



2021 - 2022

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QUALITY ACCOUNT

PART 1

Part 1

Statement on Quality by Chief Executive

The year 2021-22 again proved enormously challenging for the NHS.



Having quality communication remained a vital cornerstone throughout the year, supporting the organisation to restore services, strengthen relationships both internally and externally and ensuring our staff, patients and the public were provided with the most up to date information available.

The start of the financial year was again dominated by the ongoing need to protect our staff, patients and public against coronavirus (Covid-19) by ensuring all were aware of the latest guidance, the availability of vaccines and where to go for help and support. Communication has been key in everything we have done.

We, as all other organisations did, recognise the enormous effort needed to focus on strengthening the resilience of our colleagues that had been tested during the previous year. That is why we were delighted in April 2021 to support the 10th anniversary celebrations of the Trust. Focusing on the achievements of teams and individuals and introducing an innovative virtual platform that led people through the history of the organisation engendered a sense of pride.

Harnessing the passion of staff and telling their personal stories has been extremely important. We have been privileged to share many personal experiences, pay tribute, and share the gratitude of families and carers in our internal and external communication channels.

Highlighting where integrated systems are working well and the difference, they are already making to patients' lives has been key and we have been delighted to have showcase this work in the national media spotlight.

The year also provided us with an opportunity to highlight the many diverse careers available within the organisation and in November 2021, we were privileged to win the Best Recruitment Experience 2021 category of the highly prestigious Nursing Times Awards. Our approach in delivering this campaign was inclusive from the start. Its quality was down to the way we communicated the approach out to the public. At its heart was the pooling of knowledge, skills, and expertise to devise an exciting and innovative recruitment campaign for apprenticeships.

Over the past 12 months, our communications have been essential in providing our colleagues and partners with quality information on the most recent developments nationally, regionally, and locally.

As we embrace a new and hybrid way of working, the need for quality place-based communications to drive home the key messages that support communities to live happier, healthier lives has never been as important as it is now. We are tailoring what we say and how we say it to reflect the needs of the individuals living within those communities.

Key to our success has been our ability to work with our frontline and corporate colleagues from the very start of their ambitions to develop and grow.

We have again demonstrated that by working together, supporting each other we can achieve great things and we are extremely proud to have showcased and supported some fantastic work that has taken place during the past 12 months.

2021-22 has been a year of quality narrative, storytelling, and communication. Whether face to face or virtual, the pandemic has taught us the importance that good communication has in the quality of the work we produce. Our ambition is to build on the progress made here; to strengthen our visibility by developing a new and exciting brand, to improve our online and digital presence such as our public website, but to also grow our face-to-face reach into the communities we proudly serve through improved use of patient and public engagement. The year ahead will see us communicating more collaboratively with our patients, staff, and partners to highlight the hugely important role community services play in our health and social care systems.

Chief Executive

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About the Quality Account

Quality Accounts are annual reports to the public prepared by providers of NHS healthcare about the quality of services they deliver. The purpose of Quality Accounts is to encourage healthcare organisations to assess quality across all of the healthcare services they offer, allowing organisations to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.

Our quality account is divided into three sections:

Part 1	Statements about our Quality from the Chief Executive
Part 2	Priorities for the Trust to improve the quality of our care during 2021-22. Statements about the quality of services provided by the Trust
Part 3	A review of quality performance. This demonstrates how the Trust has performed throughout 2021-22.

QUALITY ACCOUNT

PART 2

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

Priorities for Improvement in 2022-23

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 2022-23 relate to those local areas where we provide services, in line with the **Place** element of our strategy and areas where we wish to focus our **Quality** improvement work. In 2022-23 the Trust wishes to further its work around improving patient outcomes by modernising the health visiting and school nursing service, developing person centred outcomes in intermediate care, and progressing plans to implement a community accreditation scheme.

Quality priorities for the year 2022-23 include:

As part of our Quality and Place strategy our approach to quality underpins our quality improvement plan and for the financial year 2022-23 the Trust has identified the following priority areas to improve and develop further over the next 12 months:

The Trust will begin the review of the updated Health Visiting and School Nurse service delivery model guidance and recommendations, updated in May 2021. The guidance describes a modernised health visiting and school nursing service delivery model, 'Universal in reach — Personalised in response'. This model replaces the current models and levels of care and aims to provide a greater emphasis on the assessment of children, young people and family's needs and the skills mix to respond.

The Trust will begin to develop the referral, screening, and outcome processes for Warrington Intermediate Care Therapy services in the community. This will improve the access route into the service and will ensure that our service-users, their families, and carers receive the right care, in the right place and at the right time in line with Bridgewater's Quality and Place Strategy. The introduction of meaningful outcome measurement will enable us to be truly person-centred and assess whether service-users are making progress against their identified functional goals. This approach will support clinical decision-making and our commitment to quality improvement. It will also enable us to generate data which will drive quality, productivity, efficiency, and improvement within the service.

Work to begin to scope the development of a community accreditation scheme was paused in 2021-22 due to pressures caused by Covid-19. The plan is to revisit this as a priority in 2022-23. The scheme will map to, and cover the breadth of the Care Quality Commission's (CQC's) assessment framework and benchmark against other community providers who are also members of an accreditation scheme.

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

Quality	Workforce	Finance
Universal in reach –	Engagement with	Staff costs to release for
Personalised in response - a modernised health visiting	stakeholders and staff Training	training and engagement
and school nursing service delivery model	Possible implications for	
	Electronic Patient Records	
	(EPR), leading to additional	
	training	
Person centred outcome	Training for the workforce.	Possible costs related to the
development in intermediate		purchase of a standardised outcome measurement tool.
care		outcome measurement tool.
	Engagement with staff to	
	develop referral processes	Claff and and add add
	and implement outcome	Staff costs related to
	tool.	training and engagement.
Begin to scope the	Engagement with	Costs for joining/developing
development of a community	stakeholders and staff	an accreditation scheme
accreditation scheme		

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 Borough Quality and Operational meetings, and finally scrutinised at the Quality Council to provide assurance given to the Quality & Safety Committee which reports to the Board.

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

Priority for Improvement	Update
Reducing harm to our patients by improving insulin medicine management	Throughout 2021-22 a significant amount of work has been undertaken to help drive the Trust's Quality indicator on the Safe Use and Management of Insulin across the Trust. In response to an increased number of insulin incidents reported through the Trust's incident reporting system, an aggregated review of all insulin incidents reported by the Halton and Warrington District Nursing Services, during the period 01st August 2020 to 31st January 2021 was carried out. Areas for improvement were highlighted and addressed. A Trust Insulin Policy was developed to support the safe use and handling of insulin and cascaded to all staff. Staff who administer insulin were also required to complete the Safe Use of Insulin Training module and it is planned that this will be part of the annual mandatory training programme. The insulin administration sheet was discussed with clinicians and redesigned to help mitigate any risks of future administration incidents. The Medication Safety Officer visited all district nursing teams to provide focussed training and group discussions around insulin safety and the relevant medicines competencies are being reviewed by the new District Nurse Clinical
	Educators. Insulin safety needles and safety lancets have also been standardised across the Trust and a review of the process for allocating district nurse visits for critical medicines has been reviewed. Work is ongoing to ensure the changes made are embedded in practice and that we continue to see a reduction in the number of insulin related incidents.
Develop a process for increasing the number of reported catheter associated urinary tract infection (CAUTI) in the community	The Harm Free Care CAUTI Operational Development Group (ODG) has met monthly during 2021-22. The group is a vehicle to identify and operationalise a CAUTI Improvement Plan. The group is chaired by the Quality Matron and has representatives from catheter service, bladder and bowel service, infection control lead nurse,

district nursing service, community matron's, Halton Integrated Frailty Community Assessment Service (HIFCAS) and treatment rooms.

To support the increase in reporting of CAUTI incidents during 2021-22 the group has:

- completed awareness raising across the trust via the specialist's teams and Patient Safety Group for the requirement and rationale of reporting all suspected and confirmed CAUTI incidents.
- developed specialist review standards which have been utilised to support the review of all CAUTI incidents reported and discussed at monthly CAUTI meetings
- review of incidents at the monthly meetings has supported identification of learning or gaps that need to be considered by the group to inform future quality improvements to be added to the workplan for the group and to feedback to individuals, services or teams.
- launch of the new catheter passports across teams led by the Bladder and Bowel and Catheter Teams in each borough.

All the above has resulted in a 58% (19 incidents) increase during 2021-22 of reported suspected and confirmed CAUTI incidents in comparison to incidents reported during 2020-21 (8 incidents). The increase in reporting of these incidents will support the identification of any future potential quality improvement initiatives in this area to support improving patient safety.

Begin to scope the development a community accreditation scheme

Unfortunately, due to the pandemic and the need to prioritise service delivery and workstreams within the organisation, minimal progress has been made against the third priority.

Statements of Assurance from the Board

Review of Services

During 2021-22 the Trust provided and/or sub-contracted a wide range of community-based services (123 health services) to people in their own homes or from clinics predominantly in Warrington and Halton, and a number of surrounding areas identified on the Map of Services at the end of the report.

The Trust has reviewed all the data available to them on the quality of care in 100% of the NHS health services we deliver. The income generated by the health services provided and/or sub-contracted in 2021-22 represents 97% of the total income generated by the Trust for 2021-22.

Clinical Audit

Participation in Clinical Audits

During 2021-22 five national clinical audits covered relevant health services that Bridgewater Community Healthcare NHS Foundation Trust provides.

The national clinical audits that the Trust participated in, and for which data collection was completed during 2021-22, 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	100%				
care)					
Falls and Fragility Programme (FFFAP) -	Our trust does not meet the criteria to				
National Audit of Inpatient Care –	contribute to the National Hip Fracture Database				
Facilities Audit	(NHFD) which sets in motion the process for				
	patients to be included in the National Audit of				
	Inpatient Care. Our Intermediate Care Bed Based				
	team at Padgate House are however registered				
	to take part in the Facilities part of the audit and				
	participated in this during the year.				
Sentinel Stroke National Audit	This is the second post-acute organisational				
Programme (SSNAP) - Post Acute	audit was completed under the auspices of the				
Organisational Audit	Sentinel Stroke National Audit Programme				
	(SSNAP). The audit relates to post-acute care				

	organisation, staffing, and the pathway at discharge
Transition from child to adult health services - National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Still in progress, data collection taking place in line with national timescales.
Learning Disability Mortality Review Programme (LeDeR)	As per our Learning from Deaths Policy, the Trust will notify all deaths of people with learning disabilities to the LeDeR programme where the patient dies in their own home. When undertaking an investigation into the death of a patient with learning disability, the Trust follows the national guidance.

The reports of two national clinical audits were reviewed by the provider in 2021-22 and the 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 do not meet the criteria for participation in the clinical audit we did participate in the Facilities audit. The recommendations within the report were useful for the Trust to use as learning and develop an action plan if deemed appropriate, no immediate actions were identified.

2. Title: Stroke National Audit Programme (SSNAP) - Post Acute Organisational Audit

There are no immediate changes or implications for our teams, however a future audit could be scoped to look broadly at rehabilitation services available post-acute stroke and recommendations going forward, including integrated services.

The reports of eight local clinical audits were reviewed by the provider in 2021-22 and the 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 2021-22, who

were recruited during that period to participate in research approved by a research ethics committee was 138.

Goals agreed with Commissioners - Use of the CQUIN Payment Framework

In 2021-22 the Commissioning for Quality and Innovation (CQUIN) payment framework remained suspended due to the Covid-19 pandemic. As such, the Trust's income in 2021-22 was not conditional on achieving quality improvement and innovation goals agreed through the CQUIN payment framework.

Care Quality Commission (CQC)

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

The Trust last underwent a comprehensive Well-Led Inspection in September 2018. The report was published on 17th December 2018 and demonstrated 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'

Following the inspection an action plan was produced to address and improve any areas of concern, the areas of concern have now all been addressed by working through a comprehensive improvement plan.

The Trust was due for a re-inspection in 2020 however due to the Covid-19 pandemic all CQC inspections were suspended. During the pandemic the CQC's primary objective has been to support providers to keep people safe during a period of unprecedented pressure on the health and care system.

CQC relationship meetings with the Trust have continued to take place during 2021-022. There has been collaborative working to progress areas of work such as the pressure ulcer improvement plan. No specific concerns have been raised by the CQC and they remain assured that the Trust continues to meet all the requirements of our registration and there were no regulatory enforcements or requirement notices issued to the Trust.

During 2021-22 the CQC moved towards a Direct Monitoring Approach, which was a risk-based approach to perform deep dives where intelligence highlighted specific areas of concern. The CQC are continuing to review their regulatory approach in response to the impact of the pandemic and there are currently no plans for the CQC to return to routine frequency-based inspections.

Learning from Deaths

Bridgewater Community Healthcare NHS Foundation Trust recognises that the effective implementation of the Learning from Deaths Framework (National Quality Board, March 2017), is an integral component of the Trust's learning culture, driving continuous quality improvement to support the delivery of high-quality sustainable services to patients and service users.

Number of Deaths

During 1st April 2021 to 31st March 2022, 1498 patients died whilst under the care of the Trust. The breakdown by quarter (Q) is as follows:

Q1	Q2	Q3	Q4
308	347	444	399

The table below shows a breakdown of the deaths by gender:

Quarter	Male	Female
Q1	170	138
Q2	156	191
Q3	211	233
Q4	182	217
Total	719	779

By 31st March 2022, 139 case record 72-hour reviews/investigations were conducted in relation to the 1498 deaths.

The number of deaths in each quarter for which a case record review or an investigation was conducted were:

Q1	Q2	Q3	Q4
32	42	34	31

The table below shows the deaths subjected to a 72-hour reviews/investigation by Borough

Quarter	First	Second	Third	Fourth
Corporate	0	1	0	0
Halton	11	20	13	6
Oldham	13	7	8	13
Warrington	8	14	13	12
Total	32	42	34	31

Of the 139 deaths reviewed, 29% (n=40) were expected deaths and 11% (n=15) being patients approaching end of life.

There were 35 unexpected deaths relating to children under 18, as follows:

- 4 were stillbirths
- 15 were neonatal
- 16 were children

Of these 29 were within the Oldham borough.

14% (n=19) of the 139 were patients with a Learning Disability.

Review outcomes

Of the 139 72-hour reviews/investigations that were conducted, there were no issues identified in relation to the patient care provided by the Trust which could have contributed

to the patient's death. However, some themes were identified as learning areas for the Trust, including communication with partner agencies and documentation/record keeping.

Recommendations

It is noted that there were some inconsistencies in the completion of the 72-hour review paperwork. Examples being gender, ethnicity, place of death, along with omissions in content such as cause of death and year of birth. To deliver improvements there are plans to review the 72-hour review report template to allow for drop down parameters. This will improve the data collection to further support Bridgewater's Learning from Deaths along with informing the Trust's action on reducing health inequalities by allowing an analysis of mortality within our patient population.

NHS Number and General Medical Practice Code Validity

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2021-22 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:

- 100% for outpatient care; and
- 99.7% 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:

- 97.9% for outpatient care; and
- 99.1% for Walk in Centres and Urgent Care Centres

Information Governance

Information Governance covers the whole range of processing of information. From personal information, such as information relating to patients, and employees and corporate information such as financial and accounting records, policies, and contracts. Information Governance provides the framework to enable staff to deal consistently with the various rules, laws, and guidance in relation to how information is handled. Ensuring the security of Trust information requires engagement from individuals, teams, service and departments for example, information asset owners, service/department managers, Estates, Facilities and Procurement.

During 2021-22 the Information Governance Team have refreshed all their policies, produced templates and guidelines to support the staff.

To ensure our staff, patients and service users know how we handle their information, our Privacy Notices have been updated, including a bespoke Privacy Notice for the children who attend our services.

Annual mandatory Data Security Awareness Training is still an issue this year. The highest percentage achieved was pre-pandemic in 2019-20, where 91% compliance was achieved. During 2021-22 the Trust achieved 84% compliance which falls short of the Data Security Protection Toolkit (DSPT) requirement of 95%. Despite this, 'Substantial Assurance' has been achieved from an audit conducted by Mersey Internal Audit Agency (MIAA) to evaluate and validate the Trust's self-assessed scores on the DPST. Work is currently underway to improve training compliance in this area.

Clinical Coding Error Rate Validity

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021-22 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 actions 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 Mersey Internal Audit Agency 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.
- Data Quality Workshops have been provided on request to investigate issues with long waiters with the data quality team and the services themselves.
- Ad-hoc waiting list reports have been provided on request.
- Mental Health Services Data Set (MHSDS) Data Quality Maturity Index (DQMI)
 has been escalated and improvement delivered.

- Open dialogue has been made with NHS England about data quality for Emergency Care Dataset (ECDS).
- Information and Data Improvement Manager has signed up to Futures NHS Improvement Reports such as the ECDS Data Quality Tool.

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).

Staff Friends & Family Test

Core Indicator Staff Friends & Family Test	Bridgewater 2017	Bridgewater 2018	Bridgewater 2019	Bridgewater 2020	Bridgewater 2021	National Average for Community Trusts 2021	Highest Community Trust 2021	Lowest Community Trust 2021
If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation (Question 21d NHS Staff Survey)	66.8%	71.9%	68.2%	78.1%	77.7%	77.4%	85.2%	55.0%
% Of staff that would recommend the Trust as a place to work. (Question 21c NHS Staff Survey)	45.6%	54.8%	51.7%	60.1%	57.5%	65.3%	71.8%	54.2%

The Trust considers that this data is as described for the following reasons:

There has been significant challenge to the health economy because of the Covid-19 pandemic. This continues to impact staff across the NHS. 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. Despite the difficult environment, it is pleasing to see that Bridgewater has scored

slightly higher than the national average for Community Trusts in staff saying they would be happy with the standard of care provided if a friend or relative needed treatment, although this is a slight decrease on our own 2020 score. It is disappointing to also see a decline in the percentage this year of staff recommending the organisation as a place to work. When compared against other Community Trusts, the smallest decrease for this question was -2.2% and the highest decrease was -8.5%. The Bridgewater results reduced by -2.6%, which was the third smallest decrease across all Community Trusts.

The 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 Hub',
 Bridgewater App (available to all staff), weekly staff health and wellbeing staff
 communication, monthly Executive Time to Talk sessions, Chief Executive's Blog, Team
 Brief, Trust Bulletin, Annual Staff Awards.
- Producing bi-monthly updates on Staff Engagement for the People Committee.
- The introduction of the NHS People Pulse survey will ask 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 established mechanisms such as the Trust's Staff Engagement Group, People Committee and Health & Wellbeing Hub amongst others. 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.

Patient Safety Incidents

Core Indicator		2017/18	2018/19	2019/20	2020/21	2021/22
The	The	4,811	6,505	5,402	4,887	4,676
number	number	incidents	incidents	incidents	incidents	incidents
and, where	and, where	reported	were	were	were	were
available,	available,	of which	reported.	reported.	reported.	reported.
rate of	rate of					
patient	patient	1,176	2,819	2,661	2,062	1,884
safety	safety	(24%) were		incidents	incidents	incidents

incidents reported within the Trust during 2021/22, and the number	incidents reported within the trust during 2019/20	submitted to NRLS as patient safety incidents (as of 03/04/18).	(43%) were reported to NRLS (as of 07/04/19)	(49%) were reported to NRLS (as of 02/04/2020).	(45%) were reported to the NRLS.	(40%) were submitted to the NRLS.
and	The	There were				There were 0
percentage	number	28	215	incidents	patient	patient
of such	and	incidents	incidents	reported that	safety	safety
patient	percentage	resulting in	that	resulted in	incidents	incidents
safety	of such	severe	resulted in	severe harm	reported that	that resulted
incidents	patient	harm or	severe	/ death,	resulted in	in severe /
that	safety	death, 19	harm /	3 of which	severe harm	harm death
resulted in	incidents	of which	death. 85	met the	to patients.	to patients.
severe	that	met the	of which	criteria for a		
harm or	resulted in	criteria for	met the	patient		
death	severe	patient	criteria for	safety		
	harm or	safety	a patient	incident.		
	death	incident.	safety			
			incident.			

^{*} NRLS -National Reporting and Learning System.

The Trust considers that this data is as described for the following reasons, compared to 2020-21:

- During 2021-22, 4,676 incidents were reported and 1,884 (40%) of these had been submitted to the National Reporting and Learning Service (NRLS) as Patient Safety Incidents.
- There were zero Patient Safety Incidents reported as resulting in severe harm or death. The gradings for the severity of outcomes, is challenged as part of the Trust's Incident Management processes, to ensure that the recorded severity reflects the harm for which the Trust was responsible.
- Compared to 2020-21 the volume of reported Patient Safety Incidents has decreased by 178 (9%).
- The Trust continues to encourage staff to report incidents, 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 for Reporting and Management of Incidents, which is designed to ensure that staff are aware of the Trust's processes to do so.

• Despite the pressures created by the pandemic, the Trust has continued to hold weekly Patient Safety Groups & Serious Incident Review Panels, which are also used as an opportunity for interested staff to observe the process of managing incidents.

The Trust considers that this data is as described for the following reasons, compared to 2020-21:

- During quarter 1 (Q1) there was a decrease in the volume of Patient Safety Incidents reported, along with a reduction in the overall number of incidents reported. The decrease during Q1, was not statistically significant as the monthly numbers of reported incidents were within the expected upper and lower control limits, for the numbers of reported incidents during Q1. However, during subsequent quarters the levels of reporting were higher.
- Although the overall number of Patient Safety Incidents decreased, the ratio of No Harm incidents (Near Miss, Insignificant outcomes) was 52% of the total number of patient safety incidents reported. During the period 2020-21, 53% of the reported patient safety incidents resulted in near miss, insignificant outcomes. The continued reporting of incidents that did not result in any harm, is an indication of the Trust's incident reporting culture.
- The number of Serious Incidents from 2021-22 was 29. The most frequently reported type of incident were pressure ulcers, which accounted for 25 cases.
- 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 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.
- 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. This is supplemented by one-to-one support sessions involving incident managers, and the Risk Team to address specific concerns regarding use of the Trust Risk Management system.

- Maintaining support for incident investigators and managers, through regular peer review. Review of investigations at the Patient Safety Group 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 continued routine scrutiny of incidents on a daily, weekly, and monthly basis by the Risk Team and Patient Safety Group 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 meets with representatives of the lead Clinical Commissioning Group (CCG), which has oversight of the Trust's Serious Incidents.

QUALITY ACCOUNT

PART 3

Part 3 – Quality of Care in 2021/22

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, which allows incidents to be recorded and managed in a safe and secure way.

Indicator to be measured	2021/22 full year position	2020/21 full year position	2019/20 full year position	2018/19 full year position	2017/18 full year position	Comments
Number of pressure ulcers which developed whilst patients were under our care	756 of 1,387 pressure ulcer incidents that were reported	871 of 1,562 pressure ulcer incidents that were reported	722 of 750 incidents reported	683 of 760 incidents reported.	41.26%	Although the number of pressure ulcers reported reduced the proportion that were Bridgewater acquired remained at 55%.
No. of serious untoward incidents (SUIs)	36	91	62	137	162	The reduction in the number of serious incidents reported was consistent with reductions in higher category pressure ulcers.
Proportion of incidents with outcome of "No Harm".	52%	53%	42%	51%	49%	Reported patient safety incidents with "No Harm" (near miss, insignificant) outcomes reduced to 52% of the incidents reported.
CDI reported as lapse in care and	0	0	0	0	0	

Indicator to be measured	2021/22 full year position	2020/21 full year position	2019/20 full year position	2018/19 full year position	2017/18 full year position	Comments
apportioned to the Trust		•	•	•		For further information please see HCAI section.
MRSA reported as lapse in care and apportioned to the Trust	0	0	0	0	0	For further information please see HCAI section.
Total number of patient falls (In Patient facilities – Padgate House)	108 falls at Padgate House. Trust total for patient falls was 153.	128 falls at Padgate House. Trust total was 193.	93	100 falls in total for the year Trust figure 229	1.8%	There has been a decrease of 20 falls in Padgate House and a decrease of 40 falls for the year.
Percentage of patient facing staff that have been vaccinated against flu	69%	77%	70%	58.5% 60.1% 49.6% 55.8% 63.2% 59.8% 80.2% 49.3%	65% 53% 49% 47% 36% 70% 86.5% 74.2%	Borough specific information was not available this year and Wigan services are no longer part of Bridgewater. 69% of all clinical staff working for the Trust were vaccinated against flu this year, compared to 58% last year.
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	77.7%	78.1%	77%	79%	3.51	The minimum score is 1 and the

friends and family friends and family During the Percentage of patients being cared for in 2021/22 2	Indicator to be	2021/22	2020/21	2019/20	2018/19	2017/18	Comments
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Indicator to be measured	2021/22 full year position	2020/21 full year position	2019/20 full year position	2018/19 full year position	2017/18 full year position	Comments
indicating they had a good overall experience	96.2%	99%	99%	99%	99%	refer to patient survey and Friends and Family Test results sections of this account
No. of complaints	43	29	92	104	92	

Patient Experience

The Trust recognises that eliciting, measuring, and acting upon patient feedback is a key driver of quality and service improvement. The Bridgewater Engagement Group (BEG), chaired by the Chief Nurse, continues to provide a focus on the Trust wide, strategic issues for patients and carers, ensuring their views are instrumental in influencing service provision. The Trust has 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 because of the pandemic. 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 the number of complaints received continues to be reduced, compared to prepandemic figures.

During 2021-22 we received 43 complaints compared to 29 during the previous year. These are summarised on a Borough/Service basis below:

Organisation	Q1	Q2	Q3	Q4	Total
Halton	8	1	4	7	20
Oldham	2	1	1	0	4

St Helens	0	0	0	0	0
Warrington	5	3	1	7	16
Dental	0	1	2	0	3
Grand Total	15	6	8	14	43

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	1
A03 Appointment delay/cancellation (Outpatients)	1
A07 Attitude of staff	10
A08 All aspects of clinical treatment	26
A09 Communication/information to patients (written)	2
A10 Consent to treatment	2
A12 Patients privacy and dignity	1
Grand Total	43

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.

Below is an example of a lesson learned from a complaint:

Paediatric Community Medical Service

A complaint was received regarding inaccuracies in a report, that the information was incomplete, did not reflect the child's needs and that the child must have a diagnosis before help can be given.

The service recognised that families need clearer information of what is involved in neurodevelopmental assessments and how a diagnosis is made at the outset so that families understand what their child is being assessed for and why. To address this, information leaflets and podcasts are being created for parents and children/young people. It was also identified that there also needs to be clear and consistent information provided to families as to the purpose and plan following an appointment, including review appointments, particularly within documentation such as clinic letters, to adress this standardised clinic templates detailing neurodevelopmental assessment process have also been reviewed.

Patient Advice and Liaison Service (PALS)

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 2021-22 a total of **1,098** contacts were received across Bridgewater compared to 967 received the previous year. The number of contacts received indicates that patients and carers were still able to contact the Trust with issues or concerns as some staff continued to work remotely due to the pandemic.

The PALS queries are summarised below.

	Halton	Oldham	St Helens	Warrington	Corporate	Dental	Total
Q1	56	5	17	111	68	57	314
Q2	48	1	14	110	50	40	263
Q3	50	1	7	93	43	63	257
Q4	54	1	12	104	59	34	264
Total	208	8	50	418	220	194	1,098

- Approximately 56% of the contacts were requests for advice and information, including signposting to other organisations.
- Approximately 34% of the contacts resulted in the department liaising between the enquirer and the service to resolve issues and concerns. Examples of the issues raised include clinical treatment, communication, appointment delay/cancellation and staff attitudes.
- Of the 1,098 contacts 111 were classed as informal concerns with just one of these progressing to a formal complaint. This highlights the Bridgewater approach to resolving concerns and complaints at the earliest opportunity.

Friends and Family Test Results

During Quarter 3, Bridgewater implemented a text messaging service as an additional method to the Talk to Us (TTU) form to seek patient feedback, whereby patients and carers are asked about their overall experience of the service received (the Friends and Family Test). There is also an opportunity for people to provide further comments to give the reason for their score.

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.

During 2021-22 a total of 14,412 people responded to the friends and family test question by text message (6,368) and, by the paper and online forms (8,044) of which 96% rated their overall experience of Bridgewater services as either very good or good.

Method	Total responses	Responses rated very good/good
Text message	6,368	95%
Paper/online survey	8,044	97%
Total	14,412	96%

Patient Reported Experience Measures (PREMS)

The Bridgewater Talk to Us form also asks further questions about patients' and carers' experiences and how they feel about the services received. The questions are based on the key touch points of the patient's journey with the services.

The Talk to Us form is available in both paper and electronic formats. Posters have been developed with a QR code to enable mobile device users to scan the code automatically and complete their feedback via the online system. The paper format of the Talk to Us form also includes the QR code.

During 2021-22 a total of 8,458 people responded to the PREMs questions.

The patient experience responses are shown in the table below.

	Halton	Oldham	St Helens	Warrington	Dental	Bridgewater						
How o	How do you feel about the length of time you waited to be seen?											
	97%	97%	100%	97%	98%	98%						
Но	w do you fe	el about the	way you w	ere greeted	by staff?							
	99%	100%	100%	100%	100%	100%						
	How do you	feel about	the way sta	ff listened to	o you?							
	99%	97%	100%	99%	100%	99%						
How do yo	u feel about	the informa	ation you w	ere given (v	erbal or writ	tten)?						
	99%	96%	100%	99%	100%	99%						
Hov	v do you fee	l about the	dignity and	respect you	received?							
	100%	98%	100%	99%	100%	99%						
н	How do you feel about your involvement with your care?											
	99%	96%	100%	99%	100%	99%						
Но	How do you feel about the care or treatment you received?											
	99%	96%	100%	99%	100%	99%						

Number of						
responses	4,234	208	23	2,825	1,168	8,458

Telephone Interviews

A number of telephone surveys have been conducted during this period, with patients and carers from various services across the Trust, to gain a deeper understanding of their experiences. Surveys undertaken include the Voice of the Adult, to gauge if patients felt they had been involved in their care and treatment and a survey with patients in the Dermatology Service to gain their views of the service received.

Overall, the results from the surveys have been very positive but where issues have arisen, these have been fed back to the services for them to address and provide a response.

Lived Experience Panel

Bridgewater is in the process of developing a number of 'Lived Experience Panels' across some of our adult and children's services in the Halton and Warrington Boroughs and also Community Dental Services. The panels will include patients and carers who have experience of our services and will work alongside staff to look at service development and improvement.

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.

Compliments

Compliments are received in several ways; from greetings cards, letters, emails and service comment cards plus positive comments from text messages and the Talk to Us feedback forms. During 2021-22 a total of 9,133 compliments were received. A selection is shown below:

District Nursing Service (End of life care), Halton

'We would like to pass on our heartfelt thanks to the District Nursing Team of the GP practice and the out of hours district nurses for providing fantastic support to our family and the finest level of care to our dad who was end of life. The service enabled us to honour his wishes and die with dignity in his own home and with his family with him. Particular thanks goes to [Name] who was a huge support, font of knowledge and compassionate during these difficult days and the out of hours district nurses who always attended our calls quickly. The care we have received has been outstanding, we couldn't have cared for our father at home without the amazing wrap around support we received. From all our family. Thank you.'

Urgent Care Centre, Halton

'[Name] was fantastic. He was incredibly well informed and knowledgeable. He not only addressed my physical health and the reason I visited today but also my mental wellbeing and signposted me to sources of support. He provided a listening ear and went above and beyond his role in my opinion. [Name] is an asset to the urgent care centre and the NHS. I am really anxious about accessing healthcare support but [Name] made me feel at ease and even made the experience pleasant. Thank you [Name], you are a star.'

Health Visiting Service, Oldham

'My son was seen at home for his 2-year assessment he was quite difficult during this session, and I voiced my concerns about delay in his speech. After [Name] left she made sure she followed me up by calling me a few days later for a catch up and arranged to see me and my son at Children's Centre the following week. This time it went a lot better, and I feel as though my concerns have been addressed and we both aren't as worried about my little boy. I feel like I have been listened too and been giving a lot of time and effort regarding my son. She gave me valuable advice and I feel as though my mind has been put at rest.'

Family Nurse Partnership, Oldham

'[Name] was very good at communicating with my son. Healthcare [Name] gave us enough information that we needed.'

North West Driving Assessment Service, St Helens

'Couldn't fault how they were with me. Listened about my condition and how it affects me and my daily life. They were patient with me and understood what I was saying. Made me feel at ease throughout the whole process.'

Integrated Community Equipment Service, St Helens

'Unsure if I am emailing the correct places, it's in relation to two delivery/collection guys who work in the St Helens area for equipment services. Just thought I would show some appreciation to two of your delivery/collection guys! Their names are [Name and name], and the staff always comment on how they are so nice, helpful and cheerful when they come to the care home. We don't recognise or mention the good people enough in this sector so just thought I would let you know that these two do a great job! Kindest Regards.'

Children's Long-Term Conditions, Warrington

'[Name] has been looking after my daughter ever since she was first diagnosed with ADHD. [Name] is very welcoming, warm, understanding and brilliant at her chosen profession. My daughter always feels comfortable and at ease when she sees her. She has always got time to explain everything and goes above and beyond when there is a problem.'

Wheelchair Service, Warrington

'My husband finds it very difficult to admit he needs help and support due to his health deteriorating and was quite anxious about having to have an assessment for a wheelchair. It has taken us as a family quite a while to persuade him he needs help. However, as soon as [Name, Technician] came into the house my husband was completely at ease with him. [Name] has a lovely manner and explained everything to him. Thank you [Name] for making a difficult situation so pleasant.'

Community Dental Service, Halton

'I had dental treatment at your Widnes centre. I wanted to let the management know how good my experience was. I am a very nervous patient, but the friendly greetings, smiles and explanations really put me at ease. Everyone including the receptionist [Name], the nurses and the dentist [Name], were exceptional. I want to pass on my appreciation to them for making, what is for me a terrifying experience, bearable. They should know what a good and important job they do. Thank you very much.'

Community Dental Service, Rochdale

'My daughter [Name] attended the dental clinic today to have a filling. She has never had any dental treatment before and was very nervous about it. From the moment we walked into the surgery my daughter was immediately put at ease. Both the dentist and dental nurse had so much patience with her, and the way they communicated with her was superb. They let her know exactly what was going on every step of the way and took their time with her showing the upmost care and compassion. After successfully filling her tooth, she came out smiling and said she actually enjoyed it!! I would like to express my gratitude as a mum for the excellent treatment my daughter received and highlight the professionalism of all the team. If every patient was treated in this way and had positive experiences in a dental chair, nobody would ever have a fear of the dentist.'

Patient Safety / Incident Reporting

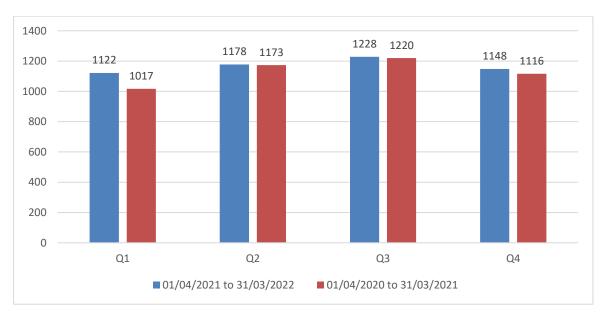
During 2021-22 the Trust continued to use the web-based Ulysses Safeguard Risk Management System for reporting and management of all actual incidents and near misses, which did or could have resulted in harm to patients, staff, or any other person(s).

There was a slight decrease in the total numbers of incidents reported in the Trust during the period 2021-22, when a total of 4,676 incidents were reported, compared to 2020-21 when a total of 4,887 incidents were reported. It should be noted that the Midwifery service was transferred out of Bridgewater in October 2021 which will have contributed towards the reduction in reported incidents.

Weekly Borough / service specific Patient Safety Group meetings continued to be held in the Trust, led by the Directors of Nursing and the Quality Matrons for Warrington and Halton and the equivalent for Oldham and Dental Services. The purpose of these meetings was to review all reported patient safety incidents to ensure that they were being managed correctly and to identify new serious incidents. These meetings were open to any staff who wished to observe the process of how the Trust manages its incidents. It was noted that staff who attended these meetings had reported a positive insight into the management and investigation of incidents. Throughout the pandemic these meetings continued and were held as virtual meetings.

Incidents were also reviewed at the monthly Borough Quality meeting(s) where support was provided to managers to ensure that all possible action was being taken to manage incidents and risks.

The quarterly trend for incidents that were reported during the period 01 April 2021 to 31 March 2022, 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	2017/18	2018/19	2019/20	2020/21	2021/22
Bolton	132	130	*4		
Cheshire	40	29	8	0	0
Corporate	22	41	45	42	40
Dental	156	216	241	158	357
Halton	1,074	1,287	1,496	1,701	1,390
Health & Justice	271	776	945		
Oldham	151	500	500	500	515
St Helens	181	144	141	51	53
Trafford	11	17			
Warrington	1,224	1,571	1,975	2,435	2,321
Wigan	1,547	1,792	*47		
Total	4,811	6,505	5,402	4,887	4,676

^{*} 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 were reviewed by the relevant senior clinical staff responsible for the service area(s) involved in incidents. This continued to embed the accountability for risk management and prevention of incidents around the Trust, and ensured that there was robust checking and challenge to all incidents, to provide assurance to the Trust about the accuracy of reporting and management of incidents.

At each of the weekly Patient Safety Group meetings this review was used to identify any incidents that met the criteria of a serious incident, to ensure that all incidents were being managed correctly and to ensure that all opportunities for learning were maximised.

The Risk Management Team carried out daily checks regarding the quality of the data in all reported incidents and provided feedback to colleagues to improve standards of data quality. These daily checks were also used to identify possible serious incidents for escalation.

Pressure ulcers continued to be the most common type of incident reported in the Trust. A 'pressure ulcer huddle' process was used to ensure that all key steps in the management of pressure ulcers were followed and were embedded into operational practice throughout the Trust.

During 2021-22, the Trust continued to progress work identified in the Pressure Ulcer Improvement Plan. This work will continue to be an integral element of the Trust's Harm Free Care initiatives.

Through thematic analysis, the Trust identified that the numbers of medications and falls being reported at Padgate House was a priority area for action. As such, Harm Free Care Groups were established to focus on falls and medication incidents at Padgate House.

During the period 2021-22 there were a total of 4,676 incidents reported in the Trust. Of these, 3 incidents were identified as having the potential to cause a significant disruption to clinical services. These incidents did not result in harm to any persons, they affected service continuity in the affected area(s) for short periods of time. The nature of these incidents was as follows:

- 2 incidents related to lack of staff resources which had an impact on service delivery.
- 1 incident related to IT connectivity.

The Trust's incident reporting system provided a vehicle to report patient deaths. During the year a total of 136 deaths were reported, all of which were reviewed as part of the Trust's incident management arrangements, and when necessary, 72-hour reviews were carried out to identify any possible learning opportunities from these deaths. The 72-hour reviews identified that there was no evidence to indicate 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, continued to be reviewed at the Patient Safety Group meetings and if necessary, at the Serious Incident Review Panel, to ensure that all learning opportunities were identified and followed up with an action plan.

Patient Safety Incidents by Actual Impact

Patient Safety Incidents by Actual Impact (This is a scoring matrix to measure	2017/18	2018/19	2019/20	2020/21	2021/22
the level of harm to patients)	Total	Total	Total	Total	Total
Near Miss	180	432	479	417	323
Insignificant	333	999	1112	682	650
Minor	517	1,035	1025	892	878
Moderate	128	268	41	68	33
Major	6	10	2	2	0
Catastrophic	12	75	2	1	0
	1,176	2,819	2,661	2,062	1,884

Of the 4,676 incidents reported during 2021-22, 3,652 (78%) were categorised as [1] insignificant or [0] near misses affecting patient safety. 1,884 of the incidents were classed as patient safety incidents. All patient safety incidents were 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.

In 2021-22 the total number of reported incidents that were classed as patient safety incidents decreased by 178 from 2,062 to 1,884.

The following work streams continued during 2021-2022 to improve the management of our incidents:

- During 2021-22 due to the Covid-19 pandemic, the Trust continued to operate 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 Quality meeting(s), which met every month had been reorganised to provide a forum that was specific to services, 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. There were specific meetings for adults and children's services.
- The weekly Patient Safety Group meetings continued to provide challenge, review, and monitoring of all reported incidents.
- The Trust's Patient Safety Group meetings & Serious Incident Review Panel provided a 'critical friend' level of support for incident investigations processes.
- 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 was developed specifically for the investigation of pressure ulcers that developed under the Trust's care.
- To support incident investigation and identify learning, a root cause analysis tool, specific to falls was developed for use in the Trust Intermediate Care Services.
- The Serious Incident Review Panel (SIRP) continued to meet on a weekly basis to maintain an overview of all serious incidents. The panel was chaired by the Director of Quality Governance.
- A virtual training package regarding the 'Reporting and Management of Incidents', was 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. A shared

learning page on the Trust's intranet, was used to post details of lessons learned from individual incidents. We are also looking at further opportunities to strengthen our learning across the Trust.

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. If never events occur in the Trust, we are required to report these directly to the Care Quality Commission and our commissioners as a serious incident and investigate the incident 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 2021 to 31st March 2022.

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 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 1st April 2021 to 31st March 2022, the Trust received 10 National Patient Safety Alerts, five 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.

Pressure Ulcers Report

In 2020-21, there was an overall 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 was an increase of 109 pressure ulcers which equated to an overall increase of 24%. As a result of the overall increase the Trust completed an aggregated review of all NHS Strategic Executive Information System (StEIS) reportable pressure ulcers reported within the first six months of 2020. The aggregated review provided an analysis of themes and lessons learned from the StEIS reportable incidents between 1st January 2020 - 30th June 2020. This review did not identify any 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-19 pandemic at this time 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-19 related reductions in staff and increases in acuity and demand of our patients, however these had 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.

The recommendations made following the aggregated review included:

- Review of Root Cause Analysis (RCA) investigation training considering report findings and the 'Patient Safety Incident Response Framework 2020' National Health Service England/Information (March 2020) to include use of recognised tools.
- Enhance ways of learning through the incident investigation process Patient Safety Group (PSG) Meetings / Serious Incident Review Panel (SIRP) to monitor investigations for use of a wider range of tools and strengths of actions to support investigations.
- To embed self-care and enlist the assistance of the Family Nurse Partnership Teams
 who have this as a focus in their roles and have undergone bespoke training in this
 field. This will include increasing clinical staff knowledge and skills in professional
 curiosity to support patients 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 a breach of skin integrity.
- Wider system learning how we can work better with partners to mitigate risks and improve outcomes for patients.
- Complete internal review/deep dive of deep tissue Injuries to understand reasons for increase levels being reported and consider whether there is any correlation with End-of-Life patients (EoL).
- To raise awareness around the Mental Capacity Act, safeguarding and when to escalate concerns regarding family / carers to safeguarding.

The areas of improvement identified were set out in the context of a Trust pressure ulcer improvement plan which was subject to regular and consistent monitoring and review.

The pressure ulcer improvement plan and evidence of its corresponding actions was initially monitored at a monthly Harm Free Care Pressure Ulcer Steering Group. This group was supported at an operational level by the Harm Free Care Pressure Ulcer Operational Delivery Group (HFC PU ODG).

The overall aim of the pressure ulcer improvement plan in 2020-21 was a 20% reduction in StEIS reportable pressure ulcer incidents by quarter 4 2021. On the 4^{th of} May 2021 the Trust was able to demonstrate a 76% reduction. This was due to several service specific quality improvement actions initially identified in 2020-21 but with the practice embedded in 2021-22.

During 2021-22 the pressure ulcer improvement plan continued to be monitored monthly by the Harm Free Care Pressure Ulcer Steering Group. In December 2021, given the significant progress made against the agreed actions on the plan, a decision was made by the group that sufficient progress had been made to modify this meeting schedule to a bimonthly basis. It was agreed by members at that time that the operational management and outstanding actions of the pressure ulcer improvement plan could be managed by the HFC PU ODG.

The HFC PU ODG has continued to meet monthly and has continued to be the vehicle to operationalise the Trust Pressure Ulcer Improvement Plan. The group is chaired by a Quality Matron and its core membership includes Director of Nursing, Tissue Viability Nursing Service (TVN), Operational Managers, Podiatry, and an Intermediate Care Matron. Specialist practitioners can be co-opted in on an as-required basis. The group meetings remain open to TVN Link Nurses, staff members and students.

Pressure ulcer data is provided at service level by the Trust Risk Team monthly. Pressure ulcer data is analysed at both the Harm Free Care Pressure Ulcer Steering Group and the bimonthly Harm Free Care to identify themes and trends, identify, and monitor early interventions to minimise risk and harm.

Pressure ulcer incidents continue to be analysed on an incident basis by the TVN's and operational managers for each borough. The findings of the same are presented monthly to the HFC PU ODG. This process allows for immediate actions at operational level to be completed and the resulting management/learning from the same to then be shared and discussed at the HFC PU ODG.

Pressure ulcer reports, pressure ulcer policy review, clinical audits and clinical Standard Operating Procedures are also discussed and presented to this group. The group agrees and implements service targets, aims and objectives, and work streams.

2021-22 Data on Bridgewater Acquired Pressure Ulcers

During 2021-22 the Trust has continued to actively encourage reporting of all categories of pressure ulcers in line with national requirements.

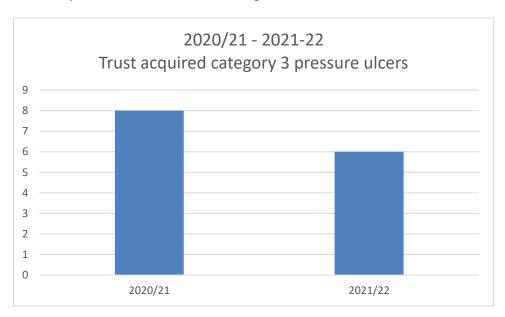
Category 2 Pressure Ulcers

During 2020-21 there were 339 category 2 pressure ulcers acquired under the care of the Trust, compared to 287 in 2021-22. This reflects a 15% (n=52) decrease of category 2 pressure ulcers.



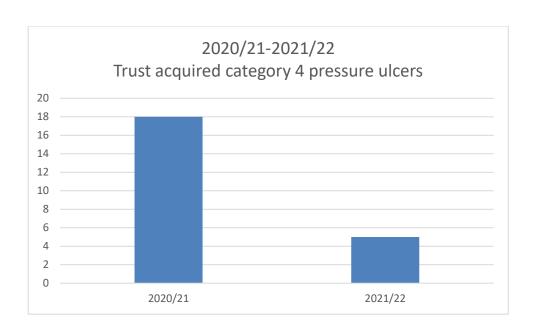
Category 3 Pressure Ulcers

During 2020-21 there were 8 category 3 pressure ulcers acquired under the care of the Trust, compared to 6 in 2021-22. This reflects a 25% (n=2) decrease of category 3 pressure ulcers that were acquired under the care of Bridgewater services.



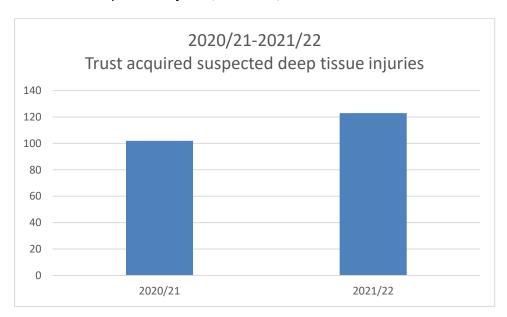
Category 4 Pressure Ulcers

During 2021-22 the data indicates the total number of category 4 pressure ulcers acquired under the Trust reduced by 27%, with 5 category 4 pressure ulcers being reported.



Deep Tissue Injuries (DTI'S)

In 2020-21 there was a 90% (n=102) increase in the number of deep tissue injuries acquired under the Trust. In 2021-22 the data indicates the total number of deep tissue injuries was 123, a further increase of 17% (21) from the previous year. This data shows an increase in the number of deep tissue injuries; however, the rate of increase has reduced by 73%.



Initial review of this significant increase during 2020-21 and again in 2021-22 has identified that this is potentially in relation to increased knowledge and awareness of deep tissue injuries, as well as an improved reporting culture. The processes for monitoring and managing of DTI's had also been subject to review. During 2020-21 increased monitoring through the PSG and SIRP commenced, and this has continued during 2021-22 with regular attendance and input by subject matter experts for both boroughs (TVN), who maintain a register of deep tissue injuries to ensure a more robust tracking and recording of the outcome of these specific ulcers. All DTIs

are reported via the PSG and reports are provided by the TVN. This provides a clear audit trail until the final category is determined or the pressure ulcer resolves.

Unstageable Pressure Ulcers

In 2020-21 there were 24 unstageable pressure ulcers acquired under the Trust. The number of unstageable pressure ulcer dropped significantly in 2021-22 with 4 unstageable pressure ulcers being reported.



The Impact of the Pressure Ulcer Improvement Plan

During 2021-22 the Trust has continued to review all reported pressure ulcer incidents as part of its commitment to maintaining patient safety through reducing harm and learning from incidents, identifying themes and trends, and improving the quality of care. This review process has continued to enable strategies to be identified that improve practice and reduce the risk of harm to patients. The weekly PSG meetings and Serious Incident Review Panels have continued to provide a forum for discussion, evaluation and learning opportunities. Through incident investigation and analysis, areas of good practice are identified along with areas for improvement. These meetings 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 continue to be reported externally to CCG via the national reporting system.

This process facilitates the identification of quality improvement strategies which aim to improve practice and reduce the risk of harm to patients. As part of such reviews the pressure ulcer Root Cause Analysis template has been revised in line with staff feedback. This will ensure that investigations focus on key areas that are likely to contribute to pressure ulcer development, further revisions of the investigation template in 2022 include:

- specific provision for the formal recording of the subject matter expert opinion by the TVN 's
- specific provision for the formal recording of approval of the investigation report by the operational managers prior to presentation at the Patient Safety Group.

Education and Training

The Risk Team continued to offer incident and investigation report training and during the current pandemic has delivered this as bespoke training packages to teams to meet service needs.

The Tissue Viability Nurses have continued to provide a hybrid package of training and have continued to provide on-going support to district nurses and allied health professionals on a consultancy basis. They also attend the teams Pressure Ulcer Huddles on a quarterly basis.

The Trust continues to improve its wider system learning through engagement with agencies and partners via our Care Home Support meetings and attendance at the Residential and Nursing Provider Forum with the aim of mitigating risks and improving outcomes for patients across the Bridgewater footprint.

Service Specific Quality Improvement Actions

Identified in 2020-21 these actions were implemented and continued to be monitored during 2021-22 to ensure the changes are embedded in practice.

These included:

- to increase the quality assurance of existing pressure ulcer care plans to prevent deterioration.
- To implement joint review visits between the visiting nurse and either the band 6 District Nurse/TVN or Community Matron. This has been established as best practice-however this has faced significant difficulties in some areas of district nursing as the Covid-19 pandemic has put health systems under unprecedented pressure, challenging the workforce. During each wave of the pandemic, service delivery has been reviewed and re-designed to minimise face-to-face interaction.
- To develop and provide basic awareness training for all appropriate clinical staff e.g., podiatrists and therapists across the Trust to up-skill staff in the prevention and identification of pressure ulcers. Completed and on-going as refresher training for those who onboard.
- To improve shared learning and patient safety information across all services by adopting a range of mediums, Quality Newsletter, webpages, meetings, quality report, bulletins and via Trust communications. This work continues as part of the Trust Communications Strategy.

- To improve the quality of patient incident investigations and design a specific Root Cause Analysis tool for pressure ulcers. This tool has been subject to service appraisal and is currently embedded in practice.
- To continue with the Pressure Ulcer Huddle Procedure. This allows staff to track patients
 who have pressure ulcers. This remains as an ongoing structured process which supports
 meaningful discussion. The huddle provides real time review or completion of care plans
 appropriate to pressure ulcers such as holistic assessments, pressure ulcer prevention,
 mental capacity, and equipment. District nurse teams continue to be subjects of random
 pressure ulcer huddle checks by Tissue Viability Team Leads.
- To utilise the skills, expertise, and knowledge of the Tissue Viability Nurses to support
 pressure ulcer management within the Trust to ensure the highest standards of care.
 The TVN advocates meetings were re- established during 2021-22 and has facilitated the
 development of specialist skills and knowledge which is shared across services, teams
 are invited to encourage those staff with a specific interest in wound care to join this
 group.
- To continue to work with partners to mitigate risks and improve outcomes for patients when care is shared. The established care home support meeting continued during 2021-22 and the plans are to continue the meeting in 2022-23.
- To continue to support patients to make informed choices in their care and record the
 'Voice of the Adult' in the Electronic Patient Records. A patient satisfaction survey for
 those patients receiving pressure ulcer management was completed in 2021-22 with
 very favourable results.
- To review the Trust pressure ulcer policy in line with national and local guidance. Adoption of the Cheshire and Merseyside (C&M) Policy with a Trust specific guidelines is being undertaken by the TVN Lead.
- To review of the current reporting classification of pressure ulcers incidence in line with National Patient Safety Agency and Cheshire and Merseyside Pressure Ulcer collaborative guidance. This work is currently underway by the Trust Head of Risk Management.

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 (MSO) 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 the MSO reviews each one. When necessary, the MSO will contact the incident reporter for further information and provide

support to manage the immediate actions required and put a plan in place to manage the longer-term actions.

In 2021-22, the Medicines Management newsletter 'Medicines Matters' included features on insulin safety, crushing of tablets and opening capsules, managing medicines during periods of hot weather, end of life care, lessons learnt and good practice by the Trust staff involving medicines, national patient safety alerts as well as 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 Commissioners. Controlled drug incidents are also reported to the local intelligence teams and information shared at the North West intelligence network meetings.

In 2021-22, 509 medication related incidents (11% of the total incidents reported over this period) were reported by Trust staff with 101 involving controlled drugs.

56% 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.

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

Throughout 2021-22, the Medicines Management team has worked with many services in the Trust. There are clear improvements in the support available for staff and medicines management standards, with a number of guidelines and procedures related to medicines being reviewed and approved for use. A significant amount of work has been undertaken to help drive the Trust's Quality Indicator on the safe use and management of insulin across the Trust. 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 continued to provide training sessions to specific services including topics such as the safe handling and management of controlled drugs, medicines stored in fridges ('cold chain' training), the use of Patient Group Directions to supply and administer medicines and sessions on Insulin Safety.

During the pandemic, a vaccination site was set up at Spencer House to support the national Covid-19 vaccination programme. This has enabled the safe and successful roll-out of Covid-19 vaccine administration to front-line staff in accordance with national requirements. Continued collaboration on a national level and with the local health economy has helped ensure the continued access to medicines for patients during the pandemic. The Medicines Management Team has also supported the School Aged Immunisation Service to ensure the safe provision of the Covid-19 vaccine to children.

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

Non-Medical Prescribing

The Trust currently has 305 Non-Medical Prescribers (NMPs) comprising of 82 independent/ prescribers and 223 community practitioner nurse prescribers on its NMP register. All 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. Robust governance procedures are in place for authorising prescribers within the Trust to both enable their prescribing rights for electronic prescribing and when ordering controlled stationery. Medicines Healthcare Regulatory Agency (MHRA) alerts and other relevant prescribing information are circulated to all prescribers and relevant services.

The Non-Medical Prescribing Lead provides monthly NMP update meetings to discuss safe and appropriate prescribing and clinical updates. Electronic prescription 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 their Clinical Lead. All NMPs were contacted to ensure they held a current Approval to Practice form to enable prescribing to be reviewed against their defined scope of practice. Prescribing compliance reports are shared with the commissioners.

The Royal Pharmaceutical Society Competency Framework for all Prescribers continues to be embedded across the Trust to support safe and effective prescribing.

Individual support is given to newly qualified NMPs and those returning to practice, as well as prescribing reviews for individual prescribers.

In 2021, 42 clinical staff enrolled and successfully completed a non-medical prescribing course at a North West university.

The Trust supports a systemwide approach to non-medical prescribing with our NMP Lead cochairing the North West NMP Leads forum.

Safeguarding

Safeguarding is protecting individuals' health, wellbeing, and human rights; enabling them to live free from harm, abuse, and neglect. Safeguarding is therefore integral to the provision of high-quality health care and is every individual's responsibility.

Our reviewed and refreshed Safeguarding Strategy for 2022-2025 sets out our commitment as an organisation to:

- Promote and prioritise the safety of children and adults at risk
- Ensure that everyone understands their roles and responsibilities in respect of safeguarding
- Provide a transparent culture of learning and development
- Make safeguarding personal.



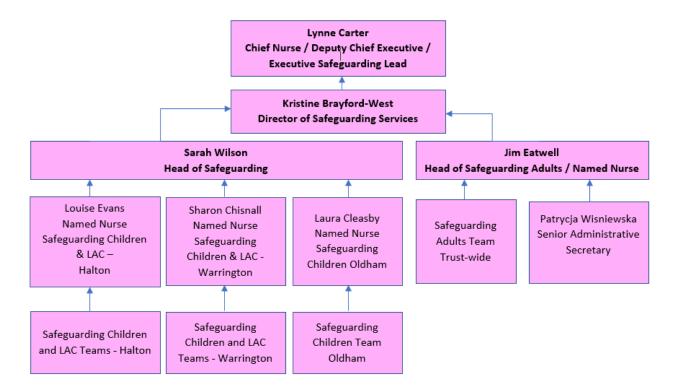
Our Safeguarding Year

The Safeguarding Team provides a crucial link across the organisation, ensuring our services are responsive to those who are vulnerable, 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; operational managers and partner agencies, including local authorities, the police and local place-based strategic partnerships.

Structure

Bridgewater provides safeguarding leadership at all levels of our organisation and across all Boroughs as demonstrated in the structure below.



As a provider of midwifery services, Bridgewater also had a Named Safeguarding Midwife however when our midwifery services transferred to St. Helens and Knowsley and Warrington & Halton Hospital NHS Foundation Trust on 1 November 2021 both these roles transferred with the service. As we entered 2022 – 2023 Oldham services transferred to Northern Care Alliance.

The Safeguarding Team have utilised a combination of face to face and virtual contact with staff, to ensure that they have remained easily accessible to all Bridgewater staff throughout the year providing a range of functions across the organisation 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, one to one, tripartite and group.
- Advice and support in relation to all aspects of safeguarding such as sexual and criminal exploitation, county lines, modern slavery, domestic abuse, sexual, emotional, and physical abuse, self-neglect, female genital mutilation, forced marriage, honour-based violence, hate crime, contextual, and radicalisation.

- 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 multiagency learning reviews, strategy meetings and conferences.
- Safeguarding input into the Trust's weekly SIRP (Serious Incident Review Panel), Patient Safety Meeting, Harm Free Care and Learning Disability Groups
- Support to all staff regarding child deaths and the 'Child Death Process'.
- A comprehensive range of 28 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 and membership of the Corporate Clinical Policy Group.
- Leadership and active involvement in the Trust's contribution to safeguarding inspections such as the Joint Targeted Area Inspection (JTAI) and the Inspection of Local Authority Children Services (ILAC).

There is a comprehensive dedicated safeguarding section on the intranet which provides detail of the Safeguarding Teams, with information and guidance relating to a variety of safeguarding issues including legislation.

Assurance

The senior Safeguarding Team provide assurance that as a Trust we are fulfilling our safeguarding statutory responsibilities under Section 11 of the Children's Act (2004), The Care Act (2014) and Regulation 13 (CQC).

Internal Assurance

The Safeguarding Trust Assurance group (STAG) 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 and the Quality & Safety Committee within the Trust.

During 2021-22 quarterly(Q) STAG meetings have been held virtually. The STAG meeting planned for Q4 was cancelled as Cocvid-19 related pressures increased, however, an extraordinary meeting was held on 7 February 2022 which focused on providing (at the request of SIRP) oversight of the progression of several safeguarding related internal action plans.

Weekly Named Professional meetings have continued virtually throughout the year. These, together with six-weekly senior Safeguarding Nursing Team meetings provide supportive, clinically, and professionally focused forums for our senior Safeguarding Nurses as well as promoting consistency in approach to safeguarding across the organisation and supporting progression of a shared work plan.

External Assurance

The Trust is fully engaged in supporting local accountability and assurance structures; safeguarding assurance is provided to our Clinical Commissioning Group. Commissioners in Halton and Warrington. This is achieved 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 Safeguarding Accountability and Assurance Framework 2015 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 commissioners on a quarterly basis alongside quarterly reports and other evidence required as part of the Quality Schedule.

During 2021-22 the Trust's Safeguarding Team have been able to provide significant assurance around policies and procedures, safeguarding supervision, and multi-agency engagement. Throughout the year we have experienced challenges in relation to safeguarding training compliance and the provision of Initial Health Assessments for Children in Care (CIC) within statutory timescales. This has resulted in being awarded reasonable assurance overall. Further information relating to these areas of challenge is provided later within this report.

Written and verbal feedback received from Halton and Warrington CCG throughout 2021-22 indicates that our commissioners recognise and value the contribution the Trust makes to local multi agency safeguarding arrangements. The following quotes are taken from our Quarter 3 (Q3) feedback from Halton and Warrington CCG's Designated Nurses.

- 'The Trust have developed a strong safeguarding adults' team and keep extending their role and remit'
- 'Thank you to the team for their continued hard work and tenacity in ensuring that Bridgewater consistently contributes to keeping children and young people in Warrington safe'
- 'Warrington CCG is assured that the trust is dedicated to the safeguarding of Children and Adults. Thank you to the team for the ongoing hard work and contribution to children and adult safeguarding for Warrington as a place and for the invaluable commitment to the children in care agenda'
- 'The Trust, from an adult perspective, are committed to improving the mechanisms for adult safeguarding by supporting business cases and bringing the training data issues to the attention of the Trust's Quality and Safety Committee, carrying out a deep dive and formulation of an action plan which is monitored via the Trust's People Committee'
- 'The CCG were impressed with the development of a Standard Operating Procedure around the discharge of children from paediatric services where there are concerns about the welfare of the children'

Safeguarding Adult Board/ Safeguarding Children Partnership

The Trust provides services across Halton, Oldham and Warrington. Each Borough has Multi Agency Safeguarding Partnership and Safeguarding Adults Board (SAB) arrangements in place, which as a relevant partner, the Trust contributes to.

The Executive Lead and Director for Safeguarding are members of the Executive Health Group for Warrington and 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.

During 2021-22 most Safeguarding Partnerships meetings continued to be held virtually. An exception to this was Warrington Safeguarding Partnership and Warrington Safeguarding Adult Board Development Day which was held face to face on 11 March 2022. The Trust was represented by the Head of Safeguarding Adults.

During 2021-22 the Safeguarding Team have led the Trust's contribution to a variety of safeguarding related reviews across the Trust's footprint. These have included child safeguarding practice reviews, domestic homicide reviews, safeguarding adult reviews and learning circles, where requested chronologies and single agency analysis reports have been prepared by the senior Safeguarding Team. These have been informed by our discussions with frontline practitioners. Members of the Safeguarding Team have attended multi agency panel meetings, whilst practitioners have attended events which provide excellent opportunities for frontline practitioners from a variety of agencies to come together and reflect on their involvement with an individual or family for the purpose of identifying any shared learning.

Staffing / wellbeing/support/ development

Due to an increase in safeguarding related activity across the Trust and the impact of sickness and vacancies within teams, staffing has been challenging at various points throughout the year. Staffing has been monitored daily and reported via the Covid-19 Command and Control structure from Silver to Gold when appropriate. Where necessary we have utilised a variety of approaches to add additional capacity into the Safeguarding and CIC Teams either on a temporary or a permanent basis.

Over the last 12 months each of the Trust's Safeguarding Teams have had the opportunity to participate in a 'time to talk' session with members of the Trust's Executive Team. During one of these sessions in January 2022, Halton Safeguarding Children and CIC Team were able to outline to the Trust's Director of People and Organisational Development some of the pressures they have been under during the pandemic and discuss what they felt would be useful in terms of support. Following on from this, Halton's Named Nurse worked with the Associate Director of Organisational Development (OD), to put together a bid for national monies to support wellbeing. The bid was successful, and the Trust have been awarded £22,500 to be spent on

supporting the Safeguarding and CIC Teams across the Trust. The Head of Safeguarding is currently working with the Associate Director of OD to create a model which will see all Safeguarding and CIC Team members have access to both psychological support and restorative supervision.

During 2021-22 two members of Warrington Safeguarding and CIC Team have undertaken the Mary Seacole NHS Leadership Development Programme.

Safeguarding Supervision

All Bridgewater staff have open access to reactive safeguarding supervision provided by a member of either the Trust's Safeguarding Adult Team or the Trust's Safeguarding Children Teams. In line with the Trust's Safeguarding Supervision Policy, planned safeguarding supervision is offered to frontline practitioners within children's services on a quarterly basis or more frequently if required. The format of safeguarding supervision is tailored to the practitioners need and role within the organisation and may be offered either one to one or as a group. Compliance is monitored and reviewed quarterly at STAG.

	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Halton	93.5%	95%	92.85%	96%
Oldham	68%	59%	53%	88%
Warrington	97.3%	100%	97.8%	96%

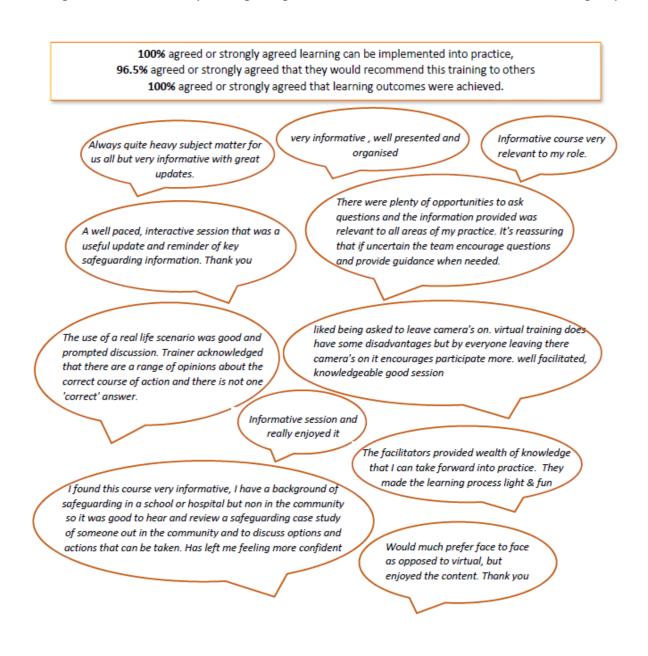
The Intercollegiate Document (2019) sets the expectation that all staff who deliver safeguarding supervision have themselves completed an accredited safeguarding supervision course within 12 months of coming into post. To facilitate this for our new starters, the Trust's Head of Safeguarding has worked with the NSPCC (National Society for the Prevention of Cruelty to Children) and the Trust's Education and Professional Development (EPD) Team to commission the delivery of the NSPCC safeguarding supervision training and make this 5-day training available within the Trust to a cohort of 9 staff from across the Trust's Safeguarding, CIC and Family Nurse Partnership Teams. Part one of this training was delivered face to face between in March 2022. Excellent feedback was received from all participants as well as from the NSPCC facilitator who praised the groups engagement, enthusiasm, and knowledge base. Part 2 of this training will follow in April 2022.

Safeguarding Training

The Trust has a Safeguarding Training Strategy and Safeguarding Training Needs Analysis which sets out an approach to safeguarding training which is consistent with the Intercollegiate Documents 2018, 2019 and 2020, Working Together to Safeguard Children 2018, NHS England Competency Framework for Prevent 2015 and NICE (National Institute for Health and Care Excellence): Domestic Violence and Abuse 2014.

Apart from safeguarding training Level 3 (adults and children's), all mandatory safeguarding training is delivered via eLearning packages which staff can access via their ESR (Electronic Staff Record). Prior to the pandemic, the Safeguarding Team delivered Level 3 training face to face however due to continued restrictions during 2021-22, most Level 3 training has been delivered via a blended offer which combines a Level 3 eLearning package with virtual face to face delivery by members of the Safeguarding Teams via Microsoft Teams.

The EPD Team have undertaken a survey which captured the following—feedback from practitioners who have accessed the blended Level 3 safeguarding training. The Safeguarding Team have taken on board the feedback received and where appropriate have started to reestablish a face-to-face offer for Level 3 training, whilst at the same time continuing to make training available virtually recognising that this works well for some staff groups.



In October 2020 the Trust's Safeguarding, and EPD Teams identified a shared Trust risk. This risk related to the accuracy of the safeguarding training information held within ESR and its availability to inform internal and external reporting. Together the teams worked with the Workforce Team at Warrington and Halton Hospital NHS Foundation Trust (WHHT) to identify and address the range of factors which were impacting on this risk.

At the beginning of Q3 2021-22, at the request of the Trust's Quality and Safety Committee, a deep dive into safeguarding training compliance was undertaken. This resulted in the development of an action plan which was monitored via the Trust's People Committee. This action plan recognised the varying roles and responsibilities of both Operational and Corporate Teams in ensuring that all staff are equipped with the appropriate safeguarding related knowledge and skills.

Training competencies for Level 1,2,3 and 4 adults and children are now appropriately aligned to position numbers within the Trust and the safeguarding training data available from ESR is reported in a way which is consistent with the expectations set out within the Trust's Safeguarding Training Strategy and Training Needs Analysis. Therefore, in March, the risk was closed.

The Heads of Safeguarding continue to meet monthly with the Trust's EPD Team and the Workforce Team at WHH. These meetings promote joint ownership and provide an opportunity to review the safeguarding elements of the essential training report, identifying and addressing any issues as they arise.

Safeguarding Risks and Incidents

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

The senior Safeguarding Team have sight of all incidents and are core members of Patient Safety meetings and the Trust's SIRP, where 72-hour reviews and Root Cause Analysis investigations are reviewed and approved.

Involvement in the Trust Patient Safety and SIRP meetings has provided 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 adults and children. By providing a retrospective contribution to the clinical overview from a nursing perspective, the Safeguarding Team has supported clinical services to determine whether care providers acted reasonably to prevent harm occurring to the individuals using their service and given oversight and challenge to how our own services work to safeguard children and adults at risk.

There have been a number of safeguarding incidents across the Trust, which have led to 72-hour reviews and Multi Agency Rapid Reviews. The details have been shared in the Command-and-Control process.

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 and key stakeholders.

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

- Halton's JTAI Action Plan and the Mental Capacity Act 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.

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 Services has an active role representing the Trust at the monthly Channel Panel meetings in Oldham. In Halton and Warrington Health representation at Channel Panel comes from the CCG's Designated Nurses 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. This demonstrates the Trust's activity and PREVENT training compliance.

MARAC (Multi Agency Risk Assessment Conference)

Multi Agency Risk Assessments Conferences (MARAC) are victim-focused meetings where information regarding the highest risk cases of domestic abuse is shared between police, probation, social care, health, housing and IDVAs (Independent Domestic Violence Advocates), as well as other specialists from the statutory and voluntary sectors. Based on the information shared, risk and protective factors are identified, and a safety plan is created for each victim.

The Safeguarding Team coordinate the Trust contribution to MARAC meetings in Halton, Oldham, and Warrington. In each Borough, 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 directly with high-risk victims and their families. Safeguarding Nurses attend virtual MARAC meetings in Halton twice monthly, whilst in Oldham MARAC is held over 4 days per month. In Warrington, the Trust's information is shared at MARAC by the Named Nurse for Primary Care who attends to represent the health economy.

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 has been impacted by the team's prioritisation of other workstreams particularly during the early part of the reporting year however the following single agency audits have been completed.

- Quality audit of safeguarding supervision (Warrington)
- Mental Capacity Act re-audit (Halton and Warrington)
- Quality audit of review health assessments (Warrington)
- Quality audit of Initial Health Assessments (Halton)

The Trust has also contributed to multi-agency audit activity across each Borough. Themes have included:

- Domestic abuse
- Mental health of children with complex needs in Warrington and
- Emotional harm in Halton.

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

Child Deaths

All child deaths whether expected or unexpected are reported on Ulysses (Incident Reporting and Risk Register) and the Safeguarding Team coordinate the Trust's contribution to the Child Death Review process, which includes the Child Death Overview Panel (CDOP). 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 (such as smoking, high blood pressure and diabetes).
- Providing ongoing support to the family
- Learn lessons to reduce the risk of future child deaths and promote safety and wellbeing of other children.

Number of child deaths

	2019/20	2020/21	2021/22
Halton	4	13	9
Oldham	35	14	28
Warrington	15	13	13

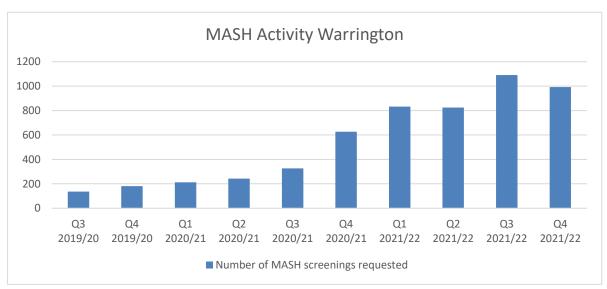
Most of the children who have died whilst under the care of the Trust, have done so either because they have had life limiting conditions or because they were born extremely premature and there were no safeguarding concerns associated with the child, family and, or the circumstances of their death. Unfortunately, a small number of children have died because of a tragic accident and one death which is being treated as homicide.

During 2021-22 we were required to attend the Coroners Court in relation to one child's death. This was a child death that was 'safe sleep' related.

Multi Agency Safeguarding Hub (MASH)

MASH Teams are designed to facilitate multi-agency information sharing and decision making, by bringing together representatives from health, local authority, and the police alongside other non-statutory services and the voluntary sector. Health is pivotal in the screening process to ensure all relevant information is shared to secure the best outcomes for children and families

The Trust is commissioned to provide Safeguarding Children Nurse support to the MASH in both Warrington and Oldham. In Warrington, the MASH also benefits from the support of an Early Help Health Visitor. This role, which was made permanent within MASH during 2021-22, supports early help within the MASH with a particular focus around the Neurodevelopmental Pathway. In both Boroughs there has been a notable increase in the level of activity passing through MASH when compared with pre-Covid-19 levels. Warrington MASH activity is given as an example:



Office for Standards in Education, Children's Services and Skills (Ofsted) undertook a focused visit to Warrington Children's services in December 2021. Inspectors looked at the local authority's arrangements for the 'front door'. The Trust have two nurses working as part of these arrangements: a Safeguarding Specialist Nurse and an Early Help Health Visitor. The following information is taken from the outcome letter published by Ofsted on 31 January 2022. Inspectors found that:

• 'Partnerships are strong and effective in the MASH, with a continued emphasis on relationship-based working and a systemic approach. Agencies work collaboratively to share information and respond to risk in a timely way. Education and health colleagues work alongside social care and the police effectively to ensure that vulnerabilities are recognised early, and a multi-agency response is put in place promptly to support children and families. Daily risk meetings are held virtually with partners during the pandemic, providing a useful forum for information to be shared about police notifications. This ensures that the most appropriate support for children is identified quickly'

During 2021-22 the Trust's Safeguarding Team worked with Oldham CCG to develop a new integrated model within Oldham MASH. This model has seen the commissioned health resource within MASH double and Safeguarding Nurses employed by both the Trust and Oldham CCG working together in the MASH to represent Oldham's health economy. Solihull's recent Joint Targeted Area Inspection (JTAI) which has followed the high-profile death of Arthur Labinjo-Hughes in the Borough, identified inadequacies in the health (and police) resourcing of MASH as well as the ability of those working within MASH to have access to all the health information, they required to inform their information sharing and contribution to decision making. In response to this, Oldham Safeguarding Children Partnership have undertaken a benchmarking exercise against the findings from Solihull. Given the planned transfer of the Trust services to Northern Care Alliance on 1 April 2022 the Trust provided a joint submission between our two organisations to detail the current model and resource within MASH.

Rather than a MASH, Halton multi-agency front door is the Integrated Contact and Referral Team (ICART). Halton's 0-19 service are commissioned to provide one whole time equivalent nurse into the ICART to support the Boroughs early help processes. As part of an improvement plan which followed the Ofsted visit to Halton Borough Council in October 2021, the Trust are one of a number of partners who have agreed to contribute to a review of the form and function of ICART and agencies contribution, roles and responsibilities within It.

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 in Warrington and Halton. Each Borough Team prepares a quarterly assurance report for their commissioners. These reports include information relating to the teams'

achievements and challenges in the quarter, alongside performance data, progress towards gathering health data to inform the local authorities annual data return to Ofsted (known as SSDA903) and a case study demonstrating how the work of the team has impacted on the outcomes of a child or young person.

In Q2 of 2021-22 each Borough-based Team as part of their evidence to support the quality schedule completed an Audit Tool to measure provider compliance with 'Promoting the health and well-being of Looked After Children - Statutory guidance for Local Authorities, CCG's and NHS England (March 2015) and Section 11 Children Act (2004).

Performance and quality measures relating to the completion of Review Health Assessments for CIC, did not identify any areas for concern. However, the completion of Initial Health Assessments (IHA's) within statutory timescales continues to present significant challenge in Halton. The Trust's CIC Team met with the Trusts's Community Paediatrics and Halton Borough Council stakeholders, to the pathway, to identify and address barriers. Compliance within statutory timescales remained low in quarter 3 and therefore addressing this is a priority for the Trust, although improvements were noted in quarter 4.

Relevant factors include:

- Provision of timely notifications of children who are new into care by Halton Borough Council (standard is within 48 hours of a child entering care)
- Timely provision of IHA paperwork and consent by local authority (standard is within 5 working days of a child entering care)
- Capacity within the Community Paediatric service to provide IHA appointments
- Return of completed, quality assured IHA to the local authority (standard is within 20 working days of a child entering care).

Liberty Protection Safeguards (LPS)

The Mental Capacity (Amendment) Act 2019 has significant implications for the Trust. Most notably in terms of 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.

Implementation of LPS was deferred by the Department of Health pending formal consultation on the Code of Practice and related Regulation which commenced in March 2022. The senior Safeguarding Team are actively engaged in the LPS Local Implementation Networks in both Halton and Warrington along with the Cheshire and Merseyside LPS Forum to ensure the Trust is prepared for implementation when a date is formally set.

Safeguarding Adult Activity

At the start of the Covid-19 pandemic, contacts into the Adult Safeguarding Team increased significantly and this increase has been maintained across 2021–22 as the graph below demonstrates.



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 safeguarding supervision from the Adult Safeguarding Team. Attributing causes for this increased activity may include:

- Impact of Covid-19 in terms of preventative measures in place to reduce risk across the wider health and care economy
- Safeguarding Specialist Nurses being linked to individual Boroughs, enabling development of closer working relationships with clinical teams and to provide additional scrutiny to clinical incidents

As a result of the increased activity, there have been significant capacity and demand issues within the Safeguarding Adult Team, however all essential work relating to reporting and safeguarding advice has been completed. Recognition of this demand by members of the Executive Team resulted in agreement for additional Specialist Nurse resource within the Team for which recruitment is expected to start early in Q1 of 2022-23.

One of Specialist Safeguarding Nurses has continued to provide dedicated support to the Trust's Learning Disability Improvement Group. Her work has included completion of the National Learning Disability Benchmarking Audit for 2021–2022 and development of a new Trust guideline: 'Working with People with a Learning Disability' which was launched in April 2022.

The Safeguarding Team have oversight of 72-hour reviews from unexpected deaths and all deaths involving a person with a learning disability (in line with changes to the Learning Disabilities Mortality Review (LeDeR) programme), further work is being undertaken to include all deaths involving a person with autism. Review of these incidents has not identified any lapses in care from the Trust services that contributed to the persons death. It has enabled learning in areas particularly around communication from Primary Care and the Risk Team invite comment from Primary Care partners in these instances.

Campaigns, Wider Engagement and Social Media

World Elder Abuse Awareness Day (WEADD) takes place every year on the 15th of June. The Safeguarding Adult Team sought to mark this with a message of 'Ask, Question, Act':

Ask: Do you feel safe?

A simple question asked of the people we are caring for may just be the trigger for the person to be able to talk about their concerns.

Question: Be 'professionally curious'

Try to explore and understand what is happening within a family rather than making assumptions or accepting things at face value.

• Act: Act to support the person

Seek advice and support from the Safeguarding Adult Team, make a safeguarding referral to the local authority. Do not ignore abuse.

Following a robust message from the Chief Nurse in the Trust's internal bulletin, this message was shared across the Trust on the desktop of all computers alongside a 7-minute briefing focussed on domestic abuse in older adults and promotion via 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 on safeguarding adult and children.

Priorities for 2022-2023

- Maintain the focus on safeguarding as a key thread throughout the organisation, ensuring that our staff are equipped with the appropriate knowledge and skills around safeguarding 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 Liberty Protection Safeguards (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.

- Supporting and encouraging staff to complete role-specific safeguarding training with a particular focus on promoting the completion of Level 2 eLearning packages and increasing the uptake of the Trust's Safeguarding Adults' Level 3 training offer.
- Reviewing expectations around MCA (Mental Capacity Act) and rationalising eLearning options currently available within ESR.

Infection Prevention and Control (IPC)

2021-22 has been a challenging year for the Infection Prevention and Control (IPC) service due to the Covid-19 pandemic. Organisations were forced into business continuity, postponing relevant meetings such as the IPC Group and associated internal and external meetings for most of this period. This enabled the Trust to focus on the unprecedented demand of the pandemic.

The IPC Group is a subgroup of the Quality and Safety Committee, where IPC assurances are monitored and discussed to ensure the Trust is meeting the legislative requirements of the Health and Social Care Act (H&S Care Act) Code of Practice (CoP), the Covid-19 Board Assurance Framework (BAF); a document specifically aimed at monitoring assurance against the requirements of the pandemic, and IPC associated national guidelines. In January 2022 the IPC Group meetings recommenced monthly to support the Trust in returning to pre-pandemic practices.

An effective IPC advocates programme is a requirement of the H&S CoP. IPC advocates are link workers across the organisation who are key to supporting the delivery of the IPC annual work programme. A revised IPC advocate programme commenced in January 2022 and there is a planned training programme for 2022-23 to provide the IPC advocates with the knowledge and skills required. Monthly meetings and workshops are provided to support the communication of current and emerging IPC issues. The IPC advocates support the delivery of the hand hygiene, bare below the elbow, Personal Protective Equipment (PPE), cleanliness of the environment, and cleanliness of equipment assurances.

Covid-19

The IPC service supported the delivery of the Covid-19 and Flu immunisation programmes, working alongside the Performance Team in delivering assurances in line with the Quality Assurance Framework for Covid-19 vaccination sites. This framework provides organisations delivering Covid-19 vaccine services with a quality assurance tool, aligned to the operating frameworks and standard operating procedures underpinning the delivery models for vaccination centres.

A Covid-19 polymerase chain reaction (PCR) testing service was implemented in November 2021 in accordance with national guidance to support the workforce returning to work timely, due to the delay in test results using the Covid-19 testing sites. This was discontinued when

guidance changed to Lateral Flow Device (LFD) testing only. Monitoring Trust compliance with LFD testing will form part of the 2022-23 annual work plan.

The IPC service will continue to support the Trust with the ongoing changes in national guidance, ensuring policies and guidelines are updated to ensure the safety of our staff and patients.

Healthcare Associated Infections

There have been no Methicillin Resistant Staphylococcus Aureus (MRSA), Escherichia coli (E.coli) bacteraemia, or Clostridium Difficile Toxin (CDT) cases reported in 2021-22.

Antimicrobial Stewardship

The Antimicrobial Steering Group (AMS) monitors the use of antimicrobials through providing evidence of audits in line with the Antimicrobial Steering Group (AMS) Strategy for the Trust. The AMS Group reports to the IPC Group providing evidence against the H&S CoP. The IPC Group will continue to support the delivery of the AMR strategy.

Preventing Healthcare Associated Gram Negative Blood Stream Infections (GNBSI)

The GNBSI meetings reconvened in January 2022 and the IPC service are active attendees within this national directive, working collaboratively with the local hospital and community teams, the local public health team and the local authority. The aim is to support the implementation of strategies such as the nutrition and hydration workstream and focusing on reduction of catheter associated urinary tract infections (CAUTI). The Quality Matron is designated lead of the CAUTI group for the Trust where all suspected and confirmed CAUTIs are investigated. The IPC service supports this group as part of the wider GNSBI collaborative work.

Website

The Trust IPC intranet page has been revised to provide staff with current information and resources in relation to IPC and Covid-19 pandemic. A full review of the internet page is a priority in the first quarter of 2022-23.

Policies

Reviewing the existing IPC policies and guidelines has been challenging in 2021-22 due to the constraints of the pandemic. A review of the existing IPC manual and new policies that are required, is a priority for 2022-23.

Training

Overall IPC mandatory training compliance for 2021-22 is 89% for level 1 and 77% level 2. PPE training became mandatory during the first quarter of the pandemic to ensure staff were adequately trained in donning (putting on) and doffing (taking off) procedures. Face to face PPE training was initially implemented however the Trust purchased the use of artificial

intelligence in quarter 4 2021-22 which will replace the current training process providing assurance of delivery and recording of the training data. This project is due to commence at the end of April 2022.

Aseptic Non-Touch Technique (ANTT) and Hand Hygiene lightbox training has continued across the organisation during 2021-22. All IPC training requirements are monitored and recorded through the Educational Professional Development Department (EPD) and reported monthly at the IPC Group. ANTT training for the dental network will be included in the 2022-23 IPC work plan, which will provide assurances in the dental network. During the pandemic, many of the dental staff were redeployed into priority one services to support the pandemic response or to support the vaccination programme.

The IPC service is the lead for the face filtering respirator (FFP3) fit testing programme utilising the qualitative (using solutions to test the seal of the mask on the face so the wearer should not be able to taste the solutions) and quantitative methods (measuring particles inside and outside of the mask using technology to assess the effective seal of the mask on the wearers face). The training is inclusive of a wide variety of FFP3 masks to ensure staff are protected with several products in line with the requirements of the Health and Safety Executive (HSE) legislation and the IPC NHSEI quality improvement project; a national objective to support the development of face fit testing for the future. The IPC service has a dedicated nurse within the team completing this work maintaining robust training records.

External meetings

The IPC Lead attends the regional North West IPC meetings, cascading information through the organisation's governance structures and IPC Group. The IPC lead is also a member of the Infection Prevention Society (IPS) Educational and Professional Development committee, supporting the development of IPC nurses across the region using the IPS competency framework, a framework specific for IPC nurses to evidence development and leadership skills.

The Future

Reflecting on 2021-22 the priority for 2022-23 is to focus on providing assurance of compliance with the Assurance Framework, embedded within the H&S Care Act CoP and develop the Annual Work Plan for 2022-23 in line with the CoP, and the updated national policies and guidance associated with IPC. These will be presented and monitored through the IPC Group providing assurance to Trust Board via the Quality and Safety Committee.

Safer Caseloads in District Nursing

Prior to the pandemic, triangulation of staffing capacity against demand and clinical dependency within district nursing services was undertaken monthly using the Safer Nursing

Care Tool (SNCT). This provided 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 the development and implementation of electronic workforce and caseload monitoring systems.

During the pandemic, assurance was provided to the Trust Board that 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 situation reports produced by clinical services within boroughs / directorates. This had oversight by the Directors of Operations and Directors of Nursing who 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 and have continued to date.

The Trust has implemented electronic rostering (or e-rostering) using Health Roster, which is a means 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 Health Roster. Additional work has also been undertaken to develop electronic caseload scheduling systems which will further enhance the oversight and monitoring of nursing caseloads.

In June 2021 the Trust participated in a national benchmarking audit exercise using the Community Nursing Safer Staffing tool, led by NHSE. The audit included analysis of several areas and the length of time staff took doing these, which comprised:

- Acuity/dependency of patients on caseloads
- Face to face patient care
- Non-patient facing care
- Administrative duties
- Travel
- Funded staffing numbers versus actual in post
- Quality assessment of teams prior to commencement of audits

Data from 19 Bridgewater community teams, including specialist nursing teams alongside all district nursing teams, was collected in line with the guidance set out by NHSE who led this national audit. Information was gathered from 59 trusts across England with a total of 617 community teams taking part. Staff kept work diaries for up to seven days and recorded patients they visited each day and assessed and logged each patient's dependency/acuity score

Once the audits were completed these were submitted to the audit team at NHSE for review and analysis. The Trust received the individual audit result reports in January 2022, which included benchmarking against the England averages both pre and post the Covid-19 pandemic and suggested areas for improvement and further review. These results are currently being analysed to establish any actions required by the Trust. NHSE suggest that trusts repeat staffing audits using the Community Nursing Safer Staffing tool every six months to monitor staffing across community services which will support future workforce planning and ensure teams have sufficient staff to manage patients safely.

NHSE are currently developing tools to support trusts to do this independently. The Trust plans to implement this process once the audit tools are available to continue to monitor staffing within community nursing teams bi-annually. The results will help to inform future workforce planning along with the triangulation of other data such as incidents, complaints and exit interviews.

Midwifery (Halton)

Bridgewater maternity service was part of the Regional Strategic Transformational Partnership across Cheshire and Merseyside, and Halton midwifery service was involved in the maternity work-stream within that partnership. Ongoing work within midwifery services nationally and locally included transforming the way that maternity services were delivered which involved 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. As the Trust did not provide any in patient midwifery services, the Trust was unable to meet the recommendation in relation to continuity of care, whereby women receive the same midwives throughout their pathway. As such, it was agreed to transfer maternity services from within the Trust to neighbouring organisations.

Halton midwifery services were successfully transferred to Warrington and Halton Hospitals NHS Trust and St Helens and Knowsley Teaching Hospitals NHS Trust on 1st November 2021 via the Transfer of Undertakings (TUPE) process. Prior to that time, Halton midwifery service continued to be the only midwifery service nationally based within a Community Trust. The service delivered the full remit of pregnancy care across Halton and provided a home birth offer.

Padgate House

Padgate House is a single storey 'care home' that provides intermediate care, nursing and rehabilitation for up to 31 people. Padgate House also supports up to four people requiring neurological rehabilitation. The service provides short term support in an intermediate care setting to help people regain daily living skills and independence. Padgate House is owned and managed by Warrington Borough Council, with nursing services provided by the Trust.

Padgate House Falls

The recommended benchmark for recording falls is per 1,000 bed days however not all Trusts report falls consistently, so the National Patient Safety Agency does not recommend comparing Trusts' recorded falls rate. The operational manager and clinical lead physiotherapist take part in the National Falls Audit on a yearly basis.

During 2021-22 Padgate House was forced to close to admissions on two separate occasions due to Covid-19 outbreaks in the home. The impact of the global pandemic on service delivery at Padgate House has meant that many of the patients have spent prolonged periods in isolation in their individual rooms. The admission criteria implemented due to the pandemic meant that all patients admitted were isolated in their rooms without visitors for a period of 5 days. The building design is not conducive to patient isolation resulting in patients having to reside in one room. The impact of this meant it could take several minutes for a member of staff to reach a person who had been assessed at risk of falls if the nurse call bell sounded or a falls clip alert was triggered. This may be one of the reasons why patients had made attempts to mobilise unsupervised against professional advice and guidance and why many of the falls were unwitnessed. Despite this, during 2021-22 there was reduction in the number of falls that occurred within Padgate House compared to the previous year and only a slight increase compared to the pre-pandemic years.

Falls in Padgate House 1st January 2021 to 31st December 2021.

Total Falls Rates	Padgate House
	Jan - Dec
2016/17 = 225	2017 96
2017/18 = 185	2018 80
2018/19 = 229	2019 100
2019/2020	2020 158
2020/2021 =120	2021 108

• There was a total of 108 falls reported under Padgate House during 2021:

- o 2 of these were under the cause fall from height under 2m
- o 42 of these were under the cause slip / trip / overbalance
- 7 of these were under the cause slip / trip / overbalance during treatment or assessment
- o 42 of these were under the cause unwitnessed fall
- o 16 of these were under the cause unwitnessed fall (patient in isolation)
- There were 0 incidents reported as severe / death
- There were 3 incidents reported as moderate harm with all the patients sustaining hip fractures.
- There were 27 incidents reported as minor harm requiring a first aid intervention as follows:
 - 6 reported as grazes
 - 3 head injuries whereby the head injury protocol and neuro observations were monitored post fall
 - o 2 reported as hip pain no fracture
 - 5 reported as lacerations not requiring suturing
 - 7 reported as bruise
 - o 2 reported as local swelling and 2 with unknown injuries reported.
 - Of the 27 only 1 patient was admitted to hospital post fall and was treated with IV antibiotics for a UTI which was deemed the potential causative factor in the fall.
- There were 67 falls reported as insignificant or no harm falls with a further 11 reported as near miss incidents.

All patient falls within Padgate House are reviewed by the intermediate care matron and physiotherapist clinical lead on an individual basis at the time of the event and /or following notification of the incident report. Post falls protocols are implemented, and patients are reviewed by either the GP and/or the therapists as required.

Within Padgate House, there is a monthly Focus on Falls Group, which is a multidisciplinary team meeting where monthly falls data is critically analysed. The aim of the group is to reduce the number of patient falls at Padgate House by creating a harm free culture, which encourages incident reporting. Analysis of the fall's investigation reports takes place to determine if all relevant actions were taken by staff, to identify any emerging patterns or trends and to explore any quality improvements that can be made to improve patient safety and mitigate risk. As a result, a number of improvements have been made in practice:

- Devised a falls specific investigation tool
- Reviewed the bed rail risk assessment
- Reviewed the 'Bed Rails in the Community Guideline'
- Reviewed the Falls Safe bundle
- Exploring the introduction of 'Patient Safety Huddles'
- Improvements in the completion of incident reports

The Focus on Falls work plan for 2022-23 will continue to deliver improvements in areas identified following analysis of the fall's investigations, key areas identified already include further work on the accurate completion of incident reports and mental capacity assessments.

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.

All the rooms in Padgate House are single occupancy rooms without ensuite, however whilst the bathroom facilities are shared, they do have lockable doors and in use signage. Every room has a commode for use if required in outbreak situations or in the case of being unable to use the bathroom facilities.

Community Dental

The Trust provides specific and specialised dental services that are commissioned by NHS England in Cheshire and Merseyside (C&M), and Greater Manchester (GM). 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.
- adults with special needs whose treatment cannot be carried out in high street. practices and therefore managed by the Bridgewater's community dental service.

Since September 2021 our services in Greater Manchester has been expanded to include Bury, Oldham and Rochdale boroughs. The Trust are progressing with the integration of the staff and ways of working to ensure the provision of the highest quality care.

Like all NHS services the Covid-19 pandemic has had an impact on the Trust's ability to deliver services as usual. The Trust have adapted to this by offering virtual triage assessments; triaging patients in priority order and securing available capacity to manage long waits. There has been investment in the analytical resources to adapt to these challenges so that we have remained sighted on our key patient flow challenges across the network

In addition, some of the other developments undertaken in year, include:

- Successfully piloted and implemented a 'day case' model for the paediatric general anaesthetic clinic at Royal Bolton Hospital.
- Continue to work with revised Office and chief Dental Officer's 'transition to recovery', and infection prevention and control procedures.
- Delivery of epidemiology in both C&M and GM (ongoing into 2022).
- Delivered our accredited sedation training to a number of staff, enabling more staff to deliver treatments under inhalation sedation.

The Trust's capital programme for 2021-22 saw the following improvements made to the service we offered to patients:

- Air conditioning being installed in Ashton Primary care Centre and Hallwood.
- Replacement worktops at Dene Drive in dental surgery and work tops and cabinetry in the decontamination rooms.
- New orthopantomogram x-ray machines at Ashfields, Moorgate and Oldham ICC.
- New intra oral x-ray machines at Hallwood, Health Care Resource Centre(HCRC), and Fountains.
- New inhalation sedation machines in Tameside.
- Replaced washer disinfector at Moorgate.
- Replaced autoclaves at Bath Street, St Helens and Hallwood.
- Replaced a dental chair at Bath Street.
- Purchased new high powered suction machines for oral surgery at HCRC and Fountains.

From April 2021 to March 2022, we received 1119 Talk to Us forms with 99.34% indicating a positive experience of the services.

Quality Support Visits

The Quality Support Visit schedule was previously managed by the Quality Team. The visits were 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 aimed to involve staff in the assessment of quality of care and gain the benefits of that engagement process. It also provided a level of assurance across all areas identified as 'requiring improvement' that progress was being made against a local action plan and that the organisation was moving from good to outstanding and embedded 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, and the requirements of social distancing measures. The Quality Team has reviewed the process in response to Covid-19 and developed an approach which allowed the services to be appraised in line with the Emergency Support Framework (CQC) albeit through a virtual process. This has been monitored via the Borough Quality meetings.

The Quality Support Process enabled 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 will continue to review the current processes during 2022-23 as services return to normal service delivery following the pandemic. Exploration of an accreditation system will be considered as a replacement to the Quality Support Visit schedule.

Clinical Effectiveness

Clinical Audit

In Bridgewater it is our responsibility to provide our patients with good quality, safe and effective care to achieve the best outcomes. Clinical audit is a mechanism to establish if healthcare is being provided in line with standards and informs care providers and patients about where a 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/.

The Trust has an annual clinical audit plan that contains both national and local clinical audits which is presented to and overseen in the Borough Quality Meetings, Dental Clinical Governance Group, Clinical Audit and Research Steering Group and Quality Council and exceptions reported to Committees of the Trust Board. Progress is reported on a quarterly basis.

The table below shows the number of clinical audits completing a cycle of audit during 2021-22. It shows, where necessary, what actions the Trust intends to take to improve the quality of healthcare provided.

	Audit name / title	Key actions following the audit
1	Record keeping audit – Trust wide	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. A new process and audit tool was piloted in February and March 2022 with full roll out taking place from April 2022.
		The annual record keeping report has been reviewed by the Quality Council and Directors of Nursing, taking forward any appropriate actions within their services.
2	Audit of the Individual Plan of Care and Support for Patients at End-Of-	Ongoing education is essential as well as measures to improve staff confidence when providing end-of-life care.
	Life (IPOC) – District Nursing Warrington	A more robust multidisciplinary (MDT) approach must be adopted.
		There should be better access for members of the MDT to the IPOC document/contents i.e., development of an 'online' IPOC.
		Results were also shared with the Palliative and End of Life steering group. The audit was presented at Clinical Audit and Research group in October 2021. A re-audit will take place in 2022-23 as part of the wider compliance with End-of-Life NICE Quality Standard audit in Community Nursing.
3	Image quality of dental radiographs – Dental Network	Highlight to clinical staff the need to communicate quality assurance grades accurately between clinician and recording nurse.
		Update staff on audit finding and recommendations at staff meeting.
		Provide presentation of audit at clinician peer review meetings to help highlight need for accurate grading and advice on achieving this.
4	Audit of antibiotic prescribing – Dental Network	During the Covid-19 pandemic, practitioners had to rapidly adapt their working practice and become familiar with remote prescribing. NHS England guidance during the height of the pandemic included the Advised, Antibiotics and Analgesics (AAA) triage. Following the data collected from this audit, our

		recommendations are that a review of the National Institute for Health and Care Excellence (NICE) and Scottish Dental Clinical Effectiveness Programme (SDCEP) guidelines are undertaken to improve the prescription. Understandably, dentists are still working in pressured and unprecedented times with barriers to health care widening, however the onus is still on antibiotic guardianship where necessary.
5	Audit of National Early Warning Score2 (NEWS2) and sepsis	Local audits of compliance to take place of NEWS2 recording and sepsis screening until re-audit in April 2022. A local audit tool was developed. Report compliance for each service via Borough Quality Meetings.
		Deliver awareness raising session regarding correct escalation processes for NEWS2 and sepsis to Community Nursing Teams, Urgent Care Centre and Padgate House Team Leads.
		Teams to keep local records of staff who have received the awareness raising session and report compliance via Borough Quality meetings.
		Re-establish NEWS2/Sepsis Advocate Network.
		Identify advocates from all Community Nursing Teams, Urgent Care Centre and Padgate House. Set up bi-monthly Advocate meetings (commencing in February 2022).
		Explore use of prompt cards and apps to support staff in clinical practice
		Review NEWS2 clinical guidance and update the sepsis policy.
		Establish task and finish group to review audit questions prior to next audit.
6	Audit discharge letters in dermatology	All clinical staff to adhere to record keeping guidelines. Monthly record keeping audit to take place (2 clinical patient records of each member of staff).
		Clinical Director of the department to audit consultant dermatology clinical records and feedback.
7	Audit of safety net advice in GP Extended Access Service	Small group meetings/educational remote workshops on improving standards of safety netting advice with documentation.
		Implementation of standardised safety net advice in the format of patient information leaflets as well as the possibility of

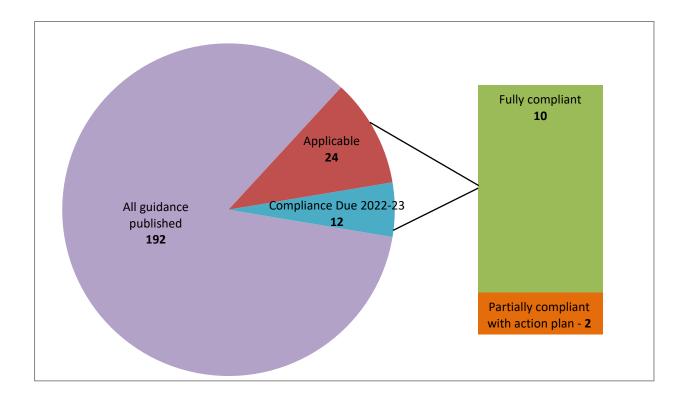
		building in such safety net advice reminders which can be applied into all clinical services in the Trust.
8	Audit of end-of-life patients subject to a pressure ulcer root cause analysis investigation — community nursing	Refresher training on mental capacity/best interest training completed. Clinical supervision by palliative care nurses. Recording of NEWS 2 to monitor any deterioration in the physical condition of the patient and action on the findings in accordance with the patients' wishes and feelings. Refresher training to commence via on- line learning on Trust intranet hub. Patients who receive a dynamic air mattress are to have a recorded pressure check at each visit. Communication bulletin via Quality newsletter; conduct and audit of the Electronic Patient Record (EPR); supervision via pressure ulcer huddle.

National Institute for Health and Care Excellence (NICE) Guidance

NICE publishes guidance each month 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 to develop an action plan. Partial compliance means that there are one or more recommendations 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 to bring the service into full compliance. In addition, Covid-19 rapid guidelines are sent to our Silver Command for dissemination.

In the year April 2021 to March 2022, NICE published 192 pieces of guidance. There were 24 pieces of guidance applicable to services that the Trust provides. We are fully compliant with 10 and action plans are underway to bring us into full compliance with the remaining 2. For the remaining 12, compliance is due in 2022-23 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 our clinical policies which was developed using relevant NICE Guidance.

Audit of the NEWS2 and Sepsis – Cycle 1

What we found

- It is clear from the overall results of the audit that improvement is needed with regards to adhering to the guideline / procedure around NEWS2 and Sepsis. The organisation scored an overall compliance of 54% with 15 out of the 21 criteria scoring below 75%.
- A similar trend shows in both Halton and Warrington Borough with both scoring an overall compliance of 45% each. Halton having 9 out of 19 scoring below 75% and Warrington having 16 criteria scoring below 75%.
- Within the individual services, good overall compliance was evident in in 50% of services audited and 50% require some improvement.

What we are doing about it

- Local audits of compliance to take place of NEWS2 recording and sepsis screening. Report compliance for each service via Borough Quality Meetings.
- Deliver awareness raising session regarding correct escalation processes for NEWS2 and sepsis. Teams to keep local records of staff who have received awareness raising session and report compliance via Borough Quality meetings.
- Re-establish NEWS2/Sepsis Advocate Network and identify advocates. Bi-monthly meetings to commence in February 2022.
- Explore use of prompt cards and apps to support staff in clinical practice.
- Review NEWS2 clinical guidance and update the Sepsis policy.
- Establish task and finish group to review audit criteria prior to next audit.

Research and Development

Research takes place every day within the NHS. The Covid-19 pandemic has shown just how important research is and how millions of us have benefited from new lifesaving treatments and vaccines. Research is a crucial activity to discover which treatments work better for patients. It helps to find answers, fill gaps in knowledge and ensures best practice. The NHS Constitution places an expectation on all NHS Trusts that their patients are offered opportunities to both participate in and benefit from research. You will find Bridgewater's commitment to this in our Quality and Place Strategy, along with other key documents. Our research active workforce often tells us that they find the experience of being involved in research extremely positive and rewarding, not only in helping their career, but in delivering the best quality patient care. They also support the organisation to demonstrate in Care Quality Commission (CQC) assessments how the Trust uses research to improve patient care.

Covid-19 has brought both challenges and opportunities as research has continued to dominate our activity over the last 12 months. The Trust has supported a number of the national urgent Public Health priority Covid-19 studies, including evaluating the effectiveness of Covid-19 vaccines used as boosters and studies designed to understand the psychological impact of the many Covid-19 waves and associated restrictions on our health and wellbeing. Findings from Phase 1 of the *Psychological Impact of Covid-19* study can be found via the following links found here and here.

The NHS workforce nationally has continued to see immense pressures placed upon them. The Trust has supported priority research measuring our NHS workforce's mental health and wellbeing. We are the lead NHS Trust for 'Should I stay or go?' a UK wide study funded by the Economic and Social Research Council and conducted by researchers from the Universities of Bath, Leicester, and Sheffield, to explore the impact of Covid-19 on NHS staff retention. The research will be important in understanding future NHS workforce planning as we seek to understand how staff across different organisations feel about their NHS careers after the

intense and ongoing pressures of the last two years. The findings are due to be published in 2023-24. These activities are especially important as community healthcare can often be an under-represented voice within health research. Here at the Trust, we continue to deliver research in time and to target, demonstrating that research is not just for hospital settings.

Like many NHS Trusts, we have slowly re-started the trials and studies which were suspended in March 2020 and have widened our research portfolio to include more services, such as children and dental. We have delivered training sessions to Trust staff providing them with skills to become research ready and take their first steps on the path to research. For more information, please see the National Institute for Health Research: www.nihr.ac.uk/health-andcare-professionals/your-path-in-research. Research continues to play a significant role in advancing our clinicians' practice. Research questions are generated out of direct clinical practice across a range of treatment areas and settings, from optimising the use of electronic health records to improve population health, to evaluating the current practice of our health visitors to assess and support fathers' mental health. The findings from this latter study indicate that the majority of health visitors (97%) participating were discussing father's mental health during contacts with families. However, three main barriers of assessing fathers' mental health were identified: limited face to face contact with fathers, father's receptiveness to mental health discussion and lack of capacity due to time restraints and caseload levels. Respondents that attended training covering paternal (father's) mental health were a minority (28%). Many respondents felt that father-focused training would support their own practice (78%). Key recommendations from the research advised that all health visitors should undertake paternal mental health training to help develop their knowledge and practice. Revision to existing, or the development of a new perinatal mental health policy inclusive of parental mental health assessment to guide health visitors in practice has been recommended.

We have continued to link in with key regional and national research partners to maximise our patients' opportunities to take part in and benefit from clinical research. We continue our membership of the National Institute for Health Research Applied Research Collaboration -North West Coast and are supporting the evaluation of the Community Health worker scheme, Community Healthcare Alliance of Research Trusts (CHART). We have also provided input for the drafting of the Greater Manchester Local Clinical Research Network's refreshed values and objectives. Bridgewater's patients and staff were part of the 29,000 people from across the UK who responded to the National Health Data Consent Survey, which asked for opinions on how health data should be used and shared, along with our feelings on consent for usage of our health results data. The survey are found on the following website: www.climbproject.org.uk/consentsurvey

At the end of 2021-22, 1085 of our patients and staff 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 leading 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.

Leadership and Development

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 2021-22 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 limitations concerning recovery, backlog, fluctuations in Covid-19 related matters 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 2021-22 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 the Trust. We will continue to develop a supportive and compassionate culture where staff want to work and where our volunteers and carers seek to collaborate with 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 also 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 Manchester Metropolitan University 2-year programme

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

During 2021-22 many staff have been offered different development opportunities that has led to them thinking of their future career progression. Talent conversations continued during the pandemic period on an individual referral basis. Conversations have been based around experience and aspiration with signposting to available leadership resources and development

opportunities. A revised conversation tool is to be developed based on the Health Education England Scope for Growth programme, aligned to Performance & Personal Development Reviews and Health and Well-being conversations.

Allied Health Professional Leadership

Allied health professions are the third largest professional group in the NHS. They are highly skilled, autonomous, registered professionals who form a key part of care delivery. In 2021 the Trust brought into post a dedicated Allied Health Professionals (AHP) Lead. Their role is to create an inclusive, diverse, and sustainable allied health professional's workforce that delivers the highest quality, holistic, evidence-based care to the population we serve. Key focus areas as an organisation have been:

- Recruitment and retention developing professional forum sessions for all AHP staff and exploring clinical leadership opportunities.
- Return to practice devising and implementing a pathway for the organisation to support those individuals wanting to return to the professional register.
- Preceptorship ensuring a multi-professional approach to the support of newly qualified staff.
- Development of the AHP support workforce defining clear education and training pathways and supporting individuals to access these.
- Apprenticeships collaborating with Bridgewater's Talent for Care team to support apprenticeship development across the AHP workforce.

In 2022 the Trust will be focusing on building on the work carried out to date and will be launching their first dedicated AHP strategy. This will provide a simple framework to ensure our AHPs are:

- Equipped with the right knowledge and skills to continuously improve the quality of care for our patients and service users.
- Able to effectively contribute to service transformation and delivery.
- Motivated to remain with our organisation, promoting growth and sustainability within the Bridgewater AHP workforce

Education & Professional Development

The primary aim of the Education and Professional Development (EPD) Service is to support all staff within the Trust 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 bi-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. This has continued during 2021-22.

The Trust is supported in the delivery of mandatory training and reporting via a partnership with Warrington & Halton NHS Foundation Teaching Trust (WHH). 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. A comprehensive piece of work in partnership with the Trust's Safeguarding team, the Education & Professional Development team, and WHH around safeguarding training compliance was successfully concluded.

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 continues to be monitored and trajectories for improvement in those areas prioritised for completion has been agreed by the Executive Management Team.

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 for the advancement of all staff and is the mechanism through which high quality care is identified and maintained (Department of Health 2014, Department of Health 2015). The EPD service has continued to support all staff to further develop their knowledge, skills, practical experiences, 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 a service's 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 2021-22 training has been adapted to be delivered in a virtual way and has been provided on a variety of topics including:

- Clinical skills for all services
- 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 required for service delivery and improvement in quality of care has continued:

- Advanced clinical skills
- Apprenticeship programmes
- Clinical assessment and diagnostics
- Non-medical prescribing (NMP)
- Prevention and early intervention

In 2021-22 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 2021-22 our ability to provide a range of work experience opportunities and our offer to local schools, colleges and universities across the geographical footprint was impacted by the pandemic. We maintained links with all and the latter half of 2021-22 has seen a return of Health Career Ambassadors visits to schools and colleges in our local communities and we are in the process of safely reintroducing work experience opportunities. The team are actively engaged with the Cheshire and Warrington Pledge Partnership and the Liverpool City region Career Hub. Plans are underway to offer our first IT Level Industry placements in 2022-23.

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 2021-22, 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 2022-23 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 Higher Education Institutes 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 2021 we reorganised the Education, Professional & Leadership Governance Steering Group as a delivery vehicle for the People Plan, specifically aimed at addressing the following key strands of the People Plan:

- Growing the workforce
- New ways of delivering care

Taking into account these aims, the newly formed Education and Professional Development People Operational Delivery Group (POD) co-ordinates the provision of education, and professional development within the Trust involving internal stakeholders specifically to:

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

The aligned education strategy, which is currently under review, 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 recognises the importance of clinical supervision for all Trust staff working in direct patient care as being central to safe and effective practice within a clinical governance framework. 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 reflection and restorative supervision. Staff have been supported to explore and manage challenges, complexity and other pressures in their role, where practitioners may otherwise feel overwhelmed.

In 2019, there were 52 trained clinical supervisors across the Trust, this number reduced during the pandemic. In 2021 the Trust funded places for another 22 staff to access clinical supervision training, and as of January 2022 there were 72 staff trained clinical supervisors within the Trust.

The Bridgewater Clinical Supervisor Network Forum was launched in 2021 with planned quarterly meetings for 2022. The Education and Professional Development team are also launching a series of multi professional clinical supervision workshops during 2022 which are available to all clinical supervisors. In addition, the Trust has an intranet webpage dedicated to clinical supervision where information and resources can be found.

Professional Nurse Advocates (PNA)

The role of the PNA was launched in 2021, in response to the impact of workforce adversity on nurses and healthcare workers. A similar model PMA (Professional Midwifery Advocate) was

already established in the Trust with positive outcomes being reported. The PNA role aims to support nurses by:

- Empowering autonomy and feeling valued
- Advocating for education and improvement, professional development, and growth
- Facilitating restorative supervision

Bridgewater has actively engaged with the PNA programme since April 2021 and have supported applications from nurses to develop into the role. The first cohort supported eight staff to successfully complete the training. The second cohort, which started in November 2021, included a further seven Bridgewater staff.

The Bridgewater Professional Nurse Advocate Support Network was developed, and the first meeting took place in November 2021 with quarterly meetings scheduled for 2022. PNAs are also actively encouraged to join the North West Forum.

The Clinical/Restorative Supervision policy and procedure has been reviewed in line with staff feedback and participation. The Trust now aims to have a combined Clinical/Restorative Supervision Policy and Procedure. The Trust also recognises that approaches to clinical supervision will differ between different disciplines and services and as such, information relevant to specific disciplines, such as ratio, frequency etc., are detailed in the service specific appendices, written by the services, which details any service specific practices.

The revised policy/procedure was presented to Clinical Policy and Procedure Group (CCPG) in March 2022 where it was suggested that the revised policy and revised procedure are combined. The authors and lead policy officer are now making the recommended changes. The intention is to return the amended policy/procedure to CPPG in April 2022 for approval.

Library and Knowledge Services

The Trust's Library and Knowledge Service (LKS) participates in the Health Education England's (HEE) Quality and Improvement Outcomes Framework (QIOF).

The new QIOF offers a different focus to the former Libraries Quality Assurance Framework (LQAF). Quality improvement techniques, when applied consistently and systematically, enable library and knowledge services to develop and improve, ensuring evidence is used by the right people, at the right time to deliver high-quality efficient healthcare. Consequently, the QIOF underpins a wider organisational focus on quality improvement to deliver higher-quality healthcare.

The QIOF provides a tool to aid in the self-evaluation of the strengths of the library and knowledge service and highlights areas for development. It offers a structure for prioritising

development, and it is assumed that the library and knowledge service will pass through the levels in sequence as the service becomes more developed.

The QIOF replaced the NHS Libraries Quality Assurance Framework (LQAF) in 2019. Submission of evidence for assessment for the replacement Quality and Improvement Outcomes Framework (QIOF) was due to take place in June 2020. This was rescheduled to September 2021 due to the Covid-19 pandemic.

Quality Assurance

The LKS will continue to strive for excellence and improve the standing of the Trust against the QIOF. This will align us with national quality processes and focuses on the impact of our community healthcare library and knowledge services on patient care, management decisions, integrated care systems and research.

The QIOF assessment is based on 6 outcomes and is focused on library and knowledge service improvement.

The Six Outcomes

- 1. All NHS organisations enable their workforce to freely access proactive library and knowledge services that meet organisational priorities within the framework of Knowledge for Healthcare (KfH).
- 2. All NHS decision making is underpinned by high quality evidence and knowledge mobilised by skilled library and knowledge specialists.
- 3. Library and knowledge specialists identify the knowledge and evidence needs of the workforce in order to deliver effective and proactive services.
- 4. All NHS organisations receive library and knowledge services provided by teams with the right skill mix to deliver on organisational and KfH priorities.
- 5. Library and knowledge specialists improve the quality of library and knowledge services using evidence from research, innovation, and good practice.
- 6. Library and knowledge specialists demonstrate that their services make a positive impact on healthcare.

Each outcome is underpinned with a defined scope (4 levels for each outcome) and a self-evaluation model to support service improvement and development.

In September 2021 Bridgewater LKS submitted a baseline self-assessment for HEE's Quality and Improvement Outcomes Framework (QIOF). The self-assessment indicated the service was on Level 1 across each outcome.

Level 1 is where most services who reported previously an LQAF of 90% + are expected to fall. Bridgewater LKS previously achieved 97% compliance in the 2019 LQAF assessment.

Final assessed and validated reports from HEE are expected in June 2022.

Freedom to Speak Up (FTSU)

The FTSU Guardian leads a network of FTSU Champions who voluntarily support the Guardian to raise awareness of the workforce about speaking up safely. They also support the workforce to overcome barriers to speaking up.

Speaking up is integral to enabling the Trust to continuously improve through demonstrating positive behaviours and living our values. When staff have the freedom to speak up, they have psychological safety in their place of work and will feel able and safe to contribute diverse ideas and opinions about what is going well, or wrong and what should improve, be resolved, or done better.

The FTSU Guardian and Champions aim to support this by working both proactively and reactively with staff, leaders and managers. The FTSU cycle of Speak Up, Listen Up, Follow up is integral to the Trust's core PEOPLE values of being:

- Person centred
- Encouraging innovation
- Open and honest
- Professional
- Locally led
- and Efficient

This model supports proactive development towards the goal of achieving continuous improvement through a positive speaking up culture; if we are living these values, we are enabling positive speaking up culture.

In line with the FTSU Guardian role, as described by the National Guardians Office (NGO), staff are encouraged and supported to speak up about anything that they have seen, heard or experienced, that they are concerned may affect, or is affecting patient or staff safety. This may include risks, malpractice or wrong-doing, or concerns about culture and behaviours in the workplace. At the Trust, we promote that staff do this as early and as near to the concern as possible.

We recognise that staff, including leaders, may experience barriers at any part of the speak up cycle that may require staff to seek support outside of their team or line management routes. If staff make use of the FTSU service for support, we might also sign-post them to other services within the Trust such as Equality, Diversity & Inclusion, Trade Unions, Human Resources, Occupational Health, and Counter-Fraud Specialists, to name a few.

If staff feel the need to seek support from the FTSU Guardian or Champions, they can do so via phone call or email. Details for both the Guardian and Champions are on the intranet, with regular updates in the Trust's Bulletin. Staff can raise concerns openly, confidentially, or

anonymously. All concerns are listened to, and recommendations made. No actions are taken without the consent and agreement of the concern raiser. Following the raising of a concern through FTSU, recommendations might include self-management of next steps, FTSU intervention to facilitate resolution, or the triggering of review or investigation. All actions will be proportionate and always intended to elicit learning to be shared. In 2021 the organisation embarked on its 'Just and Learning Culture' journey which will support patient safety and in turn further support staff speaking up when they wish to raise a concern.

Where the concern has been raised anonymously, this presents challenges to following up with feedback so advice as to other means of sharing general messages will be sought.

The FTSU Guardians do not investigate and do not act on behalf of the individual or the Trust. In all cases the FTSU Guardian maintains contact with all necessary parties to ensure that progress towards resolution is achieved and to help safeguard the concern raiser from experiencing detriment as a result of having spoken up.

Speaking up activity, themes and trends of concerns raised to the FTSU Guardian are reported annually to the Trust Board, bi-monthly to the People Committee and quarterly to the NGO. The following highlights some of the data relating to concerns raised to FTSU Guardians during 2021-22.

Quarter	Number of concerns	Professional Level	Profession Group	Theme of Concern	Would they speak up again?
Q1	1	Worker	Administration, clerical & maintenance/ancillary	Staff safety	No feedback given
Q2	2	Worker	Administration, clerical & maintenance/ancillary	Bullying & harassment	No feedback given
Q3	0				
Q4	0				
Total	3				

The numbers for FTSU concerns remain low in the Trust. During the pandemic, visibility at events such as the Annual General Meeting and leadership events ceased and so information sharing was presented virtually at Team Brief and in the Trust Bulletin. Actions are underway to recruit a dedicated FTSU Guardian and increase the pool of Champions, with the aim of raising visibility and promotion of ways of speaking up.

Following a Mersey Internal Audit Agency report for 2020/21 in which the Trust received 'Substantial Assurance', to further understand staff perception of the FTSU role, a short survey

was conducted in June 2021. There were 291 respondents (17% of the workforce), and the results indicated the following:

Question	Yes	No				
Have you heard of the FTSU role?	63%	37%				
Do you know how to raise concerns via	44%	56%				
the FTSUG/Champion?						
Do you understand what kind of	This was a multichoice q	uestion where the				
concerns can be raised through the	respondents answered	correctly with 81%				
FTSU process?	relating it to staff safety, 80% patient safety and					
	72% relating it to relations	hips and behaviours.				

It is encouraging from the limited response that staff are aware of the FTSU role and what to contact them for, but further awareness raising needs to be undertaken on how staff contact the Guardian and Champions.

In March 2022 the results for the 2021 staff survey were released, under the People Promise theme of 'We each have a voice that counts', areas of significant improvement include staff feeling secure in raising concerns about unsafe clinical practice and being confident that their concerns would be addressed.

2021 NEW THEME (based on People Promise)										
'We each have a voice that counts' – Raising Concerns										
	Question			Results %	Ó					
	Queene.	2019	2020	2021	2020 v 2021					
	YOUR HEALTH, WELLBEING A	ND SAFE	TY AT W	ORK						
17a (previously 17b)	I would feel secure raising concerns about unsafe clinical practice.	70%	75%	84%	9%					
17b (previously 17c)	I am confident that my organisation would address my concern.	58%	64%	72%	8%					
Q21e	I feel safe to speak up about anything that concerns me in this organisation	-	68.1%	70.1%	2%					
Q21f	If I spoke up about something that concerned me, I am confident my organisation would address my	-	-	57.4%	Not applicable					

concern (No trend data are shown as		
this is a new question)		

NHS Improvement (NHSI) Compliance

Single Oversight Framework (SOF) Operational Performance Metrics	Target	Quarter 1 2021-22	Quarter 2 2021-22	Quarter 3 2021-22	Quarter 4 2021-22
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	86.17%	76.32%	56.49%	62.13%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	100.00%	99.29%	99.05%	94.16%
All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	85%	90.00%	92.00%	93.33%	92.17%
Diagnostics six week waiters (% under six Weeks)	99%	74.53%	82.74%	99.29%	95.26%
Data Quality Maturity Index (DQMI) MHSDS quarterly score	95%	94.90%	94.78%	99.53%	99.52%

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 2021-22.

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. This encompasses all cancer two-month urgent referral to treatment waits which is calculated as follows:

- The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks.
- 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. This encompasses all cancer two-month urgent referral to treatment waits which is calculated as follows:

- The number of patients receiving first definitive treatment for cancer within 62 days of urgent GP (dental or medical) referral for suspected cancer within a given period for all cancers.
- The total number of patients receiving first definitive treatment for cancer following an urgent GP (dental or medical) 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 and the target is 92%.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Bridgewater	59.08%	72.87%	86.17%	88.46%	81.65%	76.32%	67.19%	60.74%	56.49%	53.79%	54.50%	62.13%

At the end of 2021-22, 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 (2021-22).

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
> 11 weeks	6561	6538	6746	7249	7283	6773	6682	6342	5561	6383	6537	7595
12 to 17 Weeks	407	574	637	681	792	964	1152	861	1038	1062	1113	810
18 weeks +	2168	1834	1432	1367	1206	1371	1589	1742	1953	2114	2349	2365
% Under 18 weeks	76.27%	79.50%	83.75%	85.30%	87.01%	84.95%	83.14%	80.53%	77.16%	77.88%	76.51%	78.04%

At the end of quarter four 2021-22 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 are commissioned by Warrington Clinical Commissioning Group. The table below demonstrates the Trust's performance against the national cancer targets throughout 2021-22, it is important to recognise that these are often small numbers of patients and can be affected by patient choice of appointment time.

	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All cancers: 31-day wait for second or subsequent treatment	94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	66.67%	100.00%	92.31%
All cancers: 62-day wait for first treatment	85%	83.33%	86.96%	100.00%	100.00%	91.30%	80.00%	91.67%	86.96%	100.00%	92.00%	86.67%	92.17%
All Cancers: 31-day wait from diagnosis to first treatment	96%	100.00%	92.86%	90.91%	100.00%	83.33%	100.00%	92.86%	76.92%	93.33%	52.94%	100.00%	80.88%
Cancer: 2 week wait from referral to date first seen	93%	100.00%	100.00%	98.85%	97.07%	95.22%	98.08%	94.01%	96.58%	97.97%	95.98%	93.97%	95.59%
28 Day FDS Two Week Wait	75%	58.24%	77.18%	68.42%	60.14%	71.43%	58.26%	59.22%	62.02%	52.33%	54.59%	60.21%	57.78%

Equality, Diversity, and Inclusion

As a provider of healthcare services to the diverse communities of the North West we have a legal and moral duty to ensure those services, and the employment opportunities we provide, are equitable and inclusive, and value and celebrate diversity. Only through embedding these principles throughout the Trust can we ensure the high quality of our services and workforce experience.

The past two years have shown us how much further we have to go in the UK to say we are truly an equitable and inclusive country. The Covid-19 pandemic; the deaths of Sarah Everard, Sabina Nessa, and others; the allegations of racism in sport, the police, and the NHS; the updated Marmot Review, all these show us that there is still a great deal to do to ensure the equity, inclusion, health, and indeed the safety of people from protected characteristics and vulnerable or disadvantaged groups.

As an NHS provider, (in addition to legal mandates), there are two key national documents that set out the equality commitments we must meet - the NHS Long Term Plan, and 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 2021 the Trust's Quality and Place Strategy was refreshed. At its heart the Strategy sets out how we will work in partnership across our boroughs to address inequality. Our strategic equality objective commits us 'to actively promoting equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive'.

Equality in the Trust is the executive responsibility of the Director of Workforce and Organisational Development. Day-to-day work is undertaken by the Equality & Inclusion

Manager, with the role supported by a strong governance structure of groups delivering areas of workforce and service priority.

We have six staff networks that meet regularly to both share a safe space to talk, and to raise issues and discuss actions to improve workplace equality and inclusion. The networks provide a valuable direct voice to the executive team who each have sponsorship of a network.

Our work on equality, diversity, and inclusion is steadily delivering improvements, and we were delighted to become Disability Confident Leaders in March 2022. But we know there is still work to do to close the gap between people from protected characteristic groups and others, and our annual reporting and regularly updated action plans allow us to review progress and refresh plans to continue our improvement journey.

All equality reports and action plans can be viewed on our https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/.

QUALITY ACCOUNT

APPENDIX

Appendix

Appendix A – Workforce Information

Our key workforce priorities and targets are:

To deliver on the NHS People Plan and Promise through the development of People Operational Delivery Groups:

- 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 People Pulse, 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 95% attendance at staff Induction new starters to the Trust
- To promote apprenticeships and career development activities for young people within the local communities we serve

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

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

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

Key Objectives:

- 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
- To listen and act on the feedback of our staff, demonstrating where feedback has been acted upon
- To continue to maintain effective partnership working with our Trade Union colleagues,
 Staff-side Representatives and professional bodies

 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:

- Internal staff engagement surveys have been superseded by the national People Pulse Survey which takes place quarterly. Information on staff engagement activities is regularly 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
- During the pandemic the requirement to complete performance and personal development reviews (PPDR) was paused and managers and staff were asked to focus on Health & Wellbeing conversations
- 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.
- Development of a Culture & Leadership and Retention People Operational Delivery Group to ensure workstreams are focussed on excellent employee communication and engagement and retention of staff.

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

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

Key Objectives:

- 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
- 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 Equality, Diversity, and Inclusion (EDI) 6-point action plan
- 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 EDI 6 Point Action Plan
- Reduce agency usage and spend
- To establish a Temporary Staffing Office/internal Staff Bank
- 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
- 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
- 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)
- Ensure that the provision of internal HR services offer high quality which includes value for money, measured via the HR Service Level Agreement (SLA)

- The Trust now has 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
- 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:

- To build organisational capacity and capability in quality improvement and change management skills and competence
- 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
- 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
- To demonstrate strong clinical leadership, governance and confidence to manage
- To establish a coaching and mentoring culture that supports autonomy, devolved accountability and a continuous learning/ 'no blame' environment
- To recognise and reward our staff through ongoing opportunities and development aligned to focused talent management and succession planning

- 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 these more easily. Attendance at sessions has been difficult during 2021 because of the on-going demand and raised sickness levels.
- During the pandemic the focus very much shifted to support staff Health & Wellbeing.
 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 and the internal coaching network has been re-established during 2021.
- 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 and was rolled out in July 2021 and Talent Conversations supported by the Leadership & Organisational Development team are now in place.
- 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:

- 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)
- To develop an action plan that logs all attendance, health and wellbeing activities
- To improve the NHS Staff Survey results that focus on attendance, health and wellbeing at work
- To pursue national health and wellbeing standards, initiatives and accreditations
- To reduce sickness absence levels

- The importance of Health & Wellbeing during the pandemic response was paramount.
 Several 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 & Wellbeing initiatives as well as a vast range of internal offers
- A People Operational Delivery Group, dedicated to Health and Wellbeing is well established and aims to ensure the delivery of the associated NHS People Plan actions.
- 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 in the form of a Steering Group. Initial preparatory work is well underway with full roll out planned in early 2022.
- 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 resumed during 2021 following the pause due to the pandemic.
- Bridgewater's Anti-bullying and Harassment Campaign (BABAH) remains active and 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

- 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 Quality Performance Reports (IQPR), 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 over 70 champions in total who all receive gold lanyards and personal development opportunities.

The strategy is currently being reviewed and will be re-launched as a Staff Engagement Plan. Staff survey results have shown an improvement in the staff engagement score since the launch of the strategy.

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:

- 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. 2021-22 has been an unrecognisable and creative period of time for the Communications Team in the use of digital communication. This manner of communication will 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 continues to be delivered virtually to make it more accessible. 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.

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 intend 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 burnout with staff. As such, plans are being developed about how we 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.

The Bridgewater staff app for mobile and tablet devices continues to prove popular with colleagues. 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. The highlight of the Trust's staff reward and recognition programme is the annual Staff Awards ceremony. The 2021 Staff Awards events were the first face-to-face event since 2019, celebrating staff and team achievements. Following the new and well established #TeamBridgewater style, the awards was renamed "#TeamBridgewater Thank You Awards". The Trust understood that staff may have felt anxious and apprehensive attending a face-to-face event so the decision was taken to pioneer a hybrid event which enabled over 250 staff, governors and partners to attend the Trust Celebration Event which is the highest uptake of any Trust event.

NHS Staff Survey 2021 - 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 2021 NHS Staff Survey with all eligible staff receiving their survey online via e-mail.

2021 saw an overhaul of the national NHS Staff Survey and the introduction of questions to align to and measure the introduction of the NHS People Promises. These are as follows:

Promise 1: We are compassionate and inclusive

Promise 2: We are recognised and rewarded

Promise 3: We each have a voice that counts

Promise 4: We are safe and healthy

Promise 5: We are always learning

Promise 6: We work flexibly

Promise 7: We are a team

The above promises have been measured by the 2021 NHS Staff Survey. These were linked to each promise with new questions added and some questions removed.

'Staff Engagement' and 'Morale' continue to be themes within the NHS Staff Survey, bringing a total of 9 People Promise Elements / Themes. Each theme within the Staff Survey is scored out of 10 (10 being the highest ranking).

Due to the NHS Staff Survey being significantly revised and to fall in line with the NHS People Promises, the vast majority of Staff Survey scores cannot be compared to previous year's scores. This includes the 7 People Promise benchmark scores.

The NHS Staff Survey Benchmark reports that we have received display the average, best and worst score criteria per question. The 2021 Bridgewater results show comparative data with all NHS Community Trusts, of which there are 16 in total.

To summarise:

- 1 question falls into the 'best score' criteria
- 86 questions fall into the 'average score' criteria (of which 35 questions are above average)
- 3 questions falling into the 'worst score' criteria

Staff Friends and Family Test (SFFT) Questions

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. Our position on staff recommending the Trust as a place to work and for their friends and family to receive treatment has seen a decrease from the previous year.

- Staff who would recommend treatment for Family 78.2% to 77.7%
- Staff who would recommend treatment for Friends 60.1% to 57.5%

The Trust considers that this data is as described for the following reasons:

• There has been great challenge to the health economy as a result of the Covid-19 pandemic. This continues to impact staff across the NHS. 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. Despite the difficult environment, it is pleasing to see a slight improvement in staff saying they would be happy with the standard of care provided if a friend or relative

needed treatment. Regrettably, it is disappointing to see a decline in the percentage this year of staff recommending the organisation as a place to work. When compared against other Community Trusts, the smallest decrease for this question was -2.2% and the highest decrease was -8.5%. The Trust results dropped by -2.6%, which was the third smallest decrease across all Community Trusts.

Overall Trust Responses

In 2021 all staff were surveyed online, including those staff on long term absence and those working as bank (temporary) staff. For the second year running, the Trust achieved its highest response rate of 50% (855 members of staff responding).

The table below illustrates the Trust's results, compared to the national average of NHS Community Trusts. Green indicates where the Trust has achieved the same or higher than the national average. Red highlights where the Trust has scored lower than the national average:

People Promise Element / Theme	2021 score	National Average Score	Trust results v's National Average
We are compassionate and inclusive	7.6	7.6	Same as the national average
We are recognised and rewarded	6.3	6.4	-0.1
We each have a voice that counts	7.1	7.2	-0.1
We are safe and healthy	6.2	6.2	Same as the national average
We are always learning	4.9	5.8	-0.9
We work flexibly	6.4	6.6	-0.2
We are a team	7.0	7.0	Same as the national average

With regards to the remaining two themes below, the number of survey respondents has increased significantly from 2020:

People Promise Element / Theme	2020 score	2020 respondents	2021 score	2021 respondents	National Average	Trust results v's National Average
Morale	6.4	767	5.9	854	6.1	-0.2

Staff engagement	7.2	769	7.2	853	7.2	0
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Out of the 9 themes of the 7 People Promises, 3 are at the national average and 4 are below. 'We are always learning' is an area to be focused on as a priority.

The questions are as follows:

- There are opportunities for me to develop my career in this organisation
- I have opportunities to improve my knowledge and skill
- I feel supported to develop my potential
- I am able to access the right learning and development opportunities when I need to
- Over the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework Development Review (KSF)?
- It helped me to improve how I do my job
- It helped me agree clear objectives for my work
- It left me feeling that my work is valued by my organisation

Although there were areas of deterioration, those staff that did have an appraisal/review over the last 12 months, felt that it helped them improve how they do their job. Improved positions on the 2020 survey findings indicated that 19% of staff responding positively was just below the average of 20.5%. Staff also felt that it helped them agree clear objectives and left them feeling their work was valued by the organisation. That said, our responses although improved from the previous year, were slightly below average.

An area of significant improvement highlighted later shows a significantly improvement in staff feeling that they have clear feedback on their work.

'We work flexibly' is also an area of focus for improvement and further development. The questions asked are:

- My organisation is committed to helping me balance my work and home life
- I achieve a good balance between my work life and home life
- I can approach my immediate manager to talk openly about flexible working
- The opportunities for flexible working patterns

Whilst we are just below average in 3 out of 4 areas, we were above average for staff being of the view that they achieve a good work and home life balance.

Of the 2 themes remaining from previous years, we have seen a deterioration in the morale score, albeit slightly below the national average. During the second year of the pandemic

pressures, we have sustained our staff engagement score which is the same as the national average.

During the pandemic we have focused on agile and flexible working. An Agile Working Policy has been ratified and along with our Flexible Working Policy, formal applications are currently being considered.

The pause on PDRs has been lifted, noting that regular one to one's and Wellbeing Conversations were accepted as an alternative during the last 12 months or so.

There has already been a decision taken to focus on *Promise 5: We are always learning and Promise 6: We work flexibly*. Work will need to take place to identify what the actual issues are before a work plan is put into place. This can be done in a number of ways, potentially using the NHS People Pulse survey results, internal staff surveys, focus group sessions etc. This will enable us to do some targeted exploration of what issues may have contributed to the overall decline in scores. The fall in these two indicators may be directly related to the consequence of managing the pandemic response, agile working, work demands etc. That said, this explanation cannot be assumed unless we have tangible evidence to support it.

The ongoing work around staff health and wellbeing gives us an opportunity to look at the wider determinants of wellbeing and work is already in place to launch the Trust's 'Just Culture' programme as well as rolling out Leadership Development Programmes for Operational and Clinical Managers, linked to competency frameworks.

There are clearly Boroughs and services within Bridgewater that perform well, according to the staff survey, and we should explore what it is that they do that could be shared to enable improvements in other Boroughs and services that have not performed as well. This may well link to management styles and leadership capacity and capability. The Trust has the option to undertake its own 360-degree appraisal process and, as a starting point, it is recommended that these be undertaken by all Borough and service leadership teams to focus on personal areas of good practice and to identify areas for personal development.

A review of the existing Staff Survey Action plan will be undertaken to take into account the findings of the 2021 staff survey. Noting the significant changes to the survey for 2021, we will also be making changes with regards to our action planning approach. Following the establishment of the People Hub and PODs to deliver the requirement of the NHS People Plan and People Promises, we will be concentrating on the areas of focus via those infrastructures.

The PODs are accountable to the People Hub who report progress and provide assurance to the Trust's People Committee. The People Operational Delivery Plans will align to the areas of the staff survey as per its requirement to deliver on the People Plan and Promises.

Staff Health & Wellbeing

In 2021 health & wellbeing remained at the forefront of the support given to staff the pandemic significantly enhanced the importance of staff health and wellbeing.

- Continued to deliver 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
- Developed a partnership arrangement with Rugby League Care, a charity that supports the employment of Rugby League players and offer health & wellbeing support to partners
- 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.
- Ensured that all staff were sighted on the establishment of the Cheshire & Mersey Resilience Hub which provides a range of psychological and sociological interventions to support staff's health & wellbeing.

Current programmes of work include the provision of REACT (Recognise, Engage, Actively listen, Check risk, Talk to them about specific actions) 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 affects their ability to function at their best in the workplace and 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 2022 was 6.67%.

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.

Focus of the Health and Wellbeing POD is one of supporting staff to move out of the pandemic response with resilience and an ability to shape how we deliver the Health and Wellbeing agenda in a way that enables them to provide the best possible care for patients.

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 focus during 2021 was to support staff Health & Wellbeing. The PPDR process itself was reviewed and shortened to make is easier for staff to use during 2021 but the new process maintained the Talent Management and health and wellbeing conversations to ensure we continued to provide opportunities for development that are relevant to both the services and to individuals and to allow us to succession plan for the future.

Staff Turnover

The rolling staff turnover for the Trust as of 31 March 2022 was 14.53%. 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 and, or 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 Allied Health Professionals (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 workforce 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 workforce 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.

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 Recruitment & Retention POD, workforce plans have been 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 a recruitment Steering Group is established to ensure that recruitment processes are robust, effective and efficient whilst supporting the Equality Diversity Inclusion (EDI)agenda through the delivery of the NHSE/I 6 Point Action Plan.

We have recently achieved accreditation at Level 3 as a Disability Confident Employer in conjunction with the Shaw Trust, which has been recognised as testament to our commitment to equal opportunities for those applicants with disabilities. This work will also inform supporting other underrepresented groups.

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.

The Trust 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 with appraisal and revalidation 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. The Trust 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 electronic appraisal toolkit.

Through utilising the Premier IT system, the Trust maintains an accurate record of all licensed medical practitioners with a prescribed connection to the organisation as their designated body for revalidation.

Due to the Covid-19 pandemic, there have been some changes to medical appraisal over the past 2 years.

- On 19th March 2020 the General Medical Council (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 would not be affected by this.
- Appraisals recommenced for the Trust doctors in October 2020, following 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 30th March 2021, the GMC published a further update on revalidation for doctors during the Covid pandemic. The approach was to continue to be flexible to meet local needs and this included appraisal requirements.
- On 24th December 2021 NHS England/ NHS Improvement issued a letter titled 'Reducing the burden of reporting and releasing capacity to manage the Covid-19 pandemic'. This stated that "Professional standards activities may need to be reprioritised: e.g., appraisals can be postponed or cancelled. Appraisal is a support for many doctors, so it is helpful to keep the option available, but if going ahead, please use the shortened Appraisal 2020 model. Medical directors may also use discretion to decide which concerns require urgent action and which can be deferred".

Bridgewater has maintained a flexible approach to medical appraisals during 2021-22. Most doctors have completed their appraisals in the usual timeframe, but a small number of doctors have postponed their appraisals due to Covid-related reasons.

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 regarding completion of appraisals for 2021-22 because of the Covid pandemic, as per GMC/ NHS England guidance.

Up to 10th March 2022, the Trust had seen 79% compliance for 2021-22, as out of 19 Doctors due to complete, 14 doctors completed and 1 doctor had an approved postponement. 3 doctors were scheduled to complete in March 2022, and it was anticipated that the Trust would achieve over 90% compliance at the year end. Final compliance figures for 2021-22 will be presented to the People Committee in September 2022 within the Annual RO report for 2021-22.

The Annual RO report for 2020-21 was accepted by the People Committee in September 2021 and our Statement of Compliance for 2020-21 was submitted to NHS England within the agreed timescales.

Appendix B – Stakeholder Feedback

The Trust is required to include verbatim any stakeholder written statements about their views on our Quality Report.

Mr C Scales
Chief Executive
Bridgewater Community
Healthcare NHS Trust
Bevan House
Smithy Brook Road
Pemberton
Wigan
WN3 6PR

Lakeside Court Lakeside Drive Centre Park Warrington WA1 1QX

01925 843636

17th June 2022

Dear Colin,

Re: Quality Accounts 2021 - 2022

I am writing on behalf of partners to express our thanks for the submission and presentation of Bridgewater Community Healthcare NHS Foundation Trust's Quality Account for 2021 – 2022. NHS Liverpool, Sefton, Southport & Formby, Knowsley, Halton and Warrington and St Helens CCG's along with NHSE/I Specialist Commissioning and Local Authority partners welcomed the opportunity to jointly comment on your draft Quality Account.

We understand the continued pressures and challenges for the Trust and the local health economy in the last 12 months due to the global Covid pandemic, and your Quality Account reflects positively your ongoing work and dedication to quality improvement, as demonstrated in the progress and achievements made with your 2021-22 quality priorities, for example:

- Your work in reducing harm to patients by improving insulin medicine management and the
 development of your Trust Insulin Policy, the redesign of insulin administration
 documentation and standardisation of equipment alongside training for staff, which we note
 will become part of your mandatory training programme.
- The awareness raising work of your Harm Free Care CAUTI Operational Group in the
 development of a process and improvement plan for increasing the number of reported
 catheter associated urinary tract infections in the community. The success of this work is
 demonstrated in your achievement of a 58% increase of reported suspected and confirmed
 CAUTI incidents and the launch of new catheter passports.
- We acknowledge the ongoing challenges with the pandemic in delivering your third priority and the development of the community accreditation scheme. We recognise the Trust needed to prioritise service delivery and that this has meant that your progress with this priority has been minimal.

The presentation to CCGs and partners provided a good overview of how services worked, adapted, and took forward learning and new ways of working from the pandemic experience.

There was evidence of partner and GP collaborative working and colleagues were encouraged by your reporting of the work on the pressure ulcer improvement plan and how this work will be taken forward into 2022-23.

As we return to a more stable position with the pandemic and we look to a business-as-usual situation, we note and support the Trust's Priorities, in 2022 – 2023 which will see:

- The review and implementation of a modernised Health Visiting and School Nurse service delivery model which replaces the current models and levels of care and aims to provide a greater emphasis on the assessment of children, young people and family's needs and the skills mix to respond.
- The development and improvement in the referral, screening, and outcome processes for Warrington Intermediate Care Therapy services to ensure that service-users, their families, and carers receive the right care, in the right place and at the right time. The introduction of meaningful outcome measurements will ensure the Trust can assess service user progress against their identified functional goals which will support clinical decision-making and your commitment to quality improvement.
- The continuation in the development of a community accreditation scheme paused due to pressures with the pandemic where the scheme will map to and cover the Care Quality Commission's (CQC's) assessment framework and benchmark against other community providers and members of an accreditation scheme.

The CCG recognises the challenges for providers in the coming year as we recover from the Covid pandemic, and we look forward to working with the Trust in 2022/23 to deliver continued improvement in service quality, safety and patient experience whilst strengthening integrated partnership working to create a strong, safe, and sustainable health and care system that is fit for the future.

Yours sincerely

Denise Roberts Deputy Chief Nurse

D.M. Roberts

Signed on behalf of the Chief Nurses for NHS Liverpool, South Sefton, Southport & Formby and Knowsley Halton and Warrington and St Helens CCG's CCGs

Cc - Dr Andrew Davies

Appendix C – School Aged Immunisation Programmes 2021-22 (incorporating vaccination programmes administered over academic years 2020-21 and 2021-22)

During the academic year 2021-22 (beginning of September 2021 – end of August 2022) the Trust's School Age Immunisation Service (SAIS) in Halton and Warrington and the School Nursing Service in Oldham were commissioned to deliver the Tetanus, Diphtheria and Polio (Td/IPV), Meningitis ACWY (MenACWY) and Human Papilloma Virus (HPV) Vaccination programmes in:

- Halton Borough
- Warrington Borough
- Oldham Borough

During the academic year 2021-22 (beginning of September 2021 – end of August 2022) the Trust was commissioned to deliver the COVID vaccination programme to healthy 12-15 year olds in:

- Halton Borough
- Warrington Borough
- Oldham Borough

During the academic year 2021-22 (beginning of September 2021 – end of August 2022) the Trust was also commissioned to deliver the school-aged influenza vaccination programme in:

- Halton Borough
- Warrington Borough

HPV, Td/IPV and MenACWY vaccination programmes

The Covid-19 pandemic had significant impact on the delivery of the Td/IPV, MenACWY and HPV vaccination programmes due to these programmes being suspended between 23/03/2020 to 30/06/2020; this was when the country went into the first national lockdown. Despite schools remaining closed to the majority of children, once the Trust was given the goahead to resume vaccination delivery in June 2020 the service developed a programme of vaccination sessions in community clinic settings between July – August 2020. Any outstanding vaccinations not able to be offered between March and August 2020 were then offered during academic year 2020 -21 (beginning of September 2020 – end of August 2021).

Halton and Warrington data

Warrington HPV vaccination administered in 2020 - 21_(beginning of September 2020 – end of August 2021)

	Girls - cohort	Girls vaccinated dose 1	Girls vaccinated dose 2	Boys cohort	Boys vaccinated dose 1	Boys vaccinated dose 2
Year 8	1297	1150	1	1311	1085	1
Year 9	1245	974	246	1321	1019	187
Year 10	1184	3	50	1264	N/A	N/A
Total vaccinations administered		2127	297		2104	188

Total HPV vaccinations administered in academic year 2020 - 21 = 4716

Warrington HPV cumulative vaccinations administered and uptake per gender and year group (uptake in brackets) as at Sept 2021

	Girls - cohort	Girls vaccinated dose 1	Girls vaccinated dose 2	Boys cohort	Boys vaccinated dose 1	Boys vaccinated dose 2
Year 8	1297	1150	1	1311	1085	1
		(88.67%)	(0.77%)		(82.76%)	(0.08%)
Year 9	1245	1124	246	1321	1117	187
		(90.29%)	(19.76%)		(84.56%)	(14.16%)
Year 10	1184	1113	1083	1264	N/A	N/A
		(94.00%)	(91.47%)			
Year 11	1195	1097	1080	1268	N/A	N/A
		(91.8%)	(90.38%)			

Warrington MenACWY and Td/IPV vaccinations administered in 2020 - 21_(beginning of September 2020 – end of August 2021)

MenACWY	Year 9	Year 10	Year 11
Cohort	2566	2452	2469
Numbers			
vaccinated	2274	1026	9

Total number of MenACWY vaccinations administered in academic year 2020 - 21 = 3309

Td/IPV	Year 9	Year 10	Year 11
Cohort	2566	2452	2469
Numbers			
vaccinated	2271	1011	11

Total number of Td/IPV vaccinations administered in academic year 2020 - 21 = 3293

Warrington MenACWY and Td/IPV cumulative vaccinations administered and uptake per year group as at Sept 2021

MenACWY	Year 9	Year 10	Year 11
Cohort	2566	2452	2469
Numbers			
vaccinated	2274	2255	2268
Cover	88.6%	92.0%	91.9%

Td/IPV	Year 9	Year 10	Year 11
Cohort	2566	2452	2469
Numbers			
vaccinated	2271	2247	2265
Cover	88.5%	91.6%	91.7%

Halton HPV vaccination administered in 2020 - 21_(beginning of September 2020 – end of August 2021)

	Girls - cohort	Girls vaccinated dose 1	Girls vaccinated dose 2	Boys cohort	Boys vaccinated dose 1	Boys vaccinated dose 2
Year 8	824	628	-	849	577	2
Year 9	744	31	616	794	80	620
Year 10	792	0	34	840	N/A	N/A
Total vaccinations administered		659	650		657	622

Total HPV vaccinations administered in academic year 2020 - 21 = 2588

Halton cumulative HPV administered and uptake per gender and year group (uptake in brackets) as at Sept 2021

	Girls - cohort	Girls vaccinated dose 1	Girls vaccinated dose 2	Boys cohort	Boys vaccinated dose 1	Boys vaccinated dose 2
Year 8	824	628	-	849	577	2
		(76.21%)			(67.96%)	(0.23%)
Year 9	744	682	616	794	711	620
		(91.67%)	(82.8%)		(89.85%)	(78.08%)
Year 10	792	732	716	840	N/A	N/A
		(92.42%)	(90.4%)			
Year 11	753	678	673	762	N/A	N/A
		(90.04%)	(89.37%)			

Halton MenACWY and Td/IPV vaccinations administered in 2020 - 21_(beginning of September 2020 - end of August 2021)

MenACWY	Year 9	Year 10	Year 11
Cohort	1538	1632	1529
Numbers vaccinated	1264	1133	0

Total number of MenACWY vaccinations administered in academic year 2020/21 = 2397

Td/IPV	Year 9	Year 10	Year 11
Cohort	1538	1632	1529
Numbers vaccinated	1261	1129	0

Total number of Td/IPV vaccinations administered in academic year 2020/21 = 2390

Halton MenACWY and Td/IPV cumulative vaccinations uptake as at Sept 2021

MenACWY	Year 9	Year 10	Year 11
Cohort	1538	1632	1529
Numbers vaccinated	1264	1437	1368
Cover	82.2%	88.1%	89.5%

Td/IPV	Year 9	Year 10	Year 11
Cohort	1538	1632	1529
Numbers vaccinated	1261	1433	1375
Cover	82.0%	87.8%	89.9%

Published uptake data per borough – Td/IPV and MenACWY 2020 - 21_(beginning of September 2020 – end of August 2021)

Borough	Td/IPV Year 9	MenACWY Year 9	Td/IPV Year 10	MenACWY Year 10
England Uptake	76.4%	76.5%	80.3%	80.9%
Regional Uptake - Manchester	68.8%	69.8%	75.6%	75.6%
Regional Uptake – Cheshire and Merseyside	76.2%	76.3%	79.3%	79.7%
Oldham	71.1%	70.6%	71.5%	71.4%
Warrington	88.5%	88.6%	91.6%	92%
Halton	82%	82.2%	87.8%	88.1%

Td/IPV and MenACWY vaccination uptake in young people in school year 9 and 10 in Halton and Warrington Borough is higher than Cheshire and Merseyside's regional uptake and England's uptake.

Td/IPV and MenACWY vaccination uptake in young people in school year 9 in Oldham Borough is higher than Manchester regional uptake but lower than England uptake.

Td/IPV and MenACWY vaccination uptake in young people in school year 10 in Oldham is lower than Manchester regional and England uptake.

Published uptake data per borough – HPV 2020 - 21_(beginning of September 2020 – end of August 2021)

Borough	HPV Dose 1 Girls	HPV Dose 1
	Year 8	Boys Year 8
England Uptake	71.8%	66.7%
Regional Uptake - Manchester	73.6%	70.9%
Regional Uptake – Cheshire and Merseyside	81.6%	73.7%

Oldham	79.4%	79.5%
Warrington	88.7%	82.8%
Halton	76.2%	68%

HPV dose 1 vaccination uptake in young people in school year 8 in Oldham Borough is higher than Greater Manchester regional uptake and England's uptake.

HPV dose 1 vaccination uptake in young people in school year 8 in Warrington Borough is higher than Cheshire and Merseyside's regional uptake and England's uptake.

HPV dose 1 vaccination uptake in young people in school year 8 in Halton Borough is higher than England's uptake but less than Cheshire and Merseyside's regional uptake.

Children who did not receive their 1^{st} dose of HPV vaccine in year 8 will have opportunity to receive their vaccination when they are in year 9. It is anticipated that uptake rates of this cohort of young people will increase in academic year 2021 - 22

Borough	HPV Dose 1 Girls Year 9	HPV dose 2 Girls Year 9	HPV Dose 1 Boys Year 9	HPV Dose 2 Boys Year 9
England Uptake	76.3%	59.5%	70.8%	55.8%
Regional Uptake - Manchester	83.4%	59.2%	78.8%	56.8%
Regional Uptake – Cheshire and Merseyside	77.6%	62.7%	73.6%	57.4%
Oldham	85.5%	64.7%	85.5%	64.7%
Warrington	90.3%	19.8%	84.6%	14.2%
Halton	91.7%	82.8%	89.5%	78.1%

HPV dose 1 and dose 2 vaccination uptake in young people in school year 9 in Oldham Borough is higher than Greater Manchester Regional uptake and England's uptake.

HPV dose 1 vaccination uptake in young people in school year 9 in Warrington and Halton Boroughs is higher than Cheshire and Merseyside's regional uptake and England's uptake.

HPV dose 2 vaccination uptake in young people in school year 9 in Halton Boroughs is higher than Cheshire and Merseyside's regional uptake and England's uptake.

HPV dose 2 vaccination uptake in young people in school year 9 in Warrington Borough is lower than Cheshire and Merseyside's regional uptake and England's uptake. This is due to the time of the academic year in which children had their 1st HPV vaccination in Warrington. The 2nd HPV dose is only due 6 months after a 1st dose. Most children in Warrington were not due their 2nd dose until academic year 2021/22.

School aged Childhood Flu Vaccination Programme – 2021- 2022 (beginning of September 2021 – end of August 2022)

Bridgewater was also commissioned to deliver the school aged childhood flu vaccination programme in the boroughs of Halton and Warrington in 2021/22.

Delivery of this programme was completed Sept 2021 – Jan 2022.

		Warring	ton	Halto	n
Year Group	UK as of 31/01/2022 (2021 21 data in brackets)	Uptake – (2020/21 data in brackets)	No of vaccinations administered (2020/21 data in brackets)	Uptake – (2020/21 data in brackets)	No of vaccinations administered (2020/21 data in brackets)
R	56.7% (63.5%)	65.67% (78.6%)	1538 (1870)	59.79% (69.6%)	864(1033)
1	58.1% (63.9%)	69.72% (80.5%)	1681 (2047)	57.39% (69.3%)	858 (1071)
2	58.6% (63.2%)	69.39% (79.9%)	1793 (1955)	57.57% (70.3%)	897 (1020)
3	57.8% (62.6%)	72.98% (78.7%)	1747 (2020)	60.23% (68.6%)	883 (1085)
4	57.2%% (61.2%)	67.04% (76.3%)	1749 (2015)	54.45% (68.15%)	863 (1072)
5	56.1% (60.5%)	66.6% (75.65%)	1761 (2007)	56.46% (65.0%)	891 (996)
6	55.8% (58.5%)	66.67% (74.9%)	1784 (1967)	53.85% (64.8%)	826 (1052)
7	48.2% (55.5%)	56.31% (65.5%)	1513 (1701)	46.82% (61.4%)	780 (931)
8	45.4%	53.33%	1392	46.43%	703
9	42%	47.81%	1267	41.72%	693
10	41.8%	49.05%	1235	40.28%	615
11	38.7%	48.58%	1183	39.44%	633

Total	51.5%	61%	18643	55.85%	9506 (8260)
			(15582)		

Every school year cohort flu vaccination uptake in Warrington Borough is higher than England's uptake.

Overall children in reception to year 11 flu vaccination uptake in Halton Borough is higher than England's uptake.

Halton and Warrington Boroughs have seen a decrease in uptake of flu vaccination in school cohorts compared to 2020/21 academic year. This has also been seen in England's uptake

COVID 12-15 year old Programme – 2021/22

In September 2021 School age Immunisation providers were commissioned to deliver a COVID vaccination to healthy children aged 12-15 years. In late October 2021 other providers of COVID vaccinations were also commissioned to deliver a COVID vaccination to this cohort of young people.

In January 2022 children aged 12-15 were able to receive a 2nd dose of COVID vaccination from any COVID vaccination provider. Children could access a 2nd vaccination providing there was a minimum of 12 weeks since having their 1st COVID vaccination and they had not had COVID in the 12 weeks prior to vaccination.

	Cohort	1 st dose administered by Bridgewater	Uptake based on school cohort	2 nd dose administered by Bridgewater	Uptake based on school cohort	Uptake based on 1 st dose cohort
Warrington	10637	5403	50.794%	2392	22.49%	44.27%
Halton	6543	2094	32.00%	712	10.88%	34.00%

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 Quality Account Guidance 2021/22.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes for the financial year, April 2021 and up to the date of this report ("the period").
 - Papers relating to quality reported to the Board over the period.
 - o Feedback from Commissioners (not applicable for this iteration)
 - Feedback from Governors (not applicable for this iteration)
 - o 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 2021 staff survey published February 2022.
 - The Head of Internal Audit's annual opinion over the Trust's control environment (not applicable for this iteration); and
 - o 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

(Chair)

Date: 28 June 2022

(Chief Executive)

Date: 28 June 2022

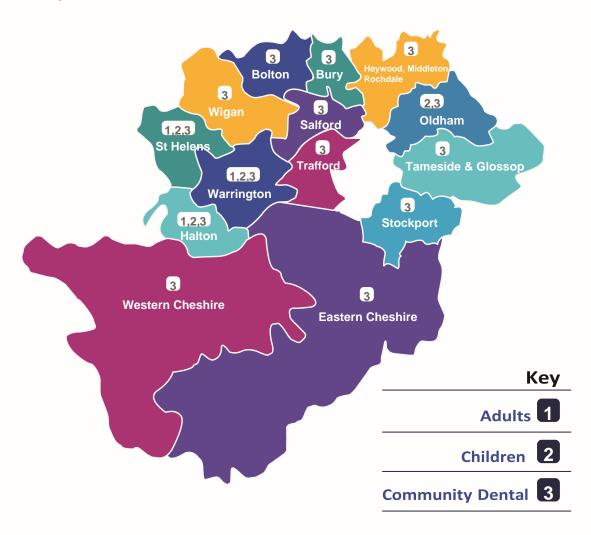
Appendix D – Glossary

ANTT	Aseptic Non-Touch Technique - used globally as the foundation for effective infection prevention
BAF	Board Assurance Framework
CCG	Clinical Commissioning Group – play a major role in achieving good health outcomes for the communities they serve
CIC/LAC	Children in Care and Looked After Children Teams - Teams provided by
Teams	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	Freedom to Speak Up
FTSUG	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	Infection Prevention & Control
JTAI	Joint Targeted Area Inspection - Multi-agency team consisting of Ofsted, Care Quality Commission (CQC, Her Majesty's Inspectorate of Constabulary (HMIC and Her Majesty's Inspectorate of Probation (HMIP), who inspect particular themes within safeguarding children's services
LeDeR	Learning Disability Mortality Review - aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death and works to ensure that these are not repeated elsewhere.
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
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
Ofsted	Office for Standards in Education, Children's Services and skills - inspects and regulates services that care for young children
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.
DCA	Part Carra Arabaia
RCA	Root Cause Analysis
RTT	Referral to Treatment – your waiting time starts from the point the
	hospital or service receives your referral letter
	Thospital of service reserves your referral tester
SOP	Standard Operating Procedure – is a documented process in place to
	ensure services are delivered consistently every time
	, ,
Ulysses	Bridgewater Community Healthcare Foundation Trust's IT risk
	management and patient safety system

Bridgewater Community Healthcare NHS Foundation TrustMap of Services





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