CQC Statement of Purpose			
Meeting Title	Board of Directors		
Date	21/08/2024	**Agenda Item**	18
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Claire Wedge, Deputy Chief Nurse		
Action required (please select the appropriate box)			
To Approve ☒	**To Discuss** ☐		**To Assure** ☐
Purpose			
The purpose of this paper is to present an updated CQC Statement of Purpose to the Board of Directors for approval.			
Executive Summary			
The CQC Statement of Purpose is a legally required document that includes a standard set of information about a provider's service. The information contained within the document must always be accurate and up to date, including all trust regulated activities and registered locations. The Trust's CQC Statement of Purpose was last updated and approved at the Board of Directors on 17 April 2024. The document approved in April 2024, included the provision of 0-19 (up to 25 with SEND) Healthy Child Programme in Lancashire, with a commencement date of 01 October 2024, to ensure this could be submitted to the CQC in advance of the contract start date. As the trust will not be providing services in Lancashire from 01 October 2024, the CQC Statement of Purpose has been adjusted accordingly, resulting in the following amendments: • Removal of Lancashire from 01 October 2024 within the aims and objectives section • Removal of provision of the 0-19 (up to 25 with SEND) Healthy Child Programme in Lancashire from 01 October 2024 within the St Catherine's Head Quarters registration The changes are highlighted in the updated Statement of Purpose in red text for ease of identification.			

Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:

There are no new BAF escalations identified based on the content of this report.

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

The quality impact assessments and equality impact assessments are undertaken through the work streams that underpin the Quality Strategy.

Financial/resource implications:

None 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	People - Better employee experience to attract and retain talent	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

The Board of Directors is asked to approve the updated CQC Statement of Purpose prior to submission to the Care Quality Commission.

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). This provides the audit trail through the governance structure.

Submitted to	Date	Brief summary of outcome
Board of Directors	17/04/2024	Approved
Board of Directors	21/02/2024	Approved
Board of Directors	14/12/2022	Approved
Board of Directors	08/12/2021	Approved
Board of Directors	04/08/2021	Approved
Board of Directors	03/02/2021	Approved

Statement of Purpose
Health and Social Care Act 2008

Wirral Community Health and Care NHS Foundation Trust (RY7)

21 August 2024

The Statement of Purpose is a document which includes a standard required set of information defined by the Care Quality Commission, about the services the Trust provides.

This information includes;

- **Part 1: Provider's name, address and legal status.**

- **Part 2: Aims and objectives in providing the regulated activities and locations within the trust**

- **Part 3. Information per location (6):**
    - St Catherine's
    - Victoria Central Health Centre
    - Arrowe Park Hospital
    - Eastham clinic
    - Leasowe Primary care centre
    - Clatterbridge Hospital

The following pages outline the specific services the Trust provides, the locations of these services, the population they serve and which regulated service/s applies to them.

To ensure the accuracy of the document the Statement of Purpose it is reviewed annually or sooner if changes occur.

Statement of purpose, Part 1

Health and Social Care Act 2008, Regulation 12, schedule 3

The provider's business contact details, including address for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008

1. Provider's name and legal status

Full name[1]	Wirral Community Health and Care NHS Foundation Trust					
CQC provider ID	RY7					
Legal status[1]	Individual	☐	Partnership	☐	Organisation	☒

2. Provider's address, including for service of notices and other documents

Business address[2]	St Catherine's Health Centre Church Road
Town/city	Birkenhead
County	Wirral
Post code	CH42 0LQ
Business telephone	0151 514 2160
Electronic mail (email)[3]	paula.simpson8@nhs.net

By submitting this statement of purpose you are confirming your willingness for CQC to use the **email address** supplied at Section 2 above for service of documents and for sending all other correspondence to you. Email ensures fast and efficient delivery of important information. If you do not want to receive documents by email please check or tick the box below. We will not share this email address with anyone else.

I/we do **NOT** wish to receive notices and other documents from CQC by email	☐

[1] Where the provider is a partnership please fill in the partnership's name at 'Full name' in Section 1 above. Where the partnership does not have a name, please fill in the names of all the partners at Section 3 below

[2] Where you do not agree to service of notices and other documents by email they will be sent by post to the business address shown in Section 2. This includes draft and final inspection reports. This postal business address will be included on the CQC website.

[3] Where you agree to service of notices and other documents by email your copies will be sent to the email address shown in Section 2. This includes draft and final inspection reports.

Statement of purpose, Part 2
Aims and objectives in providing the regulated activities and locations within the trust

Located in Wirral in North-West England, we provide high-quality primary, community and public health services to the population of Wirral and parts of Cheshire and Merseyside ~~and from 01 October 2024 Lancashire~~.

We play a key role in the local health and social care economy as a high performing organisation with an excellent clinical reputation. Our expert teams provide a diverse range of community health care services, seeing and treating people right through their lives both at home and close to home.

Our commitment to quality underpins our determination to achieve and demonstrate the sustainability, efficiency and effectiveness of our organisation. At the heart of this we will retain our focus on delivering and developing demonstrably safe, effective and high-quality services.

Our common purpose recognises the important role we play in delivering integrated care with partners in the local health economy.

Our common purpose is:

Together…we will support you and your community to live well

Our values will help us to achieve our vision:

Compassion: supportive and caring, listening to others

Open: communicating openly, honestly and sharing ideas

Trust: trusted to deliver, feeling valued and safe

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

We also provide integrated 0-19 services in Cheshire East comprising health visiting, school nursing, family nurse partnership and breastfeeding support services from 13 bases.

From 01 September 2021 the Trust has provided the 0-19 Healthy Child Programme (HCP) in St Helens. The HCP is the early intervention and prevention public health programme that lies at the heart of universal services for children, young people and families at a crucial stage of life.

The service is delivered in individual's homes and in community venues such as health centres, children's centres and schools. We work with our locality partners to co-deliver services, working closely with GPs, midwives, hospitals, early years services, schools, partner agencies and voluntary services. The service is delivered from four core bases included Haydock Medical Centre, Moss Bank Children's Centre, Billinge Health Centre and Station House Children's Centre.

In addition, from the 01 February 2022, the Trust has delivered the 0-25 Healthy Child Programme in Knowsley.

The Knowsley HCP consists of services for children and young people aged 0-25 and their families, and is delivered by a team of Health Visitors, School Nurses, Public

Health Nurses, Nursery Nurses, an Infant feeding team and screeners who provide expert information, assessment and interventions.

The service also includes an Enhancing Families Service, who deliver a targeted programme of support to vulnerable parents-to-be and parents, as a targeted aspect of the HCP. There are also specialist roles, supporting Special Educational Needs and/or Disabilities (SEND), Mental Health, Early Help and Youth Offending.

The service is delivered in individuals' homes and in community venues such as health centres, children's centres and education settings.

The main service delivery base is North Huyton Primary Care Resource Centre.

From 01 October 2024 the Trust provides the 0-19 (up to 25 with SEND) Healthy Child Programme in Lancashire, which includes an Enhancing Families Service. The service is delivered in individuals' homes and community venues across East, Central and North Lancashire.

There are five main delivery bases across Lancashire, including Northbridge House in Burnley, Globe Centre in Accrington, Whitecross Business Park Lancaster, Edward VII building in Preston and Sterling Court in Leyland.

The service co-delivers services across a range of community sites such as Family Hubs and community assets and have some desk space in these sites on a drop-in basis.

The Trust are commissioned to provide inpatient beds for the purpose of rehabilitation and reablement; this service is delivered at the Clatterbridge Hospital site.

Strategic vision and objectives

The Trust vision is 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

Statement of purpose, Part 3

Information per location

The information below is for location no.:	1	of a total of:	6	locations

Name of location	St Catherine's Health Centre
Address	Church Road Birkenhead Wirral Merseyside
Postcode	CH42 0LQ
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

St Catherine's Hospital is located in Birkenhead and provides services to all age groups.

It is specifically regulated for 'Treatment for disease, disorder or injury', which provides cover for all healthcare provision for the following community services:

- Community Nursing,
- Community Integrated Response Team including Home First, Urgent Community Response and Virtual Wards
- 0-19 services: Wirral, Cheshire East, St Helens and the 0-25 Healthy Child Programme in Knowsley ~~and from 01 October 2024 0-19 (up to 25 with SEND) in Lancashire~~
- Community Rehabilitation Services
- Community Cardiology Service
- Dental Service
- Community Eye Clinic and
- GP out of hours (GPOOH)

The site is also registered for 'Surgical procedures' which covers delivery of our dental service and minor eye surgical procedures provided by the Community Eye Clinic.

Registration for the site also covers 'Diagnostic and screening procedures' for our dental and community health services, including community nursing. The GPOOH service may also be provided from this site on a Saturday, Sunday and Bank Holidays, as part of the service business continuity plan.

'Transport services, triage and medical advice provided remotely' covers delivery of GPOOH.

In addition, the site is registered to deliver 'Family planning services' to cover our sexual health service delivery of inter-uterine coil devices (IUCD) fitting.

No of approved places / overnight beds (not NHS)

CQC service user bands			
The people that will use this location ('The whole population' means everyone).			
Adults aged 18-65	☐	Adults aged 65+	☐
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☒	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☒
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☒
Doctors treatment service (DTS)	☒
Mobile doctor service (MBS)	☐
Dental service (DEN)	☒
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☒
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☒
Registered Manager(s) for this regulated activity: Paula Simpson	

The information below is for location no.:	2	of a total of:	6	locations

Name of location	Victoria Central Health Centre
Address	Mill Lane Wallasey
Postcode	CH44 5UF
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Victoria Central Health Centre is located in Wallasey and provides services to all age groups.

It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services and community rehabilitation services. Urgent care services including our walk-in centre and minor injuries unit and Doctor's consultation services including GP out of hours (GPOOH). Our dental service is also covered by this regulated activity.

'Transport services, triage and medical advice provided remotely' covers delivery of GPOOH.

The site is also registered for 'Surgical procedures' which covers delivery of our dental service.

Registration for the site also covers 'Diagnostic and screening procedures' for our dental service, walk-in centre, GPOOH and community health services.

In addition, the site is registered to deliver 'Family planning services' to cover our sexual health service delivery of inter-uterine coil devices (IUCD) fitting.

No of approved places / overnight beds (not NHS)	

CQC service user bands			
The people that will use this location ('The whole population' means everyone).			
Adults aged 18-65	☐	Adults aged 65+	☐
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☒	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☒
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☒
Doctors treatment service (DTS)	☒
Mobile doctor service (MBS)	☐
Dental service (DEN)	☒
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☒
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☒
Registered Manager(s) for this regulated activity: Paula Simpson	

The information below is for location no.:	3	of a total of:	6	locations

Name of location	Arrowe Park hospital
Address	Arrowe Park Road Upton Merseyside
Postcode	CH49 5PE
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Arrowe Park Hospital is located in Upton and provides services to all age groups.

It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services and community rehabilitation services. Urgent care services including our urgent treatment centre (previously a walk-in centre) and Doctor's consultation services including GP out of hours (GPOOH). Our dental service is also covered by this regulated activity.

'Transport services, triage and medical advice provided remotely' covers delivery of GPOOH.

The site is also registered for 'Surgical procedures' which covers delivery of our dental service.

Registration for the site also covers 'Diagnostic and screening procedures' for our dental, urgent treatment centre, GPOOH and community health services, including community nursing.

No of approved places / overnight beds (not NHS)

CQC service user bands			
The people that will use this location ('The whole population' means everyone).			
Adults aged 18-65	☐	Adults aged 65+	☐
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☒	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☐
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☒
Doctors treatment service (DTS)	☒
Mobile doctor service (MBS)	☐
Dental service (DEN)	☒
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☒
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☐
Registered Manager(s) for this regulated activity:	

The information below is for location no.:	4	of a total of:	6	locations

Name of location	Eastham Clinic
Address	31 Eastham Rake Eastham
Postcode	CH62 9AN
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Eastham Clinic is located in South Wirral and provides services to all age groups.

It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services and community rehabilitation services. Urgent care services including our walk-in centre.

Registration for the site also covers 'Diagnostic and screening procedures' for our walk-in centre and community health services, including community nursing.

No of approved places / overnight beds (not NHS)	

CQC service user bands			
The people that will use this location ('The whole population' means everyone).			
Adults aged 18-65	☐	Adults aged 65+	☐
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☒	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☒
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☐
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☐
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☐
Registered Manager(s) for this regulated activity:	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☐
Registered Manager(s) for this regulated activity:	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☐
Registered Manager(s) for this regulated activity:	

Name of location	Leasowe Primary Care Centre
Address	2 Hudson Road Wirral
Postcode	CH46 2QQ
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Leasowe primary care centre is located in north Wirral.

It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for our dental service.

The site is also registered for 'Surgical procedures' which covers delivery of our dental service.

Registration for the site also covers 'Diagnostic and screening procedures' for our dental service.

No of approved places / overnight beds (not NHS)	

CQC service user bands			
The people that will use this location ('The whole population' means everyone).			
Adults aged 18-65	☐	Adults aged 65+	☐
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☒	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☐
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☐
Doctors consultation service (DCS)	☐
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☒
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☐
Registered Manager(s) for this regulated activity:	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☐
Registered Manager(s) for this regulated activity:	

Name of location	Clatterbridge Hospital
Address	Clatterbridge Road, Wirral
Postcode	CH63 4JY
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Clatterbridge Hospital is located in mid Wirral.

It is specifically regulated for 'Treatment for disease, disorder or injury' and 'Diagnostic and screening procedures', to provide a Community Intermediate Care Centre (CICC) across three wards accommodating up to 73 people.

The CICC will be primarily be used to support frail and older people with rehabilitation needs that cannot be managed within their own home environment.

No of approved places / overnight beds (not NHS)	

CQC service user bands			
The people that will use this location ('The whole population' means everyone).			
Adults aged 18-65	☒	Adults aged 65+	☒
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☐	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☒
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☐
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☐
Doctors consultation service (DCS)	☐
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☐
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☐
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Registered Manager(s) for this regulated activity:	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☐
Registered Manager(s) for this regulated activity:	

Statement of purpose, Part 4
Registered manager details
Including address for service of notices and other documents

The information below is for manager number:		of a total of:		Managers working for the provider shown in part 1

1. **Manager's full name**	Mrs Paula Simpson

2. **Manager's contact details**	
Business address	St Catherine's Health Centre
Town/city	Church Road
County	Birkenhead
Post code	Wirral
Business telephone	CH42 0LQ
Manager's email address[1]	
paula.simpson8@nhs.net	

[1] Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.

Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

Please note: CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

3. Locations managed by the registered manager at 1 above

(Please see part 3 of this statement of purpose for full details of the location(s))

Name(s) of location(s) (list)	Percentage of time spent at this location

4. Regulated activity(ies) managed by this manager

Personal care	☐	
Accommodation for persons who require nursing or personal care	☐	
Accommodation for persons who require treatment for substance abuse	☐	
Accommodation and nursing or personal care in the further education sector	☐	
Treatment of disease, disorder or injury	☒	
Assessment or medical treatment for persons detained under the Mental Health Act	☐	
Surgical procedures	☒	
Diagnostic and screening procedures	☒	
Management of supply of blood and blood derived products etc	☐	
Transport services, triage and medical advice provided remotely	☒	
Maternity and midwifery services	☐	
Termination of pregnancies	☐	
Services in slimming clinics	☐	
Nursing care	☐	
Family planning service	☒	

5. Locations, regulated activities and job shares

Where this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.

Please also describe below any job share arrangements that include or affect this manager.

N/A

Complaints and Concerns Annual Report 01 April 2023 to 31 March 2024

Meeting Title	Board of Directors

Date	21/08/2024	**Agenda Item**	19

Lead Director	Paula Simpson, Chief Nurse
Author(s)	Ian Salisbury Senior Complaints Officer Ben Bowsley, Datix and Compliance Manager Claire Wedge Deputy Chief Nurse

Action required (please select the appropriate box)

To Approve ☒	**To Discuss** ☐	**To Assure** ☐

Purpose

The purpose of the 2023/2024 Complaints and Concerns Annual Report is to assure the Board of Directors that effective complaints and concerns management processes have been implemented during the annual reporting period. The Board of Directors is asked to approve the final report.

Executive Summary

Wirral Community Health and Care NHS Foundation Trust have established robust and effective processes to ensure full compliance with CQC Regulation 16: Receiving and acting on complaints and with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

This ensures that the Trust's concerns and complaints processes are accessible, responsive and evidence transparent learning and continuous quality improvement.

During the 2023/2024 annual reporting period, the Trust received 47 formal complaints compared with 79 for the previous year.

A total of 46 complaints were investigated and progressed to closure during 2023/24. Of these, 9 (20%) were upheld and 14 (30%) were partially upheld by the Trust. The remaining 23 (50%) were not upheld.

Details of learning and action taken from upheld and partially upheld complaints are included within the report. Action plans are developed by the relevant service and monitored at locality SAFE/OPG meetings and via the Trust's fortnightly clinical risk management group and monthly patient safety risk and learning panel in accordance with the Trust's governance framework.

Equality and diversity monitoring data has been included within the report, ensuring that a review of experience can be analysed from an equality perspective; evaluating if the needs of those with protected characteristics are being met by Trust services.

Priorities for 2024/2025 have been identified and are included within the report.

The annual report was received by the Quality and Governance Committee for assurance in July 2024 and approved for submission to the Board of Directors, subject to incorporating the number of contacts collectively delivered across the Trust during the reporting period. This information has been included within the report under point 12.

Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:

This report provides evidence and monitoring in relation to Strategic Risk ID01, within the Trust's Board Assurance Framework: Failure to deliver services safety and responsively to inclusively meet the needs of the population: Current Risk Rating 12 (L3xC4) with an 'Averse' Risk Appetite. There are no new BAF escalations identified based on the content of this report.

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:

 Effective complaints management will support organisational learning and the delivery of high-quality care, whilst 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 by the Trust's 2023/2024 Complaints and Concerns Annual Report and approve the final report.

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). This provides the audit trail through the governance structure.

Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	10.07.24	The committee approved the revised terms of reference subject to the amendments outlined above and for onward referral to Board of Directors.

Compassion *Open* *Trust*

NHS

Wirral Community Health and Care
NHS Foundation Trust

Complaints and Concerns
Annual Report | 2023/24

Contents

Introduction

1. The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust Board of formal complaints and concerns activity undertaken across the organisation for the reporting period 01 April 2023 – 31 March 2024, in relation to the Trust's requirements to demonstrate compliance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Principles

2. The NHS Complaint Regulations state that arrangements for dealing with complaints must ensure that:
   - Complaints are dealt with efficiently
   - Complaints are thoroughly investigated
   - Complainants are treated with respect and courtesy
   - Complainants receive as far as is practical:
     > (i) Assistance to enable them to understand the complaints procedure
     > (ii) Advice on where they may obtain such assistance
   - Complainants receive a timely and appropriate response
   - Complainants are told the outcome of the investigation and actions taken, if appropriate

3. Complaints should be managed in the spirit of the Parliamentary and Health Service Ombudsman's (PHSO) principles – Principles of Good Administration, Principles of Good Complaints Handling and Principles for Remedy. The PHSO recommends NHS organisations follow these principles to ensure effective complaints handling:

   - Getting it Right
   - Being Customer Focused
   - Being Open and Accountable
   - Acting Fairly and Proportionately
   - Putting Things Right
   - Seeking Continuous Improvement

Overview of Trust Services

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

5. We also provide integrated 0-19 services in Cheshire East, Knowsley and St Helens comprising health visiting, school nursing, enhanced and family nurse partnership (FNP) and breastfeeding support services from 17 bases.

6. The Trust is commissioned to provide care across three in-patient wards at the Community Intermediate Care Centre: Bluebell, Iris and Aster wards.

7. The wards operate a multi-disciplinary and integrated approach to care, with teams consisting of physiotherapists, occupational therapists, social workers, nurses, health care assistants, administrative staff as well as an extended workforce consisting of students and volunteers.

8. The Trust actively encourages feedback regarding all services to ensure that these experiences shape and inform future service design, support organisation learning and the Trusts' quality improvement infrastructure; this includes complaints and concerns.

9. Experience is a standard agenda item throughout all team meetings and all managers are actively encouraged to share and learn, looking for continuous opportunities to identify quality improvements.

10. The Trust is committed to the principles as outlined in a user-led vision for raising concerns and complaints (PHSO and Healthwatch). This ensures that people:

1. Feel confident to speak up
2. Feel that making a complaint was simple
3. Feel listened to and understood
4. Feel that their complaint made a difference
5. Would feel confident making a complaint in the future

A user-led vision for raising concerns and complaints

I felt confident to speak up.	I felt that making my complaint was simple.	I felt listened to and understood.	I felt that my complaint made a difference.	I would feel confident making a complaint in the future.
1 Considering a complaint	**2** Making a complaint	**3** Staying informed	**4** Receiving outcomes	**5** Reflecting on the experience
• I knew I had a right to complain • I was made aware of how to complain (when I first started to receive the service) • I understood that I could be supported to make a complaint • I knew for certain that my care would not be compromised by making a complaint	• I felt that I could have raised my concerns with any of the members of staff I dealt with • I was offered support to help me make my complaint • I was able to communicate my concerns in the way that I wanted • I knew that my concerns were taken seriously the very first time I raised them • I was able to make a complaint at a time that suited me	• I always knew what was happening in my case • I felt that responses were personal to me and the specific nature of my complaint • I was offered the choice to keep the details of my complaint anonymous and confidential • I felt that the staff handling my complaint were also empowered to resolve it	• I received a resolution in a time period that was relevant to my particular case and complaint • I was told the outcome of my complaint in an appropriate manner, in an appropriate place, by an appropriate person • I felt that the outcomes I received directly addressed my complaint(s) • I feel that my views on the appropriate outcome had been taken into account	• I would complain again, if I felt I needed to • I felt that my complaint had been handled fairly • I would happily advise and encourage others to make a complaint if they felt they needed to • I understand how complaints help to improve services

Organisational Analysis of Complaints and Concerns

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

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

	There are also a monthly review at Safety Risk Learning and Review Panel (SRLaRP), who look to triangulate information from complaints and concerns and develop improvement and learning opportunities across the trust.

12. In 2023-2024, Trust services collectively delivered 1,168,042 contacts.

13. Wirral Community Health and Care NHS Foundation Trust (WCHC) received 47 formal complaints during the reporting period 01 April 2023 – 31 March 2024 compared with 79 received for the previous year.

14. There were 46 complaints closed during 01 April 2023 – 31 March 2024 of these 9 (20%) were upheld and 14 (30%) were partially upheld by the trust. The remaining 23 (50%) were not upheld.

15. Analysis of patient and service user contacts received and recorded on Datix are as follows:

- 47 formal complaints, of which 38 were NHS complaints and 9 Adult Social Care complaints

- 159 informal concerns, of which 152 were NHS concerns, and 7 were Adult Social Care concerns.

16. The Trust received experience feedback from 33,114 people who accessed services, with an average of 92.3% of those people reporting a very good or good experience.

17. Analysis of the quarterly complaints data from 2019 - 2024 evidences a decrease in the number of complaints received by the Trust compared to 2022/2023. This is due to the migration of Adult Social Care complaints to the Local Authority on 01 July 2023.

01 April – 31 March	Total number of complaints received
2019/2020	96
2020/2021	69
2021/2022	74
2022/2023	79
2023/2024	47

18. Chart 1 demonstrates the total number of complaints received by quarter during 2023/24:

Chart 1: Comparison of complaints received by quarter
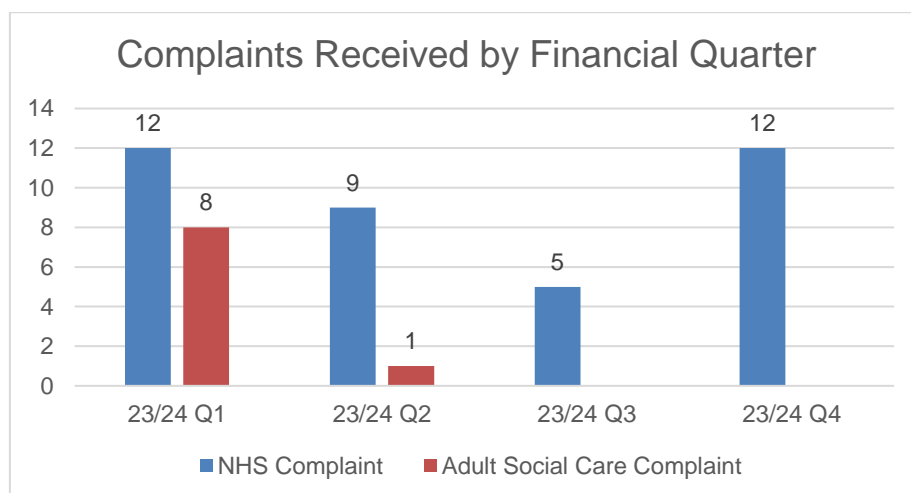
Complaint Responses: Health

19. There were 38 Health Complaints received during the period of 1 April 2023 – 31 March 2024.

20. Out of the 38 complaints received during this reporting period, 11 remained open into 2024/25.

21. Of the 38 Health complaints received, 37 (97%) were acknowledged within 3 working days. The reason for 1 (3%) complaint not being acknowledged within 3 working days was due to a third party raising the complaint which required parental consent.

22. For NHS complaints, national guidance states timescales for responding as 40 working days. An extended timescale may be required to ensure a comprehensive response due to the complexity of the complaint. Complainants are kept fully informed of any extended timescales required. Of the 38 complaints received, 28 (74%) were responded to within timescales agreed with the complainant, and 10 (26%) were responded to outside of agreed timescales. No concerns or complaints regarding response times have been raised with the Trust or external bodies during the annual reporting period.

Complaint Responses: Adult Social Care

23. There were 9 Adult Social Care (ASC) Complaints received during the period of 1 April 2023 – 30 June 2023.

24. Out of the 9 complaints received during this reporting period, 0 remained open into 2023/24.

25. Of the 9 ASC complaints 100% were acknowledged within 3 working days.

26. Of these complaints, 9 (100%) were responded to within the agreed timescale.

27. Adult Social Care complaints migrated to the Local Authority on 01 July 2023.

Total number of 2023/2024 complaints received by theme

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

Chart 2 – Complaints received by theme
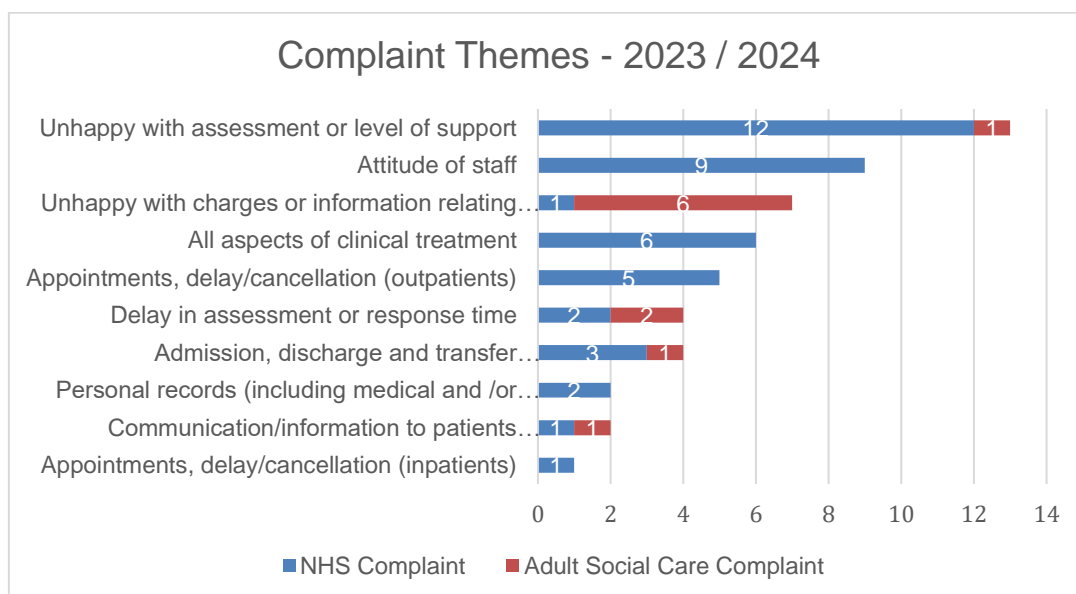
NB: Complaints can have more than one primary theme recorded subject to complexity. During 2023/24 a total of 53 themes were recorded against the 47 complaints received.

This can be further broken down into Localities as follows:

Chart 3 – Complaints by Locality Theme

Chart title: Complaints by Theme and Locality

Legend:
- Birkenhead Locality
- South Wirral Locality
- West Wirral Locality
- Wallasey Locality
- System 1
- System 2
- Wirral and Regional System
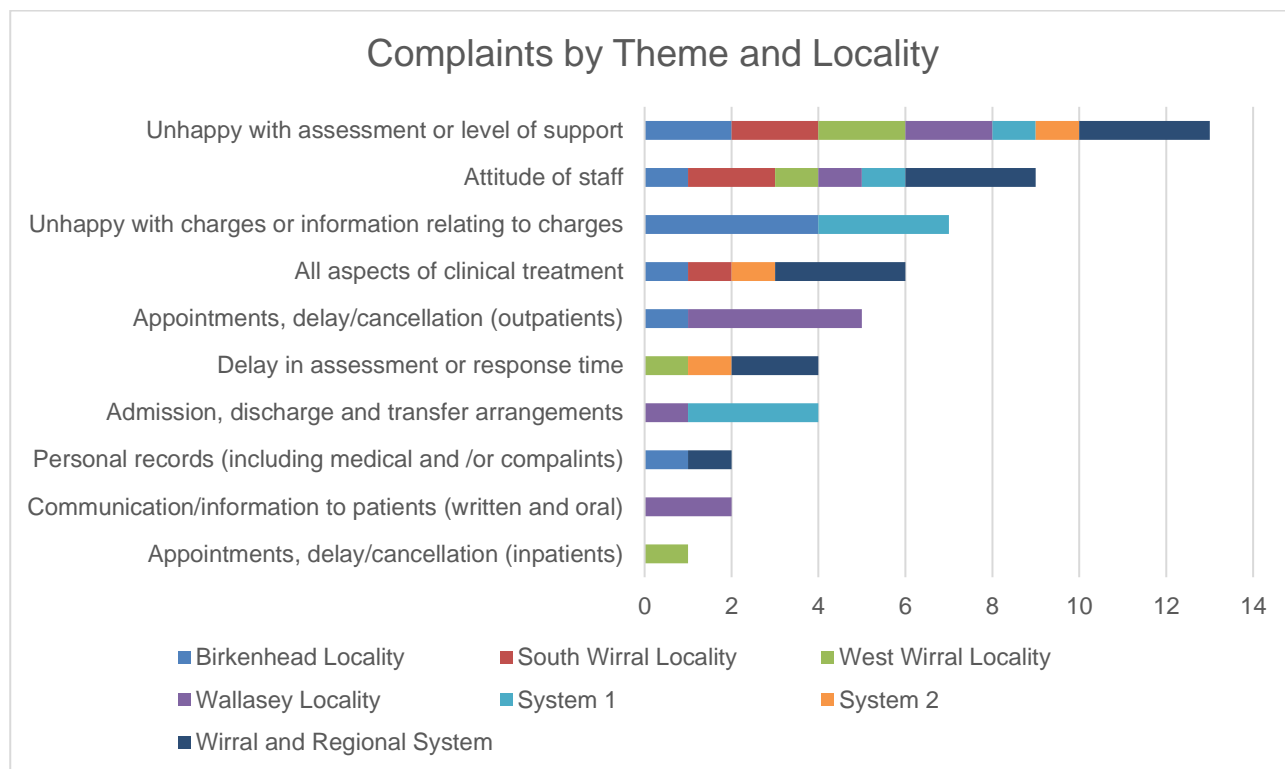
29. Analysis and findings from each complaint identified which complaints were upheld, partially upheld and not upheld by the Trust.

Closed 2023/2024 Complaints		
Upheld	**Not Upheld**	**Partially Upheld**
9	23	14

30. Of the 46 complaints closed during 2023/24, 10 were carried over from the 2022/23 annual period.

31. Of the 47 complaints received during 2023/24, 11 will progress to closure during 2024/25.

32. A further breakdown of the 46 complaints closed during 2023/2024, and whether they were upheld / partially upheld or not upheld by Locality is detailed in Chart 4.

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

Complaints Closed in 2023/2024 - Locality Breakdown

Locality	Yes	Partially	No
West Wirral Locality	2	1	7
Birkenhead Locality	1	2	6
Wallasey Locality	2	5	1
Wirral and Regional System	3	4	1
System 1		1	7
System 2		1	2
South Wirral Locality	1	1	1
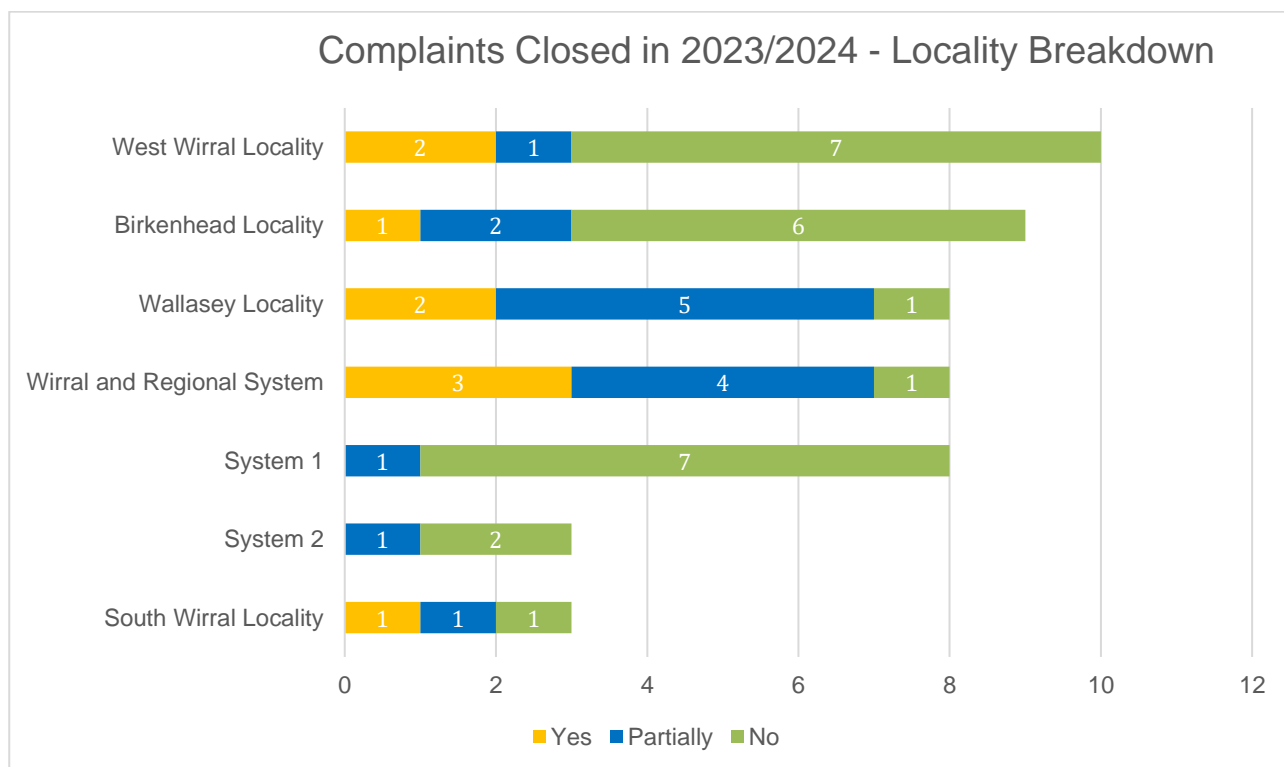
NB: Complaints can have more than one service / locality recorded. During 2023/24 a total of 49 service specialities were recorded against the 46 complaints closed.

33. For all partially upheld and upheld complaints an action plan is requested to evidence learning for Trust services.

34. Action plans are tracked through the Trust's Clinical Risk Management Group to ensure themes or emerging trends can be identified quickly. This governance mechanism also provides the opporutnity for relevant learning to be disseminated across all Trust services where applicable.

Learning and Improvements made from Upheld and Partially Upheld complaints:

35. This section of the report will focus and analyse the top 5 complaint themes and give greater understanding of learning and the improvements implemented.

Complaint Theme - Unhappy with assessment or level of support

36. There were 13 complaints received categorised as 'unhappy with assessment or level of support', 12 were in relation to health complaints of which 8 were either upheld or partially upheld. 1 complaint was in relation to Adult Social Care, which was not upheld.

Learning

- Communication and learning from experience of complainants and their family/carer
- Improved escalation processes to better manage demand and capacity issues within Community Nursing
- Staff have undertaken reflective learning and looked at ways to improve communication with patients
- To ensure all conversations are fully documented within patient records
- Appointments for children attending mainstream primary schools to be held in school settings
- Learning from complaint has been shared with individual staff members during management supervisions

Improvements made

- Team leads have shared action plans and lessons learnt from complaints with all staff to improve wider learning across their service
- Escalation pathways devised for day and night teams to highlight and manage capacity issues earlier in the day. Pathways shared with all teams
- Training has been introduced in relation to staff understanding the importance of documenting conversations with patients
- Rotas have been amended on System one so that appointments now take place in school settings, this has improved the patient journey
- Review of themes and trends at weekly CRMG and Patient Safety Risk and Learning Panel

Complaint Theme: Attitude of Staff

37. There were 9 complaints received where 'attitude of staff' as the primary subject of concern. All 9 were in relation to health services with 8 being upheld (4) or partially upheld (4).

Learning

- Staff given training and briefing around specific treatments
- Processes reviewed and updated
- Administrative processes are strengthened when booking or amending appointments over the telephone phone
- Staff reminded about behaviours and how patients can perceive communication
- Clinician to communicate to patients when they feel a safeguarding referral is required and the reasons for this.
- Always base decisions on evidence and not opinion
- All staff in Community Nursing team to have awareness and to take into consideration personal care plan requests of patients and families when delivering care

Improvements made

- Training completed to ensure staff are following the correct processes
- Escalation pathways developed to support staff if they are unsure how to deal with a situation
- Staff debriefs and discussions to take place in supervision sessions
- Administration processes have been strengthened when booking or amending appointments
- Staff training in relation to good record keeping and uploading evidence and relevant information
- Procedures and training to be regularly reviewed.
- Review of themes and trends at CRMG and Patient Safety Risk and Learning Panel
- To use feedback forms to understand patent experience

Complaint Theme: Unhappy with charges or information relating to charges

38. There were 7 complaints received where 'unhappy with charges or information relating to charges 'was recorded as the primary subject of concern. 1 was in relation to a health complaint, which was not upheld. 6 were in relation to Adult Social Care; these 6 were not upheld.

Learning

- Ensure all documents in relation to charges are explained and documented appropriately
- Ensure communication is clear with both patient and families

Improvements

- Staff training implemented in relation to good record keeping and uploading evidence correctly
- Staff reminded during supervisions the importance of clear communication with patients and families
- Review of themes and trends at CRMG and Patient Safety Risk and Learning Panel.

Complaint Theme: All aspect of clinical treatment

39. There were 6 complaints received where 'all aspect of clinical treatment 'was recorded as the primary subject of concern. All 6 were in relation to health complaints, 2 were upheld, 2 partially upheld and 2 were not upheld.

Learning

- Patient documentation needs to be of a better standard and in line with expectations of the trust
- Lack of communication with colleagues in relation to safeguarding
- Staff to communicate with compassion and sensitivity
- Non-clinical team to complete Life-Threatening illness training

Improvements made

- Contemporaneous record keeping - clear, concise and up to date
- Staff supported during supervision sessions to enhance skills to support compassionate communication with patients
- Ensure staff training is up to date and reflects identified learning and improvement
- Review of themes and trends at CRMG and Patient Safety Risk and Learning Panel.

Complaint Theme: Appointments delay / cancellation (outpatients)

40. There were 5 complaints received where 'Appointments delay / cancellation (outpatients)' was recorded as the primary subject of concern. All 5 were in relation to health care provision. 3 were upheld and 2 were partially upheld.

Learning

- Communication to be improved with both patients, families and schools
- Review waiting lists and assign cases to specific staff members
- Staff to ensure communication is clear with patient and families when delays are expected
- To review Children's Speech and Language (SALT) staff induction checklist
- To review Childrens SALT pathways for autism spectrum disorder (ASD)

Improvements made

- Children's SALT introduced a robust and improved process for caseload management by assigning staff members to have responsibility for each clinical waiting list
- Communication has been made much clearer when advising parents of expected delays for children who are waiting for follow up appointments
- Improved and developed the staff induction checklist for Children's SALT
- Ensure that ASD Pathway referrals for school aged children will be completed by the school and sent to the neurodevelopmental team in line with the school-aged ASD pathway and standard operating procedure (SOP)
- Review of themes and trends at weekly CRMG and Patient Safety Risk and Learning Panel

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

41. During the reporting period to 30 June 2023, Wirral Borough Council has requested information to support 0 LGO investigations.

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

43. All complaints were responded to and managed in accordance with WCHC's Complaints Policy (GP1).

44. Lessons learned from complaints are a valuable tool to assist in the quality of services provided and improve the patient's overall experience.

45. For upheld or partially upheld complaints where learning for the Trust has been identified, action plans are developed by the service and monitored at locality SAFE/OPG meetings and at the Trust-wide CRMG and Pateint Safety Risk and Learning Panel.

Total number of concerns received

46. A Total of 159 concerns were received by the trust in 2023/2024 of which 152 were NHS concerns, and 7 were Adult Social Care concerns.

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

48. This indicates an improved experience across Trust services, which will be subject to further analysis and testing during 2024/2025.

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

Chart 5: Total number of concerns received by subject

Concerns Received - Themes

Theme	Count
Appointments, delay/cancellation (outpatients)	43
Attitude of staff	30
Unhappy with assessment or level of support	23
Communication/information to patients (written and oral)	17
Other	13
Appointments, delay/cancellation (inpatients)	7
All aspects of clinical treatment	7
Aids and appliances, equipment, premises (including…	6
Personal records (including medical and /or compalints)	3
Unhappy with charges or information relating to charges	3
Admission, discharge and transfer arrangements	2
Length of time waiting for a response or to be seen…	1
Length of time waiting for a response or to be seen…	1
Policy and commercial decisions of trusts	1
Code of openness - complaints	1
Failure to follow agreed procedure	1

50. All concerns are resolved at local service level and are monitored for themes and trends both at team level and at CRMG.

Equality and Diversity Monitoring

51. All complainants are offered the opportunity to provide equality and diversity information at the point of acknowledgment of their complaint. These are recorded on Datix and where required reasonable adjustments are made to the communication or format of the response.

52. Nil people shared they had a disability.

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

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

Chart 7: Ethnic Origin

Ethnic origins shared by patients for Complaints and Concerns

94%	1%	1%	1%	1%	1%	1%
White - British	White Irish	Black/Black British - Caribbean	Asian/Asian British - Pakistani	Asian/Asian British - Bangladeshi	Any other Mixed background	Any other White Background
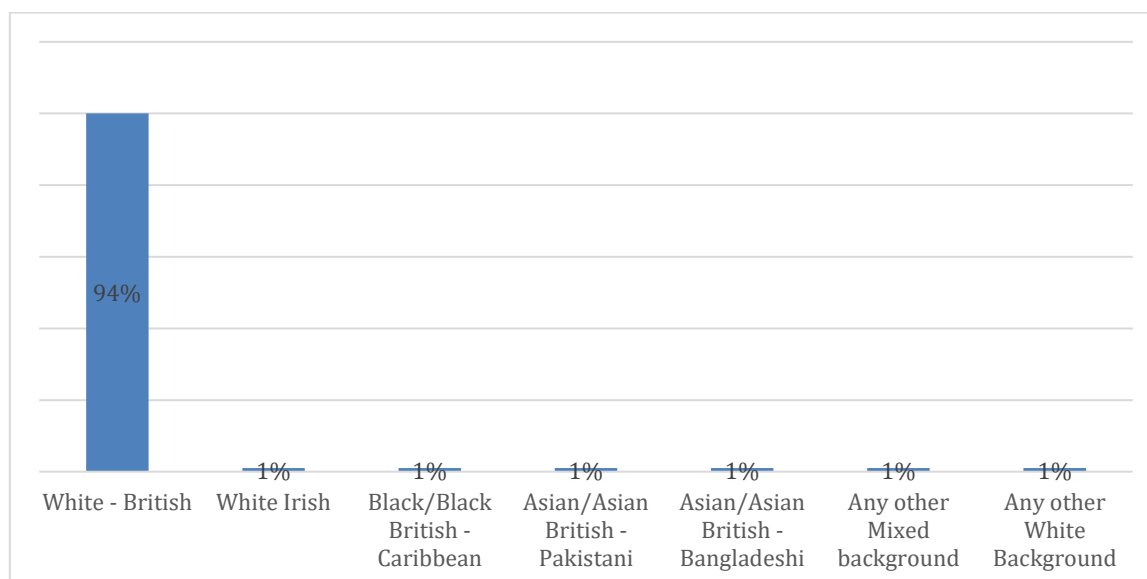
Chart 8: Age Demographic

Age of patients for Complaints and Concerns (NHS and Adult Social Care)

- Age 0-5: 5%
- Age 6-17: 9%
- Age 18-25: 2%
- Age 26-55: 12%
- Age 56-64: 2%
- Age 65-74: 12%
- Age 75 and over: 35%
- Age Unknown: 23%
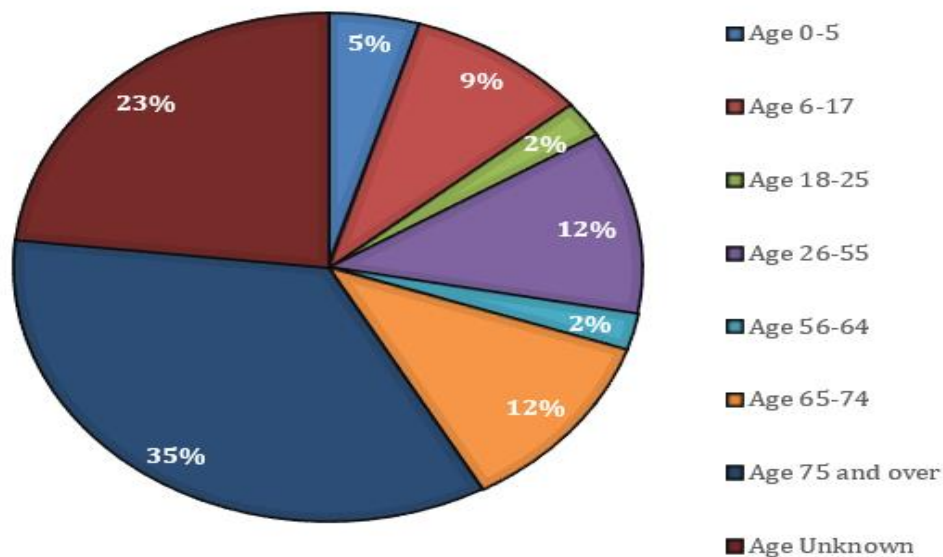
55. The Trust's Equality Delivery System (EDS) measures Trust quality performance with an aim to producing better outcomes for people accessing Trust services. The assessment tool is designed to gather equality evidence that demonstrates compliance and performance with Section 149 of the Equality Act – the Public Sector Equality Duty (PSED).

Better Health Outcomes

- Services are commissioned, procured, designed and delivered to meet the health needs of local communities
- Individual people's health needs are assessed and met in appropriate and effective ways

- Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
- When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse
- Screening, vaccination and other health promotion services reach and benefit all local communities

Improved access and experience

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

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

Priorities for 2024/25

57. As part of the Trust's Quality Strategy, the Trust are committed to further strengthen and embed existing processes to better understand people's experiences of care; working with patients, service users, families, carers and frontline staff to improve the quality-of-service delivery. The Patient Safety Partners will continue to visit services and talk to patients in receipt of care provided by the trust to understand what is working well and where improvement is required.

58. The Complaints Team will introduce and review processes and procedures and will align this to Patient Safety Risk Incident Framework (PSIRF) principles. This will be from the beginning of the process when receiving the complaint right through to the release of the final complaint response letter.

59. An after-action complaint review (AACR) will be introduced to support the complaint review process. This will ensure we identify what matters to the person and identifies key issues within the complaint

60. The complaints quality assurance process will be strengthened and a new complaints flow chart implemented to ensure strong governance throughout the complaints process.

61. The PSIRF methodology will support the understanding of what matters most to the person. We will learn from people's experiences of care and embed this into both learning and development across the Trust.

62. A new Parliamentary and Health Service Ombudsman (PHSO) flow chart will be introduced to strengthen governance when the Trust receives such requests following the closure of a complaint.

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

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

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

65. To ensure that all equality and diversity forms sent to patients when complaining have a direct link to your experience email inbox. This will ensure that forms will be completed and managed by the complaints team centrally.

66. A complaint handling training course will continue to be delivered in 2024/2025 to all relevant staff that investigate and respond to complaints and concerns. This will support and enhance staff knowledge and skills in relation to complaints.

67. We will continue to align our system and processes with Patient Safety Incident Response Framework (PSIRF) principles, working closely and compassionately with patients and families.

68. During 2024/2025 we will work with complainants to improve uptake of patient families completing equality and diversity information. We have introduced a simplified response to return all equality and diversity forms directly the Complaints Team email inbox.

69. We will utilise Patient Safety Partners to quality assure a sample of anonymised complaints response letters. This will ensure they are personalised and clearly communicated.

Committee action

70. The Quality and Safety Committee is asked to be assured that the Trust is committed to improving response times and implementing the learning from complaints. This improvement will continue to be monitored to ensure delivery of safe, effective, quality services across the organisation.

Paula Simpson
Chief Nurse

Contributors:
Ian Salisbury Senior Complaints Officer
Ben Bowsley Datix and Compliance Manager

28 June 2024

Safeguarding Annual Report 2023/ 2024

Meeting Title	Board of Directors		
Date	21/08/2024	Agenda Item	19
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Jude Blease, Head of Safeguarding		

Action required (please select the appropriate box)

To Approve ☒	To Discuss ☐	To Assure ☐

Purpose

The purpose of this report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board of Directors regarding activity in relation to safeguarding governance for the reporting period 01 April 2023 -31 March 2024. The Board of Directors is asked to approve the final report.

Executive Summary

The Safeguarding Annual Report demonstrates our continued organisational compliance with statutory duties and local safeguarding frameworks. WCHC is committed to ensuring that all staff are aware of their role in relation to safeguarding vulnerable children and adults. A full list of abbreviations is listed in Appendix 1.

The document highlights achievements during 2023/2024 including Commissioning Standards 63 RAG rated competencies resulting in 62 green and 1 amber. It details a substantial rating from Merseyside Internal Audit Agency following a safeguarding children inspection. – two actions one now completed.

It provides a synopsis of the excellent worked completed by the Safeguarding Team throughout the year including an overview of our daily business activities to ensure our communities are safe.

The report gives an overview of the structure of the Partnerships, related inspections, and priorities for each place.

The document provides a summary of future priorities for the Safeguarding Team, so we continually improve our service delivery to safeguard the communities of WCHC.

Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:

This report provides evidence and monitoring in relation to Strategic Risk ID01, within the Trust's Board Assurance Framework: Failure to deliver services safely and responsively to inclusively meet the needs of the population: Current Risk Rating 12 (L3xC4) with an 'Averse' Risk Appetite. There are no new BAF escalations identified, based on the content of this report

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

Financial/resource implications:

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	People - Grow, develop and realise employee potential	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 by the Trust's 2023/2024 Safeguarding Annual Report and approve the final report.

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). This provides the audit trail through the governance structure.

Submitted to	**Date**	**Brief summary of outcome**
Quality and Safety Committee	10/07/2024	The committee noted the achievements of the Safeguarding Team and was assured by the content of the report. Committee also approved for onward referral to the Board of Directors subject to minor amendments prior to sharing at board.

Safeguarding
Annual Report | 2023/24

Contents

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 2023 - 31 March 2024.

2. This report demonstrates continued organisational compliance with statutory duties and local safeguarding frameworks. A full index of abbreviations is listed in Appendix 1.

3. WCHC is committed to everyone, ensuring that safeguarding principles are placed at the heart of everything we do. We have an excellent reputation for safeguarding standards, and we take a proactive approach to promoting the wellbeing and welfare of the populations we serve.

4. Wirral Community Health and Care NHS Foundation Trust Safeguarding Teams provide support, advice, education, and training, in safeguarding matters, to all our staff. Our aim is to ensure the prevention of harm, exploitation, and abuse of everyone, through the provision of high quality care, responding effectively to concerns and allegations whilst working collaboratively with our partner agencies.

5. The Safeguarding Team assures that all statutory functions are achieved, and that best practice is adhered to. This is to guarantee that all quality care delivered by our organisation promotes a safety culture that supports our vision. It places safeguarding and promotion of the welfare of children, young people, and adults at risk, above all other aims.

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. All NHS providers must identify a Named Doctor, Named Nurse for Safeguarding Children, Children Looked After, and a Named Nurse 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).

8. The Trust's Safeguarding Team is led by Head of Safeguarding, supported by named professionals who have specific roles for Safeguarding Adults and Children as described in the Intercollegiate Safeguarding Competencies for Adults (2018) and Children (2019). The team is supported by specialist staff and administration staff across both adults and children.

9. Each operational team is supported by Safeguarding Link professionals for children and adult Safeguarding Champions.

Key Achievements 1 April 2023 – 31 March 2024 - Time to Shine

Trust wide:

10.   The Safeguarding Team 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.

11.   During 2023 and 2024, we have successfully submitted evidence of compliance to Commissioners and Designated Professionals in relation to:

- The Care Quality Commission (CQC) inspection for which the Trust received a status of Good with areas of Outstanding.

- Section 11 of the Children Act 2004.

- A new Safeguarding Assurance Framework was implemented in Q1 for Safeguarding Children, Children in Care / Children Looked After and Safeguarding Adults, with full reporting by Q3. During this period, we have received positive feedback from the Integrated Care Board (ICB).

- During Q3 Safeguarding Children participated in an audit through Mersey Internal Audit Agency (MIAA) and have since been awarded a substantial rating.

- A new two-year Commissioning Standards document has also been submitted in Q3 to the Integrated Care Board (ICB). The ICB has confirmed that the Trust has a compliance 'RAG' rating of 62 green areas and 1 amber rated area against 63 standards.

- The Safeguarding Team have completed 15 audits throughout 2023/2024 to measure our continuous quality improvement, identify any learning and provide assurance.

- We have participated in three Inspections with Local Authority Children's Services (ILACS) that have led to clear plans to build on achievements and working together towards further improved services across the partnership.

12.   Throughout the year the Safeguarding Team has also worked to support all Trust services and our partner agencies ensuring our staff provide the best possible service, to continue to keep our communities safe.

- A Safeguarding Strategic Plan 2024/25 has been developed and approved by the Trust's Quality and Safety Committee.

- We have worked in partnership with Merseyside Police to introduce new preventative measures to support safer sleep across Wirral, Knowsley, and St Helens place.

- We have represented the Trust at a multi-agency Safeguarding Children's Partnership event, showcasing WCHC services to over 300 professionals.

- We have represented the Trust at a multi-agency Safeguarding Adults Partnership Board event showcasing WCHC services with 31 other organisations to over 120 professionals.

- WCHC were part of the CESCP learning week which included all agencies. A WCHC stand was held which showcased the work of the Cared for Children's Team.

- We represented the Trust and delivered a presentation at a National Child Exploitation Day Event held at Saints Rugby League Stadium. The event was attended by 102 professionals and 15 organisations were represented with information stalls.

- Safeguarding Adults held a celebration event in July 2023 with presentations of certificates and badges from Chief Nurse to the Safeguarding Champions that had completed the training and achievements in the relevant competencies.

- As part of Safeguarding Adult Week November 2023, we hosted an online Multiagency Domestic Abuse awareness event for the Trust which was well attended and received positive feedback.

- The below safeguarding policies have reviewed and updated following transfer of Adult Social Care and new 0-19 services and to ensure they meet current legislation.

  - SG01 - Safeguarding Adults policy
  - SG03 - Domestic Abuse and Harmful Practice policy
  - SG04 - Safeguarding Supervision policy
  - SG05 - Failure to Gain access policy.
  - SG08 - Mental Capacity and Best Interests policy
  - SG09 - Management of Deprivation of Liberty Safeguards policy

- Compliance with Safeguarding training and supervision remains positive across all services.

- The Safeguarding Children Team have delivered 23 Bitesize training sessions covering various subjects including Court Reports, Safeguarding referrals, Contextual Safeguarding, Review Health Assessments and Record Keeping.

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

14. The table below and pie charts provide an overview of a range of our daily business activities as a Safeguarding Team. This data has also been captured under each place highlighting the bespoke work that is completed to continually safeguard our communities.

Safeguarding Adult and Children 2023-2024	Activities Trust Wide
Number of cases heard and contribution to safety planning at MARAC	6064
Number of cases heard and contribution to safety planning at MACE	1423
Number of MASH / IFD reports completed	5587
Number of Review Health Assessments completed	1342
Number of supervision sessions completed for children on a Child Protection Plan	3515
Number of Child in Care cases discussed during supervision	2975
WCHC staff trained to Level 3 Safeguarding adult and children standard	933

15. The chart shows the range of some of the activities conducted by the Safeguarding Team as a percentage of their time throughout 2023- 2024.

Safeguarding Adult and Children Activity

- 6064 MARAC Cases
- 1423 MACE Cases
- 5587 MASH/IFD Reports
- 1342 Review Health Assessments
- 3515 CP Supervision
- 2975 LAC Supervision
- 933 Staff Level 3 Trained
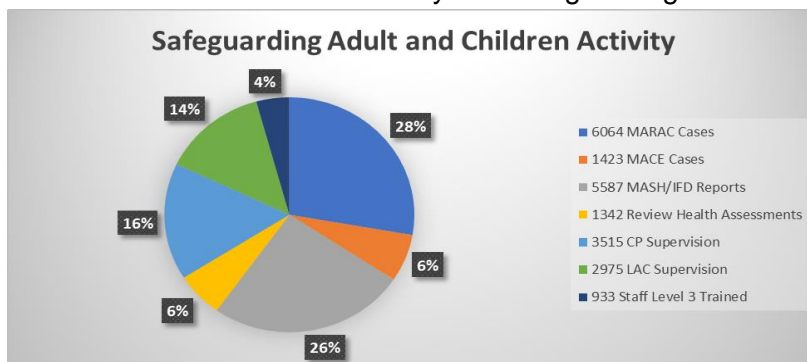
Safeguarding Adults:

16. The table below shows a range of some of the activities conducted by the Adult Team throughout 2023 - 2024. There has been an increase of closed MARAC cases since 2022/23 from 18 to 30. These cases which are the highest risk and are often around honor-based abuse and forced marriage. The volume is increasing due to the criteria and Domestic Abuse legislation.

Safeguarding Adults 2023-2024	Activities
Number of cases heard and contribution to safety planning at MARAC	1076
Number of WCHC staff trained to Level 3 Safeguarding Adults standard	427
Number of safeguarding referrals into ASC CADT / MASH of these 25% were quality assured	281
Number of DoLS requested from CICC, which are monitored via Safeguarding Adults Team.	52
Number of heard cases and contributions to the safety planning within closed MARAC	30
Number of FGM referrals all of which were reported via NHS England dataset as required.	12
Number of SAR requests for chronologies for SAR consideration.	8
Number of DHR requests for chronologies for DHR consideration	9
Number of GP Level 3 training sessions delivered as per contract	3

17. The chart shows the range of some of the activities conducted by the Adult Team as a percentage of their time throughout 2023- 2024.

Safeguarding Adult Activity

- 1076 MARAC Cases
- 3 GP Level 3 Training Sessions
- 9 DHR Chronologies
- 281 Safeguarding Adult Referrals
- 52 DoLS
- 30 Closed MARAC Cases
- 12 FGM Referrals
- 8 SAR Chronologies
- 427 Staff Level 3 Trained

Safeguarding Children Wirral Place:

18. The table below shows a range of some of the activities conducted by Wirral Place Children Safeguarding Team throughout 2023 - 2024. The 2238 MASH reports include the number of requests and does not reflect the access to both Cheshire West Partnership Trust (CWP) systems and Wirral University Teaching Hospital (WUTH) systems which would equate to on average over 6700 patient's records being accessed.

Safeguarding Children Wirral Place 2023-2024	Activities
Number of MASH reports completed	2238
Number of children discussed and contribution to safety planning at MARAC	1663
Number of Review Health Assessments completed	608
Number of supervision sessions completed for Children Looked After	1738
Number of supervision sessions completed for children on a Child Protection Plan	1213
Number of Review Health Assessments quality assured	666
Number of cases heard and contribution to safety planning at MACE	339
Number of staff trained to Level 3 Safeguarding Children standard	253
Number of referrals made to IFD of which 100% quality assured	51
Number of rapid reviews / CSPR chronologies completed	6

19. The below shows the range of some of the activities conducted by Wirral Place Childrens Team as a percentage of their time throughout 2023- 2024.

* MASH Multi Agency Safeguarding Hub, MARAC Multi Agency Risk Assessment Conference, MACE- Multi Agency Child Exploitation, IFD Integrated Front Door.

Wirral Safeguarding Children Activity

- 2238 MASH Reports
- 6 Rapid Reviews/CSPR Chronologies
- 746 Review Health Assessments
- 1738 CLA Supervision
- 1213 CP Supervision
- 666 RHA's Quality Assured
- 339 MACE Cases
- 253 Staff Level 3 Trained
- 51 IFD Referrals
- 1663 MARAC Cases
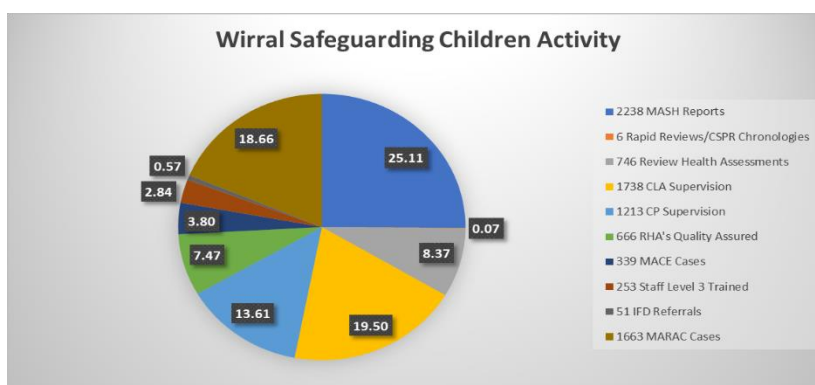
Safeguarding Children Cheshire East Place:

20. The table below shows a range of the activities conducted by St Helen's Place Children Safeguarding Team throughout 2023 - 2024.

Safeguarding Children Cheshire East Place 2023-2024	Activities
Number of Health information requests completed with 0 breaches	3439
Number of children discussed and contribution to safety planning at MARAC	1089
Number of Review Health Assessments completed	596
Number of Supervision sessions completed for Cared for Children	1237
Number of Supervision sessions completed for children on a Child Protection Plan	1047
Number of Review Health Assessments quality assured (100%)	636
Number of cases heard and contribution to safety planning at MACE of which 318 were identified as medium to high risk	641
Number of staff trained to Level 3 Safeguarding Children standard	118
Number of referrals made to IFD of which 100% quality assured	42
Number of rapid reviews / CSPR chronologies completed	5

21. The chart shows the range of some of the activities conducted by Cheshire East Place Safeguarding Childrens Team as a percentage of their time throughout 2023- 2024.

* MARAC Multi Agency Risk Assessment Conference, MACE- Multi Agency Child Exploitation, IFD Integrated Front Door. CSPR Child Safeguarding Practice Reviews.

Cheshire East Safeguarding Children Activity

- 3439 Health Information Requests
- 596 Review Health Assessments
- 1237 CLA Supervision
- 5 Rapid Reviews/CSPR Chronologies
- 1047 CP Supervision
- 636 RHA's Quality Assured
- MACE Cases
- 118 Staff Level 3 Trained
- 42 Quality Assured IFD Referrals
- 1089 MARAC Cases

Safeguarding Children St Helen's Place:

22. The table below shows a range of some of the activities conducted by St Helen's Place Children Safeguarding Team throughout 2023 - 2024.

Safeguarding Children St Helens Place 2023-2024	Activities
Number of children discussed and contribution to safety planning at MARAC	1296
Number of supervision sessions completed for children on a Child Protection Plan	796
Number of cases heard and contribution to safety planning at MACE	317
Number of service user records redacted for court	63
Number of reports quality assured for 0-19 service for court	31
Number of staff trained to Level 3 Safeguarding Children standard	74
Number of referrals made to MASH of which 100% quality assured	33
Number of rapid reviews / CSPR chronologies completed	2
Number of Safeguarding Newsletters shared with 0-19 and Partner Agencies	12

The chart shows the range of some of the activities conducted by St Helens Place Childrens Safeguarding Team as a percentage of their time throughout 2023- 2024.

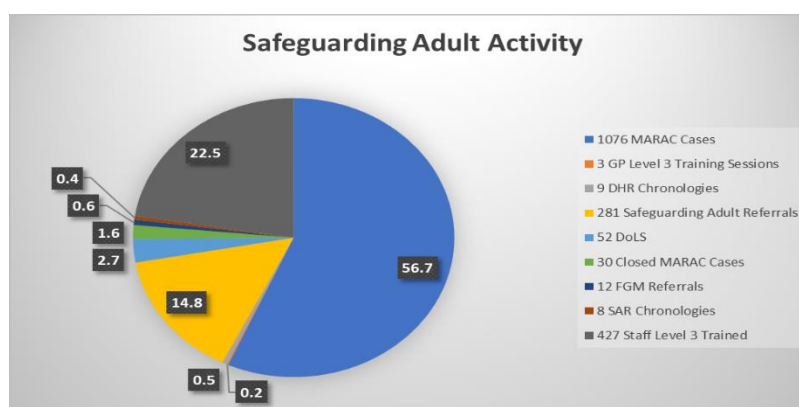*MARAC Multi Agency Risk Assessment Conference, MACE- Multi Agency Child Exploitation, MASH Multi Agency Safeguarding Hub, CSPR Child Safeguarding Practice Reviews.

St Helens Safeguarding Children Activity

- 1296 MARAC Cases
- 796 CP Supervision
- 12 Safeguarding Newsletters
- 2 Rapid Reviews
- 63 Redacted Records
- 31 Quality Assured Court Reports
- 33 Quality Assured MASH Referrals
- 74 Staff Level 3 Trained
- 317 MACE Cases

Safeguarding Children Knowsley Place:

23. The table below shows a range of some of the activities conducted by Knowsley Place Children Safeguarding Team throughout 2023- 2024.

Safeguarding Children Knowsley Place 2023-2024	Activities
Number of children discussed and contribution to safety planning at MARAC	940
Number of supervision sessions completed for children on a Child Protection Plan	459

Number of cases heard and contribution to safety planning at MACE	**153**
Number of staff trained to Level 3 Safeguarding Children standard	**61**
Number of referrals made to IFD of which 100% quality assured	**8**
Number of rapid reviews / CSPR chronologies completed	**3**

24. The chart shows the range of some of the activities conducted by Knowsley Place Childrens Safeguarding Team as a percentage of their time throughout 2023- 2024.

*MARAC Multi Agency Risk Assessment Conference, MACE- Multi Agency Child Exploitation, IFD Integrated Front Door, CSPR Child Safeguarding Practice Reviews.
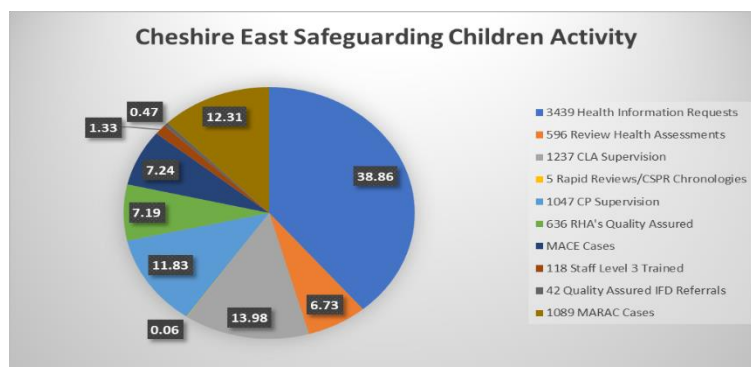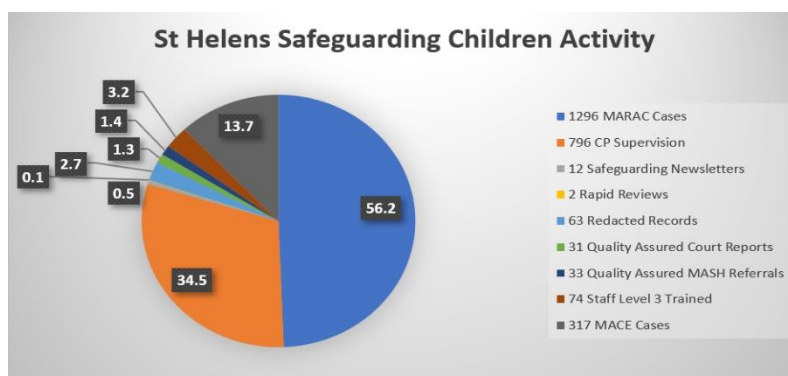
Knowsley Safeguarding Children Activity

- 940 MARAC Cases
- 3 Rapid Reviews/CSPR Chronologies
- 153 MACE Cases
- 61 Staff Level 3 Trained
- 8 IFD Referrals
- 459 CP Supervision

Chart values: 57.9, 9.4, 0.2, 3.8, 0.5, 28.3
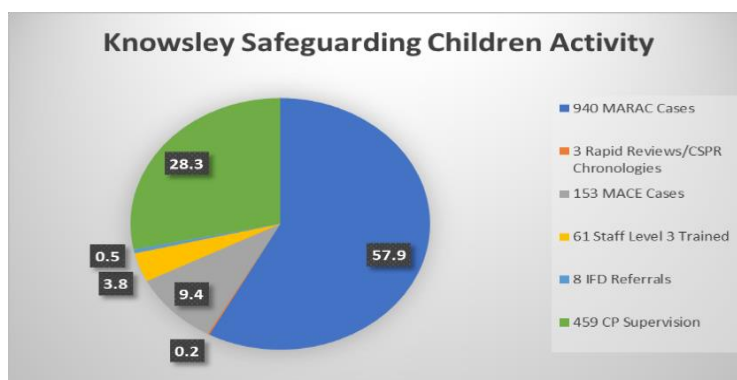
Section 1: Analysis of Safeguarding Children Related Inspections

25. The below provides a summary of the relevant system wide inspections that have taken place during 2023 - 2024. Please note that the children's inspections listed pertain to all system partners.

26. The inspection regimes listed below include;

- Inspecting local authority children's services (ILACS) and are undertaken by Ofsted.

- Joint targeted area inspections (JTAI) of the multi-agency response to children and families who need help are undertaken by inspectors from Ofsted, CQC and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

- Special educational needs and/or disabilities (SEND) inspections are conducted by Ofsted and the CQC who carry out joint inspections of local areas at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

27. All identified areas to support improvement across the partnership are listed in paragraph 208 under future priorities.

Safeguarding Service	Inspection	Outcome
Wirral Safeguarding Adult	Chapter 14	WSAPB - No inspections since April 2023 Assured through the SAF and commissioning standards
Wirral Safeguarding Children	ILACS	Rated as Requires Improvement Sept 2023
	JTAI	Inspection Dec 2022
	SEND	Inspection September 2021 Improvement Notice May 2024
Cheshire East Safeguarding Children	ILACS	Rated as Inadequate March 2024
	JTAI	Inspection July 2022 - Actions completed
	SEND	Last inspection visit 2021
Knowsley Safeguarding Children	ILACS	Rated as Requires Improvement Oct 2021
	JTAI	Inspection July 2022 (unable to locate report)
	SEND	Inspection March 2022 Review February 2024
St Helens Safeguarding Children	ILACS JTAI SEND	Rated as Good July 2023 No JTAI – Joint Area Review 2008 Mock inspection January 2024

Safeguarding Children Wirral Place:

28. **Inspection of Local Authority Children's Services (ILACS)**
Inspection dates: 18th to 29th September 2023
Graded: Requires improvement to be good in all areas.

29. What needs to improve – system wide actions:
- The response to 16- and 17-year-old homeless children, to ensure that they are made aware of their rights and entitlements.
- The awareness-raising and identification of, and response to, children living in private fostering arrangements.

- The quality of decision-making, to ensure that children come into care in a timely way.
- The timely progression of permanence plans for children, to ensure that they are not subject to statutory intervention for too long.
- Escalation by IROs, to robustly challenge plans for children.
- Transition planning for 16- and 17-year-old children in care, to ensure that they feel better prepared for leaving care.
- The offer to care leavers so that it is consistently accessible and understood to ensure that all care leavers receive their full entitlements.

30. WCHC are supporting the areas of improvement above, by ensuring the child's voice is present in all arenas and they are able to be part of their care plan for the future. WCHC 0-19 Teams complete the health assessments and complete the care leavers health passport empowering them with health information to take into the adult world of higher education, training or employment.

31. **Joint Targeted Area Inspection (JTAI)**
The key findings from the December 2022 JTAI of Early Help Services did not identify any actions directly for Health. As an integral part of the Wirral Childrens Safeguarding Partnership (WSCP) however, WCHC have worked closely with children's services to support changes to practice across 0-19 ensuring support for our families is identified at the earliest opportunity.

32. **Special Educational Needs and Disabilities Inspections (SEND)**
Since the SEND inspection in September 2021 the WSCP has developed a statement of action with 6 key areas for improvement. As a stakeholder WCHC have been involved in supporting the completion of these actions to improve services across the Wirral for our SEND children.

33. As a result of the findings of this inspection a Written Statement of Action was required due to significant areas of weakness in the area's practice. On 15th May 2024 Wirral Council was issued with an improvement notice due to 'poor progress' across the special educational needs and disability (SEND) sector in the borough. This factors around the lived experience for the majority of children and young people with SEND has not improved. The notice sets out 10 areas of 'significant concern' that were originally flagged in an inspection by Ofsted and the Care Quality Commission in 2021.

34. The new Wirral SEND Local Offer Website – SENDLO – launched on the 18th of September 2023. The website has been co-produced by a wide pool of local stakeholders including young people, parents, carers, and professionals from local organisations. The website is a 'one-stop shop' for information relating to SEND services in Wirral.

35. Each local area has a duty to publish information relating to the SEND (Special Educational Needs and Disabilities) services on offer regarding Health, Education and Social Care. This process will allow for all material to be held in one place; to help our SEND families navigate their way and be signposted to the advice and information they need to support their children and young people from birth up to the age of 25.

Safeguarding Children Cheshire East Place:

36. **Inspection of Local Authority Children's Services (ILACS)**
    Inspection dates: 26th February to 8th March 2024
    Graded: Inadequate - Three areas require improvement to be good however the fourth area was rated as inadequate therefore the overall judgement is inadequate.

37. What needs to improve – system wide actions:
    - Senior leaders' oversight of performance to ensure that there is a coherent approach to continuous improvement.
    - The quality, consistency and responsiveness of support, advice and guidance for care leavers, including those who are homeless, with additional vulnerabilities, and those who are over 21 years of age.
    - The quality of management oversight and supervision to ensure that consistent, good social work practice is in place.
    - The quality of plans for children to ensure that they are more child-focused and drive forward positive change in a timely way.
    - The quality and frequency of visits to children so that the visits are purposeful and in line with assessed needs.
    - The sufficiency of suitable placements that can meet children and young people's assessed needs.
    - The effectiveness of child protection chairs and independent reviewing officers (IROs) to escalate, challenge and scrutinise plans for children.

38. The action plans are currently being formulated following the inspection report being released in May, there are two area's which relate to Health and the 0-19 service:

    - Health care summary passports
    - Improvement in timely health assessment and information which includes initial health assessments and review health assessments.

39. Joint working has commenced with the Integrated Care Board and Local Authority to establish processes and service developments to support the above actions.

40. **Joint Targeted Area Inspection (JTAI)**
    Inspection dates: 11th to 15th July 2022.

41. The report highlighted a heavy focus on processes rather than evaluation and systematic analysis of the frontline work across multi agency services. A comprehensive action plan for health was established in 2022 and completed during 2023.

42. In February 2024 the Department for Education DfE reported that systems and processes are in place to protect children who are at risk of, or are victims of, criminal and sexual exploitation and leaders are clear on their priorities to ensure the service continues to build on these foundations. As such, they were content to step down the specific JTAI related monitoring, provided that the Council maintained a tight grip on services and maintained the progress made so far.

43. **Special Educational Needs and Disabilities Inspections (SEND)**
    Between 24 and 27 May 2021, Ofsted and the Care Quality Commission (CQC) revisited the area of Cheshire East to decide whether sufficient progress has been made in addressing

each of the areas of significant weakness detailed in the written statement of action (WSOA) issued on 25 April 2018. The area was found to have made sufficient progress in addressing all of the significant weaknesses identified at the initial inspection. No further inspection has taken place to date.

Safeguarding Children St Helen's Place:

44. **Inspection of Local Authority Children's Services (ILACS)**
Inspection dates: 10th to 21st July 2023
Graded: Good - Two areas good, experience and progress of children who need help and protection requires improvement and the experience and progress of care leavers is outstanding.

45. What needs to improve – system wide actions:
   - The effectiveness of the response to children experiencing neglect.
   - The timeliness of entering pre-proceedings for children who need this support.
   - The response to 16- and 17-year-olds who are homeless.
   - The stability and consistency of children's social workers.
   - Safeguarding of disabled children.

46. WCHC are supporting the above improvements, by ensuring the appropriate 0-19 practitioners have attended Neglect and Graded Care Profile 2 (GCP2) training equipping them with the knowledge and tools to identify and respond to Neglect.

47. The 0-19 Practitioners make certain the voice of the child and a child's lived experience is at the forefront of all decision making securing positive outcomes for children in St Helens. The 0-19 Practitioners deploy professional challenges utilising the Safeguarding Children's Partnership multi-agency resolution procedure in order that best outcomes are achieved in a timely manner.

48. **Joint Targeted Area Inspection (JTAI)**
St Helens have not been subject of a JTAI in 2023/2024, the last being a Joint Area Review in 2008. The Safeguarding Children's Partnership alongside partner agencies have been proactive in their preparation for any upcoming JTAI focusing on the learning from JTAI's completed in the neighboring boroughs.

49. **Special Educational Needs and Disabilities Inspections (SEND)**
Whilst there have been no SEND inspections in 2023/2024, a mock inspection was completed in January 24 by partner agencies to develop ideas and case studies in preparation for any upcoming inspections.

Safeguarding Children Knowsley Place:

50. **Inspection of Local Authority Children's Services (ILACS)**
Inspection dates: 11th to 22nd October 2021 – improvements continue to be progressed during 2023/24.
Graded: Requires improvement to be good in all areas.

51. What needs to improve – system wide actions:
   - The quality and impact of the support provided to care leavers.

- The quality of assessments and plans for children in need of help and protection, particularly where children live in households where there is domestic abuse.
- The response to children who present as homeless.
- The quality of work with children who live in private fostering arrangements.
- The arrangements for the transition of children from children to adult services.

52. The Service Lead and Named Nurse for Knowsley are working together to create a process for providing information to care leavers in order to support them regarding their health once they attain 18 years. Mersey Care NHS Foundation Trust provide health passports to care leavers within Knowsley. Work is continuing with the Service Lead and Named Nurse along with Business Support as to early identification of care leavers, children / young people who are homeless, and how WCHC can support the transition from children to adult's services.

53. **Joint Targeted Area Inspection (JTAI)**
Knowsley have not been subject of a JTAI in 2023/2024, the last being in 2022. The Safeguarding Children's Partnership alongside partner agencies have been proactive in their preparation for any upcoming JTAI focusing on the learning from JTAI's completed in the neighboring boroughs.

54. **Special Educational Needs and Disabilities Inspections (SEND)**
A SEND inspection took place in March 2022, and it was identified that there were gaps in the universal core offer, resulting in poor identification of needs in children with SEND in the earliest years. This issue was predominantly due to low staffing levels and work was undertaken to increase these levels. The implementation of new roles with Strengthening Families Practitioners and the creation of Duty Hubs has provided the additional resources required. There has been additional training in order to further develop our staff. A review of the action plan was completed in February 2024, and the target which was set at 85% has now been achieved.

55. Knowsley County Council has worked in collaboration with Liverpool County Council funding Barnardo's to deliver Liverpool & Knowsley Special Educational Needs and Disability Information Advice and Support Services (SENDIASS). This is a free confidential and impartial service that provides information and support to parents and carers of children and young people 0-25 with SEND regarding education, health or social care issues or concerns.

Section 2: Statutory Framework and National Policy Drivers

56.　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 the newly revised Working Together to Safeguard Children (2023) and for adults the Care Act (2014).

57.　The overarching objective for both however 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:

- Children Act (1989,2004)
- Working Together to Safeguard Children (2023)
- Section 11 of the Children Act (2004)
- Care Act (2014)
- Mental Capacity Act (2005),
- Deprivation of Liberty Safeguards amendment in (2007)
- Domestic Abuse Act (2021)
- Counter Terrorism and Security Act (2015)
- CQC Registration standards, Health and Social Care (2008) – Regulation 13: Safeguarding Service Users from abuse and improper treatment.

Working Together to Safeguard Children (2023)

58.　The Children Act (1989) and Section 11 of the Children Act (2004) places a statutory duty on all NHS Trusts to ensure that it has regard for the need to safeguard and promote the welfare of children when exercising its functions.

59.　The statutory guidance, Working Together to Safeguard Children, was updated and the revised version published in December 2023.

- The guidance strengthens how safeguarding partners work together and with relevant agencies. It makes it clear that successful outcomes for children relies on help, support, and protection. The document clarifies roles and responsibilities of safeguarding partners strengthening accountability around information sharing, independent scrutiny, funding, and reporting. It further clarifies support for disabled children and their families, the multi-agency response to harm from outside the home.

- A shared responsibility emphasises that the successful outcome for children depends on the strong multi agency partnership working across the whole system including effective work with parents' carers and families.

- The introduction of who can act as a Lead Practitioner. There is requirement for a review of local processes and the introduction of revised procedures in respect of who the most appropriate lead practitioner should be for Child in Need in supporting children and their families. This decision must consider practitioner knowledge and skills, resources and commissioned service requirements. Work is currently ongoing throughout all the partnerships to agree the local changes for Section 17. Once agreed the partnerships are

to ensure multi-agency training reflects the new arrangements and includes specific training for the roles and responsibilities for those lead practitioners.

The Counterterrorism and Security Act (2015)

60. Prevent awareness and training is included within all levels of safeguarding adults and children training and the Trusts onboarding induction session. All safeguarding training is recorded and included within the Trusts compliance reporting, specific to role required skills and knowledge.

61. Training compliance is provided on a quarterly basis to the ICB through the Safeguarding Assurance Framework and nationally via the Prevent duty data set.

62. The Safeguarding Team provide advice and support for staff reporting cases and liaise with the Counter Terrorism Policing Northwest to share information to assist the Channel Panel process. The Trusts Prevent Lead ensures that staff are provided with the appropriate training in line with the contest framework.

63. Compliance for Prevent Training at the end of 2023/2024 reported at 96.7%.

64. In 2023/2024 information was shared from WCHC to Channel Panel regarding 24 cases that had been referred to the panel an increase from 19 in 2022/2023.

Section 3: Safeguarding Partnerships

Wirral Safeguarding Adult Partnership Board (WSAPB)

65. Wirral Safeguarding Adults Partnership Board (WSAPB) is the key statutory body for coordinating and ensuring effectiveness of arrangements to safeguard and promote the welfare of all adults at risk across Wirral. The partnership board includes senior managers from the Local Authority, local NHS services, Police, Fire and Rescue Services, Probation, Age UK Wirral, and Healthwatch.

66. The below diagram shows the Wirral Safeguarding Adults Partnership Board governance structure:

WIRRAL SAFEGUARDING ADULTS PARTNERSHIP BOARD STRUCTURE

67. WSAPB developed three subgroups and a task and finish group to initiate key strands of the boards work.

68. The Named Nurse Safeguarding Adults attends the subgroups and the task and finish groups. The Quality & Performance Group has made a commitment to look at qualitative data and develop a framework.

69. The Communication and Engagement Group aims to ensure the experiences of local people, including adults at risk, carers, advocates, and those working with adults with care & support needs, are heard and used to improve the ways services work.

70. The group has undertaken a survey of those working with adults with care & support needs to understand how organisations support their staff. It has looked at the impact of hoarding disorders and agreed that this should be a driving force in the board's work. Launching multi-agency training workshops. This training will go beyond mere 'awareness-raising' and focus on increasing participants' hoarding literacy in relation to personalised assessment / formulation, practice-based issues, and skills enhancement.

71. The Operational Subgroup aims to support the development and roll out of Adult Safeguarding policies and procedures and to ensure that partner agencies operate in accordance with them. It has revised and published a new Wirral Multi– Agency Safeguarding Adults Policy, developed and published a board escalation procedure for all partners to use and has undertaken a piece of work to understand the use of Advocacy on the Wirral and how this can be improved.

72. The Safeguarding Adults Review (SAR) sub-group is a collaboration between the Wirral, Knowsley, St Helens and Sefton Safeguarding Adults Boards. The group receives and considers all referrals and then makes a recommendation to the Chair of each Safeguarding Adults Board Chairs who will make the final decision.

73. Task and Finish Group –this explored how to capture the data collection for the Chapter 14 audit as a self-assessment tool and this was utilised within agencies that do not submit the commissioning standards.

74. In addition, the Board is keen to further develop its work with other partnerships on the Wirral such as the Children's Partnership, Safer Wirral Partnership and the Domestic Abuse Alliance for greater collaboration in the future to improve the support offered to all generations.

Wirral Safeguarding Children's Partnership (WSCP)

75. Wirral Safeguarding Children's Partnership (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. The partnership consists of the Director of Children's Services, Superintendent Merseyside Police and the Associate Director Integrated Care Board.

76. The below diagram shows the Wirral Executive Committee governance structure:
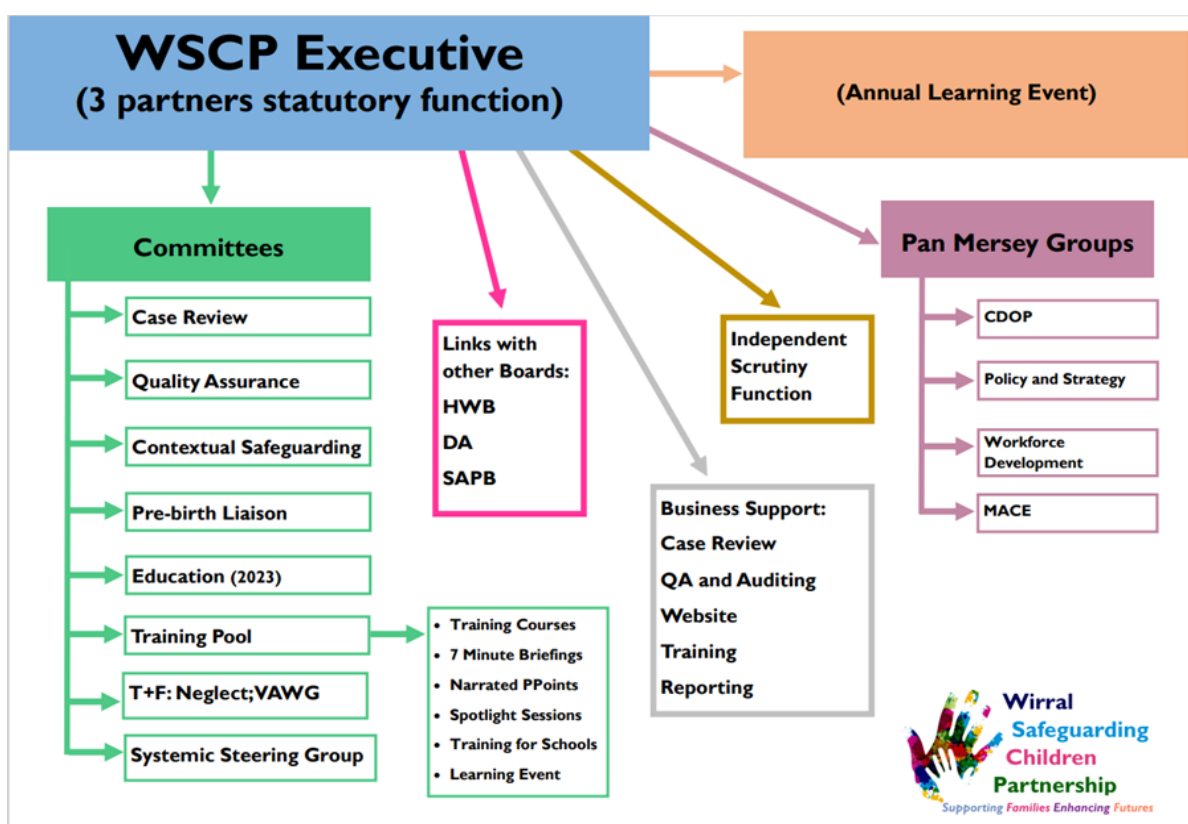
77. WCSP has agreed shared priorities for the partnership for 2023-2024, which have been adopted by all areas to improve frontline multi-agency practice through working on the key identified priorities.

- Response to Neglect
- Supporting Families Enhancing Futures
- Breaking the Cycle
- Violence Against Women and Girls

78. WCHC have supported the priorities by being part of the Neglect Strategy Task and Finish Group, contributing to the roll out of the Systemic Practice model which builds on Supporting Families Enhancing Futures (SFEF) and ensuring frontline staff attend the training to improve

practice. The Safeguarding Team have also supported the Domestic Abuse Agenda working with the Adult Team in Multi Agency Risk Assessment Conference (MARAC).

79.   The Named Nurse attends four of the eight Committees, Quality Assurance, Contextual Safeguarding, Systemic Practice and Neglect (Task and Finish). The Pre-birth liaison committee is attended by the 0-19 service and the Case review committee is represented by the Designated Nurse and Doctor with named professionals attending by invitation.

80.   The Named Nurse has supported multi-agency audits as part of the Quality Committee with the most recent audit being record keeping with good assurance gained.

81.   Within Wirral Place Section 11 takes the form of 6 questionnaires over the year and evidence of compliance is included. The Named Nurses then attends a scrutiny panel to provide full assurance with exemplary feedback achieved in 2023.

82.   During 2023 the Named Nurse was part of the working group to deliver a joint children and adults neglect strategy. This has now been launched and will lead to a greater awareness and understanding of the impact of neglect. This will enhance the ongoing work to promote the use of the Graded Care Profile 2 (GCP2) neglect tool.

83.   The Name Nurse has supported the development of The Family Toolbox and the Special Educational Needs and Disabilities (SEND) inspection.

84.   The WSCP has continued the training for 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, and staff continue to enroll as further dates are released.

85.   During the reporting period, the WSCP held a very successful one day network event for all partner agencies on Wirral. This was attended by 300 staff with 30 partner agencies represented. The safeguarding children's team attended supported by Sexual Health Wirral and the Family Nurse Partnership to raise awareness of the services offered by WCHC.

Cheshire East Safeguarding Children's Partnership (CESCP)

86.   Cheshire East Safeguarding Children's Partnership (CESCP) 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 Cheshire East. The partnership consists of the Director of Childrens Services, Chief Superintendent Cheshire Police and Associate Director Integrated Care Board.

87.   The below diagram shows the Cheshire East Corporate Safeguarding governance structure.

20. Governance Arrangements

The safeguarding partnership will operate within these governance arrangements to identify and respond to the needs of children in Cheshire East.
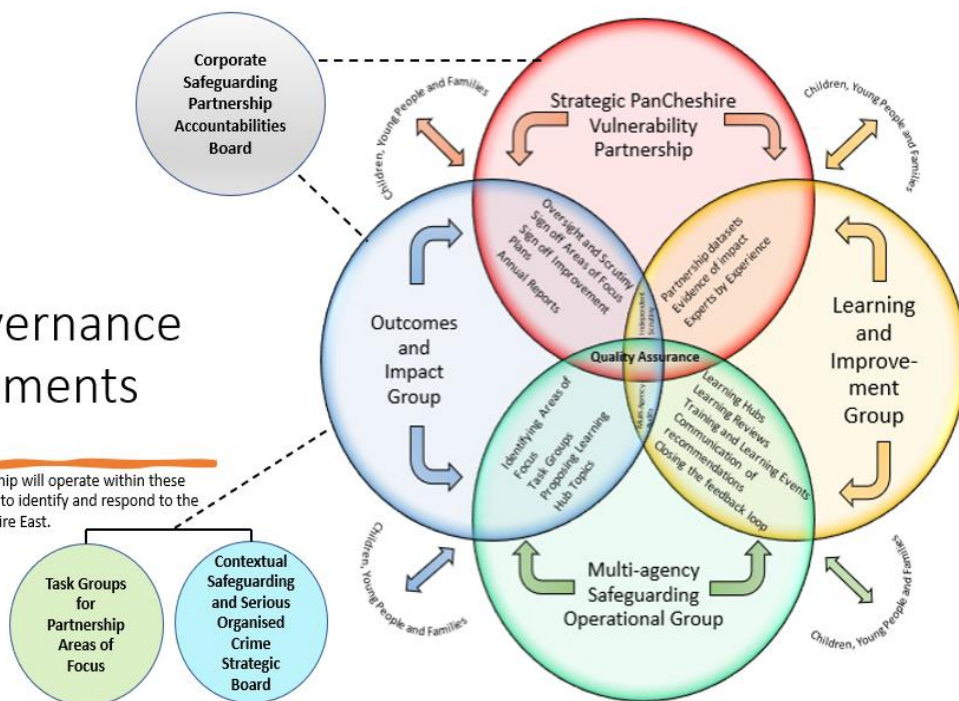
88. CESCP agreed shared priorities for the partnership for supporting the protection and wellbeing of children and young people in Cheshire East:

- Contextual safeguarding
- Education as a protective factor
- Sexual abuse
- Neglect

89. To support the priorities work has been undertaken in relation to Child Exploitation to create and develop a new service, ensuring there is a seamless approach to Child Exploitation between all agencies. Furthermore, multiagency contextual safeguarding training has been developed and delivered on a regular basis through the partnership, by WCHC.

90. Partnership Audits have been completed on contextual safeguarding and new audits have been introduced to quality assure the outcomes of the work of the Child Exploitation Nurses.

91. The Named Nurse has attended the Sexual Abuse Task and Finish Group and the work has focused on intra familiar sexual abuse and a pan Cheshire Sexual Abuse Policy is being developed.

92. There has been a concerted effort to increase attendance in Graded Care Profile training (GCP2) by the safeguarding team and a new recording mechanism for GCP 2 on the electronic records to enable to produce effective data.

93. The Named Nurse for Safeguarding Children and Cared for Children attends CESCP Subgroups, Quality Assurance, Learning and Improvement, Neglect Strategic Board, MARAC Steering Group, Contextual Safeguarding Steering Group, Sexual Abuse Task and Finish Group, the Domestic Violence Partnership Task Group and Multi-Agency Liaison Meetings.

94. The Chief Nurse / Head of Safeguarding attends Cheshire East Safeguarding Children Partnership Executive Committee**.**

95. Cheshire East has not received a Section 11 Audit request during this year the partnership are currently working on a new Section 11 recording method.

96. WCHC supported children's services in implementing the recommendations from the recent JTAI inspection, including close working with the scrutiny committee. The Safeguarding Team have recently supported with the Ofsted inspections ensuring staff were prepared, supported and available for inspectors' interviews. They have also continued to support in preparation for a SEND inspection having recently completed a joint piece of work to ensure every cared for child who has special educational needs, or an early help plan are flagged on both the health and social care systems.

97. Throughout the year WCHC have completed monthly contact audits with the Integrated Front Door where professional challenge is encouraged to improve practice. Further audits have been completed as part of a multi-agency the latest audits looking at Child Exploitation cases and the increasing trend of babies being removed into care at birth.

98. In February 2024 WCHC were part of the CESCP learning week which included all agencies. A WCHC stand was held which showcased the work of the Cared for Children's team, sessions were delivered on the new child exploitation nurses' roles and how they contribute towards the contextual safeguarding strategy. Training was also delivered by School Health and Family Nurse Partnership (FNP).

St Helens Safeguarding Children's Partnership (SHSCP)

99. St Helens Safeguarding Children's Partnership (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. The partnership consists of the Director of Children's Services, Superintendent Merseyside Police and Associate Director Integrated Care Board.

100. The below diagram shows the St Helens Safeguarding Children Partnership Executive Committee governance structure.

SCP Structure 23/24

Governance Structure

- C & M System Oversight Board
- Peoples Board
- Police & Crime Commissioner

Safeguarding Children Partnership Executive
Chair: 6 Monthly Rolling Chair commencing with CSC
Membership: 4 Key Partners – Police, Children's Social Care, Health, & *Education* (New for 23/24)
Frequency: Quarterly
Additional meetings: Relationship Meetings (Monthly), Development Meetings (August & January), Extraordinary Executives (following LCSPR's)

Review Group
Head of Safeguarding
(As required)

SCP Forum
Chair: Independent Scrutineer
Frequency: 4 Times Annually (Sept, Nov, Jan, Mar)
Additional Meeting: Development Day – Jul
Membership: Sub Group Chairs, Wider Multi-Agency Partners

External Forums & Boards
- Early Help Board (when established)
- Community Safety Board (Including Domestic Abuse Board)
- Safeguarding Adult Board
- Educational Advisory Group
- Voluntary, Community & Faith Forum
- Children's Improvement Board
- Health Forum
- Youth Justice Board
- SEND Board
- Corporate Parenting Forum

Priority – Neglect
Chair: Head of Virtual School
Frequency: Bi-Monthly
Neglect Workstreams:
1. Strategic Commitment
2. Early Intervention
3. Awareness & Recognition
4. Sustainable Improvement
5. Community Approach

- MASH Strategic Designated Nurse Safeguarding (Meet Bimonthly)
- Children at Risk of Exploitation & Missing DCI MERPOL (Meet Bimonthly)
- Learning & Development Group L & D Officer (Meet Bimonthly)
- Performance Group Head of Safeguarding (Meet Bimonthly)
- Merseyside Collaborative Inc. CDOP, Workforce Development and Policy & Procedures

Independent Scrutineer

4/10/2024

St Helens Safeguarding Children Partnership

101. St Helens SCP agreed the priority work for 2023/2024 was Neglect, owing to it being a continuing significant area of concern in the borough.

102. To support this priority, the Named Nurse has worked alongside partner agencies to develop a Neglect training session. This training is multi-agency and focuses on all aspects of neglect including health and education. WCHC have committed to supporting 0-19 practitioners to attend this training along with the GCP2 training. This ensures staff are equipped with the correct tools and knowledge to support practice.

103. The Named Nurse attends several partnership/subgroup meetings including, Children at Risk of Exploitation (CARE) Group, Neglect Operational Group, Domestic Abuse Operational Group, Learning & Development Group, Safeguarding Children's Partnership Forum, Families First Board, Multi Agency Safeguarding Hub Operational Board, Private Fostering Strategic and Operational Group, Safeguarding Health Forum and Performance Management subgroup.

104. The Head of Safeguarding attends St Helens Safeguarding Children Partnership Forum.

105. In 2023/2024 the Section 11 Audit for St Helen's consisted of site visits from two members of the Safeguarding Partnership to WCHC. Inspectors met with the Head of Safeguarding and Named Nurse for Safeguarding Children. A focus group was convened with several 0-19 practitioners of different roles within the service. The focus groups provided assurance that the service was compliant with Section 11 and no actions were identified for WCHC.

106. The Named Nurse has supported several multi-agency audits in 2023/2024 including Domestic Abuse through the Lens of a Child. A multi-agency forum was convened following this audit to share identified learning and to secure commitment from agencies in tackling Domestic Abuse. A thematic review on Neglect was completed with the Partnership and learning from this has been incorporated into the multi-agency Neglect training delivered by the Partnership and the Named Nurse.

107. During 2023/2024 WCHC has been involved in two Partnership events. The first a networking event held at St Helens Town Hall that included representation of over 20 partnership agencies. The second event was held on National Child Exploitation Day in March 2024. The

Named Nurse along with 0-19 Practitioners promoted the services and delivered a presentation to over 100 attendees on the day.

Knowsley Safeguarding Children's Partnership (KSCP)

108. Knowsley Safeguarding Childrens Partnership (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. The partnership consists of the Director of Childrens Services, Superintendent Merseyside Police and the Associate Director Integrated Care Board

109. The below diagram shows the Knowsley Safeguarding Childrens Partnership governance structure:

Knowsley Safeguarding Children Partnership Revised Structure

Executive Leads
Jonathon Jones KMBC Executive Director Childrens Services
Superintendent Karl Baldwin Merseyside Police
Helen Meredith NHS Cheshire & Merseyside ICB Knowsley Place Associate Director of Quality & Safety

Business Unit
Sharon Kelly KSCP Business Manager
Sarah Herron KSCP Training Officer
Lucy Lundon KSCP Business Support Assistant
Victoria Breakey Safeguarding & Quality Assurance Assistant

Independent Scrutineer
Vacancy

Strategic Forum

Safeguarding Review & Learning Group
Chair Debbie Spruce
NHS Cheshire & Merseyside ICB Knowsley Place Designated Nurse For Safeguarding Children & Children

Policy & Performance Group
Chair Celine Gafos
KMBC Head of Safeguarding & Quality Assurance (Childrens)

110. KCSP has agreed shared priorities for the partnership to improve frontline multi-agency practice through working on the key identified priorities for 2023/2024:

- 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.

111. To support these priorities the Named Nurse has worked in partnership to review the Multi Agency Safeguarding Hub (MASH) process which will ensure the right services are provided to children and young people at the right time. WCHC now support the MASH Nurse employed by Merseycare by providing health updates for MASH strategy meetings, the daily morning meeting and MASH screenings.

112. The Named Nurse has delivered multiagency training for the use of the neglect and Graded Care Profile 2 tool to ensure multiagency staff have the skills and knowledge and are able to

evidence neglect.

113. WCHC has worked in partnership with our health partners in Knowsley where children and young people have presented with challenging mental health concerns to achieve the best outcomes for them.

114. 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.

115. The Head of Safeguarding attends Knowsley Strategic Forum.

116. Knowsley has not received a Section 11 Audit request during this year. The partnership is currently working on a new Section 11 recording method. The Named Nurse has completed internal audits including safeguarding assurance, walkabout, and referrals to children's social care.

Section 4: Assurance and Compliance for Safeguarding

117. The purpose of the Safeguarding Assurance Framework (SAF) is to set out the safeguarding roles and responsibilities of all individuals working in providers of NHS funded care settings and NHS commissioning organisations and 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 (C&M ICB)

118. Compliance is measured through the following processes:
    - Submission of NHS C&M ICB Commissioning Standards 2023-24 self-assessment.
    - Safeguarding & CiC / CLA assurance frameworks (SAF) submitted quarterly to the ICB with performance against key standards tracked.
    - Quarterly report submitted in conjunction with the SAF spreadsheet for CiC.
    - Compliance against Section 11 audits evaluated in each of our four places.
    - Compliance against Section 14 audit for adults.

119. WCHC Safeguarding is required to evidence assurance and compliance locally regionally and nationally.

120. The Safeguarding Assurance Group (SAG) provides opportunity for challenge and assurance to the safeguarding arrangements within WCHC, monitoring compliance, benchmarking with external standards and clinical effectiveness indicators including Care Quality Commission (CQC) outcomes and addresses any gaps in service.

121. The SAG meets quarterly and is chaired by Chief Nurse. Attendees include Head of Safeguarding, Named Nurses for children and adult safeguarding and Service Director 0-19. The SAG receives assurance regarding Trust wide and place-based updates with mandatory compliance, risks, tracking of action plans following audits alongside compliance with Safeguarding Commissioning Standards and Assurance Framework.

Safeguarding Commissioning Standards

122. The NHS Cheshire and Merseyside Integrated Care Board Safeguarding Assurance Framework (SAF) outlines the core responsibilities in relation to safeguarding assurance and sets out a vision to improve the quality of safeguarding arrangements across Cheshire & Merseyside. The framework endeavors to keep the population at the heart of all safeguarding intentions and improvements. It will maintain focus and take a personalised approach to supporting meaningful improvements to individuals and make the most effective use of the expertise across safeguarding in Cheshire and Merseyside.

123. The new commissioning standards which sit alongside the SAF is a 63-point document with 10 key lines of enquiry. These include our leadership, accountability, policies and processes for safeguarding children and adults.

124. During Q3, the Trust completed a self-assessment against each of the 63 standards, providing a significant submission of supporting information to the ICB, to evidence compliance with each standard. The ICB have confirmed their assessment of the information provided supports

the following compliance BRAG rating:

- 62 fully green BRAG rated areas.
- 1 amber BRAG rated area.

125. The one amber BRAG rated area relates to the identification of a named doctor and named nurse for child in care (CiC) which, in accordance with the standards should be dedicated posts and not combined with responsibilities for adult or child safeguarding.
In Wirral and Cheshire East Places the named nurses cover both the safeguarding role and the CiC role. This reflects the operational ICB model and the current commissioned services. Furthermore, and most importantly this position has not affected our service delivery.

Safeguarding Assurance Framework – Children

126. The new Safeguarding Assurance Framework (SAF) developed for 2023/2024 aimed at achieving consistency across the ICB. There are between forty and forty-seven indicators tracked with a range of eighteen to twenty-six RAG rated; these differ slightly across the Trust owing to commissioning placed based agreements. They are a combination of both quantitative and qualitative returns.

Safeguarding Assurance Framework – Children in Care (CiC)

127. The ICB SAF for Children in Care (CiC) has fourteen indicators, all of these are RAG rated. Three indicators included in the return relate to children residing out of area which does not fall within WCHC responsibility and is therefore not included in this report.

128. Due to differences in Commissioning the CiC service, placed based agreements have been made in both Cheshire East and Wirral therefore data will vary going forward to reflect the Commissioning Service requirements.

129. In Cheshire East four indicators relate to Initial Health Assessments (IHA) which is not a requirement in Wirral as this is provided by Wirral University Teaching Hospital (WUTH).

The below data provides the number of review health assessments (RHAs) for Wirral and Cheshire East placed in borough and those placed in borough from other areas.

Indicator	Tolerance	Wirral	Cheshire East
Percentage and number of RHAs due and completed within month (Wirral / CE child residing within borough)	100%	487 91.3%	228 85.7%
Percentage and number of RHAs due and completed within month (out of borough child placed within area)	100%	121 74.2%	105 85%
Number of RHAs Quality Assured and number that meet required standard (Wirral / CE child residing in borough)	100%	417 82.6%	273 93.1%
Number of RHAs Quality Assured and number that meet required standard (Wirral /CE child residing out of borough)	100%	51 91.6%	160 94.1%

130. For those children placed in Wirral, the Safeguarding Team are dependent on the assessments being requested; this can sometimes be late which will have a detrimental impact on our data. When our children are placed out of borough (OOB) WCHC is reliant on other area completing the relevant assessment. The Named Nurses have a clear escalation

pathway and will highlight to the Designated Nurse when appropriate to do so. The Safeguarding Team have worked with 0-19 and deliver bitesize training sessions regarding what is expected for a good RHA, this work will continue.

Indicator	Tolerance	Wirral	Cheshire East
Number and percentage of Care Leaver health passports due and issued before/within month of 18th birthday (residing in borough)	100%	8 45%	53 94%
Number and percentage of Care Leaver health passports due and issued before/within month of 18th birthday (residing out of borough)	100%	3 75%	45 100%

131. The above data shows the number and percentage of care leaver passports issued. The data was a new requirement for Q3 therefore only six months of data has been collated. Prior to this Wirral Place has a different data collection process. For those care leavers residing out of borough Wirral Place has been reliant on other areas completing the health passports. Cheshire East Place has utilised specialist nurse to carry out this role which has proved successful. Wirral Place has developed a plan to replicate this work for 2024/2025.

Safeguarding Assurance Framework – Safeguarding Adults

132. The new Safeguarding Assurance Framework (SAF) developed for 2023/2024 aimed at achieving consistency across ICB. There are thirteen indicators and eight are RAG rated.

133. This information has been included under key achievements and in the training data below.

Safeguarding Training

134. The tables below show the training data for WCHC staff for 2023/2024

Measure	Tolerance	Wirral	Cheshire East	Knowsley	St Helens
Level 1 Adult Safeguarding Training for all staff	90%	97.2	97.9	98	100
Level 2 Adult Safeguarding Training for eligible cohort	90%	98.1	100	100	100
Level 3 Adult Safeguarding Training for eligible cohort	90%	94.5	94.8	97.5	99
Level 4 Adult Safeguarding Training for eligible cohort	90%	99.3	81.87	80.6	100
Mental Capacity Act & Deprivation of Liberty Safeguards	90%	94.5	94.8	97.5	99

Measure	Tolerance	Wirral	Cheshire East	Knowsley	St Helens
Level 1 Children Training for all staff	90%	97.5	97.5	98.5	98.5
Level 2 Children Training for eligible cohort	90%	94.6	100	91.6	95.1
Level 3 children Training Core for eligible cohort	90%	93.5	92.7	93.9	93.1
Level 4 Children Training for eligible cohort	90%	98.3	81.87	80.6	100
Child Exploitation Awareness training	90%	93.5	93.5	93.9	93.1

Measure	Tolerance	Wirral	Cheshire East	Knowsley	St Helens
Level 1 Children Looked After Training for all staff	90%	97.5	N/A	N/A	N/A
Level 2 Children Looked After Training for eligible cohort	90%	94.6	N/A	N/A	N/A
Level 3 Children Looked After Training for eligible cohort	90%	93.5	96.1	93.4%	93.1
Level 4 Children Looked After Training for eligible cohort	90%	98.3	81.87	80.6	100

135. All training for Adult and Childrens Safeguarding is above the 90% tolerance except for Knowsley and Cheshire East where there were three staff out of compliance for short period whilst awaiting courses from external providers.

Measure	Tolerance	Trust wide 2023-2024
Executive/Board Training	90%	98.5
Prevent Strategy/Awareness Training	90%	96.7
Prevent Strategy/Health WRAP Training	90%	94.8

Safeguarding Supervision

136. Over the past year, the supervision compliance for staff carrying formal safeguarding children cases has been above the required compliance of 90%. This was apart from Knowsley Place owing to reduced resources for a short period of time. 100% of staff in the workplace receive safeguarding supervision.

Measure	Wirral	Cheshire East	Knowsley	St Helens
Number of children requiring safeguarding supervision	331	192	151	164

Look After Children (Wirral term for Child in Care)

137. The data (taken from Wirral Local Authority) in the reporting period shows that Wirral Children Looked After (CLA) has reduced 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.

Measure	2022/2023	2023/2024
Average number of Wirral children with Child Looked After status	787	774
Average number of Wirral children with Child Looked After status placed Out of Borough	160	160.5
Average number of Children Looked After placed in Wirral from Out of Borough	285	303
Average total number of Wirral Children Looked After living in Wirral	627	613.5
Number and Percentage of supervisions completed for all CLA children living in Wirral	*	694 / 90.2%

* Data for completed supervisions not available for 2022/2023

Cared for Children (Cheshire East term for Child in Care)

138. There has been an increase in the average number of Cared for children placed in Cheshire East from out of borough. Whilst the total number of Cheshire East Children placed in Cheshire East has decreased during the year, the overall impact has been a rise in Cared for Children living within Cheshire East of 5.15%. This growth has created an increase in the completion of RHA's, supervision and Quality assurance requirements.

Measure	2022/2023	2023/2024
Average number of Cheshire East children with Cared for status	560	545
Average number of Cheshire East children with Cared for status placed Out of Borough	231	210
Average number of Cared for Children placed in Cheshire East from Out of Borough	196	250
Average total of Cared for Children living in Cheshire East	756	795
Number and Percentage of supervisions completed for Cared for children living in Cheshire East	*	467 / 94.7%

*Data for completed supervisions not available for 2022/2023

139. In Cheshire East, there has also been an increase in the number of Unaccompanied Asylum-Seeking Children, during the year Cheshire East reached its maximum placement capacity of 75 UASC children and young people.

140. 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.

Mersey Internal Audit Agency

141. During Q4, safeguarding governance for children were subject of a review by Mersey Internal Audit Agency. This took place across all four areas Wirral, Cheshire East, Knowsley, and St Helens.

142. The review identified the following:

- there was a good system of internal control designed to meet the system objectives and that controls were generally being applied consistently.
- there is an established team structure across the four areas with defined responsibilities.
- there was good representation and engagement by the Trust with local partnerships including attendance at the local safeguarding boards

143. There are two actions from the audit which are in progress and will be tracked at the Safeguarding Assurance Group.

144. The overall assurance opinion was rated as **Substantial**.

Section 5: Safeguarding Children Activity

Trust Wide:
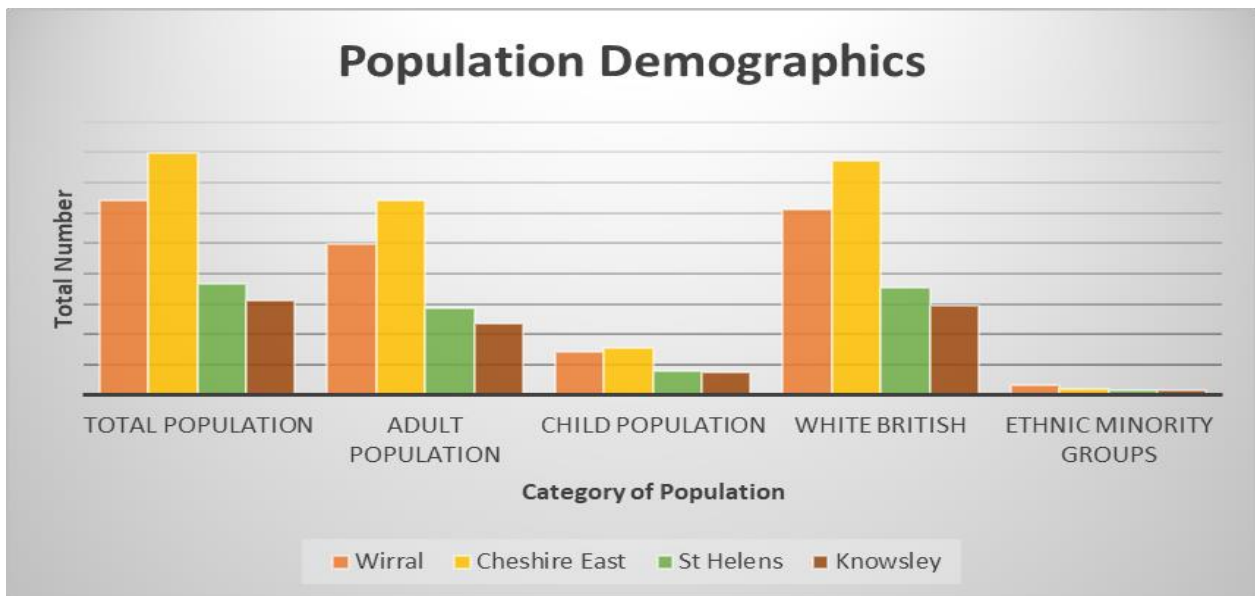
Safeguarding Children Wirral Place
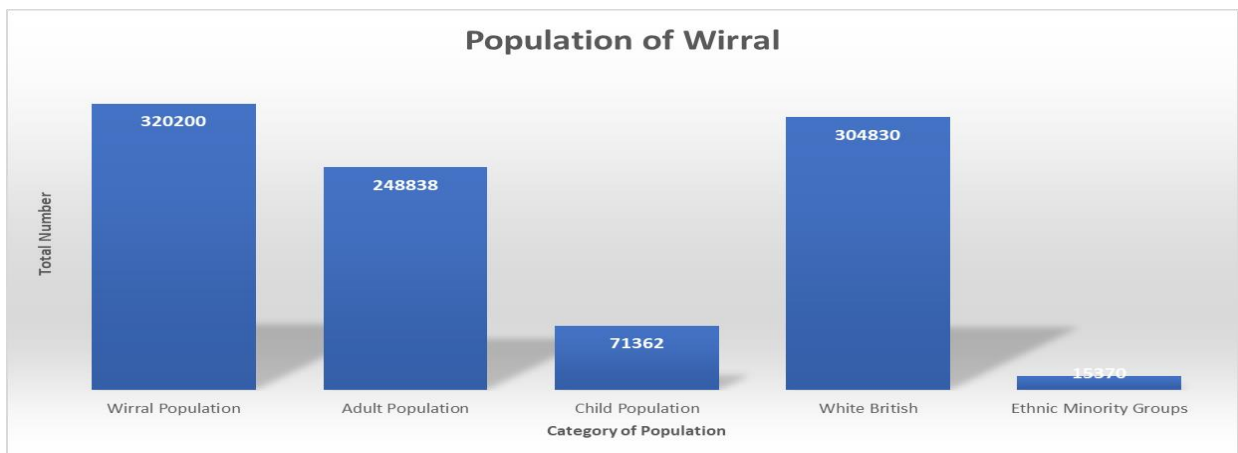
145. The population of Wirral is 320,200 predominantly White British (95.2%) with ethnic minority groups existing, particularly Polish Indian and Chinese, and the main language being spoken excluding English is Polish. (Census, 2021).

146. There are approximately 71,362 children (0 to 19 years) therefore 22.3% of the population living in the borough. Of all children, 15.7% 16,056 live in poverty. The current rate of Children Looked After is 120 per 10,000.

147. The 2019 Indices of Deprivation ranked Wirral as the 77th most deprived authority in England.

148. 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.

149. The table below shows a range of the safeguarding children activity levels across Wirral for the reporting period 2023/2024

Measure	Q1	Q2	Q3	Q4
Number of Strategy Meetings attended (0-19 service)	457	396	451	462
Number of initial child protection case conferences attended	100	100	107	106
Number of children on a child protection plan	328	342	378	374

150. The data shows a decrease in Q2 which coincides with school summer holidays which will see less referrals and identification of safeguarding concerns. Whilst there is a slight increase in the number of children on a Child Protection Plan, this may correlate with ongoing work for Wirral children to remain within the family setting rather than being removed and placed into care.

Safeguarding Children Cheshire East
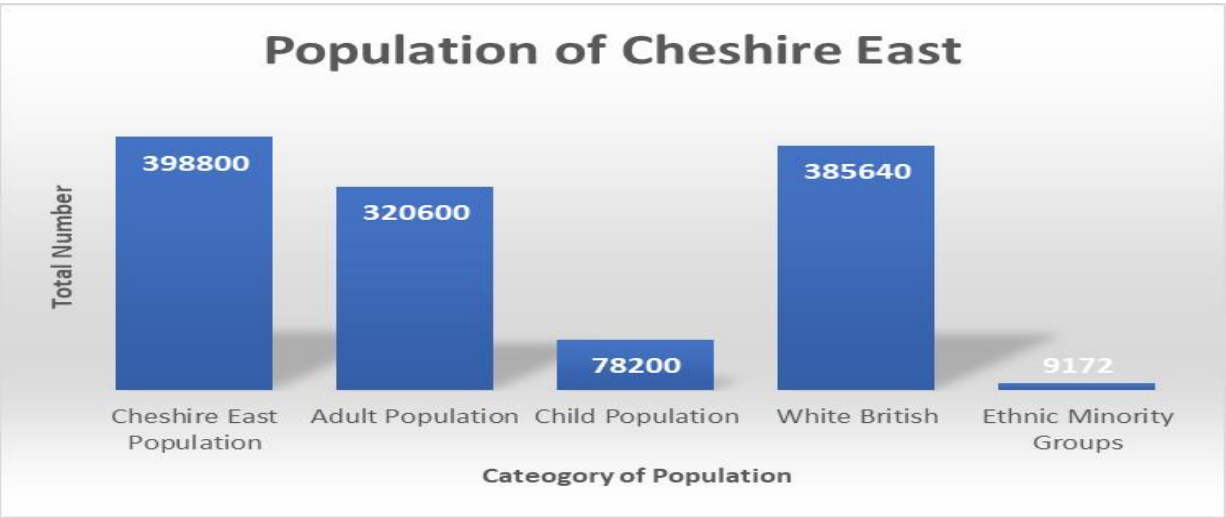
151. The population of Cheshire East is 398,800 predominantly white British at 96.7%. Black and ethnic minority background residents form 3.2% of the population. Approximately 5% of the residents in Cheshire East are from European countries. Cheshire East also has a large travelling community with multiple permanent traveler sites throughout the area.

152. There are approximately 78,200 children (0 to 19 years) therefore 20% of the population being aged under 19 in the borough. The current rate of Children Looked After is 88 per 10,000.

153. In Cheshire East, there are eighteen areas which are within the top 20% of the most deprived areas in England, affecting 33,350 people or 8.6% of Cheshire East's population.

154. The table below shows a range of the safeguarding children activity levels across Cheshire East for the reporting period 2023/2024

Measure	Q1	Q2	Q3	Q4
Number of Strategy Meetings attended (0-19 service)	406	389	391	509
Number of initial child protection case conferences attended	58	144	69	93
Number of children on a child protection plan	214	278	260	270

155. There has been a rise overall in the population of children within Cheshire East, this has increased demand on all services including safeguarding. The number of strategy meetings attended has been significantly high during Q1 and Q4. The data collection has been strengthened from Q2 with development of robust recording methods. The rise in strategy meetings in Q1 corresponds to the increase in initial child protection case conferences in Q2 due to the time scales of the section 47 enquiry processes undertaken by the local authority.

St Helens Safeguarding Children
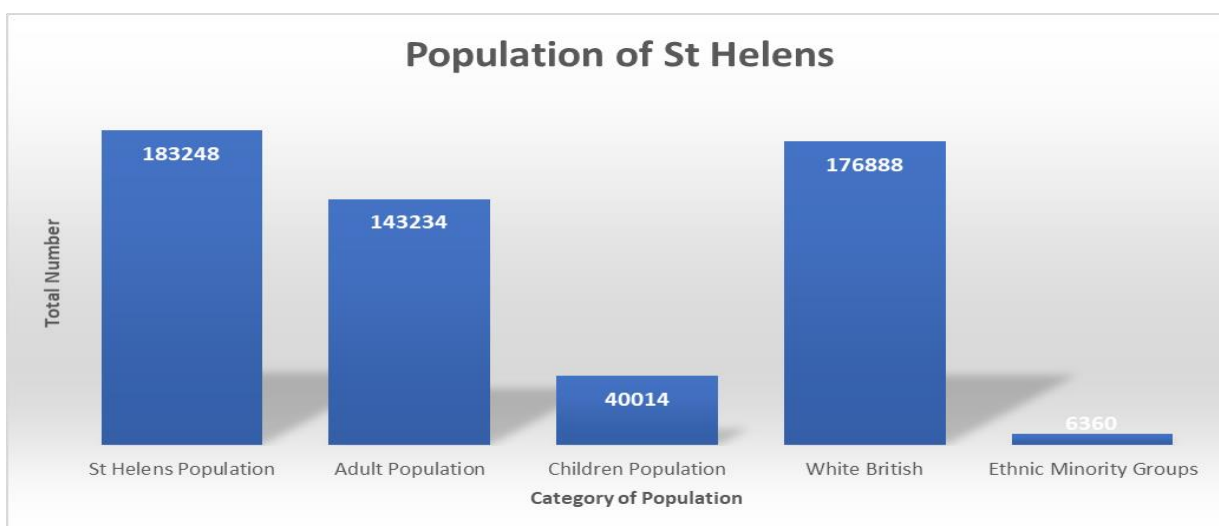
156. The population of St Helens is 183,248 and is predominately White British with ethnic minority groups existing, particularly Asian. (Census, 2021).

157. There are approximately 40,014 children (0 to 19 years) therefore 21.8% of the population being aged under 19 in the borough.

158. 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.

159. The 2019 Indices of Deprivation ranked St Helens is ranked as the 26th most deprived local authority in England out of 317. Almost a quarter of St Helens Residents live in the most 10% deprived areas in the country.

160. The table below shows a range of the safeguarding children activity levels across St Helens for the reporting period 2023/2024

Measure	Q1	Q2	Q3	Q4
Number of Strategy Meetings attended (0-19 service)	133	130	117	103
Number of initial child protection case conferences attended	60	63	81	58
Number of children on a child protection plan	248	226	221	175

161. The number of children on a Child Protection Plan has decreased significantly within the reporting period. It is to be noted that there has been an increase in children that are Cared for by the Local Authority and this can be attributed to the decrease in Child Protection numbers within the borough.

Knowsley Safeguarding Children
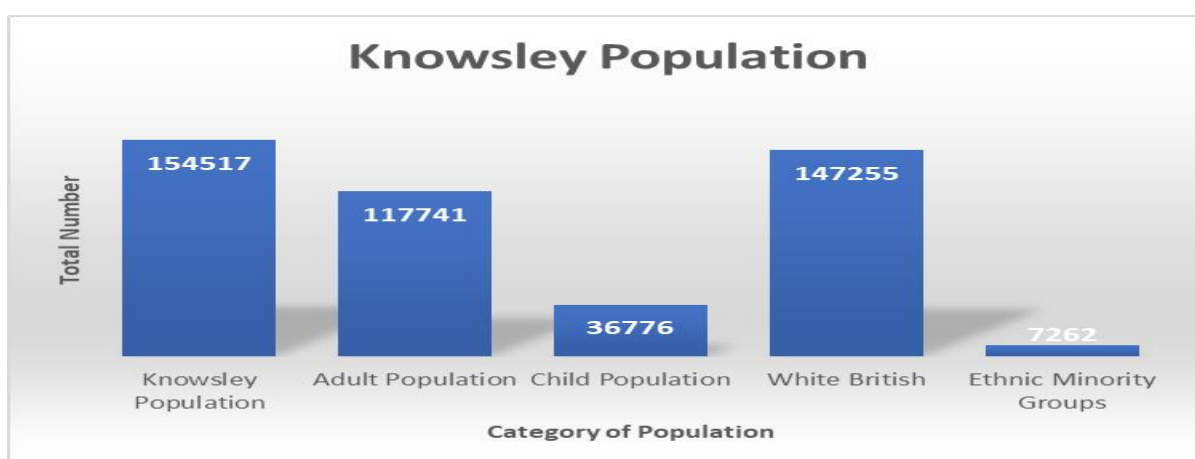
162. The population of Knowsley is 154,517, predominately White British 95.3%, with ethnic minority groups also existing, particularly Asian. (Census, 2021).

163. There are approximately 36,776 children (0 to 19 years) therefore 23.8 % of the population being aged under 19 in the borough.

164. Knowsley has the highest proportion of its population living in income deprived households in England (tied with Middlesborough), equating to one in four of all households which equates to 16,518 households.

165. The 2019 Indices of Deprivation ranked Knowsley as the 2nd most deprived authority in England.

Measure	Q1	Q2	Q3	Q4
Number of Strategy Meetings attended (0-19 service)	91	91	196	201
Number of initial child protection case conferences attended	110	137	151	117
Number of children on a child protection plan	184	177	227	213

166. The data identifies an increase in strategy meetings in Q3 and Q4. Some of this increase is owing to a local agreement with partners to work with Mersey Care NHS Foundation Trust following a gap in the service commissioning and provision being identified. Collaboration work is ongoing to strengthen these processes.

Child Sexual Exploitation and Criminal Exploitation

167. There is a dedicated multi – disciplinary team for Child Exploitation (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. There is a fortnightly Multi Agency Child Exploitation (MACE) meeting which the Specialist Children's Safeguarding Nurses (SCSN) attend.

168. An emerging theme has been the increasing numbers of young people who are using violence in this cohort. Catch 22 who complete the return interview have noted mental health as a key factor after missing episodes. This information will always be considered when developing a care plan and ongoing support.

169. Cheshire East Pace have two Child Exploitation Specialist Nurses. They attend two meetings a Contextual Safeguarding Screening Meeting held weekly and then a bimonthly Contextual Safeguarding Operational (CEOPs) meeting. The nurses work regularly with all young people identified as high risk, working alongside our partner agencies to ensure that all health needs are met.

170. In St Helens the SCSN attend MACE meetings twice monthly to support young people who are victims of CSE/CE. The SCSN's share proportionate health information and are part of the multi-agency partners making plans to keep the young people safe. The Named Nurse attends CARE group (Children at risk of Exploitation) which is the dedicated operational group for the partnership, who have a shared commitment to ensure the risk for young people in St Helens is managed and remains a focus for all partners.

171. In Knowsley SCSN also attend MACE meetings twice monthly, where relevant health information is shared to support young people who are victims of CSE/CE. KSCP has a dedicated contextual safeguarding child exploitation and missing performance group which the Named Nurse attends.

172. There is an increase in the number of children being exploited for Organised Crime Gangs (OCGs) locally and unaccompanied asylum seeking children (UASC) being exploited in local businesses such as car washes, nail bars and cannabis farms. WCHC Safeguarding Team

regularly supports ongoing partnership operations in order to continuously protect our communities.

Safeguarding Liaison/CDRP (Child Death Review Panel)

173. All Local Safeguarding Children Partnerships (LSCPs) are required to have arrangements in place to review the reasons for all child deaths. This is done through information sharing between Child Death Review Partnerships (CDRP), with review of this information at Child Death Overview Panels (CDOP). Partnerships have 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 their geographical footprint.

174. Due to the geographical areas within which Wirral Community Health and Care Trust provides services to children, there are two separate CDRPs and CDOPs.

175. The Pan Merseyside CDRP is a group of the five Local Safeguarding Children Partnerships, Knowsley, Liverpool, Sefton, St. Helens, and Wirral). The Pan Cheshire CDRP includes the LSCPs from Cheshire East, Cheshire West and Chester, Halton, and Warrington. Both CDRPs publish guidelines for the management of Sudden Unexpected Death in Children (SUDIC) which are broadly similar as they are based on national guidelines.

176. The focus of a Child Death Review Panel 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.

177. The below shows the number of child deaths across WCHC 2023/2024

Measure	Wirral	Cheshire East	Knowsley	St Helens
Expected deaths	11	8	10	8
Unexpected deaths	12	5	2	7
Total of all child deaths	23	13	12	15
% of unexpected Deaths	52%	38%	16%	46%
Age Range of child – less than 1 week	5	0	0	3
Age Range of child – less than 1 year	11	6	6	2
Age Range of child – between 1 and 4 years	2	3	4	3
Age Range of child – between 5 and 14 years	3	1	2	4
Age Range of child – between 15 and 18 years	2	3	0	3

178. Between 05/12/2023 and 03/03/2024 there were 6 SUDiC's in babies all aged less than 8 weeks old within the Wirral Place. Owing to such a high number of deaths in a short period of time, compared to previous years, all partners of the CDRP, including WCHC 0-19 service, have commenced a review of the cases to identify common themes and any learning opportunities. The information has also been shared with the National Child Mortality Database for review and guidance should this be required.

179. All unexpected deaths are documented within the Trust reporting system Datix. They are discussed within the biweekly Clinical Risk Management Group (CRMG) and then further reviewed at the Mortality Review Group heal each quarter. All unexpected child deaths will be subject of a SUDiC meeting / Joint Agency Review (JAR) meeting. The relevant Health Practitioner will attend and is supported by the Safeguarding Team.

180. The Standard Operating Procedure (SOP) around the reporting of deaths within WCHC is currently under review.

181. In July 2023 Merseyside Police launched the Safer Sleep project under preventative policing. Working with the Lullaby Trust, frontline officers have undertaken basic training around safer sleep principles and where incidents of note are identified, officers will work in partnership with health providers to ensure such principles are reinforced with families. The Trust signed up to this programme, on 11th March 24 when a launch was held at Merseyside Police Headquarters which consciously coincided with safer sleep week.

182. This preventative partnership working will enable WCHC to offer further support to the family to reduce any risks.

Child Safeguarding Practice Reviews

183. Please see summary of all cases referred through for consideration of rapid reviews and those meeting the threshold for a full Child Safeguarding Practice Review (CSPR)

Activities	Place	Child Safeguarding Practice Reviews 2023-2024
Child Ollie	Wirral	In April 2023 Child Ollie CSPR was published Ollie was 9 weeks old when he suffered a co sleeping incident in January 2021 whilst asleep with dad on the sofa. Ollie was resuscitated but later passed away due to brain hypoxia. His toxicology showed cocaine in his urine and the home was in a poor condition with clear signs of neglect
Child	Wirral	Rapid Review submitted, and initial meeting completed, chronologies shared and viewed. Awaiting outcome
Child	Wirral	Rapid Review submitted, and initial meeting completed, chronologies shared and viewed. Awaiting outcome
Child James	Wirral	Rapid review submitted, and initial review meeting attended, chronologies shared and viewed. CSPR held and awaiting outcome
Child Sophie	Wirral	Rapid Review submitted, and initial meeting completed, chronologies shared and viewed. CSPR held and awaiting outcome
Child Ryan	Wirral	Rapid Review submitted, and initial meeting completed, chronologies shared and viewed. CSPR held and awaiting outcome.
Child L	Cheshire East	CSPR completed Feb 2024 learning disseminated throughout the Trust and the Partnership which included practice development sessions with the author of the report.
Child M	Cheshire East	CSPR completed in Dec 2023 and learning disseminated throughout the Trust and the Partnership.
Child	Cheshire East	Rapid Review submitted, and initial meeting completed, chronologies shared and viewed. This did not meet threshold for CSPR. Local learning identified and disseminated
Child O	St Helens	Rapid Review submitted, and initial meeting completed, chronologies shared and viewed. This did not meet threshold for CSPR. Multi-agency practice review completed with agencies involved.

Child P	**St Helens**	**Rapid Review submitted, and initial meeting completed, chronologies shared and viewed. This did not meet threshold for LCSPR. Learning from the review has been shared with the multi-agency partners and across the Trust**
Child A	**Knowsley**	**Rapid review submitted, and initial review meeting attended, chronologies shared and viewed. This did not meet threshold for CSPR. A local learning review is ongoing.**
Child C	**Knowsley**	**Rapid review submitted, and initial review meeting attended, chronologies shared and viewed. Awaiting outcome**
Child D	**Knowsley**	**Rapid review submitted, and initial review meeting attended, chronologies shared and viewed. Awaiting outcome**
Child E	**Knowsley**	**Initial review meeting attended, chronologies shared and viewed –. This did not meet threshold for CSPR or local learning review.**

184. Following the completion of Rapid Reviews and Child Safeguarding Practice Reviews any learning and actions identified from these will be completed and shared across the whole Trust.

Section 6: Safeguarding Adults Health and Care Activity

Safeguarding Adults Referrals into Adult Social Care

185. The Safeguarding Adult Team Quality Assure and provide feedback on 25% of the referrals sent into Adult Social Care from WCHC staff. Data is also collated on the outcomes of all referrals. There has been a notable increase in staff now following the robust process of completing via the orange dot on SystmOne (S1) rather than a telephone contact to Central Advice and Duty Team (CADT)

Total ASC Referrals 2023/2024

Safeguarding Adult Referrals for 2023-24 Outcomes

Measure	Q1	Q2	Q3	Q4
ASC Referral	84	70	79	49
No further action	48	44	44	26
Other	0	1	0	0
Sign Post	3	1	2	3
Care Needs	1	1	1	1
Case Management	17	9	21	10
Section 42	15	13	11	9
Strategy Meeting requests	4	1	0	1
Attend Strategy Meetings	4	1	0	1
Remain Open	1	3	4	8

Domestic Abuse Agenda

186. 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.

187. The Safeguarding Adult Team launched a new Domestic Abuse template across every SystmOne 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.

Domestic Abuse/Multi Agency Risk Assessment Committee (MARAC)

188. 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.

189. A 6-month review of Wirral MARAC has been commissioned and is being completed by Safelives, this commenced in March 2023, the outcome of which remains outstanding.

190. 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

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

192. What we know about Domestic Abuse on Wirral in 2023-2024
    - There were 1076 high risk cases heard an increase on 966 high risk cases in 2022-23
    - There were 1,663 children discussed compared to 1,218 children discussed in 2022-23
    - There was an increase in repeat cases with 443 compared to 391 repeat cases in 2022-23
    - There were 30 closed MARAC cases compared to 18 closed in 2022/23 an increase of 12 closed MARAC on the previous year.
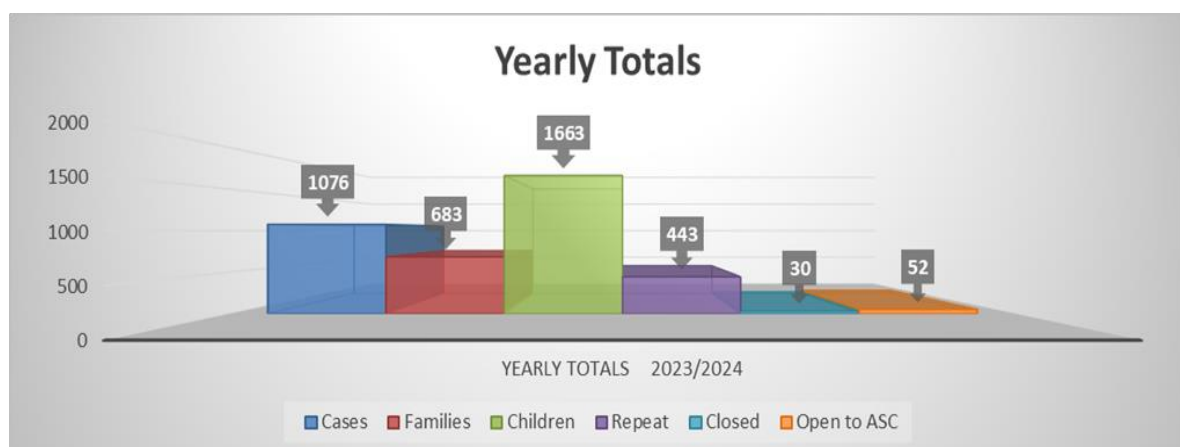
Multi Agency Public Protection Arrangements (MAPPA)

193. 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 Multi Agency

Public Protection Arrangements (MAPPA) queries and actions. WCHC also provides statutory adult social care input into this process. 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.

194. During the reporting period WCHC attended all MAPPA meetings and shared appropriate information as required.

Harmful Practices and Female Genital Mutilation (FGM)

195. There were 12 Female Genital Mutilation (FGM) cases reported in 2023 - 2024 from WCHC compared to 7 in 2022/2023. National reporting processes followed and recorded on NHS FGM dataset as is required.

196. There were 30 closed MARAC cases discussed during 2023/2024 an increase of 12 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)

197. Following the opening of the Inpatient beds at Community Intermediate Care Centre (CICC) during January 2021 the Safeguarding Adults Team has continued to support the staff with bespoke Safeguarding Training sessions around Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Specific training sessions in Domestic Abuse was also 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.

198. Monitoring of the DoLS applications is undertaken by the Safeguarding Specialist Nurse utilising Trust Information Gateway (TIG) and Business Intelligence (BI)

Safeguarding Adult Week 20th November 2023

199. Safeguarding Adults Governance team celebrated Safeguarding Adult Week by hosting an online event with partner agencies on Domestic Abuse. This was well received with over 100 staff attending this event.

200. Safeguarding Adults Team supported WSAPB in an Adult Safeguarding Awareness event and Networking Event at Tranmere Rovers. There were 120 professionals that attended over the day with 32 organisations represented with information stands.

Safeguarding Adult Champion Programme

201. 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.

202. All the Safeguarding Champions receive safeguarding supervision from the specialist nurses safeguarding adults, this is facilitated quarterly individually or as a group. The Champions then facilitate group safeguarding supervision within their area of work supported by a safeguarding adult specialist nurse.

203. In 2023 - 2024 39 staff attended the Champion programme. 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.

204. A Celebration Day took place in July 2023, where the Champions, who had completed the training, and the competency framework were presented with their certificates and badges from the Chief Nurse

205. Staff have found the programme valuable, engaging and overwhelmingly positive, making the following comments.

'*"Completing the Safeguarding Champions training was absolutely fantastic and something which I'm so much more aware of in my role as Community Nurse Manager. I feel more confident to advise and guide my teams on safeguarding issues and without this comprehensive training, then that would not have been the case. The support and training from the safeguarding team has been exemplary, I have felt massively supported throughout this whole process."*

"The Safeguarding Champions Programme has enhanced my knowledge of safeguarding policies and procedures and has enabled me to better support others. I work with a diverse range of staff across the Trust so I can support many colleagues with my newfound knowledge."

The knowledge I have gained from completing the Safeguarding Champions Programme has supported me not only to empower others, but to also grow my career and achieve a band 7 role. Being a Safeguarding Champion gave me the edge to achieve this position."

206. A further Celebration Day will be scheduled to take place in Safeguarding Adult week in November 2024, for the additional Champions.

Safeguarding Adult Reviews / Domestic Homicide Reviews (DHR)

207. Five Safeguarding Adult Reviews (SAR) and three Domestic Homicide Reviews (DHR) 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.

Activities	Safeguarding Adults 2023-2024
SAR 5	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 shared following the final reports.
SAR 19	Requested by WCHC following concerns that agencies did not work together however it 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 the outcome of the report.**
SAR 24	**Commenced March 2023 we are awaiting the final report to be shared**
SAR 25	**Commenced March 2024**
DHR1	**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.**
DHR2	**Commenced 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.**
DHR 3	**Commenced in July 2023 and the final draft report received March 2024, this will now be submitted to the home office for review and signing off.**
DHR 4	**Commenced November 2023**
DHR 5	**Commenced November 2023**

Section 7: Future Priorities 2024/25

208.   Future priorities for 2024/25 include.

- Safeguarding delivery plan including,
  - Safeguarding Goal 1: 90% of the Voice of the People to be captured.
  - Safeguarding Goal 2: 90% Attendance at Child Safeguarding Meetings
  - Safeguarding Goal 3: 90% Attendance at MAPPA and MARAC Meeting
  - Safeguarding Goal 4: 90% Attendance at Safeguarding Training

- 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.

- Review transition planning for 16- and 17-year-old children in care, to ensure that they feel better prepared for leaving care.

- Ensuring all staff understand their responsibilities and the response to all homeless children, identification at the earliest opportunity so that our children in particular 16 -17 are made aware of their rights and entitlements.

- To ensure the arrangements for the transition of children from children to adult services is in line with Local Authority processes.

- To ensure the quality, consistency and responsiveness of support, advice and guidance for care leavers, including those who are homeless, with additional vulnerabilities, up to 25 years of age.

- To work alongside Local Authority to ensure all care leavers have a health care summary passport and that all care leavers understand their full entitlements.

- Identify processes to improve compliance with timely review health assessments.

- The Safeguarding Adult Team will continue to support staff with bespoke 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 during Safeguarding Adult week in November 2024 for all the Champions who have successfully completed the programme and been signed off.

- To embed the Review Health Assessment Feedback audit tool into SystmOne (S1) to enable practitioners to complete this at every RHA contact in that year for Wirral and Cheshire East children 11 years and above. This will ensure that every communication from the child is captured, acted upon to safeguard and provide an effective service.

- To continue the work to align all four safeguarding areas process to ensure best practice is delivered across all of Wirral Trust services.

- To further strengthen the Safeguarding Links role within Wirral teams by recruiting new practitioners and developing their safeguarding knowledge

- To support 0-19 to embed the Child in Need group supervision process within teams to build greater safeguarding resilience in the workforce and harness and develop the skills already gained.

Conclusion and Recommendations

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

210.   The Quality and Safety Committee is asked to receive the content of the Safeguarding Annual Report, note the excellent achievements made over the past year and be assured of the Trust's commitment to continue to safeguard our communities.

Paula Simpson, Chief Nurse

Author:

Jude Blease, Head of Safeguarding

28 June 2024

Appendix 1: Safeguarding Abbreviations

ASC	Adult Social Care
BRAG	Blue, Red Amber Green rated
CADT	Central Advice and Duty Team
C4C	Cared for Child (Looked After Children in Children East)
CDOP	Child Death Overview Panel
CDRP	Child Death Review Panel
CE	Child Exploitation
CESCP	Cheshire East Safeguarding Children Partnership
CIC	Child in Care
CICC	Clatterbridge Integrated Care Centre
CLA	Children Looked After (local term)
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CSPR	Child Safeguarding Practice Review
CRMG	Clinical Risk Management Group
CWP	Cheshire Wirral Partnership Trust
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
FGM	Female Genital Mutilation
GCP2	Grade Care Profile 2
ICB	Integrated Care Board
IFD	Integrated Front Door
ILACS	Inspection of Local Authority Children's Services
JAR	Joint Agency Review
JTAI	Joint Targeted Area Inspection
KPI	Key Performance Indicators
KSCP	Knowsley Safeguarding Children's Partnership
L&D	Learning & Development
LeDeR	Learning Disability Mortality Review
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 Act
MIAA	Mersey Internal Audit Agency
MRG	Mortality Review Group
MSARG	Merseyside Safeguarding Adult Review Group
NEET	Not in Education, Employment or Training
NHSE	National Health Service England
OCG	Organised Crime Group
OOB	Out of Borough
RAG	Red, Amber Green rated
RHA	Review Health Assessment
SAFE	Standards Assurance Framework for Excellence
SAG	Safeguarding Assurance Group
SAR	Safeguarding Adult Review
SEND	Special Educational Needs and Disabilities
SENDIAS	Special Educational Needs and Disability Information Advice and Support Services
SENDLO	Special Educational Needs and Disabilities Local Offer
SFEF	Supporting Families Enhancing Futures
SHSCP	St Helens Safeguarding Children's Partnership
SOP	Standard Operating Procedure
SOS	Signs of Safety
SPOC	Single Point of Contact
SUDiC	Sudden Unexpected Death in Childhood
S1	SystmOne
UASC	Unaccompanied Asylum-Seeking Children
WCHC	Wirral Community Health and Care NHS Foundation Trust
WSAPB	Wirral Safeguarding Adult Partnership Board
WUTH	Wirral University Teaching Hospital

Information Governance Annual Report 2023-24

Meeting Title	Board of Directors		
Date	21/08/2024	**Agenda Item**	19
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Anna Simpson, Information Governance Lead and Data Protection Officer		

Action required (please select the appropriate box)

To Approve ☐	To Discuss ☐	To Assure ☒

Purpose

The purpose of this paper is for the Board of Directors to receive the Information Governance Annual Report for 2023-24 and be assured of the IG arrangements in place through the Trust and the organisational compliance with legislative and regulatory requirements relating to the handling of information.

Executive Summary

The Information Governance Annual Report is presented to the Board of Directors to provide assurance in relation to activity undertaken across the organisation for the reporting period 01 April 2023 - 31 March 2024, in relation to the Trust's organisational compliance with legislative and regulatory requirements relating to the handling of information.

This includes compliance with the Data Protection Act (DPA) 2018, UK General Data Protection Regulation (GDPR) and the Freedom of Information Act (FOIA) 2000.

The Trust is a recognised and registered Data Controller within the Information Commissioner's Data Protection Register. The Trust's Data Protection Registration number is Z2567487. There are no current or historical conditions or cautions against the Trust's data protection registration.

The Annual Report also details compliance with the Data Security and Protection Toolkit (DSPT) and provides assurance of on-going improvement in relation to managing risks to information.

Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:

The IG Annual Report provides assurance on the Trust's compliance with relevant regulatory requirements and therefore provides mitigation in relation to ID01 and the safe delivery of services.

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

 Individualised care and Trust governance is delivered to ensure compliance with equality and diversity standards for staff and people who use Trust services.

Financial/resource implications:

None currently 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 - Make most efficient use of resources to ensure value for money

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		
Board of Directors is asked to receive and be assured by the detail reported in the Information Governance Annual Report 2023-24.		
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). This provides the audit trail through the governance structure.		
Submitted to	**Date**	**Brief summary of outcome**
Finance & Performance Committee	7 August 2024	Committee was assured.

Information Governance
Annual Report

2023/24

Contents

Background

1. The purpose of this annual report is to provide assurance to Wirral Community Health and Care NHS Foundation Trust (WCHC) Board of Directors on activity undertaken across the organisation for the reporting period 01 April 2023 - 31 March 2024, in relation to the Trust's organisational compliance with legislative and regulatory requirements relating to the handling of information. This includes compliance with the Data Protection Act (DPA) 2018, UK General Data Protection Regulation (GDPR) and the Freedom of Information Act (FOIA) 2000.

2. The Trust is a recognised and registered Data Controller within the Information Commissioner's Data Protection Register. The Trust's Data Protection Registration number is Z2567487. There are no current or historical conditions or cautions against the Trust's data protection registration.

3. This annual report will also detail compliance with NHS Digital's Data Security and Protection Toolkit and provide assurance of on-going improvement in relation to managing risks to information.

Key Roles and Responsibilities

Senior Information Risk Owner Key Roles and Responsibilities:

4. It is recommended that the Senior Information Risk Owner (SIRO) is an Executive Director, who is part of the organisation's management hierarchy rather than being in an advisory role and is someone who understands how strategic business goals may be impacted by information risk.

5. The Director of Corporate Affairs is the Trust's Senior Information Risk Owner (SIRO) and has executive responsibility for the management and mitigation of all information risk. The SIRO is a core member of the Information Governance and Data Security Group and reports directly to the Chief Executive Officer.

    The key roles of the SIRO are:

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

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

6. During 2023-24 the SIRO has successfully completed Templar Executives SIRO Training and Templar Executives Cyber Security Board Training.

Caldicott Guardian

7. Recommendation three of The Caldicott Committee's Report on the *Review of patient-identifiable information* (Department of Health, 1997) stated that a senior person, preferably a health professional, should be nominated in each health organisation to act as a guardian, responsible for safeguarding the confidentiality of patient information.

8. The Executive Medical Director was the Trust's Caldicott Guardian during 23-24. The Trust's Chief Nurse became Caldicott Guardian in April 2024.The Caldicott Guardian has a strategic role with regard to representing and championing information governance and confidentiality at Board and, where appropriate throughout the Trust. The Caldicott Guardian is a core member of the Information Governance and Data Security Group and reports directly to the Chief Executive Officer.

   The key roles of the Caldicott Guardian are:

   - ensuring that personal information collected about patients / service users is used legally, ethically and appropriately, and that confidentiality is maintained
   - applying the eight Caldicott Principles wisely, using common sense and an understanding of the law
   - actively supporting work to enable information sharing where it is appropriate to share and advising on options for lawful and ethical processing
     (UK Caldicott Guardian Office, 2017)

9. During 2023/24 the Caldicott Guardian actively participated in the UK Caldicott Guardian Council Breakfast Club and completed Templar Executives Cyber Security Board Training.

Data Protection Officer

10. The Trust is legally required to employ a Data Protection Officer (DPO), the requirement is set out in Article 37 of the UK GDPR. The DPO should be designated based on professional qualities and expert knowledge of data protection law and practices and the ability to fulfil the tasks referred to in Article 39 of the UK GDPR.

11. The DPO function was held by the Information Governance Service, Midlands and Lancashire CSU from 01 April 2023 until 01 January 2024. From 02 January 2024 – 31 March 2024 the Trust's Information Governance Lead held the role of DPO.

12. The Data Protection Officer is a core member of the Information Governance and Data Security Group and reports directly to the Deputy Chief Nurse / Chief Nursing Information Officer. The DPO reports indirectly to the Board of Directors through the SIRO and Caldicott Guardian.

   The key roles of the DPO are:
   - monitoring organisational compliance with data protection legislation
   - informing and advising on data protection obligations
   - reviewing Data Protection Impact Assessments (DPIAs)
   - cooperating with the Information Commissioner's Office (ICO)
   - being the first point of contact for the ICO and individuals whose data is processed by the Trust (patients, service users, staff, volunteers etc.)
     (NHS Digital 2018

Assurance Framework

13. The objective of the Information Governance and Data Security Group is to support and drive the information governance agenda, ensure effective management of information risk, providing the Finance and Performance Committee (FPC) with assurance that best practice mechanisms are aligned with national standards, and local contract requirements are in place for information governance and information security within the Trust. The group has overall responsibility for the Trust's Data Security and Protection Toolkit (DSPT).

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

Cyber Security/Information Technology Security Group

15. The objective of the Cyber Security/Information Technology Security Group, is to advise and provide assurance on the Trust's information technology security as it relates to delivering effective healthcare and enabling the Trust to complete its function as an employer.

16. Cyber security is the application of technologies, processes, and controls to protect systems, networks, programs, devices and data from cyber-attacks. It aims to reduce the risk of cyber-attacks and protect against the unauthorised exploitation of systems, networks, and technologies. Information technology security is defined as, the protection of computer systems from the theft or damage to the hardware, software or the information on them, as well as disruption or misdirection of the services they provide.

17. The Cyber Security/Information Technology Security Group makes decisions in relation to Cyber and IT Security, providing a summary report to the IGDS group on a bimonthly basis for assurance.

Information Governance Policies

18. The Trust's Information Governance assurance framework is underpinned by a robust infrastructure of Trust Policies aligned to national guidance. All Information Governance Policies are currently in-date, several policies are under review prior to their expiration date, to ensure they remain fit for purpose and contemporaneous with legislation and Trust processes. See table 1 below. Staff can access Trust polices via StaffZone and any updates are highlighted within the Communications Update.

Table 1: Table of Information Governance Policies and review dates

Policy Name	Review Date
Information Governance Policy	October 2024
Data Protection and Confidentiality Policy	October 2024 (awaiting final approval)
Records Management Policy	October 2024
Individual Rights and Accessing Records Policy	2025
Freedom of Information Policy	2025
Data Protection Impact Assessment Policy	May 2024 (awaiting final approval)

Compliance with the Data Security and Protection Toolkit

19. The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that enables organisations to measure and publish their performance against the National Guardian's ten data security standards. The requirements of the DSPT support key requirements under the UK General Data Protection Regulation (GDPR). All organisations that have access to NHS patient/service user data and systems must use the Toolkit to provide assurance that they are practicing good data security and that personal data is handled correctly.

20. The DSPT requires evidence of compliance with mandatory assertions. Key members of staff with specific roles in Information Governance and Information Security are required to annually update assertion areas with relevant evidence.

21. Following a successful DSPT baseline submission in 2023/24, the Trust commissioned MIAA to conduct a DSPT assurance readiness report to support final submission of the toolkit by the national deadline of 30 June 2024. In accordance with the guidance mandated by NHS England, thirteen DSPT assertions were assessed by MIAA during the review. Following both Phase 1 and 2 of the audit, MIAA provided the Trust with a final report and overall assurance rating of 'substantial.'

22. The Trust's DSPT was submitted on 27 June 2024 with all mandatory standards met.

23. In September 2024 the DSPT will be changing to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. Expectations for cyber security and IG controls should remain at a reasonably comparable level to the current DSPT, tightening only in areas where NHSE and DHSC believe the higher standard to be a necessary obligation.

Information Sharing

24. WCHC recognises that there is a responsibility to work with partners to minimise the burden of data collection and ensure that data is used effectively to support the overall aims of Public Sector and voluntary organisations, ensuring the delivery of safe, high quality clinical care.

25. Under the UK GDPR, the legal basis for most information shared by the Trust is covered by:

    Article 6 (e) *'processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller'*

    Article 9 (h) *'processing is necessary for the purposes of preventative or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3'*

26. Consequently, Information Sharing Agreements are only produced for secondary purposes or when sharing with non-NHS organisations. Additionally, legally binding contracts have been put in place with suppliers processing Trust personal data and information flows are recorded within the Trust's Information Asset Register.

Complaints to the Information Commissioner's Office

27. During the 2023/24 period, there were no complaints made to the Information Commissioner's Office about the Trust.

Freedom of Information Requests (FOI)

28. During the period from 01 April 2023 to 31 March 2024, the Trust received a total of 334 requests under the Freedom of Information Act (FOIA) 2000; this is an increase of 43 FOIs when compared to the previous reporting year.

29. 294 were managed within the 20-day timescale and 40 responses were not managed within FOI timescales. This equates to 88% of FOI requests being responded to within the required timescale; a 1% increase from 2022/23. See Table 2.

Any delayed FOI responses related to complex requests which often required a coordinated response from multiple Trust departments resulting in a protracted timescale.

Table 2: Table to show number of FOI requests received by the Trust and % managed within time frame in 2021/22, 2022/23, and 2023/2024

Freedom of Information	2021/22	2022/23	2023/24
Number of FOI requests	247	291	334
% Managed within 20 working days	83%	87%	88%

Subject Access Requests (SARS)

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

1. The right to be informed
2. The right of access
3. The right to rectification
4. The right to erasure
5. The right to restrict processing
6. The right to data portability
7. The right to object
8. Rights in relation to automated decision making and profiling

31. Article 15 states that individuals have the right to obtain from the controller information that is held on them. Such requests are termed Subject Access Requests (SARs) and have a response time of one calendar month. Under GDPR, SARs are free of charge. Correct and prompt management of SARs increase levels of trust and confidence in the organisation by being open with individuals about the personal information held about them.

32. SARs are monitored monthly by the Information Governance and Data Security Group. During 01 April 2023 to 31 March 2024, the Trust received a total of 511 subject access requests (482 in 2022/23). Of these 511 requests, 67 were identified as relating to another organisation (compared to 62 during 2022/23). See Table 3.

33. Of the remaining 444 Trust relevant requests received, 100% were responded to within the timescale, compared with 97% recorded during 2022/23. See Table 3.

35. Article 16 describes how data subjects have the right to have inaccurate personal data rectified by the data controller.

36. The Trust received 0 right to rectification requests during 2023/24.

Table 3: Table to show number of Trust relevant Subject Access Requests received and % managed within time frame in 2020/21, 2021/22 and 2022/23.

Subject Access Requests	2021/22	2022/23	2023/24
Number of SAR requests	368	420	444
% Managed within one calendar month	97%	97%	100%

Information Governance Incidents

37. During the period 01 April 2023 to 31 March 2024, 188 Information Governance incidents were reported by Wirral Community Health and Care Foundation Trust staff. Of these,142 were deemed attributable to the Trust. This is compared to 138 reported during the 2022/23 period.

Of the 142 incidents, 138 (97%) were classified as resulting in no harm with the remaining incidents classified as low harm. This is indicative of a strong culture of reporting and learning, supported by the Trust's approach to disseminating learning from incident reporting.

Graph 1: Graph to show Information Governance incidents relating directly to Trust Services between April 2023 and March 2024
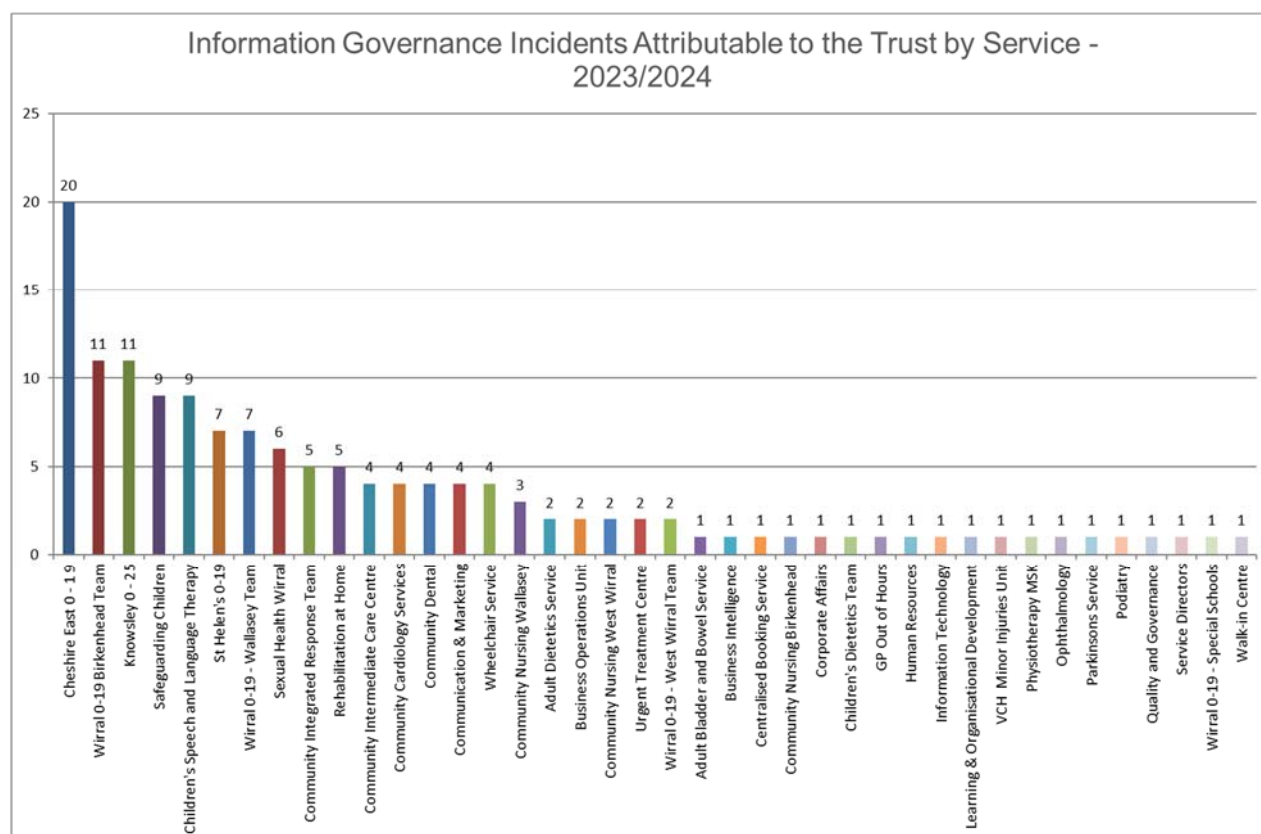
Graph 2: Shows the different harm levels for IG incidents between April 2022 and March 2024

Information Governance Incidents Attributable to Trust - Actual Harm Levels

	2022/2023	2023/2024
Total	138	142
Low harm	5	4
No harm	133	138

Legend: ■ No harm ■ Low harm
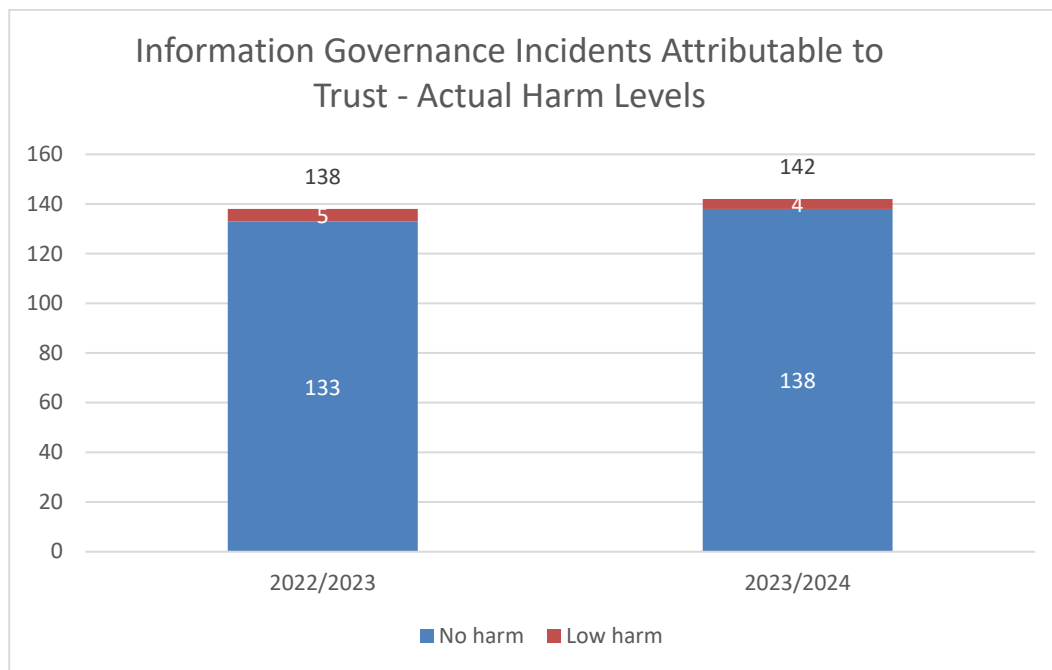
38. As illustrated in Graph 1 Cheshire East 0-19 (20), Birkenhead 0-19 (11) and Knowsley 0-25 (11) reported the most Information Governance incidents between 01 April 2023 and 31 March 2024.

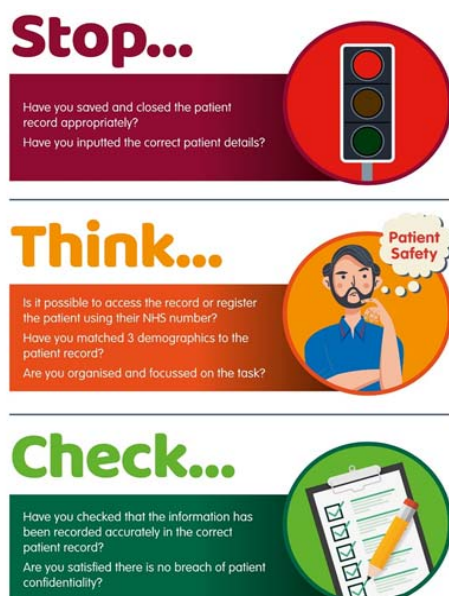The Trust's Information Governance Team is incorporated in the Quality and Governance Service which shares incidents that are applicable to services Trust-wide to enhance visibility whilst maximising learning opportunities.

Trust wide themes from reported Information Governance incidents include:
- Information being emailed to the wrong recipients.
- Paper notes containing identifiable information being misplaced.
- Recording keeping

Learning from incident investigations is disseminated Trust-wide via the twice weekly 'The Update', and example of this is as follows:

Stop...
Have you saved and closed the patient record appropriately?
Have you inputted the correct patient details?

Think...
Is it possible to access the record or register the patient using their NHS number?
Have you matched 3 demographics to the patient record?
Are you organised and focussed on the task?

Patient Safety

Check...
Have you checked that the information has been recorded accurately in the correct patient record?
Are you satisfied there is no breach of patient confidentiality?

39. The Information Governance Team are automatically notified of all Information Governance incidents reported on Datix. The IG Team provide bespoke advice and guidance to incident reviewers. Where service specific trends have been identified, an action plan will be developed to support both mitigation and reduction of incident type.

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

- Communication and guidance for staff through Staff Zone, The Update (staff bulletin), screensavers, and the Information Governance area on Staff Zone. In November 2023 there was a special edition on data breaches and the potential impacts on safeguarding.

Information Governance (IG) Special Edition
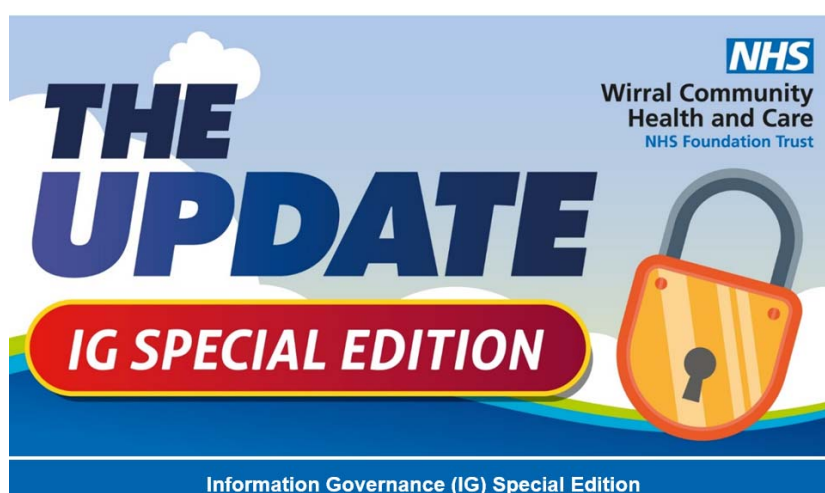
- Communications Bulletins have been disseminated following identified areas of improvement.
- Environmental Information Governance audits have been conducted to identify any breaches and improve staff awareness. Where required, action plans have been put in place to improve IG compliance and to support service specific learning.
- Information Governance policies have been reviewed and updated where required to outline the Trust's position clearly and consistently on information governance. This ensures the confidentiality, integrity, and appropriate availability of information.
- The SAFE IG Checklist questions are reviewed every 3 months, based on IG incidents that have been reported in Datix. This ensures that learning from individual incidents is disseminated to all services within the Trust.

Information Governance Incidents Reported to the Information Commissioner's Office

41. WCHC reported 0 incidents to the Information Commissioner's Office between 01 April 2023 to 31 March 2024.

Information Governance Risks

42. During the period 1 April 2023 - 31 March 2024, 3 Information Governance risks were added to the Trust's risk register. Control measures were effectively implemented to mitigate risk to Trust services.

Table 5: Information Governance risks added to the Trust's risk register in 2023/24

Number	Risk ID	Initial Risk Rating	Description	Closed/Active
1.	3006	12	Concerns regarding IG documentation not being	**Closed**

| | | | signed off / approved in time for SH mobilisation on 01/04/2024.

Risk added by Sexual Health Service. Risk added 14/02/24 and closed 26/02/24. | |
|---|---|---|---|---|
| 2. | 3022 | 9 | Ongoing access and functionality issues with procured Information Asset Register. Requirement of both UK GDPR and DSPT to have an up-to-date Information Asset Register.

Mitigation
Decision to recollect data and add to a single spread sheet with multiple tabs. Long term plan to migrate data into an Information Asset Register being developed by NHSE on behalf of Trust.

Risk is on track to be closed by 31 May 2024 as planned.

Register to be reviewed by MIAA as part of Phase 2 audit on 28 May 2024. | **Active** |
| 3. | 2978 | 9 | St Helens 019 service were unable to access records held by Iron Mountain, this caused delays in court reports being sent. | **Closed** |

Annual Data Security Awareness E Learning

43. All employees of the Trust, including Non-Executive Directors bank staff and volunteers, individuals on secondment, trainees, those on a training placement as well as locum or temporary staff employed through an agency are required to complete annual Data Security Awareness Training (1 April to 31 March.) This is mandated against annual training requirements.

44. Assertion 3.2.1 of the DSPT sets a mandatory requirement that all NHS Organisations achieve at least 95% compliance with completion of e-learning for Healthcare Data Security Awareness E Learning annually.

45. In 2023/24 Mandatory Data Security Awareness e-Learning was successfully completed by 97.7% of staff across the Trust.

Summary of Key Achievements in 2023/24

46. During the reporting period 01 April 2023 - 31 March 2024 the following were all achieved in relation to Information Governance:

- Mandatory Data Security Awareness e-Learning was successfully completed by 95% of staff
- Board Cyber Security Training completed
- 'Substantial' assurance awarded by MIAA following annual DSPT audit
- DSPT submitted in June 2024 with all standards met
- 100% of Subject Access Requests responded to within the required timescale
- No ICO reportable incidents
- All reported Information Governance incidents attributable to the Trust have been reported and presented to the Information Governance and Data Security Group
- All Information Governance policies reflect national standards and remain in-date
- A 1% increase in FOI requests being responded to within the required timescale since 2022/2023

Priorities for 2024/25

47. The Information Governance priorities for the reporting period 01 April 2024 - 31 March 2025 are:
- Compliance with all mandatory requirements of the National Cyber Security Centre's Cyber Assessment Framework (CAF) launching in September 2024 (to replace the Data Security and Protection Toolkit)
- Creation and implementation of an annual Information Governance and Cyber Security communications plan
- Joint Information Governance and Cyber Security drop-in sessions across different Trust localities
- Reviewing and updating Information Governance policies due for renewal
- Ongoing monitoring of the newly announced Data Protection and Digital Information Bill due for Royal Assent in 2024. The Bill is expected to introduce changes to the UK GDPR and the Data Protection Act 2018.
- Implementation of an improvement plan to increase the percentage of Freedom of Information responses managed within national timescales to 90%
- Maintain >95% of staff compliance with Data Security Awareness E Learning
- Specific training for all staff with identified key roles within the Information Governance structure
- Transfer of all Trust Information Assets and data flows to the Information Asset Register app developed by NHSE on behalf of WCHC and establish an Information Asset Owner network.

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

03 July 2024

Medicine Optimisation Annual Report 2023-2024

Meeting Title	Board of Directors		
Date	21/08/2024	**Agenda Item**	19
Lead Director	Eddie Roche, Interim Medical Director		
Author(s)	Lisa Knight, Lead Pharmacist		

Action required (please select the appropriate box)

To Approve ☐	**To Discuss** ☐	**To Assure** ☒

Purpose

This report provides formal assurance to the Board of Directors of activities involving medicines undertaken across the organisation for the reporting period 01 April 2023 to 31 March 2024.

The report does not include the management of controlled drugs which will be reported in a separate controlled drug annual report 2023-2024.

Executive Summary

This report includes a summary of medicines optimisation activities from 1 April 2023 to 31 March 2024, together with specific information relating to the reporting period 1 December 2023 to 31 March 2024. The report is based on the four principles of medicines optimisation as outlined in the Trust's Medicines Optimisation Strategy:

Principle One – Aim to understand the patient's experience
Principle Two – Ensure choice of medicine is evidence based
Principle Three – Ensure medicine use is as safe as possible

Principle Four – Make medicines optimisation part of routine practice

Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:

During the reporting period Risk 2947 was active and reached its target risk level of 9 (L3 and C3. This risk included the effect on CICC of the SLA with WUTH pharmacy for a clinical pharmacy service coming to an end. The risk was mitigated by the GP Practice contracted to CICC, the ICB and the Trust's Medicines Management Group working together to delegate

roles previously undertaken by the WUTH clinical pharmacist. This risk was archived in March 2024 when roles were agreed, and the target risk level was reached. A new risk ID 3024 was opened to monitor the new arrangements put in place April 2024

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

 A QEIA is not required because this report does not fulfil the criteria for requiring a Quality Impact Assessment, and because optimisation of medication is of benefit to all regardless of any protected characteristics

Financial/resource implications:

None

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	Place - Make most efficient use of resources to ensure value for money

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 is asked to consider this annual report and be assured that medicines are handled safely throughout Trust services.

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). This provides the audit trail through the governance structure.

Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	10/7/24	QSC assured, minor amends requested and completed to paragraph 29.

Medicines Optimisation Annual Report

2023-2024

Introduction

1. Throughout 2023-2024 Wirral Community Health and Care NHS Foundation Trust remained committed to the proper and safe management of medicines and the principle that patients who used Trust services would receive the right choice of medicines at the right time.

2. The Trust was required to comply with Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 3) Regulation 12 (g) which states that healthcare organisations must demonstrate, "proper and safe management of medicines."

3. This report provides formal assurance to the board of activities involving medicines undertaken across the organisation for the reporting period 01 April 2023 to 31 March 2024.

4. The report does not include the management of controlled drugs which will be reported in a separate controlled drug annual report 2023-2024.

5. The Trust's management of medicines was scrutinised by expert external inspectors during the 2023 CQC inspection. This report should be read in conjunction with the medicines optimisation report covering the period 01 April to 30 November 2023 which includes details of how good governance surrounding the handling of medicines contributed to the Trust being rated as good by CQC.

6. This report will include a summary of medicines optimisation activities covering the whole reporting period 1 April 2023 to 31 March 2024 together with specific information relating to the reporting period 1 December 2023 to 31 March 2024.

7. The report will be based on the four principles of medicines optimisation as outlined in the Trust's Medicines Optimisation Strategy:

   - Principle One – Aim to understand the patient's experience
   - Principle Two – Ensure choice of medicine is evidence based
   - Principle Three – Ensure medicine use is as safe as possible
   - Principle Four – Make medicines optimisation part of routine practice.

Principle One- Aim to understand the patient's experience

8. In line with the national patient safety alert NHS/PSA/2014/005 "Improving medication error incident reporting and learning" the Trust has two patient representatives that attend monthly Medicines Governance Meetings. The representatives help the members of the Medicines Governance Group focus on what matters to patients and motivate the group to ensure learning from incidents is disseminated throughout the organisation.

9. Home First is a Trust service that provides short term assessment and reablement for patients in their own homes discharged from hospital or intermediate care settings. At the start of the reporting period, health care assistants within the service were not authorised to assist patients with their medication. However, a need for the service to support some patients with their medication was identified. In response to this need the Medicines Management Team in conjunction with the Nurse Team Leader for Home First, developed a medicines procedure for the Home First Service. The updated procedure and associated training enabled care assistants to administer medication when appropriate and equipped the health care assistants to recognise situations that required escalation to the nursing team.

10. During the reporting period, Home First recruited nurses and nursing associates, enabling the service to work with patients who were overwhelmed and unable to self-medicate. The service has successfully empowered patients to administer their own medication. Some of these patients have been discharged from the service without the need for costly packages of care.

11. Encouraging patients who are able to self-medicate is also an important part of re-ablement whilst in-patients within Community Intermediate Care Centre (CICC). Details of the quality improvement project to encourage self-medication is included in the medicines optimisation report covering the period 1 April to 30 November 2023.

12. In Q4, the Trust in partnership with the ICB and Wirral Hospitals, introduced elastomeric devices for patients discharged with specific intravenous antibiotics. Elastomeric devices are lightweight, non-electronic, portable, single-use and disposable pumps designed to provide ambulatory infusion therapy over a set period of time. Medication is delivered to the patient as the elastomeric reservoir (balloon) consistently deflates and gently pushes solution through the intravenous (IV) tubing and into the catheter/port. The devices allow more patient freedom, as they only need to be replaced daily. The devices also allow the use of intravenous flucloxacillin in the community, which is a narrow-spectrum antibiotic with therefore less potential for developing antimicrobial resistance.

Principle Two- Ensure choice of medicine is evidence based

Practitioners were supported in their roles by evidence based clinical guidelines, procedures and patient group directions (PGDs)

13. Evidence based procedures defining best practice for the handling of medicines were provided for the workforce, providing a framework outlining expected standards of practice. During 2023-2024 the Medicines Governance Group oversaw the development or update of 29 medicines related procedures, one strategy and 36 PGDs. See appendix 1 for full details of medicines related documents reviewed or updated during 2023-2024.

The Trust adopted relevant national guidelines

14. New and updated national guidance documents (i.e. NICE/MHRA) were scrutinised and where relevant, changes were made to internal documents such as patient group directions and procedures to reflect these updated. For example, the PGDs for impetigo (flucloxacillin and clarithromycin) were amended to reflect changes in the NICE recommended course length from 7 to 5 days treatment.

Staff accessed training to enable them to be competent in their knowledge of medicines

15. Practitioners were responsible for keeping up to date by accessing medicines information from multiple national NHS approved agencies.

16. The Medicines Management Team acted as a medicine's information resource for front line staff. This resource was regularly used by community nurses, especially when nurses were unsure if a particular medicine was safe to be administered in the community.

17. The monthly in-house Medicines Management Bulletin also provided clinical information, highlighting updates in national guidance, changes in local procedures and raising awareness of learning from incidents. Bulletins written during the reporting period are available via the Trust website. Dissemination of the bulletins was monitored via the monthly SAFE medicines management audit.

18. In addition to the procedure for handling medication within Home First, health care assistants within Home First were given the knowledge to develop the necessary skills to handle medicines safely in patients' homes by accessing e-learning from Health Education England "Training for non-registered medicines workforce". This was reinforced by in-house training provided by the Nurse Lead for Home First. At the end of Q4 94.12 % of Home First health care assistants had completed the Health Education England training as monitored via ESR.

19. Other national medicines related e-learning utilised by the Trust included safe insulin administration, antimicrobial stewardship (AMR) and PGD training. At the end of Q4 compliance rates for eligible staff were 83.19% for safe insulin administration, 96.75% for AMR and 94.19% for PGD training. Safe insulin administration training is required to be completed annually. Support will be put in place to ensure eligible staff are given time to complete this mandatory training.

20. In addition, the Trust pharmacists provided medicines management training via a combination of face-to-face training and training via Microsoft Teams. From 1 April 2023 to 31 March 2024, the Medicines Management Team delivered regular monthly training sessions for Community Nurses and CICC. In addition, extra training slots were delivered to CICC on an ad hoc basis as new staff came into post.

21. Training for practitioners and clinicians within GP Out of Hours was facilitated by the Clinical Director for Urgent and Unplanned Care via a combination of educational emails and virtual meetings.

Governance Structures were in place to support Non-Medical Prescribers

22. Non-medical prescribers (NMPs) were supported by the Trust's NMP Governance Lead who provided prescribing inductions for all newly qualified prescribers, quarterly NMP forums (via Microsoft Teams) and three prescriber refresher training sessions over the reporting period.

23. The Trust's NMP Governance Lead continued to work collaboratively with the Learning and Organisational Development Team to strengthen governance processes, enabling experienced Trust V300 prescribers to supervise and assess students as a Designated Prescribing Practitioner (DPP) during their V300 prescribing course. The DPP database was continually updated as prescribers became eligible to take on the DPP role. There were 50 NMPs who were eligible to be a DPP at the start of Q1 2023, and a total of 51 at the end of Q4. Although several DPPs left the organisation, the Trust maintained the number of DPPs. Having sufficient staff to undertake the role of DPP enabled the Trust to take full advantage of available places on prescribing courses.

Prescribing activity was monitored

24. E-Pact prescribing data was analysed at the monthly Medicines Governance Group. Controlled drug prescribing, antimicrobial and V300 non-medical prescribing were monitored quarterly.

25. V300 data linked to individual non-medical prescribers was cascaded to service managers to facilitate discussions between line managers and prescribers enabling improvements in quality and cost-effective prescribing. Where unusual prescribing activity was identified, in the absence of an appropriate explanation, the Business Services Authority (BSA) was contacted to recall the prescription. Prescribing data received during 2023-2024 included examples (see table below) of prescribed medication found to be incorrectly attributed to WCHC prescribers. These incidents were escalated and where prescribing cost meet a certain threshold, the costs of the drugs are reimbursed.

Quarter	Prescribing incorrectly attributed to WCHC	Threshold for cost reimbursement met
Q3 22-23 (data received 23-24)	3x Elvanse prescribed by GPOOH but attributed as 84	Yes - £170
Q4 22-23 (data received 23-24)	Dapsone attributed to Cardiology, Dapagliflozin was prescribed	No
Q1 23-24	Physeptone solution attributed to Cardiology in error	No
Q2 23-24	Elvanse attributed to Cardiology in error	No

26. Antibiotic prescribing was audited. During 2023-2024 the Medicines Management Team conducted 6 antimicrobial prescribing audits within the Urgent Treatment Centre; 5 audits of antibiotics associated with a high risk of *Clostridioides difficile* and 1 audit of amoxicillin course length. In each of the audits, 20 patient records were examined by extracting information from the electronic patient record. Audit findings were monitored at service level and at the Medicines Governance Group. The results were also discussed at the quarterly V300 Non-Medical Prescribing Forums.

Results of the audits were reported back to individual prescribers via their line manager who advised on how their prescribing could be improved in line with guidelines and when a training need was identified, extra training was provided. Prescribing was classified as compliant with guidelines if it was in line with local or NICE guidelines or if there was documented justifiable for deviation from guidance. Any justifiable deviation was assessed by a pharmacist from the Medicines Management Team and a lead clinician from the service. If the percentage compliance with guidance fell below 80%, the audit was repeated following feedback/ training to prescribers.

The percentage compliance with Pan Mersey and NICE guidelines was as follows:

Month	Medication	% Compliance with guidance
April 23	Amoxicillin	85%
June 23	Cephalosporins	85%
Aug 23	Quinolones	77%
Oct 23	Quinolones	70%
Dec 23	Cephalosporins	90%
Feb 24	Co-Amoxiclav	75%

27. The Co-Amoxiclav audit and the Quinolone audits will be repeated in 2024-2025 to investigate if the feedback to prescribers has improved compliance with guidance.

28. In addition to the audits of specific antibiotics, a point prevalence audit was completed of all the antibiotics prescribed or supplied under patient group direction for a 24-hour period on 27/03/2024 for all services within the Trust. The percentage of compliance with guidance was 91%. Where non-compliance was identified, feedback was given to improve future prescribing.

29. There is no comparative national or regional bench marking data available on compliance against guidelines for specific antibiotics, as organisation complete internal unpublished audits. However, the Trust Medicines Management Team work closely with system colleagues to share best practice and to develop some consistency in audit practice that can create comparative data.

30. The point prevalence audit also investigated if clinicians recorded allergy status within the patient record. It was found that 100% of records had allergy status documented, with most staff using the appropriate template within SystmOne. This is important because records where the allergy status is not recorded in the correct template, would not be easily identified in subsequent consultations.

31. Another area for improvement identified from the audit as requiring improvement was ensuring the TARGET patient information leaflets for "treating your infection" were documented when given to patients using the appropriate template within SystmOne.

Principle Three – Ensure medicine use is as safe as possible

Handling of medicines was audited

32. The handling of medicines was audited throughout the reporting period via the monthly self-assessments which were documented via the SAFE system. The audits covered storage of medicines, handling of PGDs, prescribing, handling of medical gases with additional questions for CICC.

33. For further assurance, a base from each service was visited by a member of the Medicines Management Team to perform a Quality Assurance Visit. The data collected via the self-audits was triangulated against data collected by the Medicines Management Team. Findings from the Quality Assurance Visits found services to be mainly compliant with standards, where deviations from best practice were identified, action logs were produced and follow up visits arranged to monitor completion of actions.

34. Additional audits undertaken 2023-2024 included an audit to investigate the use of Patient Group Directions within the Trust, audits of areas of the Trust where controlled drugs were kept and an audit of prescription form security. Each of the audits had an associated action plan which was monitored via the Medicines Governance Group.
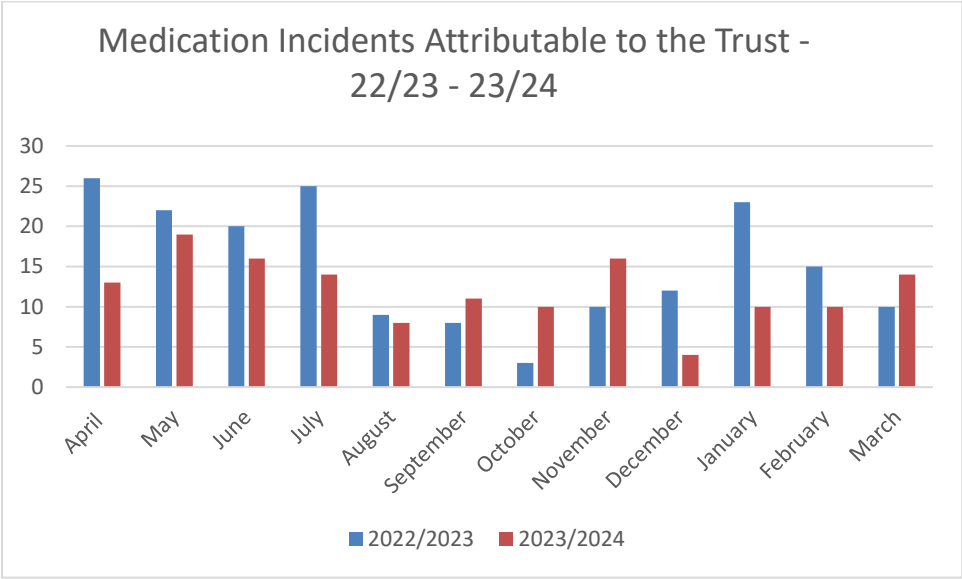
A Quality Improvement project was undertaken for the management of medicines within Community Intermediate Care Centre (CICC)

35. The 2023-2024 CICC Medicines Management Quality Improvement aimed to consolidate improvements achieved during 2022-2023 where the rate of missed medication due to medication not being available was reduced by 80%. From Q1 2023-2024 to Q4 2023-2024 there was a further reduction in missed medication due to medication not being available of 38%. This equates to the rate of missed doses due to medication not being available reducing from a rate of 0.36% of total doses prescribed in Q1 to a rate of 0.22% of total doses prescribed in Q4.

36. This improvement was achieved by improving delivery of training, working with both the GP Practice and the supplying community pharmacist and continuing to perform weekly audits which identified medication that was not available on the ward enabling nursing staff to put actions in place to obtain the medication or request an alternative.

37. In addition, staff were instructed to utilise, "virtual place holders". These are virtual "sticky notes" that were added to patient's electronic medicines charts to alert staff if medication had been ordered or newly prescribed ensuring that if there were any delays in receiving medication, staff would be able to chase.
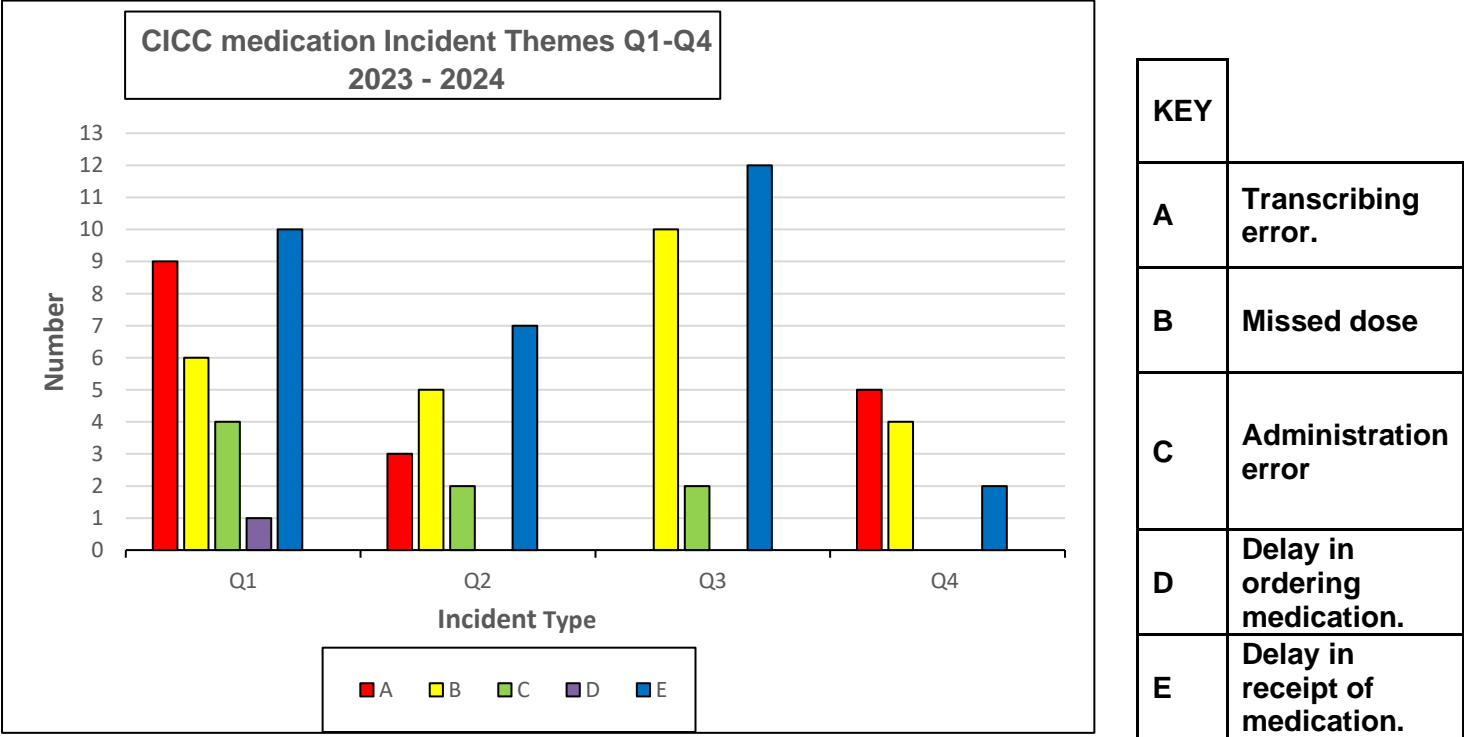
Medicines related incidents were monitored for potential learning

38. The Medicines Governance Group oversaw the investigation of medicine related incidents ensuring learning was disseminated. Details of all incidents attributed to the Trust were provided within the Medicines Governance Group Actions which were regularly submitted to the Quality and Safety Committee.

39. During 2023 2024, the total number of medication incidents reported as attributed to the Trust was 145. This was a slight reduction from 2022 2023 when a total of 183 attributable medication incidents were reported. The Medicines Management Team will work closely with Trust Services to increase the rate of reporting.

Medication Incidents Attributable to the Trust - 22/23 - 23/24

CICC Medication Incident Themes

CICC medication Incident Themes Q1-Q4 2023 - 2024

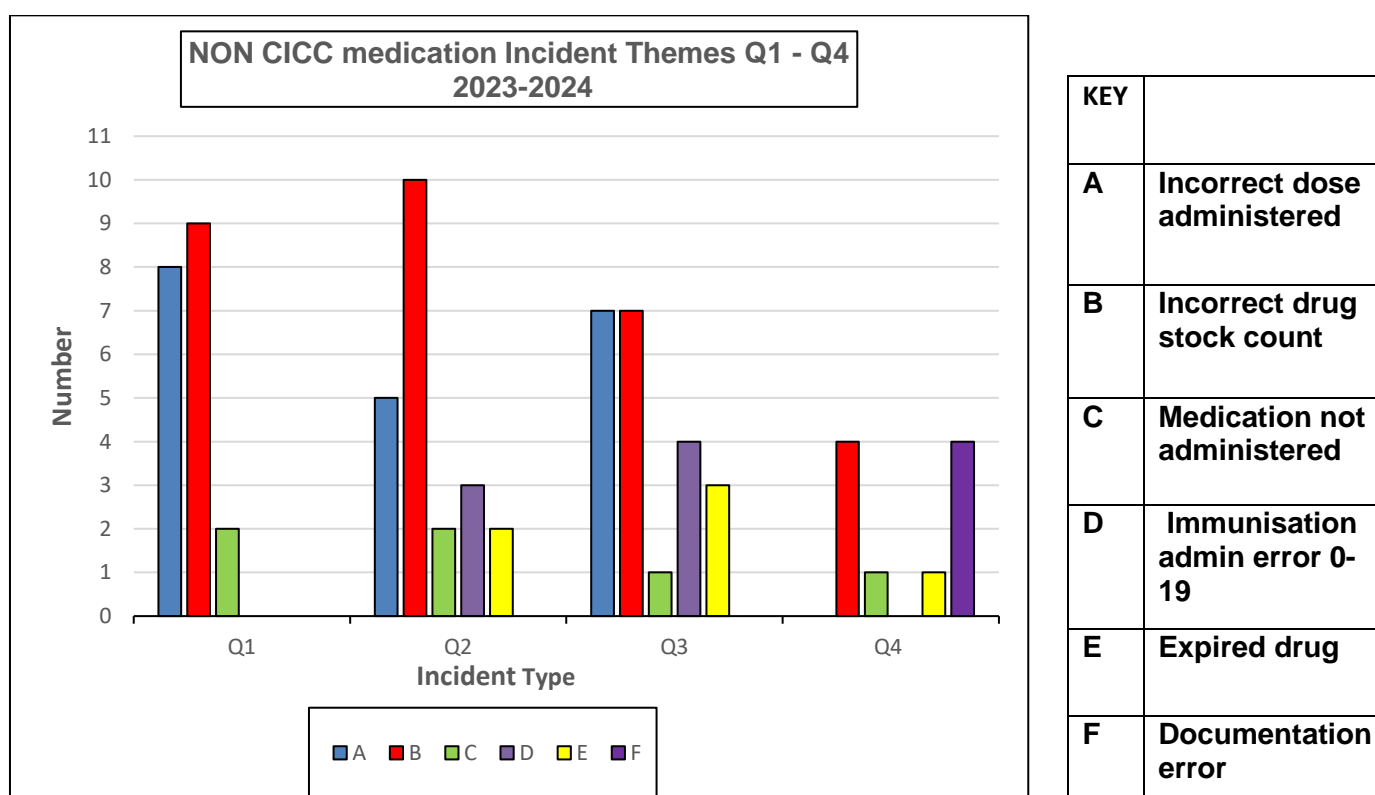| KEY	
A	Transcribing error.
B	Missed dose
C	Administration error
D	Delay in ordering medication.
E	Delay in receipt of medication.

40. The table above details themes identified in CICC. Trends for Q1, Q2 and Q3 were discussed in the medicines optimisation report 1 April to 30 November 2023. It is of note that the number of incidents reported during Q4 were reduced. The Medicines Management Team will work with CICC to increase the rate of reporting. All of the reported medication incidents from 1 April to 31 March 2024 within CICC were no or low harm.

41. Despite the lower rate of incident reporting, transcribing errors continued to be identified by the clinical pharmacist after medication has been transcribed by a member of the nursing staff and checked by a second nurse. The incidents show that a third check of the electronic medicines charts is required that is performed by a person with the appropriate clinical skills.

Non-CICC Themes

KEY	
A	**Incorrect dose administered**
B	**Incorrect drug stock count**
C	**Medication not administered**
D	**Immunisation admin error 0-19**
E	**Expired drug**
F	**Documentation error**

42. The table above details the themes identified from medication incidents reported that were outside of CICC. The themes identified in Q1, Q3 and Q3 were discussed in the medicines optimisation report 1 April to 30 November. Q4 reported incidents are again significantly lower than previous quarters. This may be in part due to changes in the Datix reporting forms. This reduction in reporting has been noted in the widder Trust. The Medicines Management Group will work with Trust colleagues to encourage reporting of incidents, so that any learning can be diseminated throughout the organisation.

43. There was one non-CICC incident during the reporting period that was classified as moderate harm, all other incidents were no or low harm. In the reported modertate harm, the patient suffered a severe allergic reaction to an antibiotic supplied in the Walk-In Centre. In the reported incident, the allergy had not pulled through to SystmOne from the patient's GP and hospital records. A Patient Safety Investigation is in progress for this incident.

Future plans for 2024

44. The SLA to provide clinical support to CICC by WUTH clinical pharmacists came to an end 31 March 2024. Responsibility for medicines reconciliation processes were delegated between the GP Practice and the Trust employed Medicines Management Team. The current SLA with the GP practice covering CICC comes to an end 1 September 2024. The Trust will work with the commissioners to develop a new model of care for CICC that will include pharmaceutical support. Whilst the new model is developed the Medicines Management Team will monitor to ensure agreed processes are followed to maintain safe handling of medicines.

45. The CQC 2023 report for WCHC highlighted patients for whom their paracetamol doses intervals were less than the recommended 4 hours. The Medicines Management Team will continue to monitor paracetamol dosing intervals ensuring improvements in practice are consolidated. Maintaining appropriate paracetamol dosing intervals will form part of the 2024 2025 Quality Improvement for medicines management within CICC.

46. Medicines re-ablement will continue to be a priority. The Medicines Management Team will monitor the patients within CICC who have been assessed for their ability to self-medicate, ensuring those who are able are encouraged to self-medicate. In addition, the Medicines Management Team will encourage joint working between CICC and Home First to ensure patients with identified problems with their medication are appropriately supported on discharge.

47. The way clinicians and practitioners record allergies and how practitioners view Cerner (hospital clinical records) and EMIS (GP records) will be reviewed as part of the Patient Safety Investigation following the moderate harm medication incident with an ambition to standardise how allergies are recorded and checked. It is anticipated that standardised practice will reduce the risk of allergies being missed.

Summary

48. This report provides an overview of how the Medicines Management Team in partnership with clinical leads and colleagues have responded to challenges to maintain safe handling and administration of medicines throughout the Trust.

Dr Edward Roche
Executive Medical Director

Lisa Knight
Lead Pharmacist

June 2024

Appendix One

Medicines Management Documents Written or Updated 2023-2024

Medicines Management Procedures

MMSOP01 administration of subcutaneous fluids in adults

MMSOP03 administration of IV antibiotics

MMSOP07 as required medication via a subcutaneous catheter

MMSOP08 administration of medicines within community nursing

MMSOP14 non-medical prescribing

MMSOP23 handling of 50% nitrous oxide 50% oxygen

MMSOP15 medicines down enteral feeding tubes

MMSOP24 management of anaphylaxis in the community

MMSOP30 administration of emergency oxygen

MMSOP35 insertion and removal of progestogen-only implant

MMSOP39 management of PICC lines

MMSOP46 conscious sedation with nitrous oxide within community dental

MMSOP48 administration of apomorphine

MMSOP55 development and implementation of PGDs

MMSOP56 handling and administration of medicines within CICC

MMSOP57 administration of strotrovimab

MMSOP59 use of medicines within UCR and VFW

MMSOP60 use of medicines within Home First

MMSOP62 issue and collection of medication in sexual health

MMSOP63 self-administration of Sayana Press

MMSOP66 subcutaneous methotrexate in Community Nursing

MMSOP67 for handling of medicines by student nurses and student nursing associates

MMSOP68 transdermal patches in palliative care

MMSOP69 administration of intravenous antibiotics via elastomeric devices

SOP120 remote prescribing for V300s

MMCP05 prevention of fatalities from medication loading doses

MMCP11 Medical Dental Emergencies in Dental Patients

MMCP13- Clinical protocol for non-medical prescribing within palliative care

CP112 Silver Diamine Fluoride in Specialist Dental Service

Patient Group Directions Written or Updated

PGDs for Sexual Health

PGD for subcutaneous medroxyprogesterone

PGD for intramuscular medroxyprogesterone

PGD for Insertion of Progestogen Only IUD

PGD for hepatitis A vaccination

PGD for hepatitis B vaccination

PGD for hepatitis AB vaccination

PGD for HPV vaccine for MSMs

PGD for Metronidazole within Sexual Health

PGD for PrEP (pre-exposure prophylaxis for HIV) within Sexual Health

PGD for clotrimazole cream

PGD for clotrimazole pessary

PGD for fluconazole

PGD for podophyllotoxin

PGD for imiquimod

PGDS for Urgent Care

PGD for ipratropium bromide

PGD for clarithromycin for Strep throat Adult

PGD for clarithromycin for Strep throat Child

PGD for clarithromycin for skin and ear infections for children

PGD for phenoxymethylpenicillin for Strep throat Adult

PGD for phenoxymethylpenicillin for Strep throat Child

PGD for amoxicillin for children

PGD for flucloxacillin for children

PGD for dexamethasone for croup

PGD for Nitrous oxide/ oxygen (Entonox) for pain relief

PGD for glyceryl trinitrate

PGD for Bladder and Bowel

PGD for phosphate enemas

PGD for CICC

PGD for cetirizine (the previous PGD for chlorphenamine was withdrawn)

PGD for glucagon

Homely remedy for paracetamol

PGD for Community Nursing and CIRT

PGD for sodium chloride catheter maintenance solution

PGD for lidocaine and chlorhexidine 0.25% anaesthetic gel

PGDs for School Nursing

PGD for Men ACWY

PGD for live attenuated influenza vaccine

PGD for inactivated influenza for use in the school nursing service

PGD for MMR vaccine

PGD for Health Visitors

PGD for PCV vaccine

Written Instruction for Staff Influenza Vaccine Campaign

Written instruction for inactivated influenza vaccine

Other Trust Medicines Related Documents Ratified During the reporting period.

Antimicrobial strategy 2023 to 2027

WUTH "Oral anticoagulants (VKA and DOAC) guidelines for prescribing, monitoring ". Adopted for use within the DVT Service.