



QUALITY REPORT & ACCOUNTS 2019 - 2020

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PART 1



Part 1 - Statement on Quality by Chief Executive

This Quality Report sets out our commitment to ensuring we deliver care of the highest possible standard during 2019/20 and identifies the areas on which we have focused during the year as well as our performance against key quality indicators.



It also sets out our strategic ambition to deliver high quality, safe and effective care which meets both individual and community needs, whilst delivering value for money.

Our Quality and Place strategy remains central to how we now operate as a Trust and during 2019/20 we have made significant strides in the delivery of integrated community care.

A significant piece of work during this time saw us begin to work in a strategic partnership with Warrington and Halton Teaching Hospitals NHS Trust to explore opportunities for greater collaboration within corporate services, as well as improving patient pathways across hospital and community settings.

During this period we received a Section 11 frontline visit from the Safeguarding Children's Partnership. With no concerns expressed, service leads were able to assure their high standards.

I was also greatly encouraged by the results of the annual Midwife service questionnaire distributed to women in June 2019. Some 92% of respondents felt they had enjoyed continuity of care from the team whilst 98.6% would recommend the service to friends and family.

During 2019/20, the Trust continued to strengthen its approach to 'lessons learned,' including the introduction of weekly patient safety meetings and weekly interface meetings.

A further five 'Freedom to Speak Up' champions were appointed within Bridgewater, making a total of eight to raise the profile of encouraging staff to 'speak up' if they have a concern.

During this period we have made a significant contribution to staff engagement, with a regular programme of staff activities, as well as highly visible compassionate leadership as a means to create the conditions within which high quality care can thrive.

The Trust's flu vaccine uptake amongst frontline workers was 70%, a significant achievement, whilst Gender Pay Gap results showed pleasing improvements with the gender pay gap narrowing slightly and the median narrowing to just over 1%.

In 2019 we re-established the Education, Professional and Leadership Governance Steering Group which co-ordinates the provision of education, leadership and professional development within the Trust. The aligned education strategy will ensure that the Trust is focused on strengthening our workforce to meet the challenges of the next five years and beyond to enable us to adapt and change and transfer skills into new and different roles as required to meet our strategic aims.

As Chief Executive I am assured that the Trust provides a high quality service and that this Quality Report demonstrates this. To the best of my knowledge the information in this account is accurate and fairly reflects the quality of the care we deliver.

A handwritten signature in blue ink, appearing to read 'Colin Scales', with a stylized, flowing script.

Chief Executive

Colin Scales

PART 2



Part 2 - Priorities for Improvement and Statements of Assurance from the Board

Priorities for Improvement in 2020/21

Patients are at the heart of everything we do at Bridgewater Community Healthcare NHS Foundation Trust and this is detailed in our Quality and Place Strategy. Our priorities for 2020/21 relate to those local areas where we provide services, in line with the **Place** element of our strategy and areas where we wish to continue our **Quality** improvement work. The Trust wishes to further its work around improving patient outcomes by decreasing the number of pressure ulcers acquired by patients who we provide care to, continuing to develop our patient engagement strategy and driving up quality by embedding our work around Sepsis training and improving sepsis recording within identified teams within the Trust.

Quality priorities for the year 2020/21 include:

As part of our Quality and Place strategy our approach to quality underpins our quality improvement plan and for 2020/21 the Trust wants to further improve and develop:

- Reducing harm to our patients by continuing our improvement work in decreasing pressure ulcers. Our reviews continue to show that patient choice, delegation of care and multiple reporting are a contributing factor. The Trust wishes to continue to review these elements in order to demonstrate improved outcomes.
- Continuing to develop the patient engagement strategy which further supports our place based services and patient satisfaction as well as increasing participation in service redesign.
- Following on from the improvement work that was reported in 2019/20 on the rollout of sepsis and NEWS2 a review by Mersey Internal Audit (MIAA) found that the Trust has made significant progress since the previous Quality Spot Check Review in 2019/20 and that the Trust had shown a commitment to improvement at all levels in the organisation. However, the Trust wishes to continue with this improvement and embed the recommendations that MIAA made around data collection, producing a standard operating procedure and working with teams to improve record keeping.

Our quality plan on a page covers areas such as patient safety, clinical effectiveness and patient experience. One of the strategic ambitions is to deliver high quality, safe and effective care which meets both the individual and community needs.

In the table below the implications on workforce and finance are displayed.

Quality	Workforce	Finance
Reducing pressure ulcers	Sharing Lessons Learned	Claims
Driving up quality improvement on Sepsis and NEWS 2.	Training	Staff costs to release for training
Implementing our Bridgewater engagement strategy	Engagement with stakeholders and staff	Potential venue costs for stakeholder events.

Review of progress against the 2019/20 Priorities for Improvement

Priority for Improvement	Update
<ul style="list-style-type: none"> Learning from Deaths: Including learning from national reports such as the Gosport Enquiry and our promotion of a no blame culture and improvements by increasing greater numbers of Freedom to Speak up Guardians to encourage staff to raise concerns. 	<p>During 2019/20 the Trust has reviewed our 'Learning from Deaths' work against National Quality Board's "Guidance on Learning from Deaths" (published in March 2017) and Guidance for NHS Trust on working with bereaved families and carers (published July 2018) and is currently pending submission to our Policy Approval Group.</p> <p>Case record reviews are a key component of improving the quality and safety of patient care. The method adopted by the Trust is based on the Structured Judgement Reviews (SJRs) for improvement by Royal College of Physicians V1.3 June 2018.</p> <p>The benefits of utilising this type of methodology are that it provides a structured and replicable process to reviewing deaths across the Trust. This method examines not only intervention but also looks at the holistic care, giving a rich data set of information.</p> <p>Using this method, we have established a community based Learning from Death Case Review process, allowing for the identification and feedback of both good</p>

	<p>and ‘problematic’ care, as there is much to be learned from both.</p> <p>During 2019/20 a further five Freedom to Speak Up champions were appointed in the organisation, making a total of eight to raise the profile of encouraging staff to ‘speak up’ if they have a concern. Two of the champions went onto undertake the Guardian training. Therefore the Trust has now three Freedom to Speak up Guardians and five champions</p>
<ul style="list-style-type: none"> Driving up quality using quality improvement methodology to enable greater learning and engagement to underpin our previous work on Sepsis and NEWS 2 roll out. This will also impact on the work around Gram Negative infections where most cases occur in the community amongst older people who form the largest users of adult services. 	<p>Within 2019/20 the trust has established a Sepsis/NEWS2 advocate network. In conjunction with identified advocates a terms of reference for the group was developed and a roles/responsibilities for the advocates was identified. These include:</p> <p>Roles and Responsibilities :</p> <ul style="list-style-type: none"> To act as a link between their own clinical area and the Sepsis Lead/Quality Matron. Attend monthly advocate meetings to receive support, education and feedback on practice issues with Sepsis/NEWS2 Lead Increase awareness of Sepsis and NEWS2 implementation and practice issues in their team/service and motivate staff to improve practice. Support the sepsis lead to develop, review and implement policies/guidelines Act as a clinical champion within their own practice area supporting staff in implementing clinical guidelines for Sepsis and NEWS2 within their service/team and being a local point of contact for clinical issues or queries. Act as point of reference for further expert advice Promote good practice and provide advice and support to colleagues within the workplace, acting as an advocate for patients, families and carers Lead on clinical audit for Sepsis and NEWS within their team/service Review performance data on Sepsis and NEWS

	<p>within their team/service supported by the Clinical Manager, feeding back performance to the sepsis lead for discussion at Champions meetings</p> <ul style="list-style-type: none"> • Maintain up to date knowledge of the specialty subject and promote evidence based practice • Attend, contribute to and deliver identified training and awareness raising sessions • Disseminate pertinent information within the workplace in an appropriate and timely manner • Maintain and monitor standards of care delivery in the workplace, providing feedback to individuals and Sepsis lead (Quality Matron) and Clinical Manager. <p>In addition the above network identify key areas to focus on for the next 12 months these include:</p> <ul style="list-style-type: none"> • Review of current sepsis and NEWS2 current policies and guidance to ensure that they contain the most current up to date best practice guidance • Review of current PEWS models used within organisation, standardisation of model and development of clinical guidance. • Review of sepsis intranet page and consider inclusion of NEWS2/PEWS once standardised model agreed • Roll out of NEWS2 to Podiatry services
<ul style="list-style-type: none"> ▪ Developing a Bridgewater engagement strategy as active engagement and participation further supports our place based services and patient satisfaction as well as increasing participation in service redesign. 	<p>Bridgewater has a robust process for monitoring patient experience and this has been extended to include carers during 2019/20. The process has been monitored by the Service Experience Group. The wider engagement strategy was discussed by the Service Experience Group and the group has now been extended to cover all aspects of patient and carer involvement and has wide stakeholder involvement.</p>

The priorities will be monitored through the Trust's governance infrastructure. Information is gathered by triangulating data and quality reports which are discussed, challenged and monitored at monthly Quality and Safety sub groups, the Directorate team meetings, Operational Performance meetings, and finally scrutinised at the Quality and Safety Council and assurance given to the Quality & Safety Committee that reports to the Board.

To give assurance to the Trust Board the Committee monitors performance on a bi-monthly basis by receiving regular reports on all quality and operational issues. This enables the Trust to demonstrate its commitment to encouraging a culture of continuous improvement and accountability to patients, the community, the commissioners of its services and other key stakeholders.

Statements of Assurance from the Board

During 2019/20 the Bridgewater Community Healthcare NHS Foundation Trust provided and/or sub-contracted 156 relevant health services.

Bridgewater Community Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in 100% of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20 represents 91% of the total income generated from the provision of relevant health services by the Bridgewater Community Healthcare NHS Foundation Trust for 2019/20.

Clinical Audit

Participation in Clinical Audits

During 2019/20 four national clinical audits and one national confidential enquiry covered relevant health services that Bridgewater Community Healthcare NHS Foundation Trust provides.

During that period Bridgewater Community Healthcare NHS Foundation Trust participated in 100% national clinical audits and 100% 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 enquiries that Bridgewater Community Healthcare NHS Foundation Trust was eligible to participate in during 2019/20 are as follows:

- National Diabetes Audit - Adults (foot care)
- Falls and Fragility Programme (FFFAP) - National Audit of Inpatient Care
- UK Parkinson's Audit
- Learning Disability Mortality Review Programme (LeDeR)

➤ Long Term Ventilation – NCEPOD study

The national clinical audits and national confidential enquiries that Bridgewater Community Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2019-20, 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.

Title of National Audit	
National Diabetes Audit - Adults (foot care)	100%
Falls and Fragility Programme (FFFAP) - National Audit of Inpatient Care	n/a (there were no patients that met the audit criteria in the time period of the audit.
UK Parkinson's Audit	100%
Learning Disability Mortality Review Programme (LeDeR)	n/a
Long Term Ventilation – NCEPOD study	100%

The reports of three national clinical audits were reviewed by the provider in 2019-20 and Bridgewater Community Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

1. Title: National Diabetes Audit - Adults (foot care)
The main actions we are addressing are: Ensure staff continue to put forms through for patients with new ulcers. Ensure correct form is being used and being submitted and to right location. Monitor the rates of amputation due to lack of follow up
2. Title: UK Parkinson's Audit
The results are being reviewed and if deemed appropriate an improvement plan will be registered with the UK Parkinson's Audit in line with the deadlines set by the national audit. i.e. by 30 May 2020.
3. Title: Long Term Ventilation – NCEPOD study
The report was issued in mid-February 2020. It is being reviewed within the Trust and an action plan will be drawn up if deemed necessary.

The reports of 17 local clinical audits were reviewed by the provider in 2019/20 and Bridgewater Community Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided – please see Clinical Effectiveness section of this report for further detail.

Participation in Clinical Research

The number of patients receiving relevant health services provided or subcontracted by Bridgewater Community Healthcare NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 337.

Goals agreed with Commissioners - Use of the CQUIN Payment Framework

A proportion of Bridgewater Community Healthcare NHS Foundation Trust income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Bridgewater Community Healthcare NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

For further details regarding the agreed goals for 2019/20 please see the CQUIN section and for the following 12 month period the information is available electronically at: www.bridgewater.nhs.uk/aboutus/foi/cquin/

Bridgewater is currently reporting a monetary total income of £517k subject to final confirmation from commissioners regarding quarter 4 data.

The monetary total for the associated payment in 2018/19 was £1,923k

Care Quality Commission (CQC)

Bridgewater Community Healthcare NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is full and unconditional registration.

The Trust has undergone a comprehensive Well-Led Inspection in September 2018. The report was published on the 17th December 2018 and demonstrates a significant improvement since the 2016 inspection with several service lines and domains this year achieving an improved rating of “good”. Due to the weighting given to the inspection at Trust level, the overall rating for the Trust remains as **Requires Improvement**.



- Eight core service lines inspected, six rated “good”
- Of 40 domains measured across the services we now have one rated as outstanding, 34 as good and five as requires improvement.
- Midwifery, End of Life and Community Dental Services achieved an improved rating of good.
- Adult Community and Sexual Health services both retained their good rating
- Overall our **core services** are rated as **good**

The quality concerns from the CQC were:

- Regulation 17 HSCA (RA) Regulations 2014 - Good Governance – in relation to information management and triangulation
- Regulation 9 HSCA (RA) Regulations 2014 - Person-centred care – in relation to children’s care and treatment
- Regulation 16 HSCA (RA) Regulations 2014 - Receiving and action on complaints – in relation to children’s services

The areas of concern have now been addressed by working through a comprehensive improvement plan which details responsibilities at a corporate and service specific level. This improvement plan is monitored through key governance meetings.

The strategic risks to quality have been assessed by the executive team and are:

Failure to deliver safe & effective patient care - This encompasses the CQC concerns. Quality and safety risks currently include safeguarding capacity, recruitment to some staff groups and record keeping as we transfer to EPR. The strategic risks have an assigned accountable director and mitigation plans are reviewed by the Board on a regular basis.

The need to use information to triangulate quality with finance, performance and workforce has led to the introduction of our Integrated Quality and Performance Report (IQPR) which is refined each month as further data becomes available. This report will not only enable the CQC concerns to be resolved but is also enabling clinical staff to see potential areas of concern and act more quickly to prevent problems. The organisation has invested in a data warehouse called Qlik. This allows staff 'front end' access to their data. There are also other functionalities to this data warehouse such as waiting list alignment, and out of hospital activity tracking. Our Information and Performance Team continue to explore and develop the infrastructure to support our clinical services.

Throughout 2019/20 the Trust continued to strengthen its approach to 'Lessons Learned'. There are weekly patient safety meetings in the boroughs that review patient safety incidents, case note reviews and Root Cause Analysis (RCA) reports. If a serious incident is identified then these are reviewed by the Trust's Serious Incident Review Panel, chaired by the Deputy Chief Nurses. Responding to deaths is also reviewed at this panel. Any lessons learned are highlighted in the monthly Quality Newsletter which is shared on the Trust intranet. There are also weekly interface meetings with our partners from care homes and Commissioners to ensure that any patient safety issues are discussed and actioned immediately and lessons learned shared across the system.

Some of our Services were inspected during 2019/20.

Barton Moss Secure Children's Home: Ofsted Report

The home was inspected on three occasions:

January 2019 Interim Inspection

May 2019 Interim Inspection

January 2020 Full Inspection

The healthcare service was only included in the Full Inspection and the service was reported to be 'GOOD'.

Children have prompt access to a good range of healthcare provision, including substance misuse, the dentist, mental health, physical health and age-appropriate screening. Children were positive about the healthcare they receive. There is a process in place for out-of-hours

medical advice and treatment.

Recommendations

Ensure that health services are delivered in locations which are safe, fit for purpose and have the necessary facilities to meet young people's needs. ('Health care standards for children and children in secure settings', page 34, paragraph 8.1) In particular, give urgent consideration to relocating the treatment room to a space that is more suitable to better meet the needs of children and young people.

Action taken: The estate is managed by the Local Authority. The issues relating to the size and ventilation of the room have been raised with the Local Authority for resolution however it is unlikely that an alternative room will be available until further building work is undertaken. The NHSE commissioner is aware of the difficulties and this is monitored at the quarterly contract meeting.

St Catherine's Secure Children's Home:

The home underwent significant surveillance from Ofsted during the year with Full and Interim Inspections:

March 2019 Interim Inspection
July 2019 Full Inspection
August 2019 Monitoring Visit
October 2019 Full Inspection
November 2019 Monitoring Visit
January 2020 Full Inspection

The healthcare service was only included in the Full Inspection in July 2019 and the service was reported to be 'GOOD'.

Children have prompt access to an age-appropriate range of health services. There is a good skill mix within a multi-disciplinary healthcare team whose members work well together to improve the physical, mental and emotional well-being of the children.

No recommendations regarding the provision of healthcare services were received.

HMP Garth

HMP Garth was jointly inspected by the CQC and Her Majesty's Inspectorate of Prisons the week commencing 11th January 2019. The report was published in May 2019.

The outcome was positive and no requirements notices were issued by the CQC and no specific recommendations in the Primary Care or Dental sections but there are a couple relating to the management of medicines in the Pharmacy section:

Recommendation

Robust governance arrangements should be embedded and involve key stakeholders to ensure oversight of medicine management and prescribing practice is effective.

Action Taken: An audit of prescribing was undertaken and Medication In-possession Risk Assessments were completed with all patients prescribed medication. These are now routinely completed for every patient arriving at HMP Garth, compliance with this standard is reported to NHSE commissioners each quarter.

Focused Visit to St Helens Children Services

In April 2019 there was a section 11 front line visit from the Safeguarding Children's Partnership by the Deputy Director and the Assistant Director for Safeguarding, Peoples Services. The purpose was to triangulate the key findings of the Section 11 returns for Bridgewater and to identify and promote good practice in the Partnership and confirming good practice in safeguarding in St Helens.

There were no concerns raised for Bridgewater and the service leads were able to assure their high standards.

The majority of St Helens services are going through a transition phase to new providers; phase one was completed on the 1st December 2019, planning was comprehensive therefore transition was smooth. Phase two completed 31st March 2020, there are no concerns about this transition in relation to the stability of individual services.

JTAI (Joint Targeted Area Inspection) in Halton

Between the 8th and 12th July 2019, Ofsted, the Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation (HMIP) carried out a joint inspection of the multi-agency response to children experiencing or at risk of sexual or criminal exploitation in Halton. The Trust's contribution to this inspection was led by the Head of Safeguarding.

The outcome letter from this inspection outlines the findings related to the effectiveness of partnership working and of the work of individual agencies in Halton. There is no grading to this inspection regime however if there had been any serious issues uncovered Halton's safeguarding children's partnership would have been issued with priority actions. There were no priority actions identified.

Specific health feedback was provided for each Health provider involved in the inspection. This feedback was provided by the Lead CQC inspector and received by the NHS Halton Clinical Commissioning Group (CCG), Clinical Chief Officer, Chief Nurse, Deputy Chief Nurse and Designated Nurse.

The JTAI focused on 3 specific areas;

- Leadership
- Front Door
- Deep Dive Audit Cases

To enable the inspection team to highlight good practice and areas for improvement they combined the findings from interviews with senior staff, frontline visits and deep dive case audit.

Bridgewater Community Healthcare NHS Foundation Trust was involved in all aspects of the inspection.

The CQC completed frontline visits to staff members from the 0-19 Service (School Health), the Midwifery Team and the Trust's Health representative in Halton Integrated front door.

(ICART) The Safeguarding and Children in Care Team were also engaged with all areas of the inspection. All the cases audited also had involvement from a variety of services including community paediatrics and the additional needs nursing team.

Findings – Specific to Bridgewater

Strengths

- The Community Midwifery Service demonstrated good leadership and inspectors commented on the positive impact the support offered by the Safeguarding Midwife had on frontline practice.
- The Early Help Nurse in the ICART was identified as positive as the role supports the wider health economy with the Early Help Agenda.
- When referrals were made to Children's Social Care inspectors were confident the safeguarding procedures in Bridgewater enabled real-time tracking of the cases. This provided a safety net and opportunity to escalate cases should a satisfactory outcome not be achieved.
- Safeguarding Training included Child Exploitation.
- The Children in Care Lead Nurse understood her cohort of children and young people well, and captured their voice within assessment.
- The Trust demonstrated good engagement with the Child Exploitation Strategic and Operational Group.
- There was evidence of good flagging systems in place for Children and Young People at risk within Bridgewater.
- Staff evidenced good use of Strength and Difficulty Questionnaires to assess the Emotional Health and Well-being of Children in Care.

Areas for Action/Improvement

- The Early Help Nurse in the ICART was identified as positive but inspectors felt this post was under resourced as this role was dependent on one person with no specific cover arrangements.
- The number of referrals from School Health to Children's Social Care, Early Help and Child Exploitation was deemed low and inspectors were not confident that the level of risk was being assessed appropriately by School Health staff.
- Education Health Care plans were not always recorded on the child's individual health record.

These areas for improvement have been incorporated into the Trust Improvement plan, the progress of which is monitored via Time to Shine meetings.

Halton CCG concluded their feedback to Bridgewater after this inspection by writing that **'The engagement from Bridgewater with this inspection was exemplary'**.

Royal College of Paediatrics and Child Health Review (Halton, Warrington and St Helen's)

Bridgewater Community NHS Foundation Trust invited the Royal College of Paediatrics and Child Health (RCPCH) to undertake site visits across paediatric services in Halton, Warrington and St Helen's boroughs in January 2019. The review was an independent assessment against agreed Terms of Reference, based on information provided to the reviewers, and interviews with staff and stakeholders across the three areas. The services were considered against published regulations, policy and standards from the RCPCH and other professional bodies, where available, together with the considered experience and expertise of three senior RCPCH reviewers. The Royal College Review report was subsequently published in May 2019 and detailed a number of corporate and borough specific recommendations that have been shared widely with clinicians working within community paediatrics; accordingly each service has developed a detailed action plan with support from the medical director, other senior clinical and operational leaders within the Trust. There are 13 corporate, 12 and 5 borough specific recommendations for Warrington and Halton respectively.

Over the intervening months considerable efforts have been focused towards completing the actions identified to support service improvements. Some actions have been completed successfully and other actions, that require a system wide response, continue to be developed and implemented. The Review has also importantly formed part of a strategic approach to reforming children's services generally thereby creating an exciting opportunity to evaluate and challenge traditional service delivery models.

Right Start and School Nursing Service (Oldham 0-19)

Local Government Association Peer Review: March 2019

During the 26th – 29th March 2019, Oldham Local Authority commissioned the LGA to undertake an Early Years peer review. The review was carried out by six peers, including senior colleagues with significant experience of leading and managing Early Years services within local government, health and education. The peer review team spent four days in Oldham, in which time they visited and spoke to members of the Right Start and School Nursing Service on numerous occasions.

The peer review team had been asked to explore 3 key lines of enquiry:

- Is organisational capacity aligned with priorities and aspirations?
- Is the current Right Start and wider Early Years offer the right offer?
- How well embedded and effective is the Speech, Language and Communication pathway?

Feedback identified the enthusiasm and passion that was apparent between all staff teams and partners; however, it was felt that a shared vision and strategy would support the development work further.

The following key proposals were made to the LA to support the Oldham Early Years Partnership in their future developments.

1. Create additional senior leadership capacity for Early Years.
2. Use the expertise of existing staff and families to review and revise the existing offer.
3. Expand the offer to include a focus on primary prevention and socio emotional development.
4. Establish a mechanism for the workforce across the Early Years partnership to meet and share best practice.
5. Create a SMART, three to five-year partnership action plan with an agreed outcomes framework. Ensure that one Early Years offer is promoted across all services.
6. Agree and implement a whole system workforce training and development strategy, with an emphasis on coaching styles of leadership and the celebration of success and staff achievement.

Action Taken

The LA have:

- Appointed a new Director of Children's Services
- Appointed a Head of Early Years
- Started to develop, with partners an early years strategy
- Started to identify and develop what the future Right Start model would look like (with partners)
- Developed reporting mechanisms including an Early Years Outcomes Framework

The Right Start Service have:

- Taken part in discussion with key partners to support the development of an early years strategy
- Started a review of the Little Talkers intervention, including materials with key partners
- Completed a review of the speech, language and communication pathway with key partners
- Worked with partners to support the development of the Early Years Outcomes Framework.

Joint Area SEND Revisit: 23rd – 16th September 2019

Ofsted and the Care Quality Commission (CQC) revisited Oldham in September 2019 to decide whether the area has made sufficient progress in addressing the significant weaknesses detailed in the written statement of action (WSOA) issued on 31 October 2017. The local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 16 March 2018.

Following the revisit Ofsted and CQC judged that the area had made sufficient progress in addressing three of the five significant weaknesses identified at the initial inspection.

- There was a lack of effective leadership and joint partnership in leading, developing and evaluating the reforms. – 'Strong oversight by the governance boards and the timely interventions of the transformation assurance board (TAB) have brought the right level of challenge and support. The TAB has made sure that leaders have kept their plans on track. As a result, there is a 'buzz' across the local partnership as stakeholders work together to realise their ambitious vision for children and young people with SEND.'
- Illegal practice may be happening in Oldham. – 'Leaders worked with a range of partners to find and resolve any possible illegal practice. Firstly, they systematically reviewed the possible illegalities which were identified during the initial inspection. Following this review, appropriate legal advice was sought. This provided assurance that all aspects of the area's work were compliant with the SEND regulations'.
- Transport arrangements for children and young people who have SEND were defective. - The local partnership took swift and decisive action to put in place transport arrangements which put the needs of the children and young people first. Leaders sought assurance from their legal team that the policy and associated arrangements were compliant with statutory requirements. Officers apply this policy consistently when considering applications'

- The EHC process was dysfunctional and the quality of plans was inadequate. – ‘The local partnership had to start from scratch. Following the inspection, leaders recognised the pressing need for structural change as well as capacity building. This took time. Once new leaders and teams were in place, comprehensive training was delivered to all staff involved in EHC processes and plans. Leaders used audit processes to evaluate the quality of each stage of the EHC assessment process and to inform further staff training. Over the past 12 months, the timeliness and quality of advice from all partners have improved. The new EHC process has improved the quality of plans. Intensive training’
- Children and young people with SEND underachieved considerably and had high rates of fixed-term exclusions and persistent absence. – ‘In the early years and primary phases, children with SEND in particular benefit from the focus on improving communication, language and literacy. The investment by the local partnership coupled with the Opportunity Area investment has targeted resources at schools and settings with the greatest need. The academic achievement of children with SEND in Oldham is improving faster than that of their classmates across the early years, key stage 1 and key stage 2’

The service has undertaken the following actions:

- Worked with key partners to evaluate and change practice across the system with regard to EHC practices which includes annual reviews
- Re visited and re-evaluated the services’ SEND pathway.
- Developed SEND champions within the service
- Trained early years SENDCo’s to increase confidence levels when challenging exclusions of early years children.
- Produced a network of SEND forums to support the early years education practitioners
- Mapped, with key partners, existing pathways across the specialist children’s health providers to ensure that their effectiveness and that children’s health needs continue to be met.

Baby Friendly Re-Accreditation: January 2020

UNICEF representatives spent several days auditing the service on staff knowledge and skills, in addition to interviewing local families in the area about the care they received with 100% of mothers reporting that the Right Start staff were kind and considerate, whilst 95% of people who accessed the service confirmed that all of their needs had been met. During the visit a number of groups and activities were observed.

“We were delighted to highly commend the Right Start 0-19 Service for presenting documents which effectively underpin the Baby Friendly standards.”

Baby Friendly is a worldwide programme from the World Health Organisation (WHO) and UNICEF which was established in 1992 to encourage maternity hospitals to implement the 'Ten Steps to Successful Breastfeeding' and has subsequently had the principles extended to include health visiting and public health.

In 2012, the Baby Friendly standards were updated to include parent infant relationship building, early child development and enhanced communication skills for staff.

The following areas were highlighted for further development.

1. An increase in the number of health visiting staff who are able to discuss the International Code of Marketing of Breastmilk Substitutes (the code). This includes the replacement of the branded tomme tippee cups for a non -branded cup when current stocks are depleted.
2. An increase in the number of children's centre staff who can demonstrate an understanding of responsive bottle feeding.
3. An increase in the number of women who are made aware of the services offered by the children centre in the antenatal period.

Following the visit an action was developed and the following actions carried out

- Sourced feeder cups that are not branded
- Re sent information to all team members to ensure information on the International code of Marketing of Breastmilk substitutes
- Re sent information on responsive feeding
- Re visited the information being shared at the ante natal contact and electronic birth pack
- Re visited training packages to ensure that the recommendations are threaded throughout.
- Laminated information cards have been disseminated across the staff teams

NHS Number and General Medical Practice Code Validity

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.8% for outpatient care; and
- 99.1% for Walk in Centres and Urgent Care Centres

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 99.6% for outpatient care; and
- 98.7% for Walk in Centres and Urgent Care Centres

Information Governance

The Data Security and Protection Toolkit (DSPT) is an annual mandatory requirement, which all NHS organisations have to submit before 31st March each year. The DSPT is a self - assessment tool and provides an overall measure of the data quality systems, standards and processes within the Trust.

The Trust submitted the 2019/20 DSPT before the deadline of 31st March 2020. However, it should be noted that because of the COVID 19 pandemic the deadline for submission has been moved to September 2020. All mandatory requirements could be evidenced, with the exception of Assertion 3.2.1 – “at least 95% of all staff complete their annual Data Security Awareness Training between 1st April 2019 and 31st March 2020”. The highest percentage achieved within this time frame was 91%. This is a significant 11% increase from previous year. An improvement plan for assertion 3.2.1 was submitted last year and will continue for this year.

To ensure the self-assessment submission meets the required standards, an annual internal audit is conducted by Mersey Internal Audit Agency (MIAA). The final report from MIAA for 2019/20 granted the Trust “Substantial Assurance”. The assurance a Trust receives is therefore indicative of how well the Trust has followed guidance and good practice.

The Trust also underwent an audit by the independent regulators the Information Commissioner’s Office (ICO) in February 2020. The audit was triggered by our handling of a serious incident. The audit achieved high assurance for Data Breach Reporting and Governance and Accountability.

All serious incidents have to be reported to the ICO. There were two information governance serious incidents during 2019/20 that required reporting to the regulators:

- An admin staff member accessed patient information with no legitimate reason and as a result was dismissed.
 - A staff member’s car was stolen from the driveway and 5 patient records were in the boot of the car. The patient records were retrieved the following day.
- These two incidents have been investigated internally by the ICO and are now closed.

Two serious information governance incidents from the 2018/19 have not been concluded. The investigation reports and additional supporting evidence have been submitted, but still remain open. The two serious incidents were regarding;

- A letter being sent to incorrect patient that contained highly sensitive information for another patient.
- Sensitive information sent to wrong address of a vulnerable adult.

These two incidents will continue to be monitored through the Trusts Digital Information Governance and Information Technology (DIGIT)

The Digital Information Governance and Information Technology (DIGIT) group was established at the latter end of last year. The group combined members from both the IG and the IT steering groups into one group. The bi monthly group is chaired by a Deputy Chief Nurse, who is also the deputy Caldicott guardian. Also in attendance are the Director of Finance in his role as Senior Information Risk Owner (SIRO) and the Trust Secretary in the role of Data Protection Officer (DPO). The group reports to the Finance and Performance Group. The DIGIT group will develop and implement the Trust's "Digital Strategy" to ensure it is delivered in a safe, secure and cost effective way. The group will also ensure the "Digital Strategy" is underpinned by a comprehensive information governance framework and IT and reporting infrastructure. An audit plan has been established to ensure that the Data Security and Protection Toolkit (DSPT) requirements are evidenced and fully embedded into the Trust. The DSPT is a mandatory requirement for all organisations regarding how they handle personal information; it is *"to measure their performance against the National Data Guardian's 10 data security standards"* (NHS Digital 2020).

Clinical Coding Error Rate Validity

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20 by NHS Improvement.

Statement on Relevance of Data Quality and your Actions to Improve your Data Quality Validity

Bridgewater Community Healthcare NHS Foundation Trust will be taking the following action to improve data quality.

The Trust recognises the need to ensure that all Trust and clinical decisions are based on sound data and has a number of controls in place to support the process of ensuring high quality data.

The Trust uses MIAA to audit performance and performance management processes. The overall objective of the audits is to provide assurance that the Trust has an effective process-controlled system for performance reporting and ensure that mitigating plans are in place to achieve maximum performance and support patient quality.

The Trust has an agreed data quality policy to complement its data quality strategy and also has a data consistency programme that aims to ensure a consistent Place Based approach to recording data and performance management across all its Boroughs.

Data consistency implementation groups are in place who oversee data consistency progress aligned with data improvement, service redesign and System roll out across the Trust.

The Trust has continued to be proactive in improving data quality by providing:

- system training (and refresher training available on request) sessions for assistance with system use for data recording
- activity and data quality are standing items on clinical team meeting agendas
- self-serve data quality reports using Qlik Sense web based platform
- Regular summary reports to borough directors

Number of Deaths

During **1st April 2019 to 31st March 2020**, **934** of **Trust** patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

218 in the first quarter;

166 in the second quarter;

288 in the third quarter;

262 in the fourth quarter.

By 31st March 2020, **80** case record reviews/investigations have been carried out in relation to **934** of the deaths included in item 27.1. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

28 in the first quarter;

15 in the second quarter;

21 in the third quarter;

16 in the fourth quarter.

0 (percentage 0%) of **934** of the patient 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 estimated using the Case record reviews, which is based on the Structured Judgement Reviews (SJRs) for improvement by Royal College of Physicians V1.3 June 2018.

The benefits of utilising this type of methodology are that it provides a structured and replicable process to reviewing deaths across the Trust. This method examines not only intervention but also looks at the holistic care, giving a rich data set of information.

27.4 There was no learning reported, as there were no deaths during this reporting period judged to be more likely than not to have been due to problems in the care provided to the patient.

There were no case record reviews or investigations completed after 31st March 2019, which related to deaths which took place before the start of this reporting period.

Reporting against Core Indicators

In accordance with NHS England requirements Bridgewater Community Healthcare NHS Foundation Trust is able to provide data related to the following core indicators using data made available by the Health and Social Care Information Centre (HSCIC).

Core Indicator Staff Friends & Family Test	Bridgewater 2016	Bridgewater 2017	Bridgewater 2018	Bridgewater 2019	National Average for Community	Highest Community Trust	Lowest Community Trust
If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation (Q21d NHS Staff Survey)	71% (reported as 79% in last year's report)	67%	72.1%	68.2%	78.3%	85.5%	35.6%
% of staff that would recommend the Trust as a place to work. (Q21c NHS Staff Survey)	49%	45%	54.8%	51.6%	66.3%	73.8%	39.2%

Bridgewater Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons:

- There has been continuous change in the health economy that has impacted on staff. It is recognised that continuous financial challenge and change at national, regional and local levels can affect staff morale and their perceptions of the organisation and the NHS as a whole. Work has been on-going during 2019 to try to improve this. 2019 is showing a deterioration of 3.2% with regards to our staff recommending the Trust as a place of work. Furthermore, there has been a 3.9%

deterioration in staff recommending the Trust as a place to receive treatment. Whilst both these responses have deteriorated the Trust remains below the national average of response rates for Community Trusts.

Bridgewater Community Healthcare NHS Foundation Trust intends to take the following actions to improve these scores, and so the quality of its services by:

- Utilising our Staff Engagement Champions to work with the Trust's Staff Engagement Lead to further understand and address the reasons why staff would not recommend the Trust as a place to receive treatment or work.
- Continuing to develop, implement and support various staff engagement initiatives. These include, but would not be limited to: updating the intranet site – "The Bridge", "The Hub", My Bridgewater App (available to all staff), monthly staff health and wellbeing newsletter and Twitter messages, and our now well established staff health and wellbeing month, monthly Director Visits, Chief Executives Blog, Team Brief, Transformation Bulletins and Trust Bulletin, Star of the Month, Annual Staff Awards. Running our internal Staff Engagement Survey on a quarterly basis to ensure we remain up-to-date on how staff feel about working within the organisation.
- Producing bi-monthly updates on Staff Engagement for the Trust Board.
- Continuing to undertake quarterly on-line surveys asking staff if they would recommend Bridgewater to their family and friends as a place of work and receive treatment. The survey is anonymous and enables staff to add their feedback/comments when responding. We will review these comments and further explore these with staff via our established mechanisms such as the Trust's Staff Engagement Group, Workforce & Organisational Development Committee, etc. The Staff Friends & Family Test is run quarterly by an external provider and results for Trusts are published nationally. This provides Bridgewater with 4 temperature checks per year to monitor progress and consider staff feedback.

The core indicators from 2014-2017 were reported from patients that attended Newton Hospital. From 2017 Bridgewater Community Healthcare NHS FT no longer provides this service or any other service where this indicator is applicable to and therefore is not applicable for 2019/20.

Core Indicator	2019/20	2018/19	2017/18	2016/17	2015/16	2014/15
The percentage of patients aged 16 or over, that were readmitted to a hospital which	NA	NA	NA	1.16% There were 343 discharges and 4	3% There were 323 discharges and 8	2% There were 343 discharges and 7

forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.				readmissions within 28 days	readmissions within 28 days.	readmissions within 28 days
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Core Indicator		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
The number and, where available, rate of patient safety incidents reported within the Trust during 2019/20, and the number and percentage of such patient safety incidents that resulted in severe harm or death	The number and, where available, rate of patient safety incidents reported within the trust during 2019/20	3,999 incidents reported of which 1321 (33%) were submitted to the NRLS as patient safety incidents	3,986 incidents reported of which 1,293 (32%) were submitted to the NRLS as patient safety incidents (as of 6/4/16)	4,676 incidents reported of which 1,217 (26%) were submitted to the NRLS as patient safety incidents (as of 31/03/17)	4,811 incidents reported of which 1,176 (24%) were submitted to NRLS as patient safety incidents (as of 03/04/18).	6,505 incidents were reported. 2,819 (43%) were reported to NRLS (as of 07/04/19)	5,402 incidents were reported. 2,661 incidents (49%) were reported to NRLS (as of 02/04/2020).
	The number and percentage of such patient safety incidents that resulted in severe harm or death	There were 24 incidents resulting in severe harm or death, 11 of which met the criteria for a patient safety incident	There were 20 incidents resulting in severe harm or death, three of which met the criteria for a patient safety incident.	There were 16 incidents resulting in severe harm or death, 12 of which met the criteria for a patient safety incident.	There were 28 incidents resulting in severe harm or death, 19 of which met the criteria for a patient safety incident.	There were 215 incidents that resulted in severe harm / death. 85 of which met the criteria for a patient safety incident.	There were 7 incidents reported that resulted in severe harm / death, 3 of which met the criteria for a patient safety incident.

Bridgewater Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons, compared to 2018/19: -

During 2019/20, 5,402 incidents were reported and 2,595 48% of these had been submitted to the National Reporting and Learning Service (NRLS) as Patient Safety Incidents.

There were 7 Patient Safety Incidents that were reported as resulting in severe harm or death. All of these incidents were reviewed as part of the Trust's processes for Learning from Deaths.

This is a reduction from the previous year's reported data regarding numbers of incidents that resulted in Major / Catastrophic harm. This was due to enhanced incident management processes which ensured that only incidents caused by the Trust were classed as having Major / Catastrophic outcomes.

Compared to 2018/19 the volume of reported Patient Safety Incidents has decreased by 224 (8%), this was a result of the transfer of services in the Wigan and Bolton Boroughs to other service providers. In view of the fact the transfer of Wigan services accounted 30% of the Trust's services, a reduction of 8% in the numbers of patient safety incidents must be considered as positive.

The Trust continues to encourage staff to report incidents in order to prevent recurrence of incidents where possible and to promote opportunities to support staff learning and support service improvement. The Trust has continued to hold weekly Patient Safety Panels & Serious Incident Review Panels, which are used as an opportunity for all staff to observe the processes of managing incidents.

The Trust considers that this data is as described for the following reasons, compared to 2018/19: -

- The volume of Patient Safety Incidents has decreased, this was a direct result of the transfer of the Trust's services in the Wigan and Bolton Boroughs to other service providers. However the size of the decrease is not proportionate to the volume of services that have been transferred, a 30% reduction in service provision resulted in an 8% decrease in the total numbers of patient safety incidents reported in the Trust.
- Although the overall number of Patient Safety Incidents decreased, the ratio of No Harm incidents (Near Miss, Insignificant outcomes) was 60% of the total number of patient safety incidents reported. During the period 2018/2019, 51% of the reported patient safety incidents resulted in near miss, insignificant outcomes. Due to the higher proportion of incidents reported that did not cause any harm, this indicates that the Trust's incident reporting culture has improved.
- The number of Serious Incidents from 2019/20 was 62. The top three cause groups were pressure ulcers, slips, trips and falls & medication errors.

- In the services that were managed by Bridgewater Community Healthcare NHS Foundation Trust from 2018/19 to 2019/20 there were increased numbers of reported incidents indicating that the incident reporting culture is evolving in the Trust. The Trust will be providing training regarding the reporting and management of incidents.

The Bridgewater Community Healthcare NHS Foundation Trust has taken the following actions to improve this data and indicators, and so the quality of its services, by:

- Continuing to hold weekly Borough / Service specific Patient Safety meetings, which maintain an over view of all reported incidents in the Borough / Service. These review meetings ensure that all incidents are reported and managed correctly depending on the nature and severity of the incident and are chaired by the Director of Nursing Services for the Borough / Service.
- A root cause analysis training program has continued for nominated staff in the Trust. There is evidence in feedback from Commissioners that this has improved the quality of Serious Incident Investigations in the Trust and the level of assurance regarding the safety of Bridgewater's services.
- Maintaining support for incident investigators and managers , through regular peer review of investigations at the Patient Safety Panels and Serious incident Review Panel.
- Ensuring that risk management processes are embedded, by ensuring that there is regular challenge of risks to allow the Trust to be assured that risks are identified and are being managed to a satisfactory standard.
- Ensuring the routine scrutiny of incidents on a daily, weekly, and monthly basis by the Risk Team and Patient Safety Panels, ensuring active involvement of senior clinicians to increase data quality and accuracy.
- Maintaining the production of weekly and monthly automated aggregate reports regarding incidents to assist monitoring by managers and the Trust.

PART 3



Part 3 – Quality of Care in 2019/20





Trust Quality Measures

In 2019/20 Bridgewater agreed the following Quality Measures. They were chosen to reflect patient safety, patient experience and clinical effectiveness, and to measure the quality of care provided by a broad range of our services. Providing data on the same set of indicators over a number of years demonstrates where the care we have provided has either improved or declined.

The data for the Patient Safety Indicators are taken from the Ulysses Risk Management system. This system provides a mechanism for staff to report incidents into the incident management system, using an online form; this allows incidents to be recorded and managed in a safe and secure way.

Indicator to be measured	Change compared to previous year	2019/20 full year position	2018/19 full year position	2017/18 full year position	2016/17 full year position	2015/16 full year position	2014/15 full year position	2013/14 full year position	Comments
Patient Safety									
Number of pressure ulcers which developed whilst patients were under our care	↑	722 of 750 incidents reported	683 of 760 incidents reported.	41.26%	39%	42%	38%	33%	The overall number of reported incidents increased due to the Pressure ulcer work during 2019 / 2020.
No. of serious untoward incidents (SUIs)	↓	62	137	162	106	45	80	54	The significant reduction in the number of SI's is due to the transfer of services in Wigan and Bolton to alternative service providers.
Proportion of incidents with outcome of "No Harm".	↓	42%	51%	49%	53%	40%	45%	34%	Reported patient safety incidents with "No Harm" (near miss, insignificant) outcomes decreased to 42% of the

									incidents reported.
CDI reported as lapse in care and apportioned to the Trust	↔	0	0 (6 cases under investigation)	0	2	0	2	4	For further information please see HCAI section.
MRSA reported as lapse in care and apportioned to the Trust	↔	0	0 (2 cases being investigated)	0	0	0	0	0	For further information please see HCAI section.
Total number of patient falls (In Patient facilities – Padgate House)	↑	158 falls out of trust total of 158.	100 falls in total for the year Trust figure 229	1.8%	5%	6%	5%	3%	There has been an increase of 58 falls for the year.
Clinical Effectiveness									
Percentage of patient facing staff that have been vaccinated against flu	↑	70%	-	-	-	-	-	-	Borough specific information was not available this year and Wigan services are no longer part of Bridgewater. 70% of all clinical staff working for the Trust were vaccinated against flu this year, compared to 58% last year.
ALW		-	58.5%	65%	59%	49%	60%	56%	
Warrington		-	60.1%	53%	51%	50%	48%	46%	
Halton		-	49.6%	49%	52%	41%	45%	36%	
St Helens		-	55.8%	47%	47%	38%			
Dental		-	63.2%	36%	45%	52%	47%	36%	
Total		-	59.8%	70%	52%	46%	53%	45%	
Bolton		-	80.2%	86.5%					
Oldham		-	49.3%	74.2%					
Health & Justice		-	80.6%	78.5%					
Percentage of school age children immunised	HPV TD/IPV MenACWY								Please see appendix C NB – This indicator has been changed as Bridgewater no longer delivers the preschool immunisation programme
Patient Experience									
Staff who would recommend our services to	↓	77%	79%	3.51	3.61	3.63	3.55	3.48 (reported as 3.47)	The minimum score is 1 and the maximum score is 5.

friends and family									In 2018/19, the result format in relation to the Friends and Family Test internally changed. The results for the two questions are no longer combined.
End of life – Percentage of patients being cared for in their Preferred Place of Care (PPC)	Warrington 	85%	77%	98%	97%	97%	97%	95%	Warrington have demonstrated an increase from previous years.
	Wigan	N/A	89%	80%	78%	89%	87%	86%	Wigan services transferred to alternative provider.
	Halton 	64%	83%	98%	93%	82%	95%		Halton have demonstrated a decrease from previous years.
	St Helens	N/A	N/A	N/A					N/A for St Helens From 2018/19, figures from the EOL audit were used for this indicator. The question in the EOL audit asks “was PPC considered or evidenced in the advanced care plan or patient record.” (as opposed to “% being cared for in preferred place of care”).
Percentage of patients indicating they had a good overall experience		99%	99%	99%	99%	99%	99%	98%	For further information please refer to patient survey and Friends and Family Test results sections of this account
No. of complaints		92	104	92	94	88	91	88	

Patient Safety

Patient Safety Improvement Plan as part of the Sign up to Safety Campaign

Some key aspects of our Sign Up to Safety Campaign included:

- NHS Safety Thermometer – see the NHS Safety Thermometer section for an update.
- Health Care Acquired Infections (HCAI) – see HCAI section.
- Pressure Ulcers – see the Pressure Ulcer Section.
- Falls – see the Falls section.
- Open and Honest Care Reporting – On the Trust website we report monthly data on safety, infections, pressure ulcers, patient experience, staff experience, a patient's story and a synopsis of an area where we have improved care.

Safety Thermometer

The NHS Safety Thermometer enables nursing teams to measure harm and the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections (patients who have a catheter) and venous thromboembolism. Known as a point prevalence audit this is undertaken for all patients who are seen by nursing services in their own homes or bed based units on a specified day each month.

The data table below shows the Trust data for harm free, all harms (harms experienced by patients prior to being cared for by the Trust) and new harms (harms experienced whilst a patient of the Trust) for 2019/20 compared to the national average.

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Harm Free (Bridgewater)	94.81 %	94.7 %	94.48 %	94.16 %	97.67 %	95.14 %	94.58 %	94.60 %	93.80 %	91.58 %	93.30 %	96.57 %
Harm Free (National)	93.55 %	93.65 %	93.66 %	93.76 %	93.81 %	93.90 %	94.02 %	93.97 %	93.98 %	93.90 %	93.35 %	93.69 %
All Harms (Bridgewater)	5.19 %	5.30 %	5.52 %	5.84 %	2.33 %	4.86 %	5.42 %	5.40 %	6.20 %	8.42 %	6.70 %	3.43 %
All Harms (National)	6.45 %	6.35 %	6.34 %	6.24 %	6.19 %	6.10 %	5.98 %	6.03 %	6.02 %	6.10 %	6.35 %	6.31 %
New Harms (Bridgewater)	1.56 %	2.74 %	2.85 %	2.72 %	0.85 %	1.82 %	2.82 %	2.06 %	2.33 %	2.63 %	3.35 %	1.14 %
New Harms (National)	2.17 %	2.22 %	2.24 %	2.23 %	2.20 %	2.17 %	2.26 %	2.24 %	2.19 %	2.33 %	2.24 %	2.24 %

Between April 2019 and March 2020 the level of harm free care for 9 of the 12 months Bridgewater reported above the national average which means that patients receiving care from the Trust experienced less harms in comparison to nationally reported. There were 3 months during the reporting period that showed a lower percentage of harm free care than the national average meaning that the organisation reported that patients experienced more harms whilst under our care. The level of harm free care for each of these 3 months was 2% or less lower than reported nationally. These harms were a mixture of new and old harms. For the period the organisation reported an increase in harms a deeper dive was undertaken to understand the rationale for this. It was noted that there was an increase in old harms in relation to pressure ulcers being reported. The continued evaluation of the safety thermometer data will continue to be shared with our harm free care group to agree and implement any quality improvement actions we identify and share any learning across the Trust.

Falls

We record the incidence of falls in our inpatient units to improve patient safety and reduce harm. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients. For example, other hospitals/inpatient units may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

The recommended benchmark for recording falls is per 1,000 bed days. Not all Trusts report falls consistently, so the National Patient Safety Agency does not recommend comparing Trusts' recorded falls rate. All falls are reviewed by the physiotherapist clinical lead on an individual basis. There is a monthly falls meeting where all falls are reviewed to look for patterns or trends and to ensure that all preventative measures are in situ. This meeting is multi-disciplinary involving social care and health nurses, carers and therapists. The team also take part in the National Falls Audit on a yearly basis.

Total Falls Rates	Padgate House
2014/15 = 193	71
2015/16 = 245 (NB - this figure was incorrect in last year's account – previously stated as 215)	106
2016/17 = 225	96
2017/18 = 185	80
2018/19 = 229	100
2019/2020	158

There was just over a 50% increase in the number of falls in the year 2019/2020 when compared with the previous year. This increase was noted during the second quarter of 2019/20, which resulted in the director of Nursing Warrington commissioning the Clinical Manager to undertake a review of all falls and fallers at Padgate House. The purpose of the review was:

- To identify the factors that may have resulted in an increase in the number of falls at Padgate House.
- To determine if there are any patterns, themes or trends relating to falls which could provide lessons learnt to prevent future falls.
- To provide the Trust with the assurance that all patients at risk of falls have been managed appropriately.

The report compared the number of falls in Q1&2 2018/19 and Q1&2 2019/20. The findings were that whilst there had been a 23% increase in the number of patients who had fallen, the number of patients who had multiple falls had increased by 32%.

The reports' findings were that for those patients who had fallen all the proactive prevention measures and advice had been implemented. The majority of patients who fall at Padgate House do so because they attempt to mobilise independently and/or without the recommended walking aid.

Due to the layout of Padgate House and the number of staff available at any one time, it could take several minutes for a member of staff to reach a person at risk of falls who has sounded a call bell or triggered a falls clip alert. This may explain the reason why patients attempt to mobilise unsupervised against advice and why the majority of falls are unwitnessed.

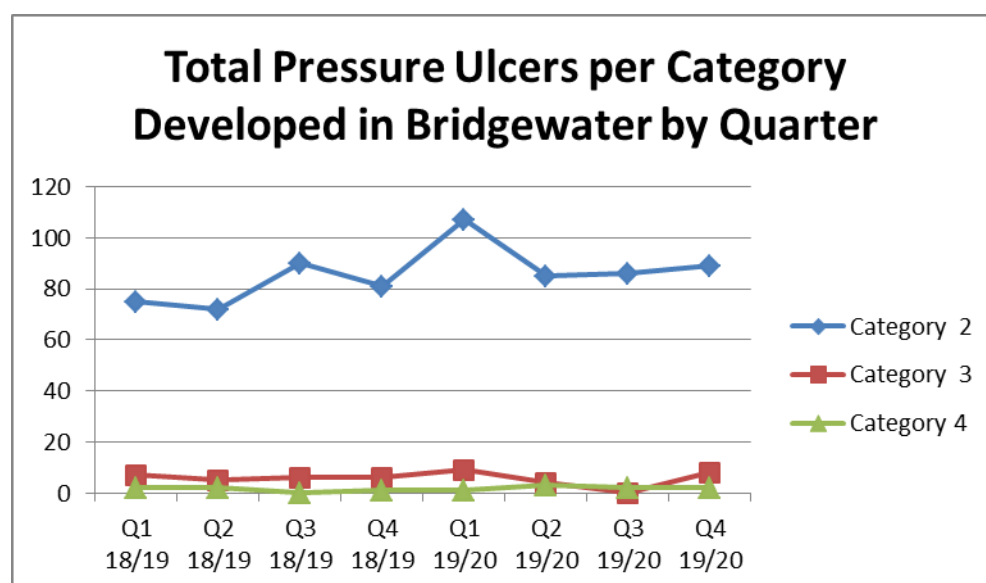
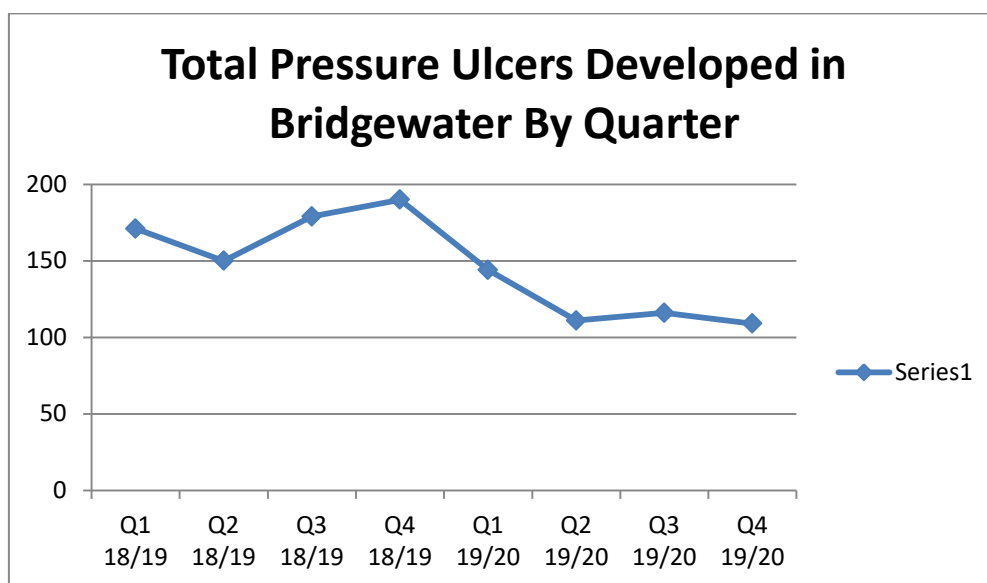
As an overall comment, it needs to be noted that a significant number of patients who are admitted to Padgate House have complex physical and cognitive deficits which massively impact their functional performance and make them a high risk of falls. Whilst acknowledging the number of patients who are at risk of falling in a rehabilitation unit is increased, the aim is to ensure that such risks are minimised, with appropriate proactive prevention measures implemented.

Pressure Ulcers

In 2019/20, overall there was a decrease in the total number of pressure ulcers that developed within Bridgewater. There was a decrease from 690 incidents in 2018/19 to 460 incidents in 2019/20.

The proportion of more severe ulcers (Category 3 and 4) was fairly consistent with the previous year during 2019/20. The Trust continues to actively encourage reporting of all categories of pressure ulcers in line with national requirements.

The Trust has continued to review all reported pressure ulcer incidents as part of our commitment to maintaining patient safety through reducing harm and learning from incidents, identifying themes and trends and improving the quality of care. This will enable us to ensure that the right wound care product is being used as well as pressure relieving equipment. The review process enables us to identify ways in which we can improve practice to reduce the risk of harm to patients.



Over the last year the Trust has continued to hold weekly Patient Safety Meetings which provide an opportunity to review moderate and severe pressure ulcers i.e. those categorised as category 3, 4 or Unstageable. The category 3, 4 and unstageable pressure ulcers developed during the Trust's care continues to be reported externally to Clinical Commissioning Groups

(CCGs) via a national reporting system. The weekly Patient Safety Meeting has provided a learning opportunity which captures areas of good practice and/or areas for improvements. These meetings are chaired by the Directors for Nursing for each Borough, and include representation from the clinical teams involved and tissue viability specialist nurses. They carry out an initial review of Trust acquired or deteriorated pressure ulcers and establish the required scope of the investigation.

Positive practice has included:

Monthly wound care and pressure ulcer training continued across Bridgewater Community Healthcare NHS Trust, provided by the Tissue Viability Service. The training is constantly reviewed and updated to incorporate relevant guidelines/policies etc. Any lessons learnt from RCA's/case note reviews are also included.

- The link nurse system and wound care pathway continue to be utilised throughout the District Nursing Teams.
- Review and update pressure ulcer policies and incident reporting systems (Ulysses) as required.
- Active member of the Cheshire and Merseyside Pressure Ulcer Steering Group to ensure consistent approaches across the health economy. This has included development of a regional pressure ulcer policy and patient leaflet.
- Regular review of all pressure ulcer related incidence by the Tissue Viability Service ensures any issues are identified and responded to quickly. Additionally the Tissue Viability Nurses monitor the progress of all deep tissue injuries and update the patient safety meetings accordingly to ensure accurate reporting is maintained.
- Aggregated pressure ulcer review to inform wider pressure ulcer improvement plan
- Disseminating good practice and lessons learnt via training, safety meetings, link nurse meetings etc. by the Tissue Viability Service to ensure District Nursing Teams are continually updated in relation to pressure ulcer themes
- Supporting National campaigns such as STOP THE PRESSURE, providing opportunities for clinical and non-clinical staff, carers and their families to raise awareness and switch the focus to prevention as opposed to reaction.
- Working locally with the District Nursing Teams to support ad hoc training as identified.
- Open discussion and communication with carers/care agencies to share advice regarding regular repositioning of patients.
- Close working with patients and their carers when the patient has several and differing health needs.

Learning and identified improvements have included:

- Timely completion and regular review of risk assessments and holistic assessments to support clinical decision making and care planning. This has been monitored via record keeping audits and patient safety meetings.
- Staff training – allocating time to ensure all staff are able to attend training so they have the required knowledge and skills.
- Exploration of the personal impact and associated experiences for those patients who develop pressure ulcers.
- Communication, patient choice and mental capacity assessments were also identified themes.

Medication Safety

The Trust continues to promote the reporting of medication incidents and to encourage staff to reflect and identify lessons learnt.

The role of the Trust's Medication Safety Officer is to support the management of these incidents to ensure the safe use of medicines in all services. Medication incidents continue to be reported on the Trust's incident reporting system (Ulysses), and are reviewed initially by the Medication Safety Officer who then contacts the incident reporter or Clinical Manager to manage immediate actions required and put a plan in place to manage the longer term actions.

In 2019/2020, the bi-monthly Medicines Management newsletter 'Medicines Matters' included regular features on lessons learnt and good practice involving medicines, national patient safety alerts, non-medical prescribing, as well as antimicrobial stewardship and the prescribing of specific antibiotics.

On a quarterly basis, a medication incident report and controlled drugs accountable officer report is submitted to the Safety & Quality Committee and shared with the Clinical Commissioning Group Medicines Management Leads. Controlled drug incidents are also reported to the local intelligence teams and information shared at local intelligence network meetings for Cumbria and Lancashire, Greater Manchester, and Cheshire and Merseyside.

In 2019/20, 864 medication related incidents (16% of the total incidents reported over this period) were reported by Trust staff including 399 involving controlled drugs.

67% of these medication related incidents were classified as third party incidents i.e. those which Bridgewater staff identify and originate from other healthcare providers e.g. hospitals, community pharmacies, GPs, care agencies or individuals. Links continue to be developed between the Trust's medicines management team, local trusts, local clinical commissioning

groups and other relevant local agencies to report relevant third party incidents for appropriate investigation and to facilitate lessons learnt being put into practice and shared across the health economy.

Near miss review and reporting continued during 2019/20 with a total of 156 near misses reported.

The Trust has continued with its excellent record for medication related never events with none occurring.

Throughout 2019/20, the Medicines Management team has worked with many services in the Trust and there are clear improvements in the support available for staff and medicines management standards. A number of guidelines and procedures have been reviewed including the Controlled Drugs Standard Operating Procedures. The safe and secure handling of medicines audit is currently being finalised to provide assurance on the safe management of medicines across the Trust, and outcomes will be cascaded to all services that handle medicines to share learning.

The Medicines Management team has provided training sessions to specific services on the handling and record-keeping of controlled drugs, medicines stored in fridges ('cold chain' training) and the use of Patient Group Directions to supply and administer medicines.

Medication safety remains high on the Medicines Management agenda to support the delivery of quality services across the Trust.

Non-Medical Prescribing

Bridgewater has 287 Non-Medical Prescribers (NMPs) comprising of 72 independent/supplementary prescribers and 215 community practitioner nurse prescribers on its NMP register. New NMPs meet with the NMP Lead for an NMP Induction to go through NMP policy, procedures, prescription security, formulary compliance and continued professional development upon first allocation of prescription forms. The register is maintained and prescribers authorised with NHS Business Services Authority and prescription forms ordered via the secure stationers Xerox and issued for NMPs alongside other medical services using them such as out of hours, child development and specialist services etc. Prescribing rights for smartcards SystmOne/EMIS access is authorised by the Medicines Management team. Medicines Healthcare Regulatory Agency (MHRA) alerts and other relevant information are circulated to all prescribers.

The Non-Medical Prescribing Lead provides regular NMP update meetings to discuss safe and appropriate prescribing. Prescribing data is reviewed quarterly for compliance against local formularies (Pan Mersey and Greater Manchester), and Trust formularies. Any off formulary

prescribing is highlighted and individuals asked to provide a rationale. Repeat infringements will trigger escalation to clinical managers. All NMPs have been contacted to submit their current Approval to Practice form to enable prescribing to be reviewed against their defined scope of practice. Compliance reports are shared with CCG Heads of Medicines Management.

In 2019-2020 the NMP Lead provided support to 6 NMPs Returning to Practice after an extended period of leave using the Royal Pharmaceutical Society Competency Framework to identify any gaps in learning and document actions taken to address this.

In 2019/2020, 28 clinical staff enrolled and successfully completed a non-medical prescribing course at a North West university.

Safeguarding

The Trust's Safeguarding Strategy 2019-2022 sets out our commitment as an organisation in;

- Promoting and prioritising the safety of children and adults at risk
- Ensuring that everyone understands their roles and responsibilities in respect of safeguarding
- Providing a transparent culture of learning and development
- Make safeguarding personal.

The following provides a brief overview of the ways in which the trust safeguarding team contributes to the delivery of high quality, safe and effective care.

The safeguarding team provides a specialist resource across the organisation. Through a range of activities including the provision of safeguarding advice, support, training and supervision they ensure that all staff and volunteers are equipped with the knowledge and skills required to enable the trust to fulfil its statutory responsibilities to safeguarding children and adults at risk.

The Safeguarding Team Managerial Structure;

As a provider of NHS Health services Bridgewater can demonstrate safeguarding leadership at all levels of the organisation and across all boroughs. The Executive Safeguarding Lead is the Chief Nurse. She is supported by the Director for Safeguarding Services, the Head of Safeguarding, the Adult Safeguarding Lead, three Named Nurses for Safeguarding Children, a Named Midwife and a team of Safeguarding Specialist Nurses.

2019/20 has seen a number of changes within the senior safeguarding team. Effective succession planning has enabled internal recruitment to the majority of posts and the

resulting vacancies have in turn all been recruited to promptly to ensure the Trust has maintained a safe and effective safeguarding resource at all times.

The Trust is fully engaged in supporting local accountability and assurance structures; Safeguarding assurance is provided to our CCG Commissioners through quarterly submissions of evidence to support the quality schedule as well as annual completion of safeguarding audit tools which evidence our compliance with the NHS Accountability and Assurance Framework and Section 11 of the Children Act 2004. Safeguarding audit tools are the subject of scrutiny panels and/or validation visits. Any gaps or areas for development are incorporated into an action plan with updated versions shared with our CCG commissioners on a quarterly basis.

In light of the Wood Review, Children and Social Care Act 2017 and Working Together 2018, the last twelve months have seen changes to multi-agency safeguarding arrangements with new Safeguarding Children Partnerships replacing Local Safeguarding Children's Boards (LSCB's) in each borough.

The Executive Lead and Director for Safeguarding were previously members of the former LSCBs and following the review now have a membership on the Executive Health Groups in Warrington, Halton and Oldham. St. Helens Partnership made the decision not to offer our Trust a position on their Safeguarding Executive meeting; this decision was discussed with the Partnership by the Director for Safeguarding but was upheld. Each partnership has a range of sub groups which, as a relevant partner, appropriate members of our safeguarding teams actively contribute on behalf of the trust.

The Safeguarding team is accessible to all Bridgewater staff (including volunteers) and provides a range of functions including;

- A programme of safeguarding training which includes face to face delivery of level 3 training for both adults at risk and children and also bespoke safeguarding training responsive to local priorities and service need
- Safeguarding supervision in a range of formats including 1;1, group, drop in and reactive
- Advice and support in relation to all aspects of safeguarding including Sexual and Criminal Exploitation, County Lines, Modern Slavery, Radicalisation, Domestic Abuse, Sexual and Physical abuse, Female Genital Mutilation, Forced Marriage, Honour Based Violence, Hate Crime and Adults at Risk
- Support to clinical teams around engagement in multi-agency reflection and learning through their involvement in Child Safeguarding Practice Reviews (previously known as Serious Case Reviews), Safeguarding Adult Reviews, DHRs, Practice Learning Reviews and local single and multi-agency learning reviews
- A comprehensive range of safeguarding related policies and procedures which are regularly reviewed and updated to reflect changes in statutory and best practice guidance

- Leadership in the Trust's contribution to safeguarding inspections such as JTAI (Joint Targeted Area Inspection) and ILAC (Inspection of Local Authority Children Services).

Audit activity

The safeguarding team's audit plan includes both single and multi-agency audit activity. Audit findings are presented to the Trust's Safeguarding Team Assurance Group (STAG) Meeting for approval and assurance and reported to the Trust's Quality and Safety Committee. Single agency audits completed during the last 12 months include;

- Audit of Information Sharing to Safeguard Children St Helen's Urgent Treatment centre
- Audit of Safeguarding Supervision (Halton)
- Audit of Multi Agency Risk Assessment Conference process (MARAC) process (St Helens)
- Quality Audit of contacts/referrals into Children's Social Care for single assessment (St Helen's)
- Quality Audit of contacts/referrals into Children's Social Care for single assessment (Halton)
- Quality Audit of Review Health Assessments (Warrington)
- Mental Capacity Act Compliance audits (Halton and Warrington)
- Carer/dependents audit (Halton and Warrington)
- Urgent Treatment Centre Attendance audits (Halton and St Helens)

The Trust has also contributed to multi agency audit activity across each borough. This has included audits on the theme of;

- Children and Mental ill-health
- Early Help
- Child Exploitation

Learning from safeguarding audits is used to identify and address areas for quality improvements for example

- The audit of St Helen's MARAC process completed in September 2019 identified that the absence of any administrative resource within the Trust's safeguarding team in St Helen's was impacting on the timely uploading of MARAC outcomes onto children records. This led to the identification of administrative resource within the community paediatric team to support the MARAC process/safeguarding team.
- The Mental Capacity Act Compliance audits undertaken in May and September 2019 highlighted variation in the way MCA and Best Interests decisions were being documented. This prompted the delivery of a series of group safeguarding supervision sessions, development of 7 minute briefings and the introduction of enhanced MCA

training to improve the compliance with completing and recording of MCA and Best Interest Decision making.

In Q4 2018/19 MIAA undertook a review of safeguarding adult and children arrangements in the Trust in accordance with the Trust's 2018/19 Internal Audit Plan.

The Trust was awarded a rating of '**Substantial Assurance**', for its safeguarding systems and processes demonstrating a significant improvement from '**Limited Assurance**' which was awarded to the Trust in 2015. The report made 3 recommendations. These were incorporated into an action plan which has now been closed as all actions have been completed.

Child Deaths

Sadly each year across the Trust's footprint there are a number of child deaths. Each child death is reported on Ulysses and the safeguarding team coordinate the Trust's contribution to the Child Death Review process. This process systematically reviews all deaths with the aim of establishing as far as is possible the cause of the child's death and;

- Identifying any modifiable contributory factors
- Providing ongoing support to the family
- Learn lessons in order to reduce the risk of future child deaths and promote safety and wellbeing of other children

	2018/19	2019/20
Halton	7	4
Oldham	32	35
St Helen's	11	6
Warrington	13	15

There were a total of 60 child deaths during 2019/20 this can be compared with 63 across the same boroughs in 2018/19. The majority of deaths were as a result of babies born extremely prematurely, children with complex health needs or as a result of malignancy. Abuse and neglect were not either found or suspected to be a contributory factor in any of these deaths.

MASH (Multi Agency Safeguarding Hub)

MASH teams are designed to facilitate multi agency information sharing and decision making by bringing together representatives from health, the local authority and the police.

The Trust's safeguarding teams in Oldham and Warrington each have one full time Specialist Nurse who is commissioned to provide the health functions in the boroughs MASH.

Over a number of years in Oldham the workload associated with the MASH role has grown. At the beginning of 2019/20 not only did the demand exceed the commissioned resource but the workload within MASH was overwhelming the whole safeguarding team and inhibiting

their ability to contribute effectively to other work streams. It was therefore felt necessary, to enable the safeguarding team to fulfil its wider functions, for the team (excluding the commissioned MASH resource) to move out of Oldham CIVIC centre where the MASH is based and into a children centre.

In February 2020 following completion of a Professional Consultation Oldham safeguarding team moved out of the MASH and into Hollinswood Children Centre. Whilst the identification of a duty nurse each day still provides some flexibility to support the MASH role, the remaining team have been able to refocus their attention on the provision of safeguarding support, supervision and training for the Trust's 0-19 service practitioners in Oldham. Feedback received from Oldham 0-19 service district managers via STAG in March 2020 highlighted that 0-19 services valued the increased level of contact and support they were receiving from the safeguarding children team.

Children in Care (CIC) /Looked after Children (LAC) Teams

The Trust's corporate safeguarding team are responsible for the delivery of specialist health care for Children in Care in Warrington and Halton. Warrington CCG has commissioned a team of specialist CIC nurses for a number of years and feedback from service users and commissioners indicated that the service is well regarded.

This was evidenced during an Ofsted Inspection of Local Authority Children's Services which took place in Warrington during quarter 2. Within this there was a focus on the experiences and progress of CIC and care leavers. A grading of 'Good' was awarded. The Trust's Children in Care health team were applauded for the quality of their contribution and the support they provided to their local authority colleagues during this inspection by both the Inspection Team and Warrington CCG. In recognition of her contribution to this inspection outcome a CIC Specialist Nurse was recognised by the Trust as a star of the month.

Throughout 2018/19 Halton's Named Nurse for Safeguarding and CIC worked with internal and external stakeholders to develop a new model of service delivery for CIC in Halton. Her aspirations were to;

- Develop a team that would enable provision of an enhanced level of support to CIC in Halton
- Offer a service that as well as fulfilling statutory responsibilities in relation to the completion of statutory health assessments enhanced the range of services and support available to support the health needs of CIC in Halton
- Provide a service that was responsive to the needs of individual children and places children and young people in care at the forefront of everything it did.

In Q4 2018/19 a redesign of existing Trust resources provided the opportunity to increase nursing capacity from 1 to 3 WTE and on 01.04.2019 Halton started to mobilise a new model

of service delivery for CIC. The enlarged team took on case management responsibility for all CIC of school age or above in the borough. Caseload responsibility for pre-school children was retained by the 0-19 service with the CIC team providing specialist oversight. Through the preparation of a quarterly quality report which has been shared with Halton CCG and Halton's Children in Care and Care Leavers Partnership Board the team have showcased the progress that has been made during the year.

A highlight of the new team's year was '**Eat, Fit and Move it**'. This all day event was held in the youth zone at Runcorn shopping city on 29th October 2019. It was facilitated by Halton's new CIC team working in partnership with Halton Borough Council Virtual School. The event was attended by 33 Halton CIC ranging in age from 5-16.

During the day all the children had the opportunity to take part in a number of sessions which combined fun with education to deliver powerful messages around healthy eating and physical activity.



When asked “What was your favourite part of the day?” the children told the team ...



Halton Children in Care Team

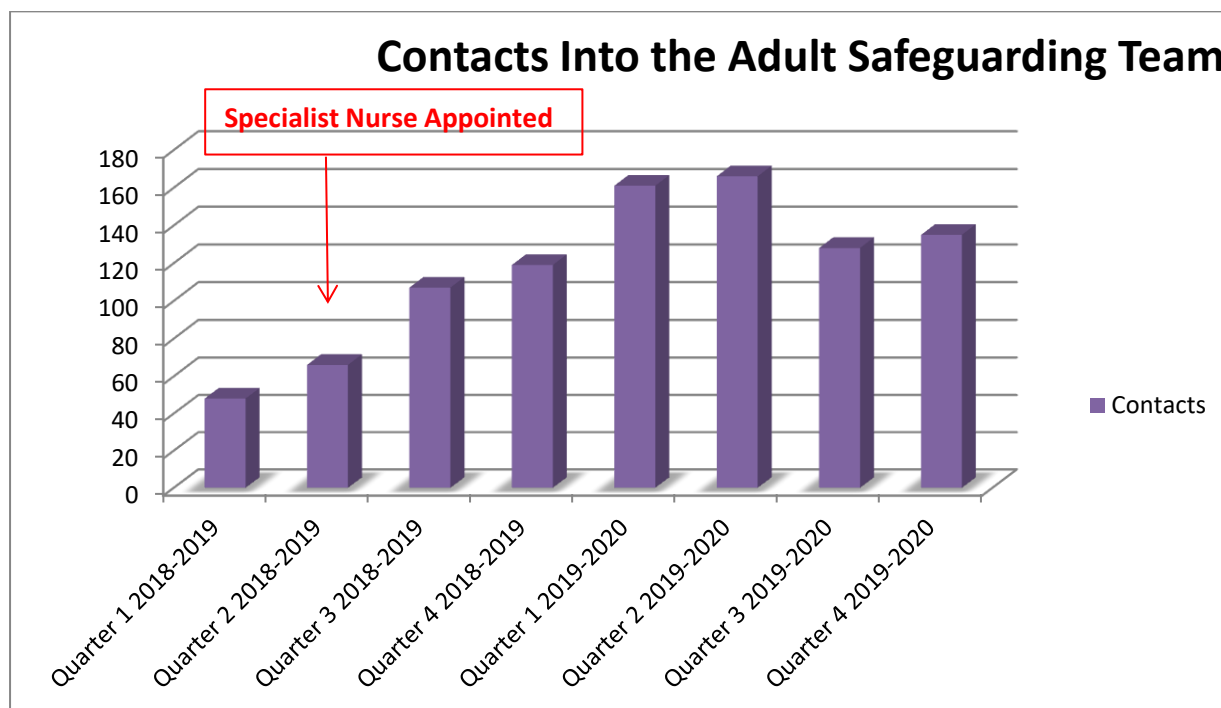
Liberty Protection Safeguards

The Mental Capacity (Amendment) Act 2019 has significant implications for the Trust. Most notably in terms of the Liberty Protection Safeguards which extend the scope of protection afforded under the current Deprivation of Liberty Safeguards to 16-17 year olds and people in their own homes and supported living.

During 2019/20 the Safeguarding Adult Lead, Director for Safeguarding and Head of Safeguarding have been engaged with Local implementation Networks in Warrington and Halton however progression of this nationally has been impacted by competing Government priorities. The code of practice which was due to be published in January 2020 is still awaited at the end of the financial year and it is looking increasingly likely that implementation of this act will be delayed beyond October 2020, the original date set.

Safeguarding Adult Activity

At the beginning of 2018/19 the Adult safeguarding team consisted only of the Named Nurse Safeguarding Adults (also known as the Adult Safeguarding Lead). When a Safeguarding Adult Specialist Nurse joined the Safeguarding Adult Team in August 2018 as a temporary 6 month secondment this enabled the team to significantly increase its reach and the support it was able to provide to clinical teams. The improved profile of the safeguarding adult team had an immediate impact on the number of contacts received into the team and this increased activity has continued during 2019/20.



To support the growing workload the temporary secondment was made into a substantive post in May 2019 and the establishment of safeguarding adult specialist nurses has been increased again in year with a second Safeguarding Adult Specialist Nurse recruited and due to join the team early in 2020/21.

The increased activity reflects an increased awareness and confidence regarding safeguarding issues within adult services and this has had a positive impact on the quality of patient care. An example of this is a patient who had self-neglected and as a result of the advice, guidance and support provided by the safeguarding team was able to be supported with their health care needs.

‘Mrs B had a history of very limited engagement with health and social care teams. This was most noticeable in the way she neglected her hygiene needs and treatment of a significant pressure ulcer. By trying different approaches the practitioner was able to gain some trust from Mrs B who as a result allowed some input into her pressure area care. Over a 3 month period her pressure ulcer had healed’

Specific learning points explored in safeguarding adult supervision during 2019/20 included;

- The importance of maintaining defensible records from each and every contact
- Seeking Adult Safeguarding advice when concerns first emerge
- Referral for early medical assessment to exclude physical and mental health needs that may impact upon a person’s ability to make informed choices
- Using joint visits to reduce the number of visits required when patients are refusing care and promote improved engagement
- When possible identifying a Named Nurse to encourage the development of a therapeutic relationship with the patient, carers and their families and friends
- Sharing information with care provider managers regarding details of agreed joint visits and the rationale for the same

The Safeguarding Adult Team has continued its involvement in the Trust Patient Safety meetings to provide specialist safeguarding knowledge and advice where the identified issues are complex and multifaceted. Attendance at this group contributes to the development of effective multi-disciplinary relationships to improve outcomes for vulnerable adults. By providing a retrospective contribution to the clinical overview from a nursing perspective the Safeguarding Adult team have supported Quality and Safety Teams in determining whether care providers acted reasonably to prevent harm occurring to the individuals using their service. This attendance, analysis and contribution support the monitoring of services to ensure quality and adult safeguarding issues are identified.

Wider engagement and social media

The Safeguarding team have an active presence on Twitter and use this as a means of promoting wider awareness of safeguarding related issues. Alongside this the team ran two campaigns during 2019 – 2020:

16 Days of Action. This is an international campaign against domestic violence. It started on the 25th November (International day for the elimination of violence against women) and ended on 10th December (Human rights day). Bridgewater participated with the Safeguarding and Staff Well-being teams running a joint campaign.

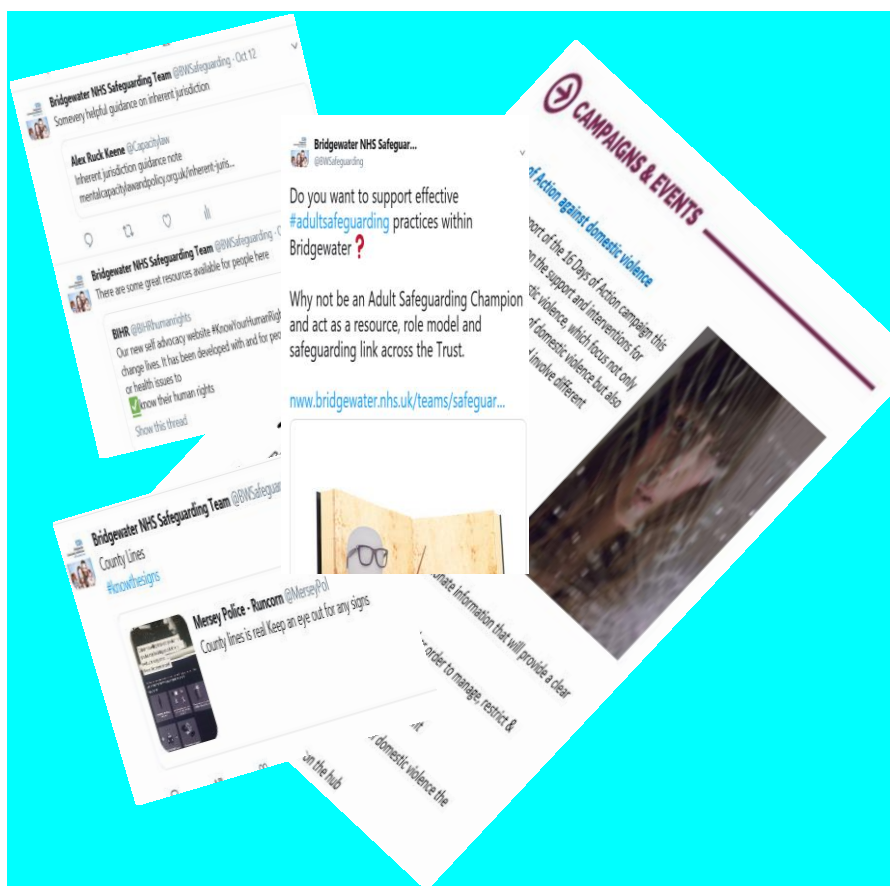
The Director of HR and Organisational Development launched the campaign in a Friday Message to all staff. The focus of this campaign was our employees. Domestic violence or abuse can happen to anyone and with over 1800 people employed in Bridgewater it is essential that we recognise the impact of domestic abuse on our staff as well as the public. The Safeguarding and Well-being teams supported the campaign utilising a range of platforms to raise awareness including Team Brief, the Bridgewater Bulletin, via use of 7 minute briefings and on social media across Twitter and Facebook.

National Safeguarding Awareness Week. The Trust actively supported this event which is coordinated by the Ann Craft Trust and ran between the 19th and 23rd November 2019.

The aim was to create a time where we could focus on safeguarding adults, raising awareness and providing resources following key themes for each day:

- Monday: Modern Day Slavery
- Tuesday: Self-Neglect
- Wednesday: Domestic Abuse
- Thursday: Human Rights
- Friday: Making Safeguarding Personal

The campaign was launched with the lead article in the Bridgewater Bulletin and supported by 7 minute briefings and social media posts. The Trust also supported colleagues from Halton Safeguarding Adults Board in their pop-up safeguarding shop in Runcorn's Shopping City.



Infection Prevention and Control Hygiene Code

The Trust is responsible for meeting the standards within the Hygiene Code (Health and Social Care Act Hygiene Code 2008 (updated 2015). The Hygiene Code sets out the 10 criteria against which the Care Quality Commission (CQC) will judge that a registered provider is complying with best practice in infection prevention and control. We have had CQC scrutinise our Infection Prevention and Control service and they found that infection prevention and control risks were managed well.

Good infection prevention and control is vital for the quality and safety of the patients who use our clinical services, and of equal importance, where they receive their treatment or care. For this reason our annual work programme is the tenet for all infection prevention and control activity and sets the framework for the work required to ensure we meet all the national guidance for keeping patients free from harm and also highlights goals for the year ahead.

Healthcare Associated Infection (HCAI)

Bridgewater prides itself in having no MRSA Bacteraemias, or any other health care related infections. There have been no investigations into lapses of care in 2019/20 in relation to Clostridium difficile and this is a good indicator that all our clinical staff have good standards of hand hygiene and comply with all policies and procedures.

All infection prevention and control advice is provided by the Infection Prevention and Control lead, or other IPC Nurse. This can be anything from advice around communicable disease in in-patient facility, wider health care teams or for outbreak management. As well as mandatory training there is added value with face to face training sessions on Aseptic Non Touch Technique (ANTT) or educational updates at our quarterly link meetings. The link forums are normally held quarterly, where a variety of staff are given updates on the latest policy, educational session and questions and answer forum.

Infection, Prevention and Control Programme of Work

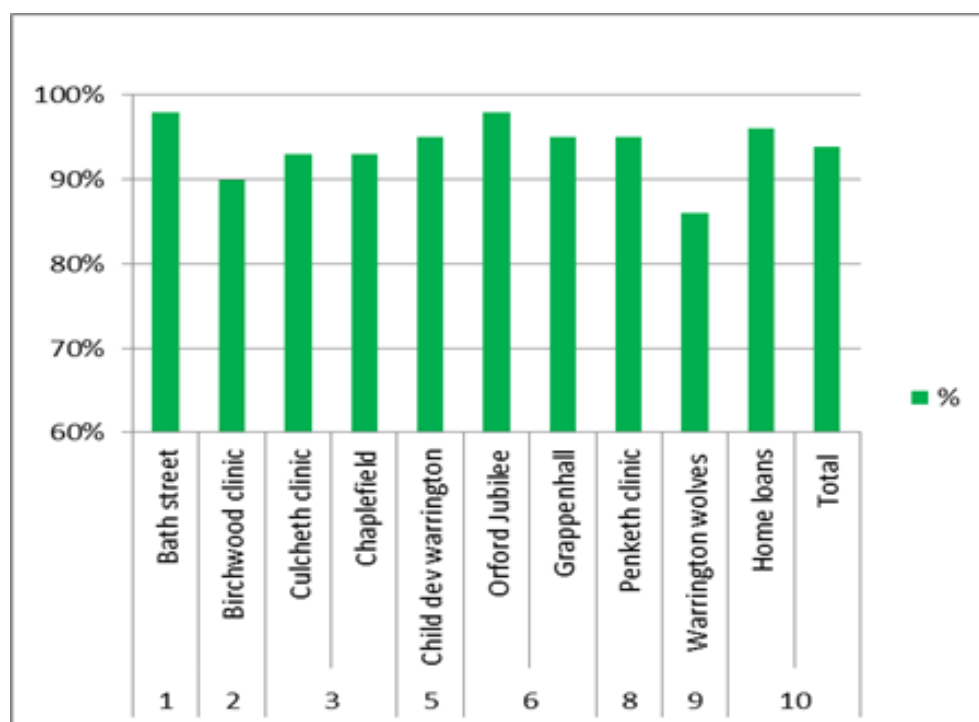
An annual infection, prevention and control programme of work is developed and monitored throughout the year. The work programme has a primary focus on policy development, education and training. It also outlines the structures required to share information across the Trust from the chief executive to staff in the community and vice versa. This year the infection, prevention and control team were able to meet the majority of the goals set within the programme.

Our annual work programme sets out the plan for clinical audit and other activity that enables us to measure our compliance with the Health and Social Care Act 2010, (2015). This enables us to plan and distribute the workload into quarters, reportable to the quality and safety committee. This provides assurance that Bridgewater Community Foundation Trust is compliant with national guidance and meeting our statutory obligations.

Cleanliness

- Audit of clinical premises is undertaken throughout the year, to ensure that our patients are being cared for in a clean, safe environment.
- Clinical areas are fit for purpose and subject to an annual infection prevention and control audit to ensure that premises are compliant with the Code of Practice for the prevention of health care associated infection.
- The table below denotes compliance with the standards set out in the Health and Social Care Act 2010.

INFECTION PREVENTION & CONTROL -



Environmental Cleanliness

Cleaning across the Trust's clinical and treatment rooms is provided by two cleaning companies, this is via a national cleaning contract. Cleaning contractors are asked to share their own environmental cleaning audits and the Trust Infection Prevention and Control team are working with them to ensure the environment is fit for practice. Audits by the IPC team were paused, initially due to staffing issues and then with the added addition of managing the staff influenza campaign 2019. At the end of March 2019 only two clinics were outstanding for clinical audits. Audits in the Health and Justice Setting were given priority and have been completed and reviewed within a timely manner.

HAND HYGIENE

Hand washing audits are completed twice a year by clinical staff; the audit is managed by the IPC team in conjunction with all departmental team leads. The overall results for 2019 – 2020 are:

Warrington - Adult Services	No. Registered	No. Compliant	% Compliant	RAG Rating
Bladder & Bowel Service	13	13	100%	
Catheter Team Warrington	4	4	100%	

Cancer and Palliative Care	6	6	100%	
Community Matrons	11	9	81%	
Community Neuro	13	12	92%	
Community Nursing District Nursing	106	85	80%	
Dermatology	9	8	89%	

Dental Services	No. Registered	NO. Compliant	% Compliant	RAG Rating
Bolton Lever Chambers	7	4	57%	
Cheshire	8	7	87%	
Chester	15	12	80%	
Halton	14	4	28%	
Manchester - Ashton clinic	11	11	100%	
St. Helens	11	2	18%	
Stockport	14	14	100%	
Tameside & Glossop	19	19	100%	
Trafford	11	10	90%	
Warrington	21	7	33%	
Wigan	9	9	100%	
Total	140	99	71%	

Health & Justice	No. Registered	No. Compliant	% Compliant	RAG Rating
Barton Moss & St. Catherine's	5	5	100%	

Garth	11	11	100%	
Hindley	14	14	100%	
Risley	21	21	100%	
Thorn Cross	5	5	100%	
Wymott	32	32	100%	
Total	88	88	100%	

St Helens Children and Families Services	No. Registered	No. Compliant	% Compliant	RAG Rating
New born Screeners St. Helens Knowsley and Halton	5	5	100%	
Children's Services Therapies	11	11	100%	
Community Paediatrics	8	8	100%	
Looked after Children	3	3	100%	
Paediatric Continence	8	8	100%	
S<	4	4	100%	
Total	39	39	100%	

Halton –Children's Services	No. Registered	No. Compliant	% compliant	RAG Rating
Children's Learning Disability	3	2	66%	
Children's Community Nursing	10	10	100%	
Children's Therapies	3	3	100%	
Children's Community Paediatrics	8	8	100%	

Halton 0 - 19 Service	80	80	100%	
New Born Screeners Halton & St Helen's	5	5	100%	
Families Services Midwifery	29	29	100%	

The red sections reflect the teams who have not completed their hand washing assessment or have sickness absence so remain incomplete. The rate of health care associated infection is negligible and therefore demonstrates the level of good practice in the Trust.

Patient information

- Patient information around infection control is available in clinic settings via notice boards and available on the Trust intranet for both staff and patients to access. Further information can be obtained directly from the IPC team. There are leaflets available to the general public on the Bridgewater website and Hub home page.

There were some challenges in the winter of 2019 with outbreaks of Influenza in the health and justice system and the added challenge of Covid 19 in December 2019.

Bridgewater had to create a training platform for hundreds of staff on donning and doffing personal protective equipment, dealing with Covid positive patients and managing redeployed staff to support the national effort. There was also a requirement to have our staff Fit Tested in relation to aerosol generating procedures. This was a challenging time, however there was a great response for mutual aid in relation to PPE and working together with a number of partners across the health economy to ensure no service was left in need of personal protective equipment. It was also a good example of sharing resources in what has been a difficult few months.

Dental

Dental health care and practice is monitored against the standards within 'HTM 01-05: Decontamination in Primary Care Dental Practices Guidance'.

All Dental clinics are compliant with National directives meeting best practice standards.

Influenza Vaccination for Staff September 2019

The IPC team ran a campaign and training for peer immunisers across nursing teams to support the campaign and make accessibility to the vaccine easier and timely. New fridges were installed in Warrington to aid access to the staff vaccines. Vaccine was available for all staff and an advertisement campaign was launched in September to encourage staff to take

up the offer of a free flu vaccination. The IPC team used various methods with an aim to increase uptake of the vaccination, which included advertised drop in sessions, visiting individual teams, and attending team symposiums and team meetings. The flu lead was supported by the immunisation lead in Bolton and the immunisations teams in Warrington, Halton and the Oldham areas.

Bridgewater uptake was 70% for front line workers, this was a significant achievement and brought about by fresh leadership and also introducing an opt in opt out in order to capture the reason why some staff declined, 5% of our clinical staff chose to opt out.

Leaflets Guidance and Policies

Having the best information at hand to help staff and patients manage infection is crucial. The Infection Prevention and Control team ensure that their contact details are shared across the Trust and are happy to answer questions and concerns. To support this, the Infection Prevention and Control team have developed a number of policy and guidance documents, which are all up to date.

Work carried out by the Infection Prevention and Control Team

Whilst the Infection Prevention and Control team set an annual work plan, there are often opportunities to take part in new initiatives to prevent infection.

The Infection Prevention and Control team continue to work with the Medicines Management team in antimicrobial stewardship with the aim of improving staff and patient knowledge of the best use of antibiotics. Antibiotics remain an important medicine for treating bacterial infections in both humans and animals. However, bacteria can adapt and find ways to survive the effects of an antibiotic. The concern is that we may soon find ourselves in a world where antibiotics cease to work.

This year the antimicrobial stewardship group updated the Trust's web page and with the support of the Communications team ran an interview with a Bridgewater prescriber to highlight the difficulties faced in patient consultations when antibiotics are '*expected to be prescribed*' and the way staff can support patients in understanding when a prescription may be required.

Patient Safety / Incident Reporting

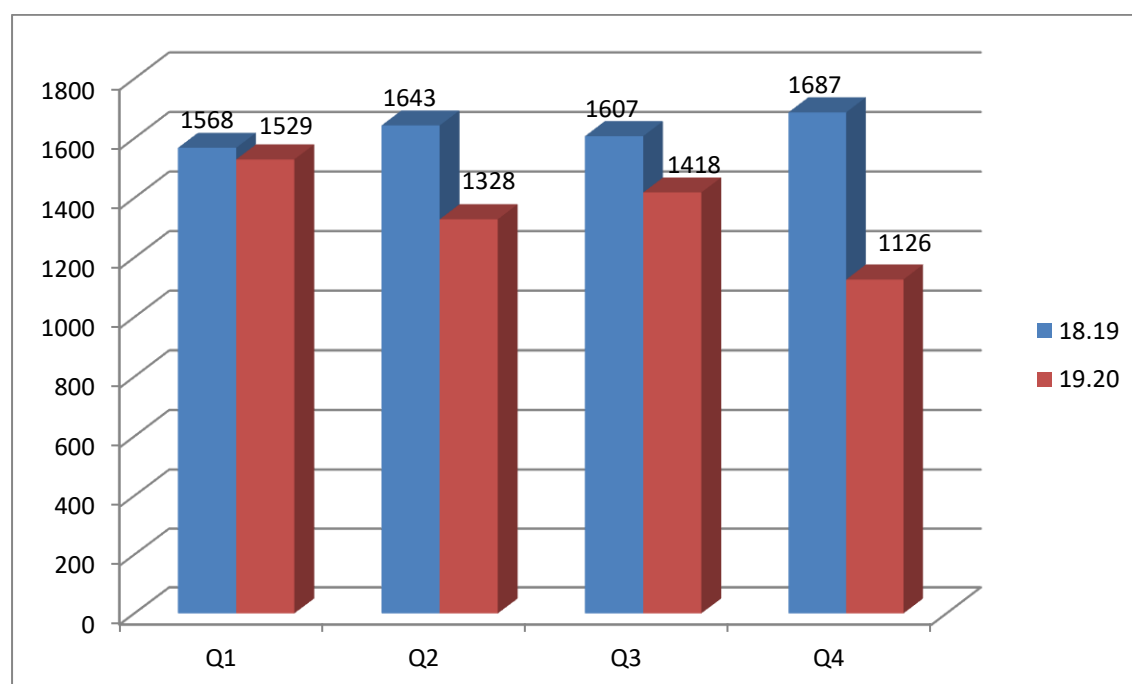
The Trust continued to use the web-based Ulysses Safeguard Risk Management System for reporting and management of all actual incidents and near misses, which did / could, have resulted in harm.

There was a decrease in the total numbers of incidents reported in the Trust during the period 2019/20, when a total of 5,402 incidents were reported, compared to 2018 / 2019 when a total of 6,505 incidents were reported in the Trust. The main reason for this reduction is that services managed by the Trust in Wigan and Bolton transferred to alternative service providers on 01st April 2019.

Weekly Borough / Service specific Patient Safety meetings continue to be held in the Trust, which are led by the respective Directors of Nursing Services. The purpose of these meetings is to review all reported patient safety incidents to ensure that they are being managed correctly. These meetings are open to any staff who wish to attend to observe the process of how the Trust manages its incidents. It has been noted that staff who attend these meetings have reported a positive insight into the management and investigation of incidents.

Incidents are also reviewed at the monthly Quality & Safety Sub Groups where support is provided to managers to ensure that all possible action is being taken to manage incidents and risks.

The quarterly trend for incidents that were reported during the period 01 April 2019 to 31 March 2020, compared to the previous year was as follows: -



The numbers of incidents reported from the Boroughs where the Trust provides services were as follows: -

Borough / Service	2016/17	2017/18	2018/19	2019/20
Bolton	113	132	130	4*

Cheshire	77	40	29	8
Corporate	13	22	41	45
Dental	137	156	216	241
Halton	1,020	1,074	1,287	1496
Health for Justice	0	271	776	945
Oldham	146	151	500	500
St Helens	806	181	144	141
Trafford	16	11	17	
Warrington	1,114	1,224	1571	1975
Wigan	1,227	1,547	1792	*47
Total	4,676	4,811	6,505	5,402

* It should be noted that these services were recorded on the Bridgewater risk Management System during the transition to alternative providers.

All newly reported incidents are reviewed by the relevant senior clinical staff responsible for the service area(s) involved in incidents. This is necessary to embed the accountability for risk management and prevention of incidents around the Trust, this also ensures that there is robust checking and challenge to all incidents, thus assuring the Trust about the accuracy of reporting and management of incidents.

At each of the weekly Patient Safety Meetings this review is used to identify any incidents that meet the criteria of a Serious Incident and to ensure that all incidents are being managed correctly and to ensure that all opportunities for learning are maximised.

The Risk Management Team carry out daily checks regarding the quality of the data in all reported incidents. These daily checks are also used to identify possible serious incidents for escalation.

Pressure ulcers continue to be the most common type of incident reported in the Trust. A “pressure ulcer huddle” is used as a process to ensure that all key steps in the management of pressure ulcers are followed and is being embedded into operational practice.

Major / Catastrophic Incidents

During the period 2019/2020 there were a total of 5,402 incidents reported in the Trust. Of the 7 incidents that were reported as resulting in major / catastrophic outcomes, following investigation the level of harm was confirmed as Major / Catastrophic harm to patients for 3 of the cases.

This includes all patient safety incidents and all other types of incidents reported that were classed as major / catastrophic. It should be noted that in comparison to previous years this

shows a significant reduction, this is due to improved incident review processes that ensure that the impact recorded is the harm that has been sustained as result of the incident.

Deaths which were not a direct result of an incident under the care of the Trust, continue to be reviewed at the Patient Safety Panels and Serious Incident Review Panel, to ensure that all learning opportunities are identified and when possible implemented.

Trust staff reported 5,402 incidents during 2019/20, 3,936 (73%) of which were categorised [1] Insignificant or [0] near misses effecting patient safety.

All patient safety incidents are submitted to the National Reporting and Learning Service (NRLS), from which the CQC nationally monitors all Trusts' patient safety incidents. The following table represents the number of patient safety incidents reported to the NRLS by level of actual impact.

Patient Safety Incidents by Actual Impact

Patient Safety Incidents by Actual Impact <i>(This is a scoring matrix to measure the level of harm to patients)</i>	<u>2016/17</u>	<u>2017/18</u>	<u>2018/19</u>	<u>2019/20</u>
	Total	Total	Total	Total
Near Miss	133	180	432	479
Insignificant	390	333	999	1112
Minor	580	517	1,035	1025
Moderate	102	128	268	41
Major	2	6	10	2
Catastrophic	10	12	75	2
	1,217	1,176	2,819	2,661

The total number of reported incidents for the period 01st April 2019 to 31 March 2020 was 5,402.

The overall numbers of reported incidents that were classed as patient safety incidents has decreased to 2,661. Compared to the incidents reported during the period 01st April 2018 to 31st March 2019 this represented a reduction. The main factor that had caused this was the transfer of services in Wigan and Bolton on 01st April 2019, to alternative providers.

All incidents were routinely investigated and, in some cases, serious incidents may have been escalated into a full root cause analysis based on the use of a consistent national methodology.

The following work streams continued during 2019/20 to improve our management of incidents:

- The Trust's Incident Reporting Policy was reviewed and updated during 2019 to fully reflect the organisation's requirements.
- The Borough's Quality and Safety Sub-Groups continued to meet every month to analyse and escalate significant incidents, complaints, or risks that required support from the Borough / Service Management team meetings and to direct service change in response.
- The Weekly Patient Safety meetings have continued to include challenge, review and monitor of all reported incidents during the preceding week.
- An automated daily incident report was introduced to ensure that senior staff are sighted on all reported incidents during the preceding 24 hour period.
- Automated monthly incident reports continued to be issued to senior managers at the beginning of each month, to ensure that they were sighted on all incidents within their areas of responsibility.
- The Trust's Root Cause Analysis template has been further developed to ensure that it provides a robust tool for completion of Root Cause Analysis investigations.
- Continued to use a case note review process to inform the management of pressure ulcer incidents and determine if further investigation was required.
- The Serious incident Review Panel (SIRP) continued to meet on a weekly basis to maintain an overview of all serious incidents. The panel is chaired by the Deputy Chief Nurse.

In order to nurture the Trust's approach to learning from incidents, a Quality Newsletter has continued to be utilised as a vehicle to deliver key lessons to be learnt in the Trust. There is a shared learning page on the Trust's intra net, which is used to post details of lessons learned from individual incidents.

Never Events

Never Events are serious, largely preventable patient safety incidents that may result in death or permanent harm, that should not occur if the available preventative measures have been implemented. The Department of Health reviewed the list of never events in February 2018, an amended list of 18 never events was implemented. If never events occur in the Trust, we are required to report these directly to the Care Quality Commission and our commissioners as Serious Incidents and investigate the incidents to establish root causes and formulate

actions to prevent a reoccurrence of the incident(s). There were 0 never events reported during the period 01st April 2019 to 31st March 2020.

Central Alerting System

Using patient safety incident data from across England, the NHS develops national initiatives and training programmes to reduce incidents and encourage safer practice. Alerts are released through a single “Central Alerting System” (CAS) to all NHS organisations which are then required to indicate their compliance with these patient safety alerts. All of these alerts have required target dates for completion and must be acknowledged on the Department of Health’s website within 48 hours of receipt.

During the period 01st April 2019 to 31st March 2020, the Trust received 5 Patient Safety Alerts, 4 of these alerts were relevant to the Trust. The Risk Management Department cascaded the alerts to each Borough / Service in order that they could be actioned and confirmation provided that all required action had been taken in the service areas of the Trust.

Safer Caseloads in District Nursing

District nursing teams in the Trust are made up of DNs (those with a specialist practitioner qualification), registered community nurses and health care assistants. The service provides nursing care and support for patients, families and carers at home and in community settings. This means that the service experiences frequent fluctuations in the size and complexity of the caseloads as it is not limited, like hospital settings, by the number of beds. Therefore methods used to plan staffing within hospital settings cannot be transferred into the community and DN staffing levels. From June 2017 the organisation commenced monthly collection to monitor our patient case mix to show the type of need and complexity of our patients and work load index to show the resource required to respond safely and effectively. Regular monitoring of these two elements will allow us to build up themes and trends along with triangulation of other data such as complaints and incidents that we can use to inform the deployment of staff to the busiest areas, the skill mix of the workforce so we have the right balance between registered and non-registered staff and our future workforce planning. To date the data collection tool and process has required adaptation and amendments supported by our performance team to allow for monthly collection, interpretation and monitoring of data. There has been an improvement with the data quality during the previous 12 months which has resulted in a more consistent approach to data collection. There is an acknowledgement that the use of the tool and data is limited as it provides a retrospective view of staffing and caseloads that may not relate to real time requirements. The Trust are working to further develop the process for safer caseload management with the use of electronic systems which will support rostering, work allocation, caseload monitoring and workforce requirements on a real time basis to allow a more focused and responsive approach to workforce planning across all services.

Freedom to Speak Up – Raising Concerns

Sir Robert Francis's recommendations following his review at the Mid-Staffordshire NHS Foundation Trust, he published "Freedom to Speak Up". This outlined twenty principles and associated actions to allow a consistent approach to raising concerns.

Bridgewater had three Raising Concerns issues raised in 2019/20 which is seven less than the previous year. The organisation does not collect data on staff raising concerns directly with Guardians but collects the data on how many staff raised a concern which could be via the Guardian, contacting HR or using the Freedom To Speak Up Policy. Only one concern was related to:

1. Patient Safety/quality

This concern has been investigated and feedback to the individual is on an ongoing basis as issues are being worked through. The other two concerns were sign posted as they fell under the remit of HR issues.

During 2019/20 a further five champions were appointed in the organisation, making a total of eight to raise the profile of encouraging staff to 'speak up' if they have a concern. Two of the champions went onto undertake the Guardian training. Therefore the Trust has now three Freedom to Speak up Guardians and five champions. The Guardians meet on a quarterly basis to review data that has been submitted to the National Guardians office and work alongside Human Resource and Organisational Development colleagues in order to contribute to the staff engagement strategy, so that the staff voice is heard. The group will also continue to assess the Freedom to Speak Up programme of work against the National Health Service Improvement (NHSI) self-assessment tool.

The Trust has an engagement tool on the intranet which staff can use for sharing lessons/information; it can be used for staff engagement surveys and to conduct exit interviews. In 2019 the Freedom to Speak Up module was added in which staff can report concerns anonymously or book an on line appointment with a guardian. The member of staff completes a concern form and this then alerts a Guardian/champion that a member of staff wishes to speak to a Guardian.



The Guardians and champions have also been engaged in staff events such as the AGM, staff awards and the Leader in Me conference. The use of a promotional stand to raise the profile of speaking up was used to share the work that the Guardians have been undertaking.



During the year the Guardians also updated the Trust Raising Concern Policy and wrote the Freedom to speak Up Strategy.

Quality Impact Assessments

Bridgewater's Quality Impact Assessment (QIA) process will continue throughout 2020/21, to ensure that the appropriate steps are in place to safeguard quality, whilst transforming service delivery. Cost improvement schemes are generated at service level, describing delivery plans and identifying any potential impact on clinical quality and/or safety. Equality Impact Assessments are also included in the QIA process, to demonstrate that schemes are equitable, and do not introduce any form of discrimination.

Service leads are required to undertake a QIA for:

- Any scheme that has the potential to impact on service delivery/care, either directly or indirectly
- Any scheme which will have an impact on workforce/skill mix

Documentation is completed that describes the scheme, including timescales and ongoing monitoring, as well as an assessment of the impact of the scheme on each of the following domains:

- Patient Safety e.g. potential for increased adverse events
- Clinical Effectiveness e.g. potential for poor clinical outcomes, not taking up the latest technology/evidence
- Patient Experience e.g. potential for complaints, negative feedback, ability to treat patients with dignity
- Non-clinical/Operational e.g. any health and safety issues for staff, any impact on operational performance either directly or elsewhere in the organisation. Negative impact on reputation

Membership of the QIA Panel

The QIA Panel consists of the Executive Medical Director (Chair) and the Chief Nurse/ Chief Operating Officer, who carefully consider each CIP scheme submitted and return one of the following outcomes:

- **Approved:** the scheme is deemed safe and implementation can begin
- **Further information required:** scheme leads must provide additional information requested by the panel before the scheme can be approved
- **Rejected:** the scheme is deemed unsafe for implementation and is closed down

Following approval and during implementation, schemes are continuously monitored by the relevant clinical and managerial leads and any issues are escalated to the QIA Panel.

Clinical Effectiveness

Clinical Audit

“Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements.

The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) and local clinical audits can also be performed locally in trusts, hospitals or GP practices anywhere healthcare is provided.” <https://www.england.nhs.uk/clinaudit/>

In Bridgewater we believe that it is our responsibility to provide our patients with good quality, safe and effective care in order to achieve the best outcomes.

There is an annual clinical audit plan that contains both national and local clinical audits which is presented to and overseen by the borough specific Quality and Safety Sub-groups, Quality & Safety Committee and Trust Board. Progress is reported on a quarterly basis.

The table below shows the number of clinical audits undertaken during 2019-20. It shows, where necessary, what actions Bridgewater Community Healthcare NHS Foundation Trust intends to take to improve the quality of healthcare provided.

	Audit name / title	Key actions following the audit
1	Compliance with End of Life NICE Quality Standard - Community Nursing Service – cycle 2	Improvements need to be seen in advanced planning, patients must have an Individual Plan of Care / Care & Communication record fully completed at initial assessment. Full holistic assessments must be completed at each visit. Increase awareness of the use of the Trust's validated pain tool.
2	Local Audit of Falls	The therapy initial assessment has been amended to include a tick box to evidence patients have been offered a copy of their moving & handling plans and they have had discussions about the Falls leaflet.
3	Care Bundle Audit – Heart Failure	There were no improvement actions required as the standards had been met.
4	Audit of Mental Capacity Act – Safeguarding Adults	The audit report was escalated to the Borough Directors of Nursing with a recommendation that this is reviewed at Borough Quality and Safety Sub-groups and Safeguarding Groups and an action plan is developed by the Group(s) to address the lack of assurance in compliance with the Mental Capacity Act. Smart action plan developed to address lack of assurance in compliance with the Mental Capacity Act.
5	Audit of Croup Pathway	Update staff on croup audit results and offer further training / education with regards to the pathway.
6	Audit of Pressure Ulcers	Re-education to teams in the team meetings with regards to pressure ulcer management policy. Tissue Viability Nurses to highlight importance of complete documentation at all training and at weekly team contacts. SSKIN bundle included in all care plans on the Electronic Patient Record. Use of pressure ulcer huddle within the team. Monitoring of wounds to be undertaken as part of the pressure ulcer huddle and documented on huddle forms weekly.

7	National CQUIN improving the assessment of wounds indicator 10 Year 2 (2018-19)	Ensure new wound assessment paperwork is used for all patients seen. Ensure all elements of the wound assessment are included in the templates on the electronic patient record.
8	Care Bundle Audit – Speech & Language	Initial & follow up assessment needs to be completed so an improvement can be seen on quality of life for the patients. Reminders will be given in the regular staff meetings. Initial & follow up Therapy Outcomes Measures (TOMs) need to be completed so an improvement can be seen by the patients. Reminders will be given in the regular staff meetings.
9	Record Keeping Audit	Each service keeps a monthly record of the audit and actions identified so that improvement is an ongoing process. As the record management policy is due for review (December 2019), some of the standards may change, thus a task and finish group will be set up to take the record keeping audit forward. The annual record keeping report should be reviewed by Directors of Nursing and Borough Directors of Operations, taking forward any appropriate actions within their services.
10	Audit of Falls Risk Assessment (FRAT)	Results to be used to inform the work being done as part of the falls CQUIN.
11	Audit of the Knee pain Care pathway and effectiveness of the class provisions currently in place	The service have started to look further at their Knee pathway and also looking nationally at what is being used to guide this. They are also in the process of discussing with the Consultant and their opinion on changes to practice and guidelines for referral on after. The service is setting up a GP continuing professional development session to update the local health system about all this info. This will generate better referrals and improve patient journeys and also the level of management they should then receive.
12	Compliance with End of Life NICE Quality Standard - Community Nursing - cycle 2	Fast tracked discharge team now incorporates a District Nurse Coordinator which facilitates communication/planning. Advance care planning has improved and this will be cascaded further, with the introduction of the Integrated Community Teams. Epact data will disseminate palliative care information from GP surgeries to other professionals as the system becomes more widespread. A Palliative End of

		Life Steering Group is also being re-formed where these audit findings will be discussed.
13	Audit of Antibiotic Prescribing for Urinary Tract Infections	Circulate NICE UTI (lower) prescribing tool to prescribers. If Pan Mersey revise current guidance, circulate updated guidance to prescribers, add to Medicines Management newsletter and review Patient Group Direction (PGD) for nitrofurantoin.
14	Audit of Wound Dressings in District Nursing Treatment Rooms	Launch revised Wound Care formulary/associated Standard Operating Procedure. Roll out monthly education sessions for staff.
15	Audit of Prescribing and Administration of End of Life Medications	Review of current prescribing guidance which GPs are following in each of the boroughs. Review all documentation currently in use to ensure consistency. Revision of prescription and administration sheets to include specific column for total maximum doses, pro re nata (PRN) dosage regimens. Review audit parameters for future audit to improve clarity of findings.
16	Audit of pathway for home birth patients including NICE CG190: intrapartum care	The next home birth re-audit to be undertaken with the attending midwives and any improvements needed, actioned at the time of the audit. Patient questionnaire to be sent to all patients discharged from the service, on an on-going basis to capture feedback from the patients and their view of the service.
17	Audit of Antenatal and Postnatal Mental Health	Scoring system for additional questions to be added to the template on the Electronic Patient Record. Revisit guidance and use of Generalised Anxiety Disorder Assessment and Edinburgh Postnatal Depression Scale. Parent and Infant mental health guidelines to be reviewed. Health Visitors to record reason for not carrying out an antenatal visit.

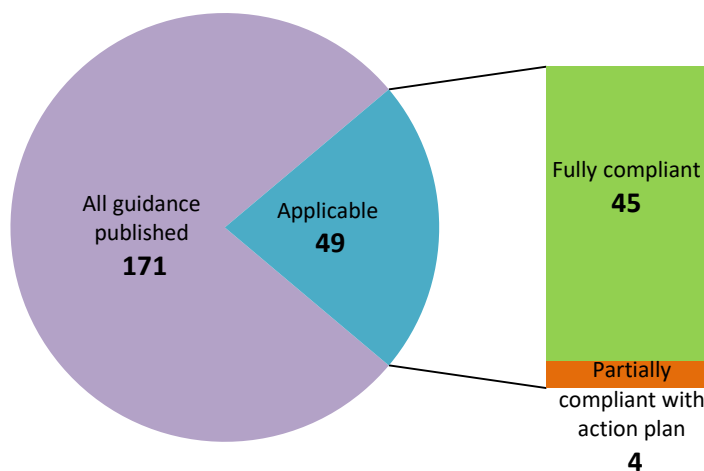
NICE Guidance

Every month NICE publishes guidance that sets the standards for high quality healthcare and encourages healthy living. The Trust is committed to continually improving the quality of our services and the health of our patients. By adopting a robust approach to implementing NICE

guidelines, service users can be assured that their care and treatment is safe, up to date, and evidence based.

All newly published NICE guidance is distributed to services throughout the Trust to ensure that services are compliant with NICE recommendations. Services evaluate each piece of guidance and determine whether it is relevant to their service and if so, the service is required to undertake a baseline assessment to state whether they are fully compliant, partially compliant or non-compliant. Services are given four weeks to undertake baseline assessments following publication of guidance and a further four weeks if compliance is partial and an action plan needs to be developed. Partial compliance means that there is one or more recommendation that the service is not adhering to at present. This is to be expected in relation to newly published NICE guidance. However, an action plan must be devised in order to bring the service into full compliance.

In the year April 2019 to March 2020, NICE published 171 pieces of guidance most of which relates to care provided in acute hospitals. There were 49 pieces of guidance applicable to services that the Trust provides. We are fully compliant with 45 and action plans are underway to bring us into full compliance with the remaining 4.



Compliance with NICE guidance is reported through the Quality & Safety Subgroups and the Quality & Safety Committee of the Trust Board and shared with Clinical Commissioning Groups.

Clinical audits of NICE guidance are included in the annual clinical audit plan. Below is an example of an audit that was undertaken against standards from NICE guidance.

Audit of Antenatal and Postnatal Mental Health Halton Borough
What we found
<p>Compared to the last cycle of audit, there has been an increase in compliance with regards to the 3-4 month visit taking place. The 10 -14 day assessment and the 6 to 8 week assessment taking place have maintained compliance at 100% and 96% respectively. However, there has been a decrease in compliance with the ante-natal visits being completed.</p> <p>The completion of the Edinburgh Postnatal Depression Scale could be improved as these were not always being completed when the mother answered 'yes' to one of more of the depression questions. Although it would appear that the guidelines had not always been followed, there was evidence in a significant number of records that the Health Visitor had spoken to the mother about her feelings.</p> <p>For 3 women who triggered when asked the depression questions at the 10 to 14 day assessment, although the Edinburgh Postnatal Depression Scale was not completed, these women were re-assessed after 2 weeks.</p> <p>Feedback from the patient questionnaire is positive with only one respondent rating the service they received as 'poor'.</p>
What we are doing about it
<p>Scoring system for additional questions to be added to the template on the Electronic Patient Record. Revisit guidance and use of Generalised Anxiety Disorder Assessment and Edinburgh Postnatal Depression Scale. Parent and Infant mental health guidelines to be reviewed. Health Visitors to record reason for not carrying out an antenatal visit. Ongoing monitoring audits are to take place to ensure guidance is being followed.</p>

Research and Development

At Bridgewater, we take our responsibility under the NHS Constitution to provide our patients with opportunities to participate in research and benefit from new treatments very seriously. The Trust topped the annual National Institute for Health Research league table for achieving the highest percentage increase in the number of studies recruited to. Additionally, the Trust also achieved the third highest percentage increase in recruitment by a trust in England. This is a significant achievement in a Trust with a very modest research infrastructure, and demonstrates what can be achieved when Trust colleagues and patients come together to embrace the NIHR's 'Be part of research' campaign.

At the end of 2019/20, 957 of our patients have signed up to the 'Research for the Future' campaign, which consists of a series of 'Help BEAT' campaigns. (Help BEAT Diabetes; Heart

Disease, Respiratory Disease, and Kidney Disease). All aim to encourage our patients to get involved with research via a database of volunteers who consent to be approached about studies they are eligible to participate in. More information on this campaign can be found via the following link: <https://www.researchforthefuture.org/>

During the period reported, research has played a central role in advancing our clinicians' practice, as they generate research questions out of direct clinical practice across a range of treatment areas and settings. For example, one of our Matrons researched the reasons why some patients with pressure ulcers do not always follow their treatment plans. The findings supported the need to introduce a patient centred care approach when creating treatment plans by noting the patient's preferences. Other research during 2019/20 has explored how our physiotherapy teams can support those with arthritis and other musculoskeletal conditions to get back to work, how we can improve psychological interventions for South Asian mothers experiencing postnatal depression in the Oldham borough, to monitoring the safety of patients using certain drugs for a range of dermatological conditions.

For the fifth year running, Bridgewater was shortlisted in the annual National Institute for Health Research Greater Manchester Clinical Research Awards. In November 2019, therapists working in Warrington's Community Neurosciences Team won the Best Research in a Community Setting category for their involvement in the RETAKE study, which seeks to support people to return to work following stroke. This inspiring and enthusiastic team of therapists also celebrated success in the research and innovation category at the 2019 Trust Staff awards. More information on this study can be found via the following link: <https://www.nottingham.ac.uk/research/groups/longtermconditions/vocational-rehabilitation/retake/index.aspx>

Library and Knowledge Services

The Trust's library and knowledge service participates in the NHS Library Quality Assurance Framework (LQAF).

Our current quality score is 97% (97% in 2019) compliant with the national standard and therefore retains its green rating.

Across the North 33 Trusts achieved a score of 97% or higher and the range of scores was 76% - 100%.

This table shows the range of scores across the North with the number of Trusts who achieved the corresponding score.

100	99	98	97	96	95	94	93	92	91	89	87	84	82	78	76
12	6	7	8	7	1	8	1	3	1	2	1	1	1	1	1

The LQAF has now been updated and will be replaced by the Quality and Improvement Outcomes Framework for the period from 2019 onwards.

Submission of evidence for assessment for the replacement Quality Standards Scheme was due to take place in June 2020. This has now been rescheduled to 2021 in light of the Covid 19 pandemic.

Patient Experience

The Trust recognises that eliciting, measuring and acting upon patient feedback is a key driver of quality and service improvement. The Bridgewater Service Experience Group provides a focus on the Trust wide, strategic issues for patients and carers, ensuring their views are instrumental in influencing service provision.

The Trust has a Patient Charter outlining what people should expect from Bridgewater services and who to contact if they do not meet those standards. The Trust also uses a range of methods to seek patient feedback including the use of patient stories, Friends and Family Test and patient surveys using Patient Reported Experience Measures (PREMS) and Patient Partners, as a way of involving the people who actually use the services. All feedback is closely monitored by the Service Experience Group with any lessons learned identified and cascaded across the organisation.

Complaints

We welcome complaints as they are a mirror to our services which shine a light to show where improvements need to be made. We aim to learn from all complaints as part of improving our patients' experience.

During 2019/20 we received 92 complaints compared to 104 during the previous year. These are summarised on a Borough/Service basis below:

	Halton	Oldham	St Helens	Warrington	Wigan	Dental	Health & Justice	Total
Qtr 1	7	1	3	6	1	2	5	25
Qtr 2	3	0	0	9	NA	1	5	18
Qtr 3	5	0	3	8	NA	1	6	23

Qtr 4	8	0	2	13	NA	1	2	26
Total	23	1	8	36	1	5	18	92

The complaints were divided across a range of issues. The themes are summarised in the table below:

Theme of complaint	Number
Aspects of clinical treatment	59
Attitude of staff	12
Communication/Information to patient	7
Failure to follow agreed procedure	5
Aids/appliances/equipment	4
Patients' privacy and dignity	3
Appointments, delay/cancellation	2
Total	92

Every complaint received is investigated to understand fully what has happened and to seek out the lessons that can be learned. All lessons learned are discussed with the service leads and cascaded via the Quality Newsletter.

Some examples of lessons learned from complaints include:

- **Community Midwifery**

Complaint received by the Hospital and forward to Bridgewater. Patient attended for booking in appointment, however midwife had interpreted scan results from hospital as patient having had a miscarriage so wasn't expecting her to attend. Midwife arranged scan at HCRC for that day, foetal heartbeat found and mum reassured.

Discussions have taken place between the hospital Ultrasound Department and the Community Midwifery Service. It has been agreed that, in the future, the Midwifery Service will await confirmation of miscarriage from the hospital.

- **District Nursing**

Complaint regarding delay in blood being taken for testing, patient later died of Sepsis.

Agreed that better communication is needed between services to ensure that blood is taken in a timely way. As a result, the District Nursing Service now has an electronic process (not fax) for receiving referrals and the Practice is aware to contact the service by telephone for all urgent blood requests. Changes have also been made to the District Nursing Service message book at the GP Practice to include when messages were last collected and also when requests and messages are collected by junior staff, they will be discussed with a more senior member of the team in order to prioritise the scheduling of blood collection.

- **District Nursing/Macmillan Nursing Services**

Complaint regarding district nursing and Macmillan Nursing services during patient's final hours.

Referrals received at weekends to be documented in the message book, to ensure contact is made with the patient. The actions taken over the weekend for each referral will be written in the book and documented on the electronic system.

- **Health Visiting**

Parent unhappy with actions of Health Visitor in regards to child's Mongolian blue spot birth mark.

At the primary birth visit practitioners must establish if there are any birth marks and document the outcome in the child's records. Health visitor to be aware re use of private room for sensitive discussions

The multi-agency protocol and single agency guidance lacked clarity with insufficient details to support both frontline practitioners and members of the safeguarding team in responding to Mongolian blue spots. Following a review of both the protocol and guidance for bruising in non-mobile babies, new pathways have been implemented.

- **Paediatric Community Medical Service**

Patient was to be given a trial of medication. Parents provided the requested information on the 1st of the month and expected the service to contact them about a prescription. Parent contacted service a week later for an update. On the 10th day the service rang the family to say a prescription had been written two weeks before and was about to run out so family needed to collect it that day. No one had contacted the family to tell them the script was ready.

Procedure put in place to include that for first time prescriptions parents will be contacted by text/telephone to inform that their child's prescription is ready for collection.

- **Paediatric Speech & Language Therapy Service**

The service had provided a report to a child's Educational Health Care Plan (EHCP) advising four forty-five minute therapy sessions should be provided to the child. Staff were not aware of the outcome of the EHCP was to prioritise this care and it was not provided in a timely way.

As a result of the complaint the service has changed the way of reporting and recording EHCP reports and is monitored on a weekly basis by the team leader. A

‘review list’ showing a ‘due date’ has been added to the electronic records system so that therapists are alerted to any delays and long waiting times.

- **Health & Justice Services**

Patient unhappy with lack of treatment following a fall onto a concrete floor, patient was later x-rayed and a broken arm diagnosed 10 weeks after the event.

Healthcare staff to ensure that patients complaining of persistent pain are reviewed regularly so that treatment can be provided in a timely manner. In the future, appointment slips are to be sent to the wings one week before appointment dates to ensure patients are made aware in a timely manner to minimize the number of missed appointments.

Friends and Family Test Results

Bridgewater has developed a Talk to Us... form to seek patient feedback. This includes the Friends and Family Test (FFT) as well as a number of questions which aim to ascertain how people feel about accessing Bridgewater services.

The FFT is based on a simple question *“How likely are you to recommend our service to friends and family if they needed similar care or treatment?”* with answers on a scale of *extremely likely to extremely unlikely*.

A total of 16,051 people responded to the friends and family question and 96.9% indicated that they would recommend Bridgewater services.

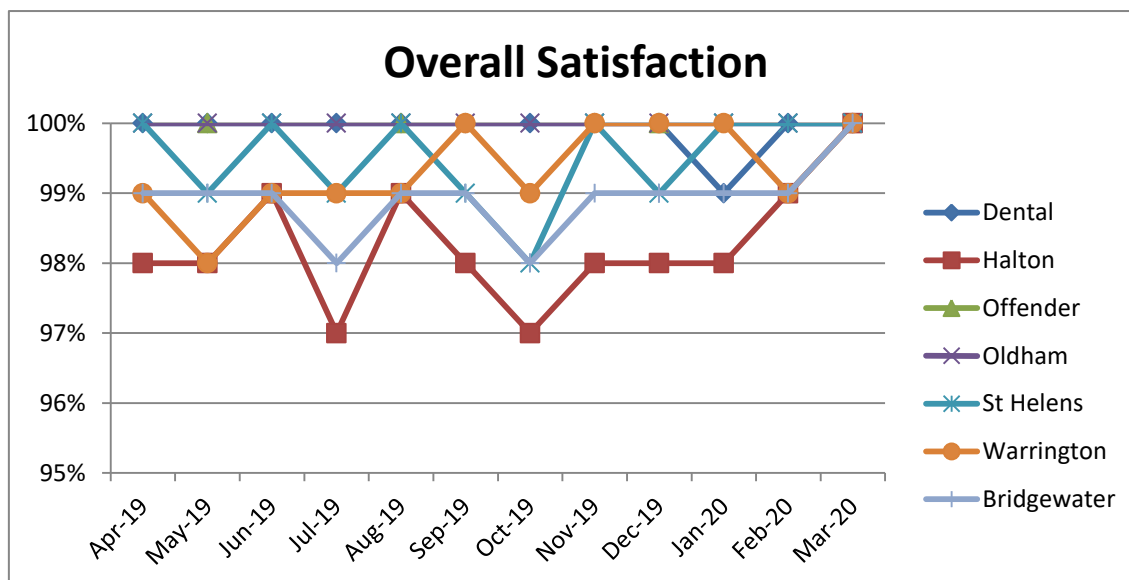
Borough/Service		Would Recommend	Would not Recommend	Number of Responses
Halton		95.3%	1.9%	5,652
Oldham		98.9%	0.1%	760
St Helens		98.0%	1.1%	3,096
Warrington		97.1%	0.9%	4,253
Dental Services		99.5%	0.2%	1,733
Health & Justice Services		96.8%	1.1%	94
Maternity Services	Antenatal	99.6%	0.4%	242
	Postnatal	99.5%	0.5%	221
Bridgewater Total		96.9%	1.2%	16,051

Patient Reported Experience Measures (PREMS)

The Bridgewater Talk to Us ...form also asks further questions about patients and carers experiences of Bridgewater services. The questions are based on how patients feel about the care they receive at the key touch points with the services. A total of 16,956 responses were received during the year and 99% indicated overall satisfaction with their care and treatment.

Overall satisfaction

Patients are asked to rate their overall satisfaction with the service. The graph below shows the results of patients who said they were either satisfied or very satisfied.



The patient experience responses from the other key touch points are presented in the table below.

	Halton	Oldham	St Helens	Warrington	Dental	Health & Justice	Bridgewater
How do you feel about the length of time you waited to be seen?							
	91%	99%	96%	96%	98%	100%	95%
How do you feel about the way staff greeted you?							
	100%	100%	99%	100%	100%	100%	100%
How do you feel about the way staff listened to you?							
	99%	100%	99%	100%	100%	100%	100%
How do you feel about the information you were given (verbal or written)?							
	99%	100%	99%	99%	100%	100%	99%
How do you feel about the privacy, dignity and respect shown to you?							
	99%	100%	99%	100%	100%	100%	100%
How do you feel about the opportunity you were given to ask questions?							
	99%	100%	99%	100%	100%	100%	99%
How do you feel about the overall experience of your care or treatment?							
	98%	100%	99%	99%	100%	100%	99%

Number of responses	6713	797	3195	4383	1771	97	16956
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Patient Stories

A patient story is presented to the Board each month. This is a compelling way of illustrating the patient's experience and enables the Board to gain a meaningful understanding of how people feel about using our services.

Lessons learnt from each story are identified and action plans developed which are monitored monthly to ensure that quality and service experience issues are being acted on and lessons learnt across the whole Trust.

Some examples of patient stories during the year include:

Community Dental, Warrington Service

This patient story was presented to the Trust Board and is about an eight year old child who was very anxious and frightened; she would not accept any treatment from the service and would not sit on the dental chair. She would get extremely upset and would bury her head into her mum's clothes. The service endeavoured to help and support her. She attended clinic on a number of occasions with her mum whilst the dental team gently encouraged her to acclimatise to the equipment, staff and surroundings. The story highlights the dental pre-med service they have at Whiston Hospital and how staff persevere to help even the most challenging patients to overcome their fears. In May 2019 this young lady was seen as an emergency because of an abscess and was examined whilst she sat on her mum's knee. She was sobbing and it took 20 minutes before she would accept external bitewings as radiographs were needed. The service tried to discuss dental general anaesthetics (GA) but both mum and child were very upset and mum was unable to provide an informed consent. Consent was gained at the following appointment. In June 19 child attended a GA appointment, the child was so upset she became hysterical and would not go near the dental chair. She returned back out to the waiting room but was still hysterical on a second attempt. The anaesthetist felt specialist help was required for this little girl and the decision was made to refer her to Alder Hey Children's hospital. Mum was so upset by the whole experience that she rang the Warrington clinic the following day as she was not made aware of how many staff would be present in the room, didn't know who they were and felt that she hadn't been given the opportunity to try and calm her daughter down, if she had been able to sit on mum's lap she would have been able to cooperate with the staff. After discussions with the clinicians in July mum and child were offered a look around the department before the start of the hospital session and to meet the staff. They then attended again, was shown around the department by the dental staff and the anaesthetist took them up to the ward to meet the staff there. In August she attended once more, was seen by the anaesthetist and was prescribed medication to relax her on the ward. She was brought back to the dental department and accepted inhalation induction on the trolley with encouragement, whilst mum was holding her hand. Child's extractions were successfully carried out and she was returned back up to the ward for a full recovery, prior to being discharged later that morning.

When child attended clinic in September, she was clinging to mum but for the first time ever sat on the dental chair and accepted examination with a mirror. It is hoped that in time she will become less anxious and more confident attending the dentist with the aim of discharge back to her own dentist.

District Nursing/Tissue Viability Service, Warrington Borough

This patient story was presented to the Trust Board in December and is about a gentleman with advanced dementia who was referred to the district nursing service towards the end of his life, at a point when he had no verbal communication and was physically dependant for all his care needs. The service worked with the family to find out what was important to them in providing care for their loved one. The family explained that they had experienced some negativity from other healthcare services and felt there had been a breakdown in communication, which had been perceived as obstructive to his care preferences. The service involved the family at each stage; all decisions and advice were openly and honestly discussed with clear clinical rationale allowing the patient's wife to decide if these were in accordance with his wishes. When decisions were not in agreement, flexibility and alternative thinking were applied inclusive of his wife. The family found that because they were involved throughout they were able to set the pace of delivery. Continuity of care enabled relationships and trust to build between them and the service. Any issues were responded to quickly enabling plans to be implemented and move forward. The family was pleased that prescription items and equipment were made a priority due to the complexity. The patient has sadly passed away but post bereavement contact is still in place. The service learned that time and flexibility was a key factor in the management of the patient's care. The focus for them was to ensure the patient's wishes and not to get hung up on policies and procedures whilst maintaining professionalism throughout.

Health Visiting Service, Halton Borough

The Halton Health Visiting, School Nursing and Family Nurse Partnership services have now come together as one and are known as the Halton 0-19 Healthy Child Service. Time for Me is a creative art group aimed at women with babies or children up to 2 years old who may be experiencing such things as:

- Anxiety
- Mild – moderate postnatal depression
- Isolation
- Low self-esteem
- Attachment and bonding issues

The 10 weekly sessions are facilitated by a member of the Health Visiting team, along with a volunteer artist. Many of the Mothers attending the group find that their art work provides a line of communication which kindles conversations and allows them to explore their darkest emotions in a safe and positive way.

This mum was diagnosed with post-natal depression after the birth of her son last year. As part of her listening visits from the service, it was suggested that she attend the 'Time for me' group art sessions to help aid her recovery.

She wasn't sure that this was for her initially as she did not know how comfortable she would feel sharing how she felt in front of strangers and being in a room full of other 'depressed mums'.

"I can honestly say that this group has had such a phenomenally positive impact on my life. I have not only learnt a new skill in painting (and it turns out I am better at it than I gave myself credit for in the beginning!) but I have also come on leaps and bounds in overcoming my post-natal depression. The therapeutic nature of what we're doing - just picking colours or focussing on what we're drawing - has given me the time to switch off, breathe and get back to being who I was before I had the PND. The crèche place that was available to my little boy was absolutely indispensable - I have no family nearby and wouldn't not have been able to attend were it not for that crèche place. My son has been so well looked after and he has had the opportunity to socialise and develop, too. Knowing that he was only down the corridor and that I was there if he needed me made me feel so reassured and meant that I could relax."

"I can honestly say that this group has had such a phenomenally positive impact on my life. This group has given me so much more than just a hobby – it has given me my life back."

The Urgent Care Centre, Halton Borough

The Urgent Care Centre (UCC) is run by a team of highly skilled multidisciplinary staff consisting of a doctor and nurses, all of whom are experienced at diagnosing and treating minor injuries or illnesses. The patient attended the UCC after experiencing some central chest pain whilst walking 30 minutes prior to arrival. Post triage and recording of observations, electrocardiogram (ECG) performed and confirmed anterior myocardial infarction (MI). Given aspirin and GTN as per protocol and emergency ambulance requested. Patient was nursed on trolley. Attempt at obtaining IV access was made, however during this the patient went into cardiac arrest. Full team was involved in arrest and cardiopulmonary resuscitation (CPR) commenced. Airway secured and automated external defibrillator (AED) applied within 90 seconds of arrest. Advised shock – 1 delivered and immediate CPR recommenced. At the end of 2 minute cycle of CPR – AED commenced, a further analysis however becoming apparent that return of circulation had occurred. Confirmed with radial pulse and carotid pulse. Within 5 minutes of CPR the patient was back talking to staff. During active CPR a colleague on the phone escalated the phone call to the emergency services and rapid response vehicle (RRV) driver arrived as circulation confirmed. It was the RRV driver who informed the patient that the staff at the UCC had 'saved his life.' The patient attended the Trust Board with a member of staff from the UCC where he was happy to share his experience.

Patient Partners

Patient Partners is an approach that aims to actively encourage patients, their families and carers to work in collaboration with staff to identify areas for improvement in quality of care and service delivery.

Services invite their patients to become Patient Partners to take part in service improvement activities such as focus groups, feedback questionnaires, discussions on proposed changes and even recruitment of staff.

Voice of the Child

The voice of the child is a phrase used to describe the real involvement of children and young people. Bridgewater has a Voice of the Child Forum which aims to raise the profile of the child's voice across the trust at both a service and an individual level. The Forum has been running since September 2015 and its members come from both universal 0-19 services and specialist children's services.

Patient Advice and Liaison Service

We recognise that when people have issues or concerns with our services we should aim to resolve these as soon as possible. Bridgewater provides a single free phone number for people to contact for advice and information or to help resolve their issues and concerns.

During 2019/20 we received **1,552** contacts across Bridgewater. These are summarised below.

	Halton	Oldham	St Helens	Warrington	Corporate	Dental	Health & Justice	Total
Qtr. 1	63	0	57	105	145	25	26	421
Qtr. 2	94	6	54	132	111	19	25	441
Qtr. 3	80	4	46	106	61	18	16	331
Qtr. 4	78	4	50	127	64	17	19	359
Total	315	14	207	470	381	79	86	1,552

Around 65% of the contacts were requests for advice and information, including signposting to other organisations.

Around 23% of the contacts resulted in the department liaising between the enquirer and the service to resolve issues and concerns. Examples of the issues raised include clinical treatment, communication, appointment delay/cancellation and staff attitudes.

Of the 1,552 contacts 186 were classed as informal concerns but only 7 of these went on to become formal complaints. This highlights the Bridgewater approach to resolving concerns and complaints at the earliest opportunity.

Further Information Regarding Quality of Services in 2019/20 Commissioning for Quality and Innovation (CQUIN)

National CQUIN schemes

In 2018/9 a national approach was taken to CQUIN schemes with local schemes being discontinued, this approach continued in 2019/20. However only two of the 2019/20 national CQUIN schemes were applicable to community settings:

- Flu Vaccinations (Halton, Warrington and St Helens)
- Preventing Risky Behaviours (Alcohol/Tobacco screening) (Halton and Warrington only).

Locally agreed CQUIN schemes

In addition to the national CQUINs a number of local schemes were developed and agreed with commissioners. These were:

- Falls – Staff and patient education (Halton and Warrington)
- NEWS2 – implementation in community nursing services (Halton and Warrington)
- Neuro Rehabilitation – mental health screening questions (Halton only)
- Neuro Rehabilitation – Improving access to services (Warrington only)
- Paediatric Nurse Advisory sessions - Enhanced support for Children and their families for children with complex needs (St Helens Only)
- NHS 111 Collaborative working - St Helens Urgent Treatment Centre (St Helens only)

Due to the Covid-19 pandemic Q4 reporting was suspended by NHS England to allow provider organisations to concentrate on managing the increased demand on clinical services. Therefore with the exception of the Flu CQUIN and the St Helens Paediatric Nurse Advisory sessions reportable data is only available up to the end of Q3.

Flu – staff vaccination (all boroughs)

This national CQUIN has been in place for a number of years. Each year the target vaccination rates for frontline clinical staff has been reviewed and amended. This year's target was set at 70%.

At the end of Q4 the trust achieved the agreed CQUIN target of 70% of frontline staff being vaccinated.

Halton and Warrington

Halton and Warrington participated in 3 local plus the 2 national schemes

Preventing Risky Behaviours (Smoking and Alcohol Screening)

The purpose of this CQUIN outlines the need for the NHS to take action to address risky behaviours, with a focus on alcohol consumption and smoking. This local CQUIN has been adapted for use in the Community setting from the National CQUIN. Patients admitted to either the IV therapy caseload or the Podiatry service will be part of the tobacco and alcohol commissioning for quality and innovation (CQUIN) scheme.

Q3 progress -Results Podiatry

The podiatry service was added to the local agreed CQUIN in Q2 at the request of the CCG to increase the cohort of patients included in the scheme. This meant that implementation, achievement of milestones and data reporting was a quarter period behind the IV therapy services. In addition due to the commencement of EPR in October for the Halton service an agreement was made as part of the CQUIN plan with the CCG that reporting would not commence until this system was fully implemented to enable data to be reported electronically. This was planned for Q4. As the reporting of CQUIN data was suspended in Q4 there is no data available for the Halton service.

Warrington	Denominator (total number of patients eligible)	Numerator (total number of patients screened or given brief advice)	Percentage
Those screened for both smoking and alcohol risk status and the results recorded in patient's record.	387	254	65.63%
Smokers who are given brief	48	24	50%
Patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	69	32	46.38%

The compliance in Q3 was below the threshold level as all initial/new episodes of care are included in the data extraction. Some initial patients that enter the service are scheduled for emergency episodes rather than full assessment. During a full patient assessment a full demographic and medical history is obtained whereas in an emergency or SOS appointment,

only essential information is gathered and therefore screening would not be completed. It was planned for the Q4 reporting period that the data extraction would be filtered to include new patients that have had full assessment thereby giving a true reflection of compliance.

Q3 Progress - IV Therapy

Warrington	Denominator (total number of patients eligible)	Numerator (total number of patients screened or given brief advice)	Percentage
Those screened for both smoking and alcohol risk status and the results recorded in patient's record.	108	57	52.78%
Smokers who are given brief	4	4	100%
Patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	14	11	78.57%
Halton	Denominator (total number of patients eligible)	Numerator (total number of patients screened or given brief advice)	Percentage
Those screened for both smoking and alcohol risk status and the results recorded in patient's record.	39	38	97%
Smokers who are given brief	10	10	100%
Patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	10	10	100%

The compliance for alcohol and tobacco screening for the IV therapy service is low. This has been reported by the service as being due to patient's referred for line care and the staff reporting that these patients had already been asked these questions during their episode of care with the referring services and therefore it was inappropriate to ask the screening questions again. During Q4 it was planned that all patients would be asked the screening questions and any who decline will be recorded and reported to provide a true reflection of compliance. This data is not currently available.

Falls

The purpose of the CQUIN was to provide training to nurses in the District Nursing and Community Matron services that will enhance knowledge and skills in falls risk identification, care management and onward referral. This also supported:

- Improved care for the patients being cared for in their own homes.
- Raise awareness with patients and carers of falls risks and management strategies to enable self-management.
- Timely referrals to support services when required to provide falls reduction strategies

The CQUIN also included the development of an organisational falls improvement plan which is monitored via the Trusts Harm Free Care Group to support improvements in falls risk identification and management across the organisation.

Q3 progress

Staff who had received training in falls prevention was:

- Halton
 - Community Matrons – 100%
 - District Nursing – 95%
- Warrington - 95% (Community Matrons and District Nursing combined)

NEWS2

This CQUIN was delivered over one year with an aim that all nurses in the District Nursing and Community Matron services would have the knowledge and skills to use the NEWS2 tool to support their clinical decision making with the identification and appropriate escalation of deteriorating patients. Within this year, activity was focused on putting in place systems and processes to ensure that new patients admitted onto the District Nursing or Community Matron caseload will have a baseline observation recorded using the NEWS2 tool, and ensuring the workforce receive appropriate training.

There were two components to the scheme:

- That all nurses in the District Nursing and Community Matron services will have the knowledge and skills to use the NEWS 2 tool to support their clinical decision making with the identification and appropriate escalation deteriorating patients
- New patients admitted onto the District Nursing or Community Matron caseload will have a baseline observation recorded using the NEWS2 tool

For the purpose of the CQUIN, new patients admitted to the caseload were those defined as requiring more than 1 contact with the District nursing and community matron service: Exclusion was considered when patients were admitted to the caseload during the terminal stage of life that have been identified as in the dying phase. This would be accompanied with a conversation in regards to advanced care planning and would clearly identify the reason for non-completion of the screening. This is in line with national guidance from the Royal College of Physicians (RCP).

Q3 progress

Staff who had received training in NEWS2 was:

- Halton - 100%
- Warrington - 73%

The full year CQUIN milestone for training was 95% compliance. The Halton service achieved and exceeded the milestone by the end of Q3. The Warrington service was partially compliant by the end of Q3 with the plan to be fully compliant by the end of Q4. The Q4 training figures are not currently available due to the suspension of the CQUIN reporting.

Neuro Rehabilitation – mental health screening questions (Halton only)

NICE Guidelines Depression in adults: recognition and management (CG90) recommends being alert to possible depression (particularly in people with a past history of depression or a chronic physical health problem with associated functional impairment) and consider asking people who may have depression two questions

- During the last month, have you often been bothered by feeling down, depressed or hopeless?
- During the last month, have you often been bothered by having little or no interest or pleasure in doing things?

Suicide is not inevitable and can be prevented. Suicide is often the end point of a complex history of risk factors and events for many people it is the combination of factors which is important rather than one factor.

The use of initial screening questions at time of initial assessment will prompt the assessor to provide risk prevention initiative to reduce risk of harm. More men die from suicide in Halton than women. For the period 2011-2013 80% of suicides were among men. The number and rates of suicides vary between age groups. In Halton the highest numbers of suicides were observed in the 35-44 and 45-54 old age group (*Halton suicide prevention strategy 2015-2020*).

The purpose of this CQUIN was to embed the routine use of screening for depression and suicide for patients who are referred into Halton Neuro science team. This would facilitate earlier referrals for further assessment and support. The services identified patients at risk and refer to appropriate professionals including urgent referrals to crisis team if required. The CQUIN also provided information to all patients accessing Halton Neuro rehabilitation services of other services available in the local area for additional support to enhance care provision.

Q3 progress

Numbers of New referrals in Q4	Number of New referrals who have had screening questions	Compliance Percentage
23	23	100%

Neuro Rehabilitation – Improving access to services (Warrington only)

This CQUIN aims to focus on initial patient procedures so to improve:

- Triaging and the implementation of appropriate referrals to additional support services at an earlier point in the treatment pathway
- Improve access to appropriate therapy with reduced waiting times.
- Ensuring patients are signed by the correct professional within the service to meet their needs leading to more efficient utilisation of service
- Identification of patients at increased risk to enable earlier interventions to manage risks
- Identifying patients who do not require further interventions following initial assessment releasing clinical time and reduction of waiting time longer term

Q3 progress

Triage outcomes

Date of Triage	Number of patients invited to clinic	Number of patients not suitable to clinic
Oct-19	11	25
Nov-19	18	16
Dec-19	10	9

Attendance and waiting times

Clinic Dates	Percentage of scheduled patients that attended clinic	Average wait from referral to assessment
Oct-19	78%	6 weeks
Nov-19	82%	5 weeks
Dec- 19	71%	4 weeks

Clinic action summary

Clinic Dates	Percentage of patients identified as requiring alternative profession (in contrast to referral)	Percentage of patients referred to therapy groups	Percentage of patients provided with interim intervention to reduce risk	Percentage of patients discharged at clinic
Oct -19	43%	14%	21%	7%
Nov -19	36%	14%	14%	7%
Dec - 19	60%	20%	0%	0%

The data throughout the year indicate that a significant number of patients required additional professions in contrast to those requested at referral therefore by identifying at clinic this helped to prevent future unnecessary patient waits and inappropriate clinical visits. For those patients not able to attend clinics interim risk management visits were provided and focussed on equipment provision / minor adaptations to reduce risks at home. Referral to assessment times also reduced during the CQUIN.

St Helens

St Helens have participated in two local national CQUINs

Paediatric Nurse Advisory sessions - Enhanced support for Children and their families for children with complex needs

The CQUIN's aims were to offer additional clinic sessions to families which were focused on what was important to them rather than medical or medication reviews which would be picked up in the routine appointments. These sessions were optional and open to all children and families on the caseload. The team offered support to children, young people and their families on an as when needed basis offering bespoke support to those at need. Bi-monthly Nurse advisory sessions included behaviour management and advice around sleep management to new referrals in need of immediate support, and complementing the current service provision being provided to the individual child or family.

The intervention was available pre and post diagnosis, however early intervention and support can help reduce the need for sleep medication. The CQUIN aim was to demonstrate the quality support around sleep behaviours and correct management undertaken prior to consideration of sleep medications.

Following the advisory session if need be children and their families were offered a more in depth appointment, to help prevent families getting to crisis point. The service in addition offered signposting and referrals for further support, i.e. Triple P parenting programmes, advanced solution, weight management and advice regarding diagnosis and help available.

Q4 progress

Clinic Dates	Appointments Offered	Appointments Utilised	Slot Utilisation Percentage
Jan - 20	10	8	80%
Feb - 20	10	8	80%
March - 20	10	8	80%

During the Q4 reporting period the slots not utilised were as a result of DNA's and short notice cancellations by parents meaning appointments could not be offered to other patients. The verbal and written feedback from parents/carers, and the children and young people themselves, was extremely positive. Some examples of Children and Young People's 'Talk to us...' feedback forms have included the following comments:-

"I really think these appointments are very helpful, especially emotionally. Can't thank you enough", "Got lots of useful information and advice", "Very helpful and gave good advice", "Excellent service".

NHS 111 Collaborative working - St Helens Urgent Treatment Centre

The intention of the CQUIN scheme is stimulate clinical quality improvements and drive transformational change. 13 Clinical quality and transformational indicators are defined which aim to improve quality and outcomes for patients and improve the working lives of NHS staff.

As defined in the Urgent Treatment Centre Principles and standards document [2017] St Helens UTC is part of a locally integrated urgent and emergency care service working in conjunction with NHS111 and ED services. These services should provide both pre-booked and same day 'walk in services'.

The aims of pre bookable appointments via NHS111 are to:

- Provide the correct level of care for patients and improve the service they receive, patients will no longer have to wait for long periods in ED.
- Relieve pressure on ED to ensure adequate resources are available to treat patients with immediate life threatening conditions/injuries.

This local CQUIN supports the principles and standards of the local integrated urgent and emergency care system and evidences collaborative working with NHS111 whilst enabling the service to plan for expected demand.

The St Helens Urgent Treatment centre transferred out of the organisation on the 1st December 2019.

By the end of Q3:

- Slot availability was increased to 4 appointments daily Monday to Friday to NHS111.
- The appointment times had been moved to later in the day with the aim of improving utilisation.
- Changes to the time of the slots did result in an increase in slot utilisation
- By the end of December 2019 slot utilisation had increased from 33% to 60%

Further reporting of the CQUIN will be managed and reported by the new provider.

Further details regarding progress against all the agreed goals for 2019/20 is available electronically at: www.bridgewater.nhs.uk/aboutus/foi/cquin/.

Leadership Activity January 2019 – December 2019

Institute of Leadership and Management (ILM) – Leadership Development Programme

The Bridgewater internal Leadership Development Programme is accredited to the Institute of Leadership and Management (ILM) at level 5. Bridgewater Community NHS Foundation Trust became an accredited centre for ILM 8 years ago and is therefore approved to deliver industry recognised qualifications.

Course Content

The programme was designed to support staff during the challenging and volatile environment of change in the NHS and is designed to equip individuals with the skills and confidence to roll out proven service improvement techniques and projects where quality, value, productivity and safety of patient care can be improved.

The core service improvement knowledge gained during the programme, along with the skills and approaches learned, will help make service improvement projects more successful.

A cohort of 11 staff joined the programme for 2018-19.

Learners are required to complete 2 work based assignments which demonstrate they are applying effective leadership skills.

Learners normally meet once a month and sessions include:

- Leadership Styles and Theories
- Building Commitment and Motivating Your Team
- 7 Habits of Highly Effective People
- Introduction to Human Factors in Healthcare
- Leading and Sustaining your Project
- Measurement for Improvement
- Introduction to Lean Methodology
- The Human Dynamics of Change

The Leadership and Organisational Development Team also offer psychometric tests such as Myers-Briggs Type Indicator (MBTI) and Strength Deployment Inventory (SDI).

8 members of staff within Bands 5 to 8a successfully completed in 2019.

Assignments / Projects

All learners are required to submit one assignment per module (2 assignments in total). The pass mark for these assignments is a minimum of 50% of the available marks for each section of the assignment criteria. Assignments consist of a written report to demonstrate the knowledge acquired and the application of that knowledge in the workplace.

Quality Assurance

Ongoing internal quality assurance is provided by the Trust's Internal Verifier sampling 50% of assignments to ensure accuracy and consistency of assessments

The External Verifier (EV) from ILM conducts an annual inspection of Bridgewater's ILM Programme to scrutinise the Trust's ILM Programme and ensure it is being designed, delivered and implemented to the required standard. Feedback received from the EV states that the Programme is running successfully; assessments are consistently of the right standard; high quality teaching is evident from the assignments and comprehensive and accurate feedback given to the learner. The Trust has been awarded the highest quality rating by ILM.

Evaluation

Outcomes of sessions, course content and evaluation scored at between 97 -100%, which equates to an overall score of excellence from participants based on their learning validation score.

It was anticipated that a further cohort of learners would start in April 2020 but this has been postponed due to the Covid-19 pandemic.

Mary Seacole Programme.

Working with the NHS Leadership Academy, we have an accredited Mary Seacole Facilitator within the Trust to deliver this programme locally as part of the Greater Manchester mobilisation group.

Course Content

Designed to develop people who are moving into their first leadership role, the programme is also suitable for those participants who have received no formal previous leadership training.

Learning is accessed through:

- The NHS Leadership Academy's virtual campus, which includes programme films, interactive content, discussion forums and online resources
- Three one day face to face skills workshops working with the local facilitators

The programme is delivered in 12 units, each taking between five and ten hours of online study time:

- Units 1-8 covers leadership fundamentals and build on each other as the programme progresses
- Units 9-12 are flexible and can be taken at any point in the programme. These relate to the core management skills of: Fundamentals of Finance, Recruitment and selection, Fundamentals of HR, Appraisals and annual review

During 2019, 36 members of staff have accessed the programme.

20 have passed the programme with excellent grades.

4 withdrew - 3 due to long term health issues, 1 due to excessive workload.

12 completed in March 2020.

Staff who have accessed the course have been from Band 3 – Band 8a

Assessment

Assessment is based on online activity, attendance to all three face to face workshops, contributing to the online discussion forums throughout and submission of a 2,000 word assignment demonstrating how you've developed and applied your leadership. Successful completion will lead to an NHS Leadership Academy Award in Healthcare Leadership.

Quality Assurance

The leadership academy spot checks facilitated workshops to review quality.

The assignment is marked by external markers who do not know the candidates.

The utilisation of 2 facilitators from different backgrounds for the workshops ensures a broader view of leadership from across organisations.

The cohorts run by Bridgewater are opened up across the Manchester mobilisation footprint and as such the cohort is a mixed group of acute and community staff with a variety of experience enhancing the workshop and discussion forum experience. In 2020 the Trust will align with the Cheshire & Merseyside Mary Seacole provision, in line with the strategic direction of the Trust.

Evaluation

Workshop evaluations are completed following each facilitated workshop and returned to the Leadership academy for collation.

Evaluation is of the facilitators and the workshop content.

Facilitators continuously score 5/5, with workshop content scoring between 4-5/5

A future cohort is planned to commence late 2020.

Edward Jenner Programme

This offering is through the Leadership Academy and has been promoted through training bulletins and Team Brief.

The Edward Jenner programme is open access and free for Bridgewater staff. It is an online learning package that supports staff as they develop essential leadership skills; open to all, this programme leads to an NHS Leadership Academy award in Leadership Foundations.

More details are available from:

<https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme>

Records of completion of the Edward Jenner programme have not been recorded during 2019. This will be addressed during 2020.

Leadership in Action (Previously Clinical Managers Development Programme) encompasses New and Aspiring Team Leaders programme

Background to Programme

The aim is to support Clinical Managers to deliver key organisational objectives. The programme was initially intended to be a mandatory training programme for all Clinical Managers, but time constraints and increased pressure within teams has resulted in a high attrition rate with Clinical Managers. As a result the Programme was rebranded and opened out to Leaders and Managers who would benefit from attending and not restricted to Clinical Managers.

Rationale for the Programme

The programme is a bespoke programme that predominantly focuses on skills and practical application of learning so that Managers are able to quickly and efficiently embed learning into practice.

The programme aims to support Managers to deliver organisational objectives:

- Future asset based approach outlined in Quality and Place Strategy
- Changing leadership requirements to support the integration agenda
- Values and behaviours driven approaches aligned with Quality and Place Strategy

Programme Content

Building on from the previous year we offered the following sessions in 2019:

- Building Commitment and Motivating Your Team
- Managing Performance
- Finance for Non-Finance Managers
- An Introduction to Human Factors in Healthcare
- Workforce Planning

The sessions are offered on a rolling basis, normally 2 of each over the 12 month period.

During 2019, 9 sessions have been delivered with 125 attendees across the sessions and 26 staff who did not attend.

Programme Evaluation

Outcomes of sessions, course content and evaluation scored at between 85-100%, which equates to an overall score of excellence from participants based on their learning validation scores.

Delivering Improvement Programme

Background to Programme

This programme was introduced in late October 2019 following a request made as part of Borough Organisational Development planning with borough leads and is supported as an identified need in findings from the Staff Engagement Quarterly Survey – October 2019 which identified only 65% of staff as stating they “have quality improvement skills which I can apply in my team / service”.

Rationale for the Programme

The programme is a bespoke programme that predominantly focuses on skills and practical application of learning so that participants are able to design and undertake improvement projects

The programme aims to support participants to deliver against the organisation’s strategic objectives:



The programme is aimed to enable delivery of a specific quality improvement project with regard to individual services/teams challenges. And provide learning and personal development so that individuals can support and implement service improvement across the organisation.

Programme Content

Objectives of Programme

- Enable delivery of a specific quality improvement project with regard to your services/ teams challenges.
- Provide learning and personal development so that individuals can support and implement service improvement across the organisation.

Programme content

- Day 1 – Introduction to programme, Leading Projects, Sustainability

- Day 2 – Review of project progress. Introduction to Lean Tools and Techniques
- Day 3 – Measurement for improvement
- Day 4 – Creativity, Introduction to Human Factors in Healthcare
- Day 5 – Leading Change. Resilience

Cohort 1 commenced in October 2019 with 6 candidates during the programme. 3 candidates have withdrawn due to pressures of workload. Cohort 2 was planned to commence on 21st January 2020 with 6 candidates but the programme is now postponed due to Covid-19.

Project

All participants are expected to complete an improvement project and present outcomes at a future Leader in Me event. Cohort 1 were scheduled to present at the Leader in Me event planned for the 18th March 2020 but this was postponed due to Covid-19.

Evaluation

The current programme is evaluating well scoring at least 83% and above, which scores excellent for content, learning and practical experiences. Participants are required to provide learning feedback after each session.

Tapping into the potential of our people – Talent Conversations

Talent Management and Succession planning is a requirement of good practice for support and development of all staff.

Signposting individuals to appropriate development opportunities which enhance and develop their current roles and prepare them for future development opportunities as they arise, ensures business continuity and maintains safe high quality care.

We recognise that as part of the strategic direction of Bridgewater there are many changes for staff across the organisation in the next 18 months.

To support staff through this period, and in keeping with our Integrated Talent Management and Succession Planning Framework we aim to support staff through positive talent conversations that will enable them to understand their strengths and identify development paths that are right for them.

In partnership with Delve Organisational Development consultants, 2 x1-day training programme were commissioned during 2019 to equip a cohort of staff with the skills to have effective talent conversations.

Participants were introduced to the Delve Talent Tool theory as well as how to facilitate great conversations at a practical level, using the Delve model as a guide.

The training included:

- Thinking differently about performance
- Tapping into a sense of purpose
- The difference between motivation and ability
- How to have a performance and talent conversation
- How to focus on aspirations, strengths and encourage a growth mindset
- How to explore whether someone is in the right role for them

The key output from the training is to equip staff who attended to identify their strengths, to discover their potential and future roles that may be available to them within the changing NHS and to utilise this skill with staff to have effective talent conversations that motivate people to discover their potential and consider their future career options.

Programme dates

Programme 1

7th November 2019 - 11 staff attended with 6 staff cancelling at short notice and 2 staff did not attend. The programme evaluated well and is attached as Appendix 6.

Programme 2

Delivered 6th February 2020 with 25 participants.

Franklin Covey Programmes

These programmes are delivered by licence with Franklin Covey.

Leadership and Organisational Development staff have completed on line facilitator training in order to deliver the range of programmes within our trust.

As part of the licence agreement, participants also have access to the All Access Pass which is an eLearning platform covering a wide variety of leadership competencies.

2 programmes have been delivered during 2019 as face to face sessions.

Programme 1; Leading at the Speed of Trust / Speed of Trust

Accessed either as stand-alone modules or as part of other programmes and delivered over two days, Leading at the Speed of Trust is open to Team Leaders and above and enables participants to;

- Gain a deeper understanding of individual credibility in terms of personal integrity, intent, capability and results
- Gain a greater understanding of their own strengths and weaknesses in relation to trust as a competency involving completion of a 360 degree Trust Quotient (tQ) on-line questionnaire producing a confidential, multiple-page report

- Gain an awareness of the negative impact lack of trust has within teams and organisations, leading to failure to deliver results and increases costs
- Explore the 5 waves of trust: Self, Relationships, Organisational, Market and Societal and how improving trust at each level has an exponential effect

Delivered as a 1 day programme Speed of Trust is open to all staff.

Participants on the programme:

- Gain an understanding of individual credibility in terms of personal integrity, intent, capability and results
- Gain an awareness of the negative impact lack of trust has within teams and organisations, leading to failure to deliver results and increases costs.
- Gain an understanding of how trust can be developed, restored and extended.

Programme 2; 7 Habits of Highly Effective People

Delivered over 2 days 7 Habits of Highly Effective People is open to all staff and enables participants to;

- Develop effective habits and practice
- Take initiative and balance key priorities
- Improve interpersonal communication
- Apply principles for achieving a balanced life
- Use processes and tools to live and apply the 7 Habits

These sessions are advertised in the training bulletin and bespoke sessions for teams can be arranged on request.

Programmes delivered during 2019

Leading at the Speed of Trust

2 programmes were advertised, both programmes were cancelled due to insufficient numbers to make the sessions viable.

Speed of Trust

8 programmes were advertised, 2 programmes were cancelled due to insufficient numbers to make the sessions viable.

6 programmes were delivered with 35 staff accessing the programme.

7 Habits

5 programmes with 42 staff attending.

Utilisation of Licences

The licence agreement allows access to the All Access Pass which covers a wide range of Leadership Competencies, delivered as short e learning packages and bite size videos that Team Leaders can use with staff to promote discussion.

As uptake to the face to face delivery sessions has been low during 2019 the licences have been utilised to enhance a number of programmes we currently deliver e.g. reviewing motivation and measurement sessions.

Licences have been offered and issued to staff who have participated in Leadership Discussions with Organisational Development staff to promote Continuous Professional Development.

Evaluation

Post programme evaluation is through survey monkey. Key themes are reviewed to inform facilitator delivery.

Productive Community Services (PCS)

Productive Community Services is an organisation-wide change programme which helps systematic engagement of all front line teams in improving quality and productivity. It is a practical application of lean based techniques that increase the organisation's capacity and capability for continuous improvement.

With community services playing a crucial role in the shape of the new NHS, and care shifting away from acute services, the Productive Community Services programme is a timely opportunity to revitalise the workforce and increase NHS capacity to care for patients in local settings.

Current Modules that are available are

- Well Organised Environment
- Knowing How We Are Doing
- Patient Status as a Glance
- Managing Caseload and Staffing
- Planning our Workload
- Working Better with Our Key Care Partners
- Standing Operating Procedures

These sessions are advertised in the training bulletin as individual modules, bespoke sessions for teams can be arranged on request.

Sessions delivered during 2019

Well Organised Environment – 13 sessions

Knowing How We Are Doing – 10 sessions

Patient Status at a Glance – 3 sessions

Resilience Training Your Resilience – An Introduction

As part of Health and Wellbeing initiatives the Leadership and Development Team of Bridgewater and Warrington and Halton Hospitals joined together in 2019 to develop a package of resilience training which has then been tailored to meet the needs of the individual organisations.

It is delivered as a half-day session exploring individual and team resilience.

Objectives of session

- Describe the benefits of having a “good day at work”
- State 3 leadership behaviours that can be used to build an engaged, resilient team
- Describe personal resilience – what is it and how do you influence your own and other’s resilience
- Explain the importance of “Stability Zones” to ensure ongoing resilience
- Describe your impact on the wellbeing of others

These sessions are advertised in the training bulletin, bespoke sessions for teams can be arranged on request.

Delivery

Delivery commenced in November 2019

4 sessions have been delivered to 22 people. Further sessions are planned throughout 2020.

Evaluation

The current programme is evaluating well scoring at least 83% and above, which scores excellent for content, learning and practical experiences. Participants are required to provide learning feedback after each session.

Clinical Supervision

The Trust has an established programme of clinical supervision that is offered to all professionally qualified clinical staff as well as professional clinical development that supports specialist and advanced practice. During the first half of 2019, the organisation updated its current policy and local standing operating procedures for clinical supervision. Following feedback from staff the approach to clinical supervision is currently being further reviewed to support a more inclusive approach and local delivery.

Currently within the Bridgewater Clinical Supervision Policy, we are required to undertake a minimum of 4 Clinical Supervision sessions per year. The organisation will be issuing all staff with a pocket size Clinical Supervision Passport to enable them to record these conversations, reflections and 'lightbulb' moments. These can be discussed with their manager or supervisor at one to ones' or during their Personal, Performance & Development Review (PPDR), where in future it will be a requirement to provide evidence of clinical supervision activity.

Quality Support Visits

The Quality Support Visit schedule is managed by the Quality and Safety Leads. The visits are led by senior staff that have an experienced quality and governance background and are supported by volunteer assessors; Trust staff, Non-Executive Directors and Governors. The programme of Quality Support Visits aims to involve staff in the assessment of quality of care and gain the benefits of that engagement process, provide a level of assurance across all areas identified as 'requiring improvement' that progress is being made against a local action plan and that the organisation is moving from good to outstanding and embed this process as one of the key annual quality improvement activities.

The Quality Team has reviewed the process during the latter end of the year in response to Covid-19 and developed an approach which will still allow the services to be appraised in line with the Key Lines of Enquiry (KLOE), albeit through a virtual process.

The Quality Review Process will seek to invite key members of the team to review their KLOE self-assessment with a panel made up of the Quality Team; Directors of Nursing, Quality Matron and Quality Lead along with invited subject matter expert's i.e. Safeguarding and End of Life leads. Through a process of appreciative enquiry the Quality Review Process programme supports a culture of improvement and shared learning. Services will have an opportunity to 'showcase' their service achievements and challenges at the 'Time to Shine' meetings, where they will present their service to members of the wider organisation.

A report is prepared by the Quality Support Visit lead, the report identifies trends and themes from a review of the data, staff and patient feedback; recommendations are made on how this information be used to make improvements, compare data internally across the organisation; benchmarking and shared learning through a variety of working groups is essential in a large organisation.

NHS Alliance Work

Profile of the Trust

Bridgewater Community Healthcare NHS Foundation Trust (Bridgewater) is a provider of community health services in the North West of England. Established as an NHS Trust in

November 2010, Bridgewater was awarded NHS Foundation Trust status by Monitor on 1st November 2014 and the Trust name was changed to Bridgewater Community Healthcare NHS Foundation Trust.

During 2019/20 Bridgewater provided community adult and children's nursing and therapy services in Halton, Warrington, and St Helens. It also provided children's services in Oldham and specialist services such as community dental and offender health across a larger geographic footprint in the North West.

The map below shows the areas that Bridgewater provided services to in 2019/20:



Our vision for the future

Our vision for Bridgewater is described in a single statement as:

‘Quality first and foremost’

Underpinning our vision are our five strategic goals. These are:

Strategic objective	What this means
Quality	Delivering high quality, safe and effective care which meets both individual and community needs.
Innovation and collaboration	Delivering innovative and integrated care closer to home which supports and improves health, wellbeing and independent living.
Sustainability	Delivering value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.
People	To be a highly effective organisation with empowered, highly skilled and competent staff.
Equality, Diversity and Inclusion	To actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.

To deliver our vision of *‘Quality first and foremost’*, we focus on eight ‘must dos’.

This means:

1. Achieving the highest standards for patient safety, clinical quality and improving patient experience;
2. Implementing out of hospital health and care models i.e. Integrated Community Services across our geographical footprint;
3. Maintaining financial viability and stability;
4. Developing further our organisational capacity and capability to deliver excellent services as the Trust’s organisational footprint continues to grow;
5. Delivering excellent clinical services, striving to further improve outcomes and delivering across all NHS targets;
6. Engaging stakeholders, demonstrating leadership for corporate and social responsibility and strategically positioning Bridgewater services;
7. Playing a prominent role in our local health economies and the emerging STP footprints and safeguarding on-going employment opportunities for our staff;
8. Ensuring robust data and an evidence based approach to everything we do.

The Trust’s Strategy: *Quality and Place – Transforming health together*

The Trust’s organisational strategy - “Quality and Place” has two key priorities, Quality and Place, and eight workstream enablers and provides a clear overarching direction for the

Trust to deliver high quality healthcare. It focuses on place and our role as a community provider and partner in each of our boroughs.

The Trust's strategy is underpinned by eight key principles namely:

- To ensure patients are at the heart of what we do, providing them with excellent clinical outcomes and a first-class experience;
- The need to ensure the continued delivery of high quality care and appropriate community services to the population and communities that we serve;
- The requirement to achieve clinical and financial sustainability;
- Achievement of current and future quality and accreditation standards;
- Continual development of services that meet the changing healthcare needs of the patients we serve;
- Partnership working across the local health economies in which we operate to ensure wider sustainability of healthcare provision;
- A programme of cost improvement and capital expenditure set at a realistic level over the period of the plan;
- Open, honest communication with our staff and high levels of engagement and empowerment.

Between January and March 2019 operational teams, clinicians, administrative staff, managers and representatives from corporate teams jointly developed their "place based" operational delivery plans for 2019/20 describing their priorities in each borough linked to the overarching themes in 'Quality and Place'. We also published an operational delivery plan for Health and Justice and our Community Dental Service. Each plan was also summarised into our annual operating plan - a thematically based plan to complement each of our place based operational delivery plans.

Quality

- Borough and service delivery plans were developed, as in previous years, as part of an annual review of our five year Quality and Place strategy.
- Sepsis training and borough awareness raising continued and our Sepsis Identification and Screening Policy reviewed.
- Quality and Safety newsletters continued to share key messages arising from lessons learned and root cause analysis activities.
- 70% of staff received a flu vaccination meaning we are helping to protect our most vulnerable patients and helping to limit the spread of flu.
- Oldham Right Start and School Nursing Service achieved 95% compliance in an infection prevention and control audit of our 16 children's centres.
- Electronic Prescribing was launched in Warrington's Treatment Rooms service to deliver a range of benefits which will save time and increase patient safety.

- Positive feedback was received following a CQC inspection of Health and Justice Services for our Health and Justice service at HMP Wymott.
- Bridgewater/GMMH partnership sites achieved the highest results across the North West for Health and Justice services including secure children's homes in their Quality Schedule, achieving outstanding submissions and 100% achievement of key performance indicators.

Out of Hospital Care and Integration

- Bridgewater continued to play a key role in the development of Integrated Community Teams (ICTs) as part of Warrington Together and during the year, two Integrated Community Teams Hubs were established – a central hub at Orford Jubilee Park and a West hub in Great Sankey - bringing together both healthcare staff with social care and other colleagues to deliver more responsive and better co-ordinated care for patients.
- Warrington was named as one of seven 'accelerator' sites in the country to be the first to deliver new expert rapid response teams under a new of the NHS Long Term Plan and the Ageing Well programme. Bridgewater's community services are at the forefront of this development, working in partnership with Warrington Council's social care team to roll out and embed the new teams within early 2020.
- Multi Agency Team meetings with Primary Care, Warrington Borough Council, North West Boroughs and Warrington Wellbeing are live in the Central North cluster and are being rolled out across the borough.
- In Halton, place based integration of health and care professionals got underway with plans established for five integrated community hubs. This includes two hubs in Runcorn, two in Widnes and a specialist hub operating across the borough providing specialist support in response to identified need.
- Halton's Integrated Frailty Service (HIFS) launched in early 2020 and is also now developed as a standardised out of hospital model to manage and treat high-risk patients in the community to avoid unplanned admissions to hospital and attendance at A&E.
- To support our place based approach, a series of engagement events to develop the Out of Hospital approach in Halton and Warrington took place with key health, care and voluntary sector partners, further workshops are planned for 20/21.
- The work of 'St Helens Cares' continues to be supported as the local Integrated Care System for St Helens. As a system, the aim is to underpin integration by moving to a single (outcomes-based) contract with a lead provider responsible for the delivery of services for St Helens residents.
- 'Oldham Cares' is part of the Greater Manchester Population Health Plan which has been developed for the region with priorities reflecting locality plans in each Greater Manchester's boroughs. We continue to support the ambitions of these locality plans through the delivery of our 0-19 Children's Services in Oldham.

- Work to develop a model for integrated children's service for Halton and Warrington is underway and a Children's Service Transformation Board is established.

Asset based delivery, prevention and self-care

- In Warrington, we continued to lead Warrington Together's 'Organisational Development & Workforce' enabler group which includes our system approach to asset/strength based working.
- In both Warrington and Halton, we are working closely with the procured provider and in partnership with the Borough Councils to deliver asset/strength based training to staff in both health and care settings.
- In Halton, staff in our 0-19 children's services received training on asset/strength based working through a partnership with Wellbeing Enterprises and in Warrington, training was delivered to Community Nurses, Matrons and Social Care colleagues as an integrated team in the Central hub.
- In Oldham, the Right Start and School Nursing Service is working together to co-produce and evaluate a speech and language intervention, called 'Little Talkers'.
- An engagement role for Senior Dental Officers has been developed to build different relationships across the boroughs in which we deliver Community Dental Services.
- Across Cheshire and Merseyside, work is underway with Cheshire and Merseyside Health and Care Partnership to develop bespoke training to roll out 'Making Every Contact Count (MECC)' meaning we can play our part in health improvement and prevention, supporting people to make positive changes to their physical health and wellbeing.

Communication & Engagement

- In partnership with One Halton, Warrington Together, St Helens Cares and Oldham Cares, we continue to support the system-wide communication and engagement priorities as a key partner in the integration of health and social care services.
- In Halton, we supported the re-launch of the One Halton Health Show on Halton Community Radio through 2019/20 and coordinated a regular stream of guests and hosts to help promote community services to local people.
- The 'Now We're Talking' internal campaign expanded and developed further in 19/20 resulting in increased visibility and profile of our services across multiple media channels e.g. videos, case studies, web pages and social media presence.
- In May our Oldham Right Start service facilitated an engagement workshop with partners to develop a borough-wide inclusion strategy for Oldham, working with school, private and voluntary early years' settings and special educational needs coordinators.

- Dementia Friends training was widely promoted across the Trust, whilst our Greater Manchester Dental Network was accredited by the Greater Manchester Combined Authority as a dementia friendly dental service.
- A series of engagement events and workshops were facilitated in 2019/20 in both Halton and Warrington bringing together partners from Primary Care, Secondary Care, North West Ambulance, Mental Health and the Third Sector to develop and agree the development of Integrated Community Teams.
- In Halton, £580,000 was secured from the Early Outcomes Fund to launch a Talk Halton project aimed at reducing the 'word gap' and enabling more children to achieve the expected levels of communication and literacy by the end of the early year's foundation stage.
- In Warrington, the Community Neurosciences service won the 'Best Contribution in a Community Setting' category at the 'National Institute for Health Research Greater Manchester Clinical Research Awards'
- As a partnership, Bridgewater and Wellbeing Enterprises CIC were shortlisted for a Health Service Journal (HSJ) partnership award in the 'Best Educational Programme for the NHS' category.
- Engaging with patients for research is important and in 2019/20 we topped the list of NHS Trusts in England in achieving the highest percentage increase in the number of research studies recruited, meaning we are able to offer hundreds of patients the opportunity to help develop and benefit from new treatments
- In Warrington, we saw an article published in the 'British Journal of Community Nursing' entitled 'Clinical implications of self-neglect among patients in community settings', a submission from one of our Community Matrons.

Service Improvement and Transformation

- In 2019/20, we started to work in a strategic partnership with Warrington and Halton Teaching Hospitals NHS Trust to explore opportunities for greater collaboration in corporate services as well as improving patient pathways across hospital and community settings.
- A strategic review of services was also completed to identify the areas where the Trust could add greatest value to service delivery. As a result, we initiated a Transformation Programme to oversee service developments, transfers and divestments.
- In 2019/20 we appointed two GPs as Clinical Directors for our Halton services to support the wider focus on transformation and integration with the Primary Care Networks (PCNs).
- Speech Recognition (SR) with Digital dictation (DD) commenced in 2019/20 as a trial with our Specialist Paediatric services and Orthopaedic Clinical Assessment Treatment service in Warrington and seeks to replace hand-held dictaphones and tapes, moving from an analogue provision to that of a fully digital solution fully compatible with SystmOne.

- A new, national, evidenced based programme of group rehabilitation for people with chronic joint pain or osteoarthritis of the knee and/or hip was introduced for MSK in Warrington called 'Escape Pain.'
- A new partnership to provide additional consultant capacity to Warrington's Dermatology service was introduced in 2019 to support the skin cancer 2 week pathway.
- In St Helens, we installed a new Oral Pantagraph X ray facility as part of Community Dental Service to improve the quality of care provided to St Helens residents.
- In HMP Garth and Wymott, we introduced and recruited to a new clinical pharmacist role, a first for our Health and Justice service.
- Widnes Urgent Care Centre launched live waiting times for patients via Twitter late 2019. This means that the service can now provide hourly updates so that people can see how long they can expect to wait before making an informed choice on when to visit to receive treatment for minor ailments and injuries
- Our North West Driving Assessment Service, based in Haydock St Helens, launched several new outreach services covering Liverpool and Leyland to improve the accessibility of the service for the region's residents.
- UNICEF assessors visited the Right Start Service in early 2020 to re-assess our Baby Friendly accreditation in Oldham, receiving high praise and feedback.

Workforce and Organisation Development

- The Trust welcomed a number of senior appointments including Alex Crowe as Acting Executive Medical Director for Bridgewater as well as what is now called Warrington and Halton Teaching Hospitals NHS FT (WHH), Dr Aruna Hodgson as Deputy Medical Director, Sarah Quinn as Director of Strategic Delivery and Karen Bliss, formerly a Non-Executive Director, as Trust Chair.
- The Trust's Workforce Strategy was developed in 2019 setting our commitment to making the NHS the best place to work and alongside the Workforce Strategy; the Trust Workforce Delivery plan was also developed.
- Managers continued to be trained in 'Population Centric Planning Approaches' to support workforce planning, service redesigns and workforce monitoring.
- The Bridgewater Induction Programme was reviewed to allow for a more streamlined introduction and to ensure all new starters to Bridgewater have the best experience of joining our organisation.
- Bridgewater continues to be a participant in the NHSI Nursing Retention review programme to support the reduction of turnover.
- Bridgewater was part of the Trainee Nurse Associate's pilot and this has continued successfully within the organisation.
- Training is being delivered across the Trust to staff to pledge to the Rainbow Badges initiative for LGBT+ inclusion.

- Bridgewater celebrated further Mary Seacole success with the North West Leadership Academy and has hosted and completed three cohorts of the leadership development programme with a fourth cohort underway. So far 25 staff have completed the programme with excellent results and a further 14 staff are currently studying for the leadership award.
- Leader In Me continued in 2019 as a commitment to investing in our leaders and to ensure that our staff continue to have opportunities to develop as individuals and professionals.

Technology

- Bridgewater's 'Digital Strategy' continued deployment in 2019/20.
- To deliver digitally enabled care as envisaged we have extensively rolled out agile working capability through 19/20 and will continue to roll this out throughout 20/21 i.e. electronic patient records. This includes Mobile Technology to support clinicians and patient care where appropriate integrating systems and technologies where feasible.
- As a Trust we are a partner supporting Share2Care and e-Xchange which is the name given to the health and social care record programme which will be the shared care record for Halton and Warrington.
- The NHSmail email system was rolled-out in 2019/20 to 2000 email users, including staff transferring to other providers in Wigan and Bolton and to 830 Bridgewater staff based in Warrington.
- Electronic referral is being developed with the District Nursing Team in Warrington acting as early adopters between the hospital and the community.
- Bridgewater IT, Systems and Performance Teams received joint accreditation by North West Informatics Skills Development (ISD) at Excellence-in-Informatics Level 1.
- The transition from SystmOne to EMIS in Halton's Treatment Rooms was one of just three shortlisted nominations from the North West region in the North West ISD annual awards.

Data and Information

- We invested in and built a new data warehouse and business intelligence solution, called Qlik Sense, and will continue to further develop our technology-driven systems.
- The IQPR (Heat Map) was developed at cost centre level to ensure clinical teams, clinical managers and the Executive/Management Team have the information available to effectively performance manage services.
- A wider Data Improvement Plan has been developed in 2019 and is rolling out in 2020 in line with plans set by the Data Improvement Group.

- Working with clinical teams, the burden of manual data collection continues to reduce enabling all reported data to be extracted electronically.
- A Trust wide approach to demand and capacity modelling using the NHS-I standardised model was also supported and offered to all staff in 2019/20.
- The Patient Access Policy was also updated in 2019/20 to reflect the NHSI Model Elective Access Policy in line with national waiting time standards and the NHS Constitution.

Estate and Infrastructure

- In spring 2019 our Trust re-located to new headquarters at Europa Point in Warrington – a move which followed a strategic review of services and a commitment to a longer-term focus on Halton and Warrington boroughs.
- During the year our Warrington, Halton and St Helens Integrated Community Equipment Stores and wheelchair services also co-located to new premises at the headquarters site, providing additional storage and clinical facilities and improving the service.
- The Strategic Estates Groups in One Halton and Warrington Together continued to collaborate to maximise opportunities for co-location and integrated community teams and in partnership with the Councils, LiveWire and other colleagues, integrated community hubs for health, care and third sector colleagues are developing in Halton and Warrington.

Midwifery (Halton)

Halton midwifery service continues to be the only midwifery service nationally that is based within a community trust. The service delivers the full remit of pregnancy care across Halton and provides a home birth facility. The birth rate in Halton in the year 19/20 was 1,400 women which mirrors the national decline in birth rate. There were 8 successful planned home births. The service provides care 365 days per year and has an on call facility from 5pm-9am across 365 days.

Bridgewater is part of the regional Strategic Transformational Partnership across Cheshire and Merseyside and Halton midwifery service is involved in the maternity work-stream within that partnership. Ongoing work within midwifery nationally and locally include transforming the way that maternity services are delivered which involves collaboration across all the regional and local services and ensuring choice for women in accordance with NHSE guidance contained within the Better Births (2016) document.

Public Health England (PHE) screening quality assurance service (SQAS) inspect all maternity services in England on a triannual basis to carry out a quality assurance audit.

Antenatal and newborn screening quality assurance covers the identification of eligible women and babies and the relevant tests undertaken by each screening programme of which there are six. It includes acknowledgement of the referral by treatment or diagnostic services as appropriate (for individuals/families with screen-positive results), or the completion of the screening pathway. Quality assurance (QA) aims to maintain national standards and promote continuous improvement in antenatal and newborn (ANNB) screening. This is to ensure that all eligible people have access to a consistent high quality service wherever they live.

PHE reported their findings in July 2019. There were no immediate actions highlighted by the QA team. There were 10 recommendations highlighted for the midwifery service and an action plan was developed which is due for completion by July 2020. In fact all actions apart from 2 have been completed. Areas of good practice were pointed out and the team were very impressed with our 'failsafe' methods and suggested we share those with other providers across the regional footprint.

Our annual midwifery service questionnaire was distributed to women during the month of June 2019. 500 questionnaires were distributed and 357 returned.

Of the 357 returned 330 (92%) felt they had continuity of care from the team.

Of the 357 returned 328 (92%) felt they had continuity of care from the midwife.

352 (98.6%) knew how to contact their named midwife.

352 (98.6%) would recommend the service to friends and family.

346 (97%) said the midwife listened to them during their appointments.

Comments from the women included: 'I always look forward to my appointment. Happy and midwife very knowledgeable.'

'Everything has been great, feel very supported and confident.'

'Some clinics were very busy and overrunning late but midwife always apologised'.

'My midwife was always very informative and caring. Very professional and friendly.'

'Very good service always available when needed and really reassuring.'

Delivering Same Sex Accommodation

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We are committed to providing every patient with same sex

accommodation as it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

Padgate House

Padgate House is a 35 bedded intermediate care unit based in Warrington. The building is owned and managed by Warrington Borough Council. The Trust is responsible for the provision of clinical services. The same standards are applied to this unit; however the home has 35 single bedded rooms which are not en-suite. This ensures that patients never share a bedded area. The building has 14 bathrooms which are shared by all residents meaning that males and females will share the same facilities however there are clear engaged signs on doors and they are lockable from the inside to maintain patient privacy.

As Padgate House is not a hospital they are not considered to breach under the mixed sex accommodation requirements for use of communal bathroom facilities.

Community Dental

The Trust provides specific and specialised dental services that are commissioned by NHS England, and also provides dentistry in local prisons.

The core services are for patients referred from local general dental practices;

- children in pain who require dental extractions;
- adults who require minor oral surgery and
- adults with special needs whose treatment cannot be carried out in high street practices and therefore managed by the Bridgewater's community dental service

Key Performance Indicators (KPI) for all services focus on the maximum times patients have to wait for assessment following referral, delivery of preventive messages and collating evidence about the complexity of care provided. This year we have seen challenge in Oral Surgery due to a high volume of referrals and a number of absences due to maternity.

Bridgewater has worked collaboratively across Greater Manchester to manage the pressures on access to theatre for treatment under a general anaesthetic. We have seen increased pressure in this area resulting from winter pressure challenges in hospitals reducing our level of access.

Our capital programme for 2019/2020 saw the following improvement made to the service we offered to patients:

- Digital x-ray scanners for both Hyde and Ashton
- Air conditioning and a bariatric seat installed at our Kingsgate clinic

- Refurbishment of a dental Surgery at College Street

In addition we continue to invest and improve our information technology within the Dental Network. We undertook an upgrade of our desktops to Windows 10 and moved our Tameside locality onto our Bridgewater support network.

We maintained our focus on quality improvement and our yearly audit plan which focussed on the following areas:

- Quality of Dental Radiographs: extra oral images (OPG). Multiple cycles.
 - This audit is mandatory and looks at the number of films taken with excellent, acceptable and un-usable images. It gives assurance about the whole process of planning, taking and interpreting radiographic images. The audit confirmed compliance with NRPB standards.
- Quality of Dental radiographs - calibration. Intra oral films. First cycle.
 - This audit is not mandatory but supports the main audit. All films are graded for quality (as described above) by the operator at the time the radiographic image is viewed. This audit gives assurance that the clinicians who grade the films are all using the same standards. The audit demonstrated good agreement between the clinicians.
- Reversal rate of intravenous sedation. Multiple cycles.
 - Audit of sedation practice is mandatory under IACSD guidelines. This audit gives assurance that appropriate doses of the sedation drug are being given. This audit demonstrated excellent practice.
- Sedation incidents. Second Cycle.
 - This audit gives further assurance regarding safe sedation practice. There were few true sedation incidents, but there is still a lack of clarity amongst clinicians regarding sedation incidents and clinical incidents that happen during sedation. This audit provided good assurance.
- Post-operative complications following minor oral surgery. Second cycle.
 - This audit provides assurance regarding good oral surgery treatment; a low number of complications is indicative of good practice. This audit provided good assurance, showing an acceptable low number of follow up problems.

In 19/20 we received 1887 'Talk to Us' forms across our whole network with 99.5% indication they would recommend the service.

Health and Justice

Our Health and Justice Primary Care Services at 5 prisons and 2 secure children's homes transferred to our partners Greater Manchester Mental Health NHS Foundation Trust on 1st April 2020.

NHS Improvement (NHSI) Compliance

NHSI expects NHS Foundation Trusts to establish and effectively implement systems and processes to ensure that they can meet national standards for access to health care services. NHSI incorporated performance against a number of these standards in their assessment of the overall governance of Bridgewater Community Healthcare NHS Foundation Trust. These can be summarised in the table below and demonstrates achievement against the threshold/target during each quarter of 2019/20.

Single Oversight Framework (SOF) Operational Performance Metrics	Threshold or Target YTD	Quarter 1 2019/20	Quarter 2 2019/20	Quarter 3 2019/20	Quarter 4 2019/20
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	99.64%	99.70%	98.26%	97.76%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	99.33%	99.09%	97.01%	98.59%
All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	85%	98.11%	93.33%	100.00%	100.00%
Diagnostics six week waiters (% under six Weeks)	99%	100.00%	100.00%	99.68%	98.00%
Data Quality Maturity Index (DQMI) MHSDS quarterly score	95%	95.93%	96.40%	96.18%	96.76%

The Trust also aspires to meeting the 18 week pledge for all other services.

The Trust is required to report on the length of time between referral to a Consultant-Led service and the start of treatment being received.

The Trust achieved all its monthly monitored national targets for Consultant-led RTT waiting times during 2019/20.

Referral to Treatment time is the length of time between a patient's referral to one of our services to the start of their treatment.

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.

This indicator is defined as the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.

Numerator: The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks.

Denominator: The total number of patients on an incomplete pathway at the end of the reporting period.

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

The indicator is defined as the percentage of patients receiving first definitive treatment for cancer within 62 days of urgent GP referral for suspected cancer.

Data definition: All cancer two-month urgent referral to treatment wait.

Numerator: Number of patients receiving first definitive treatment for cancer within 62 days of urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers.

Denominator: Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers.

Waiting Times Consultant Led (Incomplete Pathway)

Consultant-led services are those where a consultant retains overall responsibility for the clinical care of the patient.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Bridgewater	99.48%	99.48%	99.82%	99.74%	99.74%	99.59%	98.85%	98.15%	97.87%	98.20%	98.80%	96.28%

At the end of 2019/20 quarter four the Trust had a total of 1022 patients waiting for consultant led services.

Waiting Times All Services

The Trust measures the time that has elapsed between receipts of referrals to the start of treatment and applies the national target of 18 weeks to all its services. Below are patient waiting times reported at the end of each month for all Bridgewater services until the end of quarter four (2019/20).

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Under 11	5452	5370	5477	5845	5370	5041	5278	5280	4859	4605	4744	5142
11-18	1128	1385	1407	1250	1293	1338	1304	1105	1078	934	723	715
Over 18	490	569	593	518	592	682	700	525	488	379	222	273

At the end of quarter four 2019/20 the Trust had a total of 6130 patients waiting for all services. Of these 5142 (83.88%) were waiting under 11 weeks.

Cancer Services

The Trust delivers community based cancer services to patients living in the Warrington area which is commissioned by Warrington CCG. The table below demonstrates the Trust's performance against the national cancer targets throughout quarters 1- 4 in 2019/20: It is important to recognise that these are often small numbers of patients and can be affected by patient choice of appointment time.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
All cancers: 31-day wait for second or subsequent treatment	100.00%	100.00%	100.00%	66.67%	N/A	100.00%	100.00%	100.00%	100.00%	0.00%	75.00%	100.00%
All cancers: 62-day wait for first treatment	100.00%	100.00%	93.33%	100.00%	85.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
All Cancers: 31-day wait from diagnosis to first treatment	100.00%	84.62%	100.00%	100.00%	84.62%	91.67%	100.00%	83.33%	80.00%	90.00%	100.00%	100.00%
Cancer: 2 week wait from referral to date first seen	97.73%	98.04%	95.77%	95.52%	89.90%	95.15%	98.48%	98.20%	96.24%	96.91%	97.84%	99.38%

Equality and Diversity and Inclusion

Equality and the reduction of health inequalities is both a legal requirement and a moral one. The NHS Long Term Plan and Interim People Plan both emphasise the importance of reducing inequality, and the very real need for Trusts to focus strongly on this is highlighted in the 2020 Health Equity In England Report (The Marmot Review 10 Years On).

For many in our boroughs and our workforce health inequality is a reality, tied into socio-economic status, education opportunities, housing, caring responsibilities and so many other factors. The Trust through its Quality & Place Strategy and place based partnership work

across the boroughs is putting individual and community need and high quality care at the top of its priorities for the coming years as we work to implement the Long Term Plan.

In 2019/20 we launched our Workforce Strategy and Equality, Diversity and Inclusion (EDI) Strategy. Both have key priorities and robust action plans to address inequality and support us in meeting our duties under the Public Sector Equality Duty.

Our Equality Objectives 2019 – 2022, as detailed within our EDI Strategy set out four overarching objectives for the next three years in relation to equality:

- Improving access for patients and communities with additional and specific needs related to protected characteristics
- Improving recording and monitoring of equality information in patient records
- Recruiting, developing and retaining a diverse and representative workforce
- Understanding and improving staff experience

These objectives are driven by factors such as our results for the NHS Workforce Race and Disability Equality Standards (WRES and WDES), our Gender Pay Gap results, our work in the EDS2 Collaborative in Merseyside and Cheshire, community engagement events, and the legal and mandatory requirements set out by NHS England and our commissioners.

In 2019 our WRES results showed a disappointing deterioration in figures for recruitment, disciplinary, bullying and harassment by patients, and belief that the Trust provides equal opportunities for all staff. Improvements were made in relation to bullying and harassment from staff/managers and experience of discrimination. Across all indicators changes were very small.

The national WRES team in 2019 provided all Trusts with mandatory targets for increasing Black, Asian and Minority Ethnic (BAME) staff representation in higher pay bands. Bridgewater was not given a target as our overall percentage of BAME staff was too low to make any such target possible to set. However, given our low representation at higher levels and our slow progress in other indicators, and some challenges that are being seen nationally in relation to bullying and harassment, we have chosen to partner with our local acute Trust in development and commitment to a collaborative WRES: A Model Employer Action Plan that looks at actions across all nine indicators of the WRES.

2019 was the first year of publishing results for the WDES. Our findings showed a key challenge to address is in under-reporting of disability within staff records, likely as a result of the timing of reporting, i.e. at appointment when disability and ill-health is more likely to develop within the span of a career. We again had disappointing results in the NHS Staff Survey based indicators, and these were picked up along with other actions within the Equality Objectives as important areas to focus on.

Our Gender Pay Gap results, the third year of reporting, showed pleasing improvements, with the mean gender pay gap narrowing slightly and the median narrowing to just over 1%. But this means there is still a gap between what men earn and what women earn in Bridgewater and a further action plan been approved to better understand and address the issues that may lead to this inequality in the workplace.

Important work started this year includes development of a Quality Standard for Language Interpretation and Translation, and a draft Reasonable Adjustments Procedure for Patients, both co-produced by the EDS2 Collaborative. Next steps for this group are a similar reasonable adjustments process for staff and a gender reassignment policy and guidance document.

In 2019 we held a Board EDI seminar and a Building Inclusion In Leadership Leader in Me event, both were well received and as a result of requests following these events further training sessions for staff and for leadership are being developed. In addition the Board has agreed an Equality Objective for its membership for 2020/21.

In November 2019 we launched our Rainbow Badges initiative, and to date approximately 200 members of staff have undertaken the training and then pledged to this important scheme for LGBT+ inclusion.

We remain Disability Confident Employers and Navajo Charter Mark holders with both schemes scheduled for reassessment at the end of 2020.

All EDI work in Bridgewater is overseen by the EDI Steering Group, newly established in July 2019 and with a membership that covers workforce, services and patient representation. This group provides assurance and escalation through the governance structure to Board and ensures we remain on track with our Strategy and Objectives.

More information and access to all legal and mandatory reports can be found via our [webpages](#).

Stakeholder Involvement in the Development of our Quality Report

Due to the COVID pandemic the Quality Report was put on hold initially. Further guidance came out later in the year to say that the report should be produced to review the previous 12 months but the report would not be subject to an external audit review.

As the report was put on hold due to the COVID pandemic and services were working in Business Continuity the initial draft was not sent to stakeholders. For this year they have been able to comment on the review of the past 12 months.

Appendix



Appendix A – Workforce Information

Our key workforce priorities and targets are:

- To improve on the national NHS Staff Survey results
- To improve the uptake of the NHS Staff Survey
- To increase the communication surrounding the NHS Staff Survey and our results
- To improve the national NHS Staff Survey 'Engagement' score
- To improve the national NHS Staff Survey score for Staff recommending the Trust as a place to work and receive treatment
- To improve the percentage of staff who would recommend the Trust as a place to work and receive treatment as per the national Staff Friends and Family Test
- To increase the Personal Development Review (PPDR) rate against a target of 90% (staff appraisal)
- To increase the take up of staff Mandatory Training against a target of 90%
- To reduce sickness absence rates against a Trust target of 4.8%
- To achieve Trust target of a rolling 8% for staff turnover – those leaving the Trust
- To achieve 100% attendance at staff Induction – new starters to the Trust
- To promote apprenticeships and career development activities for young people within the local communities we serve.

Our aims, objectives, benefits and outcome measures are captured as follows:

Workforce Priority 1: Trust Culture – Mission, Vision and Values

Aim: *to embed a value based patient centred culture with all staff being clear on the Trust's mission, vision and values.*

Key Objectives:

1. To promote, engage and embed the Trust's vision, values and behaviours in all that we do - our policies and procedures and everyday working practices
2. To listen and act on the feedback of our staff, demonstrating where feedback has been acted upon
3. To continue to maintain effective partnership working with our Trade Union colleagues/Staff-side Representatives and professional bodies
4. To have a workforce that is proud of the excellent services we provide, are motivated and inspired to continuously improve and are committed to working according to the Trust's values.

Benefits and Outcome Measures:

- Re-launch of the Staff Engagement Survey took place in October 2019. Information reported to Trust Board via Staff Engagement Report.

- Staff Survey results – Promote our performance locally and nationally against other Trusts
- Staff Survey ‘staff engagement’ score – Response rate of 43% achieved which is consistent with 2018. Employee relations cases (disciplinary, grievance, bullying cases) – low in number and managed efficiently where they arise
- High levels of personal and professional conduct (as above), including low numbers of referrals to professional bodies
- Reduced sickness absence rates against our target of 4.8%
- Stress Audit Action Plan implemented
- Turnover running at a healthy rate against our target of 8%, ensuring key staff are retained. Resilience training implemented.
- All staff have the opportunity to partake in a performance development review (PPDR) – attainment of 90% compliance target. Review of compliance rates undertaken in January 2020 to target specific boroughs and teams with lower compliance.
- The level of Trade Union Representatives engaged in Trust business – Corporate Partnership Forum and Local Negotiation Committee meeting schedules and attendance at the same
- Regular programme of staff engagement activities such as ‘Open Space’, Director Drop-ins and LiA events – evidence that feedback is analysed and acted upon.

Workforce Priority 2: Workforce Policies, Procedures, Protocols, Practices and Terms and Conditions of Service

***Aim:** to continuously review and develop our HR policies, procedures, protocols, practices and terms and conditions service in line with national directives, legal requirements and best practice.*

Key Objectives:

1. To effectively review and manage the Trust’s HR policies, procedures and processes to ensure they are fit for purpose and support the delivery of the Trust’s current and future objectives
2. Increase both the efficiency and effectiveness of recruitment processes, maximising the use of technology and enabling assessment of both competency and fit with organisational values
3. To further develop the recruitment and selection skills of Managers to include behavioural and value based assessment techniques. Continuously improving recruitment processes and developing our service level agreement to ensure timely, robust systems are in place across the Trust
4. Reduce agency usage and spend
5. To establish a Temporary Staffing Office/internal Staff Bank

6. To implement e-Expenses, enabling staff to submit their travel expenses online, reducing paper systems and time spent on processing paper claims
7. To partake in the Greater Manchester and Cheshire & Merseyside 'Streamlining Staff Movement' Project. The aim is to develop an Employee Passport which will make pre-employment checks portable across Trusts, ultimately streamlining the recruitment process
8. To ensure ongoing review of local and national terms and conditions of service (where applicable) to ensure they remain relevant in the current workforce market and are reflective of business needs
9. To ensure Managers have the confidence, skills and competence to effectively manage and support staff in line with Trust policies and procedures and also in line with the Trust's values and behaviours
10. To proactively source, monitor and review all current and future external contracts i.e. Occupational Health and Payroll Services for the benefit of patient care, staff wellbeing and public interests (seeking assurance of value for money)
11. Ensure that the provision of internal HR services offer high quality which includes value for money, measured via the HR Service Level Agreement (SLA).

Benefits and Outcome Measures:

- The Trust does now have a Workforce Strategy in place which is linked into the Operational Delivery Plan. The plan filters down by service to incorporate the NHS long Term Plan and People Plan. The five 'strategic priorities' as outlined in the Trust's Three Year Workforce Strategy have been broken down into pledges supported by work streams.
- Collaboration at Scale – Work streams have been identified and HRD leads from Trusts have been agreed
- Developed a Transformational Bulletin which keeps staff abreast of divestment, investment and organisational change
- All HR policies, procedures, protocols and terms and conditions of service are regularly reviewed and are up-to-date
- All of the above meet legislative requirements and are reviewed proactively to ensure any changes are communicated in a timely manner
- Terms and conditions of service are in line with national guidance, where appropriate
- All local agreements are negotiated and agreed with Trade Unions and communicated to staff and recorded accordingly
- Agreed terms and conditions meet the needs of the Trust in terms of balancing the fairness to staff with the business and affordability needs of the Trust
- Management and leadership competencies are identified and appropriate training programmes developed as required i.e. HR Skills Programme
- All external contracts are regularly reviewed and provide best value for money with service standards and key performance indicators monitored for compliance

- Implementation of e-Expenses across the Trust
- Implementation of both ESR Employee and ESR Manager Self Service (the former includes Total Reward Statements)
- Accuracy of data on the Electronic Staff Record System (ESR).

Workforce Priority 3: Leadership & Management

Aim: to develop capable and confident leaders and Managers throughout the organisation.

Key Objectives:

1. To build organisational capacity and capability in quality improvement and change management skills and competence
2. To facilitate work within multi-professional and multi-agency teams, responding to the shift of services from acute to community settings and integrating social care
3. To ensure a workforce that is flexible, more mobile and has greater confidence to develop new clinical practice and maximise new opportunities, partnerships and collaborative ways of working
4. To demonstrate strong clinical leadership, governance and confidence to manage
5. To establish a coaching and mentoring culture that supports autonomy, devolved accountability and a continuous learning/‘no blame’ environment
6. To recognise and reward our staff through ongoing opportunities and development aligned to focused talent management and succession planning.

Benefits and Outcome Measures:

- Leadership Development Programme
- Managers trained in delivering organisational change, using the Trust’s agreed approach to change and resilience management – there is a consistent approach to change adopted across the Trust
- Staff awareness programmes in place to support the impact of change on an individual and personal level – staff are more receptive and able to cope with change
- Currently investigating development opportunities to increase coaching capacity across organisations within WH. Will be a work place coach support system to build workforce capability and confidence – builds autonomy and accountability
- Speed of Trust sessions are continuing with 13 behaviours discussed as part of the Values session at induction and are part of the team journey
- Evidence of regular coaching conversations occurring across all staff groups and levels
- Staff retention initiatives being put in place plus looking to enrol in the NHSI Nursing Retention Support Programme

- Training continues as per Talent Management Strategy and Steering Group convened. An internal / external mentoring programme offered to all staff identified as part of the talent management and succession planning process
- As per workforce priority 2, all staff have the opportunity to partake in a performance development review (PPDR) with agreed development plans
- Staff recognition schemes in place to acknowledge and reward innovation and ideas such as Star of the Month and the Trust's Annual Staff Awards
- Management Development being implemented – Leader in Me, Building Leadership in Inclusion, EDI training and workshop, including Executive equality objective setting, Rainbow Badges launch, Unconscious Bias training.

Workforce Priority 4: Staff Wellbeing

***Aim:** to provide a workplace and environment where our staff feel supported, healthy, valued and committed to giving their best.*

Key Objectives:

1. Create, implement and embed a Staff Attendance, Health and Wellbeing Strategy focusing on promoting the wellbeing of employees in line with the Trust's values and behaviours, ensuring a focus on change management and its impacts (i.e. sickness absence, stress management, low morale)
2. To develop an action plan that logs all attendance, health and wellbeing activities
3. To improve the NHS Staff Survey results that focus on attendance, health and wellbeing at work
4. To pursue national health and wellbeing standards, initiatives and accreditations.

Benefits and Outcome Measures:

- The Trust continues to support flexible working patterns with the NHS Long Term Plan offering greater choice over staff working patterns to help achieve a better work-life balance
- Just Culture to be rolled out across the organization. A Task & Finish Group to be established to support the work
- A greater understanding of staff health and wellbeing
- Promotion of support, initiatives and programs of work i.e. Staff Health & Wellbeing Week
- Achievement of national wellbeing standards
- Enhanced productivity and quality of care through improvements in staff health and wellbeing

- A safer and healthy workplace and systems of working with improved psychological and physical health and wellbeing of staff monitored via absence rates and the reasons staff are absent from work
- Reduced sickness absence rates / improved attendance against our target of 3.78%
- Increased staff engagement which in turn leads to increased morale and motivation – improvements in Staff Survey results and other staff engagement feedback mechanisms
- Ongoing review and further development of our Staff Mental Health & Wellbeing Booklet
- Recruitment and training for Staff Engagement Champions
- Anti-bullying and Harassment Campaign being developed which will run alongside the Active Listeners Programme
- Ongoing review and further development of our A-Z of Staff Benefits.

Workforce Priority 5: HR/Workforce Metrics and Targets

***Aim:** to achieve Trust's targets and compliance with various workforce metrics and initiatives that are measured and are reported on up to Board level.*

Key Objectives:

To ensure compliance with agreed HR/Workforce priorities and targets:

- ✓ To improve on the national NHS Staff Survey results
- ✓ To improve the national NHS Staff Survey 'Engagement' score
- ✓ To improve the national NHS Staff Survey score and Staff Friends and Family Test scores for Staff recommending the Trust as a place to work and receive treatment
- ✓ To increase the Personal Development Review rate (Staff appraisal) against a target of 90%
- ✓ To increase the take up of Mandatory Training against a target of 90%
- ✓ To reduce sickness absence rates against a Trust target of 4.8%
- ✓ To achieve Trust target of a rolling 8% for staff turnover
- ✓ To achieve 100% attendance at staff Induction.

Benefits and Outcome Measures:

- A Lessons Learned Framework is now embedded within the HR Department
- HR/Workforce Information Reports – monthly Integrated Performance Reports (IPR), including data reported to Trust Board, bi monthly
- Evidence of compliance reviews and compliance action taken within Services/Departments – Directorate Team Meetings and Operational Performance Meetings
- Achievement of targets

- Robust performance management of key performance indicators (KPIs)
- Staff Survey results
- Staff Friends and Family Test results
- In July 2019, the Trust's Human Resources Strategy was superseded by a Workforce Strategy, as approved by Trust Board, which considered the NHS Long Term Plan and Interim People Plan
- Underpinning the Workforce Strategy is an Operational Delivery Plan. There are five strategic priorities (as detailed below), supported by pledges that are delivered by various work streams that underpin them. Progress is now being reported to the Trust's Workforce & Organisational Development Committee.

1. Strategic Priority 1: Engage

***Pledge:** Create a progressive, collaborative and healthy working environment that is conducive and beneficial to both staff and patient experience*

2. Strategic Priority 2: Attract

***Pledge:** We will attract and recruit the best staff who aspire to work within an innovative community healthcare integrated organisation and our recruitment will select those who align to our inclusive culture and our future plans for community services*

3. Strategic Priority 3: Retain

***Pledge:** To create an environment in which our staff can see an alignment between their overall contribution and quality of patient care delivered*

4. Strategic Priority 4: Develop

***Pledge:** The Trust is committed to developing a culture of continuous improvement to support patient safety and the quality of care delivered*

5. Strategic Priority 5: Perform

***Pledge:** Enable the delivery of high quality and safe healthcare as we strive to be outstanding and aim to improve the health of our local communities*

Employee Engagement

The Staff Engagement Strategy 2017-2020 was launched in March 2017 and is monitored by the Staff Engagement Strategy Steering Group, who meet bi-monthly. Since its launch, all of the objectives set have been achieved and Staff Engagement Champions throughout the Trust also support this agenda. There are 71 champions in total who all receive gold lanyards and personal development opportunities.

The strategy is currently being reviewed and will be re-launched during 2020. Staff survey results have shown an improvement in the staff engagement score since the launch of the strategy and the Trust has launched “The Bridge” – supplied by Questback, a web based tool to allow us to engage with all our staff in a more meaningful and focused way.

“**The Bridge**” is our newly launched engagement tool available to all staff which can be accessed via work / personal computer and the Bridgewater Staff App. The Bridge holds many functionalities:

- Platform for staff to share ideas, good news stories etc
- Staff access to virtual Staff Network Groups i.e. LGBT+, Staff Inclusion, Carers
- Access to current surveys i.e. Quarterly Staff Engagement Surveys
- Freedom to Speak Up online contact and chat facility
- Exit Surveys
- Ability to produce bespoke surveys and produce quantitative reports
- Carers page on The Bridge, providing information and signposting to staff providing unpaid care or identifying patients/families who are providing unpaid care
- Menopause Café on The Bridge, providing information such as Trust developed menopause factsheets, and an opportunity for staff to engage with each other around issues and tips related to the menopause. Two events also held in 2019, both well attended
- Staff Inclusion page just launched on The Bridge, initially providing information to staff on equality and inclusion topics
- EDI, Health and Wellbeing, and Engagement Calendar 2020, providing information on key events such as awareness weeks and religious observance days. A monthly focus on a particular topic, for example Black History Month or LGBT+ History Month
- Rainbow Badges, driven by staff requests for the Trust to get involved. Training delivered to approximately 200 members of staff within two months of launch, following training staff can pledge and receive their rainbow badge. Rainbow Badges pages on The Hub providing resources and signposting for staff, and on The Bridge providing a forum for staff to raise awareness and discuss LGBT+ issues and events
- Leader in Me, November 2019, focused on EDI – Building Inclusion in Leadership.

Our Staff Engagement Survey 20 item questionnaire is also disseminated to staff in all boroughs. The results are provided to Trust Report and circulated to all Managers and Team Leaders.

In addition to the direct engagement work with staff, bespoke development programs are delivered internally to strengthen staff relationships and allow time for employees to explore their values and behaviours to drive the cultural change that is necessary to equip the Trust to face the challenges of the future.

These programmes include:

- Our bespoke ILM accredited Leadership Development Programme.
- Delivery of the Franklin Covey 'Leading at the Speed of Trust' Programme which supports managers to build trust within teams.
- Our values and behaviour based PPDR framework that focuses on: individual wellbeing, your role, behaviours, the individual fit and impact within the organisation; to identify development and training needs
- The development and implementation of a Talent Management & Succession Planning Framework
- The delivery of a seven Habits of Highly Effective People programme which commenced in 2017. The aim of the programme is for staff to explore their own personal effectiveness and build effective relationships
- To continue to offer staff a suite of appropriate change management tools
- Rolling out of our System Leadership Program, developed following a successful bid for funding from the North West Leadership Academy.

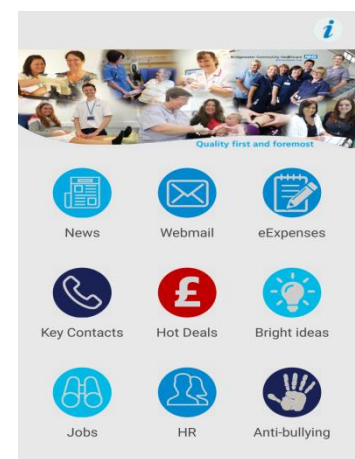
Internal Communications

Within Bridgewater there are a range of communications channels designed to keep staff informed and to support two-way dialogue and engagement. These include a monthly Team Brief presentation from the Chief Executive to senior managers which starts the cascade of messages from the Executive and Board throughout the organisation by managers and team leaders. This contains key messages to keep staff informed on new developments, policy, performance (including HR performance measures, financial and quality performance) and staff matters. Staff have the opportunity to ask questions during and after the briefing session. Any questions and answers are shared through the following month's team brief. In addition there is a facility for staff to ask questions through the Intranet (The Hub) via a feature titled 'Ask the Boss'.

Staff also receive a weekly Bridgewater Bulletin e-newsletter and are encouraged to access the Trust intranet "The Hub" as the primary source of information on Trust policies, corporate services and key initiatives within the Trust. Directors also share updates on key achievements and priorities through regular blogs and messages and a monthly Transformation Bulletin has been introduced to support staff through change. The Trust is increasingly using video and animation, where appropriate, to communicate key messages.

The Trust supports a staff mobile application (Staff App), which has been downloaded by around half of our workforce and enables those working out in the community to access key contacts, information and news via a mobile device.

Director staff engagement visits occur monthly and in all boroughs. They enable staff to meet members of the Executive



Team to showcase the services they deliver and discuss what it is like to work for the Trust. During these visits, the directors also observe treatments delivered to patients by staff in the community.

Celebrating our Staff

At Bridgewater it is important for us to recognise when our staff go above and beyond the call of duty, demonstrate a willingness to innovate and make significant strides to delivering improvements in services.

Our “Stars of the Month” scheme allows staff to recognise the work of colleagues by nominating them for an award each month. In August 2019 the Trust launched the new Star of the Month image with the scheme continuing to be popular amongst staff and 200 nomination forms were received for 2019/20.

The highlight of the Trust’s staff reward and recognition programme is the annual Staff Awards ceremony which is held in September each year. This is held as a daytime event and combined with our Annual Members Meeting to encourage greater participation in the latter by our staff. At the 2019 event more than 130 staff, governors and partners attended the event at Halton Stadium.

NHS Staff Survey 2019 - Working with staff to understand key messages from the staff survey

The NHS Staff Survey is conducted annually. From 2019 onwards, the results from questions are grouped to give scores in 11 indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2019 survey among Trust staff was 43% (2018: 43%). Scores for each indicator together with that of the survey benchmarking group (16 Community Trusts) are presented below:

	2019/2020	2019/2020	2018/19		2017/18	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, Diversity and Inclusion	9.4	9.4	9.4	9.3	9.3	9.3
Health and Wellbeing	6.0	6.0	6.0	5.9	5.7	6.0
Immediate Managers	7.1	7.2	7.1	7.0	7.0	7.0
Morale	6.1	6.3	6.1	6.2	-	-
Quality of Appraisals	5.2	5.8	5.1	5.6	4.7	5.4
Quality of Care	7.4	7.4	7.4	7.3	7.3	7.3

Safe Environment – Bullying & Harassment	8.4	8.4	8.4	8.4	8.3	8.4
Safe Environment – Violence	9.8	9.7	9.8	9.7	9.8	9.7
Safety Culture	6.8	7.0	6.7	7.0	6.5	6.9
Staff Engagement	7.0	7.2	7.1	7.1	6.7	6.9
Team Work	7.2	7.0				

The response rate to the 2019 staff survey was the same as 2018. Bridgewater distributed a paper staff survey to all staff within the Trust, therefore 43% is a significant sample of the views of staff within the Trust. The national response rate overall was 58%.

The 11 themes assist the Trust to continually measure the quality of staff experience. Data relating to workforce indicators are reported to the Trust Board, as are the national NHS Staff Survey results.

The Staff Survey Action Plan is monitored for progression via the Trust's Workforce and Organisational Development Committee.








To ensure that we continue to listen to our staff and acknowledge the important feedback we get from our survey, we develop action plans to inform us of our key priorities and areas for further development and continuous improvements. The action plan is, and will continue to be, managed through formal management meetings where performance review takes place. Action plans and progress against them is shared with the Trust's Staff-side colleagues at our partnership working groups. We enjoy effective partnership working with our Trade Unions and staff-side colleagues and believe this is critical to our success.

As part of our response to the staff survey, to enable staff to see how we are responding to their feedback, we have used our Staff Engagement Group and Champions to explore staff values, attitudes and behaviours to enhance care delivery and the patient's experience. The feedback has informed the Trust's Staff Engagement Strategy and is monitored at its Workforce and Organisational Development Committee through to Trust Board.

The 2019 Staff Survey results show mostly either an improvement or maintenance in each of the themes that were tested in 2018.

This is detailed in the table below:











Theme	2019/20	2018/19	Variance
Equality, Diversity & Inclusion	9.4	9.4	0.0 ➡
Health & Wellbeing	6.0	6.0	0.0 ➡
Immediate Managers	7.1	7.1	0.0 ➡


Morale	6.1	6.1	0.0 
Quality of Appraisals	5.2	5.1	0.1 
Quality of Care	7.4	7.4	0.0 
Safe Environment – Bullying & Harassment	8.4	8.4	0.0 
Safe Environment – Violence	9.8	9.8	0.0 
Safety Culture	6.8	6.7	0.1 
Staff Engagement	7.0	7.1	0.1 
Team Working	7.2	0.0	NA

This is to be celebrated across the Trust whilst we continue with our strives to improve year on year through our action plans, focus groups, partnership forums and the Workforce and Organisational Development Committee.

The Trust's results when compared with the benchmark for community services are also a generally positive picture. Of the 11 themes the Trust is above the benchmark score for two of them, below for five and equal to four.

The table below reflects this:

Theme	2019/20	Benchmark	Variance
Equality, Diversity & Inclusion	9.4	9.4	0.0 
Health & Wellbeing	6.0	6.0	0.0 
Immediate Managers	7.1	7.2	0.1 
Morale	6.1	6.3	0.2 
Quality of Appraisals	5.2	5.8	0.6 
Quality of Care	7.4	7.4	0.0 
Safe Environment – Bullying & Harassment	8.4	8.4	0.0 
Safe Environment – Violence	9.8	9.7	0.1 
Safety Culture	6.8	7.0	0.2 
Staff Engagement	7.0	7.2	0.2 

Team Work	7.2	7.0	0.2 
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Future Priorities and Targets

Having reviewed the NHS staff survey results the key priorities for the Trust to focus on during 2020 are as per the five areas the 11 themes are grouped into:

1. Your Job
2. Your Managers
3. Your Health, Wellbeing and Safety at Work
4. Your Personal Development
5. Your Organisation

We will focus on three areas for further development, but which are yet to be agreed. Communication, raising and reporting concerns, retention, discrimination and the meaningfulness of the appraisal process.

Our progress will be reviewed by the Trust on a regular basis, including:

- Bi-monthly Workforce and Organisational Development Committee meetings
- Bi-monthly Partnership Forums, comprising of Executives, Senior Management and Staff-side colleagues
- Staff Engagement Steering Group.

Staff Health & Wellbeing

In 2019 the Trust refocused the work under the health and wellbeing agenda to embed activity within the Workforce Strategy. This has included the establishment of a new Attendance, Health and Wellbeing and Resilience Group comprising of staff from all areas of the Trust with revised terms of reference to support the health and wellbeing agenda. Over the last year the Trust has implemented the following with the support of the Health and Wellbeing Co-ordinator:

- Introduced resilience training via e learning and face to face training
- Undertaken an absence survey and integrated feedback into review of the Absence Management policy
- Embedded health and wellbeing questions into the annual appraisal and one to one process
- Introduced an 'adjustment passport' to support staff requiring adjustments due to health conditions or caring responsibilities
- Introduced a Managerial toolkit to signpost managers when supporting staff with absence

- Implemented changes to support working carers, including a webpage, discussion board and provisions to support staff in a caring role
- Mental Health initiatives and campaigns include Stress Awareness Month, Mental Health Awareness week, Wellbeing Month (linking Suicide Prevention Day and World Mental Health Day) and Brew Monday, to raise awareness and provide resources and support to staff
- Initiatives to support healthy lifestyles and wellbeing include the My 20 20 challenge to increase workplace activity, Bollywood dance, British Nutrition Foundation Challenge, World Menopause Day and Staff Pedometer challenge.

Current programmes of work include the provision of mental health support to all staff and training to managers, and undertaking an annual health needs assessment to support the Health and Wellbeing Plan.

The Trust recognises that any adverse impact on staff that affects their ability to function at their best in the workplace needs active steps to provide support and take a preventative stance where possible.

A healthy motivated workforce is integral to achieving better care for our patients. We have an Occupational Health Service which provides staff with:

- Telephone and face to face counselling services
- Physiotherapy services
- Occupational health referral and assessment services, including speedy referrals for mental health and muscular-skeletal disorders.

Our occupational health service provides us with information that helps us identify areas of staff health and wellbeing that may require more attention, such as issues of personal and workplace stress. The introduction of on-line occupational health referrals system has enabled more timely referrals and feedback on medical assessments/opinions.

We continue in our commitment to reduce sickness absence through effective management. The Trust's sickness absence target is 4.8%. The absence rate at the end of March 2019 was 5.75%. Over the last year the Trust has reviewed its Absence Management Policy and Procedure and updated the HR Skills Training package which includes a module on absence management. The Trust has also reviewed the self-certificate and return to work process to include recommendations from MIAA (Mersey Internal Audit & Assurance). An external review by MIAA of the absence management process in October 2019, assessed the Trust to have shown substantial assurance of adherence to the Trust Policy and Procedure.

To support this process, Management are provided with monthly absence reports which enable them to monitor absence in line with the Trust's policies and procedures. Absence rates are monitored by the Trust Board.

Personal and Performance Development Reviews (PPDRs)

We continue to provide opportunities for our staff to develop via a 'values' driven personal and performance development review (PPDR) to ensure they can continue to provide excellent clinical services and meet our organisational aims and objectives. The PPDR process also captures a Talent Management Conversation to ensure we provide opportunities for development that is relevant to both the services and to individuals and allows us to succession plan for the future.

The Trust's 2019 National Staff Survey response to the Quality of Appraisal indicator was 5.2, an increase from the 2018 result of 5.1. This indicator has shown a steady improvement from the 2015 result of 4.5. However, the national average for Community Trusts is 5.8 so significant work to improve the quality of the appraisal will continue. The percentage of staff compliance at the Trust as a whole is as follows:

Borough	Percentage of Staff Compliance
Cheshire & Merseyside	89.05%
Greater Manchester	90.15%
Corporate Service	84.14%
Dental Directorate	85.12%
Health & Justice	87.23%
Bridgewater	87.97%

The current values based PPDR process and paperwork has been in place since 2017 and is reviewed on an annual basis. The next review will take into account the requirement to introduce pay progression into the annual appraisal process and will be introduced in 2020 for new staff or newly promoted staff. It will be applied to all staff from 2021.

Staff Turnover

The rolling staff turnover for the Trust as at 31 March 2020 was 18.86%. This is above the Trust target of 8%. Our turnover % rate is based on staff who have left voluntarily from the

organisation. This turnover has enabled role re-designs, skills mix changes and revised service models to be implemented. However where turnover is more frequent and linked to reasons we need to support as an organisation i.e. reasons of stress, poor behaviours, risk to patients / services. The Exit interview process has been changed to allow more opportunity for staff to give reasons why they are leaving the Trust and results are being analysed and reported on the outcomes.

Workforce Planning – Staff in the right place at the right time with the right skills

The Trust's Workforce Strategy 2019-2022 supports the delivery of a robust, integrated workforce plan. This strategy sets out our commitment to developing and supporting our workforce so that they are equipped with the right knowledge and skills to continuously improving quality of care for our patients and service users. It also outlines how we will make this a reality, in term of having the right policies, processes, skills, equipment and environment to provide a great service.

The strategic priorities set out in the strategy supports all aspects of workforce planning and support the NHS Long Term Plan and the NHS People Plan. The Strategic Priorities are:-

- Engage
- Attract
- Retain
- Develop
- Perform

Key to our continued success as a Trust is that we effectively work across organisational boundaries with borough partners as we create our future integrated care models delivered safely and with patient experience at its heart. Plans will be based on local analysis and intelligence from teams within the organisation and the below points highlight plans for workforce transformation programmes for the future to meet demand and change.

The skill mix and age profiles of the Workforce have remained relatively stable over recent years but it will need to change to reflect and respond to local demand and productivity. Populations continue to grow and activity increases changes to the workforce will need to change to meet this future demand. Implementing new roles, new ways of working and skill mix changes will be essential to meet costs and increase outputs. New ways of working are being developed as part of redesign and in conjunction with education changes, new technologies and IT strategies i.e. patient systems and mobile working.

Workforce and development plans will continue to be developed and concentrate on significantly reducing reliance on temporary workforce through permanent recruitment to longstanding and newly established vacancies, reduce staff sickness further through support for staff health and wellbeing and effective absence management, incrementally implement revised staffing profiles through turnover where possible and restructure where necessary.

Recruitment

When recruiting, we consider the post requirements, along with the skills mix required. This may involve role redesign or the development of new roles.

We recruit in line with the national 'NHS Safer Recruitment' process.

The recruitment process has recently been reviewed to further streamline systems and process and where possible, speed up the recruitment, selection and appointment process.

Responsible Officer (RO) Compliance

Medical revalidation is a legal requirement which strengthens the way that doctors are regulated, with the aim of improving the quality and safety of patient care and increasing public trust and confidence in the medical system.

Bridgewater is a designated body in accordance with the Medical Profession (Responsible Officer) Regulations 2013 and, through the RO function, has a statutory duty to ensure that the doctors working at Bridgewater are up to date and fit to practice. This includes:

- monitoring the frequency and quality of medical appraisals in their organisation
- checking there are effective systems in place for monitoring the conduct and performance of their doctors
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

Through utilising the PREM IT electronic appraisal system, Bridgewater maintains an accurate record of all licensed medical practitioners with a prescribed connection to the organisation, as their designated body for revalidation. Bridgewater achieved an overall appraisal compliance of **94%** (national compliance target is 90%) by the 19th March 2020, at which point the appraisals/revalidation process was suspended by GMC and NHS England until further notice, due to the impact of COVID-19 pandemic.

The Annual RO report for 2018/19 was accepted by the Workforce & OD Committee in September 2019 and our Statement of Compliance submitted to NHS England within the agreed timescales.

Education & Professional Development

The primary aim of the Education and Professional Development (EPD) Service is to support all staff within Bridgewater to have up to date, evidence based knowledge, skills and abilities

in order to ensure that they can support the delivery of and/or provide safe, effective and compassionate care.

Mandatory Training

The Trust recognises that statutory and mandatory training is of vital importance to adequately protect patients, staff, and members of the public and to support the quality of services and clinical effectiveness.

Mandatory training compliance is reported to the Board on a monthly basis, this includes the identification of any issues and the plans that are put in place by services to address them.

Compliance for all mandatory training is the responsibility of individual staff and is supported and prioritised by their Line Managers. The Education & Professional Development Service assist staff and managers across the Trust to target non-compliance including the organisation and delivery of bespoke, borough-based delivery of face-to face training sessions to assist in the improvement of compliance.

During 2019 the Education & Professional Development team relocated to Halton Hospital in Runcorn. As a consequence of this move a number of staff found alternative employment and the Trust took the opportunity to develop a partnership approach to the provision of support for mandatory training with Warrington & Halton NHS Foundation Teaching Trust.

Compliance with mandatory training across the Trust improved during 2019 and work continues to ensure achievement of the 90% target for completion.

The Trust continues to support the allocation of dedicated time away from their workplace for staff to complete the required eLearning and the EPD team continue to arrange delivery of bespoke sessions for services on request.

Continuing Professional Development

Continuing professional development (CPD) is fundamental to the advancement of all staff and is the mechanism through which high quality care is identified and maintained (DH 2014, DH 2015). The EPD service has continued to support all staff to further develop their knowledge, skills, practical experience and competencies. This is achieved by completion of an annual Training Needs Analysis (TNA) which is based on both individual learning and development needs, identified through Performance & Personal Development Review, and the commissioned service delivery. The TNA encompasses all aspects of education and professional development with clear alignment to the quality agenda priorities of patient safety, patient experience and clinical effectiveness. Essential training for service delivery and forecast planning is the key focus. Any application for funding is considered in relation to that services TNA and care delivery including priority areas. This will continue to ensure that staff

have the right skills to deliver a high quality service to meet the identified needs of the population they serve.

During 2019/20 training has been provided on a variety of topics including:

- Clinical skills for all services
- Mentorship
- Leadership and management
- Active communication/mediation
- IT
- Clinical supervision

The reduction in funding from Health Education England has impacted on the resources available but we continue to support and fund staff to attend external learning and development opportunities and to access academic modules on a wide range of subjects that are deemed essential or required for service delivery and improvement in quality of care; these have included for example:

- Advanced Clinical Skills
- Apprenticeship frameworks, vocational qualifications and cadet programmes
- Clinical assessment and diagnostics
- Non-medical Prescribing (NMP)
- Prevention and early intervention

In 2019/20 we have continued to network with other providers and Higher Education Institutes to deliver training in partnership to meet identified needs.

Talent for Care and Work Based Development Opportunities

During 2019/20 we have continued to provide a range of work experience opportunities and have been able to expand our offer by engaging with local schools, colleges and universities across the geographical footprint. We have recruited additional Health Ambassadors and are actively engaged with the Cheshire & Merseyside Career Hubs and apprenticeship groups.

We have undertaken joint working with a Local Authority, other NHS Trusts and colleges to support traineeships with a focus on integration and plan to develop this further across our footprint. All staff at Bands 1-4 within the Trust have the eligibility and are actively encouraged to access vocational and occupational development. These can be full Apprenticeship Standards or a range of shorter programmes that can be accessed for specialised areas of learning.

We are continuing to promote apprenticeships for all services and have to date commenced Trainee Assistant Practitioners, Data Analysts, Business Administration Level 2&3, Nursing, Trainee Nursing Associates, Healthcare, Customer Service, Project Management, IT, Finance and Warehousing.

Since April 2015 we have been issuing the Care Certificate Workbook to new staff at Bands 1-4, commencing in clinical support roles for example: Healthcare Assistants, Assistant Practitioners and Health Support Workers. We also offer this as a development opportunity for any other eligible staff.

Pre-Registration and Student Placements

The EPD Service has a dedicated team of practice education facilitators who work in partnership with our clinical staff, services and local universities to ensure the maintenance of high quality educational placements and positive learning experiences for all pre-registration students. During 2019/20 we have continued to support placements for undergraduate medical students from the University of Central Lancashire and 5th year students from Lancaster also attend the Trust for placements with our medical staff.

The team also supports practice education through the ongoing development and maintenance of our qualified mentors and educators. The Trust is able to offer students the opportunity to undertake placements in a diverse range of clinical services and in integrated health and social care settings. This prepares our future practitioners to respond to the needs of our current and future population as health and social care continues to transform and develop.

Forward Planning

In 2020/21 we plan to:

- Consolidate our partnership with WHH around the mandatory training offer and the Core Skills Training Framework and introduce a robust system of governance to ensure the mandatory training offer is fit for purpose and minimises the impact on staff.
- Continue supporting managers across the Trust with mandatory training compliance and reporting any identified issues to Board
- Review the TNA on a four monthly basis to ensure that the EPD service is responsive to any identified training needs on an on-going basis
- Continue to work in partnership with other providers and HEIs to deliver internal training programmes
- Continue to support delivery of the national apprenticeship agenda
- Continue to deliver our education strategy and action plan

In addition we will further affirm our commitment to the development of our future workforce through the talent for care widening participation agenda. This will include providing opportunities for local people to access:

- Work experience
- Traineeships and Pre-employment programmes
- Apprenticeships

Education and Professional Development Governance

In 2019 we re-established the Education, Professional & Leadership Governance Steering Group which co-ordinates the provision of education, leadership and professional development within the Trust involving internal stakeholders specifically to:

- influence decisions about education and training in relevant subject areas
- share good practice and promote continuous improvement via education & training within the Trust
- support infrastructure development/engagement
- support professional revalidation/re-registration and continuing professional development
- provide a strategic role in the effective sharing of learning

The aligned education strategy will ensure that the Trust is focused on strengthening our workforce to meet the challenges of the next five years and beyond, able to adapt to change and transfer skills into new and different roles, as required to meet our strategic aims.

Appendix B – School Aged Immunisation Programmes End of Academic Year

End of Academic Year 2018/19 (reported to NHSE in September 2019)

During the academic year 2018/19 Bridgewater had been commissioned to deliver immunisations in:-

- Halton
- Warrington
- Oldham

Percentage Uptake Per Borough

Borough	HPV Dose 1 Year 8	HPV Dose 2 Year 8	Td/IPV (Year 9)	MenACWY (Year 9)
UK Uptake	87.9%	Not Published	87%	87.3%
Oldham	87.4%	78.5%	85.0%	84.5%
Warrington	90.5%	0.4%	90.9%	91.1%
Halton	91.4%	0.2%	88.9%	88.4%

Warrington and Halton Boroughs deliver 2nd dose of HPV to pupils when they are in school year 9.

Oldham Borough deliver 2nd dose of HPV to pupils when they are in school year 8.

HPV Year 9 Percentage Uptake (reportable on immform each year)

Borough	HPV Dose 1 Year 9	HPV Dose 2 Year 9
England Uptake	89.0	83.9
Oldham	89.4	79.7
Warrington	91.1	88.8
Halton	91.0	88.7

School aged Childhood Flu Vaccination Programme – 2019/20

Bridgewater was also commissioned to deliver the school aged childhood flu vaccination programme in the boroughs of Halton and Warrington in 2019/20.

Delivery of this programme was completed Oct 2019 – Jan 2020. Both boroughs were commissioned to deliver to a target of 65% of the population.

Year Group	UK provisional data as of 31/01/2020 (School and GP delivery)	Warrington		Halton	
		Uptake - School delivery only	Uptake – School and GP delivery	Uptake - School delivery only	Uptake – School and GP delivery
Reception	64.2%	72.9%	74.1%	66.9%	67.3%
Year 1	63.5%	74.2%	75.2%	71.6%	71.9%
Year 2	62.6%	71.2%	72.1%	66.8%	67.2%
Year 3	60.6%	68.3%	69.3%	66.4%	67%
Year 4	59.6%	69.3%	69.8%	64.5%	64.9%
Year 5	57.2%	66%	66.6%	61.1%	61.9%
Year 6	55.1%	63.5%	64.3%	62.6%	62.8%
Overall	60.3%	69.6%	70.1%	65.6%	66.1%

Appendix C - Statement of directors' responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20*;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes for the financial year, April 2019 and up to the date of this report ("the period");
 - Papers relating to quality reported to the Board over the period;
 - Feedback from Commissioners (not applicable for this iteration)
 - Feedback from Governors (not applicable for this iteration)
 - Feedback from local Healthwatch organisations (not applicable for this iteration)
 - The Trust's complaints report awaiting publication under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009; this was approved by the Quality and Safety Committee in August 2020 and is awaiting approval by the Board and publication.
 - The 2019 staff survey published February 2020;
 - The Head of Internal Audit's annual opinion over the Trust's control environment (not applicable for this iteration); and
 - Care Quality Commission inspection report, dated 17th December 2018
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts

regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

NB: sign and date in any colour ink except black

A handwritten signature in black ink, appearing to be 'K. B.', followed by a period.

Date: 22 October 2020 Chair

A handwritten signature in blue ink, appearing to be 'J. R.', followed by a horizontal line.

Date: 22 October 2020 Chief Executive

Appendix D - Glossary

ANTT	Aseptic Non-Touch Technique - used globally as the foundation for effective infection prevention
BAME	Black, Asian and Minority Ethnic
CCG	Clinical Commissioning Group – play a major role in achieving good health outcomes for the communities they serve
CIC/LAC Teams	Children in Care and Looked After Children Teams - Teams provided by Bridgewater Community Healthcare Foundation Trust Safeguarding Team
CQC	Care Quality Commission – An independent regulator of all health and social care services in England
CQUIN	Commissioning for Quality & Innovation - The key aim of the CQUIN framework is to secure improvements in the quality of services and better outcomes for patients
DH	Department of Health
DSPT	Data Security and Protection Toolkit
EOL	End of Life Services - service provided by Bridgewater Community Healthcare Foundation Trust
FFT	Friends and Family Test – introduced to help service providers and commissioners understand whether their patients are happy with the service provided.
GP	General Practitioner
HCAI	Health Care Acquired Infections
HMP	Her Majesty's Prison

HSCIC	NHS Digital – the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care
ICO	Information Commissioners Office - The UK's independent authority set up to uphold information rights in the public interest
IPC	Infection Prevention & Control
JTAI	Joint Targeted Area Inspection - Multi-agency team consisting of Ofsted, Care Quality Commission (CQC, Her Majesty's Inspectorate of Constabulary (HMIC and Her Majesty's Inspectorate of Probation (HMIP), who inspect particular themes within safeguarding children's services
LeDeR	Learning Disability Mortality Review - aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.
LiA	Listening in Action - Service for the staff of Bridgewater Community Healthcare Foundation Trust
LSCB	Local Children Safeguarding Board
MARAC	Multi Agency Risk Assessment Conference - associated with the Safeguarding team
MASH	Multi-Agency Safeguarding Hub - multi-agency team consisting of health, local authority and the police within Safeguarding Services
MSK	Musculoskeletal Service

NHS England	NHS England authorises the new clinical commissioning groups, which are the drivers of the new, clinically-led commissioning system introduced by the Health and Social Care Act
NHSI	NHS Improvement - Helps the NHS to meet short-term challenges
NICE	National Institute for Health and Care Excellence (NICE) – provides national guidance and advice to improve health and social care
NMP	Non-Medical Prescriber - prescribing of medicines, dressings and appliances by health professionals who are not doctors
NRLS	National Reporting and Learning Services - A central database of patient safety incident reports
OCATs	Orthopaedic Clinical Assessment & Treatment Services
Ofsted	Office for Standards in Education, Children's Services and skills - inspects and regulates services that care for young children
PALS	Patient Advisory Liaison Service - offers confidential advice, support and information on health-related matters.
PHE	Public Health England - executive agency of the Department of Health
PREMS	Patient Reported Experience Measures - capturing the experiences of people using healthcare services
QIA	Quality Impact Assessment – a tool used to identify a potential impact of our policies, services and functions on our patients and staff
RAG	Red Amber Green rating – a simple colour coding of the status of an action or step in a

	process.
RCA	Root Cause Analysis
RTT	Referral to Treatment – your waiting time starts from the point the hospital or service receives your referral letter
SOP	Standard Operating Procedure – is a documented process in place to ensure services are delivered consistently every time
SystmOne	Electronic patient record database
Ulysses	Bridgewater Community Healthcare Foundation Trust's IT risk management and patient safety system



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