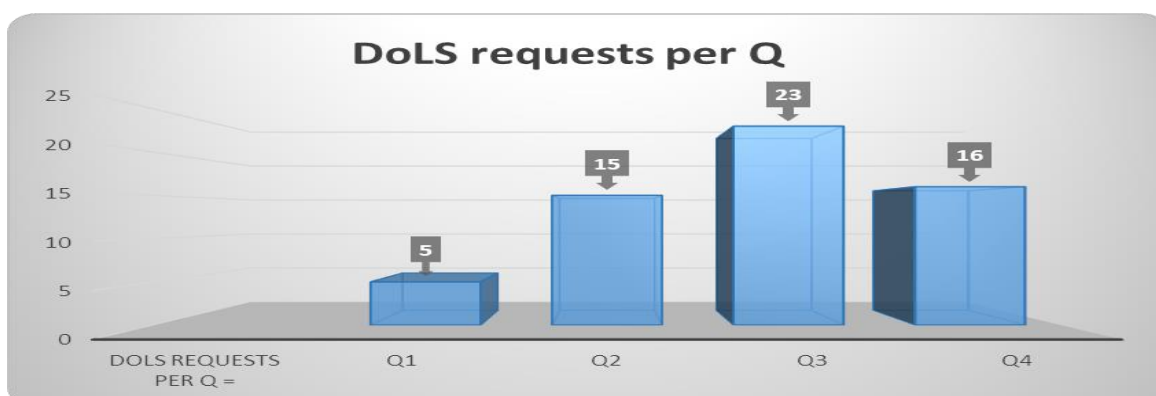
- 75. However, on the 05 April 2023 the Government announced they had taken the decision to delay the implementation of the Liberty Protection Safeguards beyond the life of this current Parliament.
- 76. Board oversight is achieved via safeguarding assurance reports. In addition, Board of Directors receive updates and training relating to legislative changes via the Informal Board agenda.

Trust Position

- MCA and DoLS is a mandatory section within Safeguarding Adults L3 training.
- Mental Capacity Assessment audit across clinical health staff during 2022 identified improvement in knowledge around MCA. An action plan was completed, and this will repeat in 2023.
- Quality assurance of completed MCA assessments from health utilising a dip sample approach due to the volume completed.
- The Quantity of completed MCA documentation comparison for 2022-2023.
- These figure show that there is an overall increase in the MCA documentation completed predominantly by CICC and Community Nursing. This pattern of increase in likely to continue in the next financial year 2023 - 2024



- 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) and are monitored by the DoLS Gatekeeper within the Safeguarding Adult Team.



- These figures show a 360% increase in the number of DoLS Requests made by CICC from Q1 to Q3 and a slight decrease of 30% Q3 to Q4.
- It is expected to increase again in 2023 – 2024 due in part due to the variable level of need of the patients being admitted onto CICC.

The Counterterrorism and Security Act (2015)

77. 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
78. The NHS and its partners have a role in the 'PREVENT' section of this strategy.
79. 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 Cheshire and Merseyside Integrated Care Board.

Trust position

- Prevent awareness and training is included within all levels of Safeguarding Adults and children 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 2022/2023 reported at 97.4% exceeding national expectations of 85%.
- In 2022/2023 Information was shared from WCHC to Channel Panel regarding 19 cases that had been referred to the Panel an increase from 12 in 2021/2022
- In 2022/2023 there were 12 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 3 on 2021/2022
- Submission of Prevent Data is completed quarterly to NHS digital by the Prevent Lead.

Section 2: Assurance and Compliance for Safeguarding

80. 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 2022 - 31 March 2023.
81. 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 Nurses within Cheshire and Mersey ICB

82. 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.
83. In January 2023 it was decided that the Safeguarding Operational Group would cease and the Named leads for children across all four areas would attend locality SAFE Operational Performance Group (OPG) meetings and share a report on the months key safeguarding/CLA activity. This has been well received by the Service directors who are able to receive safeguarding data in a timelier manner and support the agenda as appropriate.
84. Head of Nursing Safeguarding Governance provided a triennial assurance report and yearly annual report to Quality and Safety Committee and Trust Board. In Q3 the decision made by Quality and Safety Committee to provide quarterly assurance reports.

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

85. 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 Cheshire and Merseyside Integrated Care Board (ICB)
86. The SAAF is embedded within WCHC Quality Schedule and is submitted quarterly to ICB as part of our contractual assurance.
87. Quality and Safety Committee receive a detailed quarterly report, tracking performance and trajectories against improvements across the year.
88. Wirral region piloted the new Safeguarding Accountability Assurance Framework (SAF) during the reporting period which will be rolled out across all areas from Q1 2023-2024.
89. There is also a new SAF for CLA / C4C which was piloted across Liverpool and will commence across all areas in Q1 2023-2024. The Designated Nurses have been able to make some amendments to the CLA / C4C SAF to reflect each areas service delivery.

KPI performance - Adult Social Care

90. 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

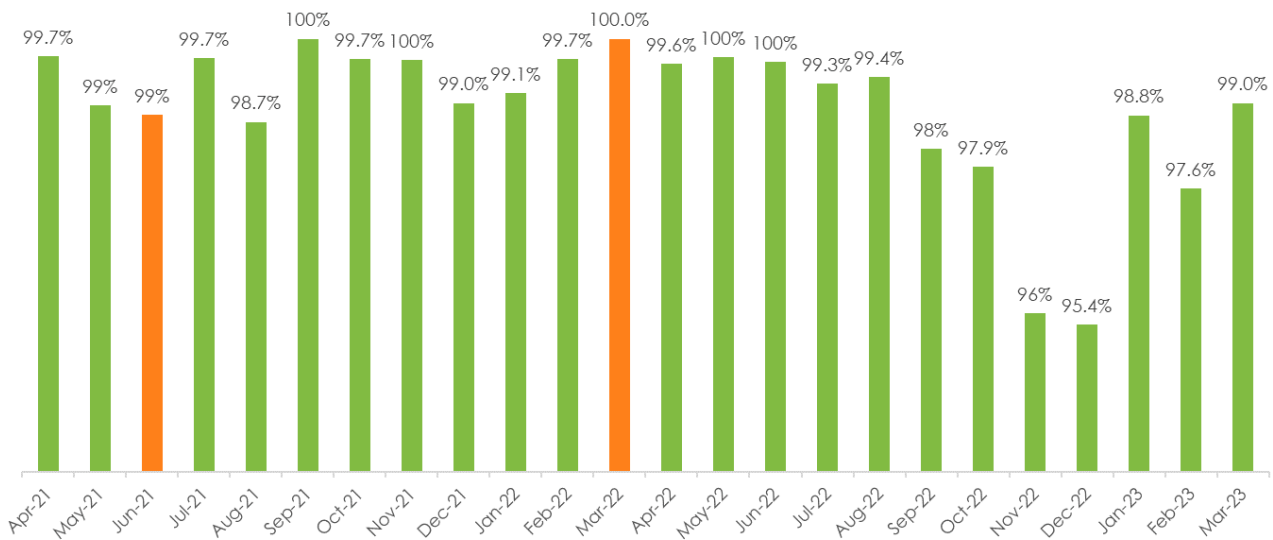
KPI 3. Overall, summary information regarding KPI 2 and KPI3 quarterly performance in 2022/23 is shown within the table below:

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
KPI 2	99.6%	99.0%	96.3%	98.4%
KPI 3	49%	50.6%	54%	44%

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

91. During 2022/23, the number of safeguarding concerns received was 3,301. The number completed within 5 days was 3,248 (98%) This is an amber RAG rating

KPI2 - % of Safeguarding Concerns Completed Within 5 Days



2021/22 Overall Performance = 99.4%

2022/23 Overall Performance = 98.4%

92. 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.

93. 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.

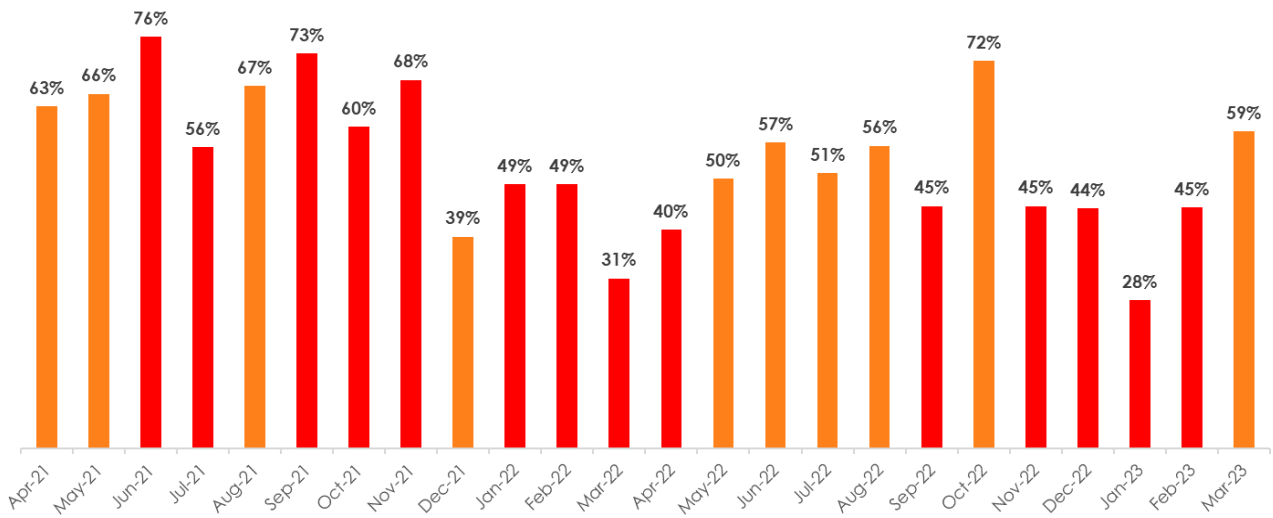
KPI 3 % of Safeguarding enquiries concluded within 28 days

94. In respect of KPI3 – the number of safeguarding enquiries closed during the year was 505.

The number of safeguarding enquiries closed within 28 days was 244. An overall average of 48% of enquires were completed within the target range of 28 days. This is a red RAG rating.

95. 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.

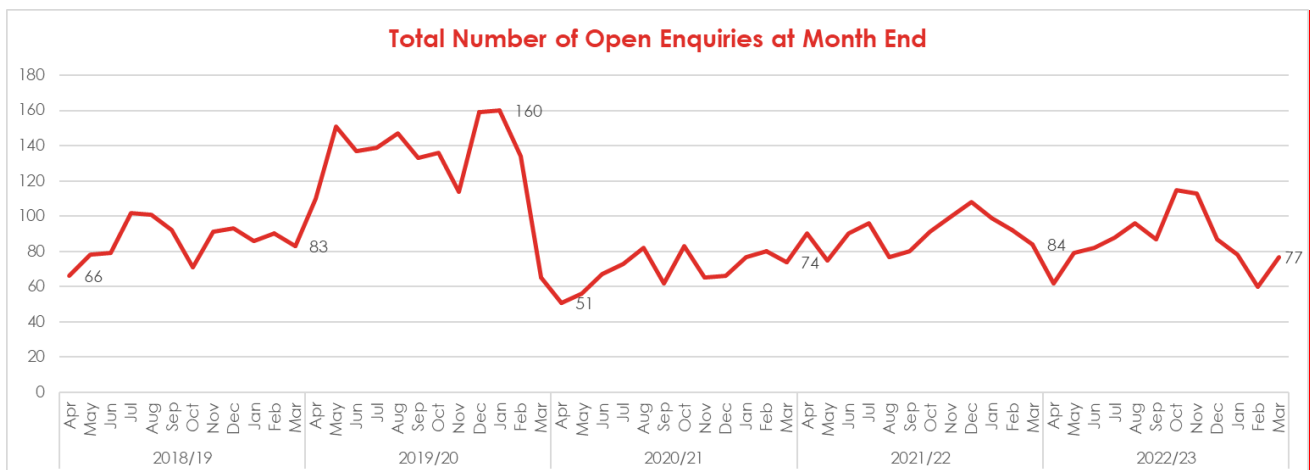
KPI3 - % of Safeguarding Enquiries Closed Within 28 Days



2021/22 Overall Performance = 58.6%

2022/23 Overall Performance = 48.0%

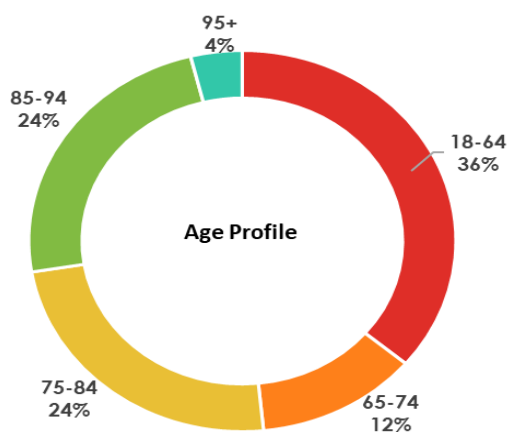
96. There will always be a number of safeguarding enquiries that, due to their complexity require further investigation beyond 28 days. As such, a rationale for the extended timescale is provided within the detail of the safeguarding closure form. The chart below indicates the total number of safeguarding enquiries open at month end between 2018/19 and 2022/23.



97. During 2022/223, WCHC has continued to support staff training and developments. As part of the Wirral system wide Safeguarding Steering Group, WCHC continue to work with partners to develop system changes, streamline processes and enhanced performance monitoring.
98. During this period WCHC's Multi Agency Safeguarding Team (MASH) has worked with WBC and implemented the 3 Conversation Model of assessment / change management model within the Trust. This initiative has resulted in streamlined system wide adult social care changes for Safeguarding.

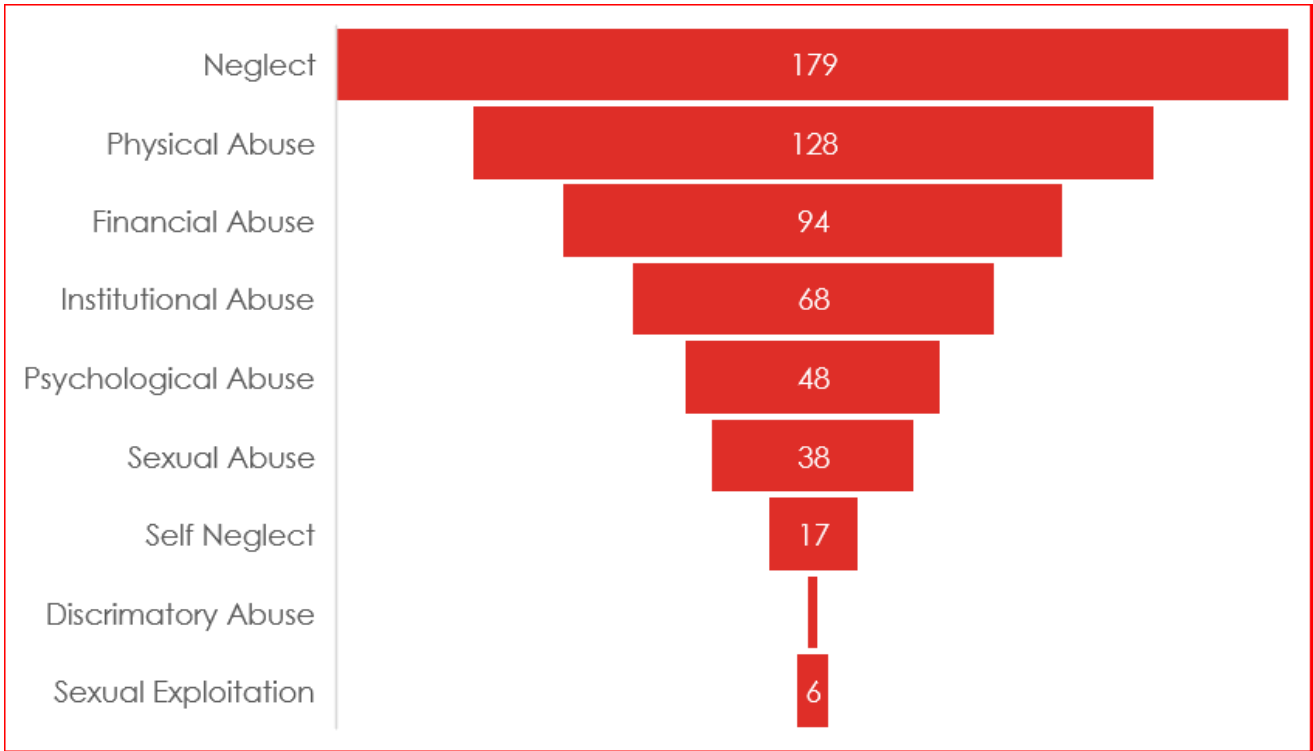
The following illustrations profile Safeguarding activity in 2022/23

Who was at risk of abuse and neglect in 2022/23?

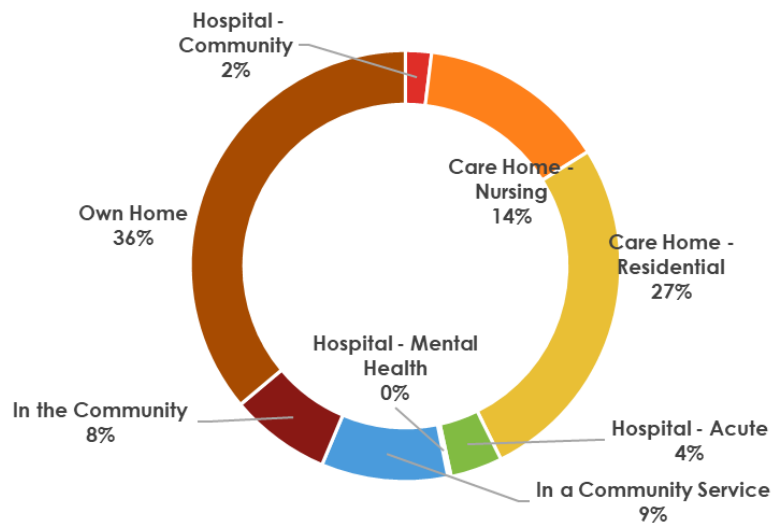


- 63% of enquiries related to females
- 37% of enquiries related to males
- 68% of enquiries related to people aged 65+
- 32% of enquiries related to people aged 18-64
- 83% of enquiries related to White British people
- 13% of people did not declare / know their ethnicity
- 4% of enquiries related to people with a reported ethnicity other than White British

What Types of Alleged Abuse were Reported?

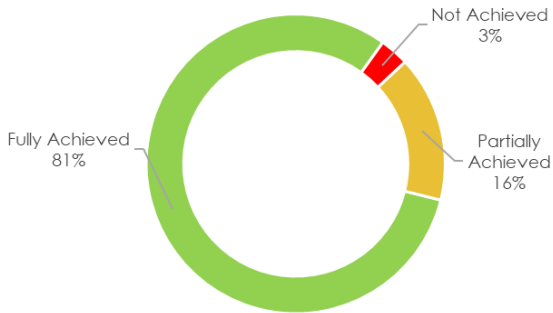


Where was Alleged Abuse Reported to Have Taken Place?

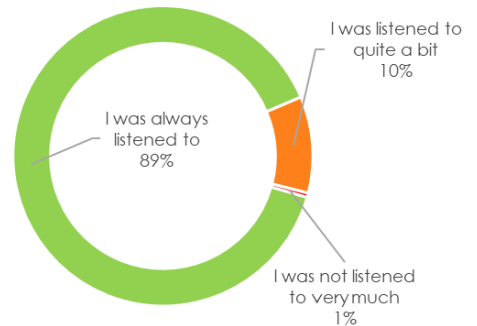


Making Safeguarding Personal

Desired Outcomes Achieved



Listened to During Enquiry



99. 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.
100. The number of Safeguarding concerns received in 2022/23 reduced by 270 (8%) on 2021/22 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.
101. The table below summarises the safeguarding concerns / enquiry activity during 2022/23.

Summary Safeguarding Activity 2022/23

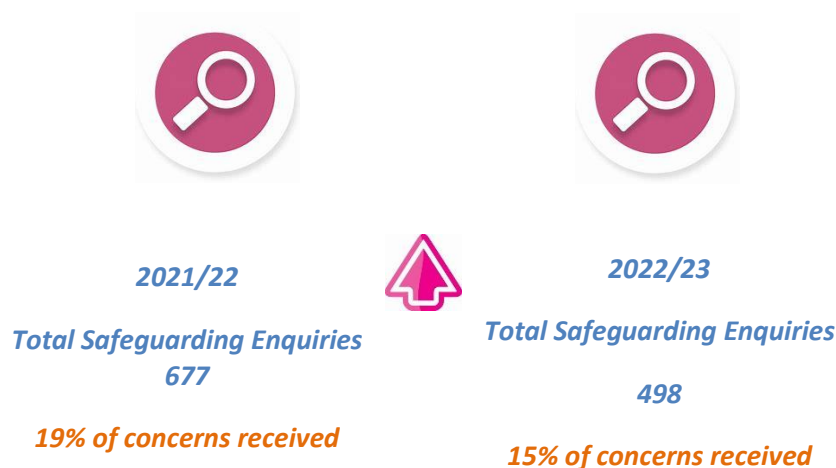
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Safeguarding Concerns	846	880	797	778	3301
Safeguarding Enquiries	106	146	135	111	498

During the period 2022/23 there has been a decrease in activity:

How many concerns were reported during 2022/23?



How many concerns resulted an enquiry in 2022/23?



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

102. During 2022/23, WCHC's MASH staff worked closely with WBC, Partners for Change and Cheshire Wirral Partnership to co-produce and implement the 3 Conversation Model, improving Safeguarding practice across adult social care. Initiatives included the implementation of streamlined system processes allowing staff more contact time with individuals to develop better outcomes for the people of the Wirral
103. 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

104. During the reporting period a full Section 75 review was carried out of all Adult Social Care Services. Due to the full review of the services, it was agreed that WCHC's internal audit programme would be paused
105. A case file peer review audit was carried out in January 2023 with the Principal Social Worker of Wigan as part of CQC preparedness.
106. The feedback provided from that audit highlighted outstanding practice from Adult Social Care Practitioners in Safeguarding practice.

Safeguarding Training

107. Safeguarding training is delivered in line with the Adult and Children's Intercollegiate documents
108. 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)
109. 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).

110. 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

- 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.
- In Q4 Level 3 safeguarding children's training dropped to 89.4%. across the Trust and seeing Wirral reduce to 87.1% due to the challenges with staffing and the impact this has had in access to training

Indicator	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Target
Safeguarding Children Training – Trust wide position					
Level 1 percentage of staff who have had training within the past three years	96.3%	96.7%	98.0%	96.9%	90%
Level 2 percentage of staff who have had training within the past three years	87.2%	90.8%	92.9%	93.6%	90%
Level 3 percentage of staff who have had training within the past three years	90.8%	88.8%	93.5%	89.4%	90%

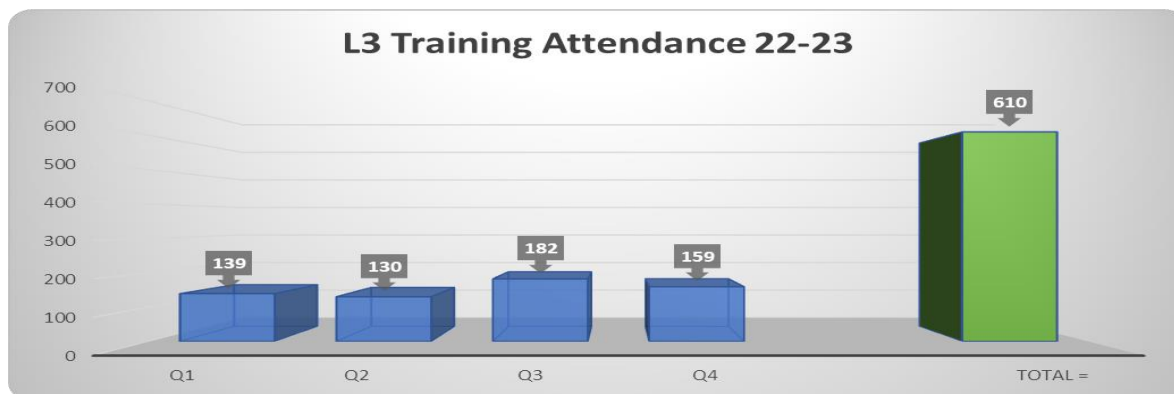
Level 3 Safeguarding Adult Training

111. The L3 Safeguarding Adult training has continued interactively via MS teams. With the support from Service Directors the compliance has increased despite the challenges on services and

INDICATOR KPI	REPORTING FREQUENCY	THRESHOLD	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Percentage of non-clinical Staff who have had appropriate Safeguarding Adult Training within the past 3 years. Level 1 as pre intercollegiate 2018	Quarterly	>90%	92.3	93.2	95.2	97.7
Percentage of clinical staff who have had appropriate Safeguarding Adult Training within the past 3 years. Level 2 as per Intercollegiate 2018	Quarterly	>90%	91.2	96.4	96.2	92.3
Percentage of clinical staff who have had appropriate Safeguarding Adult Training within the past 3 years. Level 3 as per Intercollegiate 2018	Quarterly	>90%	90.7	90.7	92.9	92.5
Percentage of Staff who have had PREVENT training	Quarterly	>90%	94.2	93.4	95.9	97.4

the introduction of new services within the organisation.

112. 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 also using screen savers.



113. There were four Single Agency Safeguarding training sessions delivered by the Safeguarding Adult Team for Wirral GP's during 2022-23 as per the Service specification from Wirral Place, training 68 GP's



Inspections/Reviews

114. In July 2022, there was a Joint Targeted Area Inspection (JTAI) into the multi-agency response to the criminal exploitation of children in Cheshire East. The inspection took place from 11 to 15 July 2022. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). The report was published on the 26th of September 2022 and identified '*strategic multi-agency partners did not understand the extent and impact of the failure to protect children and drive forward plans for those who are at risk of, or are victims of, criminal and sexual exploitation*'. Local learning was identified for WCHC, and the action plan merged with joint Multi Agency Safeguarding Arrangements action plan, which is monitored through the CESCIP Improvement Board. The action plan is monitored and reviewed through the Trust Safeguarding Assurance group.
115. In December 2022 a Joint Targeted Area Inspection (JTAI) took place on Wirral focusing on early help. The inspection took place from November 28th, 2022, to 16th December 2022. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). The final report was shared on February 20th 2023 and highlighted excellent working relationships across the partnership in delivering early help to Wirral children. '*Senior leaders in partner agencies have a shared and well-developed vision for early help in the Wirral. Staff across statutory and voluntary agencies have understood and engaged with this.*' We are currently awaiting any local learning and action plans that may come from the findings.

Safeguarding Supervision

116. 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
117. 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. There is one newly appointed Specialist Nurse Safeguarding Children in Knowsley who is booked on Level 4 Training in Q1 of 2023-2024.
118. Following recommendations from the Care Act (2014), the supervision policy has been

amended to include practitioners who caseload adults.

119. The Supervision process is available on Systm1 which supports improved preparation and management of supervision. The templates align to the SFEF model used in Wirral children's services and ensure that supervision is both reflective and restorative. The SOS model is used within supervision in St Helens and Knowsley and Cheshire East. This enables practitioners to analyse and reflect on indicators of danger/harm and alongside indicators of safety and strengths when completing Safeguarding Supervision.
120. 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.
121. 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.
122. In addition to delivering bespoke Safeguarding supervision the development of the Safeguarding Adult Champion Programme role has enabled Group Safeguarding Supervision to be delivered across all Trust services with the Specialist Nurse Safeguarding Adults offering quarterly group supervision to the Champions who are then supported to deliver this within their teams.
123. 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

124. The population of Wirral is 322,796 (ONS, 2018) with an economically active population of 155,300 (ONS 2018). The proportion of people of working age, particularly of younger adults, is at its highest in central and inner areas of east Wirral. The proportion of older age groups is generally larger in the west. The population is predominantly white British (90%) but significant ethnic minority groups exist, particularly Irish, Chinese and Polish.
125. There are approximately 67,508 children (0 to 17 years) living in the borough. Of the total population, this equates to 21% of the population being aged under 18. Of all children, 17.4 % live in poverty. The current rate of Children Looked After is 120 per 10,000 with 567 children in Foster Care.
126. In the latest Index of Multiple Deprivation, Wirral was ranked 77th most deprived authority out of 326. Although Wirral's overall ranking for deprivation has gone down between 2015 and 2019, the number of LSOAs in the most deprived 20% of areas in England has increased by 10. This means that an additional 20,000 residents are now classed as living in deprivation compared to 2015 (IMD 2019).
127. 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.

128. The table below shows safeguarding children activity levels across Wirral for the reporting period 01 April 2022- 31 March 2023, with year-on-year comparative data offered wherever possible.

Annual comparative data across Wirral 2022-2023

Safeguarding Children Activity	Q1	Q2	Q3	Q4
Number of staff requiring supervision sessions	54	54	63	74
Number of child protection case conferences attended	60	55	49	52
Number of Case conference reports completed	86	93	67	77
Number of court reports requested	18	22	16	14

Annual data	2019/2020	2020/2021	2021/2022	2022/2023
Number of children on a child protection plan	357.5	305	368	380

129. The number of staff requiring supervision has altered over the year due to changes in staff numbers and deregistration of cases. For services such as Speech therapy, Sexual Health and Unplanned care group supervision is facilitated
130. Case conference reports are shared for both school age and children under 5 years in the family so up to three per family could be shared depending on the sibling groups and children’s allocated school
131. Requests for Court orders has remained consistent over the reporting period
132. The number of children on a Child Protection plan has continued to rise over the reporting period and since lockdown, which saw a record low at that time.
133. The table below gives a summary of the disparity within the borough between East and West Wirral and gives a stark reminder of the challenges the partnership face.

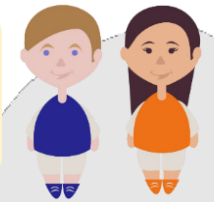
DISPARITY IN WIRRAL

Great disparity exists across the borough, meaning that children and young persons life chances and experiences are markedly different depending on where they live in the borough. This information is illustrated below using data drawn from affluent wards in West Wirral and much more deprived wards in East Wirral. The east and west wards lie less than 6 miles apart from each other.

West Wirral

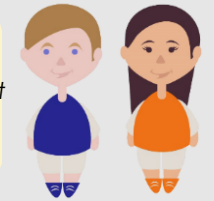
East Wirral

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



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

Families living in West Wirral are likely to be at least £17,000 a year **better off** than families living in East Wirral. Only **3%** of children in here live below the poverty line.



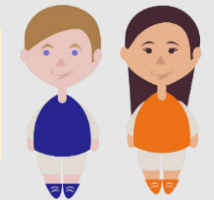
My family is **ten times** more likely to live below the **poverty line** compared with families in West Wirral. Nearly **39%** of children in my ward live in poverty.

Educational attainment at all ages in West Wirral is **above** the national average. **49%** of 19 year olds are in higher education.



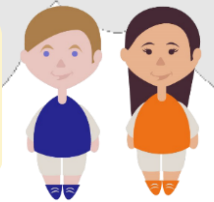
Educational attainment at all ages in east Wirral is **below** the national average. **29%** of 19 year olds are in higher education.

Children here are **6 times less likely** than those in East Wirral to be subject to a child protection plan. **7%** of children in my ward are subject to a CP plan.



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

Children living in my ward are **25 times less likely** to be taken into care as a child looked after than the most deprived ward in Birkenhead



Children living in my ward are **4 times more likely** to have some involvement with statutory children's services than children living in West Wirral.

Challenge— The challenge for the partnership is to close the gap between the two extremes by ensuring services and resources are targeted where they are needed most, and

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

134. 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 (2015)
135. During the reporting period the Specialist Nurses have offered 100% supervision to all eligible staff.
136. WCHC has achieved 87% compliance against the national target of all CLA having a named health professional. This has been due to staffing challenges within 0-19 due to long term sickness and recruitment.
137. However, all CLA received their review health assessment and had their health needs met as per their care plan from the practitioners within each team
138. The table below shows the number of CLA for the reporting period 01 April 2022- 31 March 2023 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 children annually 2022/2023
Average number of Wirral children with CLA status	668	655	645	627
Average number of Wirral Children with CLA status placed Out of Borough	185	170	158	160.5
Average number of CLA children placed in Wirral from Out of Borough	224	280	267	285.5
Average total of CLA children cared for in Wirral	892	935	803	787.5

139. 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 remained static which is a positive trend in keeping children close to their birth area. Looking at the data for CLA on Wirral overall in 22-23 this figure has significantly reduced showing a positive downward trend.
140. During the reporting period the Dental Health E referral pathway was extended by NHS England North for Looked after children to access dental services. Since then, the Named Nurse has referred 30 children to the service, and we have also worked closely with WCHC dental team to ensure any immediate dental needs are addressed in a timely manner
141. Immunisation uptake for the CLA cohort is at 87% which is just below the expected KPI of 90% but has seen a rise since the beginning of the reporting period due to a dedicated immunisation team

Child Sexual Exploitation and Criminal Exploitation

142. 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.

143. Emerging there increasing numbers of children being exploited for Organised Crime Gangs (OCGs) locally and unaccompanied asylum seeker children (UASC) being exploited in local businesses such as car washes, nail bars and cannabis farms.

Safeguarding Liaison/CDRP (Child Death Review Panel)

144. The Merseyside CDRP is a sub-group of the five Local Safeguarding Children Partnerships (Knowsley, Liverpool, Sefton, St. Helens, Wirral LSCPs) 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.
145. 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.
146. There was a total of 15 deaths (100%) recorded in Wirral between 01.04.2022 and 31.03.2023. Of those:
- 67% (N=10) were expected deaths with an age range of between 3 hours and 17 years.
 - 33% (N=5) were unexpected deaths with an age range of between 10 weeks and 16 years.
 - The Pan Merseyside SUDiC Protocol was initiated appropriately in all unexpected deaths. 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.
 - 53% (N=8) of all deaths were children under 1 year of age. (26% (N=4) of all deaths were children under the age of 1 week).
147. Following each unexpected death, an internal Datix report is completed and is reviewed at CRMG and the mortality review Group.
148. During the reporting period, following a SUDiC review involving a young person with asthma the coroner referred to the impact of vapes and cannabis on the child's condition. An article relating to this specific issue was shared with 0-19 practitioners to use when supporting children and completing health assessments.
149. During the reporting period there was an unexpected death of an adult who was aged 18 years and 2 weeks. This placed them outside the reporting age for the Child Death Review Processes and SUDiC protocol but was still registered with the 0-19 service, so a Datix and 72-hour review process were completed although no additional information was added to them.

Cheshire East Safeguarding Children

150. According to Cheshire East data, the latest population estimate for Cheshire East is 398,800. By population, Cheshire East is the 3rd largest Unitary Authority in the Northwest, and the 15th largest in the country. There are approximately 78,243 children aged 0-17 in Cheshire East and they make up 19.6 % of the total population.
151. Cheshire East is generally affluent with 40% of the population living in rural areas. However,

there are 18 small areas (LSOA's) in the most deprived 20% nationally (an increase from 16 areas since 2010). These include Crewe, Macclesfield, Wilmslow, Alsager and Congleton.

- 152. Residents in Cheshire East are predominately White British at 96.7% of the population with residents of black and ethnic minority background forming 3.2% of the population – this is lower than England at 14%. Approximately 5% of the residents in Cheshire East are from European countries and Cheshire East also have a travelling community.
- 153. The Specialist Nurses for Safeguarding Children provide advice, training, support and safeguarding/Cared for Children supervision to staff, ensuring that the requirements of “Working Together to Safeguard Children” are met and best practice processes are in place.
- 154. The table below shows safeguarding children activity levels across Cheshire East for the reporting period 01 April 2022- 31 March 2023.

Safeguarding Children Activity	Q1	Q2	Q3	Q4
Number of staff requiring safeguarding supervision	39	37	38	46
Number of initial child protection case conferences attended	82	97	69	97
Number of court reports requested	26	33	40	44
Number of children on a child protection plan	245	251	262	215

- 155. The number of staff requiring safeguarding supervision has increased over the year which has impacted on the safeguarding supervisors.
- 156. Over the past year, the supervision compliance for staff carrying formal safeguarding children safeguarding cases has been above the required compliance of 90%. The number of children subject to a child protection plan remained static over the first three quarters, with a reduction in numbers in quarter 4.
- 157. Over the past year, the number of requests for court reports and chronologies for children subject of court proceedings has increased each quarter. In addition, there has also been an increase in the requests for records for court proceedings.

Child Safeguarding Practice Reviews

- 158. Over the past year, Cheshire East Safeguarding Children Partnership (CESCP) have published three local Child Safeguarding Practice Reviews (CSPR) and one Joint Thematic Review into Contextual Safeguarding with Cheshire West and Chester Safeguarding Children Partnership (CWAC SCP). One of the CSPR's (Child H & I) and the Joint Thematic Review were published on the CESCP website in January 2023. Child J was published on the 8th of February 2023 and Child K published on the 15th of February 2023. The links for all of the CSPR's are circulated to staff and any learning included in Level 3 training and shared at professional meetings and through the Safeguarding Newsletter.
- 159. Local learning was identified for Child J and Child K and these actions are monitored and reviewed through Safeguarding Assurance group.

160. A further two CSPR's were commissioned in April 2022 and January 2023. Local learning from these reviews has been shared with 0-19 teams in Cheshire East and action plans are monitored and reviewed through Safeguarding Assurance group.

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

161. The Named Nurse and Specialist Nurses in Cheshire East are responsible for ensuring that WCHCT meets the statutory requirements for children in care as detailed in the Children Act (1989) and (2004) and Promoting the Health of Looked after Children (2015).

162. Over the past year, the supervision compliance for staff carrying formal safeguarding children safeguarding cases has been above the required compliance of 90% for the first 3 quarters, with a slight reduction in quarter 4 due to staff sickness.

163. The table below shows data for Cared for Children for Cheshire East for the reporting period 01 April 2022- 31 March 2023.

Children with 'Looked After' Status	Average number of children annually 2020/21	Average number of children annually 2021/2022	Average number of children annually 2022/2023
Average number of CE children with CLA status	559	524	560
Average number of CE Children with CLA status placed Out of Borough	208	209	231
Average number of CLA children placed in CE from Out of Borough	174	312	196
Average total of CLA children cared for in CE	733	836	756

164. There has been an increase in the total average number of Cheshire East Cared for children, as well as Cheshire East children placed out (524 to 560 and 209 to 231 respectively). In Cheshire East, there has also been an increase in the number of Unaccompanied Asylum-Seeking Children, with many of these children subsequently being placed out of area.

165. Whilst the data above indicates that the total average number of Cared for children in Cheshire East has reduced from the period 2021/2022 to 2022/2023 (836 to 756), the quarterly data indicates that there has been an increase of over 10% in the total number of Cared for children from quarter 1 to quarter 4 (2022/2023).

166. The data above also indicates that the total average number of children placed in Cheshire East from other Local Authorities has reduced from 2020/2021 to 2022/2023 (from 312 to 196), but the quarterly data indicates that there has been an overall increase in the number of Cared for children placed in area, from quarter 1 to quarter 4 (2022/2023). However, this data is dependent on other Local Authorities informing Cheshire East when placements have been made and ended and so is not always accurate.

167. Cheshire East has ten neighboring local authorities and often children can live in one area and

be registered with a GP in a different ICB area. This can present with challenges in accessing services, particularly healthcare. WCHC Cared for Children's team work closely with out of area teams and Cheshire Merseyside ICB to ensure that the NHS England Responsible Commissioning guidance is applied.

St Helens Safeguarding Children

168. The population of St Helens is 183,391 including 40,082 children (0-19). The population is predominately White British with 3 % of children living in the borough from an ethnic minority group. St Helen's age structure shows the working-age population to be 115,043 which is 62.7% of the population. People under the age of 16 represent 16.7% of the population, and over 65s represent 20.6% of the population.
169. 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.
170. In the most recent Index of Multiple Deprivation (IMD), St Helens is ranked as the 26th most deprived local authority in England out of 317. Its relative position has deteriorated since the 2015 IMD. Almost a ¼ of St Helens Residents live in the most 10% deprived areas in the country.

The table below shows safeguarding children activity levels across St Helens for the reporting period 01 September 2022- 31 March 2023

Safeguarding Children Activity	Q1	Q2	Q3	Q4
Number of staff requiring safeguarding supervision	41	43	43	48
Number of initial child protection case conferences attended	85	58	107	57
Number of court reports requested	15	21	20	20
Number of children on a child protection plan	283	280	291	289

171. The number of staff requiring supervision has altered over the quarters due to changes in staffing levels within the 0-19 service.
172. Requests for Court orders has remained similar over the reporting period. It is to be noted that these have continued to request both court reports and redacted records. The Safeguarding Team have supported the 0-19 Practitioners with writing court reports and have undertaken the redaction of records in the reporting period.
173. The number of children on a Child Protection plan has remained stable in the reporting period, following a slight increase of Children made subject to a Child Protection Plan at the end of COVID Pandemic.
174. During the reporting period there has been 3 SUDIC's in St Helens. 2 SUDIC's concluded, 1

had no safeguarding concerns identified. The 2nd was an ongoing Police investigation that has recently concluded. 1 SUDIC awaiting pathology results before can conclude.

175. Four Rapid reviews have been completed in the reporting period. The outcomes of the Rapid Reviews were not to progress to a LSCPR (Local Safeguarding Children’s Practice Review) One of the Rapid Reviews was part of a Thematic Review completed by the Partnership to support action planning and learning for agencies. Local learning is shared and implemented into inhouse training and Safeguarding newsletters

Knowsley Safeguarding Children

176. 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%.
177. 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).
178. 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 Northwest. 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 Northwest.
179. 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.
180. The table below shows safeguarding children activity levels across Knowsley for the reporting period 01 September 2022- 31 March 2023

Safeguarding Children Activity	Q1	Q2	Q3	Q4
Number of staff requiring safeguarding supervision	7	11	12	12
Number of initial child protection case conferences attended	36	63	63	43
Number of court reports requested	10	6	16	9
Number of children on a child protection plan	125	151	186	212

181. There was one review of care provided following the death of an adult in Knowsley. Multiagency learning identified, no specific learning for WCHC.

182. There was one case review (as the threshold for a rapid review was not met) WCHC supported the care review. Local learning is shared and implemented in house training and Safeguarding newsletters.
183. During the reporting period there have been 8 SUDICS in Knowsley. 1 police investigation has recently concluded, 2 have ongoing police investigations, 5 had no safeguarding concerns.

Section 4: Safeguarding Adults Health and Care Activity and Priorities

Liberty Protection Safeguards

184. Liberty Protection Safeguards meetings and action plan had recommenced despite the delay due to Covid and the delay in planned Implementation.
185. 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. The consultation ran for 17 weeks from the March until July 2022.
186. On the 05.04.2023 the Government announced they had taken the decision to delay the implementation of the Liberty Protection Safeguards beyond the life of this current Parliament.

Domestic Abuse Agenda

187. 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 of the organisation and for Wirral GP practices as outlined within the commissioned service specification. This representation ensures timely sharing of information. WCHC Domestic Abuse Practitioner has also supported a number of staff across the organisation who have been victims of Domestic Abuse.



188. The Safeguarding Adult Team launched a new Domestic Abuse template 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.



189. On July 8 2022, the Home Office published the Statutory guidance supporting the understanding of the definitions of 'domestic abuse' and 'personally connected as set out in the Domestic Abuse Act 2021 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.
190. 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
191. 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.
192. 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.
193. 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.

194. Section 70 Domestic Abuse Act 2021 (DA Act 2021) introduced the offences of non-fatal strangulation and non-fatal suffocation. Schedule 2, paragraph 4 DA Act 2021 introduced the offence of racially or religiously aggravated non-fatal strangulation or non-fatal suffocation. The offences came into force on 7 June 2022 and are not retrospective.

Domestic Abuse/Multi Agency Risk Assessment Committee (MARAC)

195. 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.

196. A 6-month review of Wirral MARAC has been commissioned and is being completed by Safelives, this commenced in March 2023.

197. **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

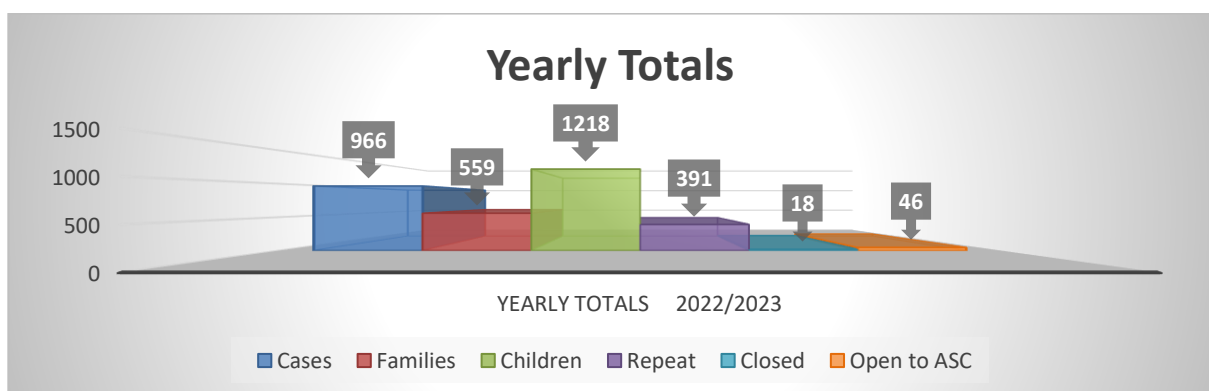
Priority 5: Create a kinder brighter future for the next generation

198. In 2022- 2023 WCHC Health and ASC attended daily MARAC and the below data outlines number of MARAC cases and number of children

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

200. What we know about Domestic Abuse on Wirral in 2022-2023

- 966 high risk cases heard a slight reduction in cases compared to 1,002 in 2021-2022.
- 1,218 children discussed compared to 1,281 children at MARAC in 2021-2022
- 391 repeat cases heard which is comparable to 2021-2022
- 18 closed MARAC cases an increase on 12 closed MARAC in the previous year



201. 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. A fortnightly meeting is held, and Adult Social Care is represented by Safeguarding Adult Governance Team, DRIVE declined Health input. DRIVE commenced in March 2021 and is currently being reviewed for effectiveness and we are awaiting the outcome.

202. 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)

203. 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.
204. 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.
205. 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 and Wirral GPs with regards to MAPPA queries and actions. In addition, WCHC also provides statutory adult social care input into this process.
206. 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.
207. During the reporting period WCHC have attended all MAPPA meetings and shared appropriate information when required to do so.

Hate Crime MARAC

208. 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.
209. 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)

210. There was 7 FGM cases reported in 2022/3 from WCHC compared to 5 in 2021/22.
211. National reporting processes followed and recorded on NHS FGM dataset as is required.
212. There were 18 closed MARAC cases discussed during 2022/23 an increase of 6 on the previous year these cases pose the highest risk and include the risk of Honor Based Abuse and forced marriage

Community Intermediate Care Centre (CICC)

213. Following the opening of the Inpatient beds at CICC during January 2021 Safeguarding Adults Team have continued to support the staff with bespoke Safeguarding Training sessions around MCA and DoLS. Specific training sessions in Domestic Abuse were delivered with the Therapy staff, this included asking about Domestic Abuse and the process to follow if recognising the increase in disclosure of Domestic Abuse within the elderly population.
214. 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 21st November 2022

215. Safeguarding Adults Governance team celebrated Safeguarding Adult Week with daily Safeguarding lunch and learn sessions.
216. There was a meet the Adult Safeguarding Governance Team and Adult Social Care MASH Team, we were delighted that staff came along with questions and queries about Adult Safeguarding. All sessions were promoted with the support from comms via the Trust social media, screen savers and the Staff bulletin.



‘Live Lounge’

217. 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 including Domestic Abuse and FGM. 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

218. 2022-2023 has seen the recommencement and implementation of the Safeguarding Adult Champions Programme, following the disruption of COVID.
219. Cycles 1 – 4 there was 198 staff who attended one or more workshop sessions since the inception of the programme in 2021, and Cycle 5 is currently in the process of being delivered. The 9 sessions incorporate a variety of safeguarding topics, including Safeguarding Supervision, Adult Safeguarding and S42 Enquiries, Mental Capacity & Best Interests, Domestic Abuse, Gender Based Abuse, Modern Slavery & Human Trafficking.
220. The Safeguarding Champions provide a crucial role across the organisation, supporting the Safeguarding specialists to promote the safeguarding agenda within their teams, services and divisions.
221. Staff have found the programme valuable, engaging and overwhelmingly positive, making the following comments.

‘Extremely helpful and so beneficial’

'All staff should undertake the programme to promote their safeguarding understanding and knowledge'

'My confidence and knowledge has grown throughout the programme'

'The programme has helped me support other team members with safeguarding concerns'

'I really enjoyed the sessions, not only the knowledge, but also the good network of colleagues'

'This will help our service to deliver better and more focused advice and support for our patients'

'My safeguarding knowledge has expanded thanks to the sessions'

222. A Celebration Day will be scheduled to take place in July 2023, where the Champions, who have completed the competency framework will be presented with their certificates and badges.



Safeguarding Matters Newsletter

223. The Safeguarding Adult Team have continued to distribute a 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.

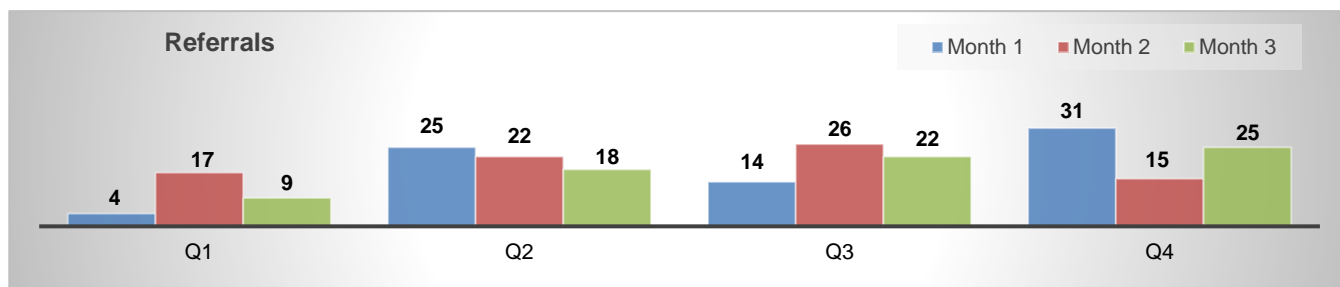
'HowAboutYou'

224. 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.
225. In Quarter 1 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.



Safeguarding referrals into ASC from Health

226. In 2022-2023 228 Adult Safeguarding referrals were completed from WCHC Health into ASC using the orange dot on Systm1 a 70% increase on 2021/2022 with an average of 50% of these referrals progressing into a S42 enquiry.



227. Safeguarding Adult Governance Team Quality Assured all of these Safeguarding Adults referrals with feedback to the member of staff to improve practice and ensure a robust referral process.

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

228. Five 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 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 and we are awaiting the final report and actions to be shared from the Safeguarding Adult Board.
- **SAR 19** was requested by WCHC following concerns that agencies did not work together but has been delayed due to an ongoing Police investigation
- **SAR 22** this is a Merseyside wide review in relation to the interface between VPRF1s and Social Care. Currently awaiting a panel meeting date.
- **SAR 24** commenced March 2023
- **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 Identified learning and action plans will be monitored via WSAPB and internally via SAG still awaiting Home Office review and sign off.

Section 5: Future Priorities 2023/24

229. Future priorities for 2023/24 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
- 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.

- A plan for a Celebration event for all the Champions who have successfully completed the programme and been signed off
- 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.
- 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.
- Wirral safeguarding team to work closely with the care leavers team to encourage young people to take up the offer of a health passport and to move from paper Health passports to electronic.
- To embed the Review Health Assessment Feedback audit tool into SY1 to enable practitioners to complete this at every RHA contact in that year for Wirral and CE children 11 years and above. This will support a more robust yearly audit from the records to gain young people's views going forward and support best practice and service delivery.
- Deliver the new starters Bitesize sessions on Wirral three times per year to ensure staff are supported in safeguarding practice in a timely manner

Conclusion and Recommendations

230. There have been several challenges during 2022-2023 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.
231. 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.
232. 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.
233. 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)

ARL	Audit Review Learning
BAAF	British Association for Adoption and Fostering
BMI	Body mass index
CARE	Children at Risk of Exploitation
C4C	Cared for Child (Looked After Children in Children East)
CDOP	Child death overview panel
CDRP	Child Death Review Panel
CE	Criminal Exploitation
CESCP	Cheshire East Safeguarding Children Partnership
CICC	Clatterbridge Integrated Care Centre
CLA	Children Looked After (local term)
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CSPR	Child safeguarding practice review
CWP	Cheshire Wirral Partnership trust
CYP	Children and Young People
DHR	Domestic Homicide Review
DOLS	Deprivation of Liberty Safeguards
FGM	Female Genital Mutilation
FNP	Family Nurse Partnership
ICB	Integrated Care Board
IPC	Institute of Public Care
JTAI	Joint Targeted Area Inspection
KPI	Key Performance Indicators
KSCP	Knowsley Safeguarding Children's Partnership
L&D	Learning & Development
LeDeR	Learning Disability Mortality Review
LL	Liquid logic
LPS	Liberty Protection Safeguards
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
MSARG	Merseyside Safeguarding Adult Review Group
NEET	Not in Education, Employment or Training
OCG	Organised Crime Gang
OPG	Operational Programme Group
QPER	Quality Performance Effectiveness Risk
RHA	Review Health Assessment
SAFE	Standards Assurance Framework for Excellence
SAR	Safeguarding Adult Review
SCPR	Safeguarding children practice review
SFEF	Supporting Families Enhancing Futures
SOP	Standard Operating Procedure
SOS	Signs of Safety
SPOC	Single Point of Contact
STSCP	St Helens Safeguarding Children's Partnership
SUDiC	Sudden unexpected death in childhood
UASC	Unaccompanied Asylum-Seeking Children
WBC	Wirral Metropolitan Borough Council
WCHC	Wirral Community Health and Care NHS Foundation Trust
WSAPB	Wirral Safeguarding Adult Partnership Board