

Annual Quality Account 2023/24			
Meeting Title	Board of Directors		
Date	19/06/2024	Agenda Item	19
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Claire Wedge, Deputy Chief Nurse Emma Carvell, Head of Quality and Experience		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
The purpose of this paper is to share the final draft of the Trust's Annual Quality Account 2023/24 and seek approval for submission and publication on 30 June 2024.			
Executive Summary			
<p>Providers of NHS healthcare are required to publish a Quality Account each year in accordance with the NHS (Quality Accounts) Regulations 2010.</p> <p>The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by 30 June each year and to publish the report on their public website.</p> <p>There is no requirement to obtain external stakeholder reports this year, however, the Integrated Care Board (ICB) and Healthwatch have agreed to provide a response to the Trust prior to publication. The ICB response is detailed as an appendix to the report and we expect to receive Healthwatch comments week commencing 17 June 2024.</p> <p>NHS Foundation Trusts are not required to include the report in their Annual Report for 2023/24, however, reference will be made to the published Quality Account.</p>			
Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:			
The publication of an Annual Quality Account is a statutory requirement, and its content provides mitigation in relation to BAF risk ID01.			

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

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

Financial/resource implications:

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

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

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

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

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

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

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

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

Board of Directors is asked to consider the following action

Board of Directors is asked to note the contents of the Trust’s Annual Quality Account 2023/24 and approve it for submission and publication.

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	08 May 2024	The committee was assured by the draft annual quality account for 2023/24 and supported its submission to Board of Directors for final approval.



Compassion Open Trust



Annual Quality Account | 2023/24

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1 Part 1: Introduction

1.1 Executive Summary

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

The Quality Account 2023/24 is divided into four sections.

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

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

Part Three contains a review of our progress in 2023/24.

Part Four looks ahead and contains our priorities for improvements for 2024/25.

1.2 Introduction

I am happy to introduce the Quality Account for Wirral Community Health and Care NHS Foundation Trust. The Quality Account gives us an opportunity to reflect on our many quality achievements and successes over the past year and enables us to identify areas where we want to focus attention on the agreed quality priorities for the 2024/25 coming year.

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

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

Our vision is to be a population-health focussed organisation specialising in supporting people to live independent and healthy lives and this vision is underpinned by our values; We will be Compassionate, Open and Trusted to deliver.

Together...

we will support you and your community to live well.

Compassion

Supportive and caring, listening to others.

Open

Communicating openly, honestly and sharing ideas.

Trust

Trusted to deliver, feeling valued and safe.

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

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

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

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

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

Over the summer of 2023, we welcomed our Care Quality Commissioners who undertook an inspection of our services. Staff across the Trust were proud to showcase their services. WCHC received an overall rating of Good with areas of Outstanding which was testament to the amazing care and support provided by services each day.

Sexual Health services received an overall rating of Outstanding and Community Health Service for Adults received a rating of outstanding for the Caring domain.

During 2023/24, we grew our services further to Lancashire Healthy Young People and Families Service, having been chosen to deliver their 0-19 services from 01 October 2024. Furthermore, we saw the expansion of the Sexual Health Service, mobilising during 2023/2024 to officially launch the new Sexual Health Wirral service on 01 April 2024 which will be delivered in partnership with Liverpool University Teaching Hospitals NHS Foundation Trust.

In addition, during 2023/24 the Trust expanded services, supporting a system-wide ambition to deliver care close to home and as a response to winter pressures.

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

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

During 2023/24, we were sorry to say goodbye to our colleagues in Adult Social Care, having developed an integrated partnership with them over the past 5 years. We are committed to continuing collaboration between services recognising this as the best way to continue to provide high quality health and care for the communities we serve.

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

1.3 Mandated Statement by Trust Chair and Chief Executive

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

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

- The Quality Account presents a balanced picture of the Trust's performance over the reporting period
- The performance information reported in the Quality Account is reliable and accurate
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with any Department of Health guidance.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

Trust CEO

Dated:

Trust Chair

Dated:

2 Part 2: Vision and Values and Commitment to Quality

2.1 WCHC Vision and Values

Our Trust values of Compassion, Open and Trust underpin our Vision and Strategy. During 2023/24, our values have become further embedded across the organisation and this year has seen the development of a behavioural framework to support staff to recognise and demonstrate the values that were co-developed with them. The framework has been developed through widespread staff consultation and will be launched formally in Quarter 1 of 2024/25.

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



2.2 Staff Recognition

The Recognition scheme at Team WCHC is our way of valuing the hard work and dedication of our people who go the extra mile for communities and colleagues.

There are many ways for staff to get involved, giving everyone the opportunity to say thank you and share stories of the amazing work colleagues do every day. Whether

it's how they've supported each other or those we care for, the scheme has many opportunities to celebrate the amazing work that goes on at Team WCHC.

Throughout 2023/24 over 600 **Shoutouts** were shared by staff in the twice weekly staff communications – The Update. It remains an incredibly popular way of sharing messages of thanks and recognition on a weekly basis. Shout outs can be between colleagues and teams, or from our patients and service users.



Each month we celebrate our **Monthly Stand out** (employee of the month) which enables staff to tell a more detailed story of how someone has stood out, gone the extra mile and demonstrated the Trust values in their role. Anyone can submit a Standout and all staff are able to vote for their favourite. Winners are presented with a framed certificate from our Chief Executive and their story is showcased at the monthly all staff briefing – The Get Together.

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

The highlight of our recognition calendar is our annual **Team WCHC Staff Awards**. This in person event which was held in October 2023, is a wonderful culmination and celebration of all the amazing work of the Trust, the values and the people that make it a great place to work and receive care.

The awards are now in their eleventh year and since 2012 they have gone from strength to strength. Supported by the generous contribution of supporting sponsors, the event brings together individuals and teams to celebrate and recognise the amazing work they do every day.

Our **Long service awards** provides acknowledgement and recognition for members of staff who have spent significant periods of their lives working for the NHS (or predecessor).

In addition, we continue to encourage services to enter **regional and national awards** including the HSJ and Nursing Times.

2.3 Mandated statements

2.3.1 CQC registration

Wirral Community Health and Care NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration is 'Good'. Wirral Community Health and Care NHS Foundation Trust has no conditions on registration and the Care Quality Commission has not taken enforcement action against the Trust during 2023/24.

The Trust was inspected by the CQC in 2023. We proudly demonstrated the significant improvements the Trust has made since the previous inspection in 2018. CQC rated our services as Good with areas of Outstanding and Sexual Health achieved an overall rating of Outstanding.

We have participated in three Inspections with Local Authority Children's Services Inspecting Local Authority Children's Services (ILACS) and one Joint Targeted Area Inspection (JTAI) inspection that have led to clear plans to build on achievements and working towards further improved services across the partnership.

2.3.2 Data security and protection toolkit attainment level

DSPT is a core element of the Digital assurance workplan. We remain compliant with all standards and assertions within the 2023/24 Data Security and Protection Toolkit.

2.3.3 Clinical coding error rate

Wirral Community Health and Care NHS Foundation Trust were not subject to the Payment by Results clinical coding audit during 2023/24 by NHS England.

2.3.4 Data quality

During 2023/24, Wirral Community Health and Care NHS Foundation Trust provided 40 services, some in partnership with other providers through sub-contracts.

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

The income generated by the relevant health services reviewed in 2023/24 represents £103.7 million of the total income generated from the provision of relevant health services by Wirral Community Health and Care NHS Foundation Trust for 2023/24.

2.3.5 Central Alerts System (CAS) reporting

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

Alerts available on the CAS website include National Patient Safety Alerts (from MHRA, NHS England and the UK Health Security Agency (UKHSA), NHS England Estates Alerts, Chief Medical Officer (CMO) Alerts, and Department of Health & Social Care Supply Disruption alerts.

During the period 2023/24 The Central Alerting System issued 19 alerts to Wirral Community Health and Care NHS Foundation Trust for consideration and potential dissemination and actions. There is robust oversight and governance for CAS alerts which are reviewed for relevance at the Clinical Assurance Group and Clinical Risk Management Group. Appropriate alerts are disseminated to relevant services via the Trust's Datix System.

Of the 19 alerts issued:

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

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

- 4 had actions completed and within timescale
- 11 no action was required
- 1 Alert remains open beyond the deadline – this has been added to the Trust risk Register as Risk: 2987. MHRA have been notified and the risk is being managed appropriately.

2.3.6 Participation in national clinical audits and local audits

During 2023/24, 3 national clinical audits and 0 national confidential enquiries covered relevant health services that Wirral Community Health and Care NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquires that Wirral Community Health and Care NHS Foundation Trust was eligible to participate in during 2023 / 2024 are as follows:

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

The national clinical audits and national confidential enquiries that Wirral Community Health and Care NHS Foundation Trust participated in, and for which data collection was completed during 01 April 2023 – 31 March 2024, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audit	Number of cases submitted (%) of the number of registered cases
Sexual Health - BASHH Chlamydia - online submission to BASHH	Figures are sent directly to BASHH from the laboratory not the Trust
National Audit for Cardiac Rehabilitation	100%
Falls and Fragility audit	100%

There has been one national clinical audit report published during the reporting period in which the Trust has participated.

Commissioning for Quality and Innovation (CQUIN)

The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care.

The Trust participated in 4 CQUINs during 2023/24:

- CQUIN 01: Staff flu vaccinations: The Trust ended its staff seasonal influenza vaccination programme on 29th February 2024. Vaccination uptake at the end 2023/24 for staff in frontline roles was 50% (Parameters to achieve CQUIN (70%-90%). The average in the NHS Cheshire and Merseyside Integrated Care Board region was 48.6%
- CQUIN 14: Malnutrition screening in community inpatient beds: Community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality Statements 1 and 2) with evidence of actions against identified risk. Parameters to achieve CQUIN 70-90%.

- Q1 achieved 81%
- Q2 achieved 84%
- Q3 achieved 89%
- Q4 achieved 93%

Following data validation, the overall % achieved for the CQUIN was 87%.

Over the course of the 12-month CQUIN, improvements were realised in the timely completion of Nursing and Therapy MIFPAT risk assessments within the 6- and 24-hour timeframes so that 93% compliance was reached at the end of Q4. This demonstrated an improvement from 81% in Q1 and 84% in Q2 and 89% in Q3.

There has been a sustained engagement process with all staff on Community Intermediate Care Centre (CICC) by the Service Lead, Ward Managers and Therapy Leads to highlight the importance of risk assessment completion, to maintain the high standards within the unit. The Wards receive quarterly bulletins highlighting the improvements made, congratulating staff, allowing for ongoing quality improvement discussions fostering increased ownership and showcases the hard work, carried out each and every day for this high acuity, changing patient population.

Tissue Viability training coordinator has completed numerous sessions within CICC, to enable staff to attend without having to leave the unit. Compliance rates (April 2024) are above 95% for fundamental wound care management and 91.5% for tissue viability training.

Daily Board rounds have been implemented and a co-designed template utilised. All key clinical updates are recorded in clinical handover section of SystemOne and in discussion with ward staff.

- CQUIN 13: Assessment, Diagnosis and Treatment of Lower Leg Wounds
Parameters to achieve CQUIN 25-50%
- Q1 achieved 55%
- Q2 achieved 46%

- Q3 achieved 62%
- Q4 achieved 60%

Following data validation, the overall % achieved for the CQUIN was 56%.

Over the course of the 12-month CQUIN period, improvements were made to the leg ulcer assessment template on the patient electronic record to make ankle circumference and Ankle Brachial Pressure Index (ABPI) fields mandatory. Leg ulcer clinical procedure was updated to remove reference to the automated doppler in line with NICE guidance.

- CCG12: Assessment and documentation of pressure ulcers in inpatient beds.
Parameters to achieve CQUIN 70-85%
- Q1 achieved 71%
- Q2 achieved 71%
- Q3 achieved 93%
- Q4 achieved 92%

Following data validation, the overall % achieved for the CQUIN was 82%.

Over the course of the 12-month CQUIN, improvements were realised in timely completion of Nursing and Therapy MIFPAT risk assessments within the 6- and 24-hour timeframes so that 92% compliance was reached at the end of Q4. This demonstrated an improvement from 71% in Q1 and Q2 and sustained the progress achieved in Q3.

Local Clinical Audits

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

The Trust have undertaken and published 37 local clinical and professional audits and 19 service audits over 2023/24. Progress against clinical and professional audits is tracked on the Trust's SAFE system (Standards Assurance Framework for Excellence)

and final reports uploaded. This ensures there is visibility and an active repository of evidence accessible to all staff.

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

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

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

During the year 2023/24, we have continued to build on the progress made with NICE guidance implementation during 2022 / 2023 within Wirral Community Health and Care NHS Foundation Trust.

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

During 2023/24, NICE updated or produced 164 guidance documents; of these:

- 144 not applicable
- 15 fully implemented
- 5 applicable and under review

2.3.8 Learning from Deaths

During 2023/24, 41 of Wirral Community Health and Care NHS Foundation Trust patients died unexpectedly. The figure represents the total number of unexpected deaths rather than deaths from all causes. This includes a total of 28 Child deaths all of which were reviewed using Sudden Unexpected Death in Childhood (SUDIC)

methodology. This comprised of the following number of unexpected deaths occurring in each quarter of that reporting period:

- 7 in first quarter, (1 adult, 6 child deaths) none were attributable to the Trust
- 14 in the second quarter, (3 adult, 11 child deaths) none were attributable to the Trust
- 10 in the third quarter, (6 adult, 4 child deaths) none were attributable to the Trust
- 10 in the fourth quarter, (3 adult, 7 child deaths) none were attributable to the Trust

Adult Deaths

By 31 March 2024, 13 adult case record reviews and 6 investigations have been carried out in relation to 13 of the unexpected adult deaths detailed above.

In 6 cases an unexpected death was subjected to both a case record review and an investigation. The number of unexpected deaths in each quarter for which a case record review or an investigation was carried out was:

- 1 in the first quarter
- 3 in the second quarter
- 2 in the third quarter
- 0 in the fourth quarter

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

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

Learning from deaths – case record reviews and investigations

The Trust's Learning from Deaths Policy provides a framework for how the Trust will evaluate those deaths that form part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms. The Trust's Datix incident reporting system is aligned to the Learning from Deaths Policy to ensure prompt communication to the Medical Director, Chief Nurse and Chief Operating Officer for all unexpected deaths. Each reported unexpected death is reviewed within the Clinical Risk Management Group where investigations are commissioned, and findings are discussed.

Actions taken as a result from learning from deaths

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

During 2023/24 it was identified that there seems to be an increased number of child deaths that have been associated with safe sleeping arrangements.

These deaths occurred in the perinatal period when care is provided by hospital-based midwifery services.

As a Trust, our services are actively involved in the promotion of Safe Sleep and are also actively engaging with our Places, to promote this to the families we support. This includes working in collaboration with Merseyside Police on a Safer Sleep Pilot alongside the Trust's Child and Young Peoples services.

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

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

The impact of the system-wide approach to learning from unexpected deaths is assessed and monitored at the Trust's mortality review group. The group will continue to closely monitor the impact of implementing a system-wide approach to learning from unexpected deaths during 2024/25.

0 case record reviews and 0 investigations were completed after 01 April 2024 which related to unexpected deaths which took place before the start of the reporting period.

Part 3: Looking back over the last year 2023/24

3.1 Care Quality Commission

The Care Quality Commission is the independent regulator of health and social care in England. From 18 July 2023 - 01 September 2023 the CQC conducted a comprehensive inspection of the Trust, including a well-led inspection and three core services inspections as follows:

- Community Health Services for Adults
- Community Health Inpatient Service
- Community Health Sexual Health Services

This resulted in an overall Trust rating of Good. During the inspection **outstanding practice was identified across all core services**, with the following domains being formally assessed as outstanding:

- Community Health Services for Adults - Outstanding in Caring
- Community Health Sexual Health Services - Outstanding in Responsive
- Community Health Sexual Health Services - Outstanding in Well-led
- Community Health Sexual Health Services - Outstanding Overall as a core service

All areas inspected during 2023 achieved a minimum rating of good.

The CQC published report details the findings of the inspection. We were extremely proud to showcase the significant improvements that had taken place since the previous inspection in 2018 and of the following elements of the inspection in particular what people said about the services we provide as evidenced in an extract from our report:

Community inpatients

*Patients, family members and carers spoke positively about the service. They told us staff treated them well with **compassion and kindness**. They described staff as like family who met their needs well and cared about them. A carer who regularly visited to provide pastoral care, described staff as **consistently excellent**.*

Community adults

Feedback from patients, family and carers was very positive. They described staff as caring, friendly, and supportive. They told us **they went above and beyond to care for them**. They said they were 'brilliant' and that they felt able to contact them at any time. **Patients told us they felt safe**. They said staff were careful when performing physical interventions and gave them reassurance about any anxieties they had about their treatment. They observed that staff were very professional and said they had **complete confidence** in the procedures they performed. Patients told us they felt staff listened to them and were responsive to their views and wishes. They described how staff gave them advice on their care and treatment in an accessible and clear manner. This included explaining the nature, purpose, and side effects of medicines. Feedback about appointment and waiting times was positive. Patients told us staff arrived on time and that missed appointments were rare. Patients told us **staff were flexible about appointment times** and tried to arrange these at a time that was convenient for them. Patients told us staff routinely sought their consent prior to treatment. They also said that **staff always respected their privacy and dignity**, and that care and treatment was performed in the least restrictive or invasive way. Patients said they knew how to complain and who to contact if they wished to do so. None of the patients we spoke with told us they had made a complaint or that they had any reason to do so.

Community sexual health services

Feedback from people described staff as **helpful, knowledgeable, and supportive**. People reported that the health huddles were safe environments with a relaxed atmosphere. They said sessions were informative and that staff were able to bust myths around various topics. People from the BAME community reported learning about contraception and that they felt **more informed to make a choice**. They felt comfortable and relaxed during talks and learning more about cervical screening. People consistently said that staff were helpful, and that reception and admin staff were welcoming and put them at ease. They reported that there was consistency with clinical staff during appointments and that there was good follow up from doctors.

Trust wide

We reached out to the Trusts' stakeholders to give feedback for the inspection. We received feedback from Commissioners and from Healthwatch. Stakeholder feedback

was **consistently positive**. They worked collaboratively to develop strategies, for example developing a safe and effective workforce that felt valued and supported. Commissioners had observed **caring and compassionate practice delivered with knowledge and professionalism**. They reported that the Trust worked hard with dedication to ensure contracts were fulfilled. We were told that they believed the leadership and care exhibited, placed the best interests of the people they supported at the centre of everything they did and that they would often go above and beyond their contractual obligations to deliver an inclusive and effective service. We were told that members of the executive team were active partners within the Wirral Health and Care partnership undertaking both local and national roles.

The CQC recognised a significant number of areas with outstanding practice as evidenced in their report:

We found the following outstanding practice:

- *The Trust's systems supported the collection and coordination of a wide range of data which was in real time or, as near as real time as possible. All staff including the executive board were accessing the same data, evidence and intelligence at the same time in the same way. The Trust was advanced in their ability to be data and evidence driven.*
- *As part of a quality improvement programme, the Trust developed the multidisciplinary inpatient falls prevention assessment tool (MIFPAT). The tool, implemented in July 2022, was aligned to national best practice guidance. It was designed with staff, alongside a standard operating procedure for falls prevention.*

A falls prevention care plan was developed in addition to the MIFPAT guidance, following feedback from staff. The Trust were monitoring the outcomes of the tool and in this year's first quarter had seen reductions in falls.

- *The Trust has signed up with the NHS Cadets programme. This is a joint programme between NHS England & Improvement and St John Ambulance to attract, develop and prepare 14–18-year-olds to enter and be able to sustain themselves in health volunteering opportunities.*

- *The service had a proactive approach to ensuring that the population they served had access to a free and confidential sexual health services. Staff were dedicated and passionate about delivering services in a non-judgmental and friendly way. The service had a dedicated outreach worker who regularly engaged with community groups and services to deliver advice and information.*
- *The community adults service had implemented a patient portal app which enabled patients to take control of their healthcare needs. The app allowed patients to book their own appointments, send messages to the clinical team, take part in virtual consultations, return surveys and questionnaires, and have sight of their clinical information.*
- *The service used its Trust Information Gateway (TIG system) to ensure a robust tracking of risk assessments within the community nursing teams. Managers told us this had resulted in significant improvements in pressure ulcer care. The outcome of this work had resulted in no serious incidents as defined within the Serious Incident Framework, relating to pressure ulcers during the 2022/2023 period.*

Our ambition is to sustain and build on the fantastic achievements and progress we have made to continue to provide safe and effective high-quality care to the people of our communities.

3.2 Quality Goals 2023/24

During 2023/24 the quality goals detailed below were successfully implemented. The exceptions related to delivery of the Oliver McGowan training and supervision completion rates. Over 90% of staff completed the Tier 1 Oliver McGowan training and roll out of Tier 2 for eligible staff will form part of the 2024/25 quality strategy delivery plan. In April 2023 clinical supervision compliance was 82% increasing to 89% in March 2024. The compliance range during 2023/24 was 82% – 95% with an average of 88%.

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

3.3 Safe care and support every time

The Trust is committed to providing safe care and support to all patients receiving care from services within the Trust. The role out of the Patient Safety Incident Response Framework in 2023/24 has enabled the Trust to focus on the key areas of risk and work with external services in collaboration when required.

The Trust has commenced its work around population health, understanding what matters the most to the population we serve and focusing on reducing inequalities. This work will continue throughout 2024/25.

The Trust has successfully involved patients/families in key incidents. This has strengthened our systems and processes. We have also visited services to better understand work as perceived and work as done. Working with staff on the front line has been invaluable. We will continue building on this methodology involving patients, carers and staff during 2024/25.

3.3.1 Patient safety incident response framework

During 2023/24 we have continued to further develop our Patient Safety Partners role within the Trust. They have become valued members of the Trust's Clinical Risk Management Group which feeds directly into committee and other pivotal meetings. They have reviewed services and gathered patient feedback and have been involved in supporting the Trust's compliance with CAS alerts, reviewing of complaints and investigation and other key priorities.

In 2024/25 we will continue to train staff in Patient Safety Incident Investigations (PSII) and Patient safety champions in a system-based approach.

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

We have successfully completed all phases of the Patient Safety Incident Response Framework and with the support of our key stakeholder group we will continue to embed this project over the next 12-months.

In December 2023 the Trust went live with the Learn from Patient Safety Events (LFPSE) system. The Trust continues to work with staff, listening to feedback and providing regular communications.

3.3.2 National Patient Safety training

During 2023/24 we have continued to monitor the National Patient Safety Curriculum level 1 and 2 and we have exceeded all expectations again with our current compliance being 95.1%.

To further our success, we extended this offer in April 2023 for all staff employed at the Trust to complete level one training, our current compliance is 97.5%. Level one training for the Board and senior management staff compliance is currently at 95.3%. We are extremely proud of our achievements, which demonstrate that patient safety is paramount within the Trust from board to the front line.

During 2023/24 our Patient Safety Leads will complete Level 3 and 4 of the National Patient Safety Curriculum. This will enable us to further build on our current patient safety knowledge and skill set throughout the Trust.

3.3.3 Clinical supervision.

Clinical supervision rates are monitored using the SAFE dashboard with clear trajectories to meet and exceed 90% compliance. In April 2023 clinical supervision compliance was 82% increasing to 89% in March 2024. The compliance range during 2023/24 was 82% – 95% with an average of 88%.

As part of the 2023/24 quality strategy delivery plan, we are strengthening our systems and processes for monitoring, with a focus on the quality of interactions and outcomes for clinicians.

3.3.4 Incident reporting

During 2023/24 there was a 5.8% decrease in incident reporting within the Trust, this reduction may be due to the dissolving of the social care contract and the adoption of LFPSE which focuses on NHS funded care for incident reporting. While incidents coded as no harm remained consistent, the decrease was mainly in the areas of low harm and moderate harm incidents. This shows less incidents have occurred where a patient has come to harm under the care of the Trust.

Since the adoption of LFPSE the Trust has listened to staff on feedback on the new incident reporting system. The Trust has developed a communication programme to support staff with raising incidents. This has enabled the Trust to provide valuable feedback to the national team.

The Trust continues to provide training on Reporting of incidents as part of the induction programme on appointment to the Trust. Staff members are continually supported to report incidents by line managers and team leaders. There continues to be a robust governance process in place to ensure oversight of incident numbers and themes to support learning.

We continue to support staff involved in incidents by offering a debrief conversation with a colleague to support their psychological safety, health, and well-being.

3.3.5 Never Event

During the 2023/24 reporting period the Trust had zero never events

3.3.6 Freedom to Speak Up (FTSU)

During 2023/24:

- 34 Concerns were reported under FTSU compared to 25 reported in 2022 / 2023. This increase mirrors a national upturn in the number of concerns reported to Guardians and supports the growing awareness and confidence in the FTSU process

- 29 concerns have been concluded with 5 still under investigation
- 85% of all concerns were reported openly or via FTSU Guardian which enabled full support and feedback to be provided, 15% of concerns were reported anonymously. This is a significant improvement on 2022 / 2023 when 32% of FTSU concerns were reported anonymously and indicates increased trust and confidence in speaking up openly
- Open reporting allows for a satisfaction questionnaire about the reporters experience of speaking up to be sent when a concern is closed. 100% of returned questionnaires stated they had had a positive experience and would speak up again should they need to in the future

Learning from FTSU for the period 2023/24 includes:

- Improved communication to support understanding and staff wellbeing
- Additional training and support provided to a team undergoing change
- Task and finish group created to work on alignment of some processes with Chester University
- Learning and Organisational Development support provided to support team building and communication
- Clearer posters/signage displayed in public areas
- Training provided to reception staff on clinical escalation
- Collaborative working with HR and Staff Network Groups to ensure staff members who report a concern are supported in the most appropriate way
- Collaborative working with Wirral University Teaching Hospital

- Support provided to team involved in a new pathway. Staff engagement carried out and changes made to process based on team feedback
- Supportive meeting with Service Director arranged and adjustments made to reasonable adjustment plan to allow staff member to remain in work

What our regulators (CQC) said about our FTSU processes:

(Report published Dec 2023)

- Staff felt respected, supported and valued. There was a strong culture of teamwork prioritising patient care. Staff told us they felt comfortable and able to raise concerns without fear. They knew how to use the whistleblowing process and about the role of the Speak Up Guardian. There was freedom to speak up champions within each team who worked with the freedom to speak up guardian and provided advice to staff about how to raise concerns. There was information on display at the sites we visited letting staff know how to contact the freedom to speak up guardian.
- Staff told us they felt comfortable and able to raise concerns without fear. They knew how to use the whistleblowing process and about the role of the Speak Up Guardian. They knew who the FTSU champions were within their own team. There was information on display at the sites we visited, and the Trust's communication team supported the FTSU team to share awareness and positive outcomes.
- Staff knew how to escalate concerns and were aware of the Trust whistleblowing policy.
- Effective speaking-up arrangements helped to protect patients and improve staff experience.

3.3.7 Safeguarding

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

During 2023/24, we have successfully submitted evidence of compliance to Commissioners and Designated professionals in relation to:

- Section 11 of the Children Act 2000
- A new Safeguarding Assurance Framework was implemented in Q1 for Safeguarding Children, 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 assurance rating
- A new two-year Commissioning Standards document has also been submitted in Q3 to the 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
- We have participated in three Inspections with Local Authority Children's Services Inspecting Local Authority Children's Services (ILACS) and one Joint Targeted Area Inspection (JTAI) inspection that have led to clear plans to build on achievements and working towards further improved services across the partnership
- 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
- 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

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

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

3.3.8 Medicines Management

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

Throughout 2023/24, the Medicines Management Team played a key role in establishing and maintaining medicines governance processes throughout Trust Services by:

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

- Undertaking a programme of medicines-related audits and feeding back to services and individual staff to facilitate improved adherence to best practice and national guidelines. Audits included monitoring medicines handling and storage, monitoring the security of prescription stationery, monitoring patient group directions and monitoring of prescribing of antibiotics
- During 2023/24 the Medicines Management Team worked alongside the Trust's Home First Service to develop robust procedures and training enabling health care assistants to support people in their own homes to manage their prescribed medication and to identify when onward referral for further support was required
- Also, during 2023/24, in partnership with the acute Trust, a procedure was developed to outline how community nurses should support patients discharged from hospital with elastomeric devices* in place. This enabled patients to be discharged home on Flucloxacillin a narrow spectrum antibiotic that previously was not offered by the service

*Elastomeric devices are lightweight, non-electronic, portable, single-use and disposable, designed to provide ambulatory infusion therapy over a set period. 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. Elastomeric devices used by patients in the community exclusively administer intravenous antibiotics.

3.3.9 Infection Prevention and Control (IPC)

Infection prevention and control remains an essential part of quality and safety to both users of Trust services and staff alike. All staff play a crucial part in improving the quality of patient experience as well as helping to reduce the risk of infection through effective infection prevention and control practices. The IPC Team have continued to support staff to ensure that our services are delivered safely and effectively and have focused on raising the profile of infection prevention both within WCHC services and the wider community.

The Trust has an integrated IPC Team led by the Chief Nurse/Director of Infection Prevention and Control (DIPC). The team have worked extremely hard to support and advise staff working in both Trust services and the wider health and care community, working collaboratively with key partners throughout the year as part of its IPC and governance arrangements.

The IPC Team have continued to monitor and respond to incidences of COVID-19 infection. Pathways and processes have been continually reviewed to ensure alignment to national guidance and to ensure safety of staff and patients alike.

During 2023/24, the Infection Prevention and Control Team have continued to provide assurance in respect of:

- the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance
- the implementation and monitoring of the National IPC manual through the IPC Board Assurance Framework

The IPC Team have supported the successful delivery of system wide quality improvement initiatives and were recognised nationally in collaboration with system colleagues and were awarded the Infection Prevention Society Gold Award for Excellence 2023.

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

The Trust and its IPC Team are committed to ensuring it has a workforce that has appropriate knowledge and experience to minimise the risk of infection for patients and staff.

3.4 People and communities guiding care.

3.4.1 Engagement approach

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

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

Over the past 12 months we have seen several quality improvement projects presented to the engagement groups and enabled opportunities for coproduction. Based on feedback from members of Your Voice, we regularly hear a patient journey of care. Some of those projects include:

- Development of the About Your Catheter Leaflet
- Development of conditions we don't see poster for Walk in Centres
- Diabetes SMART education sessions
- Long Covid service
- Nurse Practitioners for Older People
- Age UK and health and wellbeing cafe

3.4.2 Inclusion and health inequalities training

The Trust's mandatory eLearning around Equality Diversity and Inclusion is the cornerstone for our Inclusion and Health Inequalities curriculum. This is monitored on our Inclusion dashboard on the Trust Information Gateway (TIG) and compliance levels have remained high and ended the year at 96.3%.

As a result of feedback from staff, 3 workshops have been held alongside our Interpretation and Translation service to encourage the use of interpreters across our services and to facilitate uptake of remote interpreting options including video interpretation. This has been in response to a sector wide move towards virtual interpreting options and a reduction in capacity for delivery of face-to-face interpreting. We have worked closely with our provider to better understand our needs and implemented collaborative improvements to ensure we can support the use of virtual options and preserve the capacity for face-to-face interpretation for when it's required for an effective consultation.

We have over 60 Inclusion Champions within the workforce to support Inclusion and reducing health inequalities and provide intelligence to understand the learning needs of the workforce. The Inclusion Champions have met on a bimonthly schedule over the year.

3.4.3 Co-designed care pathways

The 2023/24 Quality Strategy delivery ambitions had a key focus on co-produced care and quality improvements. Utilising our engagement and feedback channels, services identified what matters most to their service users and using proven quality improvement methodology, worked with them to bring about improvements.

Examples of co-produced quality improvement initiatives include:

- Working with young fathers – Family Nurse Partnership (FNP) and Wirral 0-19

Improving support for young fathers. Anecdotal evidence and feedback identified a paucity of help and support for young fathers. This was impacting upon the father, the mother, carer and therefore the family unit. FNP and Wirral 0-19 services worked with families and in particular young fathers to implement a more robust pathway for young fathers to access the help and support they need. This has also involved working with external partners such as Journey Men to identify what other services young fathers can seek support from. The impact has been improved wellbeing, mental health and confidence reported by fathers and this has positively impacted upon mothers too.

- DNA CPR (Do Not Attempt Cardiopulmonary Resuscitation) - End of Life team (EOL)

The EOL team have led on a system-wide quality improvement relating to DNA CPR status. Using insights and stories from patients, families and staff, they engaged across the system with a range of stakeholders to develop an improvement plan. This aimed to promote person centred care, listening to people's wishes and enhance dignity at a vital time in a person's life.

- Pre-school development course – Cheshire East 0-19+

Provision of preschool development courses for families of young children waiting for further support from paediatricians. This involved working alongside key stakeholders and families to understand what support they need and to design the content to meet these needs. Collaboration with families occurred prior to, during and after the delivery of the sessions. The impact has been that families and early educators feel more empowered and equipped to support their child's needs whilst waiting for further support and potential diagnosis by paediatricians.

- Service user engagement with the National Child Measurement Programme (NCMP) - St Helen's 0-19+

The service worked with Aqua to implement improvements in the pathway for supporting children's health and weight. This involved working with families to understand what matters most to them and key stakeholders to determine how changes can be best

implemented. The impact has been positive for young people, families and the staff screeners in relation to access to support and wellbeing.

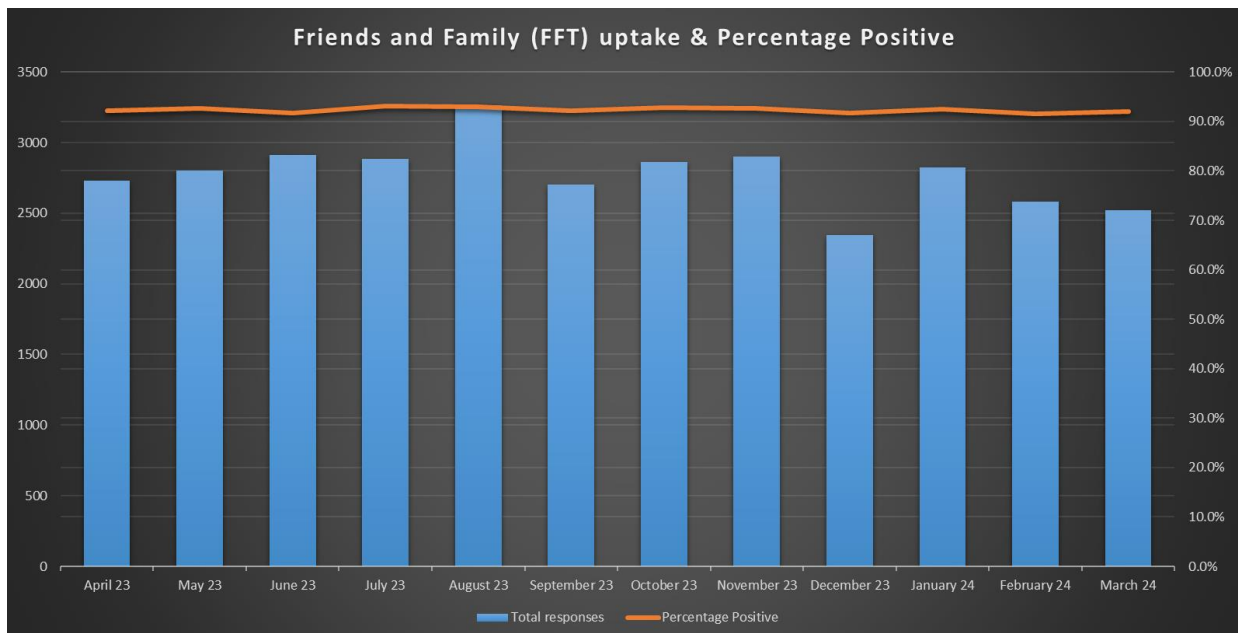
3.4.4 Friends and Family Test (FFT)

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

Feedback across the Trust is obtained using several methods including, Paper and digital ‘Your Experience’ forms, including easy read versions, verbal feedback and post visit text message service.

During 2023/24 we received 33,114 responses to the Friends and Family Test. Of those responses 92.3% of people rated their experience as either very good or good.

This is an increase on the 2022 / 2023 response rate of 27,266 over the year.



Positive themes include:

- Staff attitude
- Implementation of care
- Environment
- Communication
- Compliments and feedback from people who use our services and their families and carers form part of our organisational wide learning and is utilised to evaluate what is working well as well as opportunities for quality improvement.
- Compliments and experience data is regularly shared and celebrated across the Trust.

3.4.5 Complaints

The Trust received a total of 48 complaints. 39 of those related to health complaints and 9 for social care, including access and intermediate care. This compares to 80 received in 2022/23 (42 of those related to health complaints and 38 for social care, including access and intermediate care).

The Top five themes of those complaints related to:

- Unhappy with assessment and level of support
- All aspects of clinical treatment
- Attitude of staff
- Communication/information to patients
- Admission, discharge and transfer arrangements

Following on from investigation 18 complaints were not upheld, 09 were upheld and 13 were partially upheld. 8 complaints remain open. Where complaints were either upheld or partially upheld, services were required to identify learning and improvements and action plans were tracked through Clinical Risk management Group.

3.5 Groundbreaking innovation and research

3.5.1 Approach to quality improvement, research and innovation

As a Trust, we recognise the pivotal role that QI, research and innovation plays in driving forward improvements in the care we deliver to the populations we service. This is why it features as a golden thread weaving through both our 5-year organisational and quality strategies.

Throughout 2023/24, we have had a strong focus on enabling a thriving environment for continuous improvement. As a result, we have continued to build our QI capacity and capability across our organisation, expanded our research activity and capacity and supported people to become involved in ground-breaking innovation, including via the national Clinical Entrepreneurial Programme.

The following sections will describe these areas in more detail:

3.5.2 Quality Improvement training

During 2024 / 2024, we continued to strengthen our Quality Improvement (QI) infrastructure by increasing the number of Quality Champions we have across services including clinical, corporate and administrative.

Our QI training strategy supported 54 people to develop quality improvement skills at a Quality Champion level building on the baseline of 20% of eligible staff trained in 2022 / 2023. Quality Champion training has been provided by NHS-E and is based on their QSIR programme (Quality Service Improvement and Redesign). The QSIR curriculum comprises of modules including leading improvement, measurement for improvement, engaging and understanding others and sustainability in improvement. 4 of our advanced Quality practitioners have successfully undertaken the QSIR-associate assessment which supports our vision to deliver QSIR-Fundamentals training internally to support sustainability.

Our vision is to continue to increase the number of Quality Champions we have across all services both clinical and corporate so that quality improvement skills and confidence

is embedded into team practice and culture. During 2024/25, we will deliver a QSIR-Practitioner course in collaboration with regional QSIR by Aqua colleagues and this will support those staff who wish to further develop their QI skills to a level beyond that of quality champion.

The Quality Improvement, Innovation and Engagement Faculty has continued to meet on a bimonthly basis over 2023/24. Its purpose is to ensure that there are systems and processes in place to effectively capture the insights and needs of our people, promoting accessibility and inclusivity, alongside “what matters to me” and co-production as a core feature of our culture of continuous quality improvement and innovation. The group review QI, innovation and engagement activity, sharing and celebrating best practice and using this as a springboard for further improvements.

3.5.3 Research

The importance of research as an enabler of quality is reflected in both the Trust’s quality strategy and at the ICB through its statutory responsibility to “promote research in all matters relevant to health”. Research activities grew with recruitment of NIHR portfolio research activities increasing from a total of 19 participants in 2022 / 2023 to 112 in 2023/2024.

The Blue Spaces feasibility study, which was supported by an NIHR strategic funding award, was also the category winner at the NIHR Research Showcase held at the Spine at the end of March 2024. Our goal is to continue the encouragement of a culture of research to inform best practice as the new normal.

3.5.4 Development and establishment of Innovation Hub

The Trust has continued its collaboration with colleagues at Wirral Metropolitan College to codesign and develop an innovation hub to be situated at the Hamilton site of the College. The vision is to create an enabling environment for idea generation and problem solving. The space will provide access to our staff, Wirral Metropolitan students, and the local community to express their creative side. It will allow for focus on opportunity areas where value innovation can be derived. The space will be utilised by both organisations both independently and in collaboration with one another to enhance opportunities for cross organisational learning and co-production. This will continue into

2024/25 and an impact report produced detailing outcomes across several domains including staff engagement and community involvement.

3.5.5 Beyond boundaries campaign

The Trust has continued with a series of vlogs from colleagues who are keen to share their story about the innovations and developments that are taking place within their service. The series is called 'Beyond Boundaries' and showcases the innovative thinking and how people have overcome obstacles to provide great patient care, helping our communities to live well. A recent example is from Jennifer Owens, Health Visitor and practice educator speaking about their team quality improvement relating to clinical supervision.

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

The Trust were proud to host a sharing and celebration event during 2023/24. This was coproduced with our NHS cadets who were part of the planning and attended the event alongside our services. November 2023 saw the delivery of the event in the atrium of the Trust headquarters. Staff and services from every locality of the Organisation were represented as well as NHS cadets and a range of our external partners and stakeholders including DA Languages, Signalise, Healthwatch and Journey Men. This ensured we could continue to foster collaborative relationships to support co-production in improvement initiatives. We were delighted to welcome the NIHR (National Institute of Healthcare Research) research bus and NIHR colleagues who were able to raise awareness of research opportunities that services could take part in. Local businesses supported us by donating refreshments for staff and prizes for the raffle in which we raised money for a charity for therapy dogs, inspired by our own therapy dog and volunteer, Spartacus.

As with the previous events during 2022 / 2023, it was a great success and staff felt proud to showcase their achievements whilst having an opportunity to network with one another. Feedback from the event from those who attended was collated and will be used to support planning of the next event that will be held during Quarter 1 of 2024/25. When asked "What did you enjoy most about the event?", responses included:

“It was nice to see so many services and teams taking part and showcasing the improvements they had made and the range of services they offer.”

“Loved hearing from other services and thought it was great that outside organisations joined too.”

“The pride, passion and enthusiasm from staff presenting their achievements - and the buzzing atmosphere from everyone attending.”

“Great to have dedicated time away from the desk that was so positive and inclusive.”

“I enjoyed how passionate and enthusiastic everyone was about their careers which was a really good influence for the NHS cadets, they were very inspired. Every stall made a really big effort, and the atmosphere was brilliant.”

3.6 Service developments

3.6.1 Lancashire 0-19 Service

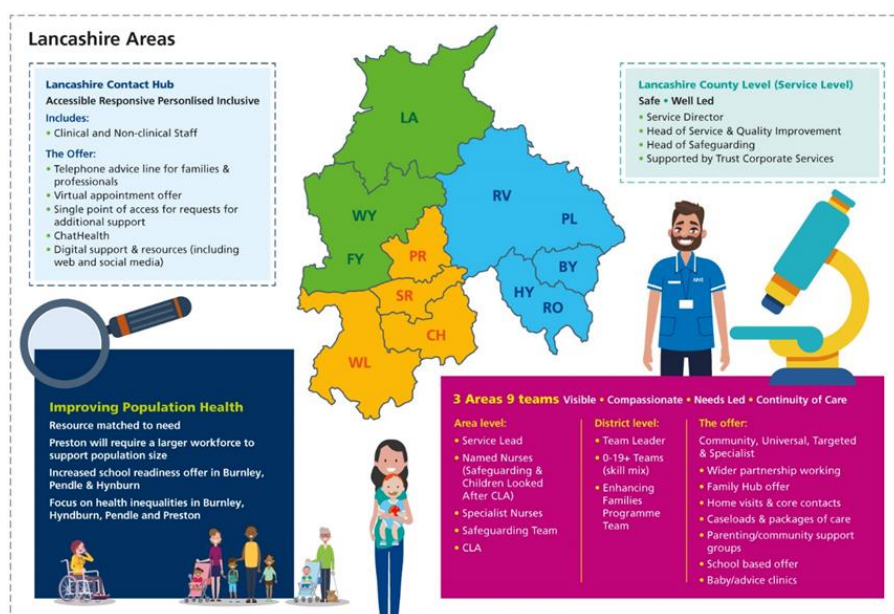
On 1st October 2024 WCHC will become the provider of the 0-19 Service in Lancashire. This contract is for 5 years with the option to extend for a further 3 years. Lancashire has 281,665 Children and Young People aged 0-19 and the service will deliver the Universal Healthy Child Programme including School Entry Assessments at Key points and National Child Measuring Programme as well as a targeted and speciality level of support.

The 0-19+ Service model:

- Universal offer
- Targeted service
- enhanced offer for vulnerable parents and families who will require more specialist and targeted support

- Single leadership structure and 3 area hubs
- Each hub led by a service lead and team managers
- Increased number of health visitors in the model so recruitment is currently under way
- Integrated teams to offer a seamless transition from antenatal period to health visiting, school nursing and beyond

During the mobilisation plans we have planned 3 staff Engagement events where we have been able to share the vision for the service. Two of these events have occurred with more than 240 staff attending and the third event is planned for June 2024. We will continue the engagement opportunities for staff to contribute to the service during the mobilisation period which will include both virtual and face to face opportunities. We have received excellent feedback from staff at the engagement events.



3.6.2 Home First

Following the success of the Home First discharge pilot with Clatterbridge Intermediate Care Centre, in March 2023, Wirral system leaders agreed to expand the Home First approach for the majority of people needing support to go home from hospital or intermediate care wards.

During 2023/24, we have:

- Expanded the Home First team of health care assistants, care coordinators, therapists and adult social care staff to support up to 170 discharges / month
- Revised pathways to improve speed and efficiency of discharges, and introduced hybrid models to work more flexibly with domiciliary care

We have made changes informed by weekly quality improvement meetings, and a series of workshops with staff from hospital wards, discharge team, Home First staff, including adult social care. This approach to co-design and engagement has improved coordination and developed a shared culture for Home first discharges.

The activity and outcomes seen during 2023 showed that:

- People were being discharged home quicker once referred, reducing the number of people not needing to be in hospital and allowing beds to be used by those who needed them most. Wirral has moved to being among the worst to among the best in Cheshire & Merseyside for bed days being used for people who don't need to be in hospital
- People's care needs after a period of Home First support were lower than previously with comparable pathways
- More people finished their Home First journey independent, without ongoing care needs, when compared to other local areas

In 2023/24 we supported over 1400 discharges, with more than 179 in February 2024.

Patients have greatly valued the support available to help them recover at home. One man, who was admitted to hospital with multiple fractures and thought he wouldn't be able to walk again said "...all the staff have been friendly and patient, encouraging me to be more independent and try my best. I wouldn't be as good as I am now without their help". He regained his mobility and was able to stay living at home with his wife.

Due to the improvements we have made in Wirral, there has been national interest in our Home First model. We have shared learning from our work with commissioners and

providers across the country, and with NHS England and the Department of Health and Social Care.

3.6.3 Waiting list management

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

We have made great strides in managing waiting lists, through capacity and demand modelling, use of digital systems the development of patient resources and we have seen improvements across all areas in reducing waiting time. We recognise health inequalities lead to people experiencing systematic, unfair, and avoidable differences in their health, the care they receive and their opportunities to lead healthy lives.

An internal weighting tool has been developed and implemented during 2023/24 which is aligned to the principles of the National Core20 Plus 5 model for reducing health inequalities as well as the Patient Safety Incident Response Framework (PSIRF).

This tool was piloted and fully implemented in 12 services in the Trust during 2023/24. The tool supports clinical decisions through a risk stratification and a prioritisation process, helping services to ensure those with the greatest health inequalities can be seen sooner.

The tool uses data from several sources to undertake this prioritisation and to support with the data collection, our clinical systems team have developed a digital questionnaire within patient records which is utilised to obtain further demographics and inequalities. This patient completed data collection also includes the identification of any disabilities, impairments or long-term conditions alongside protected characteristics and other vulnerabilities or health inclusion groups. This then flags if the patient has any communication needs or reasonable adjustments requirements which we can address ahead of first clinical contact, further improving access and supporting a reduction in inequalities. We recognise this won't be a one size fits all and digital exclusion will be continuously considered, and work will continue into 2024/25 to further mitigate digital exclusion and support digital inclusion whilst we evaluate the longer-term outcomes of the tool.

3.7 Risk Assessment and Single Oversight Frameworks

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

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

	23/24	22/23	21/22	20/21	19/20	18/19
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	99.1%	81%	81%	100%	100%	100%

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

	23/24	22/23	21/22	20/21	19/20	18/19
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	96.5%	97.6%	99%	99.9%	99.65%	99.77%

3.8 NHS Staff survey - Summary of performance

The NHS staff survey is conducted annually across the whole of the NHS. Since 2021 / 2022 the survey questions align to the seven elements of the NHS 'People Promise' and continue to include the engagement and morale elements which give good insight into overall staff experience. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2023 survey among Trust staff was 60 % (2022: 47 %).

Staff Survey 2023

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

Indicators People Promise' elements and themes	2023		
	Trust score	Benchmarking group score	NHS
We are compassionate and inclusive	7.76	7.75	7.30
We are recognised and rewarded	6.40	6.51	6.00
We each have a voice that counts	7.14	7.15	6.72
We are safe and healthy	6.32	6.42	*
We are always learning	6.13	6.04	5.64
We work flexibly	6.79	6.93	6.28
We are a team	7.28	7.20	6.80
Theme - Staff engagement	7.18	7.26	6.89
Theme - Morale	6.05	6.23	5.95

*2023 results for the 'We are safe and healthy' score have not been reported due to an issue with the data. Please see www.nhsstaffsurveys.com/survey-documents/ for more details.

The Trust improved our performance in all 9 scores which shows a better position than the previous year. Compared to the NHS overall, our scores were above average for all indicators.

In comparison to our benchmark Community Trusts, we were above the average scores for two People Promise scores *we are always learning* and *we are a team*.

In comparison to our benchmark Community Trusts, we were equal to the average scores for two People Promises, *we are compassionate and inclusive* and *we each have a voice that counts*.

We were below average in comparison to other Community Trusts for the other three People Promises and two themes of staff engagement and morale.

We were 'best in sector' for 2023 staff survey results on the Appraisal sub-score and Q9e "my immediate manager values my work".

A Trust-wide Action Plan is being developed along with local action plans at team level designed to address overarching themes as well as local issues.

The Trust has been successful in securing national temporary funding for a People Promise Manager role and the post will be key in identifying actions and working to improve employee experience over the next twelve months.

4: Planning ahead for 2024/25

4.1 Quality Strategy

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



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

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

Our three Quality Ambitions are:

1

Safe care and support every time - continuously nurturing a positive safety culture across the system, promoting safety, wellbeing and psychological safety.

2

People and communities leading care - ensuring we hear from all voices, involving people as active partners in their wellbeing and safety, and promoting independence and choice through collaboration and co-design.

3

Ground-breaking innovation and research - nurturing an improvement culture and achieving systemic scale and sustainability of developments and innovations.

We will ensure:

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

4.2 Inclusion and Health Inequalities Strategy

Health inequalities lead to people experiencing systematic, unfair, and avoidable differences in their health, the care they receive and their opportunities to lead healthy lives. Our ambitious Inclusion and Health Inequalities Strategy 2022/27 directs our efforts to reduce inequalities that exist across our places.



A great deal can and is being done by working as a health and social care system to operate at a population level and impact positively on some of these wider determinants of health. We have continued to innovate in this field and we play a significant role in the system. We will continue to build on the work with partners to maximise our impact across Cheshire and Merseyside to ensure that we are tackling these wider determinants in a joined up and coordinated way with our colleagues and partner organisations across the ICB.

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

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

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

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

We will:

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

4.3 Priorities for 2024/25

Key delivery priorities for 2024/25 driven by our Five-year strategies are:

Safe care and support Every time	People and Communities Guiding Care	Ground-breaking Innovation and research
<p>We understand and act on our highest areas of clinical risk and take a preventative approach to minimising harm by supporting people to keep active and independent</p>	<p>We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice.</p>	<p>We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test, and transform at scale</p>
<p>A minimum of 4 Quality improvement programmes focussing on agreed Trust high-priority clinical risks.</p>	<p>20% of eligible staff trained in Tier 2 Oliver McGowan Mandatory Training</p>	<p>60% of eligible staff trained in Quality Improvement curriculum</p>

<p>Embed PSIRF further ensuring the principles are demonstrated throughout Trust</p>	<p>Implementation of a minimum of 4 codesigned care pathways aimed at reducing health inequalities and evidencing sustainability and spread.</p>	<p>Increase research capability and capacity</p>
<p>90% of staff receiving supervision and a biannual evaluation of staff experience about the quality of their supervision.</p>	<p>Implementation of “What matters to you” campaign aiming for at least 2 Trust-wide “What matters to you” days.</p>	<p>Establishment of innovation hub in collaboration with Wirral Met College (WMC).</p>

Statement from NHS Cheshire & Merseyside Integrated Care Board (NHS C&M ICB) 2023-24

NHS Cheshire and Merseyside Integrated Care Board welcomes the opportunity to review and comment on the quality account for Wirral Community Health and Care NHS Foundation Trust (WCHC). NHS C&M ICB takes seriously our responsibility to ensure that the needs of patients are met with the provision of safe, high-quality services and that the views and expectations of patients and the public are listened to and acted upon. The WCHC Quality Account provides a comprehensive appraisal of the quality improvement initiatives achieved over the past year and its aspirations for the coming twelve months.

WCHC are to be congratulated on the excellent progress and positive outcome following the 2023 Care Quality Commission (CQC) inspection. NHS C&M ICB also acknowledge and commend the Trust work during the Local Authority Children inspections.

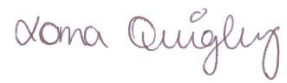
This year has been significant in relation to the Patient Safety Strategy and the implementation of the NHS Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) risk management system. PSIRF is of particular importance to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. Therefore, we are pleased to note that the PSIRF principles feature as one of the objectives for 2024-25 ensuring sustainability around patient safety with a clear focus on reducing and eliminating patient harm.

The Trust has reported on all four of the Commissioning for Quality and Innovation (CQUIN) indicators during 2023/24. CQUINs are nationally set quality improvement indicators that support improvements in the quality of services and the creation of new, improved patterns of care. We acknowledge the performance reported for CQUINs as a true reflection within the account. Whilst the staff flu vaccinations target was not achieved, we recognise that this position is held across the system and will continue to monitor and support through the Wirral system group.

NHS C&M ICB recognises the Trust improvement rates through the NHS Staff Survey, with an increase in staff response rate and an increase in all indicators on the previous year. It is acknowledged that improvement areas have been identified and this is strongly reflected in the 2024-25 quality improvement initiatives.

We commend the continued commitment to Quality Improvement and innovation of the Trust alongside increased collaboration and partnership working with the Integrated Care System. NHS Cheshire and Merseyside ICB look forward to continuing to work in partnership with the Trust to assure the quality of services

commissioned over the forthcoming year to improve patient care, patient safety, and patient outcomes available for the population of each of our places.



Lorna Quigley
Associate Director Quality and Safety Improvement

Mortality Report: Learning from Deaths Framework Quarter 4: 01 January 2024 – 31 March 2024			
Meeting Title	Board of Directors		
Date	19/06/2024	Agenda Item	20
Lead Director	Eddie Roche, Interim Medical Director		
Author(s)	Eddie Roche, Interim Medical Director		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
<p>The purpose of this paper is to assure the Board of Directors of quality governance systems regarding learning from deaths and to seek approval from the Board of Directors in relation to the publication of the learning from deaths appendix on the Trust website, which is included within the report.</p>			
Executive Summary			
<p>This quarterly report provides evidence that learning from deaths is embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from Deaths framework. It provides anonymised details of the numbers of unexpected deaths which have occurred within the Trust throughout Q4 2023/24, along with a summary of thematic learning identified during investigation into these cases.</p> <p>All deaths reported to the Trust in Q4 2023/24 have flowed through the Trusts governance processes. There are no deaths that were attributable to the care delivery provided by our Trust. It was noted there appeared to be increased numbers of deaths associated with safe sleeping arrangements. A thematic review of child deaths has been commissioned within the trust and this is ongoing and will be reported and actioned, as appropriate, through our governance processes, in line with Learning from Deaths. We continue to monitor, and action reported information and work continues with system partners in the promotion of safe sleep. Attached as an appendix, is a Q4 report for publication on the Trust website</p>			

<p>Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:</p> <p>Not applicable</p>					
<p>Quality/inclusion considerations:</p> <p>Quality & Equality Impact Assessment completed and attached No. A QEIA is not relevant to this report.</p>					
<p>Financial/resource implications:</p> <p>None</p>					
<p>The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:</p> <ul style="list-style-type: none"> • Populations – We will support our populations to thrive by optimising wellbeing and independence • People – We will support our people to create a place they are proud and excited to work • Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places <p>Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.</p> <table border="1"> <tr> <td>Populations - Safe care and support every time</td> <td>Populations - People and communities guiding care</td> <td>Place - Improve the health of our population and actively contribute to tackle health inequalities</td> </tr> </table>			Populations - Safe care and support every time	Populations - People and communities guiding care	Place - Improve the health of our population and actively contribute to tackle health inequalities
Populations - Safe care and support every time	Populations - People and communities guiding care	Place - Improve the health of our population and actively contribute to tackle health inequalities			
<p>The Trust Social Value Intentions</p> <p>Does this report align with the Trust social value intentions? Yes.</p> <p>If Yes, please select all of the social value themes that apply:</p> <p>Community engagement and support <input checked="" type="checkbox"/></p> <p>Purchasing and investing locally for social benefit <input type="checkbox"/></p> <p>Representative workforce and access to quality work <input type="checkbox"/></p> <p>Increasing wellbeing and health equity <input checked="" type="checkbox"/></p> <p>Reducing environmental impact <input type="checkbox"/></p>					
<p>Board of Directors is asked to consider the following action</p>					



To be assured by the report and approve appendix 1 to be published on the public facing website

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	08/05/2024	Committee assured and approval obtained.



Mortality Report: Learning from Deaths Quarter 4: 01 January 2024 – 31 March 2024

Purpose

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

Executive Summary

2. During Q4 there were a total of 10 reported deaths none of which were within scope for reporting. This includes a total of 7 Child deaths all of which were reviewed using SUDIC methodology.
3. During Q4 there were 0 deaths which met the criteria for StEIS reporting.
4. Each unexpected death reported during Q4 has been analysed and investigated appropriately, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.
5. Of the total deaths reported in Q4, after investigation, none of these were within scope of this report as none of the deaths had been caused by gaps or omissions in the provision of NHS care.
6. It was identified in this quarter, as it was in the previous quarter, that there seems to be an increased number of child deaths that have been associated with safe sleeping arrangements. A thematic review of child deaths by our 0-19 service has been commissioned by our Chief Nurse considering these findings. This is ongoing and results and learning will be shared internally and externally as appropriate, initially reporting into the Trusts Clinical Risk Management Group.
7. Our Trusts services are actively involved in the promotion of Safe Sleep and are also actively engaging with our Places, to promote this to the families we support. This includes working in collaboration with Merseyside Police on a Safer Sleep Pilot alongside the Trusts Child and Young Peoples services.

Background

8. Wirral Community Health and Care NHS Foundation Trust (WCHC) Board recognises that effective implementation of the Learning from deaths framework (National Quality Board, March 2017), is an integral component of the Trusts' learning culture, driving continuous quality improvement to support the delivery of high-quality sustainable services to patients and service users.
9. The National Quality Board (NQB) Learning from Deaths framework (2017) exists with the specific aim to address the key findings of the CQC report, ensuring a consistent approach to learning from deaths across the NHS, assuring a transparent culture of learning by delivering a commitment to continuous quality improvement, particularly in relation to the care of vulnerable people.

10. The key findings of the CQC report were as follows:
 - Families and carers are not treated consistently well when someone they care about dies.
 - There is variation and inconsistency in the way that system partners become aware of deaths in their care.
 - Trusts are inconsistent in the approach they use to determine when to investigate deaths.
 - The quality of investigations into deaths is variable and generally poor.
 - There are no consistent frameworks that require boards to keep deaths in their care under review and share learning from these.
11. This quarterly report provides evidence that learning from deaths is firmly embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from Deaths framework.
12. Since 2017 the focus on learning from preventable deaths and unexpected deaths has continued to strengthen and the NHSE developed the Patient Safety Strategy in 2019 which describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems.
13. The National Safety Strategy has been pivotal introducing a Patient Safety syllabus, Patient Safety Specialists, and Patient Safety Partners. All of which have been embedded within the governance of the Trust.
14. Patient Safety and Incident Reporting Framework (PSIRF) has been embedded within our Trust. This sets out the NHS approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. This is embedding within our Clinical Risk Management group and Mortality Review group.
15. Learning From Patient Safety Events (LFPSE) is designed to capture events where:
 - A patient was harmed or could have been harmed
 - there has been a poor outcome, but it is not yet clear whether an incident contributed or not
 - risks to patient safety in the future have been identified
 - good care has been delivered that could be learned from to improve patient safety.
16. LFPSE is being rolled out nationally and is being fully adopted by the Trust.

WCHC Learning from deaths governance framework

Policies

17. In accordance with the Learning from Deaths framework, the Trust ratified and published a Learning from Deaths Policy during September 2017 and which is subject to regular review.
18. The policy provides a framework for how the Trust will evaluate those deaths that form part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms.
19. The Incident Management Policy - GP08 has been updated and cross references the Learning from Deaths Policy, ensuring a consistent approach to implementation. The revised policy contains arrangements for staff to follow in the event of an unexpected death of an adult and in the event of an unexpected death of a child.
20. The Trust's Datix incident reporting system has been aligned to the Learning from Deaths Policy to ensure prompt communication to the Executive Medical Director, Chief Nurse and Deputy Chief Nurse for all reported unexpected deaths.

Process

21. All reported deaths which have occurred in a place where we are commissioned to deliver services, are discussed at both the Quality and Governance Serious Safety Incident Review Group (SIRG) and at the fortnightly Clinical Risk Management Group (CRMG). Further investigations are commissioned on the basis of the events surrounding the death and the results of the Mortality Screening Tool. The principles around Duty of Candour are also overseen within this group.
22. The Mortality Screening Tool considers whether a variety of factors were present. Examples include:
 - Receipt of an End of Life advance care plan (PACA)
 - Presence of a DNACPR form
 - Association with failed visits
 - Association with rescheduled visits
 - Concerns raised by any party regarding the care provided prior to death
 - The involvement of other services involved prior to death
 - Medical Cause of death (if known)
23. Commissioned investigations are monitored at CRMG against progress and timelines. Any investigation reports and associated action plans are approved at CRMG. This includes cases which are under investigation by the coroner.
24. Thematic learning from Learning from Deaths cases is reviewed at the Trust's quarterly Mortality Review Group which is chaired by the Executive Medical Director and who is responsible for the Learning from Deaths agenda.
25. Minutes from the Mortality Review Group are submitted to the Quality and Safety Committee and to the Board by exception.
26. A report is produced which summarises the details of the unexpected deaths which have occurred within the preceding quarter, along with details of any thematic learning. This is ratified by the Quality and Safety Committee prior to being presented to Public Board, again on a quarterly basis.
27. The Trust continues to work with our system partners to devise systems whereby Learning from Deaths can take place in a consistent way across all major health and social care providers. This includes working with the UK Health Security Agency and the Local Authority to analyse the effect of COVID-19 by utilising a population-based approach to identify areas of inequality and its association with deaths due to this disease.
28. The Learning from Deaths report is based on the template devised by the National Quality Board. This report will be published on the Trust's website in keeping with our statutory obligations.

Child Deaths

29. Given the extensive geography that WCHC delivers Children and Young People's services, there are now robust processes in place which enable every unexpected child death to be identified within all the places we deliver care. This includes Wirral, East Cheshire, St Helens & Knowsley. Similar reporting routes will be created once Lancashire joins the Trust on 01/10/24.
30. The membership of the Mortality Review Group includes the Trust's Child Death Overview Panel (CDOP) representative and the Trust's Head of Safeguarding enabling the visibility of any thematic learning across the whole of Cheshire and Mersey. The membership is regularly reviewed to ensure it contains a variety of skills and knowledge to maximise the identification of learning.

31. The Trust has links with each Place-based Child Death governance structures, which facilitates the identification of themes over a large geography and then uses this data to reflect on how WCHC can continuously improve the delivery of its Children and Young People services. Services.
32. The Trusts Named CDOP representative is an active participant of the multi-agency Place-based Sudden Unexpected Death in Childhood (SUDIC) meetings and feeds any intelligence and learning into the Mortality Review Group. When our representative has any concerns then these are escalated and raised with system partners.
33. The Mortality Review Group will receive the Child Deaths Annual reports when they become available.

Bereaved Families

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

National Medical Examiner Updates

38. Medical Examiner officers at hospital trusts now provide independent scrutiny of almost all non-coronial deaths occurring in hospitals. Once the new death certification process comes into force, all deaths in England and Wales will be independently reviewed, without exception, either by a medical examiner or a coroner. Medical Examiners provide an important safeguard, as highlighted after the Lucy Letby verdict.
39. The Department for Health and Social Care (DHSC) published details of the death certification reforms and are now in place since April 2024. Primary legislation was commenced on 1 October 2023. The new death certification process requires all deaths in England and Wales to be independently reviewed either by a medical examiner or a coroner.
40. DHSC's document notes that:
41. NHS trusts hosting a medical examiner should provide adequate support and ensure the independence of medical examiners is respected. The host on Wirral is Wirral University Teaching Trust.
42. All other healthcare providers including GP practices should set up processes to start referring deaths to medical examiner offices if they have not already done so. This will allow procedures to bed in and avoid disruption and distress for bereaved people when the regulations come into force. The Regional Medical Examiner for Wirral is currently devising a referral framework that will also include community trusts in addition to general practices.
43. Integrated Care Boards (ICBs) in England should ask all healthcare providers in their area to establish processes to refer relevant deaths to medical examiner offices for independent scrutiny as soon as possible. This is in place in Wirral since April 2024.

Q4 2023/24 WCHC Reported deaths (Datix incident reporting)

44. During Q4 there were a total of 10 reported deaths none of which were within scope for reporting. This includes 7 child deaths.
45. During Q4 there were 0 deaths which met the criteria for StEIS reporting.

Structured Judgement Reviews:	
Total Number of Deaths in scope	10
There are no outstanding cases from the previous quarter (Q3)	
Total Number of Deaths considered to have more than 50% chance of being avoidable	0
LeDeR reviews: - Please note that these are undertaken by the mental health trust	
Total Number of Deaths in scope	0
Total Deaths reviewed through LeDeR methodology	0
Total Number of deaths considered to have been potentially avoidable	0
SUDIC reviews:	
Total Number of Child Deaths	7
Total Deaths reviewed through SUDIC methodology	7

Summary of Thematic Learning for Q4

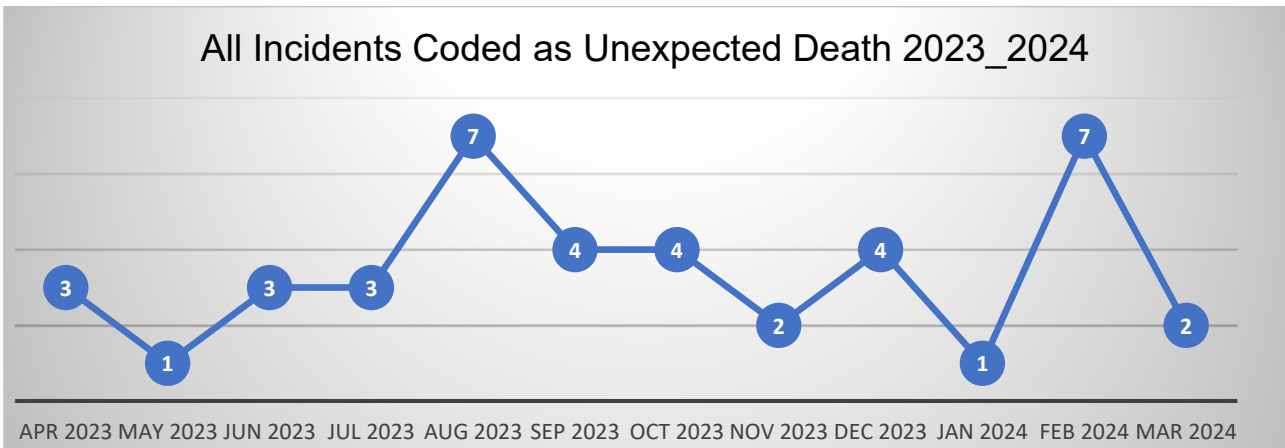
46. Each unexpected death reported during Q4 has been analysed and investigated appropriately, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.
47. Of the total deaths reported in Q4, after investigation, none of these were within scope of this report as none of the deaths had been caused by gaps or omissions in the provision of NHS care.
48. It was identified in this quarter, as it was in the previous quarter, that there seems to be an increased number of child deaths that have been associated with safe sleeping arrangements. A thematic review of child deaths by our 0-19 service has been commissioned by our Chief Nurse considering these findings. This is ongoing and results and learning will be shared internally and externally as appropriate, initially reporting into the Trusts Clinical Risk Management Group.
49. As a Trust, our services are actively involved in the promotion of Safe Sleep and are also actively engaging with our Places, to promote this to the families we support. This includes working in collaboration with Merseyside Police on a Safer Sleep Pilot alongside the Trusts Child and Young Peoples services.

Trend Analysis

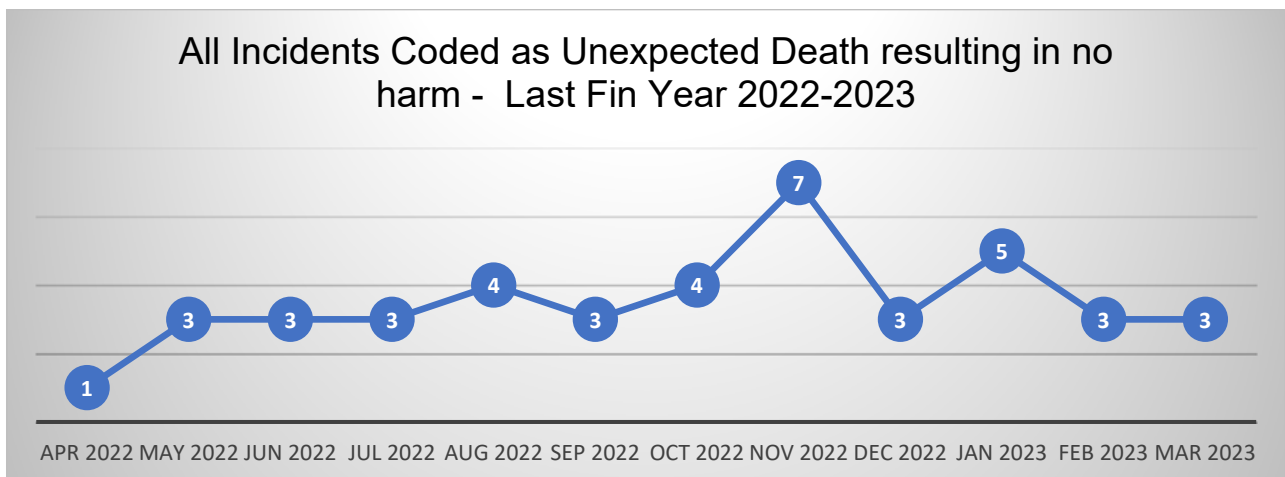
Incidents coded as Unexpected Death this financial year 2023/2024

2023/24	Q1		Q2		Q3		Q4	Total reported Deaths
April	3	July	3	Oct	4	Jan	1	
May	1	Aug	7	Nov	2	Feb	7	
June	3	Sept	4	Dec	4	Mar	2	
	7		14		10		10	41

Incidents coded as Unexpected Death this financial year 2023/2024



Incidents coded as Unexpected Death financial year 2022/2023 – comparative data



All incidents coded as Unexpected Death (financial year 2023/2024) – broken down by service

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	Total
Community Nursing Birkenhead	0	0	0	1	0	0	1	0	0	0	0	0	2
Community Nursing West Wirral	0	0	0	0	0	1	0	1	0	0	0	0	2
Community Nursing Wallasey	0	1	0	0	0	1	0	1	1	0	2	0	6
Adult Speech and Language Therapy	0	0	0	0	0	0	1	0	0	0	0	0	1
Community Integrated Response Team	0	0	0	0	0	0	0	0	0	0	1	0	1
Discharge To Assess	0	0	0	0	0	0	0	0	1	0	0	0	1
Cheshire East 0 - 19	0	0	1	0	1	0	0	0	0	0	0	0	2
Safeguarding Children	3	0	2	2	6	2	2	0	2	1	4	2	26
Total	3	1	3	3	7	4	4	2	4	1	7	2	41

All child incidents coded as Unexpected Death (financial year 2023/2024) – broken down by region

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	Total
Wirral 0- 19	3	0	0	0	2	0	0	0	2	0	1	2	10
Cheshire East	0	0	1	1	3	1	2	0	0	0	1	0	9
St Helens 0-19	0	0	2	1	2	0	0	0	0	0	1	0	6
Knowlsey 0-25	0	0	0	0	0	1	0	0	0	1	1	0	3
												0	
Total Child Deaths Reported	3	0	3	2	7	2	2	0	2	1	4	2	28

Future Improvement Plans for the Mortality Review Group / Learning from Deaths

- Update Learning from Deaths policy to align with PSIRF principles (under review for submission to Quality and Safety Committee – for virtual approval May 2024)
- Review and update the Mortality Review Group Terms of Reference (submitted to Quality and Safety Committee May 2024 for approval)
- Analyse unexpected deaths data and identified themes specifically for End of Life Care. (Ad hoc attendance at MRG to be defined by the case type of incidents - ongoing).
- Define reporting sections for children and adults recognising the different reporting mechanisms that exist at Place and the importance of identifying learning from the multiple places we serve (complete)
- CRMG to monitor End of Life Care safety improvement plan 2024-25 (complete)

Recommendations for Quality and Safety Committee

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

Dr Eddie Roche

Interim Executive Medical Director

03 May 2024

Appendix 1

Learning from Deaths Q4 23/24 Report

The following data represents the high-level reporting of deaths which occurred within our services over the period of Quarter 4 2023/24.

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

There were 10 deaths reported to the Trust and all have been reviewed in accordance with Trust policy. On this occasion, none of the deaths were within scope of this report during this period. This is because the deaths were not associated with any care delivered or harm caused by services provided by the Trust. Duty of Candour was not applicable to any of these cases.

There were 7 child deaths reported during this quarter, which followed the appropriate investigation processes.

In this quarter, it was noted there was an increased number of child deaths that appeared to be associated with safe sleeping arrangements. A thematic review of child deaths has been commissioned by our Chief Nurse, the findings of which will be actioned appropriately and reported through our governance processes in line with the national Learning from Deaths Framework.

As a Trust, our services are involved in many health promotion activities, and we continue a focus on Safe Sleep through engaging with our allied professionals to promote this to the families we support. This includes working in collaboration with Merseyside Police on a Safer Sleep Pilot alongside the Trusts Child and Young Peoples services.

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

Dr Eddie Roche

Interim Executive Medical Director
Wirral Community Health and Care NHS Foundation Trust

03 May 2024

Safe Staffing Report			
Meeting Title	Board of Directors		
Date	19/06/2024	Agenda Item	21
Lead Director	Claus Madsen, Chief People Officer		
Author(s)	Claire Wedge, Deputy Chief Nurse, Carla Burns, Deputy Director of HR&OD, Martin Godfrey, Head of HR (Workforce Planning & Resources)		
Action required (please select the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
<p>This report provides the Board with an overview of the Trust and CICC Wards Safe Staffing information and data for Quarters 3 & 4 October – March 2024.</p> <p>The report is to provide assurance to the Committee in relation to compliance with the Care Quality Commission Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 for safe staffing levels at the Trust’s Community Intermediate Care Centre (CICC)</p>			
Executive Summary			
<p>This report details the following:</p> <ul style="list-style-type: none"> • principles of safe staffing • safe staffing model • update regarding six monthly review Trust-wide safe staffing • Q3 & 4 safe staffing analysis – CICC • Q3 & 4 safety analysis aligned to safe staffing analysis – CICC <p>The safe staffing model outlined supports professional judgement by maximising use of available staffing resource, implementing a holistic multidisciplinary team model which</p>			

includes the use of therapies staff. The report shows the “required” versus actual CHPPD for the wards.

In addition, the report provides a summary of the requirements of the regulatory framework for the provision of safe staffing, an overview of the baseline staffing model for CICC, a breakdown of the different staffing types (substantive, bank and agency) as well as a triangulation with patient safety data including incidents and complaints data.

Fluctuations and variation are identified within the report between wards in relation to actual and required CHPPD, however, this reflects a positive position on required versus actual.

The safety systems and mitigations in place at CICC appear to have been effective in minimising impact to patient safety; this will continue to be monitored through the Trust’s governance framework. Mitigations continue to include utilisation of the available clinical and professional resource at CICC, including therapy staff.

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

BAF Risks linked to this report include: - ID01 - Failure to deliver services safely and responsively to inclusively meet the needs of the population; - ID07 - Our people do not feel looked after, their employee experience is poor, and their health and wellbeing is not prioritised; - ID10 - We are not able to attract, grow and develop our talent sufficiently to ensure the right numbers of engaged, motivated and skilled staff to meet activity and operational demand levels.

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

Not applicable to this style of report.

Financial/resource implications:

Not applicable to this report

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

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

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



Populations - Safe care and support every time	People - Grow, develop and realise employee potential	Place - Make most efficient use of resources to ensure value for money
<p>The Trust Social Value Intentions</p> <p>Does this report align with the Trust social value intentions? Not applicable</p> <p>If Yes, please select all of the social value themes that apply:</p> <p>Community engagement and support <input type="checkbox"/></p> <p>Purchasing and investing locally for social benefit <input type="checkbox"/></p> <p>Representative workforce and access to quality work <input checked="" type="checkbox"/></p> <p>Increasing wellbeing and health equity <input checked="" type="checkbox"/></p> <p>Reducing environmental impact <input type="checkbox"/></p>		
<p>Board of Directors is asked to consider the following action</p>		
<p>The Board of Directors are asked to be assured by the Safe Staffing analysis and described mitigations.</p>		
<p>Report history (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome). This provides the audit trail through the governance structure.</p>		
Submitted to	Date	Brief summary of outcome



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



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

Safe Staffing: Community Intermediate Care Centre (CICC)

October 2023 – March 2024

Public Board of Directors

Date: 19/06/24

Contents

- Purpose
- Safe Staffing Governance
- Principles of safe staffing
- Safe Staffing Model
- Safe Staffing Data: Quarter 3 & 4 2023/2024
- Safety Analysis: Quarter 3 & 4 2023/2024
- Summary of position

Purpose

The purpose of this report is to:

- Provide assurance to Wirral Community Health and Care NHS Foundation Public Board of Directors in relation to compliance with the Care Quality Commission Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 for safe staffing levels at the Trust's Community Intermediate Care Centre (CICC)
- This report focusses on ward based Care Hours Per Patient Day (CHPPD) and analysis of incident reporting for Quarter 3 & 4 2023/2024 to assure safety

Safe Staffing Governance

The Trust has a robust governance framework in place to support monitoring and oversight of safe staffing, this includes the following:

- Monthly review at SAFE Operations Group (SOG) and People and Culture Oversight Group (PCOG)
- Report by exception to Integrated Performance Board (IPB) based on risk escalation
- Quarterly reporting to People and Culture Committee (last review June 2024)
- Quality and Safety Committee oversight based on risk escalation
- Bi-annual high-level assurance report to the public Board of Directors

Regulation 18

- Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part
- Persons employed by the service provider in the provision of a regulated activity must:
 - receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform
 - be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and
 - where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role

Principles of safe staffing

National Quality Board Safe Staffing guidance

NHSE Developing Workforce Safeguards



Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

Implement Care Hours per Patient Day

Develop local quality dashboard for safe sustainable staffing

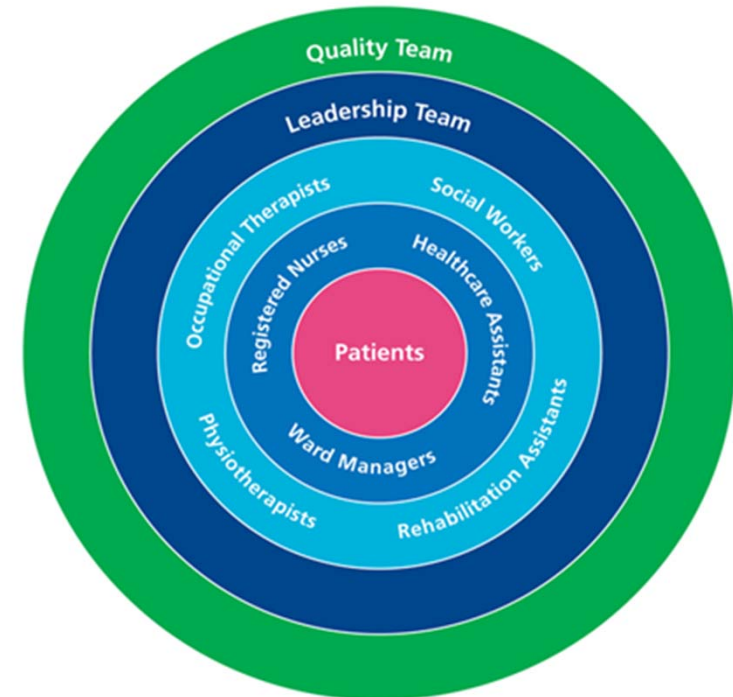
Measure and Improve

- Patient outcomes, people productivity and financial sustainability -
- Report investigate and act on incidents (including red flags) -
- Patient, carer and staff feedback -

CICC Safe Staffing

- A safe staffing model has been developed to demonstrate the available clinical and professional resource at CICC to ensure safe staffing
- Local **governance safe staffing** processes have been reviewed and will be supported by the introduction of daily board rounds
- **Escalation levels have been** strengthened to ensure transparency to the senior leadership team, supporting mitigation of risk
- Support is also available from **Tele-triage** and the **Nights Community Nursing Team**

Safe Staffing Model



CICC Safe Staffing

- The current nursing baseline staffing model at CICC is 2 Registered Nurses and 4 Health Care Assistants (2:4) on Aster day and night. On Iris and Bluebell the baseline staffing model is 2:4 during the day and 2:3 at night
- The night baseline staffing model on Bluebell and Iris wards was changed in October 2023
- This change was implemented following completion of a robust Quality and Equality Impact Assessment
- An audit programme using the Safer Nursing Care Tool (SNCT) was undertaken across CICC during January 2023 and July 2023. The results of the audits provided data which assisted with safely setting the new baseline establishments from October 2023
- The SNCT has recently been updated and an audit using the updated tool was undertaken in April 2024

CICC Safe Staffing

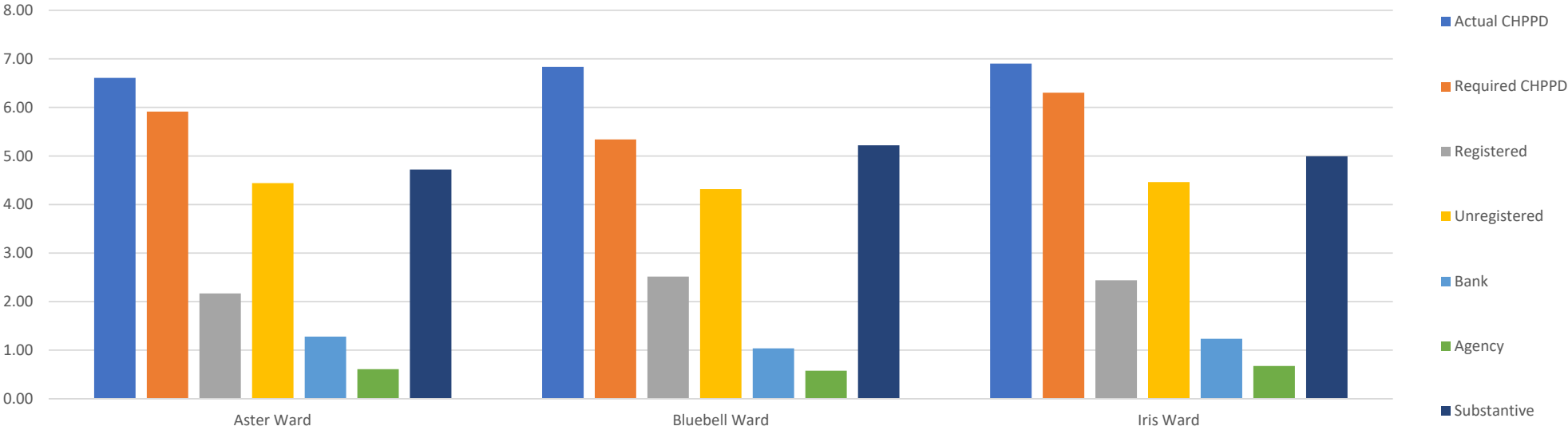
- The national requirement for reporting safe staffing for NHS organisations that provide inpatient/bedded units uses the consistent metric of Care Hours Per Patient Per Day
- CHPPD is a measure of workforce deployment in ward-based settings and increasingly forms an integral part of a ward/unit/trust review and oversight of quality and performance indicators to inform quality of care, patient outcomes, people productivity and financial sustainability
- This ensures skill-mix is well-described and the nurse-to-patient ratio is considered when deploying clinical professionals to provide planned care, reflected alongside an aggregated overall actual CHPPD
- This metric measures nursing input only, with the wider multi-disciplinary team including therapy contributing to the overall establishment to assure safety

Trust wide Safe Staffing: 6 Monthly Reviews

- The Trust has developed and embedded a process for six-monthly safe staffing reviews across operational services
- This is to assure safety in the context of the safe staffing principles, providing assurance against CQC regulation 18
- The Trust are currently undertaking the Trust-wide six-monthly safe staffing assurance review across all clinical services: May/June 2024
- Within the Community Nursing teams the Quality team have been assisting in the validation of future establishment setting/safe staffing through the use of the NHSE pilot of the Community Nursing Safer Nursing Care Tool (SNCT). This is presently on hold nationally and being reviewed

Safe Staffing Data: CICC Quarter 3 & 4 2023/2024

Ward Staffing Summary compared against Care hours Per Patient Day (CHPPD) – Q3 October – Dec 23



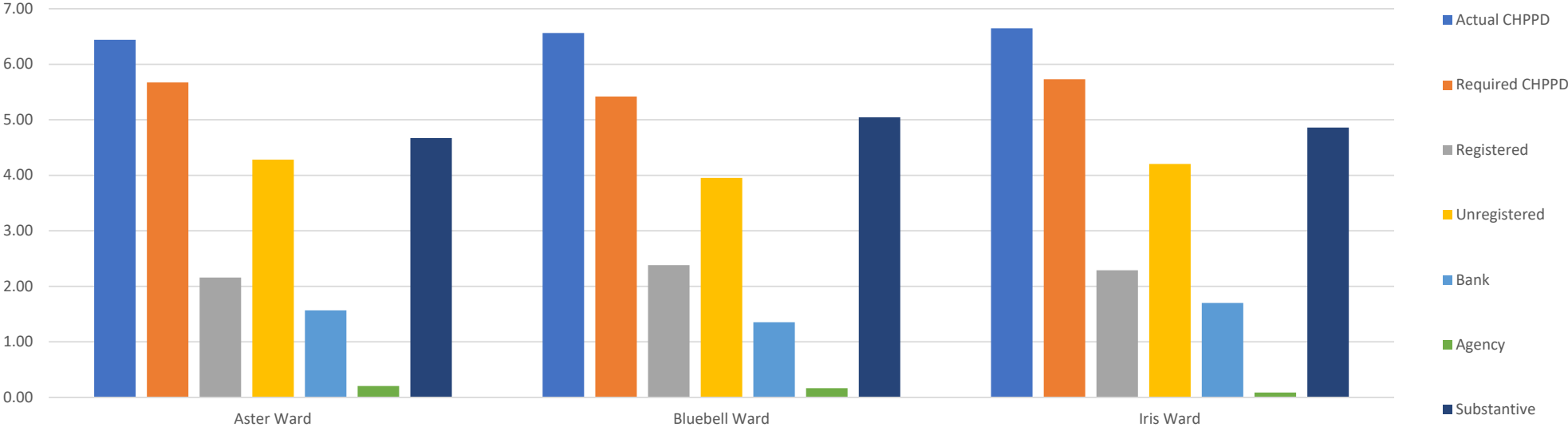
• **Ward Temporary Staffing Breakdowns: Quarter 3 2023/2024**
data available from SafeCare

Aster Ward	
Temp Cover	% Split
Agency	11.00%
HCA	9.38%
RN	1.62%
Bank	19.64%
HCA	18.23%
RN	1.42%
Substantive	69.36%
HCA	40.86%
RN	28.50%
Grand Total	100%

Bluebell Ward	
Temp Cover	% Split
Agency	10.82%
HCA	9.86%
RN	0.96%
Bank	16.96%
HCA	16.37%
RN	0.59%
Substantive	72.22%
HCA	40.57%
RN	31.20%
Grand Total	100%

Iris Ward	
Temp Cover	% Split
Agency	10.36%
HCA	9.03%
RN	0.00%
Bank	19.59%
HCA	14.06%
RN	5.54%
Substantive	70.04%
HCA	43.39%
RN	26.65%
Grand Total	100%

Ward Staffing Summary compared against Care hours Per Patient Day (CHPPD) – Q4 January – March 24



Ward Temporary Staffing Breakdowns: Q4 Jan - March 2024

Data available from SafeCare

Aster Ward	
Temp Cover	% Split
Agency	3.45%
HCA	2.12%
RN	1.32%
Bank	25.80%
HCA	22.83%
RN	2.97%
Substantive	70.76%
HCA	42.71%
RN	28.05%
Grand Total	100.00%

Bluebell Ward	
Temp Cover	% Split
Agency	3.45%
HCA	2.12%
RN	1.32%
Bank	25.80%
HCA	22.83%
RN	2.97%
Substantive	70.76%
HCA	42.71%
RN	28.05%
Grand Total	100.00%

Iris Ward	
Temp Cover	% Split
Agency	1.42%
HCA	1.37%
RN	0.06%
Bank	27.72%
HCA	22.37%
RN	5.35%
Substantive	70.86%
HCA	42.90%
RN	27.96%
Grand Total	100.00%

Safety Analysis: CICC

Quarter 3 & 4 2023/2024

Safety Analysis: CICC – Q3 & Q4 2023/24

- A review of available safety and experience data for CICC has been conducted for Quarter 3 & Q4 2023/24, triangulated with staffing levels and CHPPD to assure standards of safety
- This review has evidenced that the safety systems and mitigations in place at CICC appear to have been effective in minimising impact to patient safety
- Mitigations continue to include utilisation of the available clinical and professional resource at CICC, including therapy staff
- Thematic analysis will continue to be monitored throughout the Trust's governance framework

Summary of Position

- **Actions to Mitigate Potential Risks**
 - Regular reporting and oversight of issues to SAFE/OPG at service level
 - Review of patient admission criteria to ensure suitability for rehabilitation
- **Actions to Maximise Staffing Position**
 - Daily huddles to review staffing with senior oversight
 - Input from Ward Manager to support service delivery when required
 - Additional input available from GPOOH and Tele-triage overnight
 - Focused recruitment activity to fill vacancies
 - International Recruitment
- **Opportunities for Financial Position Mitigation**
 - Negotiation underway with Commissioners regarding future funding requirements, aligned to clinical model requirements

Sexual Safety of NHS staff and patients			
Meeting Title	Board of Directors		
Date	19/06/2024	Agenda Item	22
Lead Director	Claus Madsen, Chief People Officer		
Author(s)	Emma Ashley, Head of HR (E&W) and Jude Blease, Head of Safeguarding		
Action required (please select the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
<p>This report is submitted to the Board for assurance on the Trust's alignment to the sexual safety of NHS staff and Patient's National Programme and Charter.</p> <p>The principle of the programme is to ensure that every part of the NHS takes a systematic zero tolerance approach to sexual misconduct and violence, prioritising the safety of both patients and staff.</p> <p>This report was presented to ELT on 11 June 2024</p>			
Executive Summary			
<p>This report is to provide assurance on the progress on the actions following the paper at February's board regarding the Sexual Safety of NHS Staff and Patients programme.</p> <p>For the first time, the National Staff Survey and the National Education and Training Survey (NETS) completed in 2023 include data on the experience of our workforce and healthcare trainees and students in relation to sexual misconduct and unwanted behaviour</p> <p>For the National Staff Survey the Trust scored better than average for the comparator group of Community Trusts for both questions of being the target of unwanted behaviour of a sexual nature in the workplace from patients/service users, relatives or members of the public and from staff/colleagues.</p>			

For the student survey we had a low response rate (9) and overall a positive response to the questions relating to them experiencing and witnessing unwanted, harmful or inappropriate sexual behaviours during placement.

Since the last update the Trust

- Has signed the NHS Sexual Safety Charter and the EIDA (Employers Initiative on Domestic Abuse) Charter
- Become a member of the NHSE Futures Platform and getting regular updates on shared practice and national documentation (not available as yet)
- Amended safeguarding training to include reference to sexual safety
- Attended at national forums to ensure we are up-to-date with developments
- Engaged in ongoing collaboration with WUTH
- Developed a communications plan

The NHS England programme has issued a further letter regarding the Sexual Safety Charter and the link is contained with the papers. Also, the action plan has been updated and is regularly reviewed with the Chief People Officer.

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

The work on Sexual Safety relates to the strategic risks ID01 (in relation to patients): Failure to deliver services safely and responsively to inclusively meet the needs of the population and ID07 (in relation to staff): Our people do not feel looked after, their employee experience is poor, and their health and wellbeing is not prioritised. .

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

Not applicable for report

Financial/resource implications:

Not identified at this stage

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 - Improve the wellbeing of our employees	People - Better employee experience to attract and retain talent
--	---	--

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

Executive Leadership Team is asked to consider the following action

For ELT to support that this goes to Board on 19th June for assurance.

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	21/02/2024	Board assured on progress of actions in relation to Sexual Safety
ELT	11/06/2024	ELT assured on progress of actions in relation to Sexual Safety



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

Sexual safety of NHS staff and patients

June 2024

Name: Claus Madsen, Chief People Officer

Overview

Purpose of this paper is to provide an update on progress following the February board paper and nationally available data on sexual safety relating to staff and students in WCHC.

- Survey data
 - National NHS Staff Survey
 - National Education and Training Survey
- Action plan progress

Survey data

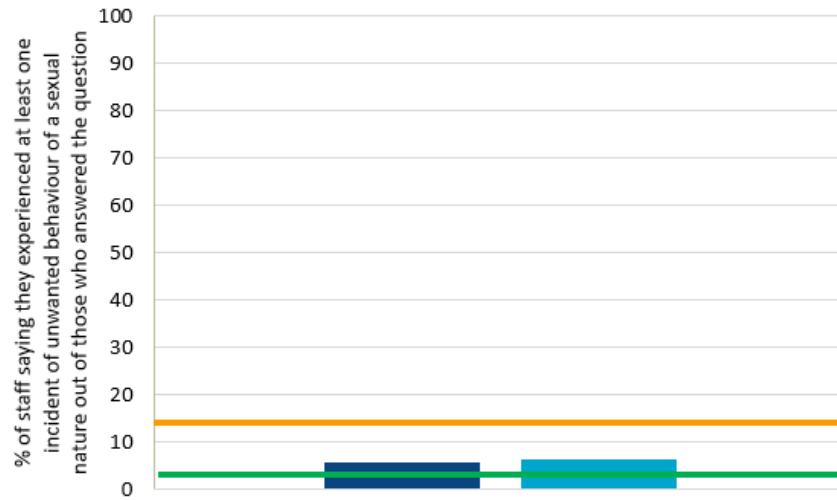
For the first time, National Staff Survey and National Education and Training Survey (NETS) surveys completed in 2023 include data on the experience of our workforce and healthcare trainees and students in relation to sexual misconduct and unwanted behaviour

- **NSS questions:**

- In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault.
 - a. From patients / service users, their relatives or other members of the public
 - b. From staff / colleague

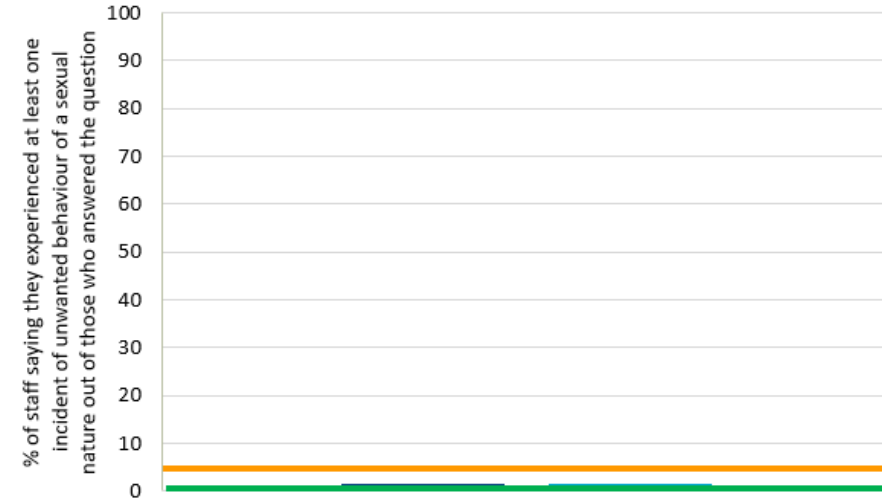
National Staff Survey Overview

Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



	2023
Your org	5.62%
Best result	3.10%
Average result	6.35%
Worst result	14.00%
Responses	1046

Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



	2023
Your org	1.41%
Best result	0.49%
Average result	1.58%
Worst result	4.75%
Responses	1042

'Best result', 'Average result', and 'Worst result' refer to the **benchmarking group's** best, average and worst results.

Reported Staffing Incidents

Via DATIX (logged by staff under 'abuse' with a sub category of "Sexual"):

2021 – 2 incidents, patient listed as suspect for each

2022 – 8 incidents, patient listed as suspect for 5

2023 – 7 incidents, patient listed as suspect for 6

Via HR Processes:

There were 2 incidents over the last 2 years (2022 & 2023) where staff raised allegations against another staff member in relation to sexual harassment – dealt in in line with the Bullying and Harassment Policy

Survey data

- National Education and Training Survey (NETS) questions
 - Have you experienced unwanted, harmful and/or inappropriate sexual behaviours during your placement / training post?
 - Have you witnessed unwanted, harmful and/or inappropriate sexual behaviours during your placement / training post?

National Education and Training Survey Overview

Organisation	N	Sexual Safety
Wirral Community Health and Care NHS Foundation Trust	9	94.44%

Scale	1 (Worst)		2 (Poor)		3 (Neutral)		4 (Good)		5 (Best)	
Question	%	Count	%	Count	%	Count	%	Count	%	Count
Have you experienced unwanted, harmful and/or inappropriate sexual behaviours during your placement / training post?	11.11%	1							88.89%	8
Have you witnessed unwanted, harmful and/or inappropriate sexual behaviours during your placement / training post?									100.00%	9

To note low uptake and no benchmarking available

Action Plan Progress

- The Trust has signed the NHS Sexual Safety Charter and the EIDA (Employers Initiative on Domestic Abuse) Charter
- Member of the NHSE Futures Platform and getting regular updates on shared practice and national documentation (not available as yet)
- Amended safeguarding training to include reference to sexual safety
- Attendance at national forums to ensure we are up-to-date with developments
- Ongoing collaboration with WUTH
- Communications plan in place

Sexual Safety in the NHS – action plan (updated on 03.06.2024)

KEY (Change status)

- 1 Recommendation agreed but not yet actioned
- 2 Action in progress
- 3 Recommendation fully implemented
- 4 Assurance provided

To be monitored regularly at People and Culture Oversight Group

	Actions required	Completion Date	Person responsible	Change stage	Description of current position	Evidence of completion
1.	Conduct a gap analysis using the two letters from NHSE PR00518 and PRN00717 and resource packs.	31.10.23	Head of HR and Head of Safeguarding	3	Initial gap analysis completed	Gap analysis
2.	Identify a lead for the trust	31.10.23	Chief People Officer	3	Complete	Email sent to DASV
3.	E-learning to be made mandatory	30.06.24	Head of HR and Head of Safeguarding	2	Discussed at PCOG (Dec 23) Awaiting national guidance	
4.	Develop a policy (awaiting national policy to be released) Immediate action to update policies as to what to do when an allegation is made with cross referencing	30.06.24	Head of HR and Head of Safeguarding	2	Policies being revised	
5.	Identify support to staff and patients/visitors when instances occur	30.06.24	Head of HR and Head of Safeguarding	2	Review of training and policies	
6.	Recording of instances – to consider how this can be done sensitively and consideration of existing systems	30.06.24	Head of HR, Head of Safeguarding, LSMS	1	awaiting national guidance	
7.	Chief Executive and Chair to sign up to the charter on behalf of the Trust	30.06.24	Chief People Officer	3	Completed by Chair and CEO	
8.	To sign up/become members of EIDA: Employers' Initiative on Domestic Abuse www.eida.org.uk – which is free to join and provide free online quality resources, network and help. NHSE recommends that all NHS organisations, GP practices, pharmacies and other partners become members.	29.02.24	Chief People Officer	3	Completed	

Sexual Safety in the NHS – action plan (updated on 03.06.2024)

9.	Communications Plan	30.06.24	Head of HR, Head of Safeguarding, LSMS	3		
10.	Review the outcome of both surveys (NSS and NETS) in relation to the DASV-related questions and produce a report on how we perform against the benchmark(s) for assurance to the Board	19.06.24	Head of HR, Head of Safeguarding, LSMS	2		Presenting to Board for assurance on 19 th June 2024

Sexual Safety in the NHS – action plan (updated on 03.06.2024)

Appendix 1

Sexual Safety Charter

Recommendation	Comments
We will actively work to eradicate sexual harassment and abuse in the workplace.	Commitment at Board in Feb 2024 Signing up to the Sexual Safety charter and the EIDA membership/charter
We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours	Behavioural Standards Framework launch in April 2024
We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.	
We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours	Policies and processes in place
We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.	Behavioural Standards Framework launch in April 2024
We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators	Included in existing policies – further work on specific policies underway
We will ensure appropriate, specific, and clear training is in place	Some already included with our Safeguarding awareness training. Awaiting further national work.
We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.	Existing reporting mechanisms in place via HR, FTSU and Trade Unions.
We will take all reports seriously and appropriate and timely action will be taken in all cases.	As per our policies.
We will capture and share data on prevalence and staff experience transparently.	Annual analysis of NSS and NETS Board presentation 19 th June 2024

Sexual Safety in the NHS – action plan (updated on 03.06.2024)

Appendix 2

EIDA Membership Charter

Recommendation	Comments
Raising awareness among their employees of the many forms domestic abuse can take	This is already in place within L3 Safeguarding Adult training
Fostering a safe, supportive and open environment to allow domestic abuse to be effectively tackled in their workplace	This is already in place as we have an IDVA/ISVA
Supporting employees who are affected by domestic abuse and those that report it by providing access to information and services	Trust has a IDVA and ISVA this is already in place
Providing education and support to help perpetrators of domestic abuse to stop	Signposting / making external resources available as appropriate
Sharing best practice with other employers	Collaboration with WUTH and engaging in wider C&M ICB discussions. Involved in national discussions and sharing of best practice and engaging with wider NHS colleagues via NHSE Futures platform

- To:
- NHS trusts:
 - chief executive officers
 - chief people officers
 - integrated care boards:
 - chief executive officers
 - chief people officers
 - regional HR directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

12 April 2024

- cc.
- NHS trusts:
 - domestic abuse and sexual violence leads
 - integrated care boards:
 - domestic abuse and sexual violence leads
 - regional directors

Dear colleagues,

Sexual safety in the NHS: survey results and update on charter implementation

I am writing to you following the publication of the NHS Staff Survey and the National Education and Training Survey results. For the first time, these include data on the experience of our workforce and healthcare trainees and students in relation to sexual misconduct and unwanted behaviour.

The important work that the NHS is doing to address domestic abuse and sexual violence in the healthcare sector, as part of its [Sexual Safety Charter](#), will now benefit from new data. The NHS Staff Survey is the largest of its kind in Europe, and these results are the largest ever collection of official statistical data on the prevalence of this issue in one staff body.

Together, both surveys provide a critical insight into the experience of staff, trainees and students who have encountered sexual misconduct that our organisations and the rest of the public sector can draw on. The findings reveal 58,000 staff reported unwarranted sexual approaches from patients or other members of the public last year – that's 1 in every 12 NHS workers. 1 in 26 reported experiencing similar harassment from work colleagues.

The findings of the surveys for the first time put survivor voices front and centre, and we must ensure they are not just heard, but listened to. It is critical that our workforce and colleagues who have experienced or witnessed these crimes feel empowered to speak up, report and call out this behaviour.

They will help us build a more nuanced view of its prevalence and inform the next steps of our policy and operational response.

As this is the first time the question has been asked, we will be sharing our analysis and insight with you in the coming months. However, you will note there is variation in the degree of prevalence, with some settings experiencing higher trends – for example, ambulance and mental health trusts, and women – experiencing these crimes at a disproportionate rate. This will inform our strategy as we go forward.

We will use this as a measure of progress. It provides an important benchmark along with NHS England's sexual safety charter which is identified as best practice in well-led guidance for trusts published recently by the Care Quality Commission and NHS England.

More than 270 organisations have already signed up to the Sexual Safety in Healthcare Charter launched by NHS England in September 2023, which commits to 10 key actions including taking a zero-tolerance approach to any unwanted, inappropriate or harmful sexual behaviours within the workplace.

In the [NHS Operational Planning Guidance 2024/2025](#) (published 27 March 2024), we are asking every organisation to implement the actions it sets out to improve safety at work. So if your organisation has not signed up to the charter, please do so.

To support implementation of the charter, NHS England will be providing for local adoption or adaptation:

- policies on both sexual misconduct and domestic abuse developed by an expert advisory group including trade union representation
- training materials, including on how to respond appropriately to disclosures of sexual misconduct or abuse
- improved support offers for staff
- a toolkit signposting to sources of further support following a disclosure

Last year, all trusts and integrated care boards (ICBs) were asked to appoint a domestic abuse and sexual violence (DASV) lead, and there are now more than 300 in place across England, including in every ICB. Your DASV lead will work with you to understand your

organisation's survey results and to support a review of your organisation's policies in relation to sexual misconduct and domestic abuse.

If your organisation has not appointed a DASV lead, we urge you to do so as quickly as possible

To support DASV leads with this work, NHS England will host a webinar to talk through the findings of the survey in relation to the question focusing on sexual misconduct.

I also continue to urge colleagues to join the [Domestic Abuse and Sexual Violence FutureNHS platform](#).

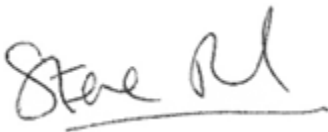
For any further queries relating to NHS England's work on domestic abuse and sexual violence, please contact the programme team:

england.DomesticAbuseSexualViolence@nhs.net.

This is a crucial opportunity for the NHS. I look forward to continuing to work with you to ensure the healthcare system is a place in which sexual misconduct, violence, harassment and abuse are not tolerated. Our healthcare system must be a place of safety, offering a safe space for victims and survivors of sexual misconduct to seek support.

Thank you for all you are doing to help achieve this.

Yours sincerely,



Steve Russell

Chief Delivery Officer and Senior Responsible
Officer for Domestic Abuse and Sexual Violence
NHS England

Modern Slavery Statement			
Meeting Title	Board of Directors		
Date	19/06/2024	Agenda Item	23
Lead Director	Claus Madsen, Chief People Officer		
Author(s)	Emma Ashley, Head of HR (E&W) and Carla Burns, Deputy Director of HR and OD		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
<p>This statement provides a summary of the Trust’s responsibilities in relation to the Modern Slavery Act 2015.</p> <p>It is a requirement to produce a statement on an annual basis and that the Board acknowledges and approves the content herein</p>			
Executive Summary			
<p>This is the annual statement provided retrospectively for the preceding financial year. It has to be published within 6 months of the end of the financial year.</p> <p>The statement includes reference to existing safeguarding policies and procedures and applies to employment, procurement matters and supply chain contractors.</p>			
Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:			
No risks identified at present			
Quality/inclusion considerations:			
Quality & Equality Impact Assessment completed and attached No.			

Not applicable for this report		
Financial/resource implications:		
Not identified at this stage		
<p>The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:</p> <ul style="list-style-type: none"> • Populations – We will support our populations to thrive by optimising wellbeing and independence • People – We will support our people to create a place they are proud and excited to work • Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places <p>Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.</p>		
Place - Improve the health of our population and actively contribute to tackle health inequalities	People - Better employee experience to attract and retain talent	Choose an item.
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 <input checked="" type="checkbox"/>		
Purchasing and investing locally for social benefit <input checked="" type="checkbox"/>		
Representative workforce and access to quality work <input checked="" type="checkbox"/>		
Increasing wellbeing and health equity <input checked="" type="checkbox"/>		
Reducing environmental impact <input checked="" type="checkbox"/>		
Board of Directors is asked to consider the following action		
The Board is asked to approve this statement for the financial year 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



In accordance with the Modern Slavery Act 2015, Wirral Community Health and Care NHS Foundation Trust makes the following statement:

We are committed to having effective practices to combat slavery and human trafficking. Our procedures demonstrate our commitment to ensuring that there is no modern slavery or human trafficking in any part of our business, including services from third party suppliers.

We provide health care services to Wirral residents. Our services are local and community-based, provided from around 60 sites across Wirral, including our main clinical bases, St Catherine's Health Centre in Birkenhead and Victoria Central Health Centre in Wallasey.

We are also commissioned to deliver some community services in West Cheshire, and we provide children and young adults services in Cheshire East, Knowsley and St Helens comprising health visiting, school nursing, family nurse partnership and breastfeeding support services.

We have inpatient beds in our Community Integrated Care Centre, providing a rehabilitation pathway to patients discharged from hospital. We also provide in-reach support into the local acute trust, residential and nursing homes across Wirral.

The Trust's guidance on modern slavery is to:

- Comply with legislation and regulatory requirements
- Make suppliers and service providers aware that we promote the requirements of the legislation
- Consider human trafficking and modern slavery issues when making procurement decisions
- Develop an awareness of human trafficking and modern slavery within our workforce

The Trust has robust recruitment policies and procedures in place which are compliant with national NHS Employment checks and CQC standards and has controls in place to ensure compliance with employment legislation.

Modern slavery is incorporated within safeguarding policies and included within mandatory training programmes for all staff employed by the Trust. Training in relation to Modern Day Slavery has been delivered to all staff through our mandatory e-learning training as part of Safeguarding Adults Training level 1 and further training is provided to staff working with children and vulnerable adults.

The Trust adheres to NHS Terms and Conditions relating to Supply of Goods & Services. This requires suppliers to (i) comply with all relevant Law and Guidance and use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains; and (ii) notify the Authority immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2024.

Professor Michael Brown, CBE, DL
Chair

Mark Greatrex
Interim Chief Executive

19 June 2024

Director of Infection Prevention and Control Annual Report 2023/24			
Meeting Title	Board of Directors		
Date	19/06/2024	Agenda Item	24
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Claire Wedge, Deputy Chief Nurse Helen Wilcox, Interim Head of Infection Prevention and Control		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
The purpose of this report is to request that Board of Directors approve the Director of Infection Prevention and Control (DIPC) Annual Report 2023/24.			
Executive Summary			
<p>Wirral Community Health and Care NHS Foundation Trust recognises that reducing the risk of infection through robust infection control practice is a strategic priority, supporting the provision of high quality, safe clinical services for patients, and a safe working environment for staff.</p> <p>The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Code of Practice) outlines the regulations relating to the prevention and control of infection. Within this, the Code of Practice sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention.</p> <p>The Trust is proud of the achievements made during the annual reporting period, which has evidenced continued compliance and rapid implementation of all new IPC guidance and supporting the Wirral system to prioritise safe working IPC practice. The IPC Team have worked flexibly and responsively to ensure staff have been supported throughout the reporting period.</p> <p>The annual report provides an overview of the significant achievements made to assure Trust standards in relation to IPC practice and associated regulatory compliance. These are clearly evidence throughout the report and include:</p>			

- Trust-wide achievement of 95.1% compliance with Level 1 IPC training
- Trust-wide achievement of 90.2% with compliance with Level 2 IPC training
- 86.3% completion of the Trust’s hand hygiene audit programme with 99.9% compliance and 86.2% peer reviewed
- Zero Community Trust attributed Clostridioides difficile infections
- Zero Community Trust attributed MRSA bacteraemia cases
- Robust programme of IPC audit to demonstrate compliance against IPC standards
- National recognition of the system wide work to improve the management of Urinary Tract Infections and hydration in older people.

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

The Director of Infection Prevention and Control Annual Report 2023/24 provides mitigation in relation to BAF risk ID01.

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

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

Financial/resource implications:

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

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

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

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

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



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

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

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

Board of Directors is asked to consider the following action

Board of Directors is asked to be assured that IPC systems and processes have been implemented during 2023/24 to effectively evidence compliance with The Code of Practice on the Prevention and Control of Infections, Care Quality Commission Health and Social Care Act 2008, Regulations 12 and are asked to 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	08 May 2024	The committee was assured by the DIPC Annual report 2023/24 and supported its submission to Board of Directors for final approval.



Director of Infection Prevention
and Control Annual Report

2023/24

Director of Infection Prevention and Control Annual Report 01 April 2023 – 31 March 2024

Executive Summary

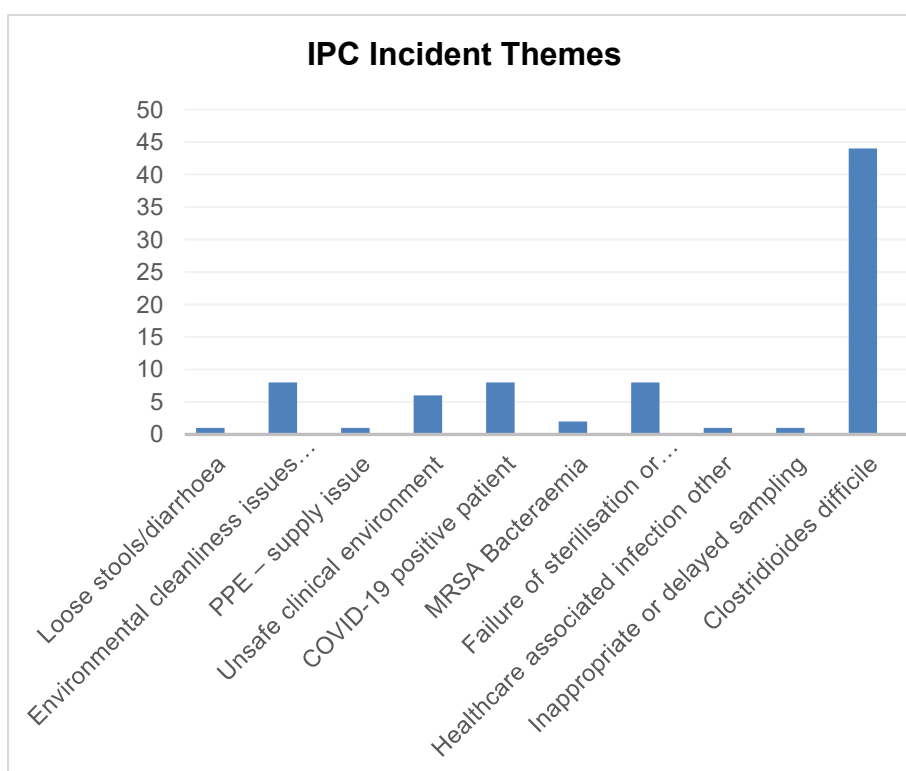
1. The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Code of Practice) outlines the regulations relating to the prevention and control of infection. Within this, the Code of Practice sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention.
2. This annual report is set out against each criterion of the Code of Practice to support assurance to the Board of Directors of the infection prevention and control (IPC) activity carried out across the Trust throughout 2023/24.
3. The report highlights the work undertaken by the IPC Team during 2023/24, with the team continuing to respond flexibly to ensure staff working in community services have been supported to deliver care in a safe way.
4. Reducing the risk of infection through robust infection prevention and control practice has remained a key priority for Wirral Community Health and Care NHS Foundation Trust (WCHC) and supports the provision of high-quality services for patients, good governance, and a safe working environment for staff.
5. A revised National IPC Board Assurance Framework was published by NHS England on 17 April 2023 and was submitted and approved by the Quality and Safety Committee on 12 July 2023. There are no areas of non-compliance and where there are areas of partial compliance, these elements have been included in the IPC annual workplan for 2024/25.
6. During 2023/2024, the IPCS continued to support and educate staff to promote safe and effective IPC practices as well as providing support to the wider Wirral Place system.
7. In October 2023, the IPC Team alongside colleagues from WCHC's Bladder & Bowel Service, Wirral Council's Health Protection Service, Wirral University Teaching Hospital NHS Foundation Trust and Wirral Place were recognised nationally for the quality improvement work undertaken at a local system level to improve the management of urinary tract infections (UTIs) and hydration in older people and were awarded the Infection Prevention Society Gold Impact Award for Excellence.
8. Following a review of the Trusts evidence against the Code of Practice there are a number of areas of development required in order to be fully compliant. These areas are included in the 2024/25 workplan and progress against these actions is monitored via the IPC Group.
9. In 2023/2024 WCHC continued to provide an Infection Prevention and Control Service (IPCS) to the wider health and care community of Wirral. The service includes the provision of advice and support to a variety of health and social care professionals, including care homes and other adult social care providers, general practitioners, and dentists, whilst also to schools, nurseries, general public, commissioners, and professional bodies/organisations.
10. Key priorities for 2024/25 will be to maintain organisational focus on IPC as it remains an integral factor in patient safety.

CRITERION 1:

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

11. The IPC Team have provided advice and support to all Trust services to ensure continued compliance with IPC practices and to actively contribute to quality improvement and patient safety.
12. An updated version of the IPC Board Assurance Framework was received and the purpose of the updated BAF is to support all healthcare providers to effectively self-assess compliance with the National Infection Prevention and Control manual (NIPCM) and to provide an additional level of assurance to the Board of Directors.
13. The review highlighted full compliance across eight standards and partial compliance against two standards. Areas of partial compliance have been included in the IPC annual workplan for 2024/25.
14. Following a review of the Trusts IPC evidence against the updated Code of Practice, key priority areas for development are in progress, to provide assurance of full compliance with the updated guidance and will be included in the workplan for 2024/25.
15. In accordance with the Trust's IPC governance assurance framework, all identified risks have been effectively managed via the operational risk register during 2023/24, with monitoring via the Trust's IPC group, reporting to the Quality and Safety Committee.
16. During the reporting period there were 80 infection control incidents (44 of which related to *Clostridioides difficile* infections), the breakdown of the incidents is outlined in figure 1:

Figure 1: Number of Infection Prevention and Control Incidents and Themes Reported April 2023 to March 2024



17. Following review at service level, all IPC incidents are reviewed at the IPC Group in accordance with the Trust's governance framework. There are no incident themes or trends to report to the Board of Directors by exception. The 44 incidents relating to *Clostridioides difficile* are reported as part of the IPC Teams wider responsibilities to Wirral Place Integrated Care Board (ICB).
18. During the reporting period, a total of 33 IPC environmental audits of Wirral premises were completed by the IPC Team. In addition to this, 11 IPC focused visits were undertaken in Regional Services to establish a baseline of IPC standards across these settings.

Figure 2: IPC Environmental Audit Themes and Trends



19. In response to the audits undertaken, action plans have been developed and are tracked via Locality Safe Operations Group (OPG), with high level assurance provided to the IPC via Locality reports.
20. In addition to the annual IPC environmental audit programme, and to support the Community Intermediate Care Centre (CICC), the IPC team have undertaken regular ward visits to support and review IPC standards. This also included participation in the annual ward accreditation process.
21. To support IPC Governance and assurance processes, three IPC assurance audits were developed within SAFE for completion by all patient facing services. Compliance is reviewed at Locality SAFE/OPG meetings and assurance provided to the SAFE Operations Group (SOG) and the IPCG.
22. The Trust has continued to monitor hand hygiene compliance across all frontline clinical services on a quarterly basis and compliance is tracked via the Trust's Standards Assurance for Excellence (SAFE) system and reported by exception to the IPC Group and SOG.
23. During 2023/24, 86.3% of eligible staff completed the hand hygiene audit with 99.9% compliance with the required standards. To provide a greater level of assurance, audits are also peer reviewed, to observe standards in clinical practice; 86.2% of completed audits have been peer reviewed. An annual audit of hand hygiene compliance was completed by the clinical audit team.

Figure 3: Hand Hygiene Essential Steps Compliance and Completion Rates



CRITERION 2:

The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

24. The IPC Team work closely with the Estates team to ensure the IPC in the built environment standards are met and have continued to provide support to the Head of Capital Projects & Estates and Operational Services to ensure IPC is considered as part of any service re-design, was had included the:
 - Relocation of the Urgent Treatment Centre
 - Development of the Marine Lake Health and Wellbeing Centre
 - Refurbishment of Dental Clinic, VCHC
 - Mobilisation of a new Sexual Health Service

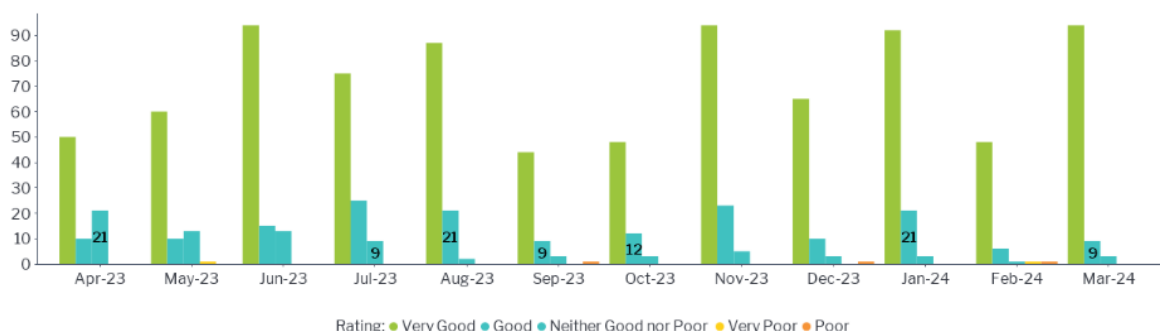
25. The Trust’s Health, Safety and Fire Manager established a Water Safety Group (WSG), incorporating relevant areas of ventilation, which reports directly into the Estates management Group (EMG). The IPC Team are core members of this group.

26. During 2023/24, the Estates Team in conjunction with landlords have managed with correct control measures and mitigation processes the following:
 - Legionella and Pseudomonas in outlets within the CICC
 - Legionella in VCH main building

27. The Head of Capital Projects & Estates, with support from the Interim Head of IPC, worked with the Trust provider of domestic services to ensure that National Standards of Healthcare Cleanliness were fully implemented during this period. Patient Led Assessments of the Care Environment (PLACE) were successfully completed in 2023, with the Trust achieving an average of 98% across the 8 assessed areas.

28. As part of the Trusts commitment to collecting service user feedback, data is also collected in response to people’s experience of the cleanliness of the care environment. This is reviewed at the quarterly IPC Group.

Figure 4: Patient Experience - Cleanliness and Tidiness Ratings



29. The IPC Group continue to receive assurance for sites maintained by Cheshire and Wirral Partnership NHS Foundation Trust (CWP) in relation to compliance with the National Standards of Healthcare Cleanliness.
30. The contract term for the provision of Soft Facilities Management (SFM) services ends in June 2024 and The Head of Capital projects & Estates and Head of Procurement are leading the re-tendering process for a new contract to commence on 1 July 2024.

CRITERION 3:

Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance.

31. The Trust Medicines Management Team engaged fully with the Antimicrobial Stewardship (AMS) Lead Pharmacist for Wirral Place, sharing the Trust's internal antimicrobial audits, ensuring that Patient Group Directions involving antibiotics were approved by the AMS Lead Pharmacist and circulating educational material provided via the stewardship group.
32. Activities to promote World Antimicrobial Awareness week (18 to 24 November 2023) were co-ordinated via Wirral Place.
33. During 2023/24 the Medicines Management Team conducted six audits of antibiotics associated with a high risk of *Clostridioides difficile* prescribed within the Urgent Treatment Centre. In each of the audits, 20 patient records were examined by extracting information from the electronic patient record.
34. 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 and when a training need was identified, extra training was provided.
35. Where percentage compliance with guidance fell below 80%, the audit was repeated following feedback and/or training to prescribers.
36. 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%

37. The Co-Amoxiclav audit completed in February 2024 will be repeated in April 2024.
38. The Quinolones audit completed in August 2023 was repeated in October 2023. Unfortunately, the percentage compliance with guidance had not improved following feedback to prescribers. A Quinolones audit is scheduled to be repeated in June 2024.
39. In addition, a point prevalence study was undertaken in March 2024 where all antimicrobial prescribing undertaken by Trust Services for a 24-hour period was reviewed. The audit results are currently being evaluated to establish if prescribing was in line with guidelines.

40. In addition to the audits, the Trust requires all practitioners who prescribe, administer or advise on antibiotics to complete antimicrobial resistance awareness training. At the end of 2023/24, 96.75% of eligible staff had completed the training.
41. Training compliance rates are tracked monthly at service level throughout the organisation, with trajectories for improvement developed where required, reporting by exception to the SOG.

CRITERION 4:

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

42. Communication is key in promoting effective IPC and the IPC Team have taken a proactive approach in promoting IPC at every opportunity, this has included:
 - Delivery of a programme of activity to recognise the World Health Organization’s Global Hand Hygiene Day which is celebrated each year in May
 - Supporting the promotion of World Sepsis Day which occurs each year in September
 - Delivering a robust communications plan, produced in collaboration with the Trusts Communications and Marketing team, to recognise International Infection Prevention Week in October
 - Working collaboratively with colleagues to share key messages as part of World Antimicrobial Awareness Week (WAAW) in November
 - Participating in the Trusts Quality Improvement celebration event to share the quality improvement work undertaken to improve the management of Urinary Tract Infections (UTIs) and hydration in Wirral residents

Figure 5: Communication and Engagement Examples 2023/24



Infection Prevention and Control Service in W @wchc_j - Oct 12, 2023
 UKHSA NHSE UTI prevention and awareness campaign launches today. See ways to avoid a Urinary Tract Infection here! @UKHSA @wchc_nhs @WirralCouncil @NHSCandM #UTI #KEEPINGWELL





Celebrating...
the fundamentals of
Infection Prevention

- Hand hygiene
- Cleaning and disinfection
- Vaccination
- PPE
- Injection safety



- In April, the IPC Team, working in partnership with the Trusts Communications and Marketing Team, launched a dedicated digital platform for all IPC related information for all providers of community care, including WCHC staff. A stakeholder communications and engagement plan was produced to support the launch of the IPC Digital Hub.
- In addition to the launch of the IPC Digital Hub in April 2023, the IPC Team also launched a dedicated IPC X (formerly known as Twitter) account in May 2023. The aim of this is to share key IPC messages and updates on a wider social media platform. This account has grown throughout 2023/24 and now has nearly 100 followers.

Figure 6: IPC Digital Hub and X landing pages



- The IPC Team promoted key IPC messages with community health and social care colleagues, and trust services at the Global Tea Party as part of Nutrition and Hydration Week in March 2024.

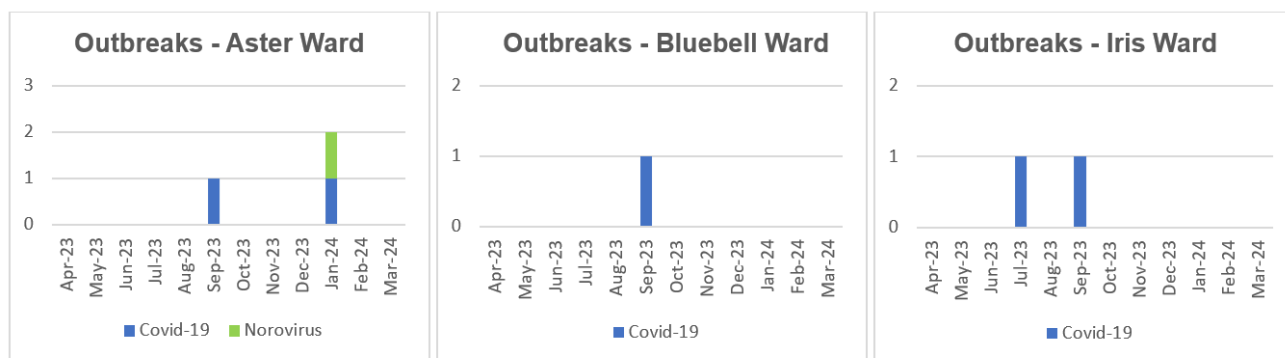


CRITERION 5:

That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.

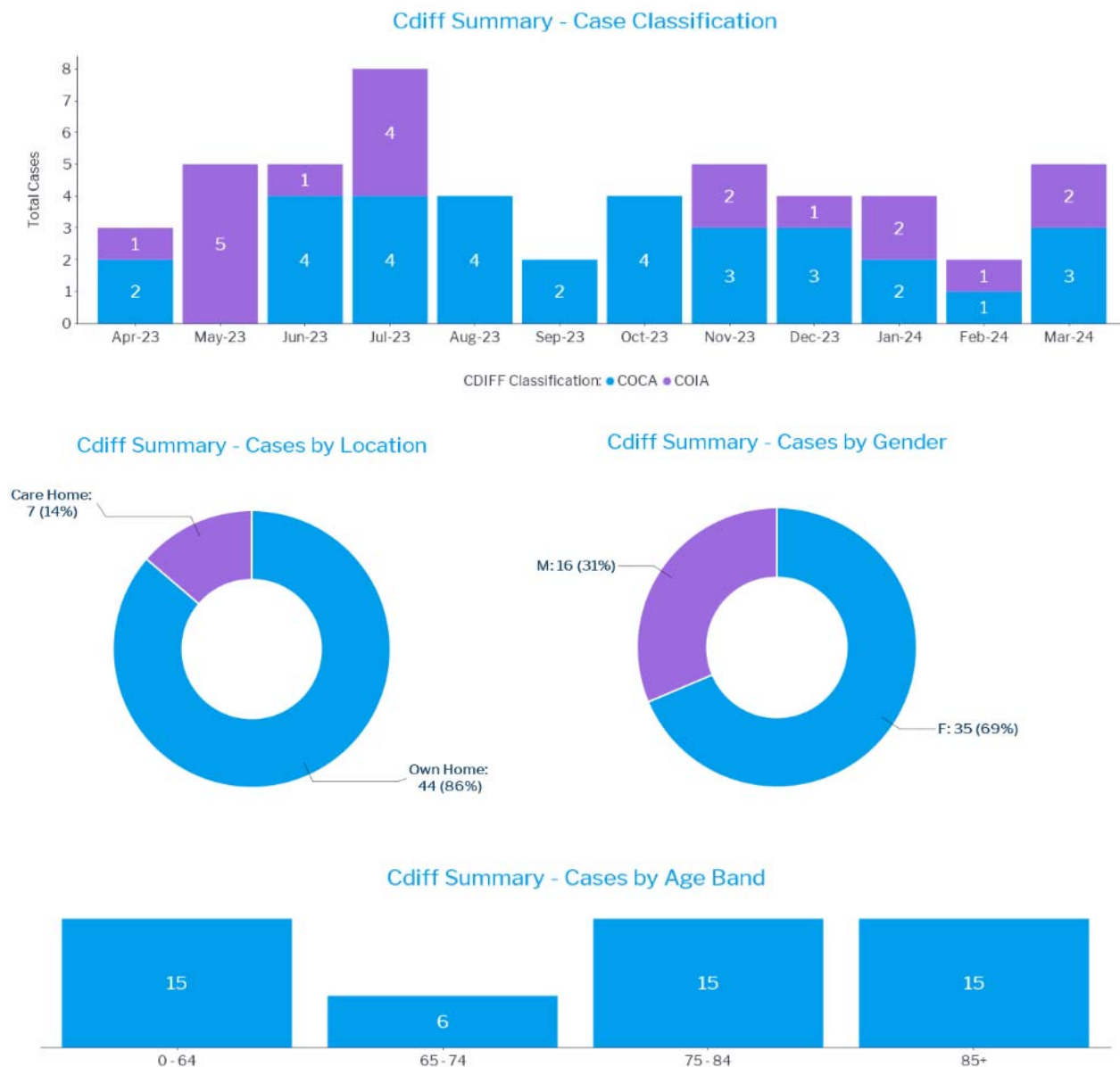
46. During the reporting period, six outbreaks identified within the Community Intermediate Care Centre (CICC), all were managed well and in accordance with IPC guidance.

Figure 7: Outbreaks within CICC



47. To support a cycle of continuous learning and improvement a review of each outbreak is undertaken through Outbreak Control Groups.
48. During 2023/24, two patients were identified to have MRSA bacteraemia which was reported via the Strategic Executive Information System (StEIS) as part of the Local Authority contract to support system-wide learning. These cases were not attributable to Trust services, however as part of the system wide patient safety investigation, learning was identified for WCHC services. An action plan was produced which was monitored via the IPC Group for assurance.
49. The IPCS completed a Post Infection Review (PIR) of 51 community attributed cases of *Clostridioides difficile* infection (CDI) as part of the Local Authority contract for the wider Wirral system. Of the 51 PIRs undertaken by the IPCS:
- 32 cases were community onset community associated (COCA)
 - 19 cases were community onset indeterminate association (COIA)
50. These cases were not found to be attributable to Trust services, however as part of the system wide reviews, learning was identified for WCHC services which has been managed at individual service level.
51. In April 2023, NHS England completed a system wide *Clostridioides difficile* review due to a rise in cases for Wirral Place. The IPC Team were key stakeholders in this review and were able to participate and share experiences. Outcomes of the review have been shared with the Wirral Wide IPC forum and will form part of an action learning plan for the wider system.

Figure 8: Community Attributed *Clostridioides difficile* Toxin Positive Cases 2023-2024



52. The IPCS have continued to support a system wide improvement project group to drive improvements in the management of Urinary Tract Infections (UTIs) and hydration, to reduce Gram Negative Blood Stream Infection (GNBSI).
53. In October 2023, the IPC Team alongside colleagues from WCHC Bladder & Bowel Service, Wirral Council Health Protection Service, Wirral University Teaching Hospital and Wirral Place were recognised nationally for the quality improvement work undertaken at local system level to improve the management of urinary tract infections (UTIs) and hydration and were awarded the Infection Prevention Society Gold Impact Award for Excellence.
54. The IPC team have also supported and trained Bladder and Bowel and Teletriage services to implement UTI improvement training to Community Nursing Teams and the Community Intermediate Care Centre (CICC).
55. The IPC team have presented the UTI work at a variety of regional meetings.
56. Following the launch of the Patient Safety Incident Response Framework (PSIRF) the IPCS have worked with WCHC Patient Safety Lead to align Healthcare Associated Infection (HCAI) reviews with the framework. The IPCS have developed the template, and this will be fully implemented and embedded in 2024/25.

57. In response to national measles outbreaks and the publication of revised NHSE guidance, the IPC Team have completed a risk assessment and developed an action plan to ensure Trust preparedness plans are robust in the event of cases locally. An internal measles preparedness meeting was established with relevant services to progress identified actions.
58. Additionally, the IPC Team carried out walkthroughs within the Urgent Treatment Centre and VCH Walk in Centre to support preparedness plans in relation to measles. This helped to identify learning to improve the patient journey and any associated actions have been implemented by the service.
59. The IPC Team are also key partners in Wirral Place Measles Preparedness meetings.

CRITERION 6:

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

60. During the reporting period, compliance with mandatory and role essential IPC training was:
 - Level 1 95.1%
 - Level 2 90.2%
 - Aseptic Technique 89.6%
61. In addition to mandatory and role essential training programmes, the IPC Team have provided informal training to higher risk areas of the Trust including CICC and Urgent Care services.
62. The IPC Team have commenced a quality improvement initiative to improve practice relating to invasive clinical intervention i.e., urinary catheterisation. The audit will also help to identify any training and education requirements for staff in line with the national IPC education framework.

CRITERION 7:

The provision or ability to secure adequate isolation facilities.

63. All inpatient wards at the Community Intermediate Care Centre provide single room ensuite accommodation that can be used for patients requiring isolation where appropriate.
64. Isolation facilities continue to be provided at Trust Walk in Centre and Urgent Treatment Centre where required.
65. There is nothing to report by exception for 2023/24.

CRITERION 8:

The ability to secure adequate access to laboratory support as appropriate.

66. Laboratory services for the trust are provided by Chester and Wirral Microbiology Service. The laboratories operate according to the requirements of national accreditation bodies for the investigation and management of disease/infections. There is nothing to report by exception for 2023/24.

CRITERION 9:

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

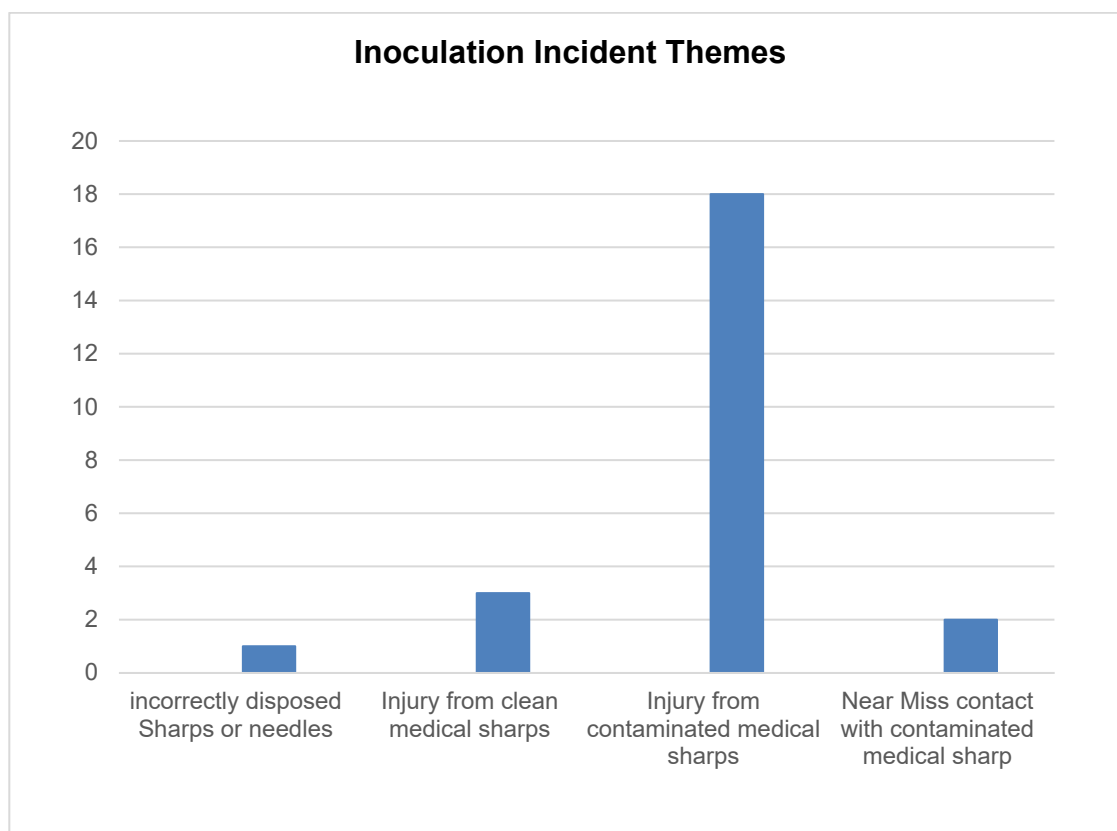
67. All IPC policies are tracked through the IPC Group to ensure that review dates are not exceeded, where extensions have been required this has been granted by the Quality and Safety Committee.
68. The following policies have been approved by the Quality and Safety Committee during 2023/24:
 - IPC24 Management of Meticillin Resistant Staphylococcus Aureus (MRSA)
 - IPC13 Management of Clostridioides difficile
69. A programme of audit is undertaken each year to demonstrate compliance against standards in a number of key policies. During 2023/24 the IPC Team were responsible for undertaking a pilot of audit in Community Nursing IV clinics. This audit programme will support compliance with the Code of Practice by demonstrating that appropriate policies are being followed.
70. During 2024/25 this programme will be extended across clinical services.

CRITERION 10:

That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection, prevention and control.

71. Occupational Health Services are provided via People Assessment Management (PAM) who are the contracted occupational health service for Trust staff, managed by the Chief People Officer team. To ensure staff are appropriately supported, the IPC Team signpost Trust staff to PAM where occupational advice is required.
72. The Trust ended its staff seasonal influenza vaccination programme on 28th February 2023. Vaccination levels at the end 2023/24 were 50% of healthcare workers had received their seasonal flu vaccination.
73. Learning from the programme will inform planning for 2024/25, evaluation of the programme can be seen in appendix 1.
74. During the reporting period there have been 24 inoculation incidents which have all been appropriately managed in accordance with Trust policy. Following evaluation of inoculation injuries sustained by Trust staff, it is evident that the inoculation injury pathway requires review. This relates specifically to the risk assessment for administration of Post Exposure Prophylaxis and attendance at the local Emergency Department which will be progressed collaboratively with the Trusts Operations Teams.

Figure 9: Number of Inoculation Incidents and Themes Reported April 2023 to March 2024



75. An external audit was completed by the Trusts provider of sharps waste containers to provide an independent assessment of the Trust sharps safety practices. Overall, the Trust performed very well with any identified learning shared with Service Leads for action at service level.

Summary

76. The 2023/24 Director of Infection Prevention and Control Annual Report is presented to Quality and Safety Committee to provide assurance of the IPC activity undertaken.
77. The IPC team have delivered a robust IPC activity programme The annual work programme for 2024/25 will continue to deliver against key national standards including The Health and Social Care Act 2008: code of practice on the prevention and control of infections, NHS England IPC Board Assurance Framework and the National IPC Manual.
78. The IPC Team have continued to strengthen their approach to IPC this year, delivering numerous improvements to prevent Healthcare Associated Infections, to improve the cleanliness of our premises through the implementation of the national Standards of Healthcare Cleanliness and controlling infection to keep our patients, staff and the public safe
79. Effective IPC practices require commitment from all staff, including both clinical and non-clinical staff groups and WCHC remains committed to continuous quality improvement to ensure sustainable improvement in infection prevention and control practice whilst supporting a zero tolerance of avoidable infection and harm to our patients and staff.

Quality and Safety Committee action

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

Author:

Helen Wilcox Interim Head of Infection Prevention and Control

Contributors:

Sarah Deveney Interim Lead Nurse Infection Prevention and Control
Laura McGuffie Senior Administrator

Compassion | *Open* | *Trust*

Seasonal Staff Flu Programme Evaluation

September 2023 to March 2024



Staff Flu programme 23/24

- 100% of staff eligible for the vaccination, including, contracted staff working for the Trust under a service level agreement, security staff working on WCHC sites, cleaners, volunteers and students with direct patient contact
- Vaccines offered
 - **Seqirus Cell-based Quadrivalent** **Egg Free ALL Staff**
 - **Sanofi Supemtek Quadrivalent** **Egg Free ALL staff**
- Blended approach used to offer drop in clinics across the trust as well as 'roving clinic' taking the vaccine to the staff.
- Recording of immunisations was this season completed on the National Immunisation & Vaccination System (NIVS)

Data 19th March 2024

- Total 817 WCHC staff vaccinated
- The trust achieved an **overall compliance of 50%** when adjusting for Eligible Trust staff recorded on ESR
- North-West Region recorded **48.6%** uptake for HCW and Nationally **41.9% (28th Feb 2024)** uptake
- Regionally Trust HCW uptake varied from 38% to 61%

What went well

Roving clinic approach and attending Team meetings – Taking the Vaccine to the Staff

- Responsiveness of staff working on the project
- Staff training via NHS E-learning
- Support of Medicines Management Team
- Robust Communication Plan
- Using NIVS to record vaccinations given
- Availability of Bank Nurse support increased opportunity for staff to have vaccine

What could have been improved?

- More vaccination opportunities in place early in campaign, as vaccination rates decrease after December
- Offering an incentive for staff who have the vaccine earlier than December may have increased uptake and built momentum in the campaign
- Trust system unable to show live data from NIVS for vaccines administered making targeting communications to low uptake teams difficult
- Vaccinators to be present at the start/end of face-to-face training sessions to offer vaccines

Freedom To Speak Up (FTSU) Annual Report 2023/24			
Meeting Title	Board of Directors		
Date	19/06/2024	Agenda Item	24
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Alison Jones, Freedom To Speak Up Guardian		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
The purpose of this paper is to request that Board of Directors approve the Trust's Freedom To Speak UP (FTSU) Annual Report 2023/24.			
Executive Summary			
<p>This annual report provides an overview of Freedom To Speak Up (FTSU) activity during 2023/24. It covers the following key areas:</p> <ul style="list-style-type: none"> • Summary of Concerns Reported per month • Concerns Reported by Service • Predominant Themes identified • Outcomes and Learning • Our People <ul style="list-style-type: none"> ○ Feedback from satisfaction questionnaires ○ Staff Survey Results • CQC inspection feedback • Promotion of Speaking Up during Speak Up Month <p>A Strategic Plan for FTSU in 2024/25 has been developed and was approved by the Quality and Safety Committee. This is included for information in Appendix 1.</p>			
Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:			
The Freedom To Speak Up Annual Report 2023/24 provides mitigation in relation to BAF risk ID01.			

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

This is an assurance report detailing Freedom To Speak Up concerns reported in the last financial year. The Speaking Up policy, which supports the governance and process of speaking up, contains the Quality & Equality Impact Assessment.

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.

People - Improve the wellbeing of our employees	Populations - Safe care and support every time	People - Better employee experience to attract and retain talent
---	--	--

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 note the contents of and approve the Freedom To Speak Up 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
Quality and Safety Committee	08 May 2024	The committee was assured by the draft FTSU Annual Report 2023/24 and supported its submission to Board of Directors for final approval.



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



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

Freedom To Speak Up Annual Report

April 2023 – March 2024

Alison Jones : FTSU Guardian

Date : 19 June 2024

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Slide 4	Concerns Reported	Slide 14	FTSU Satisfaction Questionnaires
Slide 5	Concerns Reported by Service and Theme	Slide 15	FTSU Satisfaction Questionnaires
Slide 6	Concerns Reported by Theme and Service	Slide 16	Staff Survey 2023 - Benchmarking
Slide 7	Summary of Concerns Reported	Slide 17	Staff Survey 2023 - Results
Slide 8	Confidence in FTSU Process	Slide 18	Staff Survey 2023 - Results
Slide 9	Outcomes and Learning	Slide 19	What Our Regulator Told Us
Slide 10	Outcomes and Learning Continued	Slide 20	Successes
Slide 11	FTSU Satisfaction Questionnaires	Slide 21	Key Priorities for 2024/25
Slide 12	What Our People Tell Us	Slide 22	National Speak Up Month 2023

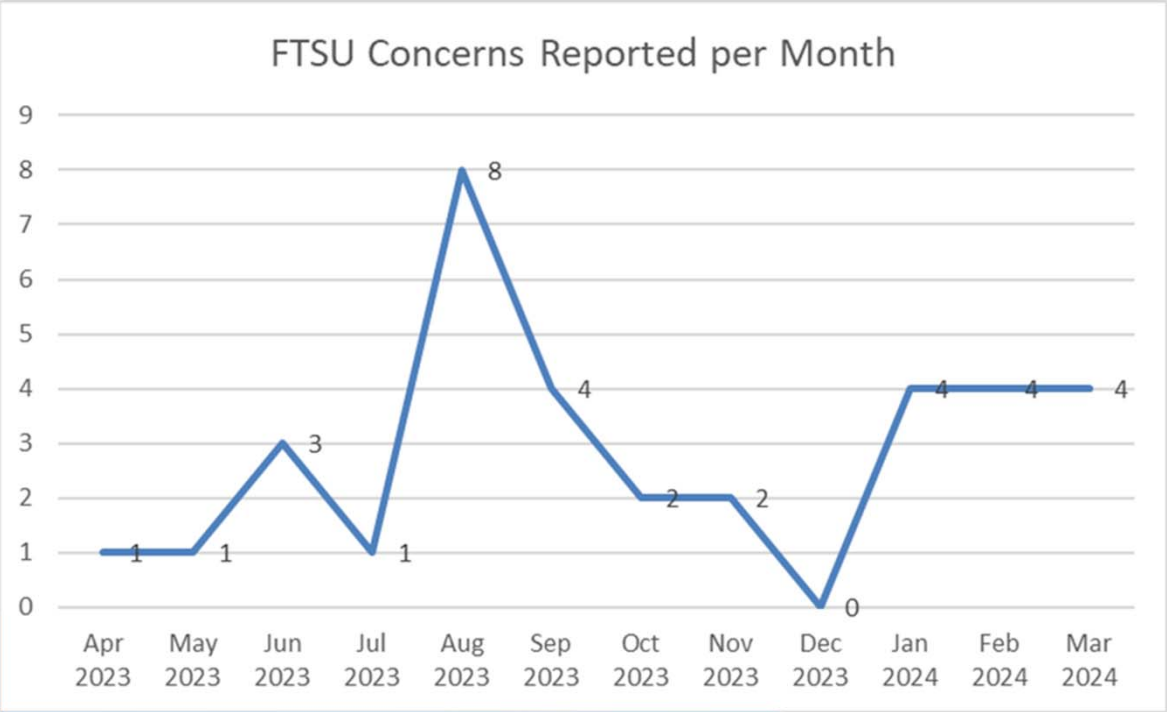
Governance

How FTSU is monitored and supported

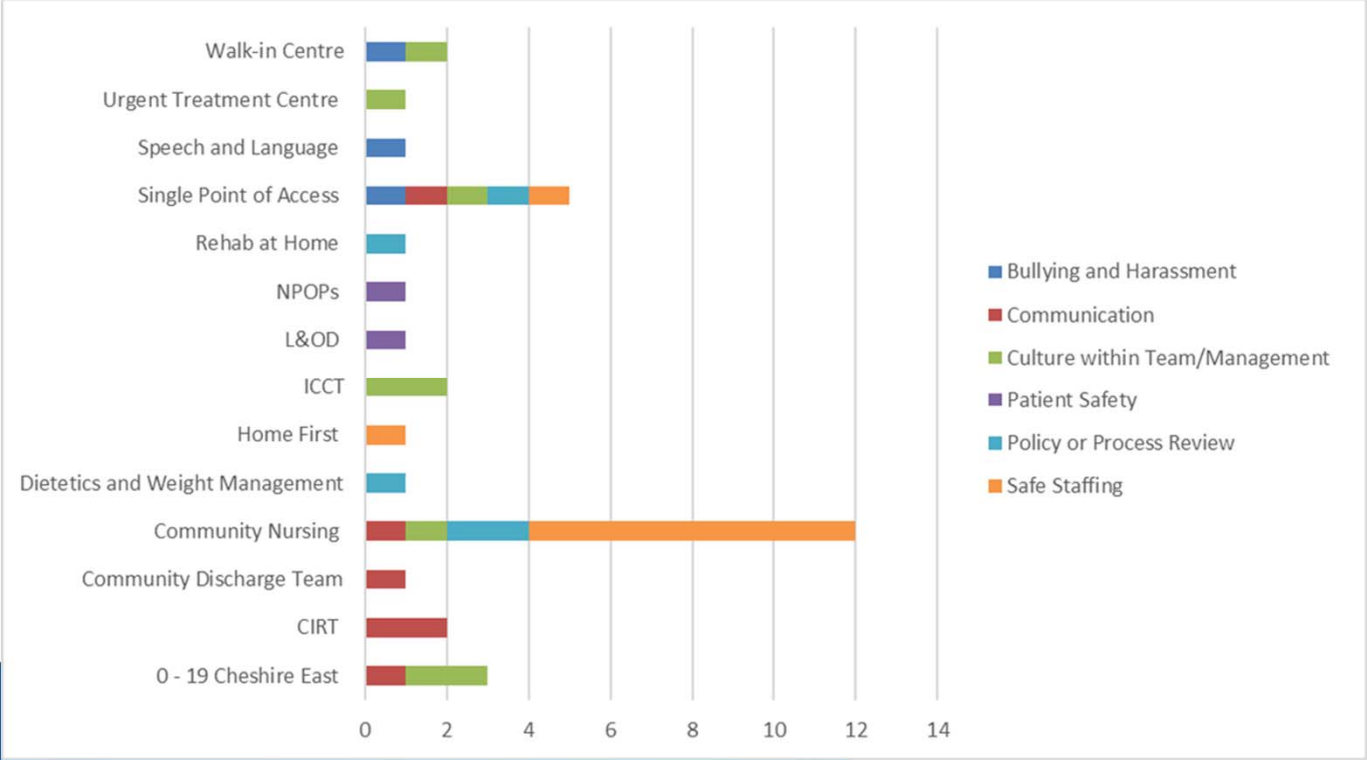
- Freedom To Speak Up Guardian who supports staff who raise concerns and promotes a culture of open reporting
- 125 FTSU Champions across the Trust promoting a speak up culture
- Speak Up policy in line with recommendations from the National Guardians Office
- FTSU Guardian is supported by both an Executive and Non-Executive Board member
- FTSU Guardian meets every other week with Chief Operating Officer, Chief Nurse, Chief People Office and their deputies
- Quarterly FTSU Steering Group to monitor themes and learning as well as triangulation with other sources
- FTSU Guardian presents a bi-annual report to Quality and Safety Committee and Trust Board

Concerns Reported

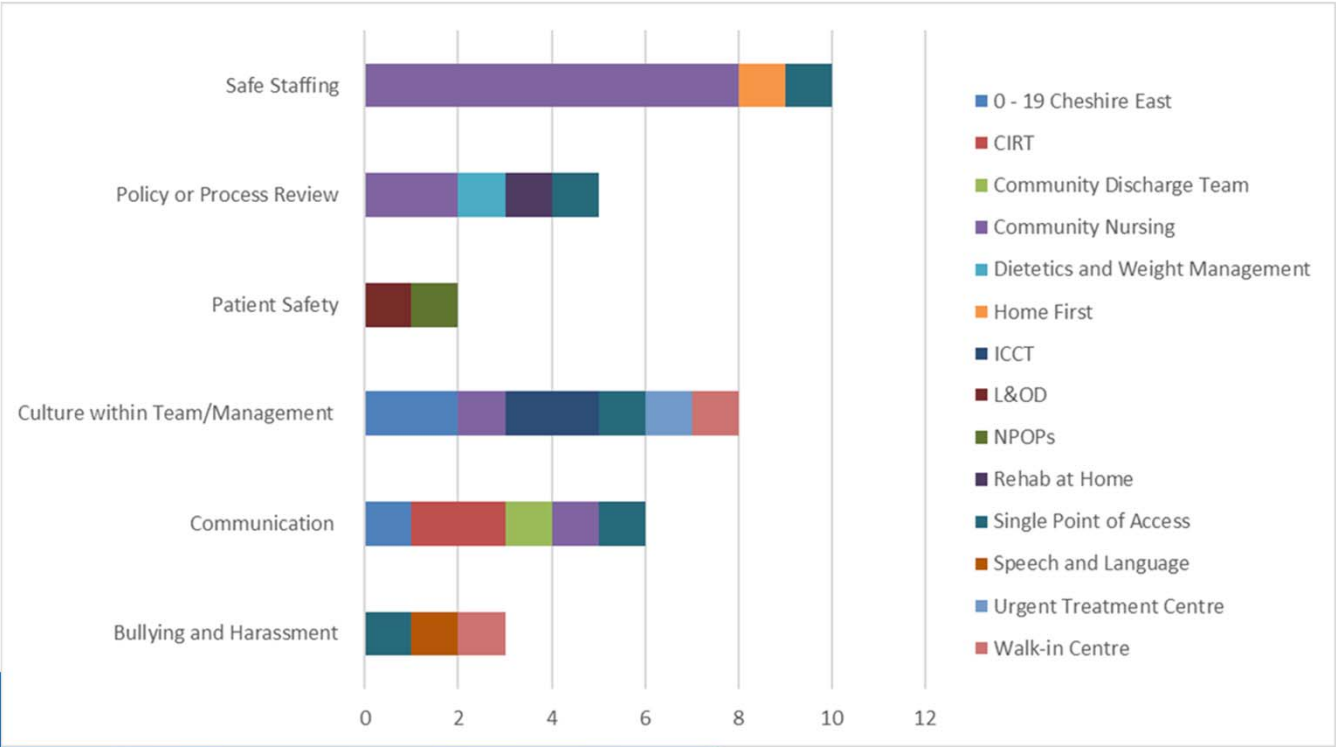
34 FTSU Concerns were reported in 2023/24



Concerns Reported by Service and Theme



Concerns Reported by Theme and Service



Summary of Concerns Reported

- Highest number of concerns reported by Community Nursing in August 2023
- Highest theme of concern reported was safe staffing
- Quarter 2 of 2023/24 was a period of significant change in Community Nursing. The majority of the concerns reported were raised by different staff members in the same team and in the same month
- The team was supported through this period of change to ensure patient safety was not compromised and staff wellbeing was prioritised, with the team having the opportunity to discuss their concerns and be part of solutions
- Learning has been taken from these concerns regarding consistent messaging during periods of change and ongoing engagement with the staff members involved

Confidence in FTSU Process

- 29 of the concerns (85%) were either reported openly by staff members or confidentially via the FTSU Guardian
- 5 (15%) of the concerns were reported anonymously.
- This is an improved position from the previous year when 32% of all concerns reported were anonymous
- Concern numbers have increased by 26% since the previous year
(25 in 2022/23 compared to 34 in 2023/24)
- Both the increase in concerns raised and the decrease in anonymous reporting are reflected in national figures and are seen as an indicator of increased awareness and trust in the FTSU process

Outcomes and Learning

- Review of shift allocation process
- Support for students to raise concerns and collaborative working with Chester University
- Cultural reviews within teams to improve communication and support colleagues to speak up openly
- Collaborative working with Wirral University Teaching Hospital re discharge pathways
- Colleagues in Community Nursing have had the opportunity to meet with senior leaders to voice concerns and have received support ensuring better communication and engagement during periods of change

Outcomes and Learning Continued

- Support provided to Team re communication and making time for supervision. This team now has a 100% supervision rate
- Improved Communication within teams. Reflective learning from managers re policy/procedure changes and how staff are informed and supported to manage change
- Support provided to facilitate enhancements to reasonable adjustment plan
- Collaborative working with HR department relating to reasonable adjustments, issues re mileage claims and policy review

FTSU Satisfaction Questionnaires

Questionnaires are sent out to reporters when a FTSU Concern has been closed

- The answers from the questionnaires are used to support the promotion of Speaking Up for everyone in the Trust
- As part of our compliance with the National Guardians Office we upload the percentage answer to the question Would you speak up again on a quarterly basis
- This information is used by the National Guardians Office to gauge satisfaction with speaking up processes
- In 2023/24 100% of the questionnaires returned stated that the reporter would speak up again
- The reporters who returned questionnaires also had the opportunity to add feedback comments

What Our People Tell US

Feedback from satisfaction questionnaires

This was my first experience of 'Speaking Up' and like many staff I had concerns over confidentiality, how it might affect my role, whether it would be taken seriously. From start to finish the process was simple and I was reassured that there would be no negative impact from me doing so. My concerns were taken seriously by the person investigating, I was involved and communicated with throughout, and felt empowered to help make improvements for staff and patients

It has actually made changes within our team

I was feeling worried to contact FTSU person but am glad that I did as I found the process very helpful and worthwhile

Difficult decision to go down that route but made easier and comfortable and importantly involved and updated

Fast response which answered my query

Guardian was really helpful, understanding and reassured me of process and how it is confidential, for advice or to take further.

It made a big difference in our team. The management listened and involved us as a team in planning the change, they also thanked us for putting in the freedom to speak as it gave them the chance to also look at the change

What Our People Tell US Continued

Feedback from satisfaction questionnaires

FTSU guardian was excellent. I felt that for the first time, I was receiving compassion (a trust core value) and she was really listening and taking on board my concerns. I felt supported by FTSU and the trust. Guardian was very efficient, empathic, caring and super quick at responding. She prevented me from going off on long term sick leave with anxiety/stress issues. An asset to the trust. Many thanks.

Guardian was lovely and very helpful.

There has been a very thorough response

Was a great help and reassurance to know I could talk to somebody about my concerns

The process was easy and I could remain anonymous. I was given excellent and timely feedback on my concern and the issues I raised are being dealt with.

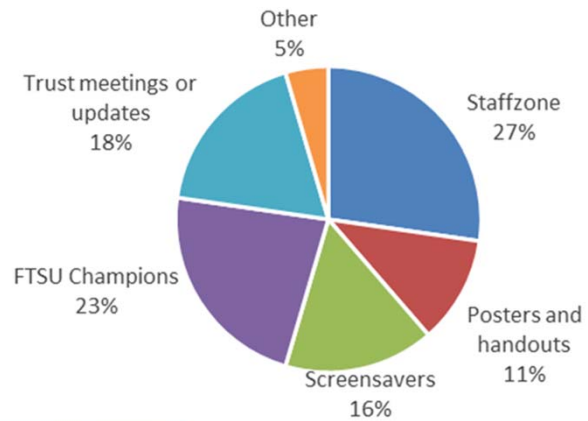
I'm so glad I reached out. I feel much better about the situation now after speaking to the Guardian. I would definitely speak to her again. Thanks a million

I would honestly use the service again it was incredible positive in my team. it helped us nurses come together as we all had concerns it helped the communication between management and the team and gave us all a timeframe to work from. Having been listened to and supported after raising concerns it has given me more enthusiasm to take part in upcoming project and voice my ideas

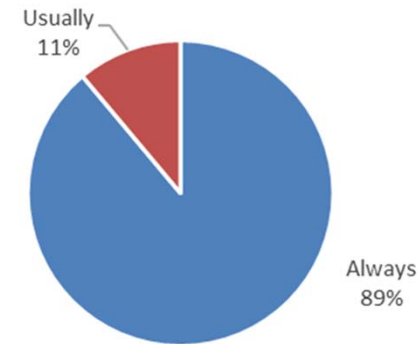
FTSU Satisfaction Questionnaires

Information provided from reporters who returned satisfaction Questionnaires

How did you find out about FTSU?

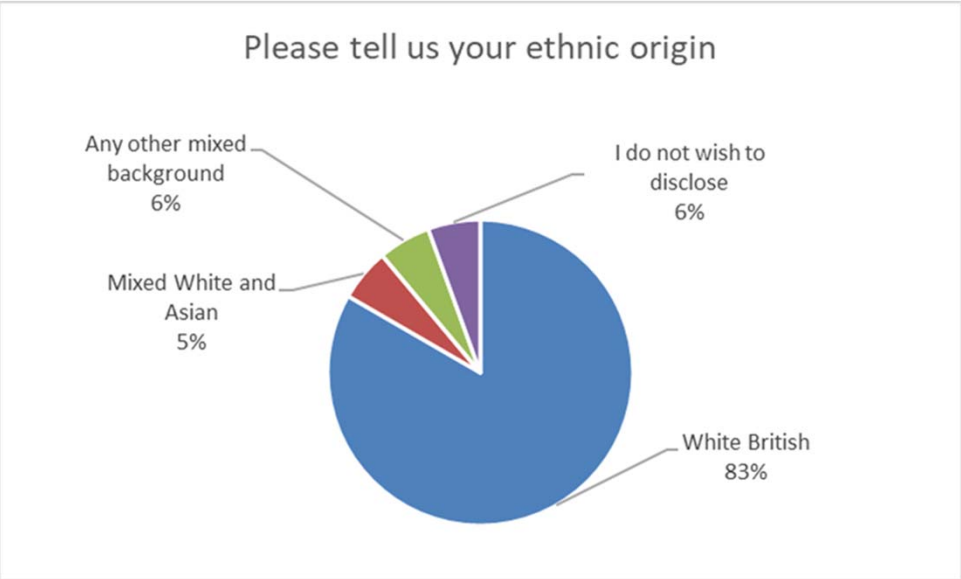
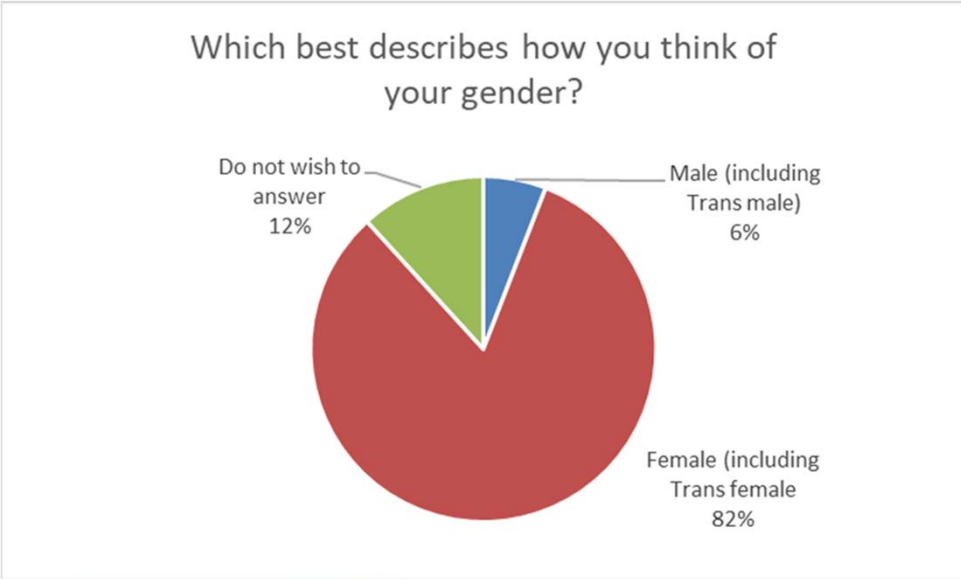


Did you feel well supported through your FTSU experience?



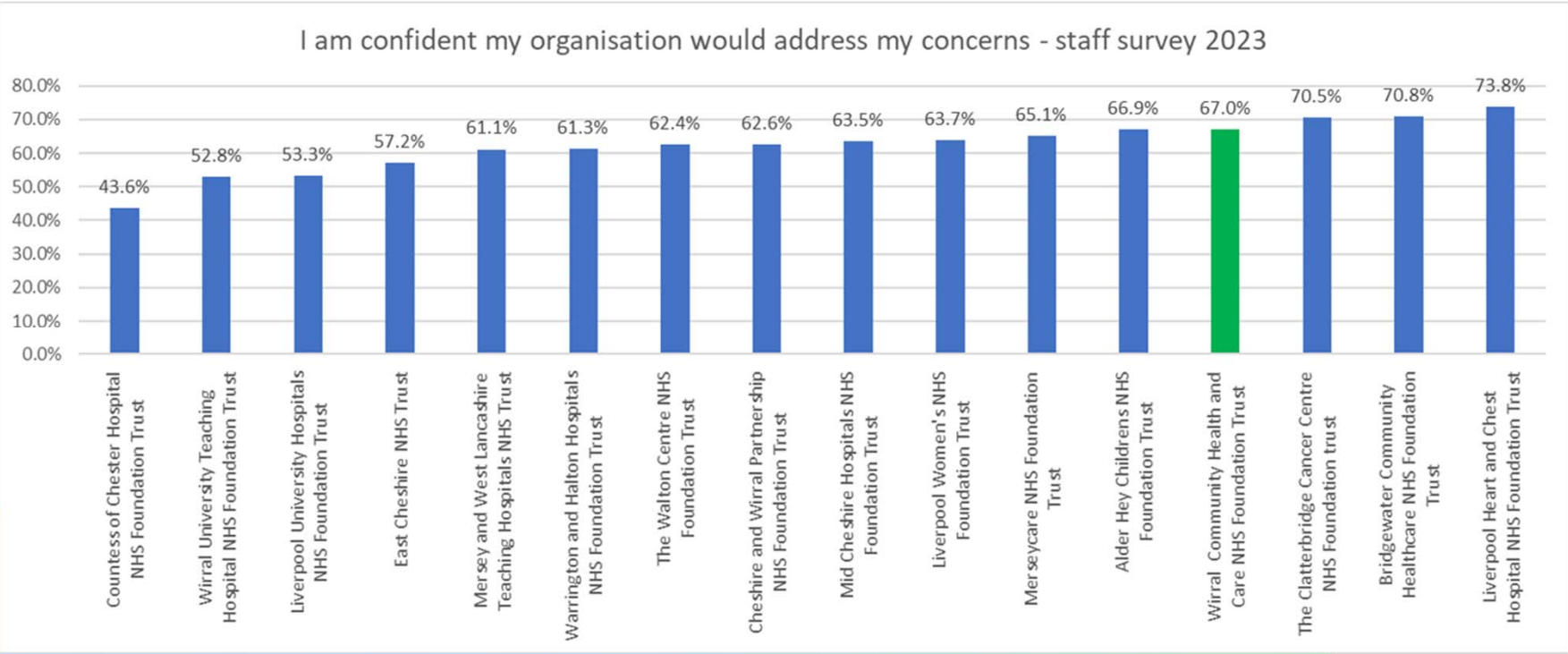
FTSU Satisfaction Questionnaires

Information provided from reporters who returned satisfaction Questionnaires



Staff Survey 2023

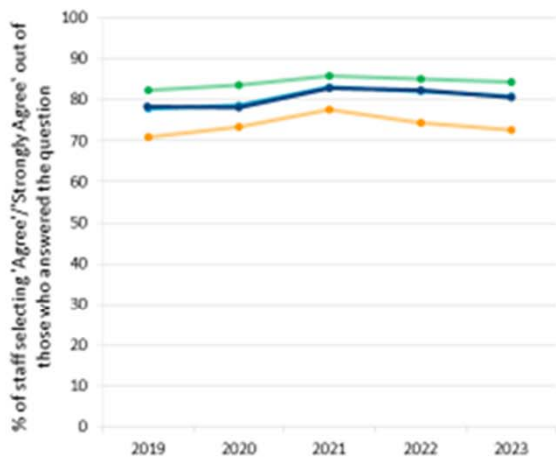
Benchmarking Cheshire and Mersey ICB



Staff Survey 2023

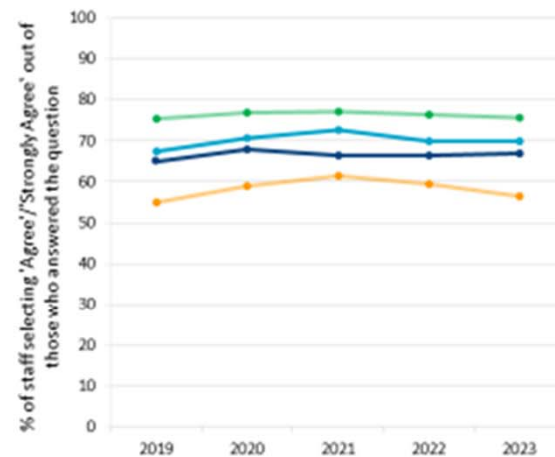


Q20a I would feel secure raising concerns about unsafe clinical practice.



	2019	2020	2021	2022	2023
Your org	78.25%	78.12%	82.79%	82.44%	80.73%
Best result	82.27%	83.69%	85.89%	85.02%	84.47%
Average result	78.00%	78.58%	83.14%	82.11%	80.76%
Worst result	71.01%	73.38%	77.66%	74.45%	72.71%
Responses	825	820	959	917	1045

Q20b I am confident that my organisation would address my concern.

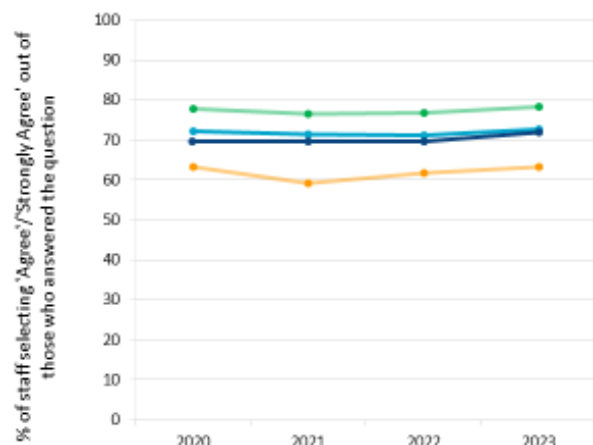


	2019	2020	2021	2022	2023
Your org	64.99%	68.01%	66.39%	66.43%	66.99%
Best result	75.48%	76.79%	77.03%	76.28%	75.57%
Average result	67.34%	70.75%	72.59%	70.01%	69.95%
Worst result	55.01%	59.05%	61.50%	59.35%	56.59%
Responses	824	821	959	918	1044

Staff Survey 2023

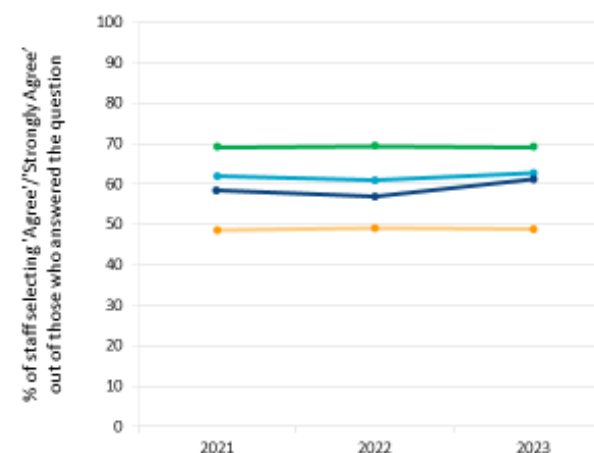


Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	69.55%	69.56%	69.59%	71.90%
Best result	77.91%	76.46%	76.88%	78.27%
Average result	72.13%	71.48%	71.30%	72.83%
Worst result	63.39%	59.21%	61.81%	63.35%
Responses	818	950	915	1042

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	58.44%	56.88%	61.16%
Best result	69.32%	69.39%	69.24%
Average result	62.01%	61.01%	62.66%
Worst result	48.63%	49.19%	48.90%
Responses	950	918	1036

What Our Regulator Told Us

- Staff felt respected, supported and valued. There was a strong culture of teamwork prioritising patient care. Staff told us they felt comfortable and able to raise concerns without fear. They knew how to use the whistleblowing process and about the role of the Speak Up Guardian. There was freedom to speak up champions within each team who worked with the freedom to speak up guardian and provided advice to staff about how to raise concerns. There was information on display at the sites we visited letting staff know how to contact the freedom to speak up guardian.
- Staff told us they felt comfortable and able to raise concerns without fear. They knew how to use the whistleblowing process and about the role of the Speak Up Guardian. They knew who the FTSU champions were within their own team. There was information on display at the sites we visited, and the trust's communication team supported the FTSU team to share awareness and positive outcomes
- Staff knew how to escalate concerns and were aware of the trust whistleblowing policy. Effective speaking-up arrangements helped to protect patients and improve staff experience.

Successes

- We currently have 125 FTSU Champions across all Trust sites and available in all Staff Network Groups to support our workers to speak up safely
- Speak Up, Listen Up, Follow Up training is now available to all staff via role specific training
- Board Development Sessions commenced to support wider knowledge and assurance around FTSU processes and the ongoing monitoring of the National FTSU Toolkit for boards
- FTSU Strategic plan for 2024/25 developed and approved
- FTSU ongoing improvement plan developed and monitored thorough quarterly FTSU Steering Group

Key priorities for 2024/25

- FTSU Strategic plan to be widely shared to promote our Speak Up agenda and strategic aims
- Training sessions for existing FTSU Champions to be offered for additional support and knowledge
- New Non Executive Director with responsibility for FTSU to receive support in new role and to work closely with FTSU Guardian
- Further board development sessions planned to support reflection and planning in relation to FTSU
- New colleagues from Lancashire to be welcomed into the Trust and supported to adopt Trust values in relation to compassionate, open conversations and to be supported to Speak Up
- New FTSU Champions to be recruited to support the Lancashire colleagues and promote Speaking Up to the same standard as the rest of the Trust

National Speak Up Month October 2023

A celebration of Speaking Up and raising awareness





Strategic plan for Freedom to Speak Up

2024/25

Foreword

I feel very proud and privileged to be The Freedom To Speak Up Guardian for our Trust. I passionately believe everybody should feel safe and confident to speak up and raise concerns to support learning and improvement.

The Speaking Up process is central to creating a positive safety culture whilst focusing on the health and well-being of our people.

I believe that an important part of our role is to create a supportive environment where people feel they can come to work, be the best person they can be and be unrestricted in delivering high quality, responsive care for our people and communities.

I would like to acknowledge the support of the Trust Board and the Executive Lead for Freedom To Speak Up who takes an active role in supporting the Speaking Up process and promoting an open culture where speaking up is encouraged.

We recognise everyone has a voice and actively promote a culture of speaking up safely and without fear or detriment to ensure all concerns are seen as an opportunity for learning and improvement.

Speaking up is for everyone and one voice can make a difference.

Alison Jones

Freedom to Speak Up Guardian

Email: wchc.guardian@nhs.net



Context

In 2015, Sir Robert Francis KC produced his Freedom to Speak Up Review which called for all NHS organisations to appoint a Freedom to Speak Up (FTSU) Guardian to improve the way each organisation welcomes concerns raised by NHS staff as part of the process of promoting “a culture of safety and learning in which all staff feel safe to raise concerns”. Guidance from NHS England/NHS Improvement and the National Guardian’s Office has called for all NHS organisations to have a FTSU strategy and vision to support this work.

This document outlines Wirral Community Health and Care’s strategy and vision and should be read in conjunction with the Trusts Speaking Up Policy (GP51) and the Trusts Organisational Strategy.

Our aim is to create an environment and culture where speaking up and listening up are business as usual for all our staff and where raising concerns results in improvement and learning. We are committed to ensuring that staff feel safe in speaking up, are supported to do so and there is no detriment for raising a concern.

Fostering this environment of psychological safety, where our staff feel safe to discuss concerns openly and without fear of detriment, is a crucial investment in our workforce.

Sir Robert Francis KC



Our Trust Values

Our Common Purpose:

Together...

we will support you and your community to live well.

Our values:

Compassion

Supportive and caring, listening to others.

Open

Communicating openly, honestly and sharing ideas.

Trust

Trusted to deliver, feeling valued and safe.



Every person that uses our services and every person we employ should be treated fairly, equally and with respect. We want to be an organisation that people trust, and one that values differences. We want to reflect all the people and communities we serve, in the services we deliver, and the staff we employ.

Our Vision and Strategic Aims

Our aim is for Speaking Up to be part of our organisations DNA as a crucial part of the Trusts vision and values.

We are committed to promoting an open and transparent culture across the organisation to ensure that all members of staff feel safe and confident to speak up.

With the help of our staff, students, volunteers, services users and in line with our Trust values we aim to make speaking up business as usual by promoting a culture of inclusion, openness and learning.



**Together
we can make a
difference!**

Governance

The Trust's FTSU processes are outlined in detail in the Speaking Up policy (GP51). This policy is produced in conjunction with guidance provided by the National Guardians Office.

Freedom To Speak Up themes and learning are monitored through the quarterly FTSU Steering Group and a Bi-Annual report is presented at both Quality and Safety Committee and Trust Board.

Raising Awareness

The Trust is committed to ensuring an open, honest, inclusive and collaborative culture.

Our FTSU Guardian is supported by 125 FTSU Champions working in all areas of the Trust to promote the benefits of an open culture, increase awareness of raising concerns, to signpost to appropriate support and actively encouraged and colleagues to speak up safely.

Building Culture and Removing Barriers

We are proud to have FTSU Champions available in all of our Staff Network Groups to promote Speaking Up for everyone and support breaking down any potential barriers to raising concerns.

In our Trust everybody has a voice that counts.



**Speak Up
Month 2023**

**Join our team of
Freedom to Speak
Up Champions!**

See the full list of FTSU Champions
and contact details on StaffZone.

#FTSUforEveryone

**Together
we can make a
difference!**

Maximising Learning

The National Guardians Office Freedom To Speak Up training is available to all staff:

Speak Up

For all Trust staff to support an environment where anybody feels safe to raise concerns.

Listen Up

To empower our managers to be receptive to concerns raised and act on them promptly.

Follow Up

To support our Senior Leaders in learning from concerns and improve Trust services.

Compliance against training is monitored through the quarterly FTSU Steering Group along with learning and outcomes from all concerns reported.

Our aim is to learn and grow as an organisation. This includes supporting our leaders to actively listen and learn from our workforce and to use learning constructively to improve our services and staff experience.



**Together
we can make a
difference!**

How we will measure impact

To monitor the success of the strategy and positive impact on staff lives we will:

- Continue to systematically record all concerns raised through Freedom to Speak Up, in line with guidance from the National Guardian Office
- Review the annual staff survey results including identification of any 'hot spots'
- Review the Freedom to Speak Up evaluations following conclusion of any concerns raised
- Have regular meetings including HR, Staff Side Representatives and Equality Lead to review and triangulate themes
- Provide a bi-annual report to the Trust Board outlining themes and outcomes of concerns reported
- Monitor completion of the e-learning packages: Speak Up for all colleagues, Listen Up for Managers and Follow Up for senior leaders



**Together
we can make a
difference!**

What our people tell us

Feedback received from FTSU Concerns reported 2023/24.

100% of feedback questionnaires completed stated the reporter would speak up again.

This was my first experience of 'Speaking Up' and like many staff I had concerns over confidentiality, how it might affect my role, whether it would be taken seriously. From start to finish the process was simple and I was reassured that there would be no negative impact from me doing so. My concerns were taken seriously by the person investigating, I was involved and communicated with throughout, and felt empowered to help make improvements for staff and patients.

The process was easy and I could remain anonymous. I was given excellent and timely feedback on my concern and the issues I raised are being dealt with.

It made a big difference in our team. The management listened and involved us as a team in planning the change, they also thanked us for putting in the freedom to speak as it gave them the chance to also look at the change.

I would honestly use the service again it was incredible positive in my team. It helped us nurses come together as we all had concerns it helped the communication between management and the team and gave us all a timeframe to work from. Having been listened to and supported after raising concerns it has given me more enthusiasm to take part in upcoming project and voice my ideas.

I'm so glad I reached out. I feel much better about the situation now after speaking to the Guardian. I would definitely speak to her again.

**Together
we can make a
difference!**

What our regulators told us

- Staff felt respected, supported and valued. There was a strong culture of teamwork prioritising patient care. Staff told us they felt comfortable and able to raise concerns without fear. They knew how to use the whistleblowing process and about the role of the Speak Up Guardian. There was freedom to speak up champions within each team who worked with the freedom to speak up guardian and provided advice to staff about how to raise concerns. There was information on display at the sites we visited letting staff know how to contact the freedom to speak up guardian
- Staff told us they felt comfortable and able to raise concerns without fear. They knew how to use the whistleblowing process and about the role of the Speak Up Guardian. They knew who the FTSU champions were within their own team. There was information on display at the sites we visited, and the trust's communication team supported the FTSU team to share awareness and positive outcomes
- Staff knew how to escalate concerns and were aware of the Trust whistleblowing policy
- Effective speaking up arrangements helped to protect patients and improve staff experience



**Together
we can make a
difference!**

Always remember...



It only takes one voice to make a difference!



Annual EPRR Report 2023/2024			
Meeting Title	Board of Directors		
Date	19/06/2024	Agenda Item	24
Lead Director	Dave Miles, Interim Chief Finance Officer		
Author(s)	Mick Blease LSMS/EPRR Lead		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this paper is to provide assurance to the Trust Board on the trust is ready to respond to threats and hazards and major disruptive events that may impact on the delivery of its services to ensure business continuity			
Executive Summary			
<p>The attached EPRR report identifies work undertaken to ensure that the Trust is compliant with statutory requirements placed upon it as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004 by showing that the Trust can effectively respond to emergencies and business continuity incidents whilst maintaining services to patients.</p> <p>The report summarises the Trust's core standard return for the year submitted to NHS England in October 2023 and the work required to improves the Trusts overall rating for its next submission.</p> <p>The report includes an annual exercising and training plan for the tor the year 2024/25 which is designed to enhance the Trusts response to emergencies and business continuity incidents.</p>			
Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:			

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

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

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

Financial/resource implications:

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

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

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

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

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

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

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

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

Board of Directors is asked to consider the following action

To be assured by the Annual EPRR report for the year 2023/24 that the Trust has plans and processes in place in order to react to incidents to ensure services, that the Trust is commissioned to deliver, and approve the annual exercise and training plan.

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 & Safety Committee	08 th May 2024	Committee assured and approved the annual Major Incident Plan that was submitted with paper.



Annual Emergency Preparedness, Resilience and Response (EPRR) Report for 2023/24

Introduction

This is the Annual Report relating to Emergency Preparedness, Resilience and Response (EPRR) for the year 2023/24 for Wirral Community Health and Care NHS Foundation Trust. (WCHC)

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

- The Civil Contingencies Act (CCA) 2004
- Terms and conditions of the NHS Standard Contract for Emergency Planning
- NHS England core standards for Emergency Preparedness Resilience and Response (EPRR)
- NHS EPRR Framework (July 2022)

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

- The Trust's state of readiness to respond to the challenges, threats, hazards and major disruptive events that may impact on the delivery of its services or require a wider community response.
- Describe our response to recent incidents
- Outline the work that has been undertaken in the last 12 months
- Present the annual exercise and training plans for 2024/25

The report is sectioned as follows:

1. Planning
2. Training and Exercising
3. Response
4. Partnership Working
5. Assurance
6. Priorities for 2024/25

1.0 Planning

1.1 Accountable Emergency Officer /Emergency Preparedness Officer

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

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

Mick Blease is the Trust Emergency Preparedness Officer and represents the Trust at the regional LHRP practitioner meetings. The Trust has been compliant with attendance at both the Strategic and Practitioner meetings throughout 2023/24.

1.2 Major Incident Plan

In line with the requirements of the Civil Contingencies Act 2004, the EPRR framework (July 2022) and Standard NHS contract, as a Category 1 Responder, the Trust must have emergency plans

that make explicit how the organisation will respond in the event of an emergency or major incident.

The Major Incident Plan has been subject to a regular annual review. This years review has resulted in a number of new additions to the plan. These new additions have been included following feedback received from NHS England EPRR relating to the WCHC EPRR core standards submission in October 2023. The changes made to the plan include the following:-

- Updated background and purpose including reference to the NHS EPRR Framework 2022.
- Removal of the requirement of the Trust to manage Local Authority established Rest Centres. This follows the transfer of the Adult Social Care services back to the Local Authority.
- The removal of out-of-date terminology including:-
 - Gold and Silver command, Now Strategic and Tactical respectively.
 - Incident Controller, Now Strategic Commander
 - Incident Control Centre or major Incident Room, Now Incident Coordination Centre
- EPRR Governance processes and Charts.
- Reference to the Joint Emergency Service Interoperability Programme (JESIP) planning and communication models.
- Incident classification updated.
- Mutual aid arrangements.
- Situation reports.

Other minor amendments have been made.

The plan is attached as separate document for approval as part of this EPRR annual submission. All changes to the previous MIP have been added in red. (Appendix A)

1.3 Business Continuity Planning

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

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

Following the feedback received from NHS England relating to the 2023 core standard submission it was necessary to review the Trusts Business continuity Planning (BCP) arrangements. To enhance the BCP arrangements a new Business Continuity Policy (GP62) was developed and approved by the Quality and Safety Committee. The policy addresses the BCP feedback received from NHS England. The review also recognised a required change to the BCP templates utilised by services across the organisation, specifically to identify those critical services in the Trust.

The new template was shared with service leads in January 2024 and was accompanied with a BCP development training session. Services have utilised these new templates for the annual BCP review for 2024.

Business Continuity plans have been subject to an annual review during 2023/24. That audit, conducted in June 2023, resulted in two actions including the requirement of BCP's to be included on staffZone.

Business Continuity plans have been utilised on several occasions during 2023/24. The main reason for these plans to be activated related to Information Technology issues which are discussed later in the report at section 3.

1.4 Health Safety Security Resilience Group (HSSR)

The HSSR Group has met on a quarterly basis throughout 2023/24. It is chaired by the EPRR lead. The group includes representation from services across the organisation and Staff Side representatives.

EPRR plans travel through this group prior to implementation. The group is also consulted on new and reviewed EPRR related policies. The year 2023/24 has seen the implementation of the new Business Continuity Policy (GP62). At the time of writing this report, the EPRR policy (GP52) is currently in the review process, and it is at the stage where it has been forwarded to HSSR representatives for consultation. This policy review has been brought forward from 2025 in line with NHS England EPRR recommendations.

The HSSR reports into the Quality and Safety Committee.

1.5 On Call Manager Process

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

The tactical level consists of managers performing the role on a daily basis. This system requires the transfer of the On Call phone to the individual's phone and is managed by the Centralised Booking Service who operate seven days a week.

The second level of On Call is the Strategic level referred to locally as the escalation level. This level is made up of Chief officers and Directors. The rota has 7 named individuals. The escalation level also operates on a day about basis.

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

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

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

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

1.6 Counter Terrorism

There are five levels of threat from Terrorism:

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

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

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

Nationally, there were 219 arrests for terrorism-related activity in the year ending 31 December 2023, an increase of 53 on the previous 12-month period (an increase of 32%).

The EPRR lead continues to maintain close links with counter terrorism policing and attends regional training and exercise events. The trust is also signed up to the periodical counter terrorism circulation UK Protect. Key messages to staff concerning preparedness and security are communicated in Staff Bulletin, StaffZone and training sessions. The Trust is also able to access the Action Counters Terrorism e-learning training package.

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

1.7 Plan Development

The following table provides an up-to-date position regarding plans that support the EPRR programme.

Two new plans have been developed during the past year in response to feedback received relating to our core standard submission in October 2023. These plans relate to the set up of an Incident Coordination Centre and site lock down procedures. Previously these arrangements were included in the EPRR policy and the Security Management policy respectively.

Emergency Planning Documents.				
	Title	Last Updated	Review Due	Comments
1	Major Incident Plan	Apr-23	Apr-24	Included in papers for Q&S approval.
2	CBRN Plan	Jul-22	Jul-24	
3	Adverse Weather Health Plan	Jun-23	Jun-24	Reviewed Annually
4	Pandemic Plan	Sep-22	Sep-25	Amalgamated Flu and Community Outbreak Plan. To be reviewed June 24 as part of Core Standards Action Plan.
5	Fuel Plan	Apr-24	Apr-27	
6	Industrial Action Plan	Dec-23	Dec-24	
7	Lock down Plan	Dec-24	Dec-27	New Plan
8	ICC Development Plan	Apr-24	Apr-25	New Plan.

1.8 EPRR Resourcing

The Trust continues to assess the resources in place to fully discharge its EPRR duties. Despite the feedback received following our 2023/24 core standard submission no additional resourcing requirements have been identified.

The Trust employs an EPRR lead/Local Security Management Specialist on a full time basis. 50% of this role is dedicated to EPRR.

The EPRR Lead utilises the services of the Estates Senior Administrator on an ad hoc basis to assist with EPRR related matters including supporting the Health Safety Security Resilience Group meeting.

Other financial support is provided from central budgets to support the EPRR programme. This includes an annual payment to the Integrated Care Board that supports additional EPRR training and other EPRR support. During the year 2023/24 the Learning and Organisational Development department has supported our Fit Testing Training programme.

Individual services will utilise their own budgets in order to support the EPRR programme. Services purchase their required PPE including Masks, Gowns and Gloves. The two “Walk-in-Centre’s” also purchase the required CBRN(e) response equipment from their own budgets.

2.0 Training and Exercising

2.1 Training

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

2.1.1 On Call Manager training

On Call Manager (Strategic and Tactical) training programme has been developed and delivered to individuals who have been recruited on to the respective on call rotas. The training has been delivered by the EPRR lead. The training is scenario based. Numerous real events are utilised to provide the individual with sufficient knowledge to perform the role of an On Call Manager. The on call mechanisms are fully described and the systems available to support individuals performing the role.

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

On Call Managers are also required to complete the Principles of Health Command training developed and delivered by NHS England EPRR team. Separate packages are delivered to members of the Strategic and Tactical on call rotas. During 2023/24 all Trust On Call Managers had received the relevant training. Two new members of the Strategic Rota are joining in April and June have booked on to future courses later in the year.

2.1.2 Fit Test Training

Staff performing certain functions such as “Aerosol Generated Procedures” are required to wear an FFP3 face mask to enhance the safety of themselves and the patient with regards to passing on of

infections. Once a member of staff has been identified as being required to wear such a mask they should be “Fit Tested” for each mask type. The person performing the “Fit Test” should be trained in the procedure.

In order to further enhance the “Fit Testing” capability of the Trust additional training was provided in February and March 2024. This training focused on the individual services most reliant on the use of FFP3 masks. Additional “Fit Testing” kits were also acquired making those services fully self-sufficient in this area.

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

Currently there are 20 individuals who are trained in the “Fit Testing” process. These details have been added to the ESR databases and are available to search.

2.2 Tests and Exercises

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

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

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

Date	Type	Topic	Attendees
Internal Exercises			
10/08/2022	Live Exercise	Operation Lockdown at SCHC	All staff at SCHC . Led by LSMS.
12/05/2022	Trust Tabletop	Cyber Attack Exercise	Representation from across the organisation. Delivered by IT with the support of an external facilitator.
18/11/2022	Trust Tabletop	Industrial Action Exercise	Attendance by Service leads and Service Directors. The exercise focused on the imminent Industrial Action that was likely to affect numerous services across the organisation. The exercise tested service Business Continuity Plans re IA.
29/04/2022	Live Exercise	Fire Evacuation SCHC	All duty staff at

			SCHC.
10/05/2023	Exercise Tabletop	Cyber Exercise delivered by external provider. Testing Cyber response plan.	IT Staff On call Managers EPRR Lead
04/09/2023	Live Exercise	CBRN Exercise at VCHC WIC to test response to a HAZMAT incident and the IOR Principles	Facilitated by EPRR Lead targeting first responders at VCHC WIC.
13-18/11/2023	Live Exercise	Communication Exercise Alexander. Testing the effectiveness of the Trust On Call mechanisms.	Facilitated by EPRR Lead. All Strategic and Tactical Commanders. Loggists.
05/12/2023	Table Top Exercise	Exercise Niveous. Testing the effectiveness of the Adverse Weather Health Plan.	Facilitated by the EPRR Lead. Service Leads and On Call Managers.
29/12/2023	Live Exercise	SCHC Lockdown Exercise. Testing the effectiveness of the Lockdown Plan.	Facilitated by the EPRR Lead. On Call Strategic. Security and Estates staff.
External Exercises/Debriefs/Briefings (previous 3 Years)			
28/04/2022	Exercise	Heatwave Exercise/seminar focusing on Extreme Weather events. Delivered by UKHSA and Met Office	EPRR Lead
22/09/2022	Exercise	Winter Planning – Delivered by UKHSA	EPRR Lead
01/11/2022	Briefing	Energy Resilience and Potential Power Outages – ICB EPRR Lead	EPRR Lead
22/11/2022	Exercise	Operation Fuego – Fire evacuation Clatterbridge Site. – Multi Agency. Led by CWP EPRR Team	EPRR Lead
29/11/2022	Exercise	Arctic Willow Exercise – Address Trust response to simultaneous multi operational incidents including Power Outage, Industrial	EPRR Lead, All service Directors.

		Action and Adverse Weather	
04/01/2023	Debrief	Capture Lessons learnt from 1 st wave of RCN Industrial Action ICB EPRR Lead.	EPRR Lead
16/02/2023	Exercise	Rest Centre Awareness. Delivered by Merseyside Resilience Forum.	EPRR Lead
24/02/2023	Briefing	Action Counters Terrorism awareness session.	EPRR Lead
28/04/2023	Exercise	Rest Centre Management	EPRR Lead
10/05/2023	Briefing	Adverse Weather. Delivered by UKHSA	EPRR Lead
11/05/23 & 5/06/23	Briefing	Summer Preparedness Webinar and Workshop delivered by UKHSA	EPRR Lead
03/11/2023	Briefing	Counter Terrorism Security Agency (CTSA) Event	EPRR/LSMS
22/02/2024	Briefing	National presentation relating to Martyns Law and security requirements following mass gatherings.	EPRR Lead
Internal Training			
Various dates	E Learning	Action Counters Terrorism input.	Accessed by relevant staff (Receptions etc)
Various dates	Face to Face	On call Manager training	Delivered to new recruits of the On call Manager rotas.
27/07/2023	Face to Face	Loggist Training	Delivered to five volunteers by EPRR Lead.
18/01/2024	Face to Face	BCP Development Training	Delivered by the EPRR Lead to Service BC Reps.
External Training In past 3 Years			
26/04/2023	Face to Face	Fit Test Training	Provided by Face 2 Fit . 8 members of staff.
22/02/2024	Face to Face	Fit Test Training	Provided by Face 2 Fit . 6 members of staff.
07/03/2024	Face to Face	Fit Test Training	Provided by Face 2 Fit . 6 members

			of staff.
Various Dates	Teams	Principles of Health Command.	Delivered by NHSE EPRR to Tactical and Strategic On Call.

2.2.1 Training and Exercise programme

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

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

Date	Exercise/ Incident	Details
18 & 19/01/2023	Incident	Industrial Action by RCN staff. In addition to the planning and the development of an internal Industrial Action Plan the Trust utilised its Major Incident Plan as part of the response to the strike action. The Trust ran an Incident Control Centre throughout the strike action from its ICC room located at the VCHC site. An incident lead was established in addition to a loggist. The incident was subject of a debrief and a presentation to the Executive Leadership Team which outlined many positives of the planning and response to the incident.
12/08/2023	Incident	Refurbishment work being completed at the communications room located at the VCHC Walk In Centre. During these works there was a failure of a BT circuit that adversely affected the ability to communicate via telephony and internet at various locations throughout the Trust. Some initial mitigation was put in place utilising the 4G network, but additional work was required in order to facilitate printing. Full normal service was achieved with-in 36 hours. Lessons learnt included the need to establish a full risk assessment with stakeholders that could be affected by such works. Full testing of network connections to include a number of checkpoints at each stage to ensure expected outcomes are met.
03/01/2024	Incidents	VCH IT and Telephony Circuit failure affecting many services throughout the organisation through loss of IT and telephony. This occurred following a decision made by BT to terminate an incorrect line. Full recovery took a number of days and required the assistance of other providers including WUTH who provided support by affording access to their systems. This temporary measure is still in place as BT have not yet provided the new line that could be tested. A new “failover” system has been introduced which is tested weekly and provides additional mitigation. This measure is a permanent measure that enhances Trust resilience in this area. Weekly contact is made with the BT account manager to ensure the matter is rectified as soon as possible.

		An Incident Management Team was established that was led by the Deputy Chief Operations Officer. The team met several times each day until the situation reached a satisfactory conclusion. This delay in the provision of the new line is also affecting the ability of the IT service to adequately assess any lessons identified from this IT failure.
10/01/2024	Incidents	Primary domain controller failure at SCHC causing IT issues for users. Staff were unable to log on to computers as the controller that had failed would verify all log on details. Recovery was to utilise a secondary server at VCHC to verify accounts. This mitigation did not recover all systems including Mail Central and Datix. A new primary domain controller was installed and cleared the known errors but introduced a new error around the Always On Virtual Private Network (AOVPN) which was not syncing. Additional work took place to rectify, and all systems were fully operational 72 hours after the incident commenced. Lessons identified are still being assessed as the Trust IT works closely with one of its partners to ensure that automatic updates of domain controllers is managed safely.
26/01/2024	Incident	<p>In response to national measles outbreaks and the publication of revised NHSE guidance, the Infection Prevention Control Service completed a risk assessment and developed an action plan in order to ensure that WCHC was in the strongest position to deal with a Measles outbreak locally.</p> <p>An internal measles preparedness meeting group was established with relevant services and the EPRR Lead to progress actions. Action plan and risk assessment were continually monitored by trusts Clinical Assurance Group with oversight provided by the Infection Prevention and Control Group</p> <p>Walkthroughs were completed within the Urgent Treatment Centre and VCH Walk in Centre to support preparedness plans in relation to measles. This helped to identify learning to improve the patient journey and any associated actions have been implemented by the service.</p>

2.2.2 Incident Coordination Centre (ICC)

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

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

ICC Equipment and connectivity is checked and tested on a monthly basis.

3.0 Response

3.1 Incident – Industrial Action December 2022 to date

Industrial Action continues to affect service delivery throughout the NHS. WCHC has not adversely been affected by these actions but have been required to carry out continued assessments on our ability to provide the services that we deliver. The EPRR lead has provided responses to all

requests, regionally and nationally, and completed all of the Black, Red, Amber, Green (BRAG) rated risk assessments within the necessary time frames.

The last planned RCN industrial action was in March 2023. This action was cancelled following acceptance of a pay deal by a number of unions. The mandate for RCN staff to take industrial action ended on the 01st May 2023. Consultants agreed a pay deal in April 2024. Junior Doctors currently have a mandate to Strike until 19th September 2024.

The NHS Pay deal for 2024/25 is due in May 2024. It is anticipated that this deal will lead to further industrial action discussions across various work strands including the RCN. The Trust has strong plans in place in anticipation of any industrial action it may face.

3.2 IT Incidents

The Trust has experienced a number of Information Technology incidents that have adversely affected the business continuity of a number of services during the past year. The incidents are highlighted at section 2.2.1 above where three separate incidents are discussed. Although there were three separate causes with different outcomes the one common thread of all three was the swift and excellent response from the IT services in order to mitigate the causes affecting business continuity. In addition to the initial responses an Incident Management Team was convened, and meeting structure and battle rhythm established.

In all cases, once business as usual had been established, a full after-action review was commenced in order to identify any lessons for future learning. In two of the three cases that learning process is ongoing as the IT Team work closely with stakeholders and providers. Full Situations, Background, Assessment, Recommendations (SBAR's) have been commenced.

3.3 Lessons Identified and learning from Incidents and Exercises.

Following any EPRR exercise or EPRR related incident a full after-action review will take place. That review will be supported by a debrief of all involved in the event. The review will be led by the EPRR lead who will document the findings and develop an action plan where necessary.

During 2023/24 the following is provided as examples of the lessons have been identified:-

- Lockdown Exercise 29th December 2023. – The securing and subsequent resourcing of all potential entrance doors at SCHC is intensive and proved more difficult to resource post covid due to hybrid working conditions. The EPRR has met with Arrowe Security Services to ascertain if the door access system can be programmed to initiate an automatic lockdown of all relevant doors during a lockdown. The answer was yes and that programme has now been installed and tested successfully on a number of occasions.
- VCHC Comms Room Failure 12th August 2023.- This involved the loss of IT due to refurbishment works. The main lessons identified involved the requirement to complete full risk assessments of services that could be affected by the works and how they may be affected and mitigated prior to the commencement of the works. It was also identified that pretesting of equipment may have foreseen the potential outages experienced. Pretesting now forms part of all similar works.
- CBRN Exercise 04th September 2023 – The exercise focused on the two members of the public presenting at the VCHC WIC having been exposed to dry contaminant against the CBRN plan. The exercise went well with staff aware of the correct responses however the CBRN “Grab-bag” did not have all the correct equipment. An action was developed to ensure that this bag is checked at least once a month against signatures.
- Exercise Alexander is the Trusts Communication exercise in order to be assured that the “On Call” manager and other processes are in place and effective. During the exercise it was

identified that some of the Tactical on call were not aware of who the escalation on call was but provided mitigation that they would check the intranet to verify. It was highlighted that access to intranet may be an impact of the incident being experienced. Process now in place whereby Tactical identify Strategic On Call at the commencement of the duty.

4.0 Partnership Working

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

- Local Health Resilience Partnership (LHRP Strategic), attended by Accountable Emergency Officer and led by ICB EPRR
- LHRP Practitioners Group – Working group for both Merseyside and Cheshire attended by Emergency Planning Lead and led by ICB EPRR
- Wirral Emergency Planning Group – Multi-agency working group attended by both industry, category 1 and 2 responders to review resilience arrangements and public events across Wirral
- WUTH Emergency Planning Team Meeting
- CWP Emergency Planning Team
- Local Resilience Forum (Merseyside) via ICB representation
- C&M Community and Mental Health Core Standard Working Group.
- C&C ICB Core Standards Task and Finish Group.

5.0 Assurance

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

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

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

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

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

5.1 Core Standards Self-assessment and action plan

In July 2023 all Trust's in the Cheshire and Merseyside ICB were informed that self-assessments for this year would be the subject of a "check and challenge" process conducted by the Northwest regional EPRR Team.

In September 2023 the Trust completed its annual core Standards submission.

The self-assessment provided an overall compliance percentage of 95% with an overall assessment of "**Substantially Compliant**". A statement of compliance was signed by the Accountable Emergency Officer (AEO) and was forwarded to the ICB prior to onward transmission to NHSE to be included in the aforementioned Check and Challenge process.

The assessment conducted by NHSE provided an overall compliance rate of 5% and an overall compliance rating of "**Non-Compliant**".

All 16 Trusts in the ICB were subject to the same check and challenge process. **Every Trust in the ICB were rated as non-compliant.** All Trusts apart from 1 were reduced from their self-assessed rating in 2022/23. One Trust had previously been rated as non-compliant for the year 2022/23 so remained the same.

NHS England assessors included the following statement to all Trusts when providing their feedback.

"It is important to note that this does not signal a material change or deterioration in preparedness but should be considered as a revised and more rigorous baseline in which to improve plans for preparedness, response and recovery."

5.2 Action Plan

In Response the EPRR lead produced a comprehensive action plan that addresses the concerns raised by NHSE through the check and challenge process. Progress on this action plan is monitored through the Quality and Safety Committee. The Trust has set an overall target assessment of “Partial Compliance” for the 2024/25 submission.

6.0 Workplan for 2024/25

A full EPRR work plan has been developed for the year 2024/25. This work plan can be found at **Appendix B** of this report.

Mick Blease
Emergency Planning Lead
22nd April 2024.

EPRR Training and Exercise Programme 2024/25

Introduction

This document outlines Wirral Community Health and Care NHS Foundation Trust (WCHC) training and exercise programme covering Emergency Preparedness, Resilience and Response (EPRR), both internally and externally for 2024/25.

The EPRR programme set both statutory and non-statutory training as outlined from the Civil Contingencies Act (2004) and EPRR Framework 2022 stating:

- *Require a plan to include provision for the carrying out of exercises.*
- *Require a plan to include provision for the training of staff or other persons*
(Reference. CCA 2004)
- *The NHS needs to anticipate and manage consequences of incidents and emergencies through identifying the risks and understanding the direct and indirect consequences, where possible. All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically.*
All organisations should be able to demonstrate clear training and exercising schedules that deliver against this principle.
(Reference. EPRR Framework 2022 Section 8.3)

National Occupational Standards (NOS)

Standards for NHS incident training are contained within the Skills for Justice National Occupational Standards (NOS) framework and should be referred to when identifying staff training needs; please see

[NHS EPRR National Occupational standards](#)

Emergency Planning Officer

The Emergency Planning Officer role is to ensure the EPRR Training and Exercise programme is maintained and reviewed on an annual basis.

Teaching Plan

Teaching and learning plan will breakdown in detail each training or exercise programme set out within the overall EPRR annual programme, outlining all the teaching and learning activities, with allocated timings, assessment activities and resources required.

All material provided is adjusted dependent on type of training and exercise carried out ensuring that individual needs are met.

Multi-Agency Training

This plan is focused on internal training for WCHC but recognises the ongoing training and exercising with multi-agency partners in meeting the statutory responsibilities set out within CCA 2004.

The ICB represents the system at the local Merseyside Local Resilience Forum and will advise the Emergency Planning Officer on any Multi-Agency training opportunities.

CPD / PDR

Currently training carried out by the Emergency Planning Officer is not accredited. Records of training delivered will be maintained by the Emergency Planning Officer with support from the Learning and Organisational Development Team.

Core Standards

WCHC EPRR Training and Exercise programme provides assurance and evidence to the following NHS Core Standards question under Domain 5.

22	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.
23	Training and exercising	EPRR exercising and testing programme	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)
24	Training and exercising	Responder training	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in

			<p>accordance with the Minimum Occupational Standards.</p> <p>Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role</p>
25	Training and exercising	Staff Awareness & Training	<p>There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.</p>

The core standards also identifies the following training requirements under the headings of Hazardous Materials and Chemical Biological Radiological and Nuclear (CBRN) incidents.

63	Hazmat/CBRN	Hazmat/CBRN training resource	<p>The organisation must have an adequate training resource to deliver Hazmat/CBRN training which is aligned to the organisational Hazmat/CBRN plan and associated risk assessments</p>
64	Hazmat/CBRN	Staff training - recognition and decontamination	<p>The organisation undertakes training for all staff who are most likely to come into contact with potentially contaminated patients and patients requiring decontamination.</p> <p>Staff that may make contact with a potentially contaminated patients, whether in person or over the phone, are sufficiently trained in Initial Operational Response (IOR) principles and isolation when necessary. (This includes (but is not limited to) acute, community, mental health and primary care settings such as minor injury units and urgent treatment centres)</p> <p>Staff undertaking patient decontamination are sufficiently trained to ensure a safe system of work can be implemented</p>

WCHC Training Programme

Training Programme	Aim	Objectives	NOS
On Call	To analyse and construct the theory and practical processes of being an on call manager/Director for external and internal incidents including Gold/Silver command or support for MKUH.	<ul style="list-style-type: none"> Summarise the legislation and guidance associated with civil protection. Describe how this guidance applies to their organisation and the role of on-call. 3. Explain the responsibilities of their organisation in preparing for and responding to emergencies and major incidents. Discuss the types of 'emergencies and potential threats they may encounter. Describe the environment where a Loggist may be utilised during an 'Emergency'. State the importance of the legal aspects and requirements in relation to logs, records and documentation. Understand MKUH ICC 'Tactical' and 'Strategic' set-up and process. To be assessed through on-call competency programme 	CC AA1 CC AA2 CC AA3 CC AB1 CC AC1 CC AE2 CC AE3 CC AF1 CC AF2 CCAG1 CCAG2 CCAG3 CCAG4 CC AH1 CC AH2
Hazmat/CBRN		<ul style="list-style-type: none"> Summarise the legislation and guidance associated with CBRN /HAZMAT Describe how this guidance applies to WCHC and identify the services that may be affected. Explain the responsibilities of their organisation in preparing for and responding to CBRN / HAZMAT incidents. Discuss the types CBRN / HAZMAT and potential threats they may encounter in a Community Trust setting. Demonstrate the skills and methods as underpinned by IOR 	CC AA2 CC AA3 CC AF1 CC AA1

		and its principles.	
Loggist Training	To analyse and construct the legal, and practical processes for record keeping during an incident and how loggists play a key role	<ul style="list-style-type: none"> • Summarise the legislation and guidance associated with civil protection. • Describe how this guidance applies to their organisation and the role of the loggist. • Explain the responsibilities of their organisation in preparing for and responding to emergencies and major incidents. • Discuss the types of 'emergencies and potential threats they may encounter. • Describe the environment where a Loggist may be utilised during an 'Emergency'. • State the importance of the legal aspects and requirements in relation to logs, records and documentation. • Demonstrate the skills and methods of decision logging. 	CC AA1 CC AA2 CC AA3
Business Continuity Exercise	The exercise aims to develop an overview of Business Continuity Management System (BCMS) as underpinned by statutory requirements, and the applications in activating BCP in response	<ul style="list-style-type: none"> • To outline what BCMS is and why WCHC requires business continuity. • To describe the process in how BCMS is developed. • To apply BCMS development in the Trust and role of the Business Continuity Lead • To test current BCPs in accordance with national guidance and best practice 	

Annual WCHC Exercise Programme

Provider Exercise	Aim	Objectives
Communication Exercise NB: Every 6 months	To test all internal on-call cascade process.	<ul style="list-style-type: none"> • To test WCHC cascade system for OOH • To test on-call arrangements for the Organisation and its ability to respond to an incident.

IOR / Dry Decon NB: Annually	To test WCHC process to carry out a Dry Decontamination following self-presenters in line with IOR guidance.	<ul style="list-style-type: none"> To test WCHC capabilities in carrying out a Dry Decontamination. To test WCHC planning arrangements concerning Dry Decontamination To test staff on the Dry Decontamination process and its application
Business Continuity NB: Annually	To test WCHC application in response to a internal 'critical incident' requiring business continuity response	<ul style="list-style-type: none"> To test WCHC capabilities in carrying out a business continuity response, In and Out-of-Hours To test WCHC planning arrangements concerning business continuity. To test key staff on the business continuity process and its application
Table Top Exercise NB: Annually	To test and assess WCHC planning arrangements against specific incident. within a tabletop environment.	To be developed dependent on type of tabletop exercise outlined
Live Exercise NB: <3 years	To test and assess WCHC planning arrangements against specific incident within a live exercise environment.	<p>To be developed dependent on type of tabletop exercise Outlined.</p> <p>NB If the Trust has had to respond to a real time EPRR Incident then this can be utilised as evidence and comply with the requirement to have a live event every three years.</p>

Proposed Training for 2024/2025.

Training Exercise	Dates	Summary	Attendees
On Call Manager Training	September 2024	Capture identified Learning from recent On Call manager incidents and other scenarios.	On Call Managers
Lockdown Exercise (SCHC)	December 2024	The Exercise will test the newly developed Lockdown Plan for the Trust.	Security Personal/Estates staff On call Manager(s)
Pandemic Tabletop Exercise	October 2024	This Exercise will test the Trust Pandemic Plan and the effectiveness of Service Business Continuity Plans and knowledge of ICC set up for On Call Managers.	Service leads On Call Managers
Cyber Tabletop	24thMay	Provide knowledge to service	IT Staff

Exercise	2024	nominated individuals who are responsible for the development of Business Continuity Plans.	On Call Manager
Media Training	May 204 - July 2024	The training will be delivered to Strategic level On Call directors who are the nominated individuals who will address any media enquiries during a Major Incident.	Strategic Level On Call Managers
Loggist Training	June 2024	This training will enhance the Trust resilience with regards to its Major Incident Loggist ability.	Volunteer Loggists
Communication Exercise (6 Monthly)	May 2024	Test the ON Call response times of key EP roles including On Call managers, Loggists, Estates and IT.	On Call staff and Loggists
Hazardous Material/CBRN Exercise	July 2024	Test the response of key staff who would be required to provide a response during a self-presenter at a Trust WIC and to test the effectiveness of the Trust CBRN Plan. To Include IOR principles.	WIC staff and building receptionists.
Evacuation Exercise. CICC	July 2024	Test the effectiveness of the Trust Evacuation Plan of the CICC wards	CICC Ward Managers and other CICC staff.

External training opportunities:-

Via the Local Resilience Forums (LRF):

- Multi Agency Gold Incident Command (MAGIC) Training (dates TBC)
- LRF awareness (dates TBC)

Via NHS England:

- Principles of Health Command (NHSE dates available) Tactical and Strategic On Call Managers.

Via the ICB:

- Resilience Direct Training (ICB supplied)
- AEO package (awaiting approval from NHSE that the package is sufficient)

Additional Training can be added on an Ad Hoc basis that is relevant to incidents or events as they occur in order to prepare for or capture lessons from.