Bridgewater
Community Healthcare
NHS Foundation Trust

THANK YOU

#TeamBridgewater

QUALITY REPORT

2020 - 2021

Contents of the Quality Report

Part One

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Part 1 - Statement on Quality by Chief Executive

The year 2020/21 was one of significant and unprecedented challenge for the NHS and one which forced all of us to do things in new and different ways.

What didn't change however was our commitment to the delivery of high-quality patient care and the protection of our staff and patients.

Our Quality Report for the year highlights how we responded to the many challenges posed by the pandemic.

Protecting our frontline has been at the forefront of our approach throughout. Ensuring our staff had access to the equipment they needed to protect themselves and their patients has been of paramount importance.

As an organisation we have delivered more than 4 million items of personal protective equipment during the past 12 months – including masks, gloves, gowns, visors and scrubs.

In line with the Government's social distancing guidance, we must all move our training on to a virtual platform which gave our clinicians easy access to the correct and safe procedures they needed to follow when treating patients whilst adhering to Government guidance on the safe and proper use of personal protective equipment.

Stringent infection prevention and control measures were introduced at our health centres as were social distancing measures to manage the safe flow of patients through our services and advice regarding the need to adhere to all Government restrictions was clearly and prominently displayed.

Our Internet site contained up to date information and advice and regular messages via Facebook and Twitter were sent out to support people in adhering to the latest Government guidance.

As a Trust we provide/subcontract 156 health services in the boroughs of Halton, Warrington and Oldham and specialist community dental services across Cheshire & Merseyside and Greater Manchester.

Our continued drive and focus on quality are captured in our vision "Quality First & Foremost".

Sharing lessons learned during this period has been vital in supporting our commitment to supporting a culture of continuous improvements. As things moved at speed, we were required to change our approaches on a number of occasions.

Whilst the Care Quality Commission – CQC- stopped its programme of regulatory inspections during the pandemic, NHS staff continued to meet with them virtually.

To support organisations in their work they produced an emergency support framework. I am delighted to report that from the evidence we submitted the CQC were assured we were meeting all requirements for our registration and there were no regulatory enforcements or requirement notices issued.

Whilst our front-line community teams continued to deliver care to their patients in their homes, many supporting by their colleagues who were redeployed, a number of our services shifted their work on-line.

Remote consultations, videos supporting rehabilitation and support packages were developed and accessed by many hundreds of our patients and their families/carers. Whilst our commitment to the provision of face-to-face care remains undiminished, it was important we continued to provide the support many in our communities depend upon.

We were hugely reassured when these individuals were asked about their experience of remote consultations many were extremely positive and said they were grateful to be seen during the pandemic in the safety and comfort of their own homes.

Our Board has continued throughout this period to receive regular reports from all parts of the organisation and assurance that the systems/ processes and procedures that underpin our work are robust and fit for purpose.

Our patient story at our virtual Board meetings remains a regular feature. The stories are a compelling way of illustrating to our Executive and non-executive Directors about our patients experiences of using our services.

Sharing the learning from these experiences has been key and every week our quality teams meet to monitor any issues/concerns and highlight areas of good practice.

Training throughout this period has been key as we have adapted to the new ways of working. Our colleagues in Medicines Management have provided virtual training session to services on handling and record keeping of controlled drugs and the use of patient group directives.

These two things alone have allowed our clinicians to safely and appropriately administer drugs in patients' homes. Our work in supporting patients at the end of life has been greatly enhanced by these measures.

I have been overwhelmed and humbled by the response of our staff throughout this time. Never more so in their support of the Oxford Astra/Zeneca vaccine trial. A significant number also participated in a Public Health England study seeking to identify asymptomatic healthcare workers. This trial has now become part of the mainstream Covid-19 testing programme.

Last but not least I pay tribute to the many members of staff who supported the staff vaccination programme at the start of 2020.

A total of 2959 vaccination doses have been delivered against this life-threatening virus which was an 89.5% uptake from our staff. It is a tribute to the hard work dedication and commitment of staff across the organisation that we were able to safely deliver this hugely ambitious and life-saving programme of work.

The vaccine provides us all with protection against a virus that has had a significant impact upon all our work in the past 12 months and will continue to do so for many years to come. I am reassured as I hope you will be, that despite the many challenges faced, our commitment to quality remains undiminished as does our continued focus on the safe and effective delivery of patient care in the communities we serve.

Chief Executive

Colin Scales

Part Two

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

Priorities for Improvement in 2021/22

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 2021/22 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 improving medication incidents around the prescribing and administration of insulin. Improve the reporting of catheter associated UTI (CAUTI) in the community and develop a community accreditation scheme.

Quality priorities for the year 2021/22 include:

As part of our Quality and Place strategy our approach to quality underpins our quality improvement plan and for 2021/22 the Trust wants to further improve and develop:

Reducing harm to our patients by improving insulin medicine management. The Trust has already undertaken an aggregated review during Q4 of 2021 and the results and recommendations will be monitored during 2021-22 in order to demonstrate an improvement in insulin incidents.

Develop a process for increasing the number of reported catheter associated UTI (CAUTI) in the community. As part of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance; it is important to ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment from their General Practitioner. As some of our patients in the community have an indwelling catheter, this can potentially increase the risk of developing an infection.

Begin to scope the development a community accreditation scheme to map and cover the breadth of, the Care Quality Commissions (CQC's) assessment framework and also benchmark against other community providers who are also members of an accreditation scheme.

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 harm to our patients by improving insulin medicine management	Sharing Lessons Learned	Claims
Develop a process for increasing the number of reported catheter associated UTI (CAUTI) in the community	Training	Staff costs to release for training
Begin to scope the development a community accreditation scheme	Engagement with stakeholders and staff	Costs for joining an accreditation scheme

Review of progress against the 2020/21 Priorities for Improvement

Priority for Improvement	Update
▪ Reducing pressure ulcers	During 2020/21 the Harm Free Care: Pressure Ulcer Group continues to lead on work to reduce pressure ulcer incidence and improve safety, clinical effectiveness and experience for patients who may be at risk of / have pressure ulcers. The progress with the pressure ulcer improvement plan continues and has most notably achieved a 76% reduction in StEIS reportable pressure ulcer incidents, (target 20% reduction) by the end of Quarter 4 2020/21 compared to Quarter 1. During the COVID pandemic there were many extraneous factors that impacted on the health and wellbeing of the population within our boroughs. The Trust was in business continuity to manage COVID related activity and there were reductions in staff due to shielding or having to isolate as per government guidelines and there was an increase in the acuity and dependency of our patients; however, these appeared to have no specific adverse impact on patient care or

	outcomes. The pressure ulcer Improvement plan is monitored externally by Commissioners at their Clinical Quality and Performance Group (CQPG) meetings and has also been shared by the Commissioners with NHSE/I.
▪ 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.	Within 2020/21 the trust has established a Sepsis/NEWS2 advocate network. There has been significant progress with this piece of work including the following. Our teams have evidenced through a re audit improvements in compliance against the standards set out within the Electronic Staff Record (Community Nursing Care Group) Standard Operating Procedure. Compliance across all standards was 100%. This provides assurance that the Holistic assessments are being completed within the service. Completion of the new Holistic Assessment Standard Operating Procedure – The procedure has now been completed. Plans to complete the ESR NEWS2 training compliance reporting process was restarted during the business recovery period. The Trust have now purchased a license to enable the NEWS2 training to be hosted on our Electronic Staff Record (ESR) and align the correct competencies on ESR to allow future reporting of training compliance.
▪ 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.	During 2020/21 an engagement strategy was developed and supported by an implementation plan which is monitored by the Trusts engagement group. This group includes stakeholders, staff, and public governors. The implementation plan will deliver the strategy over a two-year period. The strategy covers: • acting on patient feedback • shared decision making • developing different methods of gaining patient feedback • To review Duty of Candour

	• To gain feedback on complaint handling and the patient experience • To develop a mechanism for sharing lessons learned from complaints. • To enhance the digital offer for patient feedback • To be inclusive to all services including learning disabilities • Develop service users to participate in recruitment processes for staff. .

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 subgroups, 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 2020/21 the Bridgewater Community Healthcare NHS Foundation Trust provided and/or sub-contracted 124 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 2020/21 represents 95% of the total income generated from the provision of relevant health services by the Bridgewater Community Healthcare NHS Foundation Trust for 2020/21.

Clinical Audit

Participation in Clinical Audits

During 2020/21 four national clinical audits covered relevant health services that Bridgewater Community Healthcare NHS Foundation Trust provides.

During that period Bridgewater Community Healthcare NHS Foundation Trust participated in 100% of the national clinical audits which it was eligible to participate in.

The national clinical audits and that Bridgewater Community Healthcare NHS Foundation Trust was eligible to participate in during 2020/21 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)

The national clinical audits that Bridgewater Community Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2020/21, 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. However, we did participate in the facilities audit during this year.
UK Parkinson's Audit	n/a - UK Parkinson's have postponed the next round of the audit to 2022 and dedicated this year to supporting services in quality improvement. We will submit quality improvement plan in 2021/22- deadline set by UK Parkinson's is 30 September 2021.
Learning Disability Mortality Review Programme (LeDeR)	n/a

The reports of one national clinical audit were reviewed by the provider in 2020/21 and Bridgewater Community Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

1. Title: Falls and Fragility Programme (FFFAP) - National Audit of Inpatient Care
Although we did not have patients that met the criteria for the audit, the recommendations within the report were useful for us to use as learning and develop an action plan if deemed appropriate. The main action we addressed was to develop an updated falls protocol/assessment.

The reports of 6 local clinical audits were reviewed by the provider in 2020/21 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 Trust staff and patients receiving relevant health services provided or subcontracted by Bridgewater Community Healthcare NHS Foundation Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 463.

Goals agreed with Commissioners - Use of the CQUIN Payment Framework

A proportion of Bridgewater Community Healthcare NHS Foundation Trust income in 2020/21 was not 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. The CQUIN program was suspended for 2020/21 due to the pandemic

For further details regarding the agreed goals for 2020/21 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 £451k however no quality improvement schemes were implemented as part of the programme due to the pandemic, the income has been recognised as funding was received automatically.

The monetary total for the associated payment in 2019/20 was £517k.

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 all been addressed by working through a comprehensive improvement plan.

During the Pandemic the CQC stopped all of the regulatory inspections but continued to meet with the Trust by holding regular relationship meetings with the Chief Nurse and Chief Operating Officer and Deputies. Throughout this period the CQC produced and Emergency Support Framework (ESF) for all providers of healthcare that covered the following domains:

- Safe care and treatment
- Staffing arrangements
- Protection from abuse
- Assurance processes, monitoring and risk management

The CQC also produced an ESF for Infection, Prevention and Control in order to be assured that providers were managing the COVID-19 risks to both patients and staff.

At the CQC relationship meetings the Trust had to provide evidence that they were meeting all of the domains during the pandemic. The CQC feedback was that they were assured that the Trust was meeting all the requirements of our registration and there were no regulatory enforcements or requirement notices issued to the Trust.

NHS Number and General Medical Practice Code Validity

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2020/21 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
- 99.4% 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:

- 98.3% for outpatient care; and
- 98.9% for Walk in Centres and Urgent Care Centres

Information governance 20/21

The General Data Protection Regulation (GDPR), which since the Brexit transition is known as the UK GDPR and the Data protection Act (DPA) 2018, both introduced in May 2018, are now fully embedded into the Trust. The regulation and the act ensure that we consider data protection and privacy issues upfront in everything we do. It ensures that we comply with the UK GDPR's and DPA's fundamental principles and requirements, and forms part of the focus on our accountability.

Bridgewater underwent an onsite audit by the Information Commissioner's Office (ICO) in February 2020. The ICO is the UK's independent regulator set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals. The audit achieved high assurance for Data Breach Reporting and Governance and Accountability. Despite the high assurance the Trust is always keen to improve, an action plan has been put in place where the ICO made recommendations.

UK GDPR requires organisations to report any serious data breaches within 72 hours to the (ICO). The trust has not had any serious data breaches in 20/21.

NHS Digital's (NHSD) mandatory Data Protection and Security Toolkit (DSPT) is a self - assessment tool and provides an overall measure of the data quality systems, data security standards and processes within the Trust. The COVID -19 pandemic has meant extending deadlines for submission of the DSPT.

The Trust 20/21 submission has been delayed until June 2021 (it is normally submitted at the end of March). The Trust failed to meet one of the requirements and will show on the NHSD Website that the Trust did not fully meet the standards. This was for Assertion 3.2.1 – "*at least 95% of all staff complete their annual Data Security Awareness Training between 1st April 2020 and March 2021*". The Trust achieved a compliance rate of 93%, which is an increase of 2% on the previous year and has submitted an improvement plan to NHSD. The 2% increase is an excellent achievement, within the current situation.

The DSPT is a self-assessment tool and because of this, there is a mandated requirement to undergo a rigorous internal audit to validate the evidence and the Trust's self-assessed scores. This would usually have been undertaken late 2020, early 2021 but because the DSPT submission has been delayed until June 2021, Mersey Internal Audit Agency (MIAA) conducted an interim audit and completed a progress report in March 2021; the interim report identified some gaps in evidence, which will be addressed prior to the DSPT submission in June 2021. However, until the full audit is undertaken in May/June the Trust will not know the outcome of the audit. In 2019/2020 the Trust were awarded 'substantial Assurance'.

Clinical Coding Error Rate Validity

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/21 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 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.

Number of Deaths

During **1st April 2020 to 31st March 2021,** 1569, of **Trust** patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:
500 in the first quarter.
266 in the second quarter.
398 in the third quarter.
405 in the fourth quarter.

By 31st March 2021, 77 case record reviews/investigations have been carried out in relation to 1569 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:
16 in the first quarter.
25 in the second quarter.
22 in the third quarter.
24 in the fourth quarter.

1 (percentage 0.06%) of **1569** 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 specific 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. However, some themes have been identified as learning areas for the Trust, including communication with partner agencies and documentation/record keeping.

There were no case record reviews or investigations completed after 31st March 2020, 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 2017	Bridgewater 2018	Bridgewater 2019	Bridgewater 2020	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)	67%	72.1%	68.2%	78.2%	79.7%	86.8%	58.3%
% of staff that would recommend	45%	54.8%	51.6%	60.2%	69.7%	76.2%	59.4%

the Trust as a place to work. (Q21c NHS Staff Survey)							

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 2020 to try to improve this. 2020 is showing an increase of 8.6% with regards to our staff recommending the Trust as a place of work. Furthermore, there has been a 10% increase in staff recommending the Trust as a place to receive treatment. Whilst both these responses have shown an increase 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 Executive Time to Talk sessions, Chief Executives Blog, Team Brief, Trust Bulletin, Celebrating Our Staff, Annual Staff Awards. Running frequent Staff Engagement Survey 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 People Committee.
- The introduction of the new NHS People Pulse survey will be introduced 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, People Committee, Health & Wellbeing Hub etc. The People Pulse survey is run quarterly (excluding quarter 3 where this is replaced with the NHS Staff

Survey) by an external provider and results for Trusts are published nationally. This provides Bridgewater with 3 temperature checks per year to monitor progress and consider staff feedback.

Core Indicator		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
The number and, where available, rate of patient safety incidents reported within the Trust during 2020/21, 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).	4,887 incidents were reported. 2,062 incidents (45%) were reported to the NRLS.
	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 criteria for patient safety incident.	There were 28 incidents resulting in severe harm or death, 19 of which met the criteria for 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.	There were 2 patient safety incidents reported that resulted in severe harm to patients.

Bridgewater Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons, compared to 2019/20: -

During 2020/21, 4,887 incidents were reported and 2,062 42% of these had been submitted to the National Reporting and Learning Service (NRLS) as Patient Safety Incidents.

There were 2 Patient Safety Incidents that were reported as resulting in severe harm or death. These incidents related to harm caused by a patient fall and a delay in treatment being provided to a patient, both cases were investigated as Serious incidents in line with the Trust's arrangements for managing serious incidents.

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

Compared to 2019/2020 the volume of reported Patient Safety Incidents has decreased by 599 (11%). Factors that affected the numbers of incidents being reported were that Health & Justice Services were transferred to Greater Manchester Mental Health (GMMH) Trust and services in St Helens were transferred to St Helens and Knowsley Hospitals NHS Trust.

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 introduced a virtual training package regarding the Reporting and Management of Incidents, which is designed to ensure that staff are aware of the Trust's processes for Reporting and Management of Incidents. The Trust has continued to hold weekly Patient Safety & Serious Incident Review Panels, which are also used as an opportunity for interested staff to observe the processes of managing incidents.

The Trust considers that this data is as described for the following reasons, compared to 2019/2020: -

- The volume of Patient Safety Incidents has decreased, this has a correlation with the transfer of the Trust's services in Health & Justice and St Helens. The reduction of incidents equated to 10%, this was less than the proportion of the Trust's budget that was attached to these services.
- Although the overall number of Patient Safety Incidents decreased, the ratio of No Harm incidents (Near Miss, Insignificant outcomes) was 75% of the total number of patient safety incidents reported. During the period 2019/2020, 60% 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 continued to improve.
- The number of Serious Incidents from 2019/20 was 91. The top three cause groups were pressure ulcers, slips, trips, and falls & medication errors.
- The Trust is providing virtual training regarding the reporting and management of incidents, this process will continue to enhance the Trust's Incident Reporting culture, by ensuring that there is increased knowledge of the processes for 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 overview 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 (or equivalent) for the Borough / Service.
- As part of the Trust's command and control structure during the pandemic, weekly reports were prepared for silver and gold command, regarding reported incidents, risks, and Patient Experience.
- A "virtual" training program was developed and introduced regarding the "Reporting and Management of Incidents". This is designed to give staff knowledge of the Trust's arrangements for the reporting and management of all incidents. This virtual offer was implemented in response to the Covid 19 pandemic.
- Maintaining support for incident investigators and managers, through regular peer review. Review of investigations at the Patient Safety and Serious incident Review Panel(s).
- Ensuring that risk management processes are embedded, in the operational Boroughs / Services. This is achieved 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 and ensuring the active involvement of senior clinicians to increase data quality and accuracy.
- Maintaining the production of daily, weekly, and monthly automated aggregate reports regarding incidents to assist monitoring by managers and the Trust.
- To ensure the robust management of all serious incidents, the Trust has maintained regular contact with the lead CCG, which has oversight of the Trust's Serious Incidents.

Part Three

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Part 3 – Quality of Care in 2020/21

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	2020/21 full year position	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	Comments
Number of pressure ulcers which developed whilst patients were under our care	871 of 1,562 pressure ulcer incidents that were reported	722 of 750 incidents reported	683 of 760 incidents reported.	41.26%	39%	42%	38%	The overall number of reported incidents increased due to the Pressure ulcer work during 2020 / 2021.
No. of serious untoward incidents (SUIs)	91	62	137	162	106	45	80	The increase I the number of serious incidents reported

Indicator to be measured	2020/21 full year position	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	Comments
								was related to pressure ulcer incidents.
Proportion of incidents with outcome of "No Harm".	53%	42%	51%	49%	53%	40%	45%	Reported patient safety incidents with "No Harm" (near miss, insignificant) outcomes increased to 53% of the incidents reported.
CDI reported as lapse in care and apportioned to the Trust	0	0	0	0	2	0	2	For further information please see HCAI section.
MRSA reported as lapse in care and apportioned to the Trust	0	0	0	0	0	0	0	For further information please see HCAI section.

Indicator to be measured	2020/21 full year position	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	Comments
Total number of patient falls (In Patient facilities – Padgate House)	128 falls at Padgate House. Trust total was 193.	93	100 falls in total for the year Trust figure 229	1.8%	5%	6%	5%	There has been an increase of 35 falls for the year.
Percentage of patient facing staff that have been vaccinated against flu	77%	70% - - - - - - - -	- 58.5% 60.1% 49.6% 55.8% 63.2% 59.8% 80.2% 49.3% 80.6%	- 65% 53% 49% 47% 36% 70% 86.5% 74.2% 78.5%	- 59% 51% 52% 47% 45% 52%	- 49% 50% 41% 38% 52% 46%	- 60% 48% 45% 47% 53%	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.

Indicator to be measured	2020/21 full year position	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	Comments
Percentage of school age children immunised								Please see appendix C NB – This indicator has been changed as Bridgewater no longer delivers the preschool immunisation programme
Staff who would recommend our services to friends and family		77%	79%	3.51	3.61	3.63	3.55	The minimum score is 1 and the maximum score is 5. In 2018/19, the result format in relation to the Friends and Family Test

Indicator to be measured	2020/21 full year position	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	Comments
								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)	During the pandemic this audit was suspended for 2020/21.	85% N/A 64% N/A	77% 89% 83% N/A	98% 80% 98% N/A	97% 78% 93%	97% 89% 82%	97% 87% 95%	Warrington have demonstrated an increase from previous years. Wigan services transferred to alternative provider. Halton have demonstrated a decrease from previous years. N/A for St Helens

Indicator to be measured	2020/21 full year position	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	Comments
								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%	For further information please refer to

Indicator to be measured	2020/21 full year position	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	Comments
								patient survey and Friends and Family Test results sections of this account
No. of complaints		92	104	92	94	88	91	

Patient Experience

The Trust recognises that eliciting, measuring and acting upon patient feedback is a key driver of quality and service improvement. During this year the Trust set up the Bridgewater Engagement Group (BEG), chaired by the Chief Nurse, which 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 also approved an Engagement Strategy which is also monitored by BEG.

The Trust 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 BEG with any lessons learned identified and cascaded across the organisation.

Seeking patient feedback has been more important than ever due to the effects of the pandemic. With the national lockdowns, service disruption and the requirement to stay at home, it is vital that we not only provide every opportunity for patients and carers to give feedback but actively seek their views on the services they receive.

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. The complaints' function has continued throughout the pandemic although, as expected, the number of complaints received was greatly reduced.

During 2020/21 we received 29 complaints compared to 92 during the previous year. These are summarised on a Borough/Service basis below:

Organisation	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Corporate	0	0	1	0	1
Dental	0	1	0	1	2
Halton	3	3	3	3	12
Oldham	0	1	1	0	2
St Helens	0	0	0	0	0
Warrington	1	7	0	4	12
Grand Total	**4**	**12**	**5**	**8**	**29**

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

Theme of complaints	No
A02 Aids/appliances, Equipment, Premises (Inc Access)	1
A03 Appointment Delay/cancellation (Outpatients)	1
A07 Attitude of Staff	6
A08 All Aspects of Clinical Treatment	16
A09 Communication/information To Patients (Written)	1
A12 Patients Privacy and Dignity	2
A17 Personal Records (Including Medical and/or Complaint)	1
A18 Failure to Follow Agreed Procedures	1
Grand Total	**29**

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.

An example of a lesson learned from a complaint:

- **Community Dental Service**

An urgent referral was received for a young child with dental pain. However the referral was not triaged in a timely way. As a result of the complaint a dedicated clinician is in place each day to triage urgent referral to ensure that patients, such as this child, are not left in pain any longer than absolutely necessary**.**

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.

Although the FFT was suspended by NHS England in April 2020 due to the onset of the Covid 19 pandemic, the Trust continued to collect patient feedback.

The FFT is based on a simple question *"Overall, how was your experience of our service?" with answers on a scale of very good to very poor.*

A total of 887 people responded to the friends and family question and 97.4% indicated that their overall experience of Bridgewater services was positive.

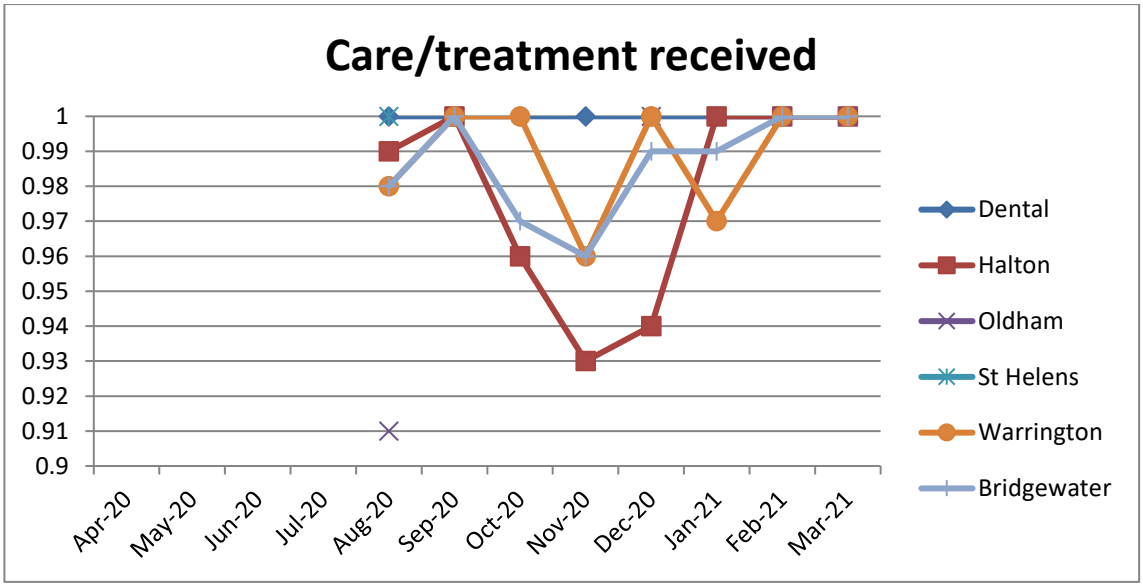
Borough/Service		Positive Experience	Poor Experience	Number of Responses
Halton		98.7%	1.1%	254
Oldham		89.5%	1.1%	98
St Helens		100%	0.0%	21
Warrington		98.3%	1.2%	346
Dental Services		96.1%	3.9%	51
Maternity Services	Antenatal	100%	0.0%	90
	Postnatal	100%	0.0%	27
Bridgewater Total		97.4%	1.2%	887

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 898 responses were received during the year and 99% indicated overall positive experience with their care and treatment.

Overall Satisfaction re Care/treatment received

Patients are asked to rate their overall satisfaction with the service. The graph below shows the results of patients who said the care/treatment they received was great or good.



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

	Halton	Oldham	St Helens	Warrington	Dental	Bridgewater
How do you feel about the length of time you waited to be seen?						
	98%	93%	100%	96%	94%	97%
How do you feel about the way staff greeted you?						
	99%	97%	100%	100%	100%	99%
How do you feel about the way staff listened to you?						
	99%	98%	100%	99%	100%	99%
How do you feel about the information you were given (verbal or written)?						
	99%	97%	100%	99%	100%	99%
How do you feel about the privacy, dignity and respect shown to you?						
	99%	100%	100%	100%	100%	99%
How do you feel about your involvement with your care?						
	99%	97%	100%	99%	100%	99%
How do you feel about the overall experience of the care or treatment received?						
	99%	95%	100%	99%	100%	99%
Number of responses	**375**	**99**	**21**	**351**	**52**	**898**

Telephone Interviews

During this period, as more services were provided via remote consultations, such as 'Attend Anywhere' clinics, staff were encouraged to direct patients to use the online to the Talk to Us form on the Bridgewater website to provide feedback.

As the initial feedback uptake was low, a number of telephone interviews were carried out with patients, across a number of services, who had used remote consultations. People were asked about their experiences of remote consultations and the majority of responses were very positive as people were grateful to be seen during the pandemic in the safety and comfort of their own homes. This is something which will need to inform how the services will operate in the future offering patient choice.

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.

Due to the pandemic only one story was presented to Trust Board in October 2020, details are below:

Adult Speech & Language Therapy Service, Halton

This patient story is about a daughter's experience about the care her mum received to help her find her voice.

The patient was referred to Speech Therapy by her GP at the end of 2019 due to deterioration in communication and for excessive salivation. The patient's daughter says that this support is something she had to insist on doctors providing.

The patient's first assessment was in February 2020 and a locum SLT identified that she had problems swallowing and was assessed for this. The patient later had a communication assessment and was given advice on a keyring for main messages i.e. 'I have problems communicating', 'please be patient', and was advised to over articulate and slow her speech. She was also referred for a Video fluoroscopy (video swallow), but this was cancelled due to Covid.

The patient's daughter first spoke to the Therapist about concerns over the swallowing assessment being cancelled. The Therapist liaised with the GP and phone reviews and advice were given over the following couple of months as well as a further assessment at the patient's

home. The patient was then referred to the ACE centre for a specialised communication aid assessment and over summer received a communication aid. The patient is currently being supported with her communication aid and building confidence with this. She is also being given ongoing swallowing advice.

The patient's daughter explained that they did not have much hope when they were first referred due to "having seen my mum be dismissed and written off by so many medical professionals" before. However, she explained that the care given by the Therapist exceeded their expectations and that "My mum has a voice. An actual voice, imagine that! Unable to communicate for years, now she's gabbing away all day, via her new talking aid!" She says, "Mum and I were in absolute tears of overwhelming joy when she sat and used the talking aid in front of the ACE team and the Therapist. It really was a special occasion; one we never even thought was an option to us."

Moreover, the patient also received medical investigations for another potentially life-threatening illness following a referral from the SLT Service.

The patient's daughter says of the Therapist that "She keeps saying 'I'm just doing my job', which is far too modest, she goes above and beyond. Her warmth, empathy, patience, effort, commitment to completing tasks and getting outcomes, is commendable.

Other stories shared within the Trust include:

Health Visiting Service, Oldham

I feel the service to myself, and my daughter has been outstanding during the times we live in with COVID 19. [Name's] support especially advice and support around my mental health and mobility issues, she is always helpful with advice and coping strategies and offers advice in techniques to help me support and care for my new baby daughter and older siblings. It is working with care professionals that I have been made to feel equal and my thoughts wishes and feelings to not be judged around my complex long standing mental health issues. As stated above I would hope it is recognised by the appropriate management this lady is of true importance to your team of health visitors and the work of [Name] is second to none.

New-born Hearing Screening Service, St Helens

I would like to applaud the exceptional service I received this week from two audiologists at the Primary Care Resource Centre hearing test for my son.

I have never been received with such warmth, patience and professionalism by a healthcare professional as I did by the two audiologists on duty on the day of his appointment. I will never forget how the two audiologists went above and beyond to provide exceptional health care service to my little boy, making us feel welcome and reassured, even during these worrisome times. I don't have the words to express how grateful I am for their empathy and the attention they gave to my son when providing his care. They are a true credit to the NHS trust, and should be recognised for their service, their kindness and their professionalism. A big thank you to two

wonderful women and a big thank you to Bridgewater too! An exceptionally positive experience.

GP Extended Hours, Warrington

I wanted to make contact and share with you my gratitude and thanks for such a positive experience in visiting your clinic recently as a patient.

I had a telephone consultation with the Doctor. I was very impressed at how supportive and caring he was to both me and my family. He was very thorough in his examination over the phone and made me feel very relaxed. The Doctor could have then passed my issues over to my own GP practice but as he had taken the time to conduct a detailed examination, he then felt that it would be better for him to see me in person rather than transfer me back to my own practice as I would then have the continuity rather than trying to explain all over again the symptoms that I had been experiencing. On the date as agreed, the Doctor made contact with me by phone to ensure that I could visit the clinic safely. Once we met again, he was extremely supportive, very caring and considerate and made me feel very valued.

His examination was again very thorough and was not rushed which enabled me the time to try and explain properly my symptoms. The Doctor has now further referred me for further ENT examinations and fully explained the whole process and timeline of expectations. I was very impressed with the whole experience and in my 51 years have never met a GP as kind, caring, considerate and polite as this Doctor. He very much deserves recognition for the service he offers and his representations of GP's and the NHS on the whole.

Community Dental Service, Bury

I know healthcare isn't easy at the moment, so just wanted to pass on a quick thanks to all of you at Bury; from the staff at the front desk who make me comfortable, so I don't run away, to the nurses, and in particular, [Name]. I have spent about a decade indoors because of mental health issues and medical problems, a lot of which was caused by poor self-image. I'm just as amazed as anyone that, not only do I actually attend my appointments, but I also enjoy them! My quality of life is improving and I'm a lot happier since you all helped me, and I never really thought that was going to happen. A long way to go, but you have all given me a light at the end of the tunnel, so to speak! So, a big thank you to you all!

Patient Partners

We understand that patients and carers are often best placed to gauge how services are performing. Patient Partners is an approach that aims to actively encourage patients, their families and carers to work in collaboration with services to identify areas for improvement in quality of care and service delivery.

A network of clinical staff meets regularly to discuss and share good practice in involving patients and carers in service improvement activities. The network aims to ensure all services continually listen to the unique insight of patients and carers in order to inform service development and to improve patient care and service quality.

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.

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 2020/21 we received **967** contacts across Bridgewater, which is a decrease compared to the number of contacts received the previous year. This was mainly due to the COVID Pandemic and services being suspended during the first lockdown. However, the number of contacts received indicates that patients and carers were still able to contact the Trust with issues or concerns as staff worked remotely via telephone and video consultations.

These are summarised below.

	Halton	Oldham	St Helens	Warrington	Corporate	Dental	Total
Qtr. 1	42	0	28	80	91	6	247
Qtr. 2	53	1	27	83	70	13	247
Qtr. 3	52	4	20	76	76	19	247
Qtr. 4	45	2	26	90	35	28	226
Total	**192**	**7**	**101**	**329**	**272**	**66**	**967**

Around 53% of the contacts were requests for advice and information, including signposting to other organisations.

Around 40% 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 967 contacts 66 were classed as informal concerns but just 1 of these went on to become a formal complaint. This highlights the Bridgewater approach to resolving concerns and complaints at the earliest opportunity.

Patient Safety

Falls

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
2020/2021 =120	109

During the 1st quarter of 2020 the covid 19 pandemic commenced globally. Padgate House closed during two covid 19 outbreaks hence there were reduced patient admissions during April 2020 Quarter 2 and December 2020 Quarter 4. As a result of the pandemic there was an increase in bed days lost at Padgate House. There was a significant increase in the number of falls in April 2020 (18) compared to 2019 (4) and April 2021 (5). This is possibly due to an increase in the frailty/covid related illness of the patients, patients isolating, an increase in the dependency of the patients and an increase in staff covid related absence/ illness, resulting in increased use of agency staff at the outbreak of covid 19.

During the second outbreak there was also an increase in falls. In December 2020 despite the unit having a reduced number of patients, 13 falls were reported. At full occupancy in December 2019 there were 12 reported falls. Padgate House during December 2020 had the lowest patient numbers, approximately 50% bed occupancy. The increase in the number of falls again was likely due to an increase in the frailty/covid related illness of the patients, including long covid, patients isolating, and an increase in the dependency of the patients and regular booking of agency staff.

Due to the building design 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 makes 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 2020/21, overall, there was an increase in the total number of pressure ulcers that developed within Bridgewater. There was an increase from 461 incidents in 2019/20 to 599 incidents in 2020/21. This is an increase of 109 pressure ulcers which equates to a 24% increase. This increase is still 14% below the total numbers reported for previous year (2018/19) which was 690.

There was an increase in the proportion of more severe ulcers (Category 4) whilst under the care of the Trust. There was an increase of 12 (40%) category 4 during 2020/21 in comparison to the previous year. There was also an increase in deep tissue injuries by 102 (90%). Review of this significant increase identified that this was potentially in relation to better reporting. Processes for monitoring and management of DTI's was reviewed. During 2020/21 there has been increased monitoring through the Patient Safety Groups and Serious Incident Review Panel. This process ensures that more robust with tracking of these ulcers and to ensure that the outcome is accurately monitored. All DTIs remain on the Patient Safety Group agenda as an audit trail until the final category is known or they resolve. There was also an increase in the numbers of category 2 ulcers reported during 2020/21 which increased by 64 (15%). There was decrease noted in category 3 ulcers by 6 (28%) and a decrease of 1 (4%) unstageable ulcer from the previous year 2019/20.

The Trust recognised the increase, of the more severe category 4 ulcers and DTI's. NHSE/I and the CCG had also highlighted to the trust that the number of pressure ulcers (PUs) that had been reported resulted in the Trust being an outlier within the Cheshire and Mersey region. As a result of the increase the Trust completed an aggregated review of all StEIS reportable pressure ulcers reported within the first 6 months of 2020. The aggregated review provided an analysis of themes and lessons learnt of StEIS reportable incidents between 1st January 2020 - 30th June 2020. The review did not identify over-arching themes or trends that could be considered as the direct causal factor to the pressure ulcer incidents, although there was an undeniable correlation to the pandemic. During the COVID pandemic there were many

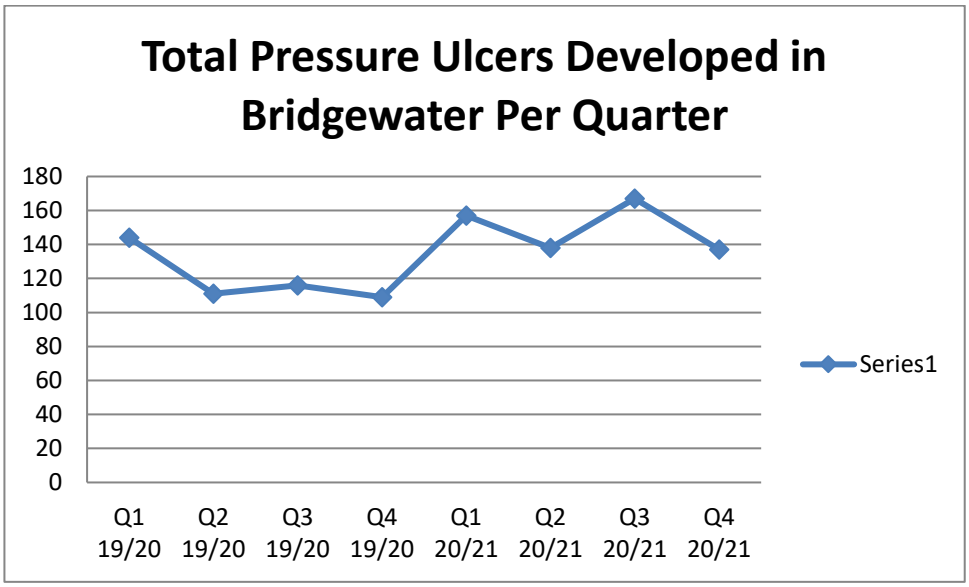
extraneous factors that impacted on the health and wellbeing of the population within our boroughs. The Trust was in business continuity to manage COVID related reductions in staff and increases in acuity and demand of our patients however these appeared to have no specific adverse impact on patient care or outcomes. The Trust aggregated review identified that it was difficult to identify a causative factor for the increase in pressure ulcer reporting. However there have been areas of improvement identified that the Trust are addressing via a Trust pressure ulcer improvement plan. The recommendations following the review included:

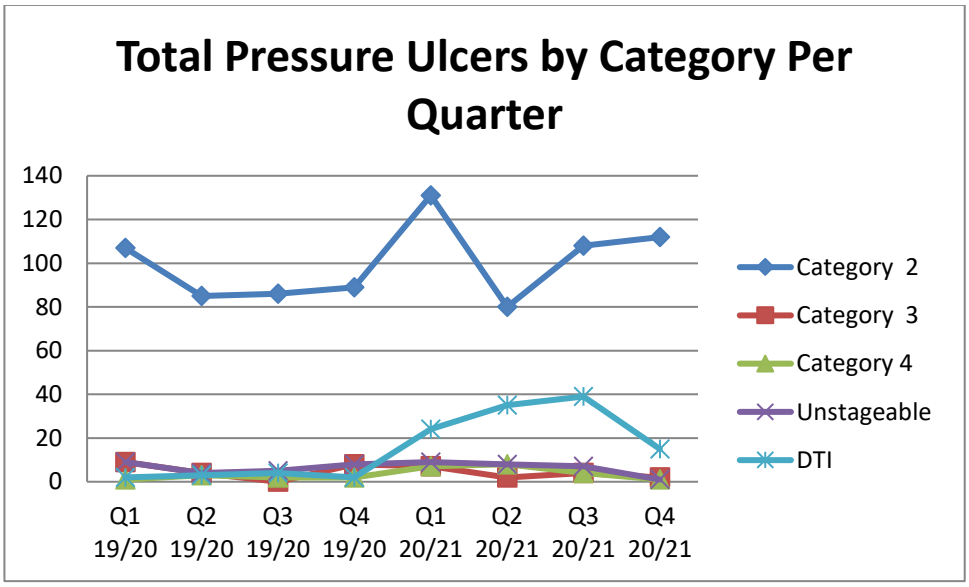
- This report is shared with the Trust, Borough Council, Clinical Commissioner Group (CCG) Care Home Support Working Group to develop an action plan to improve the care to high-risk patients.
- Review of RCA investigation training considering report findings and the "Patient Safety Incident Response Framework 2020" NHSE & NHSI (March 2020) to include use of recognised tools.
- Enhance ways of learning through the incident investigation process - Patient Safety Group Meetings / Serious Incident Review Panel to monitor investigations for use of a wider range of tools and strengths of actions to support investigations.
- Embedding of work around self-care and enlist the assistance of the Family Nurse Partnership Teams who have this as a focus of their roles and have undergone bespoke training in this field. This will include increasing clinical staff's knowledge and skills in professional curiosity to support patient in making wiser choices about care and recording the voice of the adult within records.
- Undertake a correlation exercise between moisture lesions and secondary pressure damage to reduce likelihood of skin deteriorating and breach of skin.
- Wider System learning – how we can work better with partners to mitigate risks and improve outcomes for patients.
- Complete internal review/deep dive of DTIs to understand reasons for increase levels being reported and consider whether there is any correlation with EOL patients.
- Awareness raising around patient Capacity, safeguarding and when to escalate concerns re family / carers to safeguarding.

The pressure ulcer improvement plan is monitored at monthly harm free care meetings supported by an operational pressure ulcer development group. 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. As part of this review a pressure RCA template has been developed to

ensure that investigations focus on key areas that are likely to contribute to pressure ulcer development.





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.

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 2020/2021, the Medicines Management bimonthly newsletters 'Medicines Matters' included features on the appropriate use of controlled drugs and their prescription requirements, lessons learnt and good practice involving medicines, national patient safety alerts and non-medical prescribing updates.

On a quarterly basis, a medication incident report and controlled drugs accountable officer report is submitted to the Quality Council 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 the Northwest intelligence network meetings.

In 2020/21, 455 medication related incidents (10% of the total incidents reported over this period) were reported by Trust staff including 102 involving controlled drugs.

58% 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 2020/21 with a total of 43 near misses reported.

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

Throughout 2020/21, 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 related to medicines have been reviewed and approved for use. Due to the pandemic and pressures on services, the safe and secure handling of medicines audit programme for some services was paused but this roll-out has now been restarted and continues to provide assurance on the safe management of medicines across the Trust, with outcomes being cascaded to all services that handle medicines to share learning.

The Medicines Management team has provided virtual 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.

During the pandemic, a vaccination site was set up at Spencer House to support the national Coronavirus vaccination programme. A Trust policy on the safe handling and management of the COVID vaccine was developed which identified the responsibilities on the handling and use of the vaccine, and which enabled a safe and successful roll-out of COVID vaccine administration to front-line staff. Continued collaboration on a national level and with the local health economy helped ensure the continued access to medicines for patients during the pandemic.

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

Non-Medical Prescribing

Bridgewater has 318 Non-Medical Prescribers (NMPs) comprising of 78 independent/supplementary prescribers and 240 community practitioner nurse prescribers on its NMP register. New NMPs meet with the NMP Lead for an NMP Induction to go through the 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 child development and specialist services. 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. Prescribing compliance reports are shared with CCG Heads of Medicines Management.

In 2020-2021 the NMP Lead provided support to an NMP 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. Similar support was also given to NMP new starters and the NMP Lead continues to support with prescribing reviews for individual prescribers.

In 2020/2021, 23 clinical staff enrolled and successfully completed a non-medical prescribing course at a Northwest university.

Safeguarding

Bridgewater's safeguarding service is fundamental in ensuring that the health, wellbeing and human rights of adults, young people and children are enabled for them to live a life free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding is the responsibility of all staff within our organisation.
The Senior Safeguarding Team provide assurance that Bridgewater are fulfilling their safeguarding statutory obligations by meeting CQC standards for safeguarding, efficient response to regulatory inspections, compliance with the NHS England Safeguarding Audit Tool and Section 11 (Children Act 2004), and the Care Act (2014).
The safeguarding service provides a crucial link across the organisation, ensuring our services are responsive to those who are at risk or who have been harmed. Our Safeguarding Team are embedded in both clinical and multi-agency decision making, working closely with frontline health practitioners and their managers and partner agencies; including Local Authorities, the Police and local place based Strategic Partnerships.
Bridgewater provides safeguarding leadership at all levels of our organisation and across all Boroughs. Bridgewater's Chief Nurse is the Executive Safeguarding Lead and is supported by the Director for Safeguarding Services. The Head of Safeguarding supports the Director and line manages the Safeguarding Adult Lead and the three Named Nurses for Safeguarding Children, who each line manages a team of Safeguarding Specialist Nurses. Oldham is supported by administrative staff and Halton + Warrington have Looked after Children/Children in Care (LAC/CIC) and Administration teams. There is a Named Midwife and Safeguarding Midwife in Halton.
During the year, the focus of Safeguarding Services encompassed our response to COVID 19. In line with the Prioritisation Plan for Community Health Services, which was published on

19.03.20. All areas of service delivery were reviewed, core functions identified, and Business Continuity Plans (BCP) were developed; this required a new Safeguarding BCP being created.
Although throughout the year, the fundamental work of the Safeguarding Teams remained as 'business as usual'. Due to the new BCP, the Safeguarding and CIC Teams were able to work more flexibly including from home where possible and maintained effective communication and links across the wider Bridgewater teams in each Borough.
Despite the challenges and anxieties that the pandemic has brought, the Safeguarding Teams have effectively utilised virtual forums to ensure that they have remained accessible, both professionally and emotionally for front line staff and each other during this time.
A safeguarding COVID sitrep was introduced by NHSE/I in May 2020. The sitrep combined measures of safeguarding activity, including referrals to Children's Social Care, notifications of Domestic Abuse, Adult Safeguarding Contacts and highlighting safeguarding themes and trends. Between May and August, the Trusts Safeguarding Teams provided data and narrative to inform these submissions, which were the responsibility of CCG's.
Safeguarding Adults COVID Assurance meetings were established by Halton and Warrington CCG and included partners from Social Care and the Police. The Safeguarding Adults Lead provided consistent input into these meeting, which took place virtually, initially on a weekly basis and then reducing to fortnightly from June.

There was an increase in pressures and workload during the pandemic.

- The number of domestic abuse notifications received into Halton and Warrington Safeguarding Children Teams from the Police increased.
- Bridgewater's Adult Safeguarding activity increased significantly across both Halton and Warrington throughout the year.
- The number of significant safeguarding incidents, resulting in RCA's and multi-agency Rapid Reviews, were representative of the safeguarding challenges that our Practitioners faced daily.
- Staff absence/sickness; not Covid related.

The Trust's COVID Safeguarding Risk; 2743; 'Maintenance of Safe and Effective Safeguarding Arrangements during the Covid-19 pandemic' was created and regularly reviewed. There was the introduction of a Command-and-Control structure and there was Senior Safeguarding Team representation at silver and bronze meetings. The 'Covid Assurance Committee' received Safeguarding Assurance reports in April and June.

The Safeguarding Team were accessible to all Bridgewater staff throughout the year and provided a range of functions including:

- A programme of mandatory Level 3 Safeguarding Adults and Level 3 Safeguarding Children training.
- Safeguarding supervision in a range of formats including reactive, planned, 1:1, tripartite and group.

- Advice and support in relation to all aspects of safeguarding such as Sexual and Criminal Exploitation, County Lines, Modern Slavery, Radicalisation, Domestic Abuse, Sexual, Emotional and Physical abuse, Female Genital Mutilation, Forced Marriage, Honour Based Violence, Hate Crime, Contextual, and Adults at Risk.
- Support to Clinical Teams around engagement in multi-agency reflection and learning through their involvement in Child Safeguarding Practice Reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews, Practice Learning Reviews, Local Single and Multi-Agency Learning Reviews, Strategy meetings and Conferences.
- Support to all staff regarding child deaths and the 'Child Death Process'.
- A comprehensive range of 27 safeguarding related guidelines, policies and procedures which are regularly reviewed and updated to reflect changes in statutory, local, and national policies, legislation and best practice guidance.
- Contribution from the Senior Safeguarding Team with the consultation process with Trust wide policies
- Leadership and active involvement in the Trust's contribution to safeguarding inspections such as JTAI (Joint Targeted Area Inspection) and ILAC (Inspection of Local Authority Children Services).
- There is a dedicated safeguarding section on the hub which provides detail of the Safeguarding Teams, with information and guidance relating to a variety of safeguarding issues.

Staffing

There have been several absences due to vacancies and sickness in the Safeguarding Teams. The vacancies have been supported by the Head of Safeguarding and by part time safeguarding and CIC staff increasing their hours to support the affected Boroughs.

The Named Nurse for Safeguarding Children in Oldham was on long term sick leave during Q4. She subsequently resigned to take up a role in Safeguarding Adults in another Trust. An 'expressions of interest' opportunity was offered within the Team, which enabled an Acting Named Nurse to provide leadership whilst the recruitment process began.

Warrington Safeguarding Children Team reported on Amber in Q4 due to a combination of increased demand and reduced capacity due to sickness (Risk 2857). This risk was mitigated by securing Safeguarding Nurse bank hours.

Safeguarding Supervision

In line with Bridgewater's Safeguarding Supervision Policy, supervision is offered to frontline practitioners within children's services on a quarterly basis or more frequently if required. The format of supervision is tailored to the professional need and may be offered either 1:1 or group. Compliance is monitored and reviewed quarterly at STAG (Safeguarding Trust Assurance Group).

Increased activity and reduced capacity due to sickness, impacted on Warrington Safeguarding Team capacity during Q4. The Safeguarding Team worked with the 0-19 Team Leaders to target safeguarding supervision for staff most in need. All staff have continued to have access to the

Team for reactive safeguarding supervision, which was available daily. In Q1 2021/2022, a retired FNP Supervisor, will be joining the Safeguarding Team on a temporary part time basis, to support the delivery of safeguarding supervision.

There is no statutory responsibility in relation to safeguarding adult supervision. With the introduction of the Care Act 2014, it is best practice for practitioners who are working in complex situations with adults at risk, to access safeguarding supervision. Therefore, ad-hoc and reactive supervision was offered to the District Nurse Co-ordinators, and Teams where required, from the Safeguarding Adult Team during the year.

Safeguarding Training

As part of the Safeguarding Teams Covid BCP, all face-to-face level 3 training was suspended during Q1 and Q2, however regular safeguarding features were included in the Trust's Covid-19 bulletin and telephone consultation guidance posters were developed to support safeguarding conversations.

From Q3, Level 3 Safeguarding Adult and Safeguarding Children training was delivered by means of a blended approach: part face to face via Microsoft Teams and part e-learning. This transition of change of delivery was received positively by staff and was accepted by the Designated Nurses at the CCG's.

All training compliance was monitored monthly, Training Recovery Plans updated and discussed at STAG. There is a safeguarding training risk regarding the accuracy of data received (Risk 2830), as there has been several challenges throughout the year in receiving data for the safeguarding training compliance. The
Head of Safeguarding and Safeguarding Adult Lead reviewed all individual staffs training needs across Bridgewater and shared this with the WHH to enable Bulk upload via IBM resulting in capturing accurate compliance data. The Training Recovery Plans were in place in each Borough.

There was a reduction in compliance for Level 3 Safeguarding Adults in Q4 as was anticipated within our Q3 Training Recovery Plan. This was due to a review of the safeguarding training competencies recorded in the Electronic Staff Record, to ensure alignment with the expectations set out within the Trust's Safeguarding TNA. This has been completed jointly by the Safeguarding Adults Lead and the Workforce Team at WHH and has resulted in an increased cohort of staff being identified as requiring this training, such as Midwives and Health Visitors. The requirement for competency at this level is identified in the ESR. There is a programme of

twice monthly sessions for the virtual face to face element of this training and an expectation that there will be a steady increase in compliance over forthcoming quarters.

Safeguarding risks and Incidents

The Senior Safeguarding Nursing Team have sight of all incidents and are core members of patient Safety meetings and the Trusts SIRP (Serious Incident Review Panel), where 72-hour reviews and RCAs are reviewed and approved. The Safeguarding Adult Lead is also a member of the Harm-Free Care Group.

Safeguarding risks are monitored at the weekly Named Professional meetings, the monthly Risk Management Council and at STAG meetings.

At the end of the financial year there were 11 safeguarding risks.

March 2021

Moderate Risk			High Risk		High 12 & Extreme					
4	5	6	8	9	10	12	15	16	20	25
0	0	2	0	5	0	3	1	0	0	0
	2	5	4							

This is an increase in risks since March 2020 as the table below shows. However, following the review at Bridgewater's RMC in March 2021, there was effective mitigation in place to provide limited, reasonable or significant assurance to the Council.

March 2020

Moderate Risk			High Risk		High 12 & Extreme					
4	5	6	8	9	10	12	15	16	20	25
0	0	1	1	4	0	2	0	0	0	0
0	3	2								

There have been a number of safeguarding incidents across the Trust, which have led to 72 hours reviews and Multi Agency Rapid Reviews. The details have been shared in 'Bronze', 'Silver' and forwarded for information to 'Gold'.

ACTION PLANS

There are safeguarding related actions plans in place across the Trust as a result of learning from safeguarding audits, incidents and reviews. These are regularly reviewed and updated to provide assurance both internally and to our Commissioners or Key Stakeholders.

Action plans are monitored through various forums; Named Professional meetings, Borough Quality meetings, STAG and the CCG Clinical Quality and Performance Group (CQPG).

- Halton's JTAI Action Plan and the MCA Action Plan are both monitored as part of Trust Improvement Plan.
- Borough specific Training Recovery Plans are updated and submitted quarterly to Halton, Oldham and Warrington CCG's.

Assurance

Safeguarding Strategy (2019-2022)

This 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.

STAG (Safeguarding Trust Assurance Group)

The group oversees the implementation of assurance processes for safeguarding children and adults at risk, across the Trust. Its aim is to fulfil the Trust's statutory responsibilities under.

- Section 11 of the Children's Act (2004)
- The Care Act (2014)
- Regulation 13 (CQC)

The group provides a forum for safeguarding leads and all members to work together to receive assurance, address and discuss safeguarding issues within the community setting and delivers assurance to the Quality Council, the Quality & Safety Committee (Q+SC), and to the relevant Commissioners, where appropriate.

The group reviewed its terms of reference in October; this is an annual review.

During Q1 and Q2, STAG was paused due to the pandemic, however the weekly Named Professional meetings continued virtually to ensure there was a consistent approach to safeguarding across the organisation and progression of a shared work plan.

The introduction of a Senior Safeguarding Nursing Team 6 weekly meeting commenced in Q3, chaired by the Director for Safeguarding Services. Although this is not a formal decision-making group, this provides a supportive, clinically and professionally focused forum for our Senior Safeguarding Nurses.

The Trust is fully engaged in supporting local accountability and assurance structures; Safeguarding assurance is provided to our CCG Commissioners through detailed and comprehensive 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, where the Director or Head of Safeguarding are present, alongside the Named Professionals. Any gaps or areas for development are incorporated into an action plan with updated versions shared with

our CCG Commissioners on a quarterly basis alongside quarterly reports and other evidence required as part of Quality schedule.
Written feedback is received from the Commissioners following our detailed submission with a rag rating to identify where assurance has been given and where more detail may be required. These are then discussed with Commissioners at the CQPG meetings.
Quarterly reports were submitted to provide assurance to the Quality Council and the annual reports were submitted to Q+SC for approval prior to submission to the Commissioners.

Safeguarding Adult Board/ Safeguarding Children Partnership

The Trust provides services across a number of Boroughs and each Borough has multi agency Safeguarding Partnership and Safeguarding Adults Board (SAB) arrangements in place, which as a relevant partner Bridgewater contributes to. As we have no adult services in Oldham, we are not members of their SAB.
The Executive Lead and Director for Safeguarding are members of the Executive Health Group for Warrington + Halton and the Director for Safeguarding is a member of Oldham's Executive Safeguarding Children Partnership. Each Partnership has a range of subgroups which appropriate members of our Safeguarding Teams actively contribute to on behalf of the Trust.

In the early stages of the Pandemic many safeguarding related meetings paused and those that continued changed in format to become virtual. As the year progressed meetings have either re started or continued to be held virtually.

The SAB and sub-group activity were also suspended during Q1 and Q2, with only the Halton Safeguarding Adults Review Group (SAR) meeting virtually in June. SAR activity in Warrington was paused during the pandemic but during Q4 restarted.

The Trust participated in two 'Learning Circles' in Q2 and Q3. Whilst there has been local activity supporting learning on the themes of 'Professional Curiosity' and 'Think Family' the outcomes and learning from the Safeguarding Partnership has not yet been produced.

Channel Panel and Prevent

The PREVENT duty came into force as part of the Counterterrorism and Security Act 2015 and the Channel programme provides tailored support for a person vulnerable to being drawn into terrorism. The multi-agency Channel Panel chaired by the Local Authority meet to discuss referrals received and decide on what tailored package of support can be offered to the individual.
The Director for Safeguarding has an active role in representing Bridgewater at the monthly Channel Panel meetings in Oldham. In Halton and Warrington Health representation at Channel Panel comes from the Designated Nurse who liaise with the Borough based Safeguarding Teams to gather and disseminate relevant information.

A PREVENT dataset is collated and submitted quarterly to NHS England via the UNIFY 2 system. This demonstrates Bridgewater's activity and PREVENT training compliance. A copy of this report is also submitted directly to Warrington CCG at their request.

MARAC (Multi Agency Risk Assessment Conference)

MARAC is a meeting where information is shared on the highest risk domestic abuse cases between local police, probation, health, local authority, housing practitioners, Independent Domestic Violence Advisors and other specialists from the statutory and voluntary sectors.

The Safeguarding Team represent the Trust at MARAC meetings in Halton, Oldham and Warrington. The Safeguarding Specialist Nurses with the support of safeguarding administrators collate relevant health information for sharing at MARAC and disseminate feedback and actions where appropriate to front line practitioners working with high-risk victims and their families.

Audit Activity

The Safeguarding Team's audit plan includes both single and multi-agency audit activity.
Audit findings are presented at the STAG for approval and assurance and shared and discussed at the relevant Borough Quality meetings.
Audit activity was suspended during Q1 and Q2, as part of the Trust's BCP arrangements. Audit activity restarted in Q3 however due to the continued pressure on Teams as a result of COVID this was limited to audit activity required to inform our understanding of the impact of COVID in service delivery or audits required in response to safeguarding related incidents and/or open safeguarding related actions. The following audits were completed.

- Mental Capacity Act re-audit (Halton and Warrington).
- 'Delivery of New Birth Visit during COVID' (Halton).
- Carer/dependents audit (Halton and Warrington)
- Review Health Assessment (RHA) Audit (Warrington)

The Trust has also contributed to multi agency audit activity across each Borough.

Learning from safeguarding audits is shared during training, 7-minute briefings and safeguarding supervision and used to identify and address areas for quality improvements.

Child Deaths

Each sad child death is reported on Ulysses and the Safeguarding Team coordinate the Trust's contribution to the Child Death Review process, which includes the CDOP (Child Death Overview Panel). This process systematically reviews all deaths with the aim of.

- Establishing, as far as is possible, the cause of the child's death
- 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.

Number of child deaths.

	2019/2020	2020/2021
Halton	4	13
Oldham	35	14
Warrington	15	13

There was a noticeable decrease in Oldham and a significant increase in the number of child deaths in Halton over the last year.
Most of the child deaths did not have any safeguarding concerns at the time of their death. Many children died because of life limiting conditions or extreme prematurity. In one Borough there was one non accidental Injury of an infant which was subject of a criminal investigation, one teenager who tragically took their own life and one child death where the cause of death was not known at the time of writing this report.

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.
Throughout the pandemic there has been an increase in safeguarding activity through the MASH. Health is pivotal in the screening process to ensure all relevant information was shared to secure the best outcomes for children and families.
Throughout Q4, Warrington's wider Safeguarding Children Team have supported the MASH function whilst the MASH Nurse has been on long term sick leave.
Over the last two years, the workload associated with the MASH role in Oldham has continued to grow and the demand continues to exceed the commissioned resource. The commissioned resource requires significant support both from the wider Safeguarding Children Team and the 0-19 Service to manage the workload. Meetings with Commissioners, the Local Authority and CCG are being planned in Q1 2020/2021 to address this issue.

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 CIC/LAC in Warrington and Halton.
During 2020/21 there have been significant delays with the Initial Health Assessments (IHA) being completed in Halton. This is due in part to the impact of the pandemic (Risk 2829). The

IHA Pathway was not working effectively, resulting in statutory timescales for the completion of IHA's not being met. This was addressed as a priority in Q4, and the Head of Safeguarding began tracking each child's journey through the pathway and has been supporting escalation of delays in the receipt of paperwork and consent with the Divisional Manager for CP and CIN from Halton Borough Council.
The Team, along with their safeguarding colleagues, welcomed a visit from Bridgewater's Chief Executive and Trust Chair in Q3. It enabled the opportunity to demonstrate the good work the teams do in protecting vulnerable children and to share the challenges faced. The Chief Executive was keen to hear from the Team regarding what they felt 'good' would look like for the delivery of CIC services in Halton, and to see more support invested in the Team. Planning commenced during the quarter to address this.

Liberty Protection Safeguards (LPS)

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

The Safeguarding Adult Lead, Director of Safeguarding and Head of Safeguarding were actively engaged in the LPS Local Implementation Networks in both Halton and Warrington prior to the onset of the pandemic however, the work of these networks was paused to allow focus on Covid related work streams and whilst we await publication of the Code of Practice. The implementation of LPS is currently expected in April 2022.

Safeguarding Adult Activity

During the pandemic, contacts into the Adult Safeguarding Team have increased significantly. This continues an upward trajectory in relation to adult safeguarding contacts which has been evident in the Trust over the past 18 months. In addition to the increase in numbers there is an increase in the complexity of the contacts many of which have required ongoing support and supervision from the Adult Safeguarding Team.

The further increased activity has reflected an increased awareness and confidence regarding safeguarding issues within adult services and this has had a positive impact on the quality of patient care.

As a result of the increased activity, there have been significant capacity issues during the pandemic, however all essential work relating to reporting and safeguarding advice has been completed.

A second 0.8 WTE Band 7 Specialist Nurse commenced in post in May. This post complemented the existing 0.8 WTE Band 7, who commenced in Q4 2019/2020 following additional funding into and reconfiguration of the Team.

The two Specialist Nurses have adopted a Borough-based approach with support and safeguarding supervision that enhances the offer to frontline Teams. The Borough alignment enables the Nurses to work in a more integrated way with frontline Practitioners, building a shared understanding of each other's roles, responsibilities, knowledge, and skills.

The Trust's Learning Disability Improvement Group has been re-established. This is Chaired by the Deputy Chief Nurse with attendance by the Safeguarding Adult Lead and dedicated specialist support of one day a week to the groups work plan from one of our Specialist Safeguarding Nurse.

During Q4 good practice, lessons learned and actions for Bridgewater Teams highlighted through a safeguarding presence at Patient Safety and SIRP included:

- Identification that there was a lack of clarity around the handover of care between Teams when a patient changes GP leading to Clinical Teams developing an SOP to formalise the process.
- The need for carers to communicate with the Community Matron for Learning Disability when there is a change of condition of the patient a link for online learning event on the subject of 'Deterioration in patient with a learning disability' has been forwarded to the Home Leader
- Importance of multi-disciplinary team meetings and escalation of concerns
- Use of risk assessment and contracts of care to support defensible decision-making when an adult with capacity is taking risks

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 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. The Safeguarding twitter account

@BWSafeguarding has provided an opportunity to engage both internally and externally safeguarding adult and children.

GOOD NEWS during the year:

- The Director for Safeguarding was delighted to be awarded with the title of 'Queen's Nurse' by the Queen's Nursing Institute, in recognition of her commitment to high standards of patient care and continually improving practice. This was a great accolade for both herself and Bridgewater.
- The Head of Safeguarding received her successful results for the completion of the Mary Seacole Programme, which is a nationally recognised Leadership Programme.
- The Head of Safeguarding and Safeguarding Adult Lead were recognised at the Trust Annual Celebration Day, for their leadership of Adult and Children Safeguarding Services across Bridgewater particularly during the pandemic.
- In Q4 a thankful foster carer sent a basket of afternoon tea and a thank you card for one of our CIC Nurses in Warrington, to thank her for her amazing support and effort, in referring a young person for assessment for his complex needs.

Vision For 2021/2022

- As our attention is now focusing on the restoration of services and the 'new normal', the Trust will maintain the focus on safeguarding as a key thread and ensure that our staff are equipped with the knowledge and skills and have access to safeguarding supervision and the support that they need to be responsive to safeguarding needs.
- Play an active role in the Trust preparation for transition into the emerging Cheshire and Merseyside Integrated Care System (ICS) and Integrated Care Partnership (ICP)
- Prepare the organisation for the introduction of LPS
- Close monitoring of Halton's IHA pathway to ensure that children and young people in the Borough receive a timely assessment of their health needs when they enter care.
- Induction of the new Named Nurse in Oldham
- Continue to work with Commissioners to secure adequate resourcing of the health function to reflect the whole health economy within Oldham MASH

Infection Prevention and Control (IPC)

Quality

There have been no Methicillin Resistant Staphylococcus Aureus (MRSA)/E. coli bacteraemia, Clostridium Difficile Toxin (CDT), or cases reported in this period.

The IPC Group meetings have recommenced monthly to support operational discussions and monitor actions required to meet the Health and Social Care Act Code of Practice (CoP) and COVID-19 BAF.

The priority in this quarter is to review the Assurance Framework and develop the Annual Work Plan for 2021 2022 in line with the CoP and the COVID-19 BAF. These will be monitored through the IPC Group. The CoP Assurance Framework is now available on the Trusts repository called Life QI.

The Antimicrobial Steering Group (AMS) group monitors the use of antimicrobials through providing evidence of audits in line with the Antimicrobial Steering Group (AMS) Strategy for the Trust. The Group reports to the IPC Group as evidence for CoP Criterion 3.

The Gram-negative bloodstream infection (GNBSI) meetings continue, and IPC team are active attendees within this national directive; implementing local strategies such as the Nutrition and Hydration to reduce Catheter Associated Urinary Tract Infection (CAUTI). The updated Catheter passport has been ratified and in use by the Trust.

IPC Advocates have been identified and these key staff will help support the communication of IPC information and carry out the appropriate assurances of hand hygiene, PPE, cleanliness of the environment, cleanliness of equipment.

Training

Aseptic Non-Touch Technique (ANTT) and Hand Hygiene lightbox training has continued across the organisation. This is monitored and recorded through the Educational Professional Development Department. (EPD)

Level 2 training now includes Covid-19 as per the Board Assurance Framework (BAF) requirements. The IPC Team have developed a single point lesson on COVID-19 for information for staff.

COVID-19 swabbing training continues where requested across the Trust and training figures are monitored through the IPC Group in the Trusts IPC reports.

External meetings

The IPC Team attend the regional Northwest IPC meetings and cascade information through the organisation's governance structures.

Patient Safety / Incident Reporting

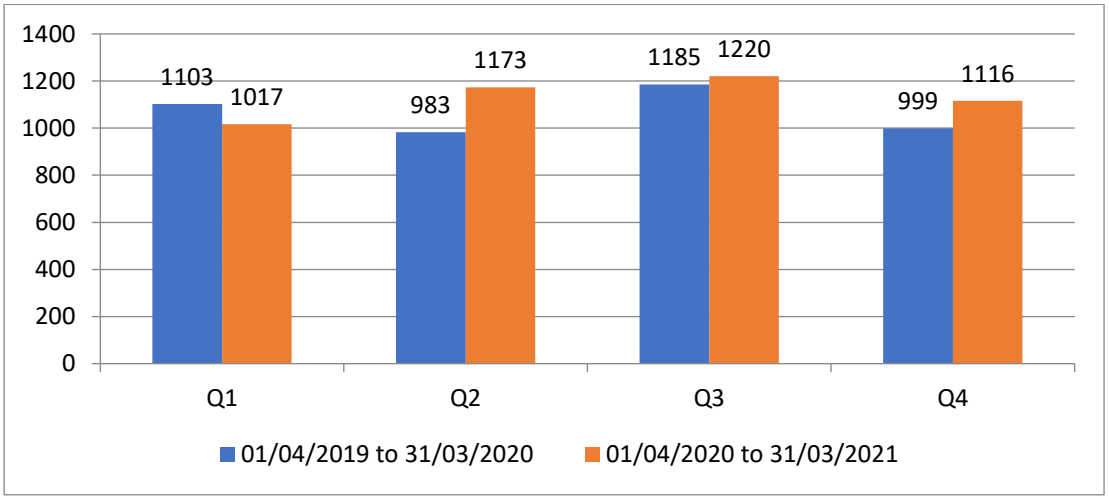
During the year 2020 / 2021 the Trust continued to use the web-based Ulysses Safeguard Risk Management System for reporting and management of all actual incidents and near misses, which did / could, have resulted in harm to patients, staff or any other person(s).

There was a decrease in the total numbers of incidents reported in the Trust during the period 2020/21, when a total of 4,887 incidents were reported, compared to 2019 / 2020 when a total of 5,402 incidents were reported in the Trust. The main reason for this reduction was the transfer of the Health & Justice services and the Trust's services in the St Helens Borough to other providers.

Weekly Borough / Service specific Patient Safety meetings continue to be held in the Trust, which are led by the respective Directors of Nursing Services or equivalent (for Oldham and Dental services). The purpose of these meetings is to review all reported patient safety incidents to ensure that they are being managed correctly and to identify serious incidents. 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 Borough Quality Meeting(s) 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 2020 to 31 March 2021, 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	2020/21
Bolton	113	132	130	4*	
Cheshire	77	40	29	8	0
Corporate	13	22	41	45	42
Dental	137	156	216	241	158
Halton	1,020	1,074	1,287	1,496	1,701
Health & Justice	0	271	776	945	
Oldham	146	151	500	500	500
St Helens	806	181	144	141	51
Trafford	16	11	17		
Warrington	1,114	1,224	1,571	1,975	2,435
Wigan	1,227	1,547	1,792	*47	
Total	**4,676**	**4,811**	**6,505**	**5,402**	**4,887**

* It should be noted that these incidents 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, 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 embedded into operational practice.

During 2020 / 2021, it was noted that there had been a higher-than-expected number of serious incidents regarding pressure ulcer incidents. This resulted in the preparation of an Aggregated Review of Pressure Ulcer Incidents & the development of a Pressure Ulcer Improvement Plan, which is overseen by the Trust’s Harm Free Care Group for Pressure Ulcers. The Trust’s progress against this plan is also monitored by the CCG.

Major / Catastrophic Incidents

During the period 2020/2021 there were a total of 4,887 incidents reported in the Trust. Of the 4 incidents that were reported as resulting in major / catastrophic outcomes: -

- 2 related to disruption in service delivery due to IT connectivity problems.
- 2 patient safety incidents - 1 incident related to harm sustained during fall, the other incident related to a delay in providing treatment, and referral for hospital care. Both incidents were investigated as Serious Incidents, in line with the NHS England Serious Incident Framework.

The Trust's Incident Reporting system provides a vehicle to report patient deaths, during the year a total of 113 deaths were reported, all of which were reviewed as part of the Trust' Incident Management arrangements, and when necessary 72-hour reviews were carried out regarding unexpected deaths to identify all possible learning opportunities from these deaths. There was no evidence identified that indicated that any of the deaths were caused by lapses in care provided by the Trust.

Deaths which were not a direct result of an incident under the care of the Trust, will 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 4,887 incidents during 2020/21, 3,353 (74%) 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 on the safety of patients.

Patient Safety Incidents by Actual Impact

Patient Safety Incidents by Actual Impact ***(This is a scoring matrix to measure the level of harm to patients)***	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
	Total	**Total**	**Total**	**Total**	**Total**
Near Miss	133	180	432	479	417
Insignificant	390	333	999	1112	682
Minor	580	517	1,035	1025	892
Moderate	102	128	268	41	68
Major	2	6	10	2	2

Catastrophic	10	12	75	2	1
	1,217	**1,176**	**2,819**	**2,661**	**2,062**

The total number of reported incidents for the period 01st April 2020 to 31 March 2021 was 4,887.

The overall numbers of reported incidents that were classed as patient safety incidents has decreased to 2,021. The main factor that had caused this was the transfer of Health & Justice Services and services located in the St Helens borough 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 started / continued during 2020 / 2021 to improve our management of incidents:

- During 2020 / 2021 due to the Covid 19 pandemic, the Trust operated with a command-and-control structure in place to ensure continuity of service delivery. This provided operational services with a vehicle to escalate and review issues that could have compromised the quality of services delivered during the period.

- The Borough's Quality and Safety Sub-Groups have been remodelled into a Borough Quality Meeting, which meets 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 provide challenge, review and monitoring of all reported incidents during the preceding week.

- The automated daily incident report summary has continued to be generated by the Trust's Risk management system 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.

- A root cause analysis template has been developed specifically for the investigation of pressure ulcers that developed under the Trust's care.

- A case note review process remains in place 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.

- A Virtual Training package regarding the "Reporting and Management of Incidents", has been developed and introduced to the Trust.

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 intranet, 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 were 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 2020 to 31st March 2021.

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 2020 to 31st March 2021, the Trust received 8 National Patient Safety Alerts, 2 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

Prior to the pandemic methods used to triangulate staffing capacity against demand and clinical dependency within District Nursing Services was undertaken via a monthly manual audit using

the Safer Nursing Care Tool (SNCT) providing a retrospective analysis as to whether there were adequate numbers of staff to manage the dependency of the patients receiving care at that particular time. The use of the SNCT was put on hold due to the pandemic and to enable resources to be used to support in developing and implementing electronic workforce and caseload monitoring systems.

During the pandemic assurance to the Trust Board as to the systems in place to monitor staffing capacity and demand has been provided via the Command-and-Control business continuity arrangements within the Trust. This included:

- Command and control business continuity systems i.e., bronze, silver and gold meetings, with sit reps produced by clinical services within boroughs / directorates with oversight of the Directors of Operations and Nursing provided a method of escalation.
- An Integrated Quality and Performance Report (IQPR)
- Quality Impact Assessment (QIA) process. Panels were initially commenced in June 2020 to oversee the impact of redeployment of staffing in response to the pandemic in line with national guidance. The QIA panels were recommenced in February 2021 in line with the QIA policy.

The Trust has commenced the implementation of electronic rostering (or e-rostering) which is an electronic way of efficiently managing when staff are needed to work. The system enables managers to quickly build their rosters, defining the number of employees (by skill-mix) needed to meet the demands of the service. Significant progress has been made and all services rosters are now built into onto Health Roster. Additional work is being undertaken to develop electronic caseload scheduling systems which will further enhance the oversight and monitoring of nursing caseloads.

Freedom to Speak Up – Raising Concerns

As a result of the public inquiry into Mid Staffordshire NHS Foundation Trust, which exposed unacceptable levels of patient care and a staff culture that deterred staff from raising concerns, the Freedom to Speak Up (FTSU) review was commissioned by the Secretary of State and chaired by Sir Robert Francis QC.
One of the principles that came out of that review focussed upon the fact that raising concerns should be part of a routine business process for any well-led NHS organisation.
In response to this, NHS organisations were mandated to develop and embed the role of the FTSU Guardian.
The Care Quality Commission (CQC) assesses a Trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led domain of inspection.
Guidance which aligns to this has been published jointly by NHSI and the National Guardian Office (NGO); Guidance for Board on FTSU in NHS Trusts and NHS Foundation Trusts (May 2018).

The Freedom to Speak Up (FTSU) review is a summary of the FTSU activity during 2020/21. The activity covers data returns to the National Guardians Office, activity of the Guardians/Advocates, the FTSU Index Report and the results of the Mersey Internal Agency audit.

During 2020/21 the number of cases brought to the attention of the FTSU Guardian were as follows:

Quarter	No of concerns	Profession Reported From	Theme of Concern	Would they speak up again?
Q1	1	Nursing	Safety/Quality	Yes
Q2	3	2 Admin/Clerical & 1 no profession given as anonymous	Safety/Quality	No feedback given
Q3	0			
Q4	0			
Total	**4**			

There were four concerns raised during the reporting period which is an increase of one compared to the 2019/20 figure. The numbers for FTSU concerns remain low in Bridgewater despite increasing the number of Guardians/Advocates. During the pandemic visibility at events such as the Annual General Meeting or Leaders in Me conferences ceased and so information sharing was presented at Team Brief and in the Trust Bulletin.

During this period the FTSU Policy which is updated in line with national guidance or when Guardians/Advocates change. This was updated in February 2020 to remove the word 'Whistleblowing' as the NGO do not feel this is now appropriate terminology.
The Guardians/Advocates also developed a FTSU Strategy that was approved by the Trust Board.
The FTSU Board self-assessment tool was also reviewed prior to submission to the March 2020 Trust Board.
A Standard Operational Procedure for new Guardians/Advocates undertaking the Freedom to Speak Up role was developed and the role of the FTSUG was introduced to new starters at Trust Induction.

Freedom to Speak Up activity is reported via the Trusts People Committee, the Quality & Safety Committee, and the annual Quality Report. There are eight FTSUGs/Advocates of which two have been trained by the NGO. These are the Deputy Chief Nurse (Lead Guardian) and the interim Head of Human Resources (HR).

New guidance in 2020 from the NGO stated that only Guardians who have attended the national training can be called Guardians and be registered with the NGO. Any other member of staff supporting the Guardian role can be called 'Champions'. As our organisation uses the word 'Advocates' this is the title given to staff supporting the FTSU role.
A FTSU poster was designed, printed, and sent out to services to promote FTSU.
The Lead FTSUG was invited to different teams/meetings to promote the FTSU agenda.
The Guardians/Advocates meet on a quarterly bases and the Lead Guardians attend the regional FTSU meetings to benchmark with other organisations.

The FTSU index was published in June 2020 and is produced on an annual basis and its purpose is to help Trusts understand how staff perceive the speaking up culture within their organisation.
The data was taken from the results of the 2019 NHS staff survey where a percentage point improvement is recorded and is based on the overall changes recorded between 2015 and 2019.
The FTSU index for Bridgewater Community Healthcare NHS Foundation Trust (BCHFT) was 78.6 % for 2019 compared to 79% for 2018. The two questions relating to FTSU from the staff survey are:

Question 17a the percentage of staff responded 'agreeing' or 'strongly agreeing' that their organisation treats staff who are involved in an error, near miss or incident fairly.

	2015	2016	2017	2018	2019
Best	61.0%	63.5%	64.0%	70.5%	70.8%
Your org	47.9%	48.1%	46.6%	55.7%	54.0%
Average	52.8%	56.1%	57.9%	61.4%	65.8%
Worst	42.4%	45.3%	45.3%	43.6%	52.1%

Question 18b the percentage of staff responded 'agreeing' or 'strongly agreeing' that if they would feel secure raising concerns about unsafe clinical practice.

	2015	2016	2017	2018	2019
Best	77.1%	79.2%	81.6%	82.7%	82.1%
Your org	71.9%	72.0%	67.6%	69.5%	71.3%
Average	74.2%	74.4%	77.1%	76.1%	78.1%
Worst	67.0%	68.4%	66.8%	63.5%	70.7%

The results show that as an organisation staff are encouraged to report incidents and near misses and that they feel secure in raising a concern. There is a small percentage increase each year.

As a comparison the table below shows the FTSU index for neighbouring Trusts.

FTSU Index 2019	FTSU Index 2018	Organisation
84.7%	86%	Liverpool Heart & Chest Hospital NHS FT
82.2%	83%	The Christie NHS FT
81.2%	81%	St Helens & Knowsley Teaching Hospitals NHS Trust
79.9%	81%	Pennine Care NHS FT
80.3%	80%	Cheshire & Wirral Partnership NHS FT
80.2%	80%	Tameside & Glossop Integrated Care NHS FT
78.6%	79%	BCHFT
78.8%	79%	Mid Cheshire Hospitals NHS FT
79.2%	79%	Blackpool Teaching Hospital NHS FT
81.2%	79%	Bolton NHS FT
78.1%	78%	Manchester University NHS FT
78.9%	78%	Warrington & Halton Hospitals NHS FT
77.5%	77%	Stockport NHS FT
78.9%	77%	Wrightington, Wigan & Leigh NHS FT
78.3%	76%	Salford Royal NHS FT
78.1%	75%	Countess of Chester Hospitals NHS FT
77.6%	75%	Aintree university Hospitals NHS FT

Freedom to Speak Up activity has reduced during the COVID period but to keep the raising concern messages live, there have been reminders placed in the weekly COVID Bulletin that if staff have concerns, then they still have the opportunity to raise any concerns.
There was one raising concern raised during the COVID period and this related to staff not complying with wearing Personal Protective Equipment (PPE) as per Trust guidance.

During 2020/21 as part of the MIAA Bridgewater Community Healthcare NHS Foundation Trust (BCHFT) 2020/21 internal audit plan; the FTSU workstream was audited.
Due to the COVID-19 pandemic, the audit was conducted remotely. The overall objective of the review was to assess the effectiveness of the FTSU arrangements in place at the Trust.
The overall rating was **Substantial Assurance.**
There were eight recommendations, five classed as medium and three as low and all actions are on trajectory for completion or have been completed.

Throughout the pandemic the Guardians/Advocates have continued to promote the work of raising a concern. The FTSU index report demonstrates that the Trust continues to strive to

promote speaking up although the National Guardians Office recognises that the data, they have used for formulating the FTSU index does have its limitations. This is because not all workers are included in the staff survey.
The MIAA audit demonstrated that the Policies and Procedures that it had in place were effective hence its Substantial Assurance rating.

Quality Impact Assessments (QIA)

In response to the COVID-19 pandemic that emerged during 2020, on 20th March 2020 the first national guidance for community services was released; *Prioritisation Guidance for Community Health Services*. (NHS/I) set out how providers of community services could release capacity to support the COVID-19 preparedness and response.

The Trust Emergency Preparedness, Resilience and Response (EPRR) framework was instigated to provide effective oversight, direction and co-ordination within the Trust and implementation of business continuity.

In February 2021 the Quality Impact Assessment Policy for use during COVID-19 and *Managing the Response to COVID-19* document were reviewed and updated to ensure the impact of changes was assessed and monitored for services in long term business continuity or to consider the impact of redeployment of staff into other services/trusts.

Thirty-Five QIA panels were undertaken between 7th May and 6th July 2020 to assess the patient safety impact of clinical service business continuity plans that had been implemented.
The purpose of the QIA panels recommenced from February 2021 was to assess the impact of the services business continuity plans to identify risks to patient safety due to services in long term business continuity or to consider the impact of redeployment of staff into other services/Trusts.

The following themes were identified by the panel. Recommendations following each review meeting were agreed with the Clinical Manager for further action to maintain the safety of patient care and service delivery.

- **Amended offer from services across the social care system**
  Children's services: as well as the impact of COVID on staffing, issues related to an amended offer provided by other partners across the social care system had a detrimental impact with increased demand and complexity for children's 0-19 services in particular.

- **Impact of increased waiting times**
  Several services identified the increase in waiting times due to the pandemic, as having a **potential** detrimental impact on patient safety and clinical effectiveness due to underlying factors related to the pandemic such as reduced staffing due to sickness absence or vacancies; reduced / altered service offer; increase in demand and patient complexity. However, difficulties in quantifying any potential harm to patients whilst on a waiting list remains challenging both nationally and locally. Services have developed

triage and other systems to identify and prioritise those patients according to clinical need.

- **Redeployment**
  During the pandemic staff had to be redeployed to areas of high risk to support patients in the community. The Trust had to monitor daily the impact on teams when staff either became unwell themselves with COVID or had to shield as per Government guidance.

- **Staff wellbeing**
  The impact on staff due to low morale and anxiety related to the pandemic as well as increased demand and reduced capacity in several teams was highlighted; managers were able to articulate the actions taken to support staff health and well-being.

- **Patient experience**
  Whilst the potential impact on patient experience due to service changes was identified in the QIAs, the number of complaints overall that were reported remained low. During Quarter 3 2020-21 a total of 5 formal complaints were received during this period compared to 23 in Quarter 2 2019-20.

The frequency that QIA's were reviewed by the panel is identified in the Trust policy dependent upon risk score as:

- Score 1-11 – QIAs will be reviewed by the panel quarterly or sooner if escalated.
- Score 12-20 – QIAs will be reviewed by the QIA Panel monthly.

However, in line with national guidance whilst the Trusts Command and Control structures remain in place, as the Trust continues towards recovery, pre pandemic governance structures and meetings have recommenced, therefore following review, each QIA is assessed to see if it is suitable for future monitoring within the normal Governance processes within the Trust or whether more intensive oversight is still required at further QIA panels.

Clinical Effectiveness

Clinical Audit

"Clinical audit is a way to find out if healthcare is being provided in line with standards and let's 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 in the Borough Quality Meetings, Clinical Audit and Research Steering Group and Quality Council and exception reported to committees of the Trust Board. Progress is reported on a quarterly basis.

During 2020/21 the COVID-19 pandemic had an impact on clinical audit activity. From March 2020 clinical audits were suspended while the Clinical Audit Team assisted other teams with COVID related work. Clinical audits commenced again in September 2020 and the audit plan was reviewed to only include audits deemed as a priority. For some audits that required re-audit, the focus was placed on robust improvement plans rather than re-auditing in this year. The number of audits completing a cycle of audit on 2020/21 is therefore much reduced with some being started in the year and rolling over to 2021/22.

The table below shows the number of clinical audits completing a cycle of audit during 2020/21. It shows, where necessary, what actions Bridgewater Community Healthcare NHS Foundation Trust intends to take to improve the quality of healthcare provided.

Clinical Audits 2020/21

	Audit name / title	Key actions following the audit
1	Record Keeping Audit	Each service keeps a monthly record of the audit and actions identified so that improvement is an ongoing process. To bring the record keeping in line with Electronic Patient records, a task and finish group has been set up to review the audit process and audit tools. The annual record keeping report has been reviewed by Quality Council and Directors of Nursing, taking forward any appropriate actions within their services.
2	Re-audit Wound Care - improving the assessment of wounds	Review of templates to consider outputs of wound care templates. A working group has

		been set up to review and update templates on EMIS and SystmOne electronic patient records. A new Shared Care Approach Policy is now engaging staff with Carer's and family members involved in the patients care. Recording of allergies to be raised as a work stream at the organisations Digit group.
3	Audit of ADHD and Melatonin /Circadin prescribing	A standard Transitional Care Pathway for adolescents from the age of 14 years, in line with the national guidance, will provide necessary support to young people with sleep difficulties to gradually become less dependent on Melatonin and avoid cases of abrupt "cliff edge fall" when they are discharged from the services. Standard Care Pathway for children and young people with sleep difficulties with close collaboration between the doctors and nurse practitioners will help to ensure more judicious prescription practice and afford children and young people with their families a uniform and high-quality support during various stages of their lives. This will include clear details about eligibility criteria, use of standardised sleep evaluation tools, regular reviews and duration of medication prescriptions.
4	Audit of Quality of Dental Radiographs	Investigate high number of operator errors with students to assess how student results could improve. Discuss report at Radiation Protection Meeting.
5	Re-Audit of Mental Capacity Act – Safeguarding Adults	Audit report circulated to Borough Directors/ Directors of Nursing for review and action within the Borough Quality Meeting. Audit lead to meet with a sample of practitioners for them to identify how teams may improve compliance and develop some statement descriptions of core decisions.
6	Audit of NG12 suspected cancer: recognition and referral pathway (Dental Network)	Standardised template and letters on R4 clinical software to guide clinicians with record keeping, clinical assessment and consent (as well as documenting risk factors).

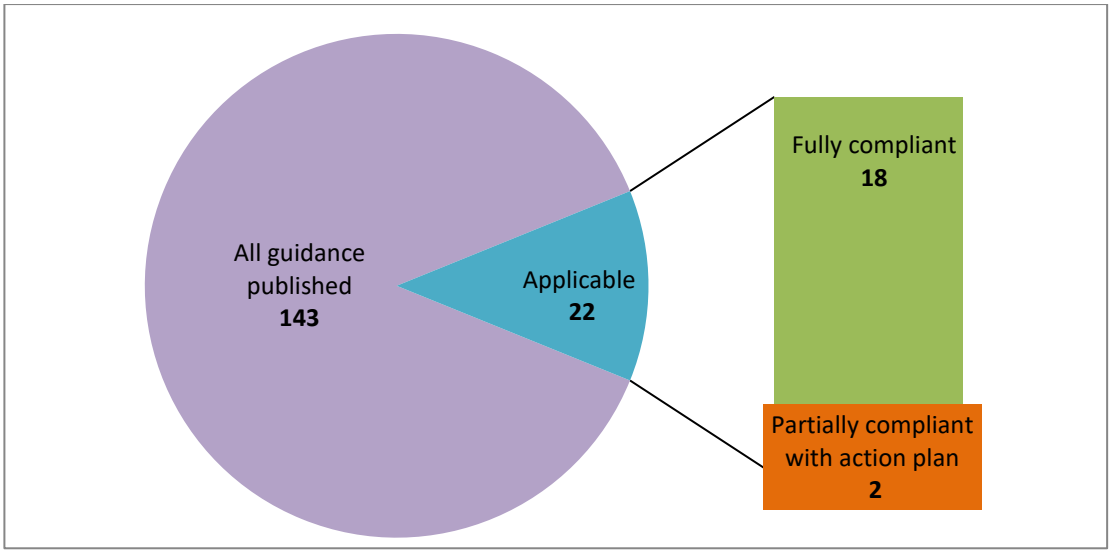
		Form a centralised system of logging all the suspected cancer referrals sent such as a spreadsheet on the shared drive. Standardised information leaflets to be given to patients with supportive information. Modification of existing Bridgewater information leaflet to include the advice mentioned in the 2019 Cancer Research Greater Manchester Combined Authority (GMCA) guidance. Share audit findings and provide staff education on 2 week wait referrals.

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 applicable newly published NICE guidance is distributed to relevant services throughout the Trust to ensure that services are compliant with NICE recommendations. Services evaluate any guidance applicable to them and are 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 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 addition, COVID rapid guidelines are sent to our Silver Command for dissemination.

In the year April 2020 to March 2021, NICE published 143 pieces of guidance. There were 22 pieces of guidance applicable to services that the Trust provides. We are fully compliant with 18 and action plans are underway to bring us into full compliance with the remaining 2. For the remaining 2, compliance is due in 2021-22 as per timescales set out in our NICE Guidance Management and Implementation Policy.



Compliance with NICE guidance is reported through the Borough Quality Meetings, Dental Network and Quality Council and thereafter via exception reporting to the Quality & Safety Committee of the Trust Board. Compliance with NICE is also 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 NG12 suspected cancer: recognition and referral pathway (Dental Network)
What we found
• All the referrals were sent due to appropriate signs/symptoms from relevant head and neck areas listed in the NICE NG12 guidelines. • All patients if signs/symptoms of cancer are suspected referrals were sent within the appropriate time frame. • There was 100% compliance with practitioners documenting patient symptoms. • There was 97% compliance in sending referrals within 24 hours. One patient did not consent to his referral being sent despite the clinician explaining the urgency and reason. • 13% of patients who had suspected cancer referrals sent, had documented follow up with us, which does not meet standards. The fact that 77% of the patients in this audit were urgent dental care patients may likely affect the follow up process and results because these patients are seen as a one-off emergency. • The quality of verbal and written consent was varied, for example some written consent forms stated the patient was being referred “to check tongue” and “referral to hospital”. It is important that patients understand why they are being referred to help ensure

attendance for the hospital appointment and ensure valid consent. Reasons for not explaining findings clearly to patients may relate to fear over worrying the patient.

- We should address the inconsistencies identified with clinical record keeping, addressing risk factors, gaining valid consent and the follow-up process both locally and from specialist services.
- A pre audit staff knowledge questionnaire of oral cancer guidance and management of referrals and risk factors, identified staff lacked confidence in identifying suspicious lesions and varied awareness of NG12 requirements. This highlights a need for further staff training and a follow up survey.
- 100% of staff respondents (dentists and therapists) were aware of the NICE guidance regarding oral cancer referrals. There was less awareness of the joint British Dental Association/Cancer Research UK toolkit for oral cancer detection which is a useful guide for red flag symptoms and uses photographs to help user determine urgency of referral required.

What we are doing about it

- Standardised template and letters on R4 clinical software to guide clinicians with record keeping, clinical assessment and consent (as well as documenting risk factors).
- Form a centralised system of logging all the suspected cancer referrals on the shared drive.
- Standardised information leaflets to be given to patients with supportive information.
- Modification of existing Bridgewater information leaflet to include the advice mentioned in the 2019 Cancer Research Greater Manchester Combined Authority (GMCA) guidance.
- Share audit findings and provide staff education on 2 week wait referrals.

Research and Development

COVID-19 has been extremely challenging for research, dominating our activity over the last 12 months. Like many NHS Trusts, we suspended all our non-COVID research in March 2020, resulting in our trials and studies being paused mid intervention or recruitment. This freed up valuable time and resources to support many of the national Urgent Public Health priority COVID studies, sometimes as the only Community Healthcare Trust. The most memorable has to be our support for the development of the Oxford/AstraZeneca vaccine, where a number of Bridgewater colleagues took part in the trial. A significant number of Trust staff also volunteered in a Public Health England study seeking to identify asymptomatic healthcare workers. This trial has since become part of the national mainstream COVID-testing programme.

Additionally, the last twelve months have seen immense pressures placed on NHS colleagues. The Trust has supported priority research measuring our NHS workforce's mental health and

wellbeing, most notably our BAME colleagues, so that appropriate support packages can be developed and introduced.

Trust clinicians have also shared their knowledge and experiences of delivering care during periods of extreme service pressures via publications. Sue Wynne, Head of Infection Prevention & Control, and Melanie McLaughlin, Clinical Manager, Widnes Urgent Care Centre published their article; *'A regional community COVD-19 swabbing and facemask fitting service'* in October 2020 *Nursing Times.* The article is accessible via the following link: https://www.nursingtimes.net/infection-prevention-supplement/a-regional-community-covid-19-swabbing-and-facemask-fitting-service-14-09-2020/.

We have also showcased our research activity from a community healthcare provider perspective via a publication with the Royal College of Physicians: https://www.rcplondon.ac.uk/news/integrating-clinical-research-care-community-healthcare-perspective

The activities noted above are especially important as Community Healthcare can often be an underrepresented voice within health research.

At the end of 2020/21, 974 of our patients have signed up to the 'Research for the Future' campaign, an NHS-supported initiative that helps people find out about and take part in health and care research. Everyone aged over 18 years is welcome to register. The service helps researchers find suitable volunteers for a range of research opportunities. Over the last year it has played a central role in supporting recruitment to a range of coronavirus treatment and vaccine studies. Registering with the service means patients receive information about research taking place in their area, along with details on how to take part. There are many ways to get involved including helping to design a study, being part of a discussion group, completing a survey, helping to test new equipment or participating in a clinical trial. To find out more, visit **www.researchforthefuture.org** or text **RESEARCH** and **YOUR NAME** to **81400** and an advisor will call you back.

Research has continued to play 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, from developing training to support healthcare professionals working with learning disabled children, to evaluating Health Visitors' views on delivering the Healthy Child Programme. Other non-COVID research during 2012/21 has explored how our patients and service users want their health data used for research purposes.

Unfortunately, COVID led to the cancellation of the annual National Institute for Health Research Greater Manchester Clinical Research Awards. In order to celebrate our research achievements, and thank our research active staff and patients, we produced the following

video:https://drive.google.com/file/d/1eE9G5fVW-clqVygQkEeMuqOy-l6C_w0M/view?usp=sharing.

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 replaced by the Quality and Improvement Outcomes Framework for the period from 2019 onwards.

Submission of evidence for assessment for the replacement Quality and Improvement Outcomes Framework was due to take place in June 2020. This has now been rescheduled to September 2021 in light of the Covid-19 pandemic.

Further Information Regarding Quality of Services in 2020/21

Commissioning for Quality and Innovation (CQUIN)

There were no CQUIN schemes identified either nationally or locally during 2020/21. This was due to a decision by NHS England (NHSE) to put all schemes on hold because of the increased demand on NHS services due to the Covid 19 pandemic. There has been no date confirmed by NHSE when these schemes will be recommenced.

Leadership Development Activity

Introduction

Leadership Development within Bridgewater has been in place since the inception of the organisation.

The challenges faced by the Trust in response to COVID-19 had a significant impact upon our workforce. We experienced rapid change and stretch in both our clinical and corporate services during 2021/21 and, as such, our new "normal" now reflects our response to both the consequences and opportunities this presented. Employee health and wellbeing, resilience and organisational agility was crucial to our COVID-19 response and our organisational and leadership development offer was aligned to ensure that the positive changes are retained, going forward.

To manage constant change and challenge, we further developed our own internal resources. In response to the emergence of COVID-19 and the shifting organisational context, revision of both our learning approach and content was required to take account of our new circumstances, emerging challenges and the opportunities this presented through more agile learning approaches. It was acknowledged that service pressures concerning recovery, backlog, fluctuations in COVID related pressures and flu/winter pressures created increased time pressures and reduced the opportunities for staff to undertake personal development. Traditional development programmes required 'whole programme' time commitments which proved to be unachievable during the pandemic response.

Bridgewater Leadership Development offer

In 2020/21 the four pillars of Leadership, Management, Command and Control underpinned the leadership offer which is broken down into the following core leadership behaviours,

- Working Strategically
- Getting the best out of others
- Personal effectiveness
- Compassion & Emotional Intelligence
- Leadership Approach

Where it was possible to do so staff were supported by focusing on these core leadership behaviours, with the intention of continuing to support the creation of a modern employment culture within Bridgewater. We intend to continue to develop a supportive and compassionate culture where staff want to work and where our volunteers and carers seek to support us. Despite the impact of the pandemic, we continued to equip leaders at every level with the skills and flexibility to deliver innovative models of care, enabling our workforce strategy priorities of Engage, Attract, Retain and Develop which are outlined in the Leadership and Talent Management and Succession planning frameworks.

Each of the Core themes identified had a set of learning content/sessions for staff to access, which make-up the overall blended learning programme. Because of the limitations the pandemic had on face-to-face learning environments the programme incorporated:

- e-learning,
- recorded module content
- other self-directed learning materials
- virtual sessions and workshops
- online personality profiling and feedback tools,
- streamlined, socially distanced face to face classroom delivery when allowed.

The learning content was purposefully bite-sized or streamlined content where possible, to better match fluctuating demands on time.

The agile format enabled a broader audience to access aspects of the internally developed content.

In addition to the leadership development framework, for colleagues who were able to commit to longer-term programmes and desire a more formally qualified approach to development, we provided access to the following apprenticeship programmes to maximise the use of apprenticeship levy funding

- Level 3: Team Leader/Supervisor usually lasts 12 months – various providers
- Level 5: Higher Apprenticeship in Leadership and Management
- Level 5: Operations/Departmental Manager Apprenticeship
- Level 6: Level 6 Chartered Manager Health and Social Care Degree Apprenticeship provided by MMU.

We continued to work to build a compassionate and innovative learning culture where people have the psychological safety to act.

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 People Committee 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 team assist staff and managers across the Trust to target non-compliance including the organisation and delivery of bespoke, borough-based delivery of training sessions to assist in the improvement of compliance. During the pandemic, the team adapted the content of training modules for virtual delivery and assisted others to adapt their own presentation styles.

Bridgewater is supported in the delivery of mandatory training and reporting via a partnership with Warrington & Halton NHS Foundation Teaching Trust. This service level agreement is monitored monthly and significant progress has been made during the past 12 months to improve the quality of the reporting of staff compliance.

Compliance with mandatory training across the Trust during the pandemic overall held up well with a risk-based approach adopted by services to ensure that staff prioritised the most important elements. This is now monitored through the risk council.

The Trust continues to support the allocation of dedicated time away from the 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 2020/21 training has been adapted to be delivered in a virtual way has been provided on a variety of topics including:

- Clinical skills for all services particularly for redeployed staff
- Leadership and management in a virtual environment
- Preparing & delivering virtual training
- IT
- Clinical supervision

Additional funding from Health Education England has increased the resources available to train staff but the demands of the pandemic have impacted on the ability for services to release staff to attend training. However, essential training or training or required for service delivery and improvement in quality of care has continued: -

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

In 2020/21 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 2020/21 our ability to provide a range of work experience opportunities and our offer to local schools, colleges and universities across the geographical footprint has been impacted by the pandemic. We have maintained links with our Health Ambassadors and are actively engaged in a virtual way with the Cheshire & Merseyside Career Hubs and apprenticeship groups.

Pre-Registration and Student Placements

The Trust 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 2020/21 despite the pandemic, we have continued to support placements for nursing and Allied Health Professional students and have supported their transition into employment. 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 2021/22 we plan to:

- Consolidate our partnership with WHH around the mandatory training offer and the Core Skills Training Framework and maintain the robust system of governance to ensure the mandatory training offer continues to be 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

During the pandemic response this governance group was paused and any changes to the training offer were managed through the Trusts Command and Control process.

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.

Clinical Supervision

The Trust has an established programme of clinical supervision that is offered to all professionally registered clinical staff. Good supervision is a collaborative and interactive process that improves the quality of patient care, improves clinical skills and facilitates personal and professional growth. Throughout the pandemic the Trust has continued to promote the uptake and benefits of accessing clinical supervision with a focus on refection and restorative supervision in particular to support staff to explore and manage challenges, complexity and other pressure in their role, where practitioners may otherwise feel overwhelmed.

Quality Support Visits

The Quality Support Visit schedule is managed by the Quality team. 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.

During the pandemic, all Quality Visits were paused due to increased demands on services, staff redeployment and the requirements of social distancing measures. The Quality Team has reviewed the process in response to Covid-19 and developed an approach which will still allow the services to be appraised in line with the Emergency Support Framework (CQC) albeit through a virtual process.

The Quality Support Process was for teams to continue to monitor the quality of the services they deliver against the Emergency Support Framework. Through a process of appreciative enquiry, the Quality Support Process programme supports a culture of improvement and shared learning. Services were given the opportunity to 'showcase' their service achievements and challenges at the 'Time to Shine' meetings, where they presented their service to members of the wider organisation.

The Quality team are planning to recommence the Quality Support Visits at the latter end of 2021/22 as services move back into normal service delivery following the long period of business continuity.

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 offer. The booking rate in Halton in the year 2020/21 was 1472 women, which mirrors the national average in birth rate, although suggests an increase from 2019/20. There were only two successful planned home births. The service provides care 365 days per year and has a home birth on call facility 24 hours a day 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 new-born 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 new-born (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. The 10 recommendations highlighted for the midwifery service and the action plan was completed by July 2020.

2020 / 2021 has seen many changes to maternity services during the COVID-19 pandemic, business continuity plans were implemented for most of the last 12 months. December 2020 saw the first draft of the published Ockenden Report. The report stated that seven immediate and essential actions were to be responded to. For our organisation, some elements were not identified as being required for assurance within the Maternity service, however, further assurance has been sought and will be completed within 2021/22.

Maternity services were given notice by the CCG in February 2021 on the contract and work has begun to formally agree a plan to work in partnership for the women of Halton.

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 in Cheshire and Merseyside and Greater Manchester. We also provide a specific service commissioned by Greater Manchester Mental Health NHS Foundation Trust.

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.

On 1st September 2020 dental services from Bury, Oldham and Rochdale were transferred to Bridgewater. We are undertaking pro-active quality improvement work with our Greater Manchester Commissioners in the form of a quality development programme managed via our on-going Quality Summit meetings, with regular input and attendance from our Commissioners.

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 challenges due to the COVID pandemic which has had a significant impact on KPIs and delivery of service across the Network.

In March 2020, the Chief Dental Officer paused all routine dentistry and in June 2020 introduced new ways of working which greatly reduced capacity throughout the whole dental economy.

During the first lockdown we successfully operated three Urgent Dental Care Centres at Leigh, St Helens and Stockport to maintain urgent care provision for patients. Staff were redeployed to support other services within the Trust and externally. Prior to services restarting in June, we implemented new ways of working in accordance with government guidance to ensure safe and effective service delivery; patients were prioritised in accordance with the clinical prioritisation framework. All clinical sites were COVID risk assessed, and health and safety measures were implemented.

Our capital programme for 2020/2021 saw the following improvements made to the service we offered to patients:

- Bariatric platforms installed at our Leigh and Hyde sites
- "Dental wands" local anaesthetic administration system purchased for our clinics in Greater Manchester and Cheshire and Merseyside
- New OPG x-ray machine installed at our Stockport clinic.

In addition, due to COVID we invested in mobile technology to assist staff agile working and in the use of video consultation systems (NHS Attend Anywhere) to maintain contact with patients.

COVID has had a significant impact on our ability to conduct some of the audits included in our annual audit plan, however, we maintained our focus on quality improvement on the following areas:

- Quality of Dental radiographs - calibration. Intra oral films.
    - All films are graded for quality 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.
- Antibiotic Prescribing. Third cycle.
    - Results from the third cycle audit shows that in 90.1% (73/81) of the prescriptions, the correct dose and longevity of the antibiotic was prescribed.
    - Following the provision of an antibiotic prescription, 44.4% of patients did not receive any further clinical invention due to the limitations in face-to-face appointments during the first national lockdown. In the second national lockdown, dentistry within the Bridgewater Trust took a more active stance to dental treatment and the review of patients and hence this figure is likely to change in the fourth cycle.
- Infection Prevention and Control.
    - HTM01-05 Decontamination in primary care dental practices audits were undertaken bi-annually and demonstrated a high level of compliance in accordance with the standards set out in HTM01-05.

Due to COVID-19 and following notification from NHS England, Friends and Family Test reporting was temporarily suspended. As a result, there were no results to report for the period April 2020 to November 2020. From December 2020 to March 2021, we received 25 Talk to Us forms with 96.4% indicating a positive experience.

NHS Improvement (NHSI) Compliance

Single Oversight Framework (SOF) Operational Performance Metrics	Target	Quarter 1 2020/21	Quarter 2 2020/21	Quarter 3 2020/21	Quarter 4 2020/21
point of referral to treatment in aggregate – patients on an incomplete pathway	92%	85.35%	66.14%	71.32%	58.43%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	100.00%	99.97%	99.96%	99.97%
All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	85%	85.19%	97.56%	85.25%	89.23%
Diagnostics six week waiters (% under six Weeks)	99%	38.29%	31.76%	69.05%	62.35%
Data Quality Maturity Index (DQMI) MHSDS quarterly score	95%	96.50%	96.67%	95.71%	95.20%

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 2020/21.

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.

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-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Bridgewater	90.89%	86.12%	80.95%	64.53%	64.10%	69.68%	70.74%	71.72%	71.50%	59.22%	58.38%	57.50%

At the end of 2020/21 quarter four the Trust had a total of 1374 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 (2020/21).

Waiting Times	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
<11 Weeks	914	818	974	849	1137	1087	1001	1013	958	757	749	569
11-17 Weeks	223	479	513	388	305	423	513	521	487	290	258	221
> 18 Weeks	114	209	350	680	736	611	608	588	576	721	718	584

At the end of quarter four 2020/21 the Trust had a total of 5760 patients waiting for all services. Of these 3477 (60.36%) 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 2020/21: It is important to recognise that these are often small numbers of patients and can be affected by patient choice of appointment time.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
All cancers: 31-day wait for second or subsequent treatment	N/A	100.00%	100.00%	100.00%	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	100.00%
All cancers: 62-day wait for first treatment	94.12%	81.25%	80.95%	100.00%	100.00%	93.33%	60.00%	80.00%	100.00%	86.96%	100.00%	85.71%
All Cancers: 31-day wait from diagnosis to first treatment	100.00%	100.00%	90.91%	100.00%	100.00%	100.00%	25.00%	54.55%	75.00%	91.67%	100.00%	88.24%
Cancer: 2 week wait from referral to date first seen	100.00%	100.00%	99.40%	97.78%	97.02%	97.48%	96.95%	98.13%	98.18%	94.81%	100.00%	100.00%

Equality and Diversity and Inclusion

As a provider of healthcare services to diverse communities in the Northwest there are legal, moral, business and quality cases for our ongoing work in relation to equality, inclusion and diversity.

Covid has demonstrated how much further we have to go in the UK to embed and ensure equality and inclusion for many including our ethnic minority communities, people with disabilities, and people who identify outside of the sexual and gender binaries. The 2020 Health Equity in England Report (The Marmot Review 10 Years On) shows that in the UK there is growing evidence of a widening gap in relation to health experiences and outcomes. The Trust's Quality and Place Strategy sets out how we will work in partnership across our boroughs to address these issues, and for the first time in 2020 we have an equality objective as one of our overarching Trust objectives:

'To actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive'.

As an NHS provider amongst the legal and contractual requirements there are two key documents that set out the commitments we must meet for our patients and communities, the NHS Long Term Plan, and our workforce, the 2020 NHS People Plan and Promise. Both have equality and the elimination of inequality as priorities and the organisational work we do in relation to equality is aligned to the commitments and actions in these two documents.

In 2020 we refreshed and updated our EDI Strategy and action plans. They were developed in partnership with our staff networks, and work streams set out in the Six Point Action Plan for Equality mapped against national and local priorities including those referenced above

alongside national standards such as those for race (WRES), disability (WDES) and gender equality (Gender Pay Gap).

To provide a brief overview of our equality results in 2020-21:

- Workforce Race Equality Standard (WRES) – figures have remained largely static since the start of WRES in 2015 with every indicator showing yearly fluctuations without sustained improvement. Two indicators showed a marked deterioration, equality of opportunity in career progression and discrimination from colleagues, both issues we are working with in partnership with our Race Inclusion Network to understand and deliver the best actions and results.
- Workforce Disability Equality Standard (WDES) – only the second year of reporting so too early to identify trends. Across all 10 indicators disabled staff report worse experiences than their colleagues. We are working with the (Dis)Ability and Wellbeing Network on peer support, reasonable adjustments, and anti-bullying projects in 2021-22.
- Gender Pay Gap – results in this have fluctuated over the three years of reporting with very different staffing in each reporting period, for example in 2020 a third of our staff transferred out of the organisation as part of the integrated care system work taking place in boroughs. In 2021-22 we are working towards Menopause Friendly Accreditation and running a project called Paths to Parenthood looking at raising awareness of fertility challenge and other routes to becoming parents. We are also looking to develop a women's network to provide a safe space to discuss the issues arising in the workplace for this large percentage of staff.

All reports as well as our annual equality report and grading, strategy and action plans and current work can be viewed on our webpage.

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

THANK YOU NHS #TeamBridgewater

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 engage in the new Quarterly Staff Survey, ensuring we keep abreast of how staff are feeling
- To increase the Personal Development Review (PPDR) rate against a target of 85% (staff appraisal)
- To increase the take up of staff Mandatory Training against a target of 85%
- 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
- To deliver on the NHS People Plan and Promise through the development of People Operational Delivery Groups

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:

- Due to the pandemic internal staff engagement surveys did not take place. Information on staff engagement activities has been reported to the People Committee
- Staff Survey results – Promote our performance locally and nationally against other Trusts
- 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
- During the pandemic the requirement to complete performance and personal development reviews (PPDR) was paused
- The level of Trade Union Representatives engaged in Trust business – Corporate Partnership Forum (now called the Joint Negotiation & Consultation Committee) and Local Negotiation Committee meeting schedules and attendance at the same
- The regular programme of staff engagement activities was impacted by the pandemic response however Time to Talk sessions with the executive team were continued, some on a virtual basis.

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. In response to the NHS People Plan, 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 and meeting the national equality requirements, including the 6-point action plan
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– incorporating the actions from the ED&I 6 Point Action Plan

4. Reduce agency usage and spend
5. To establish a Temporary Staffing Office/internal Staff Bank
6. 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
7. 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
8. 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)
9. 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 People Operational Delivery Plans. 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. A review of the Strategy will take place as per the national direction on health and social care integration and collaboration
- Collaboration – the HR community are working together on aspects of the NHS People Plan
- 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
- Accuracy of data in the Electronic Staff Record System (ESR)
- Rollout and implementation of E-Roster

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:

- The delivery of the Leadership Development Programme was impacted by the pandemic response. However, the programme was reviewed, and some elements were reworked into bite size modules to enable staff to access more easily
- During the pandemic the focus very much shifted to support staff Health & Well-Being. Staff awareness programmes are in place to support the impact of change on an individual and personal level so that staff are more receptive and able to cope with change
- Additional coaching capacity was obtained to support individual's capability and confidence, autonomy and accountability
- Staff retention initiatives have been put in place, including the NHSI Nursing Retention Support Programme
- Work on Talent Management and Succession Planning Frameworks was paused due to the pandemic response. The framework has since been ratified by Executive Management Team for roll out from July 2021
- Staff recognition schemes are in place to acknowledge and reward the work of our staff during the pandemic response and beyond

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. The development of a Health & Wellbeing POD (People Operational Delivery Group)
2. The appointment of a Non-Executive Health & Wellbeing Guardian
3. To create, implement and embed a Staff Attendance, Health and Wellbeing Framework 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)
4. To develop an action plan that logs all attendance, health and wellbeing activities
5. To improve the NHS Staff Survey results that focus on attendance, health and wellbeing at work
6. To pursue national health and wellbeing standards, initiatives and accreditations
7. To reduce sickness absence levels

Benefits and Outcome Measures:

- The importance of Health & Well-Being during the pandemic response was paramount. A number of initiatives were put into place and the Trust liaised with Cheshire and Merseyside colleagues to ensure that Bridgewater staff had access to a range of additional Health & Well-Being initiatives as well as a vast range of internal offers
- The Trust continues to support flexible working patterns with the NHS Long Term Plan and People Plan offering greater choice over staff working patterns to help achieve a better work-life balance
- We are embarking on our 'Just Culture' Journey. A Project Lead is in place, support has been assigned and plans are underway for roll out by the end of the 2021
- Promotion of support, initiatives and programs of work i.e., Staff Health & Wellbeing Month
- 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 4.8%
- 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 will resume as per it being paused due to the pandemic
- BABAH remains active – Bridgewater's Anti-bullying and Harassment Campaign which now runs alongside an 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 launch and make ongoing improvements to the Quarterly Staff Survey
- ✓ To increase the Personal Development Review rate (Staff appraisal) against a target of 85% (incorporating compliance with the requirement for health and wellbeing conversations)
- ✓ To increase the take up of Mandatory Training against a target of 85%
- ✓ 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 supported by the embarkation of our 'Just Culture' Journey
- 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
- Quarterly Staff Survey Results
- Delivery of the NHS People Plan through People Operational Delivery groups (PODs)

- Underpinning the Workforce Strategy is a People Hub and People Operational Delivery Groups (PODs). 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 People 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 objective's 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 2021 as a Staff Engagement Plan. 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 Tivion, a web-based tool to allow us to engage with all our staff in a more meaningful and focused way.

"The Bridge" is an engagement tool available to all staff which can be accessed via work / personal computers and the Bridgewater Staff App. The Bridge has 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 were held in 2019, both were well attended
- Staff Inclusion page 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 - Training delivered to approximately 200 members of staff within two months of its launch. Following training staff can pledge and receive their rainbow badge. Rainbow Badges pages on The Hub are continually providing resources and sign postings for staff, and on The Bridge, we are providing a forum for staff to raise awareness and discuss LGBT+ issues and events
- Support for staff during the pandemic was provided by using a virtual platform and a motivational speaker

Because of the pandemic and our response to it, our usual programme of support and opportunities for staff, as detailed below, was paused. As part of our restoration and recovery plans, these will resume:

- 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. 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

Internal Communications

We use a range of staff communication channels here at Bridgewater. All are designed to keep our colleagues informed and engaged. Even though we have used digital technology previously, the Covid-19 pandemic has totally redesigned how we communicate with staff. Traditional and face to face communication has its benefits. Digital communication however needs to be embraced further where possible. 2020-21 has been an unrecognisable and creative period of time for the communications team in the use of digital communication. This way of communication must continue to be developed and rolled out to make it even more accessible to staff.

Our monthly Team Brief presentation from the Chief Executive to senior managers within the organisation moved virtual during the pandemic and has been hugely successful due to its accessibility with senior leadership. This important monthly message begins the cascade of news from the Executive Team. It 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. As outlined, the Covid-19 pandemic has taught us about the value of video conferencing. Currently, Team Brief remains 'virtual' due to social distancing restrictions.

In addition to Team Brief, we now hold a regular and virtual Q&A session with the Chief Executive to make him more accessible and visible to staff. This has been very successful, and we intent to carry on with this.

Staff currently receive a weekly Bridgewater Bulletin e-newsletter every Monday, a Health and Wellbeing Bulletin each Wednesday and a Covid-19 Update each Friday. Although these three separate channels of information proved important during the height of the pandemic, the communications team is very aware of communication fatigue and burn out with staff. As such, plans are being researched as to how to develop and enhance our channels of communication going forward.

The Hub is Bridgewater's intranet system. It's a primary source of information on Trust policies, corporate services and key initiatives within the Trust.

Additional internal communication channels include regular email blogs from the Executive team as well as other means such as social media and linking closely with the Bridgewater Staff Engagement team.

The Bridgewater staff app for mobile and tablet devices continues to prove popular with colleagues. The app has now been downloaded by over half of all staff. A relaunch campaign is planned shortly as well as a new look and feel to the app. Further work will take place this coming year to encourage even more staff to use this great communication tool.

Celebrating our Staff

It was important for us to recognise the enormous contribution our staff made during the pandemic. Our "Stars of the Month" scheme was paused with the recognition that it would have been very difficult to select "winners" when all staff were going above and beyond their normal duties. Instead, a "Thank You" event was held, celebrating the work of all the teams across the Trust and highlighting some experiences and good news stories. This replaced our annual awards event and was a huge success.

NHS Staff Survey 2020 - Working with staff to understand key messages from the staff survey

Bridgewater received its best response rate to date with 50% of staff completing the 2020 NHS Staff Survey with all eligible staff receiving their survey online via e-mail.

There are 10 'themes' within the Staff Survey, each scored out of 10: Equality, Diversity & Inclusion, Health & Wellbeing, Immediate Managers, Morale, Quality of Care, Safe Environment – Bullying & Harassment, Safe Environment – Violence, Safety Culture, Staff Engagement and Team Working. Of the 10 themes, Bridgewater's 2020 results demonstrate:

- **8 improved areas, 4 of which have improved 'significantly'**
- **1 deterioration for the 'Immediate Managers' theme (not statistically significant)**
- **1 deterioration that is significant – Teamwork**

Despite the challenges of the pandemic, the Trust's overall position is an improved one on what was a positive position in 2019. A drop in the 'teamwork' theme with two lockdowns, social distancing, isolation and working from home regimes is perhaps to be anticipated but is an area for further investigation.

Staff Friends and Family Test Questions – much improved position

The SFFT is a national survey that is run quarterly. Quarter 3 is picked up by way of the national Staff Survey with the Staff Engagement questions. It should be noted that the SFFT is on a national 'pause'. Our position on staff recommending the Trust as a place to work and for their friends and family to receive treatment has improved significantly:

- Staff who would recommend treatment for Family – 68.2% to 78.2% - plus 10%
- Staff who would recommend treatment for Friends – 51.6% - 60.2% - plus 8.6%

Overall Trust Responses

As stated earlier and referred to below, team working requires a focus and is an area for further development, noting the challenges of the pandemic – working from home, shielding and social distancing.

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.
The final column contains the outcome of the significance testing ⬆ indicates that the 2020 score is significantly higher than last year's, whereas ⬇ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	9.4	740	9.5	761	Not significant
Health & wellbeing	6.0	742	6.2	768	Not significant
Immediate managers †	7.2	746	7.0	766	Not significant
Morale	6.1	737	6.4	767	⬆
Quality of care	7.4	646	7.5	651	Not significant
Safe environment - Bullying & harassment	8.4	740	8.7	762	⬆
Safe environment - Violence	9.8	738	9.9	766	⬆
Safety culture	6.8	743	7.1	767	⬆
Staff engagement	7.0	747	7.2	769	Not significant
Team working	7.2	743	6.9	754	⬇

Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2019-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details, please see the final staff survey results report.

Bridgewater Key findings

Areas of Significant Improvement

The table below displays the areas in which scores reflect an improvement of **between 5% and 10%**:

Theme		Question	2018 Percentage	2019 Percentage	2020 Percentage	Comparable
HWB	Q5h	The opportunities for flexible working patterns	62.6%	58.0%	64.6%	6.6%
Morale	Q19a	I often think about leaving this organisation	32.1%	31.8%	25.5%	-6.3%
Morale	Q19b	I will probably look for a job at a new organisation in the next 12 months	24.5%	23.2%	17.8%	-5.4%
Safety Culture	Q16c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	71.3%	69.6%	76.9%	7.3%
Safety Culture	Q17c	I am confident that my organisation would address my concern	59.7%	58.4%	64.5%	6.1%
Safety Culture	Q18b	My organisation acts on concerns raised by patients / service users	75.1%	72.3%	77.4%	5.1%

The table below displays the areas in which scores reflect an improvement of **above 10%:**

Theme		Question	2018 Percentage	2019 Percentage	2020 Percentage	Comparable
HWB	Q11a	Does your organisation take positive action on health and well-being?	25.4%	25.8%	39.2%	13.4%
HWB	Q11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties?	57.3%	57.8%	47.1%	-10.7%
Safety Culture	Q16a	My organisation treats staff who are involved in an error, near miss or incident fairly	55.7%	54.0%	66.7%	12.7%

Bridgewater's Staff Friends & Family Test Results from the Staff Survey:

Staff Friends and Family Test Questions	2019 %	2020 %	Improved %
I would recommend my organisation as a place to work	51.6%	60.2%	+8.6%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	68.2%	78.2%	+10.0%

Areas of Deterioration for Bridgewater – 5% + below the 'national' average

It has been highlighted that improvement is required within both the immediate managers and team working themes. There was a reduction in scores across all the immediate manager and team working questions. The table below displays the questions with a reduction of 5% or more:

Theme		Question	2018 Percentage	2019 Percentage	2020 Percentage	Comparable
Immediate Manager	Q5b	The support I get from my immediate manager	73.9%	75.7%	69.8%	-5.9%
Immediate Manager	Q8c	My immediate manager gives me clear feedback on my work	65.7%	66.7%	59.1%	-7.6%
Team Working	Q4i	The team I work in often meets to discuss the team's effectiveness	75.3%	75.4%	66.3%	-9.1%

Below are the questions relating to the areas that require improvement, displaying the 2020 results and increases / decreases from previous years:

Question	2018 Percentage	2019 Percentage	2020 Percentage	Comparable	Staff Survey Score Ranking (Best, Average, Worst)
Immediate Manager					
Q5b. The support I get from my immediate manager	73.9%	75.7%	69.8%	-5.9% ↓	Worst
Q8c. My immediate manager gives me clear feedback on my work	65.7%	66.7%	59.1%	-7.6% ↓	Worst
Q8d. My immediate manager asks for my opinion before making decisions that affect my work	60.2%	60.8%	58.6%	-2.2% ↓	
Q8f. My immediate manager takes a positive interest in	72.7%	74.8%	72.8%	-2.0% ↓	

my health and well-being					
Q8g. My immediate manager values my work	76.0%	75.9%	73.1%	-2.8% ↓	
Teamwork					
Q4h. The team I work in has a set of shared objectives	78.0%	77.3%	75.0%	-2.3% ↓	Average
Q4i. The team I work in often meets to discuss the team's effectiveness	75.3%	75.4%	66.3%	-9.1% ↓	

Areas of Further Development – Continuous Improvement

Having reviewed the 2020 NHS Staff Survey results, the key priorities for the Trust to focus on during 2021 are as per the 2 themes domains from the 10 themes referred to above. The Trust's Staff Survey Action Plan will have areas for development illustrated under the domain headings below:

- **Immediate Managers**
- **Teamwork**

The Staff Survey Action Plan is monitored for progression via the Trust's People 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 People Committee through to Trust Board.

This is to be celebrated across the Trust, particularly as the results were obtained during the pandemic response, whilst we continue with our strives to improve year on year through our action plans, focus groups, partnership forums and the People Committee.

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

- Bi-monthly People Committee meetings
- Bi-monthly JNCC, comprising of Executives, Senior Management and Staff-side colleagues
- Staff Engagement Steering Group

Staff Health & Wellbeing

In 2020 the pandemic significantly enhanced the importance of staff health and wellbeing. The enhanced offer was supported by the redeployment of staff to deliver Health & Well-Being activities over the last year the Trust has implemented the following with the support of the Health & 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, Tai Chi, Art for Wellness, British Nutrition Foundation Challenge, World Menopause Day and Staff Pedometer challenge to name a few of the initiatives.

Current programmes of work include the provision of REACT 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 a new Occupational Health Service which provides staff with:

- Enhanced Psychological service with the recognition that staff will require additional support post pandemic
- 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 has enabled more timely referrals and feedback on medical assessments/opinions.

We continue with our commitment to reduce sickness absence through effective absence management practices. The Trust's sickness absence target is 4.8%. The absence rate at the end of March 2021 was 5.27%.

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. Greater absence management support was offered throughout the pandemic with the inclusion of enhanced national terms and conditions for those affected by COVID-19. A Health and Wellbeing HUB was specifically developed to provide timely interventions for staff throughout the pandemic.

Personal and Performance Development Reviews (PPDRs)

Although the requirement to complete PPDRs was paused during the pandemic 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 and a health and wellbeing 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 current values based PPDR process and paperwork has been reviewed and adapted to include the requirement to include talent and health and well-being conversations. Additional training has been offered to staff to support them through the process when they have been able to identify the time to complete it.

Staff Turnover

The rolling staff turnover for the Trust as of 31 March 2021 was 10.43%. This is above the Trust target of 8%. Our turnover percentage rate is based on staff who have left voluntarily from the organisation. This turnover has enabled role re-design, 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 is being reviewed to ensure that themes are addressed with clear and indicative outcomes which will support with retention. There will be a particular focus on Nursing and AHPs given the current difficulties in recruiting and retaining these professional groups.

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. As populations continue to grow and activity increases changes, alongside the anticipated shortages in Nursing staff, the workforce will need to change to meet this future demand.

As per the requirement of the NHS People Plan 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.

Through the Workforce and Resourcing POD, workforce plans will continue to be developed and concentrate on significantly reducing reliance on temporary workforce through permanent recruitment to longstanding and newly established vacancies, focusing on building relationships with local education providers to attract a pipeline of new entrants for the future 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.

A review of our Workforce Strategy will take place as per the national direction for health and social care to work together on integration and collaboration agendas.

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.

As per the NHS People Plan further work will take place to ensure that recruitment processes are robust, effective and efficient whilst supporting the EDI agenda through the delivery of the NHSE/I 6 Point Action Plan.

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.

All doctors are required to undertake an annual appraisal as part of revalidation. Appraisals are classed as complete when all the documentation is accepted within 28 days of the appraisal meeting and when the appraisal is held between 9 months and 12 months of their last appraisal. Bridgewater has a robust system in place to monitor the frequency and quality of medical appraisals for all doctors with a prescribed connection to the organisation. The process is supported by the Premier IT appraisal toolkit.

However, on 19th March 2020 the GMC and NHS England guided Trusts to suspend Medical Appraisal and Revalidation until September 2020. This was to allow doctors and appraisers to

focus on clinical work and use their skills in the best way to support patients during the COVID-19 pandemic. They stated that a Doctor's license to practice will not affected by this.

Appraisals recommenced in October 2020 with guidance from NHS England that resumption could be locally determined, i.e., dependant on service pressures for some Doctors if applicable. There was also an emphasis on the nature of the appraisal meetings and that the focus was to be on the Doctor's wellbeing.

On 30 March 2021, the GMC published a further update on revalidation for Drs during the Covid pandemic. The approach to revalidation was to continue to be a flexible one to meet local needs and this included appraisal requirements.

Bridgewater has had a small number of Drs postpone their appraisals due to Covid-related reasons.
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.

The number of Drs due to complete appraisals this year was reduced due to the suspension of appraisals from March to Sept 2020 as directed by NHS England.
Appraisal completion has been 79% for 2020/21. In previous years, NHS England has defined that a minimum of 90% of appraisals completed is considered satisfactory. However, as outlined above there has been greater flexibility in regard to completion of appraisals for 2020/21 because of the Covid pandemic.

The Annual RO report for 2019/20 was accepted by the Workforce & OD Committee in July 2020 and our Statement of Compliance submitted to NHS England within the agreed timescales.

Appendix B – School Aged Immunisation Programmes End of Academic Year

During the academic year 2019/20 the Trusts 0-19 services had been commissioned to deliver the Tetanus, Diphtheria and Polio (Td/IPV), Meningitis ACWY (MenACWY) and Human Papilloma Virus (HPV) Vaccination programmes in: -

- Halton
- Warrington
- Oldham

The Trust was also commissioned to deliver the school-aged influenza vaccination programme in: -

- Halton
- Warrington

The COVID-19 pandemic had significant impact on the delivery of the Td/IPV, MenACWY and HPV vaccination programmes due to delivery of these programmes being suspended from 23/03/2020, when the country went into the first national lockdown. Despite schools remaining closed to the majority of children, once the Trust was given the go-ahead to resume vaccination delivery, the Trust did deliver some vaccinations in clinic settings between July – August 2020.

Published Uptake data Per Borough – Td/IPV and MenACWY (up to March 2020)

Borough	Td/IPV Year 9	MenACWY Year 9	Td/IPV Year 10	MenACWY Year 10
England Uptake	57.6%	58.3%	86.4%	87.0%
Regional Uptake - Manchester	58.4% (34372 cohort, 20080 vaccinated)	58.5% (34372 cohort, 20118 vaccinated)	79.9% (33396 cohort, 26584 vaccinated)	80.7% (33396 cohort, 26960 vaccinated)
Regional Uptake –	31/7%	31.9%	86.6%	87.1%

Cheshire and Merseyside	(27697 cohort, 8786 vaccinated)	(27697 cohort, 8824 vaccinated)	(27824 cohort, 24083 vaccinated)	(27824 cohort, 24229 vaccinated)
Oldham	45.8% (3571 cohort, 1634 vaccinated)	44.9% (3571 cohort, 1604 vaccinated)	85.3% (3465 cohort, 2957 vaccinated)	85.8% (3465 cohort, 2974 vaccinated)
Warrington	50.7% (2436 cohort, 1236 vaccinated)	50.5% (2436 cohort, 1229 vaccinated)	91.3% (2468 children, 2254 vaccinated)	91.5% (2468 cohort, 2259 vaccinated)
Halton	18.6% (1655 cohort, 308 vaccinated)	18.5% (1655 cohort, 304 vaccinated)	89.4% (1540 cohort, 1376 vaccinated)	88.9% (1540 cohort, 1369 vaccinated)

Published Uptake data Per Borough – HPV (up to March 2020)

Borough	HPV Dose 1 Girls Year 8	HPV Dose 1 Boys Year 8
England Uptake	59.2%	54.4%
Regional Uptake - Manchester	85.8% (17562, 15062)	78.3% (18548, 14516)
Regional Uptake – Cheshire and Merseyside	69% (13642, 9413)	59.8% (14537, 8697)
Oldham	87.6% (1793, 1571)	81.1% (1812, 1469)

Warrington	12.1% (1240, 150)	7.5% (1308, 98)
Halton	86.7% (751, 651)	80% (789, 631)

Borough	HPV Dose 1 Girls Year 9	HPV Dose 2 Girls Year 9
England Uptake	88.9%	64.7%
Regional Uptake - Manchester	87.5% (17572, 15379)	83.5% (17579, 14665)
Regional Uptake – Cheshire and Merseyside	90.4% (13844, 12516)	50% (13844, 12516)
Oldham	87.5% (1798, 1574)	80.8% (1798, 1453)
Warrington	93.6% (1186, 1110)	87.4% (1186, 1037)
Halton	91.5 % (800, 732)	85.3 % (800, 682)

School aged Childhood Flu Vaccination Programme – 2020/21

Bridgewater was also commissioned to deliver the school aged childhood flu vaccination programme in the boroughs of Halton and Warrington in 2020/21.

Delivery of this programme was completed Sept 2020 – Jan 2021.

	Warrington		Halton	
Year Group	Uptake – unpublished as of 05/05/2021 (comparison to 2019/20)	No of vaccinations administered	Uptake – unpublished as of 05/05/2021 (comparison to 2019/20)	No of vaccinations administered
R	78.6% (4.5% increase)	1870	69.6% (2.3% increase)	1033
1	80.5% (5.3% increase)	2047	69.3% (2.6% decrease)	1071
2	79.9% (7.8% increase)	1955	70.3% (3.0% increase)	1020
3	78.7% (9.4% increase)	2020	68.6% (1.6% increase)	1085
4	76.3% (6.5% increase)	2015	68.15% (3.25% increase)	1072
5	75.65% (9.05% increase)	2007	65.0% (3.1% increase)	996
6	74.9% (10.6% increase)	1967	64.8% (2%)	1052
7	65.5% (not delivered last year)	1701	61.4% (not delivered last year)	931
Total	76.2%	15582 (Last year we administered 12595) (increase of 2987)	66.9%	8260 (Last year we administered 7099) increase of 1161)

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 2020/21* and supporting guidance *Detailed requirements for quality reports 2020/21*.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:

    - Board minutes for the financial year, April 2020 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

Date: 26th July 2021 (Chair)

Date: 26th July 2021 (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
BAF	Board Assurance Framework
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
DTI	Deep Tissue Injury
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.

FTSU **FTSUG**	Freedom to Speak Up Freedom to Speak Up Guardian
GP	General Practitioner
HCAI	Health Care Acquired Infections
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 **IPCT**	Infection Prevention & Control Infection Prevention & Control Team
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

QA	Quality Assurance
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
SLT	Speech & Language Therapist
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
WTE	Whole Time Equivalent

THANK YOU NHS #TeamBridgewater

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