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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.

A handwritten signature in black ink, appearing to read 'Karen Howell', with a large, stylized flourish at the end.

Karen Howell OBE
Trust CEO

Dated: 21 June 2023

A handwritten signature in black ink, appearing to read 'M Brown', with a large, stylized flourish at the end.

Professor Michael Brown, OBE, DL
Trust Chair

Dated: 21 June 2023

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.

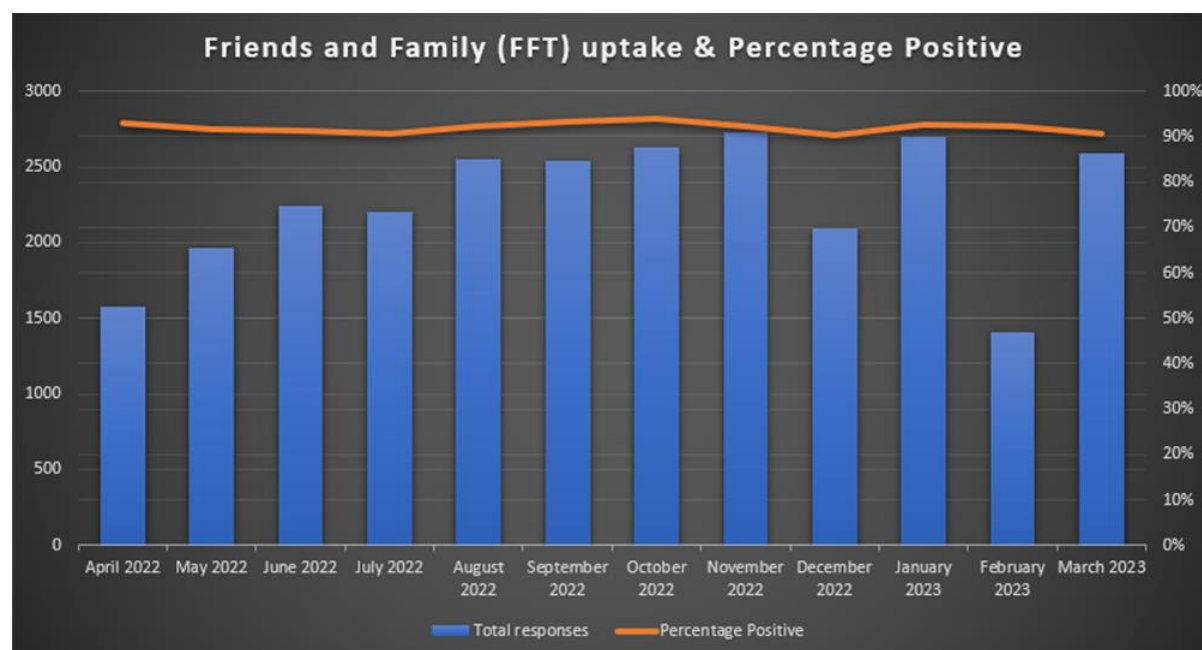
3.3.4 Friends and Family Test (FFT)

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 McGowan 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 |

Statement from Wirral Place, NHS Cheshire & Merseyside Integrated Care Board (ICB)

On the 1st July 2022 NHS Cheshire & Merseyside Integrated Care board took responsibility for planning NHS services, previously undertaken by Clinical Commissioning Groups (CCGs). Wirral Place is a sub-ICB location (formerly NHS Wirral CCG) and is one of nine localities that make up NHS Cheshire & Merseyside Integrated Care Board (NHS C&M ICB)

NHS C&M ICB are committed to commissioning high quality services from NHS Wirral Community Health and Care NHS Foundation Trust (WCHC). We take seriously our responsibility to ensure that patients' needs are met by the provision of safe, high-quality services and that the views and expectations of patients and the public are listened to and acted upon. WCHC is an integral provider collaborator in the part of the integrated care system and the NHS C&M ICB commissioning model for community care, delivering community health and adult social care.

As all NHS providers continue to recover from the pandemic 2022/23 has brought its own challenges, including a series of Industrial Actions, however WCHC continues to work with NHS C&M ICB to continuously monitor and review data to ensure we meet the needs and expectations of the changing population and welcome the opportunity to comment on this account and believe it accurately reflects the quality performance in 2022/23 and sets out forthcoming priorities for 2023/24.

It is pleasing to note the steps made to progress the National Patient Safety Incident Response Framework (PSIRF). PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. C&M ICB acknowledge and recognise the impact of moving from the current Serious Incident framework to PSIRF and will continue to support these ongoing developments.

We acknowledge WCHC's engagement to support and improve the system response to facilitate hospital discharge and reduce deconditioning of patients, through the Home First and Wirral Frailty Virtual Ward and the Community Intermediate Care Centre (CICC). We look forward to seeing capacity increasing during 2023/24 as the service becomes fully operational, recognising that further quality improvements will need to be implemented to achieve this.

The 2022/23 staff engagement survey has seen a decrease in response rate from the previous year, and the trust recognises that improvement work will continue into 2023/24 with their developing overarching action plan and a review of the trust engagement processes to improve

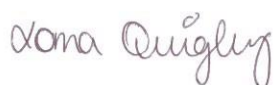


scores for the forthcoming year.

CQUIN (Commissioning for Quality and Innovation) were also reintroduced for 2022/23 and NHS C&M ICB acknowledge where improvements have been made, there is ongoing work to continue into 2023/24 to ensure CQUINs are achieved. Further innovative work needs to be considered by the trust in relation to staff flu vaccinations. We will continue to monitor and support these and other improvement workstreams and work closely with WCHC to achieve these goals.

The priorities for improvement set out within the Quality Account for the 2023/24 years are appropriate and we believe that the quality account gives a high profile to quality improvements in Wirral Community Health and Care and the need to continuously learn and develop patient care and improve quality in an ever-changing population. We look forward to working with WCHC in 2023/24 to further develop the delivery of services.

Yours Sincerely



Lorna Quigley

Associate Director Quality and Safety Improvement